TOWARD A PSYCHOLOGY OF UNCERTAINTY

TRAUMA-CENTERED PSYCHOANALYSIS

DORIS BROTHERS

TOWARD
A PSYCHOLOGY OF
UNCERTAINTY

Psychoanalytic Inquiry
Book Series

TOWARD
A PSYCHOLOGY OF
UNCERTAINTY

TRAUMA-CENTERED
PSYCHOANALYSIS

DORIS BROTHERS

To Jack

CONTENTS

PREFACE

"Ink-a-bink-a-bottle-of-ink ..." A little girl, seated at her grandmother's dining room table, taps her finger in rhythm with her chant on each of a carefully arranged assortment of candies. Only one can be her dessert. Which will it be? "... the-cork-falls-out-and-you-STINK." Instantly, she realizes that her finger has landed on the wrong candy. She begins her chant again. Finally, after several tries, she feels confident that fate and her desire are aligned. As she pops the candy into her mouth, her eyes close in blissful satisfaction. Watching nearby, her grandmother is transported back many years. In her mind's eye, she sees another little girl who is sitting, not at a table, but at her school desk. The child is staring at a lined sheet of yellow paper, unable to decide if the letters she has just written on it spell a word correctly. Her hand is trembling. If she is wrong, the world will end. Her parents had assured her that she had no need to worry about the spelling test. "Just try your best and it will be fine," they had said. But she knew they were lying. If she tried her best and still failed to spell even one of the words perfectly, they would never smile again. The schoolgirl would have been stunned to learn that as a grown-up, she would willingly put many words on paper. But she is only just beginning to believe that, no matter how flawed it is, her writing will not destroy the world.

In many ways this book begins where my last book, *Falling Backwards*, leaves off. Trust, after all, the subject of that book, is necessary only because we inhabit a world in which nothing, least of all the endurance of selfhood, is certain. It is not so much the fact that we cannot be certain of our psychological survival that interests me in this one, but the myriad ways in which this fact is experienced.

I intend Chapter 1 as an overall introduction. I attempt to show that a psychology of uncertainty is an inevitable accompaniment to the relational revolution in psychoanalysis, and I explore some of its implications and ramifications. I pay special attention to the problem of

otherness or "alterity." Since we are profoundly dependent upon others for our experience of differentiated selfhood, but we cannot fully know them, or ourselves for that matter, experiences of uncertainty are an inescapable feature of human experience. With reference to nonlinear dynamic systems theory, which points the way to a view of human experience as systemically constituted, I set out the book's central premise: experiences of existential uncertainty emerge from, and are continually transformed within, relational systems.

Chapter 2 attempts to explain this transformational process. I begin by reviewing the concept of regulation and how it has morphed throughout psychoanalytic history. I then examine the regulatory processes that operate within relational systems, such as those involved in feeling, knowing, forming categories, making decisions, using language, creating narratives, sensing time, remembering, forgetting, and fantasizing, and I consider the ways in which they function to transform experiences of uncertainty. They do so, I suggest, by affecting expectations as to the orderliness of our relational exchanges with others. So effective are these processes that ordinarily — that is, under nontraumatic conditions — we are able to go about the business of living as if the endurance of our psychological lives were assured. This chapter also acquaints the reader with the concept of systemically emergent certainties and their role in patterning experience. A fantasy told to me by one of my patients illustrates some of these ideas. The chapter concludes with an examination of the ways in which perceptions of sameness and difference transform experienced uncertainty.

Trauma is my focus in Chapter 3. By destroying the certainties that pattern psychological life, trauma plunges a relational system into chaos and exposes its victims to experiences of unbearable uncertainty. Since hope is only possible to the extent that uncertainty can be tolerated, trauma represents exile from a world of hope. In this desolate region where shame is likely to be one's constant companion, certainty is often transformed into certitude. To show how this conceptualization grows out of and improves upon my earlier conceptualizations of trauma, I trace the evolution of three ideas I still consider valuable: (1) Trauma is relational, (2) trauma is a complex phenomenon involving both a shattering experience and efforts at restoration, and (3) trauma goes hand in hand with dissociation. My own reactions to the terrorist attacks of September 11, 2001, and those of some of my patients, serve to illustrate a sampling

of the trauma-generated relational patterns that tend to dominate post-traumatic experience. At such times, a desperate search for experiences of sameness and difference may lead to the creation of powerful dualities and the concomitant reduction of experienced complexity.

In Chapter 4, I consider psychoanalysis as a trauma-centered enterprise in which both analysts and patients are drawn together by their common need for sanctuary and healing. A case is made for regarding what has traditionally been thought of as transference and countertransference in terms of the mutual need of patient and therapist to transform experiences of intolerable uncertainty. The chapter contains a reexamination of my relationship with one of my first analytic patients. Dissatisfied with the way I explained this treatment in an article written in 2000, I show how my understanding changed dramatically as soon as I gave my own trauma-generated relational patterns full weight. The chapter concludes with a consideration of some of the implications of my approach, which include the bidirectional nature of healing, the symmetry of the analytic relationship, and the all too frequent experience of analytic treatment as a "tyranny of hope."

Chapter 5 offers a dual view of dichotomous gender both as potentially traumatizing and as trauma-generated relational patterning by means of which experiences of uncertainty are transformed. The sexual and aggressive feelings and fantasies found among young children, and traditionally considered evidence of a universally occurring Oedipus complex, are reinterpreted as possible responses to the traumatic imposition of dichotomous gender. The experience of some individuals who regard themselves as transsexuals is examined in similar terms. To further explicate my view of gender, I refer to my own gendered upbringing, Jane Campion's film *The Piano*, and the experience of one of my patients.

Influenced by the writing of Robert Pogue Harrison, who contends that our relation to death comes by way of our relation to the dead, I dedicate Chapter 6 to an examination of the extraordinary relational patterns that emerge in the face of death. I consider Harrison's thoughts on our obligation to the dead, and an idea expressed in different ways by Heinz Kohut and the philosopher Emmanuel Levinas: It is not death per se that we dread; death is horrifying when it threatens to destroy the relational exchange on which selfhood depends. I suggest that an intense need to transform our experiences of death's profound certainty and uncertainty is sometimes reflected in a wish to die with the dead, or

to join them in the uncanny realm of ghosts. With an eye to explicating these manifestations of the denial of life, I look at the Hollywood blockbuster *Ghost* and describe my analytic relationships with two patients.

In Chapter 7 I tackle the collisions of certainty and uncertainty that mark two specific kinds of faith. One is faith that sometimes develops in the aftermath of trauma and involves the surrender of certitude; the other, which I call cultic faith, is to be found in the relationships between the leaders of certain coercive psychotherapy training programs and their followers. It has also plagued some psychoanalytic institutes. I present two of my analytic relationships that illustrate each kind of faith.

I devote Chapter 8 to an examination of the painful and confounding experiences associated with burnout among psychoanalysts. Leading traumatologists have recently advanced concepts similar to burnout, such as secondary traumatization, vicarious traumatization, and compassion fatigue. I take exception to two assumptions contained in these concepts: (1) Trauma or PTSD found among clinicians stems from exposure to the suffering of their traumatized patients, and (2) prolonged experiences of empathy and compassion for these patients contribute to the clinician's suffering. I argue instead that the traumas that may ignite burnout are those we have already experienced and dread reexperiencing in our work with patients. Burnout, I suggest, is unlikely to result from too much empathy and compassion, but too little. I find rich confirmation of my understanding of certain instances of burnout as "crises of faith" in Brian Friel's masterful play, *Faith Healer.* Further support comes from the burnout experience of a colleague. The chapter concludes with a discussion of one of the worst bouts of burnout in my own life, which followed a devastating experience with a patient.

ACKNOWLEDGMENTS

1. The Laboratory and the Labyrinth

An Introduction

Philosophy is written in this grand book,
I mean the universe.... It is written in the language
of mathematics, and its characters are triangles, circles,
and other geometrical figures ... without these one is
wandering about in a dark labyrinth.

—**Galilei Galileo (1623/1960)**

I often wonder what it would have been like to take my turn on Freud's Victorian couch. Would I have lain on it obediently despite my wish to sit up, the better to gaze into his soulful eyes? Or, might I have found the courage to defy his forceful instruction? If many details of my imaginary hours with Freud remain vague, shifting from one reverie to the next, one thing seems clear to me: I would have expected psychoanalysis to provide objective, thorough, scientific explanations for the workings of my mind. After all, Freud himself held out the promise that it would. Living in a world that spun in a predictable orbit through meticulously charted heavens, and inspired by the breathtaking discoveries made in 19th-century laboratories, he was convinced that the spirit and the mind could be investigated with the same detachment

and precision employed in the study of "non-human entities." "Psychoanalysis," he famously claimed, "is in reality a method of research, an impartial instrument, rather like the infinitesimal calculus" (Freud, 1927/1955, p. 36). He insisted that psychoanalysis could not develop its own *Weltanshauung*; it must accept the *Weltanshauung* of science in general, which asserts:

> There is no other source of knowledge in the universe, but the intellectual manipulation of carefully verified observations, in fact, what is called research, and that no knowledge can be obtained from revelation, intuition or inspiration. (Freud, 1933, p. 217)

I can barely make out the fading traces of the orderly age that spawned Freud's brainchild. The radical changes in scientific discourse generated by relativity theory and quantum mechanics, the critique of Cartesian dualism by phenomenologists and hermeneutic philosophers, and the renunciation of linear, reductionistic, closed-system epistemologies by postmodernists in virtually every academic discipline have all subverted the predictability of Newton's (and Freud's) clockwork universe. Certain only that life is steeped in uncertainty, many of my contemporaries have rejected the aspects of Freudian thought that most closely reflect the positivism of his time, notably the belief that scientific experimentation, verification, and repeatability are applicable to matters concerning the mind.

Freud's drive theory metapsychology proved a ripe target for those hoping to rid psychoanalysis of its mechanistic, deterministic importations from the natural sciences. Klein (1976), for one, attempted to disengage the clinical theory from the metapsychology and what he variously referred to as "the process puzzle approach," "the energic drive discharge model," and "Freud's neurophysiology." Schafer (1976), for another, called for the replacement of the physiochemical and biological language of Freudian metapsychology with his "action language." Although neither of these attempts garnered a widespread following, they may have helped to set the stage for the radical departures from traditional Freudian theory that are widely accepted by present-day psychoanalysts.

Few analysts in Freud's time would have dared to ask whether, or to what extent, psychoanalysis meets the criteria of an empirical science.

Yet, these questions were hotly debated in the 1980s and 1990s. Despite the serious flaws that writers like Spruiell (1987) and Spezzano (1993) find in Grunbaum's (1984) notorious attack on the scientific status of psychoanalysis, a number of analysts took his conclusions to heart (e.g., Eagle, 1984; Edelson, 1984; Holt, 1984; Shapiro, 1985; Hanly, 1988; Renik, 1993). They were persuaded that the validity of psychoanalytic interpretations, reconstructions, and consensually validated under-standings is always "contaminated" by the possibility of suggestion on the part of the analyst, and that psychoanalysis does not specify its propositions in refutable form, which, according to Popper (1962), demarcates science from nonscientific activities. Some writers have argued that psychoanalysis should renounce its scientific aspirations and join the company of humanistic disciplines like history or literary criticism. In line with Cavell's (1988, p. 859) suggestion that psychoana-lytic theory should be read as philosophy in that it illuminates "concep-tual issues about the nature of mind and thought," some have proposed that it ground itself in hermeneutics (Gill, 1994; Mitchell, 1993; Sass and Woolfolk, 1988; Spence, 1982; Zeddies, 2002) or phenomenology (Stolorow & Atwood, 1992).

I, for one, agree with Stephen Mitchell's (1998, p. 4) assertion that the problems confronting psychoanalysis have less to do with its status as a science than with its "scientism," or as he put it, "the mistaken faith that science would provide answers to our most personal ques-tions of meaning and value." It is the definitive quality of these pur-ported answers and the claim to ultimate authority based on scientific knowledge that greatly concerned Mitchell and the growing number of us who subscribe to post-Cartesian perspectives. Having turned away from the psychology of certainty that was rooted in the objectivism of Freud's positivist paradigm with its glorification of scientific certainty, I believe that we have, in a variety of ways, begun to cultivate a *psychol-ogy of uncertainty* in which the complexities of human experience are thought to elude all attempts to find authoritative, irreducible, tran-scendent explanations, and the unique nature of each psychoanalytic relationship is celebrated.

Voices recognizing this new uncertainty have spoken out from all corners of the psychoanalytic globe, but none more eloquently than those I now briefly mention. Heinz Kohut, the founder of self psychol-ogy and one of the most influential psychoanalytic theorists of the 20th

century, was also among the first to insist that uncertainty lies at the heart of the psychoanalytic enterprise. As Sucharov (1992) has suggested, Kohut's break from the traditional ego-psychological perspective that dominated American psychoanalysis in the mid-20th century inevitably followed his having taken the epistemological implications of relativity theory and quantum physics into consideration. In keeping with these implications, self psychology is premised on a belief in the nonverifiability of human understanding, the indivisibility of observer and observed, and a rejection of mechanistic, causal modes of description, all of which are indispensable to a psychology of uncertainty. "It is … our willingness to tolerate ambiguity, our ability to acknowledge the relativity and transience of even our most prized concepts and theories that will protect our great science from a premature death," Kohut (1979/1991, p. 470) observed. In this spirit, he left the definition of his central concepts incomplete, open to future elaboration. Even "the self," he contended, "is, like all reality, not knowable in its essence" (Kohut, 1977, pp. 310–311).

Donna Orange (1995), a prolific intersubjectivity theorist, observes that psychoanalysis has largely abandoned its allegiance to "scientific realism," which she notes is characterized ontologically by the notion that "what is true and real is actually out there," and epistemologically by the claim that it is possible for some to know what is true and false. Instead, it has embraced what she calls "perspectival realism," an epistemological stance that "recognizes that the only truth or reality to which psychoanalysis provides access is the subjective organization of experience understood in an intersubjective context" (Orange, 1995, p. 62). She understands the search for certainty in psychoanalysis as a remnant of what she calls "the Cartesian mind," with its devotion to clear and distinct ideas and its reliance on deductive logic (Orange, 2001, p. 287). She points out that while such a search may protect analysts from anxiety, it restricts their creativity (Orange, 2001, p. 293). Her remedy for Cartesian certainty resides in the concept of "an experiential world" that is imbued with "a spirit of fallibilism," borrowed from the American philosopher Charles Sanders Peirce.

Irwin Hoffman, whose "dialectical constructionism" finds a home within the relational camp, agrees that the positivist model of Freudian psychoanalysis has largely been relinquished. But for him its replacement has taken the form of a "dialectical constructionist" model. "Both the

process of explication and the moment of interpersonal influence," he asserts, "entail the creation of meaning, not merely its discovery" (Hoffman, 1998, p. 150). Arguing that the less conviction is based on objective knowledge, the more the analyst's subjective experience assumes importance, he describes a new kind of uncertainty that accompanies this change:

> In the positivist framework, uncertainty and openness pertain primarily to trying a certain approach with the expectation that it may or may not work, and with the understanding that if it fails, another approach could be attempted. But in the social constructivist model there is another source of uncertainty. Now the analyst's uncertainty has to do with how the reality that he or she creates with the patient is selected at the expense of other possibilities that are unrecognized or that are inaccessible to the analyst and the patient for various reasons, including the whole gamut of possible unconscious motives. (Hoffman, 1998, p. 169)

Hoffman also rejects the presumed certainties that are anchored in the dichotomous thinking of classical psychoanalysis. "To be an analyst," he claims, "means not only tolerating but embracing multiple dialectics and the element of uncertainty they entail" (Hoffman, 1998, p. 29). He understands the analytic process in terms of dialectic relationships that exist among such concepts as objectivity and subjectivity, interpersonal and intrapsychic, initiative and responsiveness, transference and countertransference, and authority and mutuality (Hoffman, 1998, p. xxiv).

Others have not so much proclaimed the arrival of a psychology of uncertainty as they have begun to participate in it. Some of these psychoanalytic pioneers explore the immensely uncertain world of wordlessness, what some have called the implicit dimension of human experiencing. As Preston (2006) expressed it, this dimension involves "that which is in some sense known, but not yet available to reflective thought or verbalization." Donnel Stern's (2003, p. 37) investigation of "unformulated experience," or "mentation that is characterized by lack of clarity and differentiation," is a rich example. His conceptualization rests on the idea that unconscious experience and meaning cannot be grasped fully in words. According to Stern (2003, p. 37), "unformulated

experience is the moment-to-moment state of vagueness and possibility from which the next moment's articulated experience emerges." Bollas's (1987) "unthought known," Eugene Gendlin's (1962) "felt sense," and what Lyons-Ruth (2000) refers to as "implicit relational knowing" are all loosely related conceptualizations that indicate a willingness to seriously consider experiences that, by virtue of the fact that they cannot be named, elude certain understanding.

An assumption shared by many contemporary analysts is that consciousness is a function of our inherent interrelatedness. As Leslie Brothers (2001), a neuroscientist concerned with the mind-brain problem, puts it, it is our participation in social forms of life and the social practices that constitute "mind" that is the key dimension of humanity. In fact, the conviction that we are inherently relational beings seems to be held in common by all who have acknowledged the pervasive uncertainty of the psychoanalytic endeavor. I doubt that it is possible to fully understand how the capsizing of Freud's positivist paradigm gave rise to a psychology of uncertainty without taking into account that it occurred simultaneously with "the relational revolution" in psychoanalysis (Mitchell, 1993). In their influential book *Object Relations in Psychoanalytic Theory*, Greenberg and Mitchell (1983) argue that the incompatibility between Freud's intrapsychic drive theory and what they see as the clinical primacy of object relations theory inspired all subsequent developments in psychoanalysis. These include Freud's modifications of his own theory in response to the criticisms of Jung and Adler, as well as attempts by later theorists to accommodate, radically revise, or develop some sort of complementarity between drive theory and object relations theory. While the theoretical perspectives of many of the analysts who rub shoulders under the large relational umbrella differ substantially from those espoused by the object relations theorists mentioned by Greenberg and Mitchell, they have all changed their focus from the individual to relations among individuals, and from a view of mind as monadic, prestructured, and "inside" the individual to a view of mind as emergent within relationships.

Insofar as Freud's intrapsychic or one-person model conceptualized a relatively asocial individual perpetually conflicted over the expression of sexual and aggressive drives pressing for discharge, its findings seemed to mimic the deductive certainties of physics and chemistry. The moment that psychological life is seen as emerging within the infinitely

complex and constantly evolving context of relationships among individuals, uncertainty necessarily enters the picture. One reason that a relational perspective is inescapably uncertain is that it confronts us with what philosophers call the problem of otherness, or alterity. The link between uncertainty and otherness is lucidly captured by the philosopher Richard Bernstein. Noting that the theme of "the Other" pervades 20th century Continental philosophy, Bernstein (1995) sees *otherness* and related terms, including *incommensurability*, *alterity*, *singularity*, *difference*, and *plurality*, as signs of a mood that arose in reaction to the legacy of the Enlightenment. "It is a mood," he suggests, "of deconstruction, destabilization, rupture, and fracture — of resistance to all forms of *abstract* totality, universalism, and rationalism" (Bernstein, 1995, p. 57).

One of the most extreme and radical formulations of the problem of the Other was developed by Emmanuel Levinas. He strenuously objected to the tendency, which he found deeply ingrained in Western discourse, to valorize reciprocity, likeness, and symmetry in relationships. (In Chapter 3 we will examine this tendency as a means of transforming uncertainty through a denial of difference.) According to Levinas (1947a/1987, p. 85), to know the Other through empathy as an alter ego fails to preserve the absolute alterity of the other and returns the Other to the self.

The relationship with the other is not an idyllic and harmonious relationship of communion or a sympathy through which we put ourselves in the other's place; we recognize the other as resembling us, but exterior to us — the relationship with the other is a relationship to a Mystery (Levinas, 1947a/1987, p. 75).

While Derrida (1978, p. 104) agrees that "the other is the other only if his alterity is absolutely irreducible, that is, infinitely irreducible," he nevertheless argued against Levinas's notion that to make the Other an alter ego is to neutralize its absolute alterity. According to Derrida (1978, p. 104), it is precisely because the Other as alter ego has the form of the ego, "he is a face, can speak to me, understand me, and eventually command me."

Taking both positions into account, Bernstein argues:

We must resist the dual temptation of *either* facilely assimilating the alterity of "the Other" to what is "the same" (this is

what Levinas so acutely emphasizes) or simply dismissing (or repressing) the alterity of "the Other" as being of no significance — merely contingent.… Contrary to Levinas there is a reciprocity between the I and "the Other" (*l'autrui*) which is compatible with their radical alterity. For *both* stand under the reciprocal obligation to seek to transcend their narcissistic egoism in understanding the alterity of the Other. (Bernstein, 1995, p. 74)

Theorists associated with self psychology, intersubjectivity theory, and dialectical constructivism have taken pains to avoid these dual temptations, managing, with varying degrees of success, to balance recognition of our profound interconnectedness with attempts to preserve the irreducible alterity of the individual. Although there has been considerable debate among self psychologists as to whether theirs is a one- or a two-person theory, Kohut's belief that from birth to death the development, maintenance, and restoration of one's self-experience is utterly dependent on the empathic responsiveness of others is often cited as evidence that his theory transcends the intrapsychic. Kohut's respect for the alterity of the Other pervades his theory as, for example, in his distinction between what he calls an "archaic" and a "mature" selfobject experience. Whereas the former, he believed, is characterized by a cognitive blurring between oneself and the other people, and an expectation that one can exert control over them much as one controls one's own body, the latter involves a sense of one's differentiated selfhood and a concomitant appreciation of the uniqueness of others (Kohut, 1984). For mature individuals, therefore, the maintenance of self-experience is not achieved at the expense of alterity. The very fact that we long for merger or twinship experiences suggests that these experiences are not givens of selfhood. Indeed, it is essential for psychological well-being, in Kohut's view, that one's uniqueness be met with joyful affirmation, or what self psychologists refer to as mirroring selfobject responses. Moreover, despite the importance Kohut placed on empathy, or "vicarious introspection," he repeatedly emphasized the inevitable imperfection of the analyst's capacity for empathy. Even with highly developed empathy, the Other cannot be completely known (Kohut, 1959/1978, 1981/1991).

In positing that "the trajectory of self is shaped at every point in development by the intersubjective systems in which it crystallizes,"

and emphasizing the mutual influence of parent and child as well as analyst and analysand, intersubjectivity theorists Stolorow and Atwood (1991, pp. 17–18) purport to have developed a thoroughly relational metatheory for psychoanalysis. For these theorists, the individual's uniqueness cannot be understood outside of its emergence within intersubjective contexts. Yet, their respect for alterity is also evident in their disdain for universalizing generalizations as well as in their clinical focus on the singular principles that unconsciously shape the experience of each member of the analytic dyad.

Irwin Hoffman (1998) views contemporary psychoanalysis in terms of a "relational struggle" that, for him, includes the recognition that an analyst's personal involvement with a patient contributes to the ways in which the patient makes sense of and constructs his or her world. Although he does not mention the need to preserve alterity in so many words, his endorsement of this need is conveyed in his emphasis on the innovative modes of responsiveness necessitated by the uniqueness of each psychoanalytic couple.

While it might seem that all lingering stains of certainty have been scrubbed clean from the psychoanalytic corpus, this does not seem to be the case. Consider, for example, the enduring belief in a universally and invariantly occurring Oedipus complex. Although advances in theory and research have raised serious questions about the validity of oedipal theory (see Chapter 5), few of my contemporaries have called for its elimination. Most have simply downplayed its significance or reinterpreted its meanings in terms consistent with their own theoretical formulations (Brothers & Lewinberg, 1999). Any psychological configuration that is believed to occur, without exception, at a predictable moment in development, especially if that belief flies in the face of mounting evidence to the contrary, must surely be regarded as an anchor to certainty.

I have also wondered if recent controversies about psychoanalytic language might, to some extent, be viewed as tugs of war over certainty. My own attempt to discard terms used by Freud and his early disciples, such as *transference* and *resistance* (Brothers, 1995), on the grounds that they are outdated and confusing met with vigorous opposition by concerned colleagues. Some even suggested that in refusing to use such historically meaningful terms, I have inadvertently added to the confusion surrounding these concepts. (Confusion and uncertainty, they imply, can and should be avoided.) In an article entitled "Why Language

Matters to Psychoanalysis," Orange (2003a) cautioned against using terms like *transference*, *projective identification*, and *representation*, as if their psychoanalytic and philosophical parentage could be disavowed. She urged that, in place of these terms, we might use phenomenological descriptions and approaches that leave the clinical situation more open to dialogical emergence.

Julie Gerhardt (2003) strongly disagrees with Orange's position. "To strip our theoretical discourse of the use of the terms in question," she argues, "would seriously jeopardize losing the layers of sedimented meanings based on unconscious associations that echo through their continued use" (Gerhardt, 2003, p. 105). Considering that many of the unconscious associations that echo through the language of traditional psychoanalysis contradict contemporary meanings, I suspect that Gerhardt's argument reflects, at least in part, her fear of relinquishing the certainty that clings to traditional terminology. Moreover, the wish to hold on to the tried and true may involve what I describe in Chapter 2 as a search for sameness, a search that often is impelled by a wish to experience certainty in an uncertain world.

In my view, the most conspicuous and egregious signs of the endurance of a psychology of certainty reside in unabashed claims to objective analytic authority held by traditional analysts working today. For example, Brenner (1996) unapologetically asserts that since the analyst usually knows more than the patient about the workings of the mind and has less need to deceive herself or himself, the analyst's conjectures are more likely to be accurate. While self psychological, intersubjectivity, and relational theorists adamantly reject such blatant forms of authoritarianism, their criticisms of one another's theories seem to expose more subtle attempts to cling to psychoanalytic certainty. For example, Stolorow and Atwood (1992, p. 17) criticize Kohut's tendency to reify the term *the self* by using it as if it were an existential agent. They claim that this usage, which they regard as impersonal, static, and mechanistic, tends to undermine the unique attributes of the human being whose self-experience is under consideration. In light of their rejection of views of development as trajectories aiming toward preordained end states, they also object to Kohut's proposal that the self has a nuclear program that unfolds in a responsive milieu as a return to an intrapsychic perspective. Another target for their criticism is Kohut's proposal that the structuralization of the self occurs by means of "transmuting internalization,"

a developmental process involving the "optimal frustration" of a child's needs by a parent or a patient's needs by an analyst. Insofar as this notion derives from Freud's idea that the ego emerges from the id as a result of frustrations with the external world, it also smacks of a positivistic perspective.

Nor have the contributions of Stolorow and his collaborators proved to be immune to criticism. For example, Trop, Burke, and Trop (2002) and Moore (1999) complain that the language of intersubjectivity theory with its references to psychological structures and invariant organizing principles contradicts their claims that intersubjectivity is committed to process and dynamic systems. To my ears, as well, these terms seem to hark back to a psychology of certainty.

Hoffman's work has also been criticized as atavistic in certain respects. Orange (1992), for example, takes exception to Hoffman's claim that his social constructivism is a psychoanalytic epistemology. "Epistemology," she observes, "from the time of Descartes, has been the search for the foundations of knowledge, the search for certainty, the search for a conceptual rock of Gibraltar by reference to which everything else could be evaluated" (Orange, 1992, p. 563). She also observes that social constructivism provides no basis for choosing one construction over another. Yet to adopt constructivism, it must be deemed superior to other theories. Along similar lines, Moore (1999, p. 107) claims that Hoffman's writings "retain all the problems of positivism and add all the problems of relativism."

Hoffman (1992, p. 568), in turn, argues that constructivism has advantages over Orange's perspectival realism on the grounds that "it picks up on the experience-shaping aspect of human experience." In his view, whereas perspectivism merely promotes the idea that the patient's experience can be viewed in various plausible and compelling ways, constructivism "reflects and promotes a fuller recognition than does perspectivism of the relatively unambiguous as well as the relatively ambiguous realities and potentials of the psychoanalytic situation" (Hoffman, 1992, p. 570).

Although these mutual critiques contain undisguised attempts by the theorists to assert the superiority of their own approaches over the others — attempts that themselves may involve bids for a kind of certainty — they also raise questions about the lingering need for certainty in psychoanalytic theory. On the basis of their psychobiographical

studies of Freud, Jung, Reich, and Rank, Stolorow and Atwood (1979) found that a theorist's metapsychological conceptions inevitably reflect his or her subjective world. Considering the remnants of certainty that each of these theorists detected in the competing theories, we may well wonder if the subjective worlds of analysts hold some special dread of uncertainty. Perhaps they suffer unduly from what Bernstein (1983, p. 18) calls "Cartesian anxiety," a dread of radical epistemological skepticism in which "nothing is fixed" and uncertainty threatens to "envelop us with madness, with intellectual and moral chaos." Or perhaps they share a deficiency in what Keats (1848) called "negative capability" that prevents them from being "in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason." If so, they would hardly be alone, not only in reaching after fact and reason, but trying, with whatever other means they find at their disposal, to maintain some sense of certainty in their lives. My efforts to understand just how this is accomplished fill many of the pages ahead.

What I hope I have made clear is that acknowledging the need for a psychology of uncertainty as a way of bringing psychoanalysis into line with contemporary scientific and philosophical perspectives and being able to tolerate the *experience* of uncertainty are very different matters. Even the coolest contemplations of uncertainty as an abstract concept may put us in touch, if only on an unconscious level, with highly unsettling experiences related to the uncertainty of the endurance of our psychological lives. These experiences involve the awareness (more or less conscious) that since we are utterly reliant on others (as they are on us), and we cannot dispel the alterity of others (or that which is alien and "other" in ourselves), psychological survival is never a sure thing.

If earlier generations of analysts could ignore the uncertainty that lies at the heart of our humanness, we who have come to regard computers, cell phones, and other marvels of our age as cyborgian extensions of ourselves cannot. Instantaneous news reports of horrific calamities occurring under our noses and in faraway places continually remind us of our excruciating vulnerability. Repeatedly informed that it is less a matter of *if* environmental or nuclear catastrophes will occur than *when*, we have every reason to fear that what we do not know will hurt us. And what we do know tends to chafe at already frazzled nerves. Our own and our children's fate seems to hinge on whether greedy exploitation has irreparably spoiled earth's environment, new drug-resistant diseases

can be conquered, and ancient animosities between ethnic and religious groups have doomed all hope for world peace. Thus, it seems that the inescapable uncertainty of our psychological survival as individuals is driven home by these and many other vexing questions about our physical survival as a species. Moreover, the work we do as analysts offers little distraction from these dark preoccupations.

Nowhere do I experience what I shall call *existential uncertainty* more starkly than in my own consulting room. It is there, as waves of this nightmarish dread wash over me and my patients, that I feel most tempted to dig my heels into the dry shore of analytic certitude. Any thoughts I might have entertained about heeding Bion's (1967) advice to be without memory and desire vanish. I find myself "reaching after fact and reason" as if for a life preserver — at times, I am ashamed to admit, by trying to squeeze a patient into some preconceived theoretical pigeonhole so that the very things that make him or her (and our relationship) unique are smoothed over. I doubt that mine is the only practice menaced by these upsurges of uncertainty. Rather, I suspect that they swell in the background of every analytic encounter — now churned by the patient, now the analyst, and most often by something in their interaction.

Some decisions to enter treatment seem to have been reached in their wake. I think of Jeff, a relatively new patient, who for 35 years has marked time in a safe, predictable, but emotionally barren marriage. Having discovered passion in the arms of a co-worker, his seemingly solid world has developed cracks. He is no longer able to trust that he can find enough breathing room within the stuffy confines of married life, but he trembles in fearful anticipation of the havoc he would create by breaking free. Neither by staying nor leaving does he expect to regain the unquestioning sense of ongoing selfhood that once marked his experience. His eyes constantly beseech me. "You must show me where to land my next step," they plead. Despite our brief acquaintance, and the intensity of his need, I feel surprisingly surefooted with Jeff. Without undue strain, I seem to find ways of responding that assure him he is not alone with his seemingly insoluble dilemma.

At the conclusion of many of my sessions with Jeff, as I sense that he is leaving with more hope than he could have imagined possible when he entered, my confidence in myself as a clinician surges. This confidence in my professional life is one of my main hedges against existential

uncertainty. It is often in very short supply when I meet with Elaine, a woman I have treated for seven years of twice-weekly sessions. Wracked by memories of horrific childhood traumas that include sexual abuse and beatings by caretakers, she scrutinizes my every response for signs that I am exploiting her many vulnerabilities. For all the hours I have spent with her, I still find it difficult to anticipate when she will lapse into mute despair, or howl in pain or rage at what she considers my lapses in sensitivity. For Elaine, my lapses become the whole truth about me. I am, she contends, "just like" those who injured her in the past. As her experience of me narrows, a tendency, I have learned, that helps her regain a modicum of certainty in her chaotic world (see Chapter 3), I cannot help but be reminded of a similarly totalizing response by one of my childhood caretakers. I struggle to remember that my survival no longer depends on the whims of a person for whom the worst of me is all of me. I struggle to keep Elaine's bedeviling complexity in mind, as well as my own, and to open myself again to the profound uncertainty of our relationship.

If I am correct in assuming that most analysts confront similar challenges in their work with patients, it is little wonder that we have been loath to relinquish whatever certainty we may glean from our attachment to scientific paradigms. Having recently weaned ourselves away from the habit of using 19th-century scientists as our models, we may now find ourselves tempted to use cognitive neuroscientists as their replacements. I share Leslie Brothers's (2001) opinion that we should probably resist this temptation. She argues that attempts to explain how "mind arises from the individual brain are doomed insofar as they are based on a failed logic that is reflected in a conflation of incompatible languages." According to Brothers (2001, p. 10), the language of science refers to that which is observable and objective, whereas "statements about psychology are never ultimately anchored in observables; instead they are always anchored in other psychological statements." She convincingly demonstrates how speaking about mind with the language of brain results in misleading and erroneous conclusions.

If the hydraulic and mechanistic metaphors of Newtonian science could never meaningfully speak to our collisions with stark uncertainty, neither, I believe, will references to specific parts of the brain or to the functions of the various neurotransmitters. And in spite of the fact that 20th-century physics dealt specifically with uncertainty — think of

Heisenberg's uncertainty principle, which states that the momentum and position of a particle cannot both be precisely determined at the same time — it is hard to imagine how much of it, too, might be applicable to human psychology. However, before we give up on a wedding of science and psychoanalysis altogether, a scientific theory that is now being applied to psychological phenomena by a number of prominent theorists (e.g., Beebe & Lachmann, 2002; Coburn, 2002; Stolorow, 1997, 2002; Sucharov, 2002) seems to hold some promise for a happier marriage. Developed in physics, chemistry, and mathematics, and later extended to the study of biology, it goes by a variety of designations, among which are nonlinear dynamic systems theory, chaos theory, and complexity theory (Gleick, 1987; Thelen & Smith, 1994; Stolorow, 1997). (Hereafter, I will indicate my applications of this theory to the psychoanalytic situation by using the term *relational systems theory*.)

The language spoken by systems theorists, as Perna (1997, p. 7) observes, "offers a new way to apprehend the complexity and uncertainty of the psyche that many always knew would never be approached by reductionistic linear models." That this language appeals to analysts is probably indicated by the fact that terms such as *strange attractors*, *self-organization*, *framing*, and *soft assembly* have already found their way into psychoanalytic parlance.

According to Esther Thelen and Linda Smith (2000, p. xiii), psychologists who have applied the principles of nonlinear dynamic systems to early human development, these principles "concern the problems of emergent order and complexity: how structure and patterns arise from the cooperation of many individual parts." What interests me most about their understanding of development is their assertion that unpredictability and disorder are inevitable aspects of evolving dynamic systems. Since emergent organizations are totally different from the elements that constitute the system, and the patterns that arise from these elements cannot be predicted from the characteristics of the individual elements, development does not unfold according to some invariant master plan. Thus, when human development is regarded from the perspective of relational systems theory, uncertainty is implicit.

However, it is not so much because relational systems theory offers a new way to appreciate uncertainty as a *fact* of human development and experience that I find it valuable. More importantly, it provides a way of understanding the *experience* of this fact. Insofar as I endorse

the theory's basic premise, that is, that human experience is systemically constituted, I view experiences of uncertainty about psychological existence — and certainty, for that matter — as emerging and evolving within relational systems. Just how they emerge and evolve, as I hope to show in the chapters to come, is central to the psychoanalytic endeavor.

Earlier I mentioned the treacherous undertow of uncertainty against which we, as analysts, perpetually swim. But I would be not be doing justice to the complexity of life in contemporary society if I failed to mention that we often feel the pull of an equally strong tide in the opposite direction, a tide we must resist just as forcefully lest we drown under waves of regimented conventionality. Many recent developments in the Western world, such as the globalization of information, the rise of multinational businesses, and the homogenization of the arts and culture, seem to have conspired to plunge us ever deeper into an Orwellian nightmare of joyless conformity. Although it may seem counterintuitive to imagine that we might actually seek ways to lessen experiences of certainty about psychological survival to combat this threat, consider our fascination with high-risk adventure. It is hard to decide whether the popularity of disaster novels and films, dangerous activities like skydiving and bungee jumping, the advent of extreme sports, and the success of so-called reality television programs reflect a shared need to introduce elements of surprise and peril into otherwise colorless routines, or if they represent efforts to achieve some semblance of mastery in a world filled with unknowns. Or, just maybe, they are attempts to accomplish both at the same time. That we seek both to heighten and lessen experiences of certainty, and that we do so in the context of our relationships, is the focus of the next chapter.

For all the reasons that Freudian theory seems ill-suited to this age of uncertainty, I doubt that many analysts working today would choose the sterile laboratory as a metaphor for the psychoanalytic process. The search for certainty, after all, finds its ultimate expression there. A metaphor that seems to me to be more in keeping with a relational systems approach, as well as the psychology of uncertainty it embraces, is the labyrinth. It is defined in the *Concise Oxford Dictionary* (1999) as "a complicated, irregular network of passages or paths." On entering the almost infinitely complicated and irregular passages of a psychoanalytic journey, we have no way of knowing if we will find a route

that leads toward growth and healing. Indeed, we cannot even think of entering a psychoanalytic labyrinth without anticipating that our meanderings through it will confront us with the surprising and unexpected at every turn. Ah, but we are ever so willing to enter! Perhaps the main reason that I am drawn to the labyrinth as a metaphor for psychoanalysis is that we, as analysts and humans, do not only seek ways to lessen our experiences of uncertainty; we often court them as well.

Whole-hearted acceptance of a psychology of uncertainty necessarily involves the humbling recognition that whatever is discovered about psychological life must be regarded as tentative, provisional, and subject to refinement or refutation. What is more, the findings of any one explorer are necessarily limited, partial, and incomplete. Like Theseus, who relied on Ariadne's magic ball of thread to lead him through the labyrinth of the Minotaur in Crete, I will follow only one unwinding thread through the intricacies of psychoanalytic investigation. The thread is the experience of uncertainty and its relational transformation. Many threads, many much thicker than mine, have wound their way through psychoanalysis. I do not see any one of them as replacing or supplanting the others; there is clearly room for them all. I can only hope my slender thread will also prove worth pursuing.

2. Making the Unbearable Bearable

Regulation, Expectation, and the
Experience of Existential Uncertainty

That nature's fragile vessel doth sustain
In life's uncertain voyage, I will some kindness do them.

—William Shakespeare, Timon of Athens

Some people appear to relish the impossibility of knowing what their next breath will bring. These intrepid souls claim to find a wondrous challenge in the realization that we are born, live our lives, and die on the edge of catastrophe. Sadly, I am not one of them. I have known moments when merely thinking about the inescapable uncertainty of relational life and the consequent precariousness of selfhood has been enough to make my palms sweat and my pulse race. Most of the time, however, I too live as if my "going-on-being" (Winnicott, 1965) were a safe bet. How else could I write this book?

Just what is it that allows us to tolerate, if not seek out, experiences of uncertainty? The concept of regulation seems to point the way toward an answer. But to say that regulation is heavily laden with psychoanalytic baggage does not begin to do it justice. I doubt that any

other concept has enjoyed a longer or more protean life in the history of psychoanalysis. Regulation has been applied to a widely disparate aggregation of phenomena believed, at one time or another, to explain how our minds work. Stimulation, excitation, instincts, drives, behavior, conscience, self-esteem, affects, and experience in general have all been linked to regulation. Just what is deemed regulable and how regulation is thought to occur has changed in accordance with the prevailing vogues in psychoanalytic epistemology.

For Freud, the ultimate regulatory principle was "the pleasure principle," which, according to Joffe and Sandler (1968), is a compound of several types of regulation, including energic equilibrium, drive equilibrium, and affective experience. Leaning shamelessly on Newtonian physics, Freud posited that the psyche is a reflexive system solely motivated by the need to maintain homeostasis (Perna, 1997, p. 99). The affective experience of pleasure, he believed, results when homeostasis is attained. The pleasure principle and the reality principle, the subjects of Freud's well-known 1911 paper, along with the Nirvana principle, were understood by early Freudians as "tendencies which in a general way aim at *regulating* the excitations in the mental apparatus, in modifying them as to quantity, quality, or rhythm" (Hartmann, 1956, p. 33, italics added). This regulation or modulation of psychic excitations, which involved stimulation originating in the outside world as well as that generated by the instinctual drives, was believed to be accomplished mainly through the discharge of psychic energy in the form of libido or aggression.

With the advent of Freud's tripartite model of the mind, the notion of regulation was closely associated with the ego. Considered the executive of the personality, Freud (1923/1955) described the ego as the part of the psyche that governs the id and the superego and maintains harmonious commerce with the external world. The term *regulation* was also frequently used in connection to the functioning of the superego, especially with respect to its role in guiding moral behavior. During the heyday of ego psychology, both instinctual drives and ego functions were assumed to have regulatory effects on an individual's behavior (Schafer, 1968). In an updated version of this idea, Grotstein (1986, p. 103) suggested that rather than thinking of instinctual drives as the source of mental activity, they should be considered "basic regulators" that lend meaning to the data of personal experience. He also argued

that repression, and the ego's mechanisms of defense that derive from it, should be regarded as forming a "psychic regulatory membrane."

As relational theories came into prominence, regulatory processes were increasingly viewed in terms of relationships among people rather than as intrapsychic phenomena. From the vantage point of self psychology, for example, a person's "self-regulation of esteem" depends on the attuned responsiveness he or she receives from others (Kohut, 1977, p. 61). Atwood and Stolorow (1984, p. 68) regard the selfobject concept, a cornerstone of self psychological theory, as a framework for understanding "the exquisitely coordinated reciprocal regulatory patterns" between infants and their caretakers. These intersubjectivity theorists have explained regulation in terms of "mutual influence," a concept that was introduced by Sander (1977, 1985) to refer to a system in which each participant variably influences the other.

The concept of regulation is still going strong in psychoanalysis today, probably as a consequence of its prominence within infancy research, the findings of which have been increasingly incorporated into contemporary theory. The ways in which regulation have recently been understood by a number of infancy researchers, many of whom are also analysts, support a conjecture central to much that follows in this book, namely: Experiences of uncertainty (and certainty) as to the availability of a self-sustaining relational exchange are continually transformed within living systems.

I find the work of Beatrice Beebe and Frank Lachmann (2002) especially supportive of this understanding. To explain how our minds are organized through relational interaction, they refer to "characteristic modes of mutual and self-regulation" (Beebe & Lachmann, 2002, p. 90). Although they distinguish between self and interactive regulation, they argue that both processes occur simultaneously. From a relational systems perspective, it makes little sense to think that any regulatory process could occur within one individual without involving the entire system. Fogel and Lyra (1997, p. 79), developmental researchers who apply systems theory to relationship development, make the point that regulation is never entirely "in" the individual since information is "already related to the partner and context in the very act of its formation."

As I emphasized in Chapter 1, I am concerned with the *experience* of uncertainty, particularly insofar as it pertains to uncertainty about

psychological survival, that is, existential uncertainty. In contrast, Beebe and Lachmann's understanding of regulation is based on the predictability of observable behavior — infants, after all, cannot tell us about their experiences. They define regulation as "interactive contingency," or "the prediction of one partner's behavior from that of the other" (Beebe & Lachmann, 2002, p. 90). In other words, regulation occurs if one person's actions are predictably linked to that of another person's actions. Similarly, they define self-regulation as self-predictability, or the degree of predictability of a person's own behavioral rhythms.

Although the predictability of contingent behaviors may affect the certainty (and uncertainty) we experience in human relating, regulation is not something that can be directly experienced. As Beebe and Lachmann (2002, p. 107) themselves point out, translating the findings of research on the regulation of interaction patterns into the language of experience is fraught with difficulty in that it relies heavily on inference. Nevertheless, they assume that up to the age of six months, the infant's observed behaviors closely parallel his or her experience, since, as they explain, infants have no way of hiding their feelings. When it comes to older children and adults, the relationship between the predictability of observed behavior and experience related to that predictability is much more complicated. For example, a person with a history of unstable relationships with highly unpredictable partners may experience intense uncertainty about his or her ability to maintain a self-sustaining relationship despite the high degree of predictability in the behavior of a current relational partner.

A concept that seems to bridge the realms of observed behavior and subjective experience is that of expectation or *expectancies*, a term introduced by the originators of a regulatory systems perspective (Sander, 1977; Beebe, Jaffee, & Lachmann, 1992). Even very young infants, this research suggests, show intense interest in contingent relations and are powerfully affected by the confirmation and violation of expectancies. De Casper and Carstens (1980), for example, have demonstrated that infants exhibit positive emotions when their expectancies are confirmed and negative emotions when their expectancies are violated. As Sander (1977) notes, infants are intrinsically motivated to order information, detect regularity, and generate and act on expectancies. Moreover, he asserts that actions taken by infants with respect to these expectancies, which include gazing, vocalizing, and changes in posture and facial

expression, are always coordinated with those of their caretakers. To the extent that such coordination heightens the expectations of both infants and caretakers that their essential relational needs will be met, their coordinated activities are likely to produce changes in the experience of existential uncertainty.

Alan Fogel's (1993) conceptualization of *co-regulation* also makes use of the bridging notion of expectation. Working from a developmental systems perspective that he calls "a model of co-regulated communication," he defines co-regulation as "a social process by which individuals dynamically alter their actions with respect to the ongoing and *anticipated actions* of their partners" (Fogel, 1993, p. 34, italics added). He posits that co-regulation occurs when a person's actions are guided by what he or she expects the actions of another person to be. Fogel explains that the possible ways two or more individuals could co-regulate in a relationship is vast, a condition he calls "high uncertainty." The patterns of interaction that emerge in a relationship and thereby organize it tend to reduce uncertainty.

Fogel (1993) focuses on how the patterned behavior in a system reduces its degrees of freedom and concomitantly decreases uncertainty through the process of self-organization. Here his work is very much in keeping with such theorists as Thelen and Smith (2000) and Prigogine (1996), who argue that while the patterns that emerge within "far from equilibrium" or living systems cannot be predicted ahead of their emergence, self-organization brings order to what was previously chaotic. Building on the work of these theorists, I propose the following: Experiences of existential uncertainty are continually transformed by means of regulatory processes (and the relatively stable patterns of relating they produce) that affect expectations regarding the orderliness of the relational exchange. Trauma, as we shall see in the next chapter, often involves the experience of a terrifying loss or disruption of such orderliness — the experience of meaningless chaos. If, as I believe, experiencing the orderliness of any sort of shared activity heightens expectations (enhances trust) that self-sustaining relational experiences will be consistently, predictably, dependably available, we would not be reading too much into Beebe and Lachmann's understanding of regulation, as well as Fogel's conceptualization of co-regulation, to conclude that all of the regulatory processes that occur within relational systems serve to transform experiences of existential uncertainty.

Since, from Fogel's (1993) perspective, self-organization reduces a system's degrees of freedom, it might seem that regulatory processes always function to reduce experiences of uncertainty. However, from the perspective of the interacting individuals who constitute a system, it becomes evident that uncertainty is often transformed such that its experience is heightened. Think of the joy many babies and their caretakers find in games of peek-a-boo. The experience of uncertainty is likely to be very intense for babies when their caretakers first hide their faces from view. They cannot be sure that they will ever return. Uncertainty is likely to be great for caretakers too; they cannot tell whether the babies will be distressed or delighted. The caretakers' own psychological well-being, if not survival, may seem, at least momentarily, to hang in the balance. However, as the caretakers' familiar faces repeatedly appear and disappear with each repetition of the game, both the smiling babies and their delighted caretakers are apt to experience the orderliness of their reciprocal engagement. Thus, the appeal of peek-a-boo appears to be tied to experiences of heightened and diminished certainty that emerge in the context of an orderly reciprocal engagement. In a successful game, uncertainty becomes more bearable for both participants.

One implication of my assertion that experiences of uncertainty are continually transformed in relational systems is that we are somehow motivated to transform uncertainty. In recent years, dynamic systems approaches to development have radically changed the psychoanalytic understanding of motivation. Motivation as an intrapsychic phenomenon powered by instinctual drives, the Freudian understanding, has been increasingly rejected in favor of the belief that motivation is a constant and distributed property of relational systems (Thelen & Smith, 2000 p. xxiii). The idea that what initiates, sustains, and directs psychological activity can be reduced to, or derived from, one or two basic motivations such as libido and aggression, or attachment, or effectancy, or safety, has been roundly criticized (Stern, 1985; Fosshage, 1995).

Strongly influenced by self psychology, and the concept of selfobject experience, Joseph Lichtenberg (1989) has developed a systems approach to motivation that emphasizes ongoing processes that emerge within, and are shaped by, relational contexts. He describes five motivational systems that are organized around fundamental needs observable in the neonatal period: (1) the need to fulfill physiological requirements,

(2) the need for attachment and affiliation, (3) the need for assertion and exploration, (4) the need to react aversively through antagonism or withdrawal, and (5) the need for sensual and sexual pleasure. Lichtenberg (1989, p. 61) claims that each system is permanent and shifts in dominance with the others from moment to moment.

According to Lichtenberg (1989, p. 12), when needs are met in any of the five motivational systems, "the result is a selfobject experience" or "a particular affective state characterized by a sense of cohesion, safety, and invigoration." Since it seems unlikely that needs in his systems could be met without the orderly reciprocal engagement of the people involved, I would suggest that the transformation of uncertainty[*] is inextricably involved in their fulfillment, and concomitantly in selfobject experience. In other words the regulatory patterns that give rise to selfobject experiences are also those by means of which uncertainty is optimally transformed within a relational system. In the midst of a selfobject experience we do not question whether we will go on being; we feel certain we will.

In consequence of the conceptual closeness between need fulfillment in Lichtenberg's five motivational systems and uncertainty transformation, I see no benefit in postulating a separate motivational system for uncertainty transformation. Rather, I regard all five of Lichtenberg's motivational systems as being subsumed by what Atwood and Stolorow (1992, p. 35) have referred to as a supraordinate motivational principle: the need to maintain the organization of experience. This overarching principle is congruent with one of the basic assumptions of nonlinear dynamic systems theory: Systems are self-stabilizing and self-organizing. In other words, complex systems converge toward a relatively stable pattern of functioning. Insofar as the relative stability of relational patterns lends a sense of order and predictability to one's relational world, the experience of uncertainty is transformed.

Virtually any regulatory process within a relational system may transform experiences of uncertainty; that is, it may change expectations with respect to the orderliness and predictability of a relational exchange. In what follows I outline some of the ways in which the regulatory processes

---

[*] Please note that whenever I use such terms as "the transformation of uncertainty" or "uncertainty transformation" I am referring to the transformation of *experiences* of uncertainty. Uncertainty itself cannot be transformed.

involved in feeling, knowing, forming categories, making decisions, using language, creating narratives, sensing time, remembering, forgetting, and fantasizing all participate in the transformation of uncertainty. While it is customary to think of these in terms of the experience of a lone individual, I think it will become clear that even the most private experience is highly contextualized and relational, and that, therefore, the transformation of uncertainty is a system-wide phenomenon.

Feeling

Despite the common belief that our feelings are private experiences that emerge unbidden from some "inner" source, systems theorists such as Thelen and Smith (2000, p. 230) view emotions as emergent, self-organizing processes of relational systems. They describe them as "fluid, context-sensitive, nonlinear, and contingent" (Thelen & Smith, 2000, p. 320). A great deal of infancy research describes how emotions or affects (that is, primary or basic emotions) are transformed in early exchanges between infants and caretakers (Beebe & Lachmann, 2002, p. 169).

Not only do emotions or affects arise on the basis of mutual influence — their intensity, duration, and even whether they are expressed, are determined by what transpires between people — but they also influence the ways in which people behave toward one another. Infancy research has found that caretakers' emotions greatly affect infants' behavior. For example, infants of depressed mothers were found to show depressed behaviors even with nondepressed adults (Field et al., 1988). It has also been found that infants' emotional signals powerfully affect the caretakers' behavior (Brazelton, Koslowski, & Main, 1974; Fogel, 1982; Stern, 1974; Tronik, Als, & Brazelton, 1977), findings that are readily confirmed through observation of most new parents of screaming, hard-to-soothe infants. As I see it, since the powerful impact of affective expression on expectations about the orderliness of any given relational exchange is hardly limited to infancy, and we are continually affected by the feelings of other people as they are simultaneously affected by ours, the mutual expression of feeling powerfully transforms experiences of uncertainty (and certainty) throughout our lives.

Although Silvan Tomkins (1963, 1980), a pioneer in the study of affect, developed a largely intrapsychic understanding of affect that

emphasizes single, primary affective states, an understanding that is incongruent with a relational systems perspective, his ideas about the motivational implications of affects as well as their amplifying function are well worth considering. Observing that "affect either makes good things better or bad things worse" (Tomkins, 1980, p. 148), he viewed what he called "the affect system" as lending power to all other aspects of psychological functioning, including memory, perception, thought, and action. In a similar vein, Fosshage (1995, p. 423) observed that "affects play a central role in that they amplify motivations, increase the significance of the functional activity, and enhance communication."

To my mind, it is the energizing, amplifying, motivating effect of emotion that most strongly lends a sense of certainty to our lived experience. The more intense our emotional experience, the more likely we are to experience a sense of certainty that our interactions with others will or will not conform to our need for orderly reciprocal engagement. (As we shall see, in Chapter 4, the certainty that others will not meet our relational needs is sometimes preferable to the uncertainty of hope.) When we feel very angry at another person, for example, we do not usually doubt that this person has disappointed our expectations. When we feel great love, we are usually convinced that the person who elicited our passion is capable of fulfilling our deepest longings for an ongoing engagement. In the absence of intense experiences of this sort, certainty about the likelihood of psychological survival may diminish.

Knowing

A number of dynamic systems theorists suggest that emotions are inseparable from a wide range of other psychological phenomena, including perception, action, cognition, and social behavior (Fogel et al., 1992; Thelen & Smith, 2000, p. 314). What we feel and what we know are closely interrelated. Even the driest facts or mathematical procedures may be heavily laden with feeling. Mentioning the color of a woman's eyes may stir powerful longings in the man who desires her; stating the height of a building in feet and inches may arouse intense pain in those who lived in it before it was burned down; even the need to determine the sum of two numbers may arouse enormous anxiety in someone who was shamed while learning arithmetic.

Intersubjectivity theorists (Stolorow, Brandchaft, & Atwood, 1987) see affect and cognition as indivisible unitary configurations of experience. For these analysts, *meaning*, which requires both cognitive and affective components, is the supreme category of psychoanalytic inquiry. Meaning is integral to uncertainty transformation insofar as it can only emerge under conditions of stability, coherence, and order, while at the same time it profoundly affects the stability, coherence, and order of lived experience.

Relationships themselves, according to Fogel and Lyra (1997, p. 76), are systems that generate meaning for the participants. Meaning, they contend, arises within what they call "the dynamic dialogue" of the relationship. In a similar vein, Daniel Stern (1985, p. 170) suggests that meaning results from interpersonal negotiations about what can be agreed upon. As we shall see in Chapter 3, when orderliness and predictability give way to chaos under conditions of trauma, meaning is lost.

Forming Categories

It is virtually impossible to find meaning in lived experience, or, for that matter, to conduct mental operations of any kind, without the ability to form categories (Thelen & Smith, 2000). We make sense of the world by recognizing that events or objects that are not identical may have equivalent meaning. In agreement with Lakoff (1987), Thelen and Smith (2000) reject the traditional objectivist view of knowledge as a symbolic representation of external reality, and categorization as governed by abstract structures that transcend specific experiences, in favor of a view of categorization as embodied and creative. Categorization, in their view, is a specific case of pattern formation whereby complex, heterogeneous elements self-organize to produce coherence in time and space. Viewed from this perspective, categorization plays an important role in transforming uncertainty. The sense of order that results from the relational processes involved in assigning a person to a category such as friend, enemy, lover, rival, and so on, tends to reduce experiences of uncertainty, while failure to do so may increase them.

I find it fascinating to consider how categorizing people can affect an entire network of relational systems. "The looping effect of human

kinds" is a concept introduced by the philosopher Ian Hacking (1999) to explain how placing people in categories changes them. Hacking suggests that when knowledge about people classified as geniuses or anorectics or incest survivors, or members of any other identifiable group, becomes known to the people classified in these ways, they may change their ways of thinking and acting in accordance with this knowledge. This in turn loops back to force change in the classifications and knowledge about them. In other words, what is known about people classified as members of a specific group, and considered the truth about them, emerges from the reciprocal engagement of those who do the classifying and those who are classified. We will consider the uncertainty-transforming functions of Hacking's loops in greater detail in Chapter 5.

Making Decisions

In assigning something or someone to a category, we are forced to make a decision about which category is the correct one. And in order to make such a decision, or any decision for that matter, we are brought smack up against uncertainty. A vast literature on decision making and its relation to uncertainty has accumulated in the social sciences (Gilovich, Griffin, & Kahneman, 2002). Making a decision, failing to do so, or deferring decision making are likely to affect one's experience of the orderliness of our relational worlds. As clinicians, we are often confronted with people, especially those thought to suffer from obsessive/compulsive disorders, who seem paralyzed by the need to make the simplest decision. In striking contrast are those who often place themselves in high-risk situations where life or death turns on their ability to make the right choice. An intense need to maintain an illusion of control over the uncertainties of psychological life may be involved for both sorts of people.

While the very act of making a decision may provide us with a sense of individuated selfhood, of our possession of free will, a great deal of research on decision making shows that values and beliefs strongly influence how we act in conditions of uncertainty (Fox & See, 2003). And as systems theorists demonstrate, our values and beliefs cannot be isolated from our interactions with those who populate our relational systems.

When a decision is made, whether after a long period of deliberation or as a result of a snap judgment, we may reduce the degrees of freedom

within a system (Fogel, 1993) by eliminating all but one of the possible options open to us. However, we cannot assume that every decision we make will decrease experiences of existential uncertainty. For example, a decision to become involved in a relationship with an untrustworthy partner may bring feelings of greater uncertainty than any felt before the decision was made.

Using Language

It is only by understanding what Charles Taylor (1995), a leading Canadian philosopher, has called "the dialogic nature of language" that it is possible to appreciate just how intimate are the relationships among language, meaning, and uncertainty. "Language," Taylor (1995, p. 98) observed, "is fashioned and grows not principally in monologue but in dialogue or, better, in the life of the speech community." He does not even regard the capacity to speak as something to be found "in" the individual; it arises out of dialogues with others (Taylor, 1995, p. 93).

The indispensable role played by language in transformations of uncertainty, therefore, could not have been appreciated from the vantage point of early modern epistemologies, which, as Taylor (1995) notes, popularized a "disengaged" picture of human life. Philosophers such as Hobbes, Locke, and Condillac attempted to understand language in terms of a Cartesian representational perspective. According to this perspective, words are given meaning by being attached to things that are represented as ideas in our minds. These ideas were thought to exist prior to their expression in language. Taylor (1995, p. 80) described this approach as "designative" insofar as words were thought to get their meaning from being used to designate objects. He describes a new theory of language that was originated by Herder and Humboldt at the end of the 18th century as "constitutive" because it posits that language makes possible new ways of experiencing that cannot exist without language (Taylor, 1995, p. 101). In contrast to the disengaged, atomistic approach of the early modern theorists, this dialogic, constitutive theory views linguistic thought as "situated," that is, embedded in what Wittgenstein (1958) referred to as "a form of life."

From this constitutive approach, language itself is shown to be fundamentally uncertain. For one thing, rather than being fixed and static,

language, as Taylor (1995, p. 97) notes, is constantly being "recreated, extended, altered, reshaped." As a result, we can never be absolutely certain of the meaning of any given word. Moreover, we can never fully know the implications of what we say at any moment.

Taylor's concept of "the linguistic dimension," his way of describing the change in consciousness that comes with the acquisition of language, helps to explain how it is that language, while itself uncertain, nevertheless functions to transform experiences of uncertainty. For Taylor (1995, p. 95), a person is operating within the linguistic dimension when he or she uses and responds to a word in a way that involves a feeling of its rightness, that it is, in other words, "*le mot juste*." This felt rightness of a spoken word affects our experience of uncertainty in a variety ways. For example, on feeling this rightness, we may experience our interactions with the speaker, or the one to whom we speak, as more orderly and predictable. On the other hand, the very rightness of a word may put us in touch with some devastating aspect of experience that throws our lives into chaos. The same is true of failing to utter a word. An unspoken word may heighten an experience of uncertainty in some circumstances and reduce it in others. For example, by not voicing our doubts about a person's trustworthiness, we may feel less skeptical. Thus, not only what is said, but what is *not* said can add to or detract from expectations that self-sustaining relational experiences will be available.

The expressive aspects of language also affect our experience of uncertainty. We can choose words and phrases that convey an experience of great conviction about what is expressed, or others that indicate the provisional, tentative nature of our knowledge. We can use words to conceal as well as to reveal, and we can heighten, minimize, or even contradict what we say by the tone of our voice and other nonverbal cues. Indeed, what can be communicated by means of language, as many theorists have pointed out (Bollas, 1987; Loewald, 1960; Orange, 1995), is only a small part of communication. Much is conveyed nonverbally. From a relational systems perspective, language is seen as embedded within patterns of nonverbal relational activity such as posture, gaze direction, facial expression, and body movement (Fogel & Lyra, 1997).

Creating Narratives

We could not begin to approach a full appreciation of the uncertainty-transforming capacity of language without considering the creation of narratives. Narrative has been held by many developmental theorists to be the most widely used mode of organizing human experience (Bruner, 1994). For Daniel Stern (1985), language acquisition leads to a new way of being related to others. "The narrated self," as Stern calls this new experience, weaves elements from other senses of the self into a story. While for Stern this is one sense of self among several, according to Fogel (1993, p. 139, italics added), "The self *is* the set of one's personal stories, or narratives, told in inner speech or told to others."

I disagree that "the self," or to use a term less prone to reification, self-experience, can or should be reduced solely to the creation of narratives; Fogel himself noted that much of a person's experience resides outside the realm of language and narration. Nevertheless, I regard personal narratives, which develop in the context of the mutually reciprocal processes operating within relational systems, as playing important roles in transforming the experience of uncertainty. The very formation of a coherent narrative may do so. Wilson (1998) asserts that while our lived experience does not come to us in the form of a story, we take comfort in creating narratives insofar as they give us the illusion that our life stories make sense and are marked by orderliness and unity. However, he cautions that "narrative coherence always comes at a price" (Wilson, 1998, p. 63). Referring to the work of literary theorists such as Todorov (1977), Wilson explains that aspects of lived experience that undermine the organization and coherence of a life story are ignored. In other words, through "narrative smoothing," much that contradicts or complicates the coherence of the story, that is, increases the experience of uncertainty, will be eliminated. (I say more about the reduction of complexity in the next chapter.)

Remembering and Forgetting

Without the ability to remember past events and experiences, the creation of life narratives would be virtually impossible. However, our memories are all too fallible; researchers and clinicians, especially

those who work with trauma and dissociation, have found that people can remember some things that never happened and not remember, or forget, some things that did (Frankel, 2002). The notion that remembering is one of the regulatory processes that shapes self-experience would have made little sense to neuroscientists who worked in the first half of the 20th century. As part of their attempts to identify specific areas of the brain responsible for different functions, they strove to find where memories were stored. This futile search was prompted by the mistaken notion that memories are literal and veridical records of the past, snapshots of experience. A number of contemporary theorists and researchers have demonstrated that memory does not involve static representations of linear sequences of events (Edelman, 1987; Engel, 1999). Rather, as a property of dynamic systems, memory is distributed throughout a system and is continuously assembled from within it. Consequently, personal autobiographical memory is thought to involve narrative reconstructions that reflect current contexts of recall as much as past events (Kirmayer, 1994, p. 111).

The roots of this understanding reach back to ideas formulated by Janet in the 19th century. Based on his work with so-called hysterical patients, he described normal memory as "the action of telling a story" (Herman, 1992, p. 1750). That this storytelling is a relational process was recognized by a number of psychoanalytic thinkers, including Loewald (1960), Bollas (1987), and Orange (1995). Researchers have recently identified many factors that influence memory, including one's mood at time of recall, the uniqueness of the event, and the frequency of recall (the more an event is recalled, the easier it is to remember) (Engel, 1999, p. 8). Since what we remember (and what we fail to remember, or forget) is highly context sensitive, remembering and forgetting greatly affect experiences of uncertainty. An experience that, if remembered, would disrupt an experience of existential certainty may not be remembered in an untrustworthy relational context, but may be remembered in one that offers safety and protection, such as the analytic situation.

That memories are often intensely laden with emotion goes without saying. Overwhelmingly painful memories associated with traumatic experiences may, as Rivera (1996, p. 96) notes, fail to be integrated into an individual's general memory system. Rather, they become available to consciousness only in a compartmentalized fashion. I consider the

dissociation of memory as a trauma-generated transformation of uncertainty in the next chapter.

Sensing Time

A memory has no meaning except as an experience we locate in the past. The ability to sense that something happened earlier in time, or that it is part of an ongoing experience, or that it may happen in the future, fundamentally organizes psychological life. This appears to be true soon after birth. As Priel (1997, p. 431) puts it, "the temporal characteristics of the mother-infant exchanges constitute a basic vehicle through which interpersonal meanings unfold." She is alluding to the work of infancy researchers such as Beebe (1986), Cohn and Tronick (1988), Field (1981), Stern (1977, 1985), and many others who have investigated what Stern (1977) calls "the split-second world" of interactional engagement between infants and caretakers, in which each responds to the other within fractions of a second. The experience of time itself, as Priel (1997, p. 431) suggests, seems to emerge within the earliest intersubjective experiences. Thus, it appears that a sense of time is one of the basic regulatory processes that lend order to experience and without which a sense of self would be impossible. Lacking the ability to order experience chronologically, for example, no coherent personal narrative could be assembled.

Our experience of time as moving from the past to the present and on to the future is widely shared, however much we may fail to attend to the passage of time at any given moment. Nevertheless, our experience of "the arrow of time" as an irreversible forward movement flies in the face of Newton's widely accepted formulations of a timeless, deterministic universe, and Einstein's insistence that time is an illusion. According to Prigogine (1996), assertions of time-symmetrical laws of nature describe a deterministic universe in which predictions can be made with complete certainty. As one of the originators of chaos or complexity theory, he proposes instead that since we live in a world of definable probabilities where life and matter evolve continuously in the direction of time, certainty is the illusion.

Despite all our lived experience that confirms the irreversibility of time (an egg never unscrambles), accepting the truth of this experience

may be one of the greatest psychological challenges we face, especially insofar as our mortality is inevitably involved (see Chapter 7). To the extent that our beliefs regarding time irreversibility threaten to disrupt the orderliness of our relational worlds, our experience of time itself may change. It is the plasticity of time experience that lends it so exquisitely to the transformation of uncertainty. By dwelling on the past, or on only certain past events, or concentrating on some longed-for event in the future, we may avoid knowing with certainty that a needed relational experience is failing to occur. Moreover, the way we experience "real time" (Thelen and Smith use this term to refer to the here and now) — whether it seems to creep with agonizing slowness when we feel depressed, or race when we are happily engrossed — is a function of regulatory processes within our relational systems.

Fantasizing

In contrast to the limited roles assigned to fantasies by early psychoanalysts who viewed them primarily as providing substitute gratification, a means for escaping from a painful or depriving reality, they have increasingly been seen as an ever-present and indispensable part of psychological life. Ethel Person does an excellent job of cataloging the enormously wide range of psychological functions performed by fantasies:

> Fantasies may be straightforward expressions of wishes, or conversely, denials (or reaction formations) against conscious impulses. They may serve as consolations, compensations for what we lack in life. They may also heal or undo past defects, wounds, and old conflicts. Perhaps the most compelling function of fantasy is that it creates an ambiance of hope for the future, even in seemingly impossible situations, and gives us the strength to endure. Beyond its role in emotional regulation, self-soothing, arousal, and formation of neurosis and even character, fantasy can act as a rehearsal for future action and can provide a template for life choices that may be either literal translations (enactments) or symbolic expressions of the fantasy's narrative content. Fantasy is a theater in which we preview the possible scenarios of our life to come. (Person, 1995, p. 5)

Insofar as fantasies make use of all of the regulatory processes that affect the orderliness and predictability of our relational lives, including feeling, knowing, using language, remembering, and so on, I see them as the quintessential vehicles for transforming experiences of uncertainty. Fantasy images tend to dramatize emotional experience and thereby imbue it with a sense of being real and valid (Stolorow & Atwood, 1992). It is, ironically, the reality-enhancing effect of fantasy that makes it so useful for transforming uncertainty, particularly when a person's sense of what is real fails to be validated by others. Since we are often more than willing to repudiate the reality of an experience if insisting on it would render the availability of a self-sustaining connection unbearably uncertain, a fantasy involving the repudiated experience may allow us access to it (see my account of Nancy's fantasy below).

My current understanding of fantasy departs significantly from the notion of "central organizing fantasies" that Richard Ulman and I advanced in 1988. Ulman and I proposed that self-experience consists in what we called "central organizing fantasies" of self in relation to others who provide selfobject experiences. Borrowing from Kohut, we understood these central organizing fantasies or "archaic narcissistic fantasies" or "selfobject fantasies," as we variously called them, to fall into three main categories: archaic grandiose fantasies, idealized merger fantasies, or twinship fantasies. These corresponded to the three main types of selfobject experience identified by Kohut.

I no longer accept a view of experience as organized by one of a few universal fantasies, nor do I regard fantasies as primary, static, internal sets of intrapsychic representations (see Sucharov, 2002, on the outdated Cartesian assumptions underlying representation). No different from the other ongoing psychological processes we have examined from a relational systems perspective, fantasies are dependent on past and present relational contexts for their emergence, and both reflect and affect the relational system in which they emerge, whether or not they are explicitly shared (Brothers, 2000b). Through the act of fantasizing, a person's experience is changed and, by changing, affects the entire system.

Systemically Emergent Certainties

Atwood and Stolorow (1984, p. 34) have regarded the themes concretized in personal narratives, fantasies, and dreams as "structures of

experience," or "organizing principles," which they define as "cognitive-affective schemata … through which a person's experiences assume their characteristic forms and meanings." Because the themes that structure or organize selfhood arise in the context of the overlapping systems that comprise our relational world (Coburn, 2002), and because they tend to be experienced as unquestionably true, I think of them as *systemically emergent certainties* (SECs). They specify the conditions under which we believe our relationships are subject to orderly mutual influence. I believe Donna Orange's (1995) term *emotional convictions* conveys a similar meaning. The benefits of regarding the organization of psychological life in terms of SECs will hopefully become clearer in the next chapter, in which I outline a view of trauma as involving the destruction of experience-modifiable certainty and the emergence of rigid certitude.

Nancy's Fantasy: "A Star Is Born"

A fantasy told to me by one of my patients illustrates some of the ways in which fantasies and the SECs around which they are elaborated work to transform experiences of existential uncertainty. Nancy, an attractive, highly accomplished 44-year-old woman, imagines herself strolling down her street just as Robert Redford, the actor and film director, passes by. He immediately recognizes her as the object of a long search. As her fantasy unfolds, Redford not only gives Nancy a starring role in a movie, but soon falls in love with her and proposes marriage. She then shares in his luxurious and glamourous lifestyle. Nancy confided that she never tired of this fantasy.

Discernible in Nancy's fantasy is an SEC we identified in the course of our analytic work as having played a crucial role in her life: Only to the extent that she possesses the attributes that conform to a man's wishes and desires can she attract him and sustain his interest. Twice divorced and the survivor of numerous failed romances, she has become aware that all of her relationships with men have been similarly patterned. With each man who stirs her longings for romantic love, she attempts to transform herself into his "dream girl." Eventually, her resentment, humiliation, and rage at being required (she feels) to embody qualities that are not congruent with her self-perceptions contribute to the breakup of the relationship. Each relationship has reinforced this SEC

insofar as the men with whom she has been involved have all reacted positively to her efforts to embody their wishes and negatively when, after a time, she refused to do so.

The intensity with which Nancy has clung to this SEC suggests that by the time she entered treatment with me, it had become rigidified and fairly impervious to modification. We will return to Nancy's fantasy in the next chapter, when I explain such rigidity in terms of trauma, which in Nancy's life is associated with a highly sexualized relationship with her father and repeated abandonment by her depressed mother. For now, let us examine some of the ways in which her fantasy allows her to feel a modicum of certainty about her psychological survival.

For one thing, having this fantasy is always highly pleasurable for Nancy, even when she calls it up during her own periodic bouts of severe depression. Consequently, it allows her to experience a sense of control over her emotional life and, therefore, to feel more certain of her ability to engage in self-sustaining relationships. None of my patients has more poignantly described how, in the throes of depression, time slows to a crawl. Time also stagnates for Nancy during her many sleepless nights. "Trying to fall asleep, I get the feeling that no one else is there, and that I am doomed to be alone throughout an eternity of blackness," she has said. It is only by slipping into her fantasy that Nancy is able to contain her anxiety until the morning light allows her, finally, to sleep. Having learned to condense her fantasy or elaborate upon it in great detail, Nancy feels that she is less at the mercy of ruthless time.

But it is probably the ways in which her fantasy lends meaning to her often chaotic world that it is most valuable to her. Since Redford offers her a movie role on the basis of having found embodied in her the qualities he deemed desirable, the fantasy expresses and reinforces her certainty that she is valuable to a man only to the extent that she conforms to his requirements. However, it does much more. Since Redford eventually falls in love with her for possessing the qualities she feels are uniquely hers, Nancy's fantasy allows her to keep alive her cherished longing to live and be loved "for myself."

In my therapeutic work with Nancy we often focused on her efforts to become like the women she imagined to be attractive to a man she desired. That is, she wished to be the same as these women. At the same time, she longed for recognition for the qualities that differentiated her from other women, the qualities that she saw as uniquely her own. I

have come to understand Nancy's seemingly contradictory wishes in terms of two uncertainty-transforming processes that seem to pervade our relational lives. I call these the search for sameness and the search for difference.

Sameness and Difference

Thelen and Smith (2000, p. 149), building on Gerald Edelman's (1987, 1988, 1989) theory of neuronal group selection, contend that all experience is necessarily "multimodal" in that it requires the coordination of responses across several sensory modalities. The regulatory processes I described above are aggregates of these multimodal responses. Although I considered each of them in isolation from the others, it is their integrated functioning that gives rise to the patterns of relating on which a sense of unitary selfhood depends. To the extent that we experience these relational patterns as orderly and stable, we are unlikely to experience uncertainty about the endurance of selfhood. Experiences of sameness and difference contribute to a sense of such orderliness. While sameness and difference are two sides of one experiential coin, let us examine each in turn.

The Search for Sameness

The more we experience other people as like ourselves, the more we expect them to engage with us in an orderly reciprocal exchange. And more often than not, when we encounter people with personal attributes and interests similar to our own, or people who endorse the values, attitudes, ideas, or styles of life that we hold dear, our expectations are realized. The search for sameness is familiar to self psychologists as a need for twinship (Kohut, 1971, 1977, 1984). Kohut suggested that experiences of alikeness provide us with a sense of security that derives from the awareness of being "a human among humans" (Kohut, 1984, p. 200).

Not only does much infancy research indicate that we are born with the capacity to experience sameness, but it also suggests that we try to do so whenever we find the opportunity. Infants as young as 42 minutes have been found to reliably imitate the facial expressions of an adult

model (Meltzoff, 1985, 1990; Field, Woodson, Greenberg, & Cohen, 1982). They are, therefore, well equipped to participate in the sameness-finding process that has come to be known as matching. Beebe and Lachmann (2002, p. 107) define matching as those interactions between infants and their caretakers that involve the coordination of the timing and affective direction of behavior. While imitation connotes the unilateral behavior of one person, matching, according to this definition, is an intersubjective process. To the extent that such experiences encourage both infants and caretakers to expect orderliness in their future reciprocal engagements, matching is probably among our earliest uncertainty-transforming activities.

The search for sameness takes myriad forms throughout development, some of which seem to piggyback one upon the other. We find sameness in the regularities, routines, and rituals that pervade our lives, and, simultaneously, in the realization that others like ourselves do so as well. For example, we notice the comforting repetitions that abound in the natural world — darkness always follows daylight, summer always follows spring, and objects thrown into the air always fall to earth — in full knowledge that countless others do the same. And while the relational world is hardly as predictable, it too contains many repetitions that we realize we are not alone in experiencing. We know that, on a more or less regular basis, we must all have been fed when we were hungry, sheltered from the elements, and provided with a modicum of emotional attunement, or none of us would have survived childhood.

The Search for Difference

Until recently, the belief that autonomy and separateness were goals of development was widely held, especially among those who subscribed to the separation-individuation theory of development proposed by Margaret Mahler and her colleagues (Mahler, Pine, & Bergmann, 1975). Accompanying this belief was the idea that infants experience a state of fusion or dual unity with caretakers from which they only gradually emerge. Persuasive challenges to these notions came from relational and systems theorists who argue that a person cannot exist psychologically outside of relationships with others, and from researchers who discovered that infants are never psychologically fused with

caretakers but have already formed a stable sense of themselves and others by the time they are two months old (Stern, 1985).

Today, the experience of self-differentiation has largely replaced the more abstract notion of independence or autonomy as a goal of analytic treatment. The development of a sense of uniqueness and personal agency is thought to depend on the extent to which our emotions meet with attuned responsiveness. We must feel reasonably certain that such responsiveness is available or risk the terror of self-annihilation, an experience that Orange, Atwood, and Stolorow (2002) place at the heart of psychosis. Consequently, the experience of difference is inextricably connected to a sense of enduring selfhood.

It appears that along with experiences of sameness, experiences of difference are also to be had very early in life by means of the matching activities of infants and their caretakers. The microanalysis of films of mothers and infants reveals that they do not match one another exactly. What is matched is the direction of engagement change and the timing and rhythm of behaviors (Beebe & Lachmann, 2002). Studies of the relationship between attachment and the temporal patterning of mothers and infants suggest that very close matching of temporal patterns is not necessarily desirable. In fact, highly coordinated interactions, which are thought to indicate vigilance, overmonitoring, or wariness on the part of mothers and infants, are associated with insecure attachments. These hypervigilant matching patterns seem to represent an extreme search for sameness, the consequence, perhaps, of early traumas (see Chapter 3). Secure attachment was found to correlate with mid-range scores of bidirectional coordination.

The experience of difference and the pleasurable experiences associated with its affirmation within relationships have been well documented in the child development literature. Parents of two-year-olds are well versed in the vehement "no" with which any request for cooperation may be met. The novel ways in which adolescents dress illustrate both their search for sameness with their peers and their assertion of difference from the grown-ups upon whom some of them are so ambivalently dependent. As adults, the search for difference leads us to experiment with situations in which we attend to our distinctiveness and our lack of synchrony with others. We do so by comparing, contrasting, and making distinctions between ourselves and others, as well as by asserting our idiosyncratic preferences, tastes, and styles of living. Artistic

expression is an ideal means for experiencing difference. Most creative work demonstrates the irreducible uniqueness of its creator.

Sameness Within Difference

We could not experience sameness without the awareness of difference, nor difference without reference to sameness. Their interrelationship is beautifully illuminated in Bruce Reis's (2004) discussion of Winnicott's understanding of mirroring. Winnicott (1967) suggested that what babies see when they look at their mothers' faces are reflections of what their mothers see, and not just reflective gleams. In looking at her baby, according to Reis (2004, p. 364), a mother is put in touch with her own experience of being a baby as well as what she feels in gazing at her own particular baby. She therefore conveys an experience of "sameness within difference." I believe Reis's phrase captures the notion that the reciprocity possible between self and other need not be obtained at the expense of the recognition of their radical alterity (Bernstein, 1995). Under conditions in which the certainty of self-survival remains relatively undisturbed, experiences of sameness and difference, and sameness within difference, texture our lives. In the next chapter we will consider how these experiences become fraught with urgent meaning in the context of trauma.

3. Trauma as Exile

Terror, Shame, and the Destruction of Certainty

A. A violent order is disorder; and
B. A great disorder is an order. These two things are one.

<div align="right">

—Wallace Stevens (1942), *Connoisseur of Chaos*

</div>

N ancy, whose star-is-born fantasy we examined in the last chapter, claimed that "from time immemorial," she knew exactly what would happen on Saturday afternoons. Her father, she explained, would arrive home from work with a package under his arm. "For me, Daddy?" she would ask. "For you, darling," he would answer. When Nancy was little, the package usually contained a toy or a coloring book. After tearing off the wrappings, she would leap into his arms and cover his cheeks with grateful kisses. Unable to count on her mother's emotional availability or even her physical presence since she often secluded herself during frequent bouts of depression, Nancy had drawn close to her father. She had had no reason to doubt that "he adored me just for being myself."

When Nancy reached puberty, the packages, which continued to appear under her father's arm on Saturday afternoons, became objects of dread. Her fingers would tremble as she unwrapped items of clothing

intended to make her look "cute and sexy." Although the incestuous implications of the gifts alarmed her, far more distressing was her awareness that, in the seductive garments she wore at her father insistence, she became a rival in her mother's eyes. By the time Nancy turned 15 she had lost all hope that their tattered bond might be restored. Even on the rare days when her mother ventured out of her locked room, Nancy felt "locked out of her heart."

Saturdays now became the time when she would have "dates" with her father that usually ended in necking and petting sessions in his car. It was then that the familiar homeland of childhood vanished and she found herself, much like Alice, in a strange, surreal, and dangerous world.

Our craving for contingent interaction is born with us, or so my reading of early infancy studies seems to indicate (see Chapter 2). But as Nancy learned all too well, orderliness and predictability in human relations alone do not guarantee psychological well-being. What must be consistently available are the self-sustaining relational interactions that self psychologists refer to as selfobject experiences. Child-rearing practices that exact unquestioning obedience, governmental policies that crush dissent, and group tactics that enforce conformity are just a few examples of pernicious relational patterns that tend to be imposed with inexorable regularity. Even when not inflicted by means of force or coercion, undue regimentation seems contrary to the tumultuous complexity that many of us relish in being alive.

Painful experiences of existential uncertainty, then, are just as likely to arise in contexts of too much order and predictability as in contexts of too little. I have treated patients who, on perceiving me as having strayed too far from some analytic convention, have lost confidence in the self-sustaining capacity of our engagement. But I have treated just as many whose confidence was shaken when they felt I had rigidly insisted on such conventions. Concerned that my actions in both situations had diminished the trustworthiness of my analytic relationships, my confidence wobbled as well. Yet, disturbances of this sort are not necessarily detrimental to my psychological soundness or that of my patients. A great deal turns on what happens between us as we address these glitches in our relating, which, it should be noted, are often the source of what self psychologists refer to as "failures in empathy," or "selfobject failures." In fact, many clinical studies by self psychologically informed analysts seem to indicate that healing is most likely to occur in

the context of efforts to understand and repair such disruptions within a therapeutic relationship.

According to dynamic systems theory, where order is unperturbed, change is impossible. It seems, therefore, that our development as individuals depends on some degree of disorder and disorganization. Mahoney and Moes (1997, p. 187) go so far as to conceptualize development in terms of "cascades of disorganization." Curiously, disorder is not always clearly separable from order. Under the far-from-equilibrium conditions that characterize relational systems, the spontaneous crystallization of a high degree of order (antichaos) is frequently observed (Kauffman, 1991). It would seem, then, that episodes of disorder and disorganization are not only inevitable, but necessary for psychological existence. Trauma, on the other hand, is a starkly different experience. In contrast to the disorganization that results when our experiences of existential certainty are temporarily disrupted, the profound disorder (chaos) that characterizes trauma threatens us with annihilation. While we may readily acknowledge that we inhabit a world in which nothing is certain, not even our psychological survival, trauma appears to expose us to this truth in a way that we experience as unbearable. Consider these words by Karen Armstrong:

> A violent uprooting, which takes away all normal props, breaks up our world, snatches us forever from places that are saturated in memories crucial to our identity, and plunges us permanently in an alien environment, can make us feel that our very existence has been jeopardized. (Armstrong, 2000, p. 8)

Although Armstrong intended this powerful sentence to describe exile, particularly as it was experienced by Sephardic Jews after their expulsion from Spain, I believe it poignantly captures the experience of many people who are traumatized. My own traumas, and many of those described to me by my patients, seem also to involve a violent uprooting from a familiar before and a free-fall into an utterly unfamiliar after. Robert Stolorow's (1999) description of his sense of isolation and estrangement from others following the traumatic death of his wife, Daphne, vividly captures this experience.

As Armstrong (2000) astutely observes, that which is without familiarity is also without meaning. The traumatized person, therefore, *is*

an exile, someone who is forced to live in a world that is no longer recognizable. It is a world in which hope itself may become a dreaded enemy. The feelings of expectation and desire that constitute hope, and which propel our lives toward some rosy future, can only be tolerated to the extent that experiences of uncertainty are also tolerable. When all certainty is exposed by trauma as a cruel myth and the future looks like a dark and barren wilderness, hope must be crushed lest it add further uncertainty to a future that is already unbearably precarious. As we shall see in the next chapter, some patients experience the hope implicit in the treatment situation as intolerably painful.

I can no longer think about traumas in my own life without recalling the morning of September 11, 2001, when news of the falling World Trade Towers pierced the stillness of my office on the upper west side of Manhattan. Stunned by word of what only moments before would have been unimaginable, my world was instantaneously transformed. All that had once felt strong and solid grew suddenly insubstantial. Even the walls lost their sheltering thickness. They could no more block out the ghastliness of what had happened only miles away than the walls of the doomed towers could withstand the screaming impact of the hijacked planes. To say that life in the aftermath of trauma is fraught with uncertainty falls far short of capturing how I felt when I was thrust into a world in which nothing, not even myself, seemed familiar (Brothers, 2002).

How is it that trauma plunges its victims into disorder of such magnitude that self-survival becomes a matter of profound doubt? In Chapter 2 I introduced the concept of systemically emergent certainties (SECs), which condense our beliefs about the conditions under which we expect our needs for a self-sustaining relational exchange to be met. Trauma, I believe, results when the certainties that emerge from and stabilize our relational worlds are destroyed by some experience that powerfully reveals their falsity. My certainty that my loved ones and I were safe from the ravages of terrorism as long we lived on American soil (no matter that many other acts of terror had already occurred under our noses) was a casualty of the terrorist attacks. Nancy's certainty that she would be cherished unconditionally crumbled when her father insisted that she develop the qualities and appearance of a seductive Lolita. It is the destruction of the SECs that once lent stability, safety, and meaning to our lives that turns us into exiles.

Upon the destruction of their SECs, terror, dread, and what Heinz Kohut (1971) so aptly called "disintegration anxiety" are usually easy to discern among the traumatized. But what I believe to be equally ubiquitous, although often harder to detect, is excruciating shame. More searing than fear, for me, in the aftermath of 9/11, was my own shame. I felt ashamed of having been reduced to trembling vulnerability, ashamed of having turned a blind eye to the conditions that spawned the attacks, ashamed of having done nothing to prevent them, and even ashamed of feeling ashamed. I am convinced that shame, while extraordinarily common, is one of the most painful of all human emotions. Deborah Thomas (2005) observes that a shame-ridden person feels not only inferior, deficient, and unworthy, but also so exposed in this mortifying condition that he or she feels compelled to hide from view.

Goldberg (1991, p. xv) identifies shame as "one of the most complex and contradictory emotions with which the human race must come to terms. A consideration of some of the ways in which trauma and shame have been thought to be related brings home the truth of his assertion. Thomas (2005) observes that in both the trauma literature and the shame literature there is considerable agreement that trauma engenders shame insofar as feelings of helplessness, inadequacy, and vulnerability are commonly reported by traumatized individuals. I (Brothers, 1995) suggested that shame is often felt among those who experience traumatizing betrayals of trust in themselves as providing selfobject experiences for others. At the same time, shame has itself been thought to be traumatizing (Levin, 1967; Miller, 1996; Severino, McNutt, & Feder, 1987; Wurmser, 1981/1994). Wurmser (1981/1994) contends that both shameful disregard and neglect (soul blindness) and the shameful breaking of a child's will (soul murder) are likely to be experienced as traumatic. Thomas (2005, p. 168), citing the work of Meares (2000), argues that shame is a form of trauma insofar as the shamed individual loses the ability for self-reflection, or what she refers to as "the loss of the unifying 'I'."

When trauma is regarded as the destruction of certainty, its relationship to shame may be clarified further. Andrew Morrison (1994) asserts that among children 12 to 18 months of age, shame tends to accompany the disconfirmation of expectations that their selfobject needs will meet with attuned responsiveness. His assertion builds on Tomkin's (1962, 1963) study of affects, according to which shame results from

a rapid inhibition of excitement or interest, and Kohut's (1971) notion that shame is part of the reaction to being "buffeted or ignored by non-attuned, understimulating, and inadequately responsive selfobjects" (Morrison 1994, p. 23). As I see it, the disconfirmation of expectation of selfobject fulfillment is exactly what happens when the certainties that organize our psychological lives (no matter what age we are at the time) are destroyed and the orderliness of the relational exchange gives way to chaos. If Morrison's assertions are correct, then shame is an inevitable accompaniment to trauma. At the same time, because shame, that "sickness of the soul," to use Tomkin's (1963, p. 118) evocative description, brings with it a sense of shrinking from human contact, it magnifies the traumatized person's experience of having been expelled from his or her relational homeland.

I think of Sam, a patient of mine who had difficulty leaving his apartment after the 9/11 attacks in New York. As the only child of authoritarian, demanding, anxiety-ridden parents, Sam believed that as long as he conscientiously obeyed those in power, no harm would befall him (we shall consider how our modifiable certainties become imbued with immutable certitude later in this chapter). This SEC colored his relationships outside of his family as well. He was convinced that as long as he fulfilled his obligations as a loyal citizen, he would be kept safe by governmental authorities. Once the faultiness of his belief was brutally exposed by the terrorist attacks, he dreaded venturing out into a world he no longer knew, a world without hope. Restricting himself to the confines of his apartment, he attempted to cling to that which felt familiar, and therefore safe. Several years later we discovered another reason that Sam had holed up in his apartment: He could not bear the shame he felt when the events of 9/11 exposed his certainty as naive and erroneous.

An Evolving Understanding of Trauma

My previous efforts to understand trauma, first with Richard Ulman in *The Shattered Self* (1988) and then on my own in *Falling Backwards* (1995), produced three ideas I still value: (1) trauma is relational, (2) trauma is a complex phenomenon involving both a shattering experience

and efforts at restoration, and (3) trauma goes hand in hand with dissociation. I hope that by tracing the evolution of each of these ideas in turn, I will help to clarify my present understanding.

Trauma Is Relational

According to the theory Richard Ulman and I developed (Ulman & Brothers, 1988), trauma does not reside in a specific event such as a natural catastrophe or a malevolent act by a human, but rather in the meanings of that event for a given individual. Our conceptualization was relational to the extent that we believed that the traumatizing meanings of a given event shattered what we called "archaic narcissistic fantasies" or "central organizing fantasies of self in relation to selfobject" (we used the term *selfobject* to refer to another person experienced as providing self-sustaining experiences such as mirroring, idealized merger, and twinship). We thought of these fantasies as organizers of subjectivity in much the same way that intersubjectivity theorists view "invariant organizing principles" and what I am now calling systemically emergent certainties (see Chapter 2 for a discussion of my changed view of fantasy).

In 1995 I refined this understanding by proposing that the meanings that are often traumatizing are those involving betrayals of trust in oneself, and/or in others, to provide the selfobject experiences on which selfhood depends. I suggested that it is not selfobject experience per se that we cannot do without, but the confident expectation of engaging with others in relationships in which selfobject experiences can be shared. I used the term *self-trust* to designate the complex ways in which trust in self and in others organizes self-experience. By postulating that it is the betrayal of self-trust that constitutes the traumatizing meaning of some event, I placed even greater weight on the relational experience of trauma. I understood that it was the profound disruption in one's trusting relationships with others, not merely one's fantasies about oneself and others, that shattered the organization of one's self-experience.

What distinguishes my present understanding from those I held in the past is my realization that trauma is such a complex phenomenon, a focus limited to the experience of a single individual (or even the experiences shared by two people) leaves too much out of the picture. While clinically the experience of trauma must, of course, be considered from

the perspective of the experiencing person or persons, the meanings that give rise to trauma, even those involving betrayals of trust, are not "owned" by the traumatized person; they are distributed throughout the interpenetrating systems in which that person's experience is embedded (Coburn, 2002; Sucharov, 2002). I like the way Kossman and Bullrich (1997) conceptualize the nature of these interpenetrating systems. They write:

> It could be argued that only one system truly exists, the universal system, with all other systems representing subsystems embedded within this larger contextual field. The complexity of embedded systems cannot be captured by a simple hierachical model. Rather, what has been proposed as a more accurate description of the interaction of subsystems is that of a heterarchy of parallel distributed systems (Grigsby & Schneiders 1991). (Kossman & Bullrich, 1997, p. 202)

My current view of trauma as the destruction of certainty attempts to take this heterarchy or network of systems into account. Not only do SECs themselves embody beliefs and expectations — that is, meanings — formed in the context of relational exchanges that occur throughout our interconnected systems, but the distress experienced upon their destruction is also widely dispersed throughout it. Under nontraumatic conditions, as I suggested in the last chapter, an expectation of going-on-being (which need not even be questioned) emerges in an individual as a property of the smooth and integrated functioning of regulatory processes that are involved in feeling, knowing, remembering, and so on. The horror of self-annihilation experienced by a traumatized person not only reflects disruptions within these processes, and their failure to function together in a smoothly integrated way, but since the person's experience is intricately interconnected with those of others, that horror is, to some extent, felt by all involved.

According to systems theory, small fluctuations within systems can have widespread although unpredictable effects. This is variously known as the butterfly effect (the term was coined after an article suggested that the flapping of a butterfly's wings in Rio could result in a hurricane in Texas [Kossman & Bullrich, 1997]), sensitive dependence on initial conditions (Perna, 1997), or order for free (Harris, 2005; Piers, 2005).

With the traumatizing destruction of even one individual's systemically emergent certainties, therefore, the threat of chaos looms for the entire heterarchy of relational systems in which his or her life is embedded.

It is probably easier to think about how widely shared experiences such as the terrorist attacks of 9/11 might distribute traumatic reverberations throughout the systemic universe than how the same might be true of traumas that take place behind closed doors. Consider, for example, the experience of a child who is beaten by a caretaker in the privacy of his or her home. The conditions giving rise to the beating are so complicated and multitudinous that they cannot be weighted hierarchically. They include cultural and religious beliefs and attitudes toward corporal punishment, the role played by governmental policies and laws, intergenerational experiences of abuse and current stressors within the family, and innumerable relational experiences that shape the personalities of those involved. In addition, the child's responses to being beaten both reflect the relational patterns within his or her relational universe and help to shape them.

From the perspective of relational systems, then, all traumas are, to some extent, shared. Perhaps, in addition to our empathy and compassion, this helps to explain what makes us shudder when we learn that a total stranger has undergone some devastating trauma. We are reminded of our own vulnerability to exile from our relational homeland. So horrifying is this prospect that it cannot be tolerated for long. This brings us to the next idea.

Trauma Is a Complex Experience Involving Both a Shattering Experience and Efforts at Restoration

In 1988, Richard Ulman and I wrote: "The full unconscious meaning of trauma is not completely captured by the shattering of self. Part of the meaning for the subject lies in the unsuccessful (faulty) attempt to restore the self as a center of organizing activity" (Ulman & Brothers, 1988, p. 7). Our idea that self-restorative efforts, however inadequate, invariably follow a shattering experience and are therefore inextricably related to the experience derived from our belief that, as Atwood and Stolorow (1984, p. 35) asserted, the supraordinate motivational principle is "the need to maintain the organization of self-experience." We suggested that the traumatized person's restorative efforts involved the

elaboration of his or her central organizing fantasies. I retained the idea that traumatic experience includes efforts at self-restoration in my 1995 examination of the relationship between trauma and trust betrayal. I suggested that these efforts were often aimed at reestablishing trust in self, others, or both and sometimes took the form of actions that were motivated by a wish to "rescript" a trauma scenario (Brothers, 1995).

Both of my previous conceptualizations viewed the restorative dimension of trauma exclusively in terms of the traumatized individual, without taking into account that person's embeddedness in relational systems. For this reason, posttraumatic stress disorder (PTSD) was a prominent consideration for me. It has been suggested that PTSD symptoms form in response to a person's terror of remembering a traumatic event (Schiraldi, 2000). The symptoms that cluster around numbing or avoidance are thought to protect the traumatized individual against unbearably painful memories of trauma. Ironically, these symptoms are thought to set the stage for the re-experiencing symptoms of PTSD. Traumatic memories, according to Schiraldi (2000), are not processed in the same way as ordinary ones; the more strenuously they are suppressed, the more likely they are to return in the form of intrusive recollections, recurrent dreams and nightmares, and reliving episodes (flashbacks). He claims that the vigilance required to avoid remembering trauma and the distress felt in the throes of re-experiencing all contribute to symptoms that fall into the category of arousal, including startle reactions, hyperalertness, and so on. What I now see as creating the conditions for the emergence of PTSD in a traumatized individual is the destruction of his or her SECs and consequent fears concerning the availability of self-sustaining relationships.

Trauma-Generated Transformations of Experienced Uncertainty

My present understanding of the restorative dimension of trauma attempts to include its systemic emergence and repercussions. While the relational patterns that form within nontraumatized systems tend to be orderly and stable, they nevertheless change flexibly with the shifting needs of their constituents. In the language of systems theorists, they are context sensitive. The relational patterns that characterize traumatized systems are strikingly different. Emerging within systems dominated by

the desperate need to halt the spread of chaos and tormenting uncertainty, they tend to be rigid, restrictive, and impervious to the changing environment. To better understand how trauma-generated relational patterns transform our experience of uncertainty, we must consider the role of dissociation.

The Restorative Aspects of Trauma Go Hand in Hand with Dissociation

Richard Ulman and I (1988) were probably the first writers to suggest that the symptoms of PTSD are dissociative in nature, that they serve self-restorative functions, and that PTSD should be considered a dissociative disorder rather than an anxiety disorder as it is listed in DSM III (American Psychological Association, 1980). Since our book was published, it has been widely recognized that dissociation, which is defined in DSM IV (American Psychiatric Association, 1994) as "a disturbance or alteration in the normally integrated functions of consciousness, memory, identity, or perception of the environment," serves self-restorative functions in the aftermath of trauma. Bromberg (1994), for example, has argued that "dissociation is not fragmentation," but instead may defend against fragmentation. Stolorow, Atwood, and Orange (2002) suggest that people who are able to dissociate in response to trauma may avoid the experiences of annihilation that characterize psychosis.

In my 1995 book, I linked the dissociative symptomatology of PTSD to what I called "experiential black holes," or gaps in experience associated with trauma. I cited the work of Laub and Auerhahn (1993, p. 289), who refer to trauma as "an event that defies representation and is experienced as an absence." Dissociation, I now believe, is characteristic of most trauma-generated patterns of relating. A traumatized individual's experience of absence is attributable to elimination from consciousness of that which interferes with the reestablishment of order and predictability in needed relationships. However detrimental it may be for the traumatized person's perception of reality, dissociation is often crucial to the reestablishment of a sense of certainty about psychological survival.

The Reduction of Complexity

At times, the very complexity of our experience interferes with the reestablishment of orderliness and predictability following trauma. Most of us, I believe, tend to experience greater uncertainty when dealing with that which is multilayered and complicated than with something simpler. Dissociation may be understood, in part, as a means of simplifying experience through a radical reduction of experiential complexity. Among some traumatized people, the memory of a trauma is experienced as unbearable not only because it generates intensely painful feelings but also because in recalling an event that destroyed a cherished certainty, a great many contradictory thoughts and feelings are likely to arise. Such a complex jumble of experiences might well heighten a level of uncertainty about psychological survival that is already close to unbearable.

Brown (2006) distinguishes between two distinct categories of dissociative phenomena: "compartmentalization" which includes amnesia, fugue, and what is known as dissociative identity disorder, and "detachment" that includes numbing, depersonalization, and derealization. Regardless of whether a memory of a traumatic event is lost to consciousness through compartmentalization, or if it undergoes detachment as the intense amalgam of feelings associated with it is blunted, or a sense of the reality of the event or of oneself is compromised, the complexity of the traumatized person's lived experience will be reduced. While his or her experience of unbearable uncertainty may well be mitigated through these processes of simplification, the cost is likely to be great. We have seen that a synthesis of many psychological processes makes for the experience of integrated selfhood on which a sense of certainty about one's going on being depends (see chapter 2). To the extent that the detachment and compartmentalization of dissociation interfere with this synthesis it plays a major role in transporting the traumatized person into the surreal, arid, and treacherous landscape of exile (see also Orange [2003] on the ways in which trauma results in a reduction of complexity).

Unshakable Certitude

As complexity is dissociatively reduced, a traumatized person's experience comes to be ruled by simple, rigid beliefs that are clung to with desperate ferocity. Certainty is replaced by certitude. Nancy's SEC

that no man would want her unless she turned herself into the girl of his dreams is a good example. Having learned that her father would withhold his affection if she failed to relate to him as a coquette, she became convinced that all men would require her to undergo similar transformations for them. She could not perceive each new man in her life as a complexly organized, unique individual who might relate to her differently from the way her father did.

The Denial of Difference

It might be said that in her need to reduce complexity and uncertainty, Nancy denied the differences among the men in her life. However, this is only one way in which denials of difference are manifested in posttraumatic experience. In the last chapter, I described how experiences of sameness contribute to one's sense that a self-sustaining relational exchange will be continually available. In the context of trauma, these experiences may be sought with an urgency that comes to dominate psychological life. To the extent that trauma involves the loss of that which is known, familiar, and meaningful, traumatized people are likely to crave reassurance that they have not been stripped of that which connects them to other humans: their resemblance to them. Since it is only by regaining a sense of being "a human among humans" (Kohut, 1984) that we have any hope of emerging from unbearably lonely exile, whatever confronts us with evidence of our difference from others may be dissociatively eliminated from awareness or denied.

By way of example, I think of attempts to suppress political dissent at times of national emergency. Such attempts seem to have given rise to the "America: Love it or leave it" slogans of the Vietnam era. No differences could be tolerated among those who shouted this slogan; all who professed to love America, they seemed to believe, must be alike in supporting the war. After the 9/11 terrorist attacks, the differences among people who share a salient characteristic were often denied — hence the tendency to regard all Muslims or all Arabs as potential terrorists and all New York City police officers and firefighters as heroes. The complexity-reducing effects of this tendency are no doubt apparent.

Denials of difference often emerge in the analytic relationship as well. A patient who comes to mind is Diana, a 24-year-old woman who had

been severely traumatized at the age of 16 when her mother ran off to join a lover. Left in the care of her distracted, rather bumbling father, she barely managed to get through school. Despite her keen intelligence and personal charm, she then found a job that barely tapped her potential. I was perplexed by her fierce insistence that the ways in which we understood the world and experienced the treatment situation had to be identical. Whenever she discovered that some thought or perception of mine differed from hers she would either change her perception to match mine or desperately attempt to persuade me to change my mind. Eventually we learned that one of the SECs that coalesced in her childhood involved her belief that since she and her highly competent and hardworking mother saw eye to eye on everything, she too would also achieve great recognition and success. Nothing could have revealed the differences in their thinking more forcefully than her mother's apparent belief that greater happiness lay outside of their family. The SEC that had come to organize Diana's early life was thereby brutally destroyed. It seems that she was able to trust that I would not subject her to a devastating abandonment only to the extent that our perceptions matched perfectly.

The Denial of Sameness

It is a curious aspect of the human predicament that a sense of being uniquely different from others emerges and can only be maintained in the company of others like ourselves. Thus, our search for difference is intimately connected with our search for sameness. The traumatic loss of certainty about maintaining our self-sustaining connections to others, and therefore our sense of ourselves as distinct, one-of-a-kind individuals, lends urgency to the search for difference following trauma. Finding differences, making sharp distinctions among that which is similar, tends to bring certainty to experience.

Just as the search for sameness may become transformed into a denial of difference, so the search for difference may become a denial of sameness. I have wondered if I threw myself into aid and rescue activities in the weeks following 9/11 not only out of compassion and solidarity for those more directly affected, but also in the hope of differentiating myself from the victims. By identifying myself as someone who tended those who had lost loved ones, I reassured myself that I was not among

them. I believe that one of my patients, a therapist herself, spoke for many others when she linked what she regarded as a shameful lack of emotion to a need to deny her similarity to the victims of the terrorist attacks or members of their families. For this woman, only if she felt none of their pain and suffering could she feel assured of her difference from them, and that she and her loved ones were, and would remain, safe.

Denials of sameness and difference contributed to a major disruption between me and one of my patients. This man, who lost many friends and acquaintances on 9/11, became enraged by my references to the terrorist attacks as "the disaster" or "the catastrophe" (Brothers, 2002). I conjectured that my use of minimizing language reflected my need to deny my difference from the terrorists. If they were like me, I imagined, they would refrain from further acts of terror. For my patient, it was just the opposite; any hint of sameness between himself and the terrorists was intolerable. Having gotten a late start for work in one of the Towers that day, he survived when many of his colleagues perished. His survival shattered a trauma-generated certitude that ruled his life: He believed self-sustaining relationships were available only as long as it was he who sacrificed for others. His psychological survival depended on his bearing no conceivable resemblance to the attackers. It is all too common in psychoanalytic relationships that the uncertainty-transforming pattern of relating sought by the patient conflicts with that sought by the analyst. We will consider this problematic situation in the next chapter.

The Creation of Dualities

Both denials of sameness and denials of difference are involved in the creation of dualities or dichotomies, a phenomenon that often characterizes traumatized systems. When we locate any given aspect of reality on one or the other side of a dichotomy, the either-or thinking involved serves to attenuate experiences of uncertainty. As Dillon (1997) contends, it was Descartes's epistemological quest for certainty, his passion for clarity and distinctness, that led him to his dualistic vision. The wish to limit uncertainty may well have played a role in the age-old tendency to split human qualities into dichotomies such as good/evil, healthy/sick, and happy/sad. Once a dichotomy is established, belief in its "naturalness" and "rightness" may assume the quality of blind and passionately

maintained certitude. It is hardly surprising that Freud, charting new pathways in the uncertain terrain of human experience, relied on them heavily (Gay, 1988). Conscious/unconscious, primary process/secondary process, and Eros/Thanatos are just a few. At the same time that the creation of dichotomies often involves denials that any sameness exists between that which is placed on opposing sides of the dichotomy, it is also apt to involve denials that differences exist among that which is placed on the same side.

Nora Makes Certain

As the child of two abusive, alcoholic parents, Nora seems to have been born into exile. Her only glimpses of certainty were those she caught in the homes of friends or on a television screen. She could never tell in advance if a family dinner would end with tears and flying china, if one of her parents would threaten the other with divorce and storm out of the house, or if there would be yet another attempt at suicide. By the time she was five years old, Nora had developed a repertoire of compulsive behaviors that we came to understand as attempts to create some orderliness amid the chaos. For example, she would take great pains while setting the table, believing that if she arranged the cutlery in perfect alignment, no fight would break out over dinner.

If a fight did break out, she assumed that her table setting had been faulty. Her willingness to assume blame for the suffering around her, including her own, might be understood as a trauma-generated relational pattern motivated by the need to find some means of reducing the crushing uncertainty that colored her existence. In taking responsibility for the disorganization around her, she kept some hope alive that she could remedy it. One means that she found to maintain her self-perception as inadequate and blameworthy was to glorify her relational partners. This probably explains what allowed her to tolerate intensely shame-inducing and demeaning treatment by boyfriends. When a popular, charismatic college classmate asked her to marry him, she was elated at the thought that she had managed "to pull the wool over his eyes." Upon discovering that he suffered from a variety of psychological problems and was dependent on alcohol, Nora at first assumed that she was responsible for his decline. She would even act in ways that reinforced a perception of

herself as inadequate. She failed to pay bills on time, burned meals she was preparing, and in many other ways "messed up."

When she could no longer maintain her conviction that she had married someone no better than she deserved, she entered treatment. In the course of our therapeutic work we came to see that Nora lived in a dualistic universe. Those she admired and with whom she wished to establish relationships, she regarded as different from and superior to herself. They occupied what she called "the penthouse." Others who sought connections with her joined her in what she called "the bargain basement" of life. She experienced people in these two categories as having virtually nothing in common, that is, she denied their sameness, while the differences among people in each category were blurred.

Aggression, Power, and Certitude

In stark contrast to Nora, for whom the restoration of certainty in the context of trauma involved assuming blame for all that disturbed the relational exchange, for some other people, it involves adopting a stance of blamelessness. Such people often tend to experience their relational partners as blameworthy and contemptible. While their lives become organized around the same duality that dominated Nora's relational world, they find themselves on its opposite pole. Some enforce this uncertainty-reducing polarity through hurtful, belligerent, aggressive actions. Since they feel justified in coercing others to comply with their relational needs, they do not experience any remorse or guilt no matter how cruelly they behave or how much pain they inflict. Aggression may also be sought as the antidote to shameful experiences of powerlessness that attend the destruction of SECs. Might, for such people, not only equals right, but also the end of unbearable uncertainty.

Dualities of this sort, as well as other trauma-generated relational configurations, often come to organize the analytic relationship. In Chapter 4 I hope to show that the analyst's traumas no less than the patient's are likely to contribute to their emergence.

4. Sanctuary on the Ledge

Trauma-Centered Treatment

Once we had a country and we thought it fair,
Look in the atlas and you'll find it there:
We cannot go there now, my dear, we cannot go there now.

—W. H. Auden (1939/1949), *Refugee Blues*

No sooner had I embraced the idea of trauma as exile from a world of hope than something I had once only dimly suspected struck me with great force — psychoanalysis is populated by trauma's refugees! After all, who among us has not trembled on the "bleak, jutting ledge" (Rich, 1979) of trauma, unnerved by the eerie strangeness of the place we used to call home? This chapter explores the notion that psychoanalysis is a trauma-centered enterprise in which both analysts and patients are drawn together by their common need for sanctuary and healing. Entertaining this notion, I believe, makes it possible to view some familiar aspects of the psychoanalytic situation with fresh eyes.

The idea that trauma plays a key role in the complaints of psychoanalytic patients is not new. Jonathan Cohen (1980, 1981) suggested as much when he proposed that neuroses should be considered the

consequence of psychic trauma. Richard Ulman and I hypothesized that a great deal of what is diagnosed according to the categories listed in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980, 1994) could better be understood in terms of restorative efforts undertaken in the face of severe trauma (Ulman & Brothers, 1988). In *Falling Backwards* (Brothers, 1995), I noted that although relatively few patients identify traumatizing betrayals as the reason for seeking psychoanalysis, they are often later discovered to have contributed significantly. Moreover, a look at recent psychoanalytic journals reveals that trauma has been increasingly recognized as a major etiological factor in psychological disturbance. For example, Philip Bromberg (2003, p. 690) observed, "The presence of trauma and dissociation is to be found in the personality functioning not only of persons whose history is linked to massive physical violence or sexual abuse, but also of those who grew up without such history." He mentioned that increasing support for this view has developed in various disciplines, including ongoing research by attachment theorists studying the relationship between disorganized/disoriented attachment and the presence of adult dissociative pathology (e.g., Liotti, 1992).

It also seems to be fairly well established that most analysts are no more strangers to trauma than are their patients. This idea is supported by research showing that most people are exposed to at least one situation they experience as traumatic before they die (e.g., Ozer, Best, Weiss, & Lipsey, 2003). Claiming that ours is a "trauma-organized society," Sandra Bloom (1997) provides long lists of sobering statistics on the prevalence of violence to children, violence to women, violence to men, violence at school, violence at work, as well as violence related to gun ownership, substance abuse, and pornography. Amid such rampant ferocity, those who escape being directly traumatized must count themselves among the fortunate few. Moreover, as I suggested in the last chapter, to the extent that we are all connected in a network of systems, these violent traumas affect us all.

That analysts know the ravages of trauma firsthand is also increasingly documented in the current psychoanalytic literature. Convinced that their own subjectivity is as influential in shaping the clinical situation as that of their patients, a growing number of analysts, especially those influenced by intersubjectivity theory, have begun to disclose their own trauma-related vulnerabilities (see, for example, Stolorow, 1999;

Orange, 2004). While there may be analysts who have been spared the nightmare of trauma, and for whom the decision to undergo the rigors of psychoanalytic training did not include the hope to better understand and heal from its devastating effects, the Jungian designation "wounded healer" seems to fit the rest of us very well (Jung, 1951/1966).

Why then have analysts shied away from acknowledging that trauma lies at the heart of their profession? Psychoanalysis was created as an attempt to understand and treat trauma by a man who himself bore its unmistakable scars (see Brothers [1995] for a discussion of probable traumas in Freud's life and their dissociative aftermath). Considering what a prominent role the reversal of helpless vulnerability plays in his theories, I have wondered how much Freud's need to shut out memories of his own traumatic past, to see himself as invulnerable to retraumatization, shaped the development of psychoanalysis. The most obvious example of this sort of reversal is to be found in his conceptualization of a "repetition compulsion" (Freud, 1920/1955). Instead of being cowed by the ever-present and unpredictable threat of further trauma, Freud's trauma victims unconsciously take matters into their own hands by making certain that trauma reoccurs in accordance with their own initiatives.

It seems likely to me that a similar reversal sealed the fate of the so-called seduction theory, Freud's first theory of pathogenesis. I suspect that Freud could not entertain the possibility that hysteria is attributable to sexual traumas suffered in childhood without being reminded of his own victimization as a child. In any event, he quickly retracted this hypothesis, developing in its stead his oedipal theory according to which children are hardly victims, or even potential victims, of the lust and aggression of caretakers. Rather, their psychological lives revolve around the incestuous and murderous wishes they harbor toward their caretakers. With this stunning about-face, Freud's original trauma paradigm for psychoanalysis was replaced by a conflict paradigm (Cohen, 1981), which, for many years, served as the sole explanatory framework into which every psychological malady could be made to fit. Generations of analysts learned to recognize the warring factions within the human psyche in all their many incarnations: biologically endowed drives pressing for discharge, components of a universally occurring Oedipus complex, massed on one side; and the person's armamentarium of defenses, ceaselessly employed to thwart their expression, lined up on the other.

By shifting from trauma to conflict, Freud beat a hasty retreat from uncertainty — trauma, as we have discovered, is a thoroughly relational, and hence disorderly and unpredictable, phenomenon — to a much more dependable formula, one that, to a large extent, extracted the individual from the context of his or her relationships. While the Oedipus complex is clearly a relational phenomenon, the family relationships Freud envisioned were stripped of unpredictability by his insistence that they proceed along determinate lines until they reach a crisis at an appointed moment in every human life. (Brothers and Lewinberg [2000a, 2000b] found research negating virtually all of the assumptions underlying oedipal theory.)

According to the relational-conflict model developed by Stephen Mitchell to replace what he called Freud's drive-conflict model, neurotic symptoms do not reflect conflict between wishes and defense so much as "conflictual relational configurations" that cannot be integrated within the personality (Mitchell, 1988, p. 277). In Mitchell's attempt to explain how the mind is composed of relational configurations, he alludes to the internal representation of relationships, a notion akin to the Kleinian concept of internalized object relations. I share Sucharov's (2002) view that theoretical formulations involving intrapsychic representation reinforce Cartesian dualities such as internal/external and subject/object, formulations that are incompatible with the perspectives I endorse. However, I believe it is possible to understand these configurations in terms of the self-organizing nature of systems, and the tendency of relational processes to settle into relatively stable patterns of functioning (see Chapter 2).

The idea that conflict-laden and, therefore, unintegrated or dissociated, psychological phenomena find expression in a person's relational world is echoed by Stolorow (2002) and Stolorow, Atwood, and Orange (2002). However, according to these intersubjectivity theorists, affectivity rather than drives or relational configurations is the key to understanding psychological conflict. They explain that painful or frightening affects may become traumatic and function as a source of lifelong conflict if they are not met with attuned responsiveness. In the hope of maintaining needed ties, they claim that "a defensive self-ideal" is established from which the malattuned affect states have been purged.

Both Mitchell's and Stolorow's conceptualizations represent attempts to translate complaints of psychoanalytic patients, traditionally

conceptualized as neurotic symptoms, into relational terms. Nevertheless, their allusions to conflict strike me as holdovers from Freud's psychology of certainty insofar as they use the word to refer to an intrapsychic struggle in which one part of the psyche is pitted against another. To the extent that conflict organizes analytic thinking, the relational context of that struggle is pushed into the background. Much of what these authors regard as conflictual, I tend to think of as traumatizing or potentially retraumatizing. After all, if these phenomena did not at least threaten to pitch our relational systems into chaos, why would they not be integrated? Since what these authors view as conflictual seems to originate in trauma, I think it makes sense to use language that directly reflects this situation.

Insofar as both "conflictual relational configurations" and "malattuned affects" tend to generate experiences of uncertainty as to the availability of an orderly relational exchange, they are subject to the dissociative processes that characterize trauma (see Chapter 3). As we have seen, these processes tend to give rise to the static relational patterns that often come to organize posttraumatic life. Highly resistant to modification by experience, they figure prominently in the psychological difficulties for which most people seek psychoanalytic treatment.

Such rigid and restrictive patterns are likely to be found among analysts who have endured trauma as well, despite the often beneficial effects of their training analyses. In the course of these analyses, previously dissociated experiences may be reclaimed, and new and less extreme ways of transforming uncertainty may develop. But it must not be forgotten that trauma is a very cruel teacher; its searing lessons are learned all too well. The threat of its recurrence haunts every step taken by its victims, whether they are analysts or patients. When the horror of meaningless chaos looms again, regulatory patterns that drastically transform the experience of annihilating uncertainty emerge anew. Since much that traumatized patients bring to the analytic relationship, including their vulnerability to retraumatization, tends to stir memories of analysts' own traumas (although these may remain largely out of awareness), their old trauma-generated patterns of relating may again take hold. As my clinical example (below) hopefully demonstrates, when the relational patterns of analyst and patient are antagonistic, extreme disruptions may occur in the analytic relationship (see also Brothers, 2002).

Transference, Countertransference, and Uncertainty Transformation

Since it is only within the context of relationships that the excruciating experiences of existential uncertainty associated with trauma can be transformed, the dyadic system of analyst and patient might be viewed as existing, at least in part, to provide a safe environment for this process. In fact, I would go so far as to suggest that the traditional terms *transference* and *countertransference* might well be accounted for in this way.

Coburn (2002) has argued that the redefinition of transference as organizing activity by intersubjectivity theorists represents a significant shift in the history of the concept of transference. As he explained, this conceptualization decisively changes the focus of analytic action from patients who "carry" relational expectancies around with them to expectancies that organize the entire analytic system. No longer is the goal of treatment to analyze the transference until patients stop displacing onto analysts, and presumably others in their lives, the thoughts and feelings that arose in earlier developmental contexts. For one thing, displacement assumes that the analyst has little, if anything, to do with the patient's experience, an assumption that is antithetical to a relational systems perspective.

A conceptualization of transference as organizing activity is based on the finding that, as Coburn (2002, p. 658) expressed it, "We humans naturally tend to organize unfamiliar stimuli into meaningful patterns of experience and then concretize these patterns throughout our everyday life." This is as true of analysts as it is of their patients. While I agree with Coburn that viewing transference as organizing activity represents a major theoretical advance — it goes a long way toward paving the way for a truly systemic and contextual understanding of the analytic relationship — I believe that another step in that direction would be to conceive of transference and countertransference in terms of uncertainty transformation. Activity that organizes relational experience into meaningful patterns tends to bring order to the relational exchange. This orderliness (or relative lack thereof) heightens (or diminishes) the expectation of both analytic partners that the reciprocal engagement necessary for psychological survival will be forthcoming. Consequently, much of what transpires between patient and analyst may be regarded

as bringing about the transformation of experiences of existential uncertainty for both. The advantages of my conceptualization may become more apparent under circumstances in which the threat of retraumatization severely disrupts the orderliness of the analytic engagement and the need for uncertainty transformation for both analytic partners is extreme. The clinical example that follows will hopefully demonstrate some of these advantages.

Knowing Miguel

As I think back over my work with Miguel, an art student in his early 20s at the time we met, and one of my first analytic patients, I can see how my changing theoretical outlook affected not only my understanding of our relationship, but also the very ways in which it unfolded. By the time we started working together, I had already begun to envision how, with the application of self psychological theory, the traditional psychoanalytic approach to treating trauma might change. During much of the analysis, I conceptualized our relationship in terms of the self psychological theory that Richard Ulman and I were then developing (Ulman & Brothers, 1988). Toward its end, I also applied the perspective I set out in *Falling Backwards* (Brothers, 1995). I presented my work with Miguel at a 1999 conference in Sydney, Australia, and in an article based on my presentation (Brothers, 2000), both of which emphasize my view of trauma as the betrayal of self-trust. Since the article was published, I have grown increasingly dissatisfied with the clinical understanding it contains. As I became immersed in the ideas around which the present book revolves, my thoughts returned again and again to my work with Miguel. It is a far different perspective from the one I described in 2000 that I now present.

With his tangle of long black hair, unkempt beard, brooding dark eyes, and intense expression, Miguel, at first glance, reminded me of a young Che Guevera. By the end of our first session, however, every vestige of my expectation that he might also bring the passion of a fiery rebel to our work had been thoroughly dispelled. He sat virtually motionless in his chair as he described, without the slightest variation in his flat, quiet voice, complaints that seem to have come from a textbook on psychological trauma. These included difficulties with memory and concentration so severe he had been forced to accumulate numerous

"incompletes" in his college courses, recurrent nightmares involving a knife-wielding assailant, and a frequent sense of being "a stranger to myself," which I took as his way of describing experiences of dissociation. He informed me that "something is not right with my mind" and that if only this were remedied, he could get on with his life.

To my bewilderment, Miguel said he could think of no past experiences he considered traumatic. In fact, he presented himself, at least in the first few months of treatment, as if he were impervious to misfortune. He explained that he was living on his own in New York after having recently left his parents, a much older brother, and the happy childhood he had spent in a small town in a South American country. His father, he said, was a merchant who had been prosperous enough to afford a large, comfortable house and several servants. However, when I asked him to tell me what it was like growing up in his country, he spoke in vague generalities and seemed unable to produce more than a handful of childhood memories, most of which had to do with being a mischievous and not very studious schoolboy.

To say that the early months of our work together were difficult for me would be an understatement. Waves of dread would wash over me before every one of our twice-weekly sessions. No sooner did Miguel begin to speak in his heavily accented but excellent English than I would struggle to keep my eyelids from closing. I cannot think what kept me from dozing off other than the dogged determination of a fledgling analyst. It is embarrassing for me to recall how often, in my desperation to generate a moment of connectedness, I would interrupt Miguel's dry account of the day's minutia with gratuitous questions and comments. Miguel never voiced any objection to my interruptions, although he sometimes seemed startled to hear me speak, as if he had forgotten that I was there. He would listen to me tolerantly, almost indulgently, and after a perfunctory response, pick up his monologue where he had left off.

Every so often my torpor would give way to sweaty anxiety as I became aware that, without any change of intonation, Miguel was describing one of his recurrent episodes of binge drinking during which he would "hit the streets" in search of a partner for sadomasochistic sex. At the time I assumed that since Miguel always assumed the sadistic role, my anxiety stemmed from having worked with a great many victims of rape and incest. Although Miguel assured me that his sexual encounters were consensual, they seemed sufficiently similar to what

some of my sexually abused patients described to stir my concern that I would never find a way to bridge the emotional distance that had opened between us.

Worried that my intense reactions indicated that I was poorly suited to serve as Miguel's analyst, I consulted a self psychologically informed supervisor. I felt somewhat reassured by her assertion that my counter-transference reactions were understandable in terms of her self psychological perspective on the case. She hypothesized that my drowsiness was a response to Miguel's establishment of "an archaic merger transference" in which my need to be recognized as a separate human being was being thwarted. Her suggestion that Miguel's violent sexuality served self-restorative purposes fit well with the theory Richard Ulman and I were developing. That is to say, if, as I then suspected, the unconscious meaning of some event had traumatically shattered Miguel's "selfobject fantasies," his sadomasochistic "enactments" represented faulty efforts at self-restoration.

It now occurs to me that without these comforting formulations, I probably would not have withstood the sense of dark foreboding that pervaded my early sessions with Miguel. It is only since becoming aware of the powerful influence of my own traumatic past on my analytic relationships that I have more fully appreciated what made the initial period of our relationship so excruciating for me. For one thing, Miguel's non-verbal communications baldly contradicted his assertion that he had not been traumatized, a mode of communicating all too familiar in my childhood. During innumerable interchanges with caretakers, I would register two contradictory streams of information simultaneously — one verbal, the other occurring in the realm of what Lyons-Ruth (2000) has termed "the domain of implicit relational knowing" — all the while realizing that my recognition of, and responses to, only the verbal stream would be deemed acceptable.

I should explain that some terrifying childhood traumas occurred in the context of this double-decker experiencing. Once, for example, I was told that my clothes were being packed for a weekend in the country when instead I was taken to a hospital for painful surgery. Despite my having clearly read the cues indicating that I was being deceived, I so much wanted to believe in the trustworthiness of my caretakers that I went along with their elaborate charade. Secrets, half-truths, and deceptions lay buried like land mines among my family's communications.

"You are not to know!" was the silent message continually sent to me by those on whom my survival depended. Consequently, much of what I did know in my early life seemed vague and ill-formed. (In Chapter 5 on gender, I explain more about my difficulties with knowing.)

Although I could not have articulated it at the time, I now believe that I perceived Miguel's physical and emotional immobility as a strenuous effort to remain unaware of his dissociated experiences — as if any feeling or movement on his part would call up memories of some horrible trauma. Because he seemed to teeter on the same shaky tightrope between knowing and not knowing as I had so often done, just being with him was a constant reminder of my own traumatic past. At the same time, I felt that I had been reduced to terrifying insignificance by Miguel's seemingly impenetrable façade. His refusal to join me in a relational give-and-take posed a threat to my psychological survival, much as a caretaker's inexplicable silences had once done when I was a child. I suspect that my rising anxiety when Miguel described his violent sexual encounters had less to do with my sympathy for my sexually abused patients than with a partially disavowed suspicion that Miguel relished my helplessness in the face of his impassivity in a way that was similar to the gratification he derived from tying up his sexual partners. I now view my drowsiness, which was dissociative insofar as it clouded my awareness of these multiple sources of potential retraumatization, together with his emotionless immobility as constituents of the trauma-generated relational pattern that developed between us.

When it finally became apparent to me, probably in ways that were not fully conscious or verbally translatable (Lyons-Ruth, 2002), that I was only making matters worse by speaking, I managed to sit quietly with him for a number of sessions. To my great relief, Miguel responded well to my protracted silence. His body lost its rigid stillness, his speech became more animated, and he even looked directly into my eyes from time to time. When one day he smiled as I welcomed him into my office, a beautiful smile as I recall it, I knew we had turned an important corner. Perhaps, in my silence, Miguel forgot the disparity in our sex, age, ethnicity, not to mention our different mother tongues, which my voice could not help but convey. Perhaps, in my silence, he found a measure of sameness and certainty, a promise of sanctuary.

I know that I found some of that promise when he began to tell me his dreams. In a number of these early dreams, he narrowly misses a

train or a plane or else he catches a plane that he knows will crash (we later came to understand that these dreams related to his trips home). In others, he is hopelessly lost, every step taking him farther into a strange land. I now think of these dreams, which were virtually interchangeable with some of my own, as concretizations of a sense of self-estrangement and a longing to return to the known, the familiar, and the certain. Sensing that he would find any attempt to analyze their meanings intrusive, and noting his obvious pride in them, I commented only on their beauty and complexity.

Little by little in the months that followed, Miguel reported memories that lent weight to my suspicion that his "happy childhood" had been little more than wishful thinking. From his oddly scattered remembrances, we developed the outlines of a narrative of his early life, and rough sketches of his parents that became increasingly detailed over time. His mother emerged as a chronically unhappy, critical woman, alternately absent and intrusively present in Miguel's life. We surmised that it was her bitter resentment about her husband's adulterous affair during her pregnancy with Miguel that led her to abandon her newborn son to the care of several young female housemaids. Miguel always spoke of these women with great affection, calling them *las galletas*, literally, the cookies, his mother's derogatory term for them.

When Miguel was around six or seven, his mother suddenly, and without explanation, dismissed his surrogate mothers, and took over his care. Miguel subsequently overheard her speaking of them as whores who would slip out of the house for sexual adventures instead of tending to him at night. His contact with them was limited to chance encounters on the streets of his hometown that were, for him, painfully brief. Miguel believed that his mother, needing a companion and confidante in the aftermath of her husband's infidelity, turned to him as soon as he was old enough to play this role. He recalled sitting on her bed for long hours while she complained about his father's womanizing, nasty temper, and alcoholism.

Miguel's recollections produced a more complex portrait of his father. In some of Miguel's memories his father emerged as a harshly critical tyrant with a violent temper; in others, he seemed to be a weak, overly emotional, hen-pecked man who would spend long periods lost in an alcohol-induced stupor. When Miguel was young, his father frequently used a strap to enforce absolute obedience. When he reached

adolescence, his father obtained compliance by means of threats, tears, and dramatic scenes in which he read passages from the Bible. Miguel's mother reinforced his negative view of his father by complaining about him incessantly. Nevertheless, his most cherished memories of early life, and which he had never lost, were of being with his father. He remembered feeling giddy with pride and happiness when his father showed him off to his friends in the town square as a little *machito*. He surmised that his closeness with his father ended when his mother suddenly took over his care.

In contrast to his brother, a studious, well-behaved "Mama's boy," Miguel described himself as a fiercely and precociously self-sufficient child. For example, it was not until an injured knee became so swollen and inflamed that he could not pull his pants over it that he showed it to his mother. Miguel clearly regarded his self-sufficiency as integral to the role of *machito*, and therefore as part of his connection to his father. He also mentioned that he would sit in silence throughout his mother's ranting monologues. To have spoken, he said, would have represented a betrayal of his father. We might speculate that Miguel's refusal to enter into a dialogue with me in the first months of treatment also reflected this *machito* posture. Perhaps, by assuming the role of monologist with me, as his mother had once done with him, he distanced himself from the humiliating experience of being subjugated by a woman. Miguel later suggested that his need to experience himself as the one who shamed, rather than the one who was shamed, might have shaped his predilection for sexual domination as well.

In spite of superior intelligence and an impressive talent for drawing, Miguel did poorly in school. "I always had a hard time paying attention," he said. He recalled (with a certain amount of pride at his own audacity) bribing other children to complete his assignments and inducing them to allow him to copy from their test papers. Although he maintained superficial acquaintances with children his age, he did not develop a close friendship until he found Anita, his first girlfriend, in high school. Like his beloved *galletas*, Anita was warm, flirtatious, and openly admiring of his artistic accomplishments. As Anita's boyfriend, all went well in Miguel's world. He gained acceptance by her friends and became part of the "in" crowd. And for the first time, with her by his side, he did well at his studies.

After a while, however, Miguel became convinced that Anita's feelings had changed, and that she was cheating on him in spite of her repeated avowals of fidelity. Playing the role of *machito*, Miguel openly flirted with other girls and often failed to show up for their dates. In spite of their problems, the young couple continued to go steady all through high school and promised to remain faithful to one another while Miguel attended college. Shortly after beginning his first semester, however, word reached Miguel that Anita was seeing someone else. When he returned home, Anita confessed that she had found another boyfriend and refused to comply with Miguel's angry demand that she give him up. Shocked and deeply shaken, he lost interest in his studies and failed nearly all his classes. He did not recover from Anita's rejection until he met another *galleta*-like girl when he transferred to a university in New York.

Miguel's relationship with Anita became a sort of blueprint for numerous brief relationships he had from that time on. After a period of contentment, he would suspect the woman of infidelity. Withdrawing from her emotionally, he would treat her badly until she left him. He would then isolate himself for months at a time, sinking deeper and deeper into a dysphoric, dissociated state that he could relieve only by "hitting the streets." Going from bar to bar, Miguel would get drunk and "pick up" a woman. While engaging in sadomasochistic sex with her, Miguel recaptured a sense of "being alive and in the world." Intense affects, as I suggested in Chapter 2, often provide a sense of great certainty. It seems likely that the intensity of his violent sexual experiences provided Miguel with moments of relief from the chaos and uncertainty that had overtaken him.

It was not until he found another woman with the warm, adulating, seductive qualities of a *galleta*, as well as some hint that she might also drop him without warning, as his mother had done, that his loneliness and despair would abruptly lift. Miguel's pattern with women seems to have arisen, at least in part, as a response to his mother's rejection of him as an infant, her dismissal of his beloved *galletas*, and her use of him as a confidant. A trauma-generated certitude that seems to have emerged for Miguel was that only as a heartless, self-sufficient *machito* was he safe from abandonment and betrayal. We came to understand that, in this role, he felt immune to the tormenting shame that threatened to overwhelm him whenever he perceived himself to be at the mercy of

a woman's whims. It is also likely that it allowed him to experience a sense of sameness with, and connection to, his unfaithful father.

Occasionally, during the first four years of treatment, especially when he appeared to have feared that, like his mother, I would either abandon him or exploit him for my own gratification, Miguel seemed to have consciously experienced himself as a heartless *machito* with me as well. Once, for example, when my vacation coincided with a particularly stressful time in his life, I referred him to a colleague. On my return, he filled his session with rapturous accounts of my colleague's many virtues. When I commented on the unspoken and unflattering comparison his accounts suggested, Miguel acknowledged his wish to "punish" me for abandoning him and for indulging myself at his expense. Although Miguel never connected what he perceived to be my self-indulgence with his mother's, it now strikes me that by speaking so much in our early sessions I may also have reminded Miguel of her, while in my silence, he might well have recaptured a sense of being connected once again to his adoring and adored *galletas*.

By the end of the fourth year of treatment, many of the complaints for which Miguel sought treatment had ameliorated. He found that, for the most part, he was able to concentrate in his job as an art teacher of inner city children, his use of alcohol seemed under control, and he no longer picked up women for sadomasochistic sex. He expressed a much wider range of feelings, and our interactions were marked by greater spontaneity and reciprocity. I had long since stopped feeling drowsy or particularly anxious in our sessions. However, we were no further along in our efforts to understand the complaints for which Miguel had entered treatment than on the day we met. Moreover, Miguel's dreams and occasional nightmares still contained violent sexual and aggressive images that seemed peculiarly disconnected from his remembered experiences. In a number of nightmares, Miguel is in his childhood bedroom. Suddenly there is an ominous rumbling, or the sound of an explosion, and the walls crash in on him. His legs are pinned by beams and he is unable to escape. After reporting one such nightmare, he remembered that he had scars on the back of his thighs near his buttocks that no one in his family could explain. In another recurrent nightmare, an escaped criminal enters the house and ties Miguel face down to his bed. He knows he will be stabbed. Whenever I inquired as to whether his

dreams might allude to experiences of past sexual abuse, Miguel would look at me blankly.

Although Miguel still seemed to enjoy our sessions and had not mentioned leaving treatment, I began to feel no further progress would be made, that it was time for us to end our work together. Looking back, I realize that my failure to help Miguel fill in puzzling gaps in his memory, and to identify what I increasingly believed were brutally traumatic experiences, contributed to my rush to end treatment. Not only did I feel anxious about not knowing what happened to Miguel when it seemed evident to me that something awful had indeed occurred, but I now realize that his dreams must have stirred memories of traumatic experiences in my own life that involved helplessness in the face of some impending intrusion. Only by ending our analytic relationship could I escape from the specter of retraumatization that clung to our relationship.

Soon after we began to talk about ending the analysis, Miguel announced his intention to marry Rosa, a young woman he described as intelligent, attractive, and flirtatious. Although I tried to engage him in exploring what seemed to me an impulsive step, Miguel seemed determined to go ahead with his plan. For a while after getting married Miguel seemed more contented than I had ever known him to be, and we picked a date to end the treatment.

Shortly before the day of what was to have been our last session, Miguel appeared for an appointment looking despondent and disorganized. In a voice shaking with anger, he accused me of exploiting patients by making them dependent on me, then turning my back on them when they needed me. Ignoring my attempts to find out what I had done to warrant his harsh judgment, he shamefully revealed that Rosa had confessed to having a sexual affair with another man. He had thrown her out of their apartment as he wished to excise her from his life. Oddly, he seemed more concerned about "settling the score" with her lover than in healing the rupture in their relationship. He reported feeling obsessed by fantasies of castrating, torturing, and killing this man he had never met. "Why didn't you warn me?" he asked tearfully. "Did you want to see me brought to my knees?"

I acknowledged that my failure to challenge his precipitous decision to marry may well have contributed to his painful situation, and I accepted responsibility for planning to end treatment before puzzling aspects of his experience had been sufficiently addressed. Although

Miguel seemed inconsolable in his grief and rage for a time, he soon reported feeling better. He said that he appreciated my willingness to own up to my failings, which he noted, was something neither of his parents had ever done. In return, Miguel admitted that he had ignored signs, evident from the beginning, that Rosa was involved with someone else. He conjectured that he had not told me about his suspicions for fear that in the telling they would have seemed more real and he would have had to turn away from the woman he desired more than any other. Miguel's renewed trust in me, while gratifying, did little to alleviate my distress over my failure to comprehend the meaning of his impetuous marriage, his obsession with his wife's lover, and whether my decision to break off the treatment had anything to do with this calamitous situation.

After announcing that he planned a two-week trip to his parents' home, Miguel's mood once again darkened alarmingly. A few days later, I received a phone call from him urgently requesting an immediate appointment. He appeared for his session looking pale and exhausted. In a strained voice, he explained that weekend guests at his parents' home had necessitated his sharing a bedroom with his father. While preparing for bed, he was overcome with anxiety so severe he felt physically ill. As his father entered the bedroom, images suddenly flashed through Miguel's mind of his father, naked and drunk, climbing into his bed and attempting to force him to submit to anal penetration. Cutting short his visit without explanation, he had returned to New York.

Miguel reported feeling stunned by the vividness of the images and the intensity of the anxiety that overwhelmed him. Yet he felt tormented by doubt that these ostensible "flashbacks" represented actual experiences. In the sessions that followed, he was quiet and detached, and he complained of feeling once again that nothing in his life felt familiar. Despite his father's appearance as a sexual abuser in subsequent dreams and his recollection of hearing older male cousins tell lewd jokes about his father's advances toward them when he was drunk, Miguel insisted that there was no way of knowing what actually happened. He said he would accept his vision as true only if his father confessed to having abused him, an eventuality, he admitted, that was highly improbable. Since his father had recently developed what family members called "a weak heart," Miguel worried that a heated confrontation might kill him. He also worried that, if confronted, his father might deny the truth. Nor

did he feel there was any point in questioning his mother. "She hates my father and will say anything to alienate us," Miguel explained.

After I agreed that we might never know what happened between him and his father, Miguel seemed to feel more willing to join me in speculating about what might have occurred. We conjectured that his father might have had the opportunity to abuse him during the years when his mother left him in the care of *las galletas*. Perhaps he entered Miguel's room when these young women slipped out to spend time with boyfriends and he was unattended. Perhaps his mother had taken over his care when she somehow learned what had happened. I remember feeling excited by the way this reconstruction made sense of the events following my decision to end treatment prematurely. I suggested that Miguel might have experienced my decision as an endangering abandonment by a maternal figure just as his mother's turning him over to *las galletas* might have left him vulnerable to incestuous abuse by his father.

Despite his tormenting doubts about his father, Miguel's progress in treatment now seemed to gain momentum. Better able to concentrate, he achieved a respectable score on an aptitude test, gained entry into a prestigious graduate school, and obtained a professional degree. He was no longer awakened by recurrent nightmares, and he reported sleeping soundly for the first time in his life. When he had established a relationship with a woman that seemed to be marked by mutual respect and loyalty, we decided to bring the analytic relationship to a close, this time at his suggestion. I continue to hear from Miguel from time to time, and aside from some rough spots in his marriage, he seems to be leading a rich, satisfying life.

I am glad to say that I never disputed Miguel's insistent claim that his father's abusiveness could not be determined conclusively. But I must admit that I myself had few doubts about it. Beguiled by the tidy way it confirmed the theory of trauma I was then developing, I concluded that Miguel had recovered images of being abused as a result of the strong bond of trust we developed in the aftermath of my threat to end treatment. Here is how I explained my understanding in my 2000 article:

With his trust in me restored he no longer needed to maintain a dissociatively altered reality in which he was the bold, self-suf-ficient *machito* united in fantasy to an idealizable father. Con-sequently he was able to retrieve his lost memories of incestuous

abuse from the black holes of his self-experience. [Note my sub-stitution of memories for the images.] (Brothers, 2000, p. 37)

What, more than anything else, led me to reconsider my work with Miguel was a brief exchange that occurred during one of our final sessions. I recall it vividly. After noting that he still could not say whether his father had actually abused him, Miguel looked at me sadly and murmured, "I'm sorry." When I questioned the meaning of his apology, Miguel explained, "I know you're disappointed that we still don't know what really happened to me. You've helped me in so many ways, I wish I could give something back to you." I was moved to tears by his empathic grasp of my experience as well as his generous affirmation of our work together. I responded by saying that as much as I had hoped we might have gained a clearer understanding of the nature of his traumas, our lack of clarity did not detract from the important strides he had made in the course of the analysis. I assured him that I had found our work together deeply gratifying. When I added that I respected his refusal to surrender his remaining doubts about what had happened between him and his father, Miguel's eyes also filled with tears.

Although I was aware at the time that something transformative had occurred between us (I believe Stern [2004] would call this "a moment of meeting"), I suspect that I misconstrued its nature. At the time I imagined that my response had allowed Miguel to maintain some semblance of a connection to his father, a connection that not only saved him from dependence on women he had many reasons to believe might abandon, enslave, or otherwise betray him, but also allowed him to retain some remnants of his still cherished self-perception as the proud *machito*. If there is truth in this understanding, I no longer regard it as the most important truth. Rather, it has recently occurred to me that Miguel may have been touched by my acknowledgment, albeit unintended, of the most significant achievement of our work together — his increased tolerance for uncertainty. The exchange that I recall so vividly could not have occurred had he not relinquished his certitude that emotional dependence on others, particularly women, brings psychological disaster. At the same time, I think I conveyed my understanding that we need not completely surrender the trauma-generated patterns of relating that allow us to bear what might otherwise be experienced

as unbearable uncertainty. Without realizing that I had done so, I had affirmed Miguel's first steps out of the exile of trauma — and my own.

As I look back over our relationship, I see that trauma-generated relational patterns in Miguel's life clashed with those that organized mine. Miguel's relational life was dominated by his need to keep from knowing anything that threatened the *machito* posture on which he believed his psychological survival depended. In contrast, mine was dominated by a quest for certain knowledge. I suspect it was this quest that led me to regard Miguel's ostensible flashbacks as if they were photographic images recorded by some mental camera, and to neglect other possible explanations for their emergence.

One alternative explanation, for example, is that Miguel's images of his father as his abuser, occurring as they did on the heels of my efforts to cut short the treatment, might have reflected his need to avert another retraumatizing abandonment by a woman — this time by me. In other words, it is possible that, hoping to secure our relationship at a time when I had threatened to forsake him, Miguel unconsciously complied with my need to nail down the cause of his symptoms by providing tantalizing evidence that he had been raped by his father. Perhaps this explains why he never fully accepted the images as actual memories. I regret not having explored this possibility with Miguel before the analysis ended.

I continue to benefit from all my relationship with Miguel has taught me about the limitations of analytic knowing and the need to live with uncertainty. There are a number of implications that flow from my revised understanding of my work with Miguel that I now review.

Analysis as a Tyranny of Hope

I find it instructive to reconsider what impelled Miguel to marry Rosa, a woman he had every reason to suspect would betray him, after so many of his previous relationships had ended in betrayal. Rejecting Freudian explanations of a compulsion to repeat trauma, I have previously conceptualized recurring relational patterns of this sort in terms of "the rescripting of trauma scenarios" (Brothers, 1995). I suggested that in order to avoid retraumatization, a person may search for a situation similar to the one in which the trauma occurred, but which is, at the same time, different enough to stir hope that this time things will

turn out differently. I now regard this conceptualization as quite limited insofar as it fails to take the traumatized person's relational partners into account, as well as the relational systems in which the lives of all involved are embedded.

My present understanding of Miguel's situation represents a 180-degree turn away from the concept of rescripting. As I now see things, it was not so much that Rosa stirred Miguel's hope that a relationship with a woman would finally turn out differently, but rather that in choosing a woman he knew would betray him, who was in fact already betraying him, the dreadful uncertainty that such hope entails might be crushed (see Chapters 3 and 8). Let us not forget that his tumultuous romance with Rosa coincided with my decision to end the treatment, a decision that may well have threatened him with yet another retraumatizing abandonment. I suspect that for Miguel, marrying a woman who was bound to confirm his certitude about the untrustworthiness of women was by far the lesser of two evils. To have chosen a woman who seemed more capable of joining him in an enduring relationship might well have exposed him to a danger even more terrifying than a betrayal he fully expected. A betrayal by such a woman might have represented his final descent into hopeless chaos.

For patients whose certainty of psychological survival has been destroyed by trauma, the treatment situation may represent a dangerous journey toward ever greater uncertainty. The language of hope we cannot help but speak to our patients — how could we work as analysts without hoping to heal them? — may sound very much like an invitation to disaster. I have wondered if some of the patients who have been characterized as resistant to the therapeutic process are those who demonstrate their need to evade what might be conceptualized as a tyranny of hope. This understanding represents another step in the direction Kohut ventured when he explained behavior traditionally regarded in terms of defense and resistance as attitudes and activities undertaken in the service of psychological survival (Kohut, 1984, p. 115).

Healing Together

Another implication of a trauma-centered perspective involves the bilateral nature of analytic healing. That healing is not just what happens to patients is a notion I have endorsed for some time. Using a self

psychological perspective, Ellen Lewinberg and I expanded on Kohut's (1984) developmental conceptualization of cure by noting:

> Healing implies a developmental progression toward an increasingly full, rich, complex, differentiated experience of self that occurs in relation to another person (or persons) whose self-experience is also undergoing developmental advance. (Brothers & Lewinberg, 1999, p. 261)

A relational systems perspective deepens this way of thinking. To the extent that analyst and therapist are thought of as constituting a dyadic system, it is hard to imagine how one analytic partner could experience growth and healing while the other remained unaffected. If, in addition, the analyst's traumatic past is factored in, the idea of unilateral healing becomes even less tenable. The analyst's vulnerability to the threat of retraumatization, which, I believe, is inevitably intensified in the course of an analytic relationship, makes his or her need for further healing an inextricable part of the therapeutic process.

Sander's concept of "the recognition process," which he originally used to describe the regulation of physiological states between parents and infant, helps to make clear why healing is necessarily a two-sided process, particularly in light of its elaboration by Lyons-Ruth (2000) and Stern (2004). The title of Lyons-Ruth (2000) article, "I Sense That You Sense That I Sense …," beautifully conveys what Sander meant by the recognition process, which, according to Lyons-Ruth (2000, p. 90), comes into existence very early in life, and involves "finely coordinated joint action or interaction." She has argued in favor of extending the term to include both self-reflective awareness, which the word *recognition* seems to imply, and what she calls "implicit relational knowing." I would suggest that it is the fact that this recognition may occur in presymbolic and nonverbal modes that do not require self-reflection that distinguishes it from the higher-level kind of mutual recognition Benjamin (1998) describes as a hard-won achievement.

One aspect of the recognition process involves what Sander (1995a, 1995b) has variously termed "recognition of fittedness," "specificity of fittedness," and "fittedness of intentions." Sander explained his use of these terms as attempts to describe the specific ways in which a person's experience is connected to the context in which it emerges. I agree with

Lyons-Ruth's assertion that these concepts illuminate aspects of the therapeutic process that have defied conceptualization. Thus, for example, they capture the ways in which analysts and patients communicate their recognition of one another as fellow trauma exiles, "fitted" to the task of reciprocal healing.

You might say that trauma speaks its own language, one that relies less on words than on what Gadamer (1976, p. lv) has referred to as "the circle of the unsaid." Perhaps Lyons-Ruth (2000, pp. 91–92) has identified something of what occurs within this circle when she refers to communication that occurs at "an implicit level of rapid cueing and response that occurs too rapidly for simultaneous verbal translation and conscious reflection." The language of trauma is as familiar to analysts who learned it during their own exile from certainty as it is to their patients. It is the means by which analysts and patients recognize one another as like beings who have suffered in similar ways. As this sense of sameness is shared in innumerable ways in the course of treatment, the unspeakable loneliness of exile is ended. Together, the analytic partners learn to speak in new ways until the experience of uncertainty no longer poses a threat to survival but signals the opportunity for greater mutuality, creativity, and joyful vitality. This evolving language transforms the space shared by the analyst and the patient into a place of refuge and safety, a sanctuary for both of them.

Leveling the Analytic Playing Field

My assertion that both patients and analysts are drawn together in pursuit of healing and sanctuary from the fearful loneliness of exile puts me at odds with a great many of my contemporaries who emphasize what has become known as the "asymmetry" of the analytic relationship. Lewis Aron (1996, pp. 98–99), for example, thinks of the psychoanalytic situation as fundamentally asymmetrical because of inherent differences in role, function, and power between patient and analyst. He distinguishes mutuality, by which he means "reciprocation, community and unity through interchange," from symmetry, or the "degree of similarity and of quantitative equality between the two sides" (Aron, 1996, p. xi).

I have no quarrel with Aron's contention that the roles, functions, and responsibilities of patient and analyst are different. However, when the

psychoanalytic situation is viewed from a trauma-centered perspective in which uncertainty and its experiential transformation predominate, these differences pale beside the overriding sameness of the analytic partners. Their lives are equally steeped in uncertainty, and both contribute equally to the relational patterns that often come to shape their interactions. While I recognize that the analyst, as the one who is paid for his or her expertise in fostering a healing relationship, often wields more power in the analytic situation than does the patient, the patient is no less capable of arousing the dread of retraumatization in the analyst. And my clinical experience has repeatedly shown me that the wish to heal the other is often as strong in the patient as in the analyst.

I would ask if a tendency to emphasize the asymmetry of patients and analysts might reflect a need to transform uncertainty by means of denials of sameness and difference that constitute trauma-generated dichotomies. In the next chapter, I consider gender in this light.

5. Muting the Sirens of Certainty
Beyond Dichotomous Gender
and the Oedipus Complex

There is no female mind.
The brain is not an organ of sex.
As well speak of a female liver.

                    —**Charlotte Perkins Gilman (1898/1966)**

Once gender comes to be read as a
problem, not only a solution …
the dilemmas of masculinity and femininity
can, once again, provide the dramatic
raison d'etre for psychoanalysis as a critical tradition.

                              —**Virginia Goldner (1991)**

Half a century ago, when I still thought of myself as a girl, few people questioned the notion that humans should be placed in dichotomous categories according to their sex. *Homo sapiens*, it was widely believed, came in two varieties: male and female. However, the

recent controversy over sex reassignment surgery performed on infants born with ambiguous genitalia has lent force to the view that a simple binary division of the sexes is inadequate (Lewis, 2000; Smith, 2002). Anne Fausto-Sterling (1994) argues that the convention of dichotomous sexual classification "defies nature" since 2% of humans are born with some admixture of both male and female sexual characteristics. By her reckoning, at least five sexes might be identified, including those known as "true hermaphrodites," or individuals who possess one testes and one ovary. In his novel, *Middlesex*, Jeffrey Eugenides (2002) poignantly describes the suffering of an intersexed individual forced into the wrong sexual category — a circumstance, tragically enough, not confined to fiction.

If one's biological sex cannot always be made to fit neatly within dichotomous categories, gender, a concept that pertains to masculinity and femininity and is roughly defined as the psychological and cultural meanings associated with biological sex, is even more unruly. Recently, a number of writers have questioned the wisdom of distinguishing between sex and gender. Colette Chiland (2003, p. 4), for example, urges that, since gender would have little meaning were it not for biological sex, we should eliminate the term *gender* and speak instead of "biological sex, psychological sex, and social sex." While I agree that our embodiment as sexed beings greatly affects our experience, I find it useful to think of *sex* and *gender*, á la Wittgenstein (1958), as terms belonging to different language games. Much as there is a fundamental difference between the language of the brain and the language of the mind (Brothers, 2002), so it is when we speak of sex and gender. Insofar as gender refers to the psychological experiences associated with biological sex, it is the language I prefer to use.

Freud understood that the divisions of gender, *Mannlichkeit* and *Weiblichkeit*, are not simple binaries. As Young-Bruehl (1996, p. 8) observes, he was aware that these are complicated terms with biological, psychosexual, and sociological meanings. Moreover, he made it clear that these three dimensions are not always sharply demarcated — that, for example, men are not purely active and women completely passive. He even attempted to understand how the acquired psychological characteristics of men and women differentially affect their experience of their bodies. However, judging from his statement that "every individual displays a mixture of character traits *belonging* to his own

or to the opposite sex," Freud (1905/1953, p. 220, italics added) seems to have believed that certain character traits naturally adhere to each sex. That a psychologically "healthy" man is active, rational, and moral — that is, he possesses the qualities associated with stereotypic masculinity — while his female counterpart is passive, envious, narcissistic, masochistic, and relatively immoral were assumptions Freud never seriously challenged. Nor did he question the implications of inferiority that cling to the feminine stereotypes. In fact, much of his theorizing was devoted to explaining the development of these sex-related traits. He was convinced that the "psychical consequences" of children's discoveries of the anatomical differences between the sexes, that is, penis envy and castration anxiety, and their roles in the Oedipus complex, ineluctably determine not only a person's sexual experience, but his or her whole character (Freud, 1925/1953).

The inconsistency between Freud's awareness of the complexities of gender as a theoretical construct and his dichotomous thinking about the gendered characteristics of men and women is matched by his inconsistency in the realm of sexuality as well. Despite Freud's assertion in "Analysis Terminable and Interminable" (1937/1964) that bisexuality is biological and psychological bedrock, oedipal theory makes it clear that only heterosexuality is "natural" (Chodorow, 1992, p. 276). If all goes well in the oedipal drama, the boy gives up his sexual desire for his mother and eventually comes to desire other women, and the girl renounces her mother as her primary love object and replaces her wish for a penis with a wish to have a baby by her father, a wish that is later transferred to other men. Psychological grief was thought to befall anyone whose oedipal scenario deviated from this boilerplate script. However, Ellen Lewinberg and I found many of the assumptions underlying oedipal theory to be inconsistent with the latest research (Brothers & Lewinberg, 2000a, 2000b), including the assumption that all normally developing young children develop sexual feelings and fantasies for the opposite-sex parent and rivalrous/aggressive feelings and fantasies for the same-sex parent. In light of this research, what was assumed to be natural about sexuality is thrown into doubt. As Nancy Chodorow (1992) has astutely observed, the mystery of heterosexuality is no less baffling than the "mystery of homosexuality" (Freud, 1920/1955, p. 170). Other knots in this string of mysteries involve the origins of gender and its relationship to sex and sexuality.

In Chapter 3 I proposed that trauma profoundly disrupts the relational patterns by means of which uncertainty over psychological survival is made bearable. Viewed from this standpoint, oedipal theory seems very much to involve trauma. For one thing, descriptions of children thought to be in the throes of the oedipal drama suggest that they are undergoing extremely disruptive if not downright traumatic experiences. Boys purportedly feel overwhelming disgust at the sight of the female genitals and terror at the threat of castration at the hands of their fathers, while girls are thought to feel horror and mortification at their supposed genital mutilation, as well as hatred for their mothers (Chodorow, 1992; Lewes, 1988). It is difficult to imagine that a developmental passage so filled with hair-raising experiences could be part of ordinary development.

It was just this realization that reactions typically associated with the Oedipus complex often emerge among those who have undergone traumas that led Ellen Lewinberg and me (Brothers & Lewinberg, 2000a, 2000b) to propose an alternative understanding of it. Building on Kohut's (1971, 1984) discovery that driven sexuality and aggression are "breakdown products of a fragmenting self," we reasoned that sexual and aggressive feelings and fantasies found among children aged three to five might not be inevitable aspects of development, but rather responses to trauma. The common clinical finding, that child trauma survivors seem preoccupied with sexual and aggressive matters, supports this hypothesis, as does some research (e.g., Cohen-Kettenis & van Goozen, 1996). Coates (1997) suggests that for children who have experienced traumas, sex and aggression may be important organizers of experience. Similarly, Stolorow and Atwood (1992) contend that experiences of abuse need not be overtly sexual to be concretized and preserved in sexual symbolism.

Chief among the traumas that Lewinberg and I linked to the so-called oedipal behavior of children are those associated with the imposition of dichotomous gender (Brothers & Lewinberg, 1999). This admittedly radical perspective reverses the once widely held view that acceptance of one's assigned gender, or what Stoller (1968) called "core gender identity," is necessary for psychological well-being. In recent years, however, the notion that severe psychological disturbance results from failure to establish core gender identity by 36 months of age has come under attack. To begin with, the very idea of identity, gendered or

otherwise, is problematic to the extent that it suggests that one's experience of self is complete, closed to the influence of the intersubjective surround. As Benjamin (1995, p. 51) put it, "The idea of gender identity implies an inevitability, a coherence, a singularity, and a uniformity that belies psychoanalytic notions of fantasy, sexuality, and the unconscious." Insofar as core gender identity suggests an experience that is continuous, unchanging, and ever present, Adrienne Harris's objections are worth considering. In a 1991 article she wrote: "Gender can be as core and coherent an experience as any structure of self and subjectivity. But gender can also mutate, dissolve and prove irrelevant or insubstantial" (Harris, 1991, p. 197). In her 2005 book, *Gender as Soft Assembly*, she notes that from a nonlinear dynamic systems perspective that emphasizes the unpredictability of emerging processes, the notion of core gender becomes unnecessary. She writes:

> "Core" as a term carries too much weight of bedrock, of depth, even of primaryness. Gender will become a patterned, complex self-state, but under distinct and idiosyncratic conditions. (Harris, 2005, p. 150)

In other words, one's sense of oneself as gendered, like most psychological phenomena, is highly context sensitive. Harris's position is supported by a research study indicating that although many children can correctly identify their genitals by the age of two, they are not able to say whether they are male or female until some time later (de Marneff, 1997). Awareness of the gendered meanings associated with being male or female, according to de Marneff (1997), is acquired later still. This suggests that children slowly acquire a sense of themselves as masculine or feminine only after they "know" themselves as sexed beings. Gender, it would seem, is not core.

If gender is not usually established once and for all in early life, and need not be rigidly fixed on one or the other side of the masculinity/femininity divide for optimal development, what are we to make of a person who does experience gender this way? Is that person's development disordered? Has he or she been traumatized? A number of writers insist that this must be the case. Virginia Goldner (1991) proposed that the consolidation of a stable or core sense of gender involves the activation of "trauma-related processes" such as disavowal and dissociation.

Similarly, Janice Crawford (1996, p. 271) holds the ascription of radically dichotomized qualities to males and females responsible for what she calls "the gender-severed self." She adds that the search for others with qualities that are "complementary" to those that are retained often leads to intense disappointment and pain.

Building on Goldner's (1991) and Crawford's (1996) ideas about the trauma-related processes of disavowal and dissociation in the creation of gendered experience, Lewinberg and I (2000a, 2000b) argued that children have often been seen as manifesting oedipal behavior when they disavow aspects of themselves deemed gender-incongruent by needed others in order to secure the relational bonds required for their psychological survival. We wrote:

> Little boys may manifest so-called "normal" oedipal-stage behaviors when they feel compelled to disavow and dissociate aspects of themselves associated with stereotypic femininity in order to maintain needed selfobject connectedness with caretakers, and little girls manifest such behaviors when they feel compelled to disavow and dissociate aspects of themselves associated with stereotypic masculinity. (Brothers & Lewinberg, 2000, p. 370)

We also suggested that children may find their disavowed gender-linked qualities embodied in others (often, but not always, the opposite-sex parent). Closeness with those whom they perceived as embodying these qualities may have allowed them to experience a sense of cohesive wholeness otherwise difficult to attain. Sexuality, we suggested, is often an avenue through which this closeness is achieved. In an earlier writing, I (Brothers, 1998) proposed that sexual feelings, fantasies, and activities not only may be employed to confirm one's experience of oneself as lacking the gender-related qualities that have been disavowed, but also may provide a sense of blissful merger with them. So, for example, if a woman has disavowed her boldness and forcefulness, stereotypically masculine qualities, sexual experiences with a man she experiences as bold and forceful may reinforce her conviction that she lacks these qualities while at the same time allowing her vicarious access to them.

Aggressive, hostile experiences seem to serve many of the same functions as sexual ones. We may feel reconnected with disavowed aspects of ourselves when we attack them in others. Little boys who make fun of

"sissies" may thereby gain access to that which they could not integrate without putting themselves at risk for scorn and derision. Homophobia has been explained in similar terms. Those who vociferously demean homosexuals are believed by many to have disavowed their own homosexual longings.

As I see it, the Oedipus complex as a theoretical construct makes sense only when understood in terms of an intrapsychic, linear, unidirectional orientation. Oedipal theory fails to consider the systemic contexts in which a child's intense sexual and aggressive feelings for his or her caretakers, the hallmarks of the Oedipus complex, crystallize. Even without research indicating that children in the supposed oedipal stage recognize their assigned sex without showing any signs of distress, and in fact, more often choose to play with dolls with anatomical features like their own (de Marneffe, 1997), this one-sided perspective would be problematic. But if it is true that sexuality and aggression in children emerge in the context of trauma, the discovery of the anatomical difference between the sexes alone does not appear to be traumatogenic. It is not the discovery of difference, anatomical or otherwise, that is traumatizing for children so much as their discovery that experiences of sameness with members of the opposite sex may cost them the relational bases for their psychological survival.

When a child's so-called oedipal passions are viewed as emergent within specific systemic contexts, what had previously been viewed as manifestations of some universally occurring biological program become understandable as responses to a breakdown of systemic order. That is, a child's SECs about the viability of the relational exchange are likely to collapse if he or she is harshly punished, shamed, or threatened with the withdrawal of love for exhibiting attributes usually associated with members of the other sex. Moreover, the relational patterns that emerge under these circumstances might well take on the character of what is usually consider oedipal: that is, emotionally charged denials of sameness and difference that become manifested in love for one parent and hatred for the other.

From a relational systems perspective, it is not possible to precisely determine the causes and effects of any trauma. Consequently, it is impossible to predict with certainty what meanings any given person will attach to prohibitions against exhibiting characteristics associated with the other sex. Nor is it possible to predict that a specific relational

pattern will come into play. Just what makes for the emergence of experiences that have been called oedipal must remain open to question and considered in terms of each individual's relational configurations. Nevertheless, it seems that traumatic experiences associated with gender imposition not only tend to give rise to rigid, restrictive relational patterns, but these may, in turn, create the contexts for further trauma.

What strikes me now as the most conspicuous indication that gender involves what Goldner (1991) referred to as "trauma-related processes" is the existence of the gender binary itself. Since there appears to be only a weak biological basis for dichotomous gender — empirical research has found few significant inborn psychological differences between the sexes, and the variance between the sexes in most respects is about the same or less than the variance within each sex (Young-Bruehl, 1991) — it makes sense to think that the psychological meanings for its existence must be very strong. Rather than being an inevitable consequence of biological sexual differences, dichotomous gender may itself be viewed as a trauma-generated relational pattern by means of which unbearable experiences of uncertainty are transformed.

In Chapter 3 I suggested that sharply experienced dichotomies often reflect the relational patterns that emerge in the aftermath of trauma. They function to reduce the complexity of lived experience by means of denials of sameness and difference. This might well be said of the gender binary. In other words, to the extent that they experience themselves as feminine, little girls must deny their sameness with boys and their difference from other girls. And to the extent that they feel masculine, boys deny their sameness with girls and their difference from other boys. It seems that we tend to feel more certain about who we are when we can point to who we are not.

What systemic conditions might have given rise to the gender dichotomy? It has occurred to me that war, threats of war, and all sorts of destabilizing changes on the societal or global level may well have created the contexts for its almost ubiquitous emergence. After becoming deeply entrenched within societal systems, it has perpetuated itself, and the traumas associated with it, intergenerationally. I find Ian Hacking's (1999) concept of "the looping effect of human kinds" helpful in understanding why this might be so. I have already referred to Hacking's loops in terms of the uncertainty-reducing benefits of classifying people in various ways (see Chapter 2). Gender categories are examples par

excellence. Children born with female genitalia are usually classified in the category girls, while those born with male genitalia are classified as boys. Once they are made aware of the sexual category to which they have been assigned, all that children come to know about boys and girls influences their ways of feeling, thinking, and acting. Their experiences, in turn, loop back to change the categories.

What people classified in a specific category learn about themselves, and is considered the truth about them by others, emerges from the relational engagement of those who do the classifying and those who are classified. The meanings associated with being a girl or a boy for any particular child reflect all that transpires within the cultural, subcultural, and familial systems in which that child's experience is simultaneously embedded. Because of the porousness of our systemic universe, no child is likely to be completely ignorant of the dictates of dichotomous gender, but some children are very forcefully taught that their personality characteristics must be diametrically opposite those of children of the other sex. For many of these children, the sexual category to which they are assigned feels as confining as a straitjacket.

Transsexuality and Gender

Some individuals who consider themselves transsexuals appear to feel this way. These individuals, as Colette Chiland (2003) notes, often complain: "I am a woman imprisoned in a man's body," or "a man imprisoned in a woman's body." She notes that they are not content to live in accordance with the gender stereotypes of the other sex, but insist that it is their bodies that must be changed. When asked by Chiland what it would be like to live as a member of the other sex, many of the transsexuals she studied conveyed their wish to live in conformity with extremely rigid gender stereotypes. For example, a male-to-female transsexual said she wished to stay home, look after children, and keep house while her husband went out to work. It seems clear that for many transsexuals, the wish to have a body like those of members of the other sex has little to do with the desire to lead a fluidly gendered existence. They seem instead to prefer living with the powerful certainties of dichotomous gender.

As Stein (1995), Limentani (1979), and Oppenheimer (1991) have pointed out, transsexuality has posed serious challenges to psychoanalytic theories of sexual development. The very existence of transsexuals, they suggest, contradicts the Freudian notion of a primary masculinity for both sexes, as well as Stoller's countertheory that boys as well as girls are primarily identified with their mother's femininity. Lacking these explanatory frameworks, a great deal of controversy has arisen about how transsexuality may best be conceptualized. Some see it as a condition that deserves classification as a gender identity disorder (American Psychiatric Association, 1994). Others, including Richard Isay, Ken Corbett, Justin Richardson, Clinton Anderson, and Simon LeVay, find this diagnostic category seriously problematic (Bailey, 2003). They argue that nothing is wrong with children who seem to conform to the gendered stereotypes of the other sex. Moreover, in their view, the wish to change one's sex is not necessarily pathological; it is an understandable response of people whose sex assignment prevents them from living in harmony with their subjectivity.

J. Michael Bailey (2003, p. xii), a researcher who studies "feminine" males, suggests that "one cannot understand transsexualism without studying transsexuals' sexuality." He contends that male transsexuals who love men (homosexual transsexuals) become women to attract them. Those who love women (heterosexual or what he calls autogynophilic transsexuals) become the women they love. While it may well be that sexuality plays a significant role in the lives of some who wish to change their sex, Bailey's facile dichotomy seems to ignore the relational contexts of this wish. These contexts have been explored by a number of psychoanalysts. In her clinical study of a male patient, "E," who expressed a wish to be a woman, Ruth Stein (1995) alludes to the intricate relational complexities that gave rise to his transsexual longings. Chodorow, who wrote a critical commentary on the case, summarized them as follows:

> He wants to be a woman to placate his mother, to avoid overwhelming envy and hatred of his mother (but also at times hatred of men), to conform to her late-childhood gender assignment, to get breasts, to be like his mother, to avoid dying as men do, to avoid killing men, to win a man, to avoid winning a man, to

submit to his father, and to submit to his mother. (Chodorow, 1995, pp. 292–293)

Chiland (2003) also emphasizes the relational lives of transsexuals. Some of those she studied believed that their parents wished them to be sexed differently. According to one female-to-male transsexual, she was required to replace a brother who died before she was born. Another female-to-male transsexual was convinced that her mother, who hated being a woman herself, indicated her preference for boys. It seems that only as a member of the other sex could the transsexuals Chiland studied feel some glimmer of certainty that their self-sustaining relational needs would be met.

Chiland (2003) explains the transsexual's need for sex-change operations in terms of the primacy in our society of material biological reality over that which is symbolic. This may well be true. However, judging from her own clinical studies, I cannot help but wonder if the urgent wish to change sex by means of surgery would have arisen in the first place if, as children, they had felt confident of their psychological survival as members of the sex to which they had been assigned at birth despite their possession of qualities associated with another sex. I am proposing that the decision to undergo sex-change surgery may reflect an urgent need to transform uncertainty for some individuals who are traumatized by the need to conform to the dictates of dichotomous gender.

By the logic of Hacking's loops, the very existence of the classification transsexual perpetuates the potentially traumatizing effects of dichotomous gender (Hacking, 1999). To the extent that many of those who consider themselves transsexual claim this classification on the basis of their belief that they are gendered like those of the opposite sex, belief in the dichotomous nature of gender is strengthened. Oddly enough, the classification psychoanalyst has functioned in a similar way. Being classified as a psychoanalyst, until recently, has meant adhering to oedipal theory and accepting the notion that conformity to a rigid gender dichotomy constitutes psychological health. To the extent that psychoanalysts have conveyed this notion to their patients and countless others influenced by psychoanalytic thought, the gender duality has been perpetuated.

Hearing Gender

That I have come to recognize my own gendered upbringing as trau-
matizing will come as no surprise to those who accept the thesis that
psychoanalytic theories reflect the psychological organization of the
theorist (Stolorow & Atwood, 1979). Because, in many ways, my devel-
opment as a woman seemed so unrestricted — I was not forced to wear
a burka, or prevented from getting an education, or marrying a person
of my choosing — it has taken me a long time to understand what was
traumatizing about it.

Unlike the transsexuals interviewed by Chiland (2003), I cannot
recall ever regretting that I was born with a female body. The sex of
my body seems to have brought me relatively little grief compared to
the pain I experienced on account of the rigid certitude with which
my family held their beliefs about the psychological qualities that were
suppose to go along with it, that is, my femininity. On reflection, how-
ever, it was not so much my femininity that they objected to; it was my
masculinity. So deep and wide was the gender divide between men and
women in my family, I suspect that even before I started school I had
already learned that only men could be athletic, intellectually daring,
and outspoken. To the extent that I felt that I possessed these qualities,
I felt freakish. Worse still, as I have recently come to believe, I could
not exhibit them without jeopardizing the relationships that sustain my
psychological life.

I have described trauma in terms of the destruction of the systemi-
cally emergent certainties that organize experience. One such certainty,
shared by many in my family, involves the idea that a child is precious.
And in many respects, when I was growing up, I could rely on the
grown-ups who ruled my world to treasure me — no matter what. It
is probably for this reason that the myriad shame-inducing, rejecting
responses I experienced when I strayed from the tradition-bound concep-
tions of femininity held within my family system proved so shattering.
My feelings about myself as freakish and unlovable were disorganizing
for me and, I believe, for those close to me. But I have suggested that
trauma involves more than the destruction of certainties; it also involves
rigid, restrictive relational patterns that come into play within a trau-
matized system. In my family this meant that evidence of any deviation
from stereotypic femininity had to be disavowed, dissociated, consigned

to the "not me," and, in my case, often found in men who seemed to embody these forbidden qualities.

Dissociation was hardly something I invented; it was modeled for me by most of the women in my life and, in subtle and not so subtle ways, encouraged by them. Much of my own analysis centered on my struggle to reintegrate that which I once repudiated. I am still struggling. At no time is that struggle more obvious to me than when I hear a man's rich, deep baritone voice or a woman's flute-like soprano. It is as if I hear gender. Starting with my ears, I seem to experience the absolute inevitability of gender difference vibrating through my body. In male and female voices, gender assumes a rock-solid force that knocks away all my intellectualizations. This is probably one of the reasons I was so intrigued by Jane Campion's film, *The Piano*.

Gender at the Movies

When classical theory was in its heyday within psychoanalysis, gender dimorphism was presented by means of extremely exaggerated stereotypes (Harris & Sklar, 1998). Strong, silent male heroes saved emotionally distraught heroines from untold catastrophes, usually just in the nick of time or, at least, moments before the final kiss and the rolling credits. Given the close interpenetration of the systemic worlds of psychoanalysis and the cinema, it makes sense that recent films would reflect the changed view of gender that pervades much of psychoanalysis. I consider Jane Campion's *The Piano* to be a splendid example of such films.

As Harriet Kimble Wrye (1998) has noted, *The Piano*, like other particularly evocative films, serves as a kind of Rorschach inviting interpretations that support the viewer's own theoretical bent. Wrye herself has written about *The Piano*'s oedipal themes and their reverberations in analytic work, as well as "the universal chords the film strikes on preverbal levels of the psyche" (Wrye, 1998, p. 168).

Written and directed by Jane Campion, a New Zealander and a social anthropologist, the film is set in 1851 in colonial New Zealand. Its main characters are portrayed as grappling, each in his or her own way, with life in a land that could not have been more different from their native British countryside. It seems to me that the mere fact of their relocation

— or is it dislocation? — accentuates the sense that their survival is always at risk; life appears fraught with an unusually high degree of uncertainty for them. Just as foreign, unknown, and uncertain for each of them was the gendered world inhabited by members of the other sex. As Victorians, they had been brought up in a world in which virtually every facet of human activity was strictly divided by gender (Stevenson, 1998). Is it any wonder that these characters speak to me so compellingly?

The film opens with the arrival of Ada McGrath, played by Holly Hunter, who has been electively mute since the age of six; Flora (Anna Paquin), her precocious, illegitimate nine-year-old daughter; and Ada's treasured piano, on a deserted New Zealand shore. Mother and daughter, who communicate by means of sign language, have travelled from Scotland for Ada's arranged marriage to a patriarchal landowner, Alisdair Stewart (Sam Neill), an Englishman working his land among the Maori in the New Zealand bush. In a novelization of *The Piano* published after the film was released, Campion and Pullinger (1994) describe him as full of "proud pious certainties." They explain that he earned the scorn of the Maoris and the nickname "Dried-Up Balls" for his earnest and dogged efforts to impose English-style orderliness on the wild native vegetation. Stewart's ways of dealing with the chaotic uncertainties of gender and sexuality seem equally harsh and rigid as he engages in what I saw as a doomed power struggle with his mail-order bride.

The focus of their struggle is Ada's piano, her "voice." Disregarding Ada's fierce insistence that it be taken to his homestead, Stewart decides that the piano is too heavy to carry back. Ada, no less than the piano, he seems to believe, is his property to do with as he pleases. It is only when his neighbor, George Baines (Harvey Keitel), offers him a tract of land in exchange for the piano, and lessons from Ada, that Stewart agrees to have it brought from the beach.

In striking contrast to Stewart, Baines seems to have "gone native," even to the extent of sporting Maori tattoos on his face. When tears fill his eyes at the sight of Ada and the sound of her strangely beautiful music, I imagined that Campion hoped to show him as a man who tried to blend not only the cultural worlds of Britain and New Zealand, but also the psychological realms inhabited by males and females. Unlike Stewart, who does not even consider negotiating his needs with women, or the Maoris for that matter, presumably because he does not perceive them as equals, Baines does not use violence to force Ada to yield to his

desires. Instead, he negotiates a deal with her whereby she at least has a choice. She can choose to get the piano back — one visit for every key — provided she submit to his wish to do "certain [sexual] things" to her while she plays. He even accepts her more moderate terms: one visit for every black key.

If Baines embodies some stereotypically feminine qualities, Ada seems to have appropriated many of the prerogatives exclusively associated with Victorian masculinity. Within the first minutes of the film, Ada reveals herself as shockingly unladylike. Asked by one of the seamen who deposited them on the empty shore if she would rather return to the ship than wait for Stewart alone, Ada signs vehemently to Flora. Disdain in her eyes, she turns her back on him. Flora, speaking for her mother, announces: "She says no. She says she'd rather be boiled alive by natives than get back in your stinking tub."

Forced to spend their first night in New Zealand camped out on a beach with their luggage, mother and daughter take shelter under the hoop of Ada's skirt. Later in the film, Ada's hoop skirts prove to be enormously encumbering as they become laden with the thick mud that covers Stewart's property. I wondered if Campion used the hoop as a janus-faced symbol, as both a comforting affirmation of the Victorian gender divide insofar as it made women's silhouettes so strikingly different from men's, and an indictment of that divide insofar as it revealed the confinement and constraints that dichotomous gender imposes.

Ada's scorn for her married life is given cinematic intensity as she violently rips off a wedding dress worn for a ceremonial photo, breaks dishes, and pulls down drying clothes. Moreover, as Stevenson (1998) observes, Ada wields her "will" in a forceful, masculine way. If, as Jessica Benjamin (1995) asserts, stereotypic femininity involves being an object and not a subject of desire, by being willful, Ada staunchly resists objectification. Her willful refusal to speak only adds to her power. We learn from Campion and Pullinger (1994) that Ada never uttered another word after her father ordered the six-year-old child not to speak for a day as punishment for overturning a sugar bowl. When she learns that Stewart remarked on her silence by saying, "God loves dumb creatures, so why shouldn't I?" she replies, in an interior monologue, "Were it good he hath God's patience, for silence affects everyone in the end."

In Chapter 2, I suggested that language plays a crucial role in transforming uncertainty. To refuse to speak may signify a refusal to engage

in the orderly give-and-take necessary for a sense of certainty about psychological survival. When, near the end of the film, Stewart menaces Baines after discovering that he and Ada have been lovers, he asks Baines repeatedly if Ada spoke to him. I found this to be an inspired way of showing that an exchange of words can convey an intimacy even greater than that of sexual contact.

Of all the characters in this film, Flora's suffering was the most touching for me. Illegitimate, fatherless, forced to contend with her mother's disregard for gender conventions, and uprooted from all that was comfortably familiar in her grandfather's home in Scotland, her one hold on certainty seems to be her attachment to her mother. Self psychologists no doubt recognize in her the "parentified" child whose survival depends on fulfilling her mother's selfobject needs. Flora's devastation upon witnessing Ada's passionate sexual encounter with Baines is all the more poignant when we consider that Flora's most cherished certainty — that she is her mother's one beloved — has been destroyed. As if this were not shattering enough, she is forced by Stewart to confront the realization that sexuality, and by extension her mother, is bad. No longer able to use her mother as a moral compass, Flora's notion of morality, like that of many children her age, is harsh and unforgiving. When Stewart asks where her mother has gone, Flora, realizing that she has run to Baines, replies, "To hell!"

I have already suggested that we sometimes resort to acts of aggression as a means to transform shameful experiences of powerlessness that attend the destruction of certainty. As the film nears its powerful climax, all of the main characters in Campion's film, with the possible exception of Baines, seem to respond to trauma in this way. After Stewart discovers his wife's infidelity, he attempts to rape her. Ada, apparently dreaming that she is in bed with Baines, begins to fondle Flora as Baines had fondled her. But it is Flora's transformation from betrayed to betrayer that I found particularly heart rending. When Ada insists that she deliver a piano key to Baines as a token of her love, Flora, perhaps realizing that this will seal her fate as second in her mother's heart, brings the key to Stewart. Although she clearly wishes to take revenge on her mother for turning to Baines, she does not expect Stewart's violent response. Crazed with rage on finding that Ada has inscribed the key with words of love for Baines, he chops off Ada's index finger in an act of vengeful symmetry. Instead of the piano key, it is the bloody finger wrapped in

a handkerchief that he insists Flora deliver to Baines. Baines treats her harshly until a Maori woman intervenes. "She's only a child," she says. It seems natural that this woman, a member of an exploited, despised group, comprehends Flora's tragic predicament.

With his image of himself as the embodiment of Victorian manhood apparently destroyed, Stewart orders Baines to leave with Ada and Flora. In the penultimate scene we see them and Ada's piano in an overloaded Maori boat. At sea, Baines reluctantly complies with Ada's request that he throw the piano overboard. As it is heaved off the boat, a rope to which it is tied snakes around Ada's leg, pulling her under the water. Forced to choose between her beloved piano and her life, Ada loosens the rope and is rescued. In my eyes, she is symbolically reborn as a woman freed from the gendered constraints that had made a musical instrument her most trustworthy source of passionate involvement.

Although we might expect that, after experiencing the destruction of certainty, traumatized individuals would welcome the opportunity to live within the confines of rigidly dichotomized gender categories and the certitude they afford, this is by no means always true. *The Piano* provides a very different scenario. Much as Ada is supposed to have been multiply traumatized, first by her mother's death in childbirth (Wrye, 1998), then by her demeaned position as an unwed mother, and finally by the violence of her ill-fated marriage, she embraces the hopeful uncertainties of an unconventionally gendered life. As the film ends, we find Ada enjoying what at first appears to be a life of conventional domestic bliss in Nelson with Baines and Flora. Then we notice that she is wearing a metal finger and giving piano lessons. "I am quite the town freak," she says, "which satisfies." Perhaps, having survived the terrifying chaos of her repeated traumas, Ada is better able to bear the increased uncertainties of a life that crisscrosses the gender divide. As I now hope to show, tolerating gender uncertainty after surviving shattering traumas is not something that happens only at the movies.

A Sketch of Gender and Sexuality

My therapeutic relationship with Mark has spanned close to 20 years. In *Falling Backwards* (Brothers, 1995), I presented an account of the first eight years of our work together. When he returned to New York

after spending several years abroad, the treatment resumed. In a journal article (Brothers, 2003b), I described Mark's traumatic reactions to the terrorist attacks of 9/11. I now zero in on another aspect of his life: his gender and sexuality.

Some of what follows is based on a series of discussions Mark and I had that were sparked by my request for permission to write about him once again. However, the greater part derives from our analytic work. Having already written a great deal about this treatment, I have decided not to place our relationship in the foreground of this account. By no means do I intend to suggest by this that what transpired between us, the myriad ways in which we touched each other's lives and hearts, was insignificant — quite the contrary.

When I listen to Mark's deep, resonant voice, it is hard for me to remember that by the time he was nine years old, he had almost totally withdrawn from the rough-and-tumble world of boys. And despite feeling that his interests more closely matched those of the girls with whom he played, he does not remember his appearance as anything like that of the girly boys Ken Corbett (1996) describes. Even with the weight he gained after his father died and his uncle sexually abused him (he was six at the time), he viewed his body as a miniature version of his father's. Since, as he often mentioned to me, he longed to be just like his father in every respect, their physical similarity was a source of enormous pride for him. He believed that when he grew to manhood he too would be "a ladies' man." In a cherished memory that took place at the movies before his father fell ill, a scantily clad woman appeared on the screen. Mark loudly called out, "Hubba, Hubba!" As members of the audience laughed, his father conspiringly squeezed his arm (Brothers, 1995).

Considering that Mark's early gender development seemed to unfold in smooth conformity with the stereotypic masculinity that prevailed in his relational world, we wondered if the traumas he experienced at age six had stopped it short. Mark believes he felt increasingly different from other children from then on. He often sought the company of older female relatives. "The old ladies enjoyed gossiping and exchanging recipes — stuff that was fun for me," he said. "I wasn't your typical boy."

For Mark, having interests like those of girls and women did not mean that he had foresworn the company of boys. In fact, he spoke of an intense longing to join in the active play of the boys who lived in his neighborhood. Marks recalls feeling convinced that his obesity would

prevent him from succeeding at sports, that he had little choice but to stay at home and play with a sister and her friend. But whether his weight gain was the reason that he rarely strayed far from home, or his excuse to stay home, or both, remains unclear. Since his mother made no attempt to find another husband after Mark's father died, or even in dating men (she seems to him, in retrospect, not only to have had no interest in sex, but to have found it repellent), Mark served as the man in her life. He learned very early that the sort of man his mother needed him to be was gentle, selfless, available, and, above all, asexual. To be sexual, he had no doubt, was to be bad and hurtful.

In addition to the role it may have played in keeping Mark at his mother's side, we considered many other meanings related to Mark's obesity: It seems to have served as a bodily proclamation that something horribly life altering had happened to him; it was a way of maintaining his bond to his father (they had both relished a taste for exotic foods disdained by others in the family); and, perhaps, most compelling of all, Mark experienced his thick padding of flesh as hiding all signs of his sexuality.

Mark's life seems to have changed dramatically when he was 12. Desperate with loneliness and despair, and feeling that he had nothing more to lose, he boldly asked the boy who lived in the house next door if he could join him in visiting a friend. When the boy casually agreed and Mark effortlessly joined in their play, he suddenly felt that he had been welcomed into "the world of boys, the world away from home." Pounds seemed magically to vanish from his body as he stopped gorging himself on sweets. To his astonishment and joy, he discovered that he had considerable aptitude for a variety of sports then popular with the boys in his neighborhood.

Mark strongly believes that he never connected having homosexual fantasies about some of his playmates with not being "a real boy." "I regarded them (the fantasies) as scars I bore from having been sexually abused," he said, "not genuinely me." He fully expected that someday he would find a woman to marry and have a family of his own. Since he attended an all-boys high school, his failure to date girls went unnoticed. At college Mark found it easy to make friends with men and women, although none of the women interested him romantically. Rather, he found himself strongly attracted to two men, both jocks. It was then that he first developed the fantasy that he could change into "a woman

with a nice body, beautiful breasts, thin, curvy — the kind of woman I thought they would want."

As we considered the many possible meanings of his fantasy, Mark and I speculated that it probably took form in the context of his thwarted longing for contact with a man like his father, a man who would choose a beautiful woman like his mother. The nature of this contact does not appear to have been primarily sexual. Rather, it involved being lovingly cared for by a man. Although he seems to have obtained some vicarious sense of being cared for through his ministrations of his mother, his fantasy seems to have been far more fulfilling. We also wondered if Mark's fantasy reflected the harshly dichotomized environment in which his sense of himself as gendered took form. Mark's fantasy seems to have allowed him access to the hidden feminine aspects of himself, thus serving as a sort of vest pocket alter ego.

In his 20s, Mark formed two brief sexual relationships with women, both of whom made their wish to have sex with him abundantly obvious. He ended it with each of them as soon as he perceived signs of their fragility and neediness. He seems to have felt that only by leaving could he avoid falling into the role of selfless caretaker that he had assumed with his mother. He has speculated that if it were not for his sexual abuse, he would have become "a not very sexual straight man." Having experienced the intensity of his uncle's lust, he felt that his sexual desire not only matched his uncle's, but that it could only be satisfied by a man. Looking back, Mark believes it was his first male lover's unmistakable desire to have sex with him that allowed him to overcome his dread that his sexuality, especially as it involved men, was destructive.

It was not until a bombshell exploded in the 11th year of his treatment that we more fully understood what had so powerfully linked sexuality and destructiveness for Mark. In the course of her own psychotherapy, Sarah, one of Mark's older sisters, recovered memories of having been abused by their father. "It can't be so," was Mark's anguished denial. Mark accepted the truth of Sarah's revelations only after his mother confirmed that she herself had been severely beaten by her husband during one of his many alcoholic rages.

With the subsequent disclosures by several of his other siblings of additional examples of their father's physical and verbal abusiveness, Mark experienced a period of painful disorientation, as his fragile sphere of certainty once again collapsed. If his father had not been the

loving husband and father of his mother's idealized portrait, but instead had brutally damaged those closest to him, Mark feared that the qualities he valued in himself — his gentleness, considerateness, and altruism — might be similarly bogus. After all, he had prided himself on being the child most like his father. In keeping with the trauma-generated relational patterns that came to dominate his experience, any feelings that smacked of selfish entitlement, criticism of others, and sexual desire were disavowed and dissociated. He assumed that it was by virtue of his similarity to his peerless father that he had come to fill the empty place in his mother's heart. Although in our work together he had begun to distance himself from this saintly image and had, at least in our relationship, given voice to his own needs and his complaints about me, he now felt only anguish and confusion.

As if scraping off coats of paint that hide the original brushwork of a portrait, Mark struggled to recapture his early experiences with his father cleansed of his mother's glorifications. In analytic sessions during this period Mark revisited several childhood memories. One involved an incident that had occurred when he was no more than five years old. Upon hearing his father angrily bellow his mother's name, Mark had boldly reprimanded him. "Call her 'Mommy' like I do," he had sternly insisted. "Mommy" was, for Mark, a term of respect and love. Recollecting this incident, he was now stunned to realize that he had not only witnessed his father's abusiveness, but had tried to stop it.

As we explored the reasons for his having disavowed the meaning of these incidents, particularly insofar as they related to his mother's pain, Mark's distress gradually subsided. He came to appreciate the futility of his efforts to model himself on the myth his mother had helped him to create, a creation that poorly substituted for the complex relationship he had actually shared with his father. And we also came to understand that his rejection of masculinity and of the destructive sexuality he had associated with it, was born, in part, by his horror of embodying the abusiveness of the two most important men in his life: his uncle and his father.

Within six months of his sister's revelations, Mark began to explore his sexuality in ways that had once seemed impossibly dangerous and repugnant to him. He visited gay bars and dances, dated a wide variety of men, and had a number of one-night stands in which he experimented with various forms of sexual expression, all without experiencing the debilitating sense of guilt and shame that had deterred him from such

encounters in the past. It was also during this period that he first experimented with drag. Dressing up in women's clothing and makeup at parties and parades, Mark reveled in his newfound freedom. "I love becoming the beautiful women of my fantasies," he has said. In drag, Mark feels emboldened to approach desirable men whom he might otherwise avoid for fear of being rejected. But the most pleasurable part of these experiences, according to Mark, involves his sense of himself as admired for the very qualities that once brought him disdain and contempt. Allowing his imagination full reign, he creates outfits that are both beautiful and witty. "I often think about how shocked my family would be to see me in drag," Mark says with a twinkle. Like Ada, he is quite satisfied with being able, at last, to live in a way many still regard as freakish.

While any psychological study is necessarily incomplete, this sketch leaves a great deal of negative space. It is hard enough to find words that capture one's own experience of gender and sexuality, profoundly uncertain and mysterious realms, let alone another person's. I have not discussed the ways in which our relationship affected and was affected by my own experience as a gendered, sexual person. Yet, in many respects, although our life circumstances could not have been more different, Mark's story is also mine. Like him. I have struggled to speak of gender in a voice uniquely my own.

6. To Die With Our Dead
Ghosts, Ghouls, and the Denial of Life

To tolerate life remains, after all, the first duty of all living beings.

—Sigmund Freud (1957)

For all the haze through which I must peer to see the past, one thing is certain: Dark and dangerous as it has sometimes seemed, I have come out of it alive. And for all the mystery clouding the future, another thing is certain: In it I must die. It is this awareness that is thought to distinguish humankind. According to Martin Heidegger (1962), whose philosophical writings on death have greatly influenced 20th-century thought, humans are called mortal because they can die. "Only man dies. The animal perishes," he has written. "It has death neither ahead of it nor behind it" (Heidegger, 1971, p. 178). In a similar vein, Robert Pogue Harrison (2003, p. xi) claims "humanity is not a species (Homo sapiens is a species); it is a way of being mortal and relating to the dead." With a nod to Giambattista Vico, Harrison points out that the Latin word *humanitas* comes from *humando*, burying.

A central tenet of Heidegger's (1962) *Being and Time* is that our (Dasein's) future-directed, gratification-deferring behavior has its basis

in Dasein's "thrownness" into its ultimate future possibility, namely its own death. Although Harrison (2003, p. 90) agrees with Heidegger's insistence that human death must be understood not merely as the biological termination of life, but as "an immanent possibility that claims Dasein's existence before it claims Dasein's life," he criticizes Heidegger's failure to recognize that our relation to death comes by way of our relation to the dead. In his words: "The awareness of death that defines human nature is inseparable from — indeed, it arises from — our awareness that we follow in the footsteps of the dead" (Harrison, 2003, p. ix).

We have seen that it is one thing to contemplate the uncertainty of maintaining selfhood as a fact of human existence, and quite another to experience it head on. An equally vast distance separates the recognition that humans are fated to die and the anticipation of one's own death or the actual loss of a loved one. I believe that it was just after my ancient, child-sized, great-grandmother died — I must have been around four at the time — that a recurring fantasy first occupied my thoughts. In it I find that a leaf I have picked at random is no ordinary leaf, but one imbued with the power to give eternal life to all who touch it. Although I have not had the fantasy for many years, I suspect that I am still searching for that leaf.

Our collective failure as a society to accept the inevitability of death has claimed the attention of many social scientists in the late 20th century. In his widely read, Pulitzer prize-winning book, *The Denial of Death*, Ernest Becker (1973) attempted to demonstrate that the basic motivation for human behavior is our need to deny death. "This is the terror," he wrote, "to have emerged from nothing, to have a name, consciousness of self, deep inner feelings, an excruciating inner yearning for life and self-expression — and with all this yet to die" (Becker, 1973, p. xii).

Becker's assertion of a basic, biological need to deny death is inconsistent with a relational systems perspective in which all of psychological life, including our attitudes toward death, is held to be emergent and context sensitive. It also flies in the face of research indicating that attitudes toward death change over time and differ from culture to culture. For example, Phillippe Aries (1981) asserts that in the Western world, from medieval times until the early years of the 20th century, death was integral to everyday experience. Death, he claims, was "an ordering

principle," a form of moral and aesthetic meaning. Controlled mainly by clerics, dying was viewed as a spiritual transition to final judgment. In line with Aries, Alan Friedman (1997, p. 112) observes that death was once experienced as "tame, climactic, and appropriate."

With the advent of World War I and the onset of what Lawrence Langer (1975) has called "the age of atrocity," Western attitudes toward death changed dramatically. The devastating loss of millions of lives during "the war to end all wars" challenged the Victorian tendency to aestheticize death (Bland, 1986, p. 13). Appalled by the very thought of death, people no longer prepared elaborate funerals or engaged in prolonged mourning rituals. As public displays of bereavement were replaced by increasingly private ceremonies and rituals, widows weeds, funeral wreaths, and black arm bands — once commonplace features of our social landscape — all but disappeared. What followed, according to Friedman (1997, p. 110) was a period of fearful denial during which death became what he calls "our dirty little secret." He observes that the creation of Forest Lawn Cemetery in 1917, in which flat tablets replace vertical tombstones, and sweeping lawns, fountains, and statuary abound, was motivated by the determination of its founder, Hubert Easton, to eradicate mourning.

If, as Robert Fulton (1997, p. 330) suggests, "death took a holiday" after World War I, its absence from social discourse was even more conspicuous in the years immediately after World War II. He suggests that apocalyptic visions generated by Pearl Harbor, Hiroshima, Auschwitz, and other blood-soaked locales had the effect of silencing the American public on the topic of death. He also points to a number of historical trends and social developments that appear to have contributed to "the psychological lacuna" that surrounded death in the postwar years. A rise in the birth rate, a decline in infant mortality, increased longevity, greater geographic mobility, and the emergence of segregated retirement communities for the elderly pushed images of the aged and dying into the shadows. And as others have observed (e.g., Benoliel, 1997), advances in medicine and life-sustaining technology contributed to a growing perception that death is the business of medical professionals, a perception that seems to have further diminished our contact with the dead and dying. The recent advent of palliative care and the hospice movement notwithstanding, many people today still die in hospitals connected to machines instead of other human beings. Immediately

after they die, their bodies are placed in the care of funeral workers. I am not convinced, however, that by keeping the dead and dying out of sight, we keep them out of mind.

Friedman (1997) contends that a radical shift occurred in the 1950s as death once again became a focus of public interest and discussion. He attributes this shift to the emergence of thanatology, the study of death, dying, and bereavement, an academic discipline much indebted to the investigations of Herman Feifel (1959, 1990, 1992). Most of the early studies of death and dying conducted by Feifel and his colleagues focused on societal attitudes toward death, and especially on "death anxiety" in a wide range of populations. Since Feifel's pioneering studies, a vast literature on death and bereavement has accumulated and many therapies and services for the dying and the bereaved have emerged. Nevertheless, Feifel's (1959, p. xvii) observation that "denial and avoidance of the countenance of death characterize much of the American outlook" has not yet been invalidated. Evidence that denial and avoidance are still very much in practice is to be found in our language, notably in phrases that reflect what Benoliel (1997) sees as heightened American militarism and a masculine ideology of conquest and control. One hears, for example, of "a war on cancer," or the need to "defeat disease," as if saber rattling and bellicosity could eliminate death. At the same time, the language used by the military establishment is full of abstractions and euphemisms to describe contemporary warfare. Such terms as *clean bombs*, *surgical strikes*, and *collateral damage* seem to have been deliberately selected to conceal, sanitize, and, to the extent that it is possible, obliterate the horror of wartime killing.

Fulton (1997) finds another sign of our continuing tendency to deny death in the prevalence of the belief in immortality (see also Becker, 1973). He notes that while science and secularism have diminished the overall role of religion in modern society, it has been neither abolished nor silenced. Its staying power, he contends, is largely attributable to the tenacity with which individuals continue to express belief in immortality and an afterlife. According to Charles Strozier (1994), 50 million Americans believe that the apocalypse — the time when God will remake the world and only the faithful will survive — is near. For these Christian fundamentalists, faith means they are saved from death insofar as salvation in the kingdom of God brings eternal life (Strozier, 1994, p. 46). This widespread belief in life after death has gained livelihoods for vast

numbers of so-called psychics, mediums, and channelers who offer, for a fee, to serve as intermediaries for the dead.

While books and journal articles by self-proclaimed skeptics debunking what Carl Sagan (1995) called "the demon-haunted world" abound, and years of intensive investigation have not produced one replicable experiment demonstrating the existence of any supernatural or paranormal phenomena (Gardner, 1981), more than a third of American adults believe that they have made contact with the dead. A quarter of Americans believe in reincarnation. Moreover, Americans have made best-sellers of many books purporting to describe life after death. For example, hundreds of thousands of copies of the book *Talking to Heaven* have been sold. In it, the author, James Van Praagh (1997), describes his alleged contacts with the dead.

Regardless of whether one believes in life after death or that communication between the living and the dead is possible, the intense interest generated by these topics suggests that, as a society, we are as death obsessed as we are death denying. I find it virtually impossible to go about the business of daily life without having images of death, from the gruesome and grotesque to the heart wrenching and poignant, thrust before my eyes. Death peers from the screens of movie theaters, computers, and television sets (a recent and enormously popular program centered around a family of undertakers); it screams from the headlines of our newspapers; and it is a central, if silent, protagonist in countless novels and stories. Despite the increasing numbers of people who die hidden away in nursing homes and hospitals, it has become abundantly clear that not all of the dead and dying are kept out of our lines of vision. In the spring of 2005, for example, the mass media was filled with pictures of the dying Terri Schiavo, a woman in a persistent vegetative state whose feeding tube was removed amid fervid controversy. The dazzling and riveting spectacle of the funeral of Pope Paul XXIII followed soon after, and images of his body as it lay in state in the Vatican were omnipresent.

Do we gaze so intently at the innumerable *momento mori* that pervade daily life to try to convince ourselves that we have no terror of death? I suspect that Becker would have urged us to accept this explanation. Or does our fascination indicate that our attraction to death is at least as strong as our fear and revulsion? Freud, undoubtedly, would have answered questions of this sort with references to Thanatos, an inherent

drive toward death. However, none of Freud's brainchildren has been more soundly discredited than has this one (Becker, 1973; Galdston, 1955; Hoffman, 1979). Heinz Kohut (1955/1978, p. 181) points out that since Eros and Thanatos are essentially biological abstractions, Freud's use of them as foundations for a psychological theory muddles his conceptual framework.

While I have little sympathy for Freud's notion of a death instinct, I also reject Becker's (1973, p. xvii) thesis that our need to deny death is "the mainspring of human activity." Rather, I find in Kohut's (1980/1991, p. 503) assertion that "it is not death we fear, but the withdrawal of self-object support in the last phase of our lives" the germ of what is needed to resolve the seeming contradiction between our tendency to blind ourselves to the inevitability of death on the one hand, and our inability to tear our eyes away from its omnipresent imagery on the other. Like Harrison (2003), who insists that our relation to death comes by way of our relation to the dead, Kohut also emphasizes that what we dread most is not death as an abstraction, but the irrecoverable loss of our connections to those who supply the emotional sustenance on which our very selfhood depends. Let me express this in terms more congenial to the central thesis of this book: death is horrifying to the extent that the anticipation of our own death or that of a loved one (not to mention the actual loss of a loved one) forces us to confront the ultimate uncertainty — uncertainty about the endurance of selfhood.

No one, in my opinion, has written about the terrifying prospect of death more compellingly than the philosopher Emanuel Levinas. He, too, argues against our horror of death per se. "Horror is nowise an anxiety about death," he has written; "… in horror a subject is stripped of his subjectivity, of his power to have private existence" (Levinas, 1947/1999, p. 33). Thus, in Levinas's view, death is horrifying when it threatens to destroy the basis for selfhood, a viewpoint remarkably similar to Kohut's. What Levinas (1947/1999, p. 35) views as more frightening than death itself is our awareness that death as nothingness is impossible. In other words, we cannot experience nothingness, only a horrifying "presence in absence," or "the rustling of the there is" (Levinas, 1947/1999, p. 32). For Heidegger (1962, p. 240), "Dying is something that every Dasein itself must take upon itself at the time. By its very essence, death is in every case mine, in so far as it 'is' at all." Since this assertion, according to Levinas, reveals Dasein as essentially

solitary, he believed that Heidegger missed the essential point of death. Death, according to Levinas, breaks Dasein's solitude by establishing the possibility of an encounter with something outside the self. And because death is that which lies irretrievably beyond experience and is utterly unknowable, it disrupts the subject's mastery of itself. He writes:

> This approach of death indicates that we are in relation with something that is absolutely other, something bearing alterity not as a provisional determination we can assimilate through enjoyment, but as something whose very existence is made of alterity. My solitude is thus not confirmed by death but broken by death. (Levinas, 1947/1987, p. 74)

With this understanding, Levinas challenged the virility and heroism he found implicit in Heidegger's formulations (Davis, 1996). I suspect that for the same reason, Levinas would have taken exception to Kohut's (1966/1978, p. 454) assertion that facing death courageously, without having to resort to denial, may be our "greatest psychological achievement." Death for Levinas (1947/1987, p. 74) is an "ungraspable mystery" that reduces us to a state of irresponsibility, much like infancy, in which "we are no longer able to be able (*nous ne 'pouvons plus pouvoir'*)." "To die," he observed in characteristically evocative language, "is … to be the infantile shaking of sobbing" (Levinas, 1947/1987, p. 72).

Harrison (2003) also objects to Heidegger's assertion that Dasein cannot relate to its own death by way of the death of others, that is, "death is always my own death," but on different grounds from that of Levinas. According to Harrison, we know death only through the deaths of others. He writes:

> Before it became the ultimate, unrepresentable possibility of my own impossibility of being — indeed, before it was exclusively mine — death wore the mask of the dead.… Only the shock of the loved one's death persuades us — against our deepest instinctual convictions — that we will or even can die. (Harrison, 2003, p. 93)

Freud appears to have come to the same conclusion almost a century earlier. Despite his assertion that awareness of one's own death

is impossible in that "whenever we make the attempt to imagine it we can perceive that we really survive as spectators" (an observation that had already been made by the ancient Greek philosopher Epicurus [see Nussbaum, 1994]), he conceded that we do come to know death through the death of others (Freud, 1915/1957, p. 305). After noting that "primitive man" both "took death seriously, recognized it as the termination of life" and "denied death, reduced it to nothingness," he writes:

> But there was for him a case in which the two opposite attitudes towards death came into conflict and joined issue … it occurred when primitive man saw someone who belonged to him die … then, in his pain, he had to learn that one can indeed die oneself, an admission against which his whole being revolted. (Freud, 1915/1957, p. 309)

Aside from this one point, Freud's views about the impact of death on the bereaved and Harrison's differ sharply. Whereas Freud (1915/1957) understood the death of a loved one as a narcissistic injury insofar as the dead person had once been part of one's own "beloved ego," Harrison (2003) emphasizes our terror at "the impossibility of being" in the loved one's absence. It is Harrison's perspective, along with those of Levinas and Kohut, that informs my own. As I contemplate death at its most horrifying, that is, in all its inexplicable, unpredictable, and unstoppable power to destroy the relational exchange on which psychological life depends, it seems apparent to me that extraordinary relational patterns must be generated within a system confronted with death, lest both the certainty and uncertainty it involves prove unbearable. Chief among these are patterns dedicated to the denial of mortality altogether. I view our seemingly antithetical attitudes toward death — our horrified repugnance and our unblinking fascination — as reflecting different, but equally drastic, relational patterns by which our experiences of death as both all too certain and absolutely uncertain are transformed.

That is not to say that all relational patterns that arise in response to death are drastic. As Frommer (2005) points out, how we cope with the recognition of our mortality tends to vary over time and according to context. He reminds us that "being with the transience of existence can enliven the capacity to savor life, order priorities, tolerate losses and limitations …" (Frommer, 2005, p. 482). Similarly, Nussbaum (1994)

makes the point that recognition of one's inevitable death, even if it does not eliminate one's fear of it, may allow for the generative and consoling awareness that by dying, we make room for the next generation. I also have little doubt that death, particularly when it follows great suffering, may be welcomed with relief.

Much human activity seems to be aimed at reducing uncertainty about when and how death will occur, as if the mysteries of death could thereby be obviated. I imagine that the wish to take matters into one's own hands as a means of ending excruciating uncertainty plays a role in many suicides. It is interesting to consider Freud's preoccupation with the date of his death in this light. He appears to have seriously considered his friend Fliess's prediction that he would die at 51, although he declared it more likely that he would die in his forties from "rupture of the heart." In his conversations and correspondence with friends and disciples, Freud frequently mentioned growing old and his conviction that he had not long to live (Gay, 1988).

Since Becker and others have exhaustively studied efforts that seem bent on making death seem less rather than more certain — those generally considered in writings on the denial of death — I do not review them in this chapter. Rather, in what follows, I concentrate on those relational patterns that seem to have as much to do with the denial of life as the denial of death, and, in particular, those involving the wish to be reunited with loved ones who have died. By way of introducing this notion, I turn once more to Freud's relationship with death.

Freud and Death

Becker, among others (e.g., Gay 1988), has explained the development of Thanatos in terms of Freud's need to keep his instinct theory intact. It seems that Freud's view of humans as purely pleasure-seeking creatures had become increasingly difficult to support in the face of the posttraumatic symptoms of returning WWI veterans, especially their recurring traumatic nightmares. (In line with his libido theory, Freud, up to this point, had insisted that dreams served only as wish fulfillment.) In addition, as Gay (1988, p. 395) notes: "The great slaughter of 1914 to 1918, with stark truths about human nature revealed in combat and in bellicose editorials, had also forced Freud to assign enhanced

stature to aggression." Becker summarizes Freud's theorizing about a death drive or *Todestrieb* as follows:

> Human aggressiveness comes about through a fusion of the life instinct and the death instinct. The death instinct represents the organism's desire to die, but the organism can save itself from its own impulsion toward death by redirecting it outward. The desire to die, then is replaced by the desire to kill, and man defeats his own death by killing others. (Becker, 1973, p. 98)

By developing the idea of a built-in, instinctive urge toward death, according to Becker, Freud reaffirmed his view of the "creatureliness" of humans, thereby rededicating himself to the establishment of psychoanalysis as a science alongside physiology, chemistry, and biology. Becker also argues that Freud came up with the notion of a death drive in order to avoid an existentialist level of explanation in which our continuity and difference from animals resides in our protest against death and fear of it.

While I find it plausible that the concept of Thanatos helped Freud preserve his instinct theory, I doubt that its formulation was motivated by his need to avoid the realization that our supraordinate motivation is to deny our fear of death. For one thing, as I have already suggested, I disagree that the need to deny death is foundational. To my mind, the need to maintain one's relational engagements is a far more powerful inducement to action. For another, Freud, as we shall see, did deal with the wish to deny death in his writings on uncanniness (e.g., Freud, 1919/1955). My own guess as to what inspired Freud to develop his controversial theory leans on the interpretation Fritz Wittels advanced in his 1924 biography. Freud, Wittels (1924) suggests, developed the concept of Thanatos in response to his own experiences of death, especially the death of his beloved daughter, Sophie.

Freud immediately and adamantly rejected Wittels's interpretation. "Beyond the Pleasure Principle," he countered, was written in 1919, a year before Sophie's death. Gay (1988, p. 395), discerning "perceptible anxiety" in Freud's heated response, asks if it was an accident that Freud began to use the term *death drive* (*Todestrieb*) in his correspondence a week after his daughter's death. Not only had Freud lost his beloved "Sunday child" to the flu epidemic, but Anton Von Freund, a close friend

and benefactor, had also died a few days earlier. A death that Freud did not mourn, but one to which he attached great importance, was that of his younger brother, Julius, when Freud was 19 months old.

Who can say if and how Freud's feelings about Julius's death were revived by his later losses? Yet, I have wondered whether, in his own grief, and in resonance with the grief of all those who had lost loved ones in the war and the epidemic that followed, Freud might have discovered in himself an experience he had described some four years earlier as common among bereaved people: the wish to join the dead. In "Thoughts For the Times On War and Death," Freud mentions that the culmination of our reverence for the dead is manifested in our collapse upon the death of someone we love:

> Our hopes, our pride, our happiness lie in the grave with him, we will not be consoled, we will not fill the loved one's place. We behave then as if we belonged to the tribe of Asra, who must die too when those die whom they love. (Freud, 1915/1959, p. 306)

If Freud's own desire to die with his dead was as overwhelming as that of the mourners he describes, it might well have occurred to him that his experience reflected some biologically derived instinct. It would not have been the first time, as Gay (1988) observes, that Freud assumed that an experience particular to his own life situation had universal significance. Nor would it have been unusual for Freud to build a theory around grand dichotomies. Gay (1988, p. 397) mentions the "satisfactions and closure" Freud appears to have derived from such dramatic opposites as active and passive, masculine and feminine, and love and hunger. We have already seen how denials of sameness and difference through the creation of dichotomies work to reduce uncertainty by means of a reductionistic loss of complexity (see Chapter 3). Could there be a pair of opposites more dramatic than Eros, the instinct for life, and Thanatos, the instinct for death? It seems to me that the poignancy of Freud's own painful encounters with death and his empathic understanding of the experiences of other mourners got "lost in translation" on their way to becoming theory. His experience-near descriptions of loss are strikingly at odds with his theoretical abstractions.

My speculation about Freud's discovery of the wish to join loved ones in death may carry more weight when it is considered in the context of

the central thesis of Robert Harrison's (2003) book *The Dominion of the Dead*: We are indebted to those who have died before us. According to Harrison, we begin to make good on this debt as soon as we are confronted with a corpse. Heidegger, he argues, made a serious blunder in claiming that the corpse is a mere thing "which, in its presence-at-hand, gives Dasein no access to its own death as such" (Heidegger, 1962, pp. 281–282). "For all its grave stillness," Harrison (2003, p. 93) writes, "there is nothing more dynamic than a corpse.… The past, the present and the future all converge in the dead body as long as it remains an object of concern or solicitude for the living." It is for this reason, he believes, that every human culture honors what he calls "an obligation to the corpse." He notes that this obligation usually takes the form of an imperative to dispose of the corpse with deliberation and ceremony (Harrison, 2003, p. 143).

As I see it, our obligation to the dead extends far beyond ceremonially disposing of the corpse; it sometimes takes the extreme form of ridding ourselves of that which differentiates us from them: our aliveness. Recall what we have come to know about the relational basis of selfhood: We are as indebted to our relational partners for our psychological lives as they are indebted to us for theirs. Upon the death of a relational partner, this sense of debt, I believe, is often experienced as guilt. (It is interesting to consider that the German word *schuld* means both debt and guilt.) A partner's physical demise may seem like evidence of our failure to have kept up our end of the relational bargain; we may feel guilty for being alive when our partner is dead. Such guilt may take the form of a refusal to let him or her go. At times this refusal is so extreme it takes the form of what Harrison (2003, p. 55) describes as "an insane desire to be reunited with the deceased." He quotes Benedetto Croce on this desire as follows: "We feel guilty for living, it seems that we are stealing something that doesn't belong to us, we would like to die with our dead" (Croce, 1922, p. 22).

This view contrasts strikingly with Freud's. For Freud, the guilt we experience at surviving the death of a loved is not due to our failed obligation to the other, but rather to the "hate-gratification" we experience upon his or her death. In other words, since we always love ambivalently, and therefore hate the one we love, we feel guilty for having wished the person dead. Freud's feelings toward his little brother seem to have informed his understanding. In a letter to Fliess dated October

3, 1897, Freud wrote: "I welcomed my one-year-younger brother with ill wishes and real infantile jealousy, and … his death left the germ of guilt in me." In his celebrated paper "Mourning and Melancholia," Freud (1917/1955) proposed that mourners maintain their connection to their lost loved ones through identification; that is, they take parts of their dead into their own egos and come to resemble them. What he failed to mention was that for some guilt-stricken mourners, resemblance entails nothing less than eradicating the signs of life that differentiate them from their dead and committing themselves to a living death.

Attempts to join the dead have been recorded in countless myths and stories. Among the most famous is the myth of Orpheus and Eurydice. When Eurydice dies of a poisonous snake bite and is taken by King Pluto to Hades, Orpheus's exquisite music gains him admittance to the underworld. Ostensibly moved by the beauty of his songs, the pitiless king agrees to allow Eurydice to return to the world of the living so long as Orpheus refrains from looking at her during their return journey. At the last moment, Orpheus yields to temptation and loses Eurydice to death once more. It is not until he is torn to shreds by a band of wild nymphs, and given a proper funeral by the muses, that he rejoins his beloved as a flitting ghost in the underworld (d'Aulaire & d'Aulaire, 1962).

What made Pluto gamble on the chance that Orpheus would need to look back at Eurydice's face before the end of their journey? Did he count on the likelihood that Orpheus would have to make certain the wraith behind him really was Eurydice? Or did he realize that Orpheus would choose the certainty of eternal union in death over the horrifying possibility that he might lose her again amid the uncertainties of life?

Uncanniness

In Greek mythology and wherever the living join the dead, they may be said to participate in a realm of experience that has come to be known as "the uncanny." While I prefer to think of experiences of uncanniness rather than to risk the reification implicit in the term *the uncanny*, this usage has a long history within psychoanalysis. Freud, for one, had a great deal to say about it. He (Freud, 1919/1955, pp. 369–370) defined the uncanny as "that class of the terrifying which leads back to something long known to us once familiar." He observed

that the German word *Heimliche* (familiar) is identical with its opposite *Unheimliche* when it means concealed and kept out of sight. This usage, he argued, is consistent with an understanding of uncanniness as something familiar that has been lost to consciousness by means of repression (Freud, 1919/1955, p. 395). The primitive fear of the dead and death, he believed, is transformed via repression into uncanniness.

Freud (1919/1955, p. 395) observed that many people experience a strong sense of uncanniness not only in relation to death, and dead bodies, but also in relation to what he referred to as "the return of the dead," in the form of spirits and ghosts. He argued that because "practically all of us still think as savages do on this topic" in that we dispute the undeniable fact of death, "we are susceptible to religions that preach an afterlife and easy prey for charlatans purporting to put us in touch with the souls of the departed" (Freud, 1919/1955, p. 395). To summarize Freud's position: Since we are unable to tolerate the proposition that we are mortal, our interest in ghosts and our experiences of uncanniness in general reflect our need to repress this awful truth.

Freud's formulations about uncanniness are based on his understanding of repression as a means by which all that a person cannot tolerate is pushed into "the container" of his or her unconscious. Stolorow, Orange, and Atwood (2000) criticize this understanding as mechanistic and reductionistic. That which becomes conscious, they assert, does so on the basis of activity within specific relational contexts. In my view, the relational activity involved in consciousness cannot be differentiated from the activity that transforms experiences of uncertainty. To the extent that a person discovers that being aware (conscious) of a given experience would increase his or her uncertainty about the availability of a self-sustaining relational exchange, that experience may remain unconscious. Consequently, a person living in a societal system in which mention of death is met with hostility and silence would be less likely to become conscious of his or her thoughts and feelings about death than someone in a system in which dialogues about death are welcomed.

A consideration of ghost stories, and particularly Hollywood's depiction of ghost stories, suggests an alternative to Freud's understanding of uncanniness. In what follows, I hope to show that our experiences of uncanniness have less to do with repression or the denial of death than our refusal to accept that our mutual obligation for sustaining selfhood ends with the death of a relational partner, a refusal that sometimes

involves the denial of our own aliveness. The experience of uncanniness, from this perspective, may reflect an attempt to transform horrifying uncertainty experienced in the face of death through "contact" with the dead. Let us now explore the role ghosts have come to play in our relations with the dead.

Seeing Ghosts

Long before the emergence of literary traditions, stories about ghosts and other-worldly spirits were passed orally from generation to generation. Spawned in many geographically distant regions, including Egypt, Greece, China, and the Middle East, they even show up in the Bible. In the Old Testament, for example, the ghost of the prophet Samuel appears to King Saul. The first written ghost stories are attributed to Petronius and Pliny, the younger, both of whom were Romans who lived during the first century A.D. Time does not appear to have diminished their appeal. While the 19th century is celebrated as "the golden age of the English ghost story," the popularity of the genre remained strong throughout the 20th century (Parish, 1994). Indeed, it shows no sign of fading in the 21st.

Movies about ghosts have been just as popular as stories about them, if not more so. With images of death streaming from battlefields of two World Wars, Vietnam, the Gulf, Afghanistan, and Iraq, and in the horrific aftermath of terrorist attacks, one might not have expected very many people to pay to see ghosts on film. Yet box office tallies prove that they have been more than willing to do just that. I believe one possible reason for the continuing appeal of ghost movies throughout this bloody age is that they seem to provide functions similar to those once provided by public mourning rituals and ceremonies. Harrison (2003) has observed that in ancient funerary rites, wailing, hair pulling, cheek scratching, breast beating, and the like were not spontaneous or cathartic expressions of unbearable grief. Rather, they were carefully scripted behaviors intended to provide mourners with an objective or socially shared "language of lament." The importance of this language, according to Harrison (2003), lay in its capacity to help the bereaved let go of their dead — the alternative to what, for many people, is a guilt-ridden, tormented wish to die with the dead.

As I see it, the goal of socially shared mourning is not so much to help mourners let go of the dead as to provide the means whereby a new relationship to the dead can be generated, one in which uncertainty about self-survival is transformed in more temperate ways. As Sussillo (2005) notes, a great deal of research indicates that coping with grief is facilitated when the bereaved are helped to maintain some sort of vital affective bond with their lost loved ones. I will now try to show that the language of lament shared by all who participate in the system formed by those who create and view ghost movies serves to transform experiences of uncertainty about death on a gigantic scale. Indeed, the mere appearance of a ghost on film seems to reassure some viewers that death need not spell the end of a life-preserving relational exchange.

Although ghosts have haunted the silver screen since the early 1900s — they appear in some of the earliest silent films — their roles have changed considerably with the passage of time. During what Kovacs (1999) called "the Gothic era" in ghost movies, which lasted until the 1940s, ghosts were depicted as fearsome creatures who wept and wailed as they hovered around castles and moors. They were reunited with the film's heroes or heroines only in the final death scene. In these films, as in many ghost stories, the guilt of the living seems to have been given filmic expression. "How could you forsake us?" these scary ghosts seem to ask. "We will not let you forget your obligation to us."

In Chapter 5, I suggested that the depiction of gender in films has echoed changes in psychoanalytic theory. The same might be said of ghosts. During the gothic era of ghost movies, as Kovacs (1999, p. 3) put it, "haunter and haunted live in different spheres." More recently, they seem to have gotten caught up in the same relational revolution that has swept through psychoanalysis. In today's films, the dead and the living coexist. This change has become increasingly noticeable since the 1940s, with the introduction of the "romantic" ghost movie. In films such as *The Ghost and Mrs. Muir*, *Portrait of Jennie*, and *Letter from an Unknown Woman*, ghosts and humans fall in love with each other and even live together. These ghosts, much like the ones in contemporary films, are conceived as human beings who did not ascend to the hereafter upon dying, usually as a result of having some sort of unfinished business on earth. Except for being neither completely alive nor lifeless, they are virtually indistinguishable from the mortals they visit (the word *haunt* hardly applies to present-day ghost-human encounters).

No longer garishly costumed as phantoms with sheets or veils, they tend to dress in the clothes they wore before they died. What is more, modern-day ghosts are subject to the same hopes, dreads, joys, humiliations, and so on, that they experienced while alive. Their relationships with the living are shown to be remarkably reciprocal. Not only do these ghostly interactions cause dramatic — frequently positive — results for humans, but the ghosts are also helped to surmount difficulties that had plagued them during their lifetimes. In other words, both ghosts and mortals gain from their encounters (Brothers, 2001a, 2001b). In light of these mutually beneficial relationships between ghosts and earthlings, today's ghost movies serve uncertainty-reducing functions by reassuring the viewer that his or her obligation to the dead can be fulfilled; the relational exchange transcends death. Let us now take a close-up view of a fairly recent ghost movie with an eye toward its uncertainty-transforming functions.

Ghost, The Movie

Film critics almost universally panned *Ghost* for being poorly written, lacking wit and intelligence, and for being unconvincing as a love story. However, in spite of what, to my mind, were well-deserved criticisms, the film grossed over $217 million at the box office in the first 41 weeks of domestic distributions (Parish, 1994). What accounted for its unexpected popularity? According to Parish (1994), moviegoers who wanted to escape the grim realities of life in the early 1990s could find enormous sustenance in a fanciful (but not gory) ghost story — one that dealt slickly with the hereafter and showed that great love does not necessarily end with death. The following is a brief synopsis of the plot:

Young New York banker Sam Wheat (Patrick Swayze) and his artist lover, Molly Jensen (Demi Moore), move into their dream apartment with the help of Sam's co-worker and friend, Carl Bruner (Tony Goldwyn). On the way home from the theatre, Sam is murdered during what seems to be an attack by a mugger (Rick Aviles). Although Molly can neither see nor hear him, Sam, in ghostly form, hovers. When the murderer returns to ransack their apartment, Sam tries unsuccessfully to warn Molly. After the intruder is scared away by their cat, who is sensitive to Sam's presence, Sam follows him home. On discovering that he is a hit man hired by Carl to cover up a money-laundering scheme

involving drug dealers, Sam is desperate to protect the endangered Molly. He enlists the help of Oda Mae (Whoopi Goldberg), a scam artist, who is conducting a fake séance. Oda Mae, having inherited her mother's "gift," is able to hear Sam. She persuades the skeptical Molly that she is in touch with Sam by recounting several intimate moments from their life together. In the plot twists that follow, Sam saves Oda Mae from the murderer, who is subsequently killed as he tries to escape Sam's harassment. Having learned the knack of physical intervention by concentrated mental activity, Sam fights off Carl, who is also killed accidentally. Using Oda Mae's body as a medium, Sam is then able to communicate with Molly directly. They reaffirm their great love as Sam departs for the hereafter in a glow of light.

As this synopsis probably makes apparent, the plot of *Ghost*, with its star-crossed lovers, best friend as betrayer, and love triumphing over great odds, is, aside from its ghostly interludes, prosaic and predictable. The actors play tried-and-true stock characters: Swayze is the commitment-phobic, but brave and good-hearted hero; Moore is the plucky, loyal heroine; Goldberg is a comical shady lady with a heart of gold; and Goldwyn and Aviles play bad guys without any redeeming (or confusing) qualities. Perhaps the sheer banality and corniness of *Ghost* serves to transform experiences of uncertainty about the profoundly mysterious realm of life after death that is its focus by swaddling viewers in all the comforting conventions Hollywood has at its disposal (Brothers, 2001).

Moreover, in this film, nothing is left to the murky realm of the viewer's imagination. Heavy-handed imagery informs the viewer of the events to come and reassures them that despite inevitable violence and pain, all will be well. The opening segment of the film shows a blurry, shadowy, unrecognizable scene through which the camera slowly moves (ostensibly meant to suggest the realm of the spirit), which contrasts sharply with images of the materialist contemporary world of "yuppies" and criminals that dominates the film. Three figures (Swayze, Moore, and Goldwyn) are next shown breaking down walls to create the young couple's dream loft. Images of crashing walls and the shattering of space pervade the film. In one scene, Oda Mae locks herself in a closet to avoid Sam's ghostly voice, but the door crashes to the ground against her weight. Near the end of the film, the villainous betrayer is impaled by a shard of glass. These images seem to encourage viewers in their

longing to pierce the mysterious veil that shrouds death, and encourage the belief that glimpses of life beyond death are possible.

In another early scene, Sam helps Molly to retrieve the huge plaster angel she has purchased after it has been hoisted up the side of the building. This heavy-handed imagery is probably intended to reassure viewers that no matter what happens, we are not alone in an uncaring universe; supernatural forces protect the morally righteous and punish evildoers. *Ghost*'s awe-inspiring special effects allow us to watch spirits passing through solid matter, even the sides of moving subway trains, and lend dramatic emphasis to the film's dichotomous morality. Thus, for example, black, goblin-like masses drag the bad guys off screaming to the netherworld, while the goodly spirit of Sam is welcomed by pale figures as he ascends toward a tunnel of light.

Another example of the way that the dichotomization of experience is used to transform uncertainty in *Ghost* is to be found in the relationship between Sam and Molly. Sam's life seems to have been organized around the overriding certitude that if he dared to enjoy any emotionally sustaining experience, it would be snatched from him. "Whenever anything good in my life happens," Sam complains in an early, portentous scene, "I'm afraid I'm going to lose it." He is portrayed as lacking all confidence in his ability to provide reliably and consistently for himself or others. Terrified of investing fully in his emotional life, he appears to have constricted his affective expressiveness and spontaneity. The best he can manage in response to Molly's declarations of love is "Ditto."

Molly, on the other hand, seems to live with all the emotional intensity that Sam lacks. Spontaneous in her expression and richly creative, she seems to have no room in her world for doubt and anxiety. In fact, her failure to trust with her eyes open places her at the mercy of the black-hearted Carl. Devastated by Sam's murder, her trust in the goodness of the universe has been shattered. It is tempting to speculate that had they been flesh-and-blood people, both Sam and Molly would have embodied the "not me" aspects of self-experience renounced by the other. In this alter-ego connectedness, each would experience a sense of wholeness that might otherwise have been impossible (Brothers, 1993, 1994, 1995).

Empathy, especially when it is manifested in attuned affective responsiveness, provides a means by which the uncertainty of the human condition is rendered endurable (Brothers, 2000). For one thing, empathy

informs us that experiences of sameness are indeed possible. In *Ghost* the empathic bond between the lovers is made exquisitely clear to viewers. Sam knows just what information to provide Oda Mae about his life with Molly in order to convince Molly of his presence. Molly empathically grasps Sam's need to join his heavenly peers and so is able to let him leave.

As a result of their ghostly contacts, Sam discovers that he can be trusted to protect the woman he loves and that the love he finally affirms wholeheartedly cannot be destroyed. "It's amazing Molly," he says before he leaves earth for good, "the love inside, you take it with you." The fears that tormented him while he was alive have been replaced by a deep serenity and hopefulness, born of his certainty that his love will live on. With her faith in the enduring power of love restored after her contact with Sam's ghost, Molly finds the strength to accept his death. I believe that viewers, too, are helped to feel, however briefly, that they also will be able to survive the loss of their loved ones; they are not doomed to die with their dead.

It may well be that all therapeutic relationships are ghost stories. In his famous paper "On the Therapeutic Action of Psycho-Analysis," Hans Leowald (1960) uses ghosts as a metaphor for figures in the past who "haunt" the patient until, "in the daylight of the analysis," they are laid to rest as ancestors. Whereas Loewald believed that ghosts who are "reawakened to life" in treatment, and are allowed to "taste blood," haunt only the patient, the ghosts about whom the following analyses revolved must have been well versed in relational systems theory. They haunted me too.

Haunted Lives I: Sue

In the year that followed her mother's sudden death, Sue, a sweet-faced Korean woman of 36, spent many tearful sessions discussing her inability to accept her loss. During that time, as the ideas for this chapter increasingly occupied my thoughts, I became aware that many aspects of our therapeutic relationship were relevant to it. On the day that Sue graciously granted me permission to write about her therapy, she mentioned, seemingly apropos of nothing, that *Ghost* was one of her favorite movies. "I saw it 11 times," she said.

What led her to mention the one movie that had been so much in the foreground of my thoughts? I wondered. Was it merely a coincidence, or some sort of extrasensory perception (ESP)? This brush with the uncanny reminded me of other instances in which Sue and I had experienced a peculiar kind of connectedness that seemed closer to the realm of the paranormal, or what White (1995) terms extraordinary human experience (EHE), than the usual sort of empathic exchange. More than once, for example, Sue, startled by my having unintentionally verbalized her thoughts, has exclaimed, "You must be a mind reader!"

For me, this uncanny quality marked our therapeutic relationship from the very outset. As she entered one early session, for example, Sue handed me a bouquet of colored roses from the market where she sometimes worked. "I couldn't find any white ones," she said apologetically. As far as I can recall, I had never mentioned my fondness for white roses. But stranger still, and much more affecting, was an experience I often had in sessions with Sue, of an eerily hovering presence, a ghost.

Disquieting as our experiences of uncanniness were, I have little doubt that we both welcomed them for the role they played in mitigating the dark cloud that shrouded the early years of our therapeutic relationship. If these mysterious things could occur, anything seemed possible — even a happy ending to our work together. Looking back, I believe that Sue carefully cultivated the gloomy sense of futility that pervaded our sessions. In fact, we spent many hours exploring her assertion that while she perpetually needed to be in therapy to maintain her fragile equilibrium, she had little hope that it would improve her lot in any substantive way. I must admit that, at times, I felt convinced that her pessimism was warranted.

Diagnosed with a bipolar disorder in her early 20s, Sue's moods had never been stabilized for any extended period. Despite frequent adjustments in dosages and type of medication by her psychopharmacologist, she experienced frequent oscillations between the exhausting excitement of her manic periods and the slow-motion despair of her depressed ones. In addition, several long-term relationships with therapists before me had failed to help her control her fiery temper, which, she warned, eventually alienated everyone around her. Moreover, she had long abandoned hope that she would ever realize her cherished dream of becoming a photographer. She knew that in order to succeed in the highly competitive world of art photography, she needed to produce a large

body of work. Yet, she rarely felt able to shoot new photographs or to develop her old ones. She also worried about her failure to think of original subjects to photograph. "I'd be a happy person if only I could work on my photography every day," she often sighed, "but I know I won't." Despite her daunting expressions of hopelessness, and my own concerns about my ability to help her, I recall feeling charmed by a certain childlike honesty and directness in Sue's manner. I also recalled feeling that her discouraging utterances disguised a silent plea that I come through for her.

The daughter of a poor Korean woman and a Korean American veteran of the Korean War, Sue's early life was quite luxurious by post-war Korean standards. Although her parents never married and her father had sexual relationships with many other women, his money bought them servants, abundant food, and beautiful clothing. "Mom and I would take taxis everywhere," Sue remembered. When Sue was 10, her father suddenly returned to the United States. The small monetary allowance he provided fell far short of sustaining their once enviable lifestyle. In the face of deepening poverty, Sue's mother soon emigrated to the United States to join a sister. Sue remembered her delight in feeling part of an extended family and, for the first time, playing with children her age. When, after a year, her father stopped sending money, Sue's mother decided to move to a Korean community in Hawaii where she hoped to earn a living.

For Sue this move was akin to banishment from Eden and descent to hell combined. Impeded by her limited skills, poor English, ignorance of American culture, and a deteriorating psychological condition hastened by her growing dependence on alcohol, Sue's mother slid to the bottom of Hawaiian society, dragging her daughter with her. The only work she found was as a "bar girl," a glorified prostitute. Some of the men she brought home for sex also invaded Sue's bed. Not only did she fail to protect Sue from these men, but she insisted that Sue lied about being molested by them. It was only during her previous therapy that Sue had become convinced that she had been abused.

Never loath to exact obedience with slaps and threats, Sue's mother now beat her mercilessly at the slightest provocation. Sue poignantly described the dread she felt on returning home after school each day, not knowing if she would find her mother in an alcoholic stupor or a violent rage. Sue's artwork provided the only pleasure she could glean

from the joyless and shame-ridden world she now inhabited. "I drew all the time," Sue said, "but I learned to hide my drawings from my mother. She hated them. She wanted me to spend my time doing something she considered useful, something that would earn us money."

In this harsh environment, Sue developed little trust that her self-sustaining relational needs would be met with any consistency. But what made the uncertainty of her psychological survival most excruciating, according to Sue, was that her mother constantly claimed to be "at death's door." Sue recalled feeling compelled to tiptoe into the darkened room where her mother often lay motionless in bed for hours to make sure she was still breathing. "Mom was forever saying, 'Oh my poor daughter, who will take care of you when I die?'" she said. Faced with the terrifying prospect of life as an orphan, Sue had little choice but to dedicate herself to keeping her mother alive through vigilant caretaking. It was Sue who negotiated the welfare system, dealt with the landlord, and made medical appointments. But even more detrimental to her own psychological development was Sue's conviction that only by watching over her mother and forsaking any activities that might have added a sense of vitality and joy to her world could she ensure her mother's existence and her own. In other words, in order to bear the profound uncertainty of life under the constant threat of her mother's death, she tried to extinguish her own vitality. Like ghosts, Sue and her mother hid themselves in dark, silent rooms in which any sign of life was shut out with the sun.

At the same time, however, Sue secretly nurtured dreams of developing her creativity and living among people her own age. By the time she entered high school, all of these dreams centered around leaving home and studying in New York City. In movie after movie, Sue noted, she saw New Yorkers living amid all the glamour and excitement she craved. To Sue's amazement, her mother agreed that Sue might be able to improve their lives by getting a college education in New York and finding a high-paying job. Despite mediocre grades, Sue was accepted by a small two-year college in a New York suburb. She arranged for student loans and low-cost student housing on her own and supported herself with part-time work. Soon after graduating and finding a job with a well-known clothing manufacturer, Sue met and married a man 10 years older than she. "Steve took care of me like a father," Sue explained. "As long as I cooked and cleaned the apartment, he did everything else."

Steve even agreed to shoulder all of their financial burdens while she completed her B.A. By the time she entered therapy with me, however, her 15-year marriage was severely strained. In their now frequent fights, Sue said she "screamed and ranted and carried on."

Having been warned of her explosive temper, I steeled myself against the blasts I imagined to be inevitable. None came. Instead of expressing any anger at me, Sue relentlessly castigated herself for her many failings. Did I really understand that she was the cause of countless failed relationships? she asked repeatedly. Her most vicious self-attacks involved her abandonment of her mother. "The deal between my Mom and me was that I could go to New York as long as I made a lot of money and quickly returned to help her in her old age," she explained sadly, "but I stayed and looked after myself." Worst of all, she confided, was that after having been such an obedient, respectful child, she now often screamed at her mother on the phone. Her visits home were often rancorous and mutually hurtful.

Sue's mother's death followed an unusually precarious period in our relationship. Sue had seemed inconsolable when her application to a prestigious graduate program in photography was rejected. In response to her complaint that, as a successful woman, I could not possibly understand how painful this rejection felt, I had recounted an injurious incident I had experienced as an art student earlier in my life. She then cancelled several sessions, explaining that her sporadic work schedule made it impossible for her to keep her appointments with me.

It was not until she resumed therapy following her return from her mother's funeral that I glimpsed the meaning of her missed sessions. In hour after hour, Sue repeated that she could not face life without her mother. "How could she have died alone without me?" she sobbed. "How could that possibly have happened?" Then she revealed that she could not bear the fact that the last words between them had been shouted in anger. "It's amazing that I've never screamed at you," she said. "I always stay in control when I'm with you." Sue's observations worried me. Had I failed to convey my full acceptance of her as a whole person, raging outbursts and all? I wondered. Did she fear that I was not strong enough to withstand her anger? That I could not help her contain it?

In response to my attempts to explore her reasons for controlling her temper with me, she said quietly: "You wouldn't yell back, would

you? You don't have to carry on like a maniac to get what you want. So I guess I don't have to yell either. That's the opposite of what it was like between Mom and me." Sue's tone of voice informed me that she had taken pride in relating to me, a woman she perceived as having no need for rage, without rage herself. I suddenly realized that by disclosing that I had experienced a painful rejection of my artwork similar to hers, I had threatened to reinstate the twinship of despair she had shared with her mother. No wonder she had missed her sessions! She must have feared losing what, for her, was a completely new kind of relationship with a woman, one based on the shared expectation of an orderly, predictable exchange. For the first time I felt optimistic about the treatment.

As I fumbled for a way to address what I viewed as a lapse of empathic attunement on my part, Sue recalled a painful phone conversation with her mother that occurred soon after she had moved to New York. Excitedly, Sue had described a wonderful evening she had spent with new friends. Her mother reacted with outrage. "How dare you rub your happiness in my face when I'm suffering alone!" she had screamed at Sue. This time Sue seemed to have read *my* mind. "I guess that cinched it for me," Sue said sadly. "I had no doubt that she needed me to be just as miserable as she was." Sue listened in rapt attention as I explained that I had inadvertently caused her to worry that our closeness would also involve shared misery. Sue said, "I guess I always felt I was doomed to repeat my mother's life because we were so alike." Sue mentioned the many vulnerabilities and weaknesses she shared with her mother: Both suffered from severe psychological disorders for which medication provided only limited and temporary relief, both felt unable to support themselves without help from men, both shared a propensity for outbursts of uncontrolled rage, and, most importantly, neither woman had ever experienced a sense of pride in her accomplishments. As she spoke, I knew that she had, perhaps for the first time, become aware that by feeling twinned in misery, she had fulfilled her mother's unspoken demand. Now that her mother was dead, how could she enjoy life without experiencing searing guilt?

We can probably understand the pattern of relating that developed between Sue and her mother as involving a massive denial of difference. Since, at the time, I had not yet become aware of a similar relational pattern in my own life, I could not have said what led me to tell Sue about the humiliating rejection I had suffered as an art student. Nor did

I understand what so compelled me to tackle the subject matter of this chapter. I have only recently come to appreciate the extent to which a certitude, much like Sue's, organized my early life: To distinguish myself by means of intellectual or creative accomplishments, I was convinced, would cost me self-sustaining relationships. In Chapter 5 I discussed the gender-laden meanings associated with this certitude. I now see that I feared differentiating myself from needed others whose lives had been woefully unfulfilled, not only because I wished to keep them close to me, but also out of fear of their destructive envy. By revealing my painful experience of rejection to Sue, I resurrected an old relational pattern that involved my mollifying the living dead in my life by denying my difference from them. In emphasizing the similarity of our experiences of rejection, I hoped to deflect the envy and the rage Sue warned might end our relationship.

Soon after we addressed Sue's fears about repeating her mother's tragic life, she brought me old photographs of her mother as a fragile, porcelain beauty, and more recent ones, in which she looked coarse and time ravaged. She observed sadly that she resembled the older version of her mother more and more every day. Although both women had been slim and delicate in their early 20s, time and potent psychotropic medications had coarsened their features and thickened their figures. Then Sue showed me two photographic prints she had made to fulfill an assignment for a course she had taken on self-portraiture. One print was of the right side of her face with one half flopped to create a full face. The other print was of the left side of her face done the same way. It took several seconds before I recognized that both pictures were really of Sue. In one, she looked like a sad, vulnerable waif, while in the other, she looked belligerent, wild eyed, and almost demonic. Pointing to the fierce image, she said, "Now you know how my mother looked most of the time." She noted that when her photography teacher had commented on the unceasing stream of venomous criticisms she leveled at her own work, she had become aware that "I open my mouth, and my mother's voice comes out."

As I experienced, more intensely than ever before, a sense of the ghost-like presence, the meaning of this uncanny experience became clearer. Sue had brought her mother's ghost with her — even while she was still alive! In the movie *Ghost*, Oda Mae had allowed Sam to use her body as he clung to life and to the woman he loved. Sue's mother

seemed to inhabit Sue's body in much the same way. It was her mother's hopelessness and despair, as well as her fear and contempt for Sue's efforts at self-differentiation, that Sue embodied in our sessions. She feared that any sign that she was different from her mother would have severed the thin thread that had bound them both to life. I also realized that only by insisting that therapy was of no use could she feel close to me without betraying her unspoken pact with her mother.

When I commented that Sue could not bear to think that she had lost the woman she had devoted her whole life to saving, a woman who had been so much a part of herself, she sighed her agreement. She noted that in *Ghost* Sam could not shed his ghostly form until he helped the woman he loved. "That's probably what always grabbed me about the movie," she explained. "If only I had found a way to help my mom, I could have left her," she said sadly. She noted that because Molly and Sam were sure of their love, they were able to let each other go. "That wasn't possible for Mom and me," Sue said, "Neither one of us could count on being loved, so we held on to each other for dear life."

As we continued to discuss Sue's fascination with *Ghost*, it became increasingly apparent that her creative inhibitions reflected her certitude that only by demonstrating her alikeness to her mother was a connection to her possible. She insisted that the swirling demons that swooped the evil movie characters to the underworld also occupied her dark room. She described the overwhelming sense of terror she felt whenever she touched film or held her camera. "I get sick to my stomach just thinking that I can capture the beauty of life, the sorrow and joy, the taste and smell of it in my photographs. I feel better as soon as I tell myself that I'm no good, that I don't know what to shoot, and that even if I did, my photos wouldn't come out well." That Sue could not bear the overwhelming uncertainty of hope seems clear.

Sue also remembered that she had urged her mother to work as a housemaid since cleaning house was one of the few thing she seemed to enjoy doing. After agreeing that such work was preferable to life as a bar girl, her mother had produced innumerable excuses for not changing jobs: She had no idea how to obtain such a job; no one would hire her, and even if they did, they would exploit her. Stunned by the similarity she recognized in her own excuses for not photographing and her mother's for not changing jobs, Sue said, "Maybe now that I know

what the demons are, I can fight them." I reminded her that she would not have to fight them alone.

When Sue was eventually accepted into a graduate program in photography, she felt that she was bursting with new ideas. Interestingly, her most recent photographs combine images of herself and her mother in which their mutual suffering is powerfully visible. "I was always told to take pictures about my own life. But I didn't have a life that was my own," she said softly, "until now."

Haunted Lives II: Amy

Although I began working with Amy roughly around the same time that I did with Sue, it never occurred to me to think that they might have had much else in common. In appearance, background, and professional achievement, they could not have been more dissimilar. While Sue dressed herself in an exuberant clash of patterns and colors, Amy looked svelte and stylish. While Sue's childhood was marked by poverty, degradation, and disruption, Amy, a second-generation American Jew, grew up in a prosperous, stable, middle-class family. Success as an artist had all but eluded Sue, whereas Amy's accomplishments had secured her considerable acclaim as a psychoanalyst.

Remarkably, as I now contemplate the two woman, their disparities seem insubstantial in light of all I have come to know about what they have in common. Both are only children who were sexually abused while still young. Amy's father insisted on taking her temperature rectally on the flimsiest pretext until she was a teenager. He spied on her in the bathroom and allowed her little privacy. They shared a bed one summer, and it is not clear if he had sex with her while she slept. She also suspects that her godfather, a family friend in whose care she was entrusted one summer in her childhood, sexually abused her as well.

Amy and Sue are also alike in that they both had mothers who drank heavily, were abusive and neglectful, and did little if anything to prevent them from being abused. But perhaps their most striking similarity involves the certainty each woman developed in childhood that contact with her mother was only possible within the ghost-haunted realm of the not quite living and the not quite dead.

At a very young age, Amy learned that the ghosts who inhabited this realm were relatives who had taken their own lives. Amy's maternal

grandfather was one of them. I imagine that many of her mother's psychological difficulties bore some connection to the grisly discovery she made as a young child: She found her father hanging in his room. Like some children of Holocaust survivors, Amy, with her father's encouragement, devoted herself to sparing her mother any further pain. This, she believed could only be accomplished by muting her vitality and creativity and living in the dark, shuttered world her mother created.

A number of relatives close to Amy's father had killed themselves as well, including his stepfather and one of his favorite nephews. Amy recalled that he often theatrically repeated the famous lines from Hamlet's soliloquy: "To be or not to be." Amy's ghosts had no need to wail or rattle chains; their presence was felt in the anxiety they generated among the living about the fragility and impermanence of life and relationships. Although there is little doubt that her father's compulsive temperature taking had sexual meanings for him and Amy, it may well have reflected the family's extreme apprehensiveness. They seemed to share the belief that death would claim them the moment they relaxed their fearful vigilance. When Amy first described an odd childhood game that involved collecting provisions for a fantasy family who lived in the basement, we feared its meaning had been irretrievably lost. When she recalled the game years later, she remarked, "it had to be about my keeping a family alive. With all the suicides in mine, the issue was always in doubt."

Amy confided that although her life appeared to have all the ingredients for fulfillment — professional success, marriage to a handsome, successful businessman, and two children — she was miserable. She suffered from a wide range of medical ailments, including a painful spinal condition for which she underwent surgery shortly after beginning treatment. She also confided that she had been pulling out her hair since childhood. Her lovely curls, I learned, had been carefully arranged to hide bald spots on her scalp.

Neither of Amy's two previous analysts had focused on her traumatic experiences, nor had they given credence to her suspicion that her hair pulling bore any relation to her traumatic childhood. One had even denied that her father's treatment of her constituted sexual abuse since she had no recollection of genital contact between them. Amy revealed that it was my writings on trauma that led her to seek treatment with me. They had given her hope, she said, that she would finally have the opportunity to address her traumas within a therapeutic relationship. In

addition, the theories that underlay my approach appealed to her more than the one around which her professional career had been formed. Wishing to become well versed in the clinical application of these theories, Amy decided to complete a second round of psychoanalytic training at the institute with which I am affiliated. In spite of my concern that she might come to regret the loss of prestige and power this move would cost her, I agreed to serve as her training analyst. It was not long before Amy's gifts as a clinician and her devotion to scholarship earned her the respect of faculty members and her fellow candidates alike.

I soon discovered that it was not only the chance to work through her traumas that had drawn Amy to me. She made no bones about needing me to come through for her as a maternal figure who would somehow make up for all the nurturing and guidance her mother had failed to provide. She portrayed her mother as a morose, tragic figure who had grown increasingly bitter after having given up a promising career as a journalist in order to marry. In the first dream Amy told me, a little filly trots alongside a tall, powerful mare. She had little doubt that the dream image indicated her longing for my protective strength as she matched her stride to mine. Although Amy's poignant appeal stirred strong maternal feelings in me, even more powerful was my sense of her as uncannily familiar, a younger version of myself. My childhood prayers for a little sister seemed, at long last, to have been answered.

In another early session, Amy reported a fragment of what she called the darkest of her many "dark dreams," by which she meant a dream that was set in a poorly lit, shadowy locale: "I'm on a conveyer belt in the sky going around and up towards a coffin. I'm wondering how I'm going to fit inside the coffin. There's this dry heat in an incredibly vast emptiness — like hell. It's pitch black and I can't breath. I'm in a panic."

As I listened to the horrifying imagery of what I think of as a nightmare (Amy said she had wakened from it sweating and shaking), my thoughts turned to what Amy had previously told me about her early experiences with her father. While she was still quite young, her father had threatened the family's security by giving up his lucrative career as a screenwriter to try his hand at fiction. He spent many years working on a novel about a Nazi soldier who eventually kills himself by walking into the sea. Amy regarded the manuscript as badly flawed. Nevertheless, when she landed a job in publishing upon graduating from college, she worked hard, albeit unsuccessfully, to get it published.

Serving her father, Amy said, had become second nature to her. She conjectured that with her mother practically immobilized by depression and alcoholism, it was up to her to keep her father from succumbing to despair as well. She recalled that, as a little girl, she had followed him from room to room. "Was I worried that he might jump out of a window as his stepfather had done?" Amy later wondered. On one occasion she had literally saved his life. Noticing that his color had turned unusually pale when he complained of feeling ill, she had phoned 911 on the assumption that he was not getting enough oxygen. In the ambulance, he suffered the first of two heart attacks. The next one, which occurred several years before Amy began working with me, killed him. Amy had been overcome with guilt and remorse at not having been on hand to save him.

At the time Amy told me her nightmare, I had not yet begun to formulate my ideas involving the wish to join the dead as a means of transforming uncertainty. Yet, with her guilt over her father's death in mind, I responded by saying, "I guess you're afraid that your father still needs you, that he can't take care of himself alone. You feel that you should be with him now, even in death." Amy's tears told me that my words had struck a meaningful chord. It now occurs to me that the conveyer belt image captured what she could not let herself know while awake: Without her volition or consent she had felt herself moving ever closer to a suffocating death. As a child, Amy told me, she had vociferously denied all suggestions that she or anyone else would actually die. Perhaps what she had tried to convey was her feeling that there could be no death beyond the death she already knew in life.

In the months that followed this nightmare, much of our attention was focused on Amy's complicated relationship with her father. She realized that her dissociative symptoms served to protect their loving closeness. It was in his company that Amy enjoyed whatever patches of color and liveliness could be found in their bleak household. As she gradually came to appreciate how devastating the effects of her father's sexual abuse of her had been, Amy seemed to open her eyes to other relationships with men in which she had tolerated neglect or mistreatment. We conjectured that, from childhood on, she had made herself vulnerable to men in the hope of gaining from them the caretaking so missing in her relationship with her mother. After we had addressed a variety of minor disturbances that occurred between us, deepening our mutual trust,

Amy seemed to find the courage to address long-standing problems in her marriage and in other significant relationships. She also began to have more confidence in ideas she had formulated about her psychological experience. For example, she developed the notion that her hair pulling was a dissociative response to traumas she had endured while growing up in a family haunted by unmourned deaths, a perspective that was completely at odds with the prevailing psychiatric view.

To meet the institute's research requirement, Amy embarked on an ambitious study to investigate the meanings of hair pulling. She would sometimes read drafts of her works in our sessions and ask me for feedback. During one of these sessions, I thought I detected a marked similarity between an aspect of her thinking and mine. When I called her attention to a paper I had written in which these ideas had been articulated, Amy looked stricken. She immediately fell silent and complained of "not being able to find words" to explain her reaction. As we struggled to understand the meaning of what had occurred between us, we came to believe that I had unwittingly reminded her of dark aspects of her relationship with her mother. She had been dimly aware of shying away from professional writing, despite her obvious talent for it, as a way of mollifying her mother. "My mother made it plain that when she gave up writing, a part of her died," Amy said. "She already hated and envied me for being the apple of my father's eye. I couldn't risk giving her something else to despise me for." Amy also recalled a venomous fight between her parents occasioned by her father's discovery that, on the pretext of editing his novel, her mother had substantially rewritten it. "I think that when she realized she could not produce work of her own," Amy said, "she devoured my father's."

Amy's pained silence when I mentioned my own writing now began to make sense to me. I seem to have inflamed her dread that, like her mother, I might ghoulishly attempt to devour her achievement by overshadowing it with my own. If I could not be trusted to put my own ambitions aside in order to support hers, her longings for me as a nurturing protector were doomed. What led me to call her attention to the similarity in our work? I can only suppose that I did so, at least in part, to reinforce my experience of Amy as like myself, an experience that had powerful uncertainty-transforming meanings for me. I also suspect that her disappointments in her previous analysts had alarmed me far more than I was willing to acknowledge at the time. My focus

on our similarities served to mitigate against a therapeutic failure. If Amy and I were alike, I stood a better chance of understanding how to meet her needs and thereby of averting that disaster. At the same time, Amy's haziness about her past revived my anxiety related to secrecy and deception in my own family. As my twin, Amy might bear witness to my own struggle to reveal myself as one who knows.

Not only had my behavior recalled her mother's rapacious merging, but I had also threatened to destroy the only basis upon which Amy could tolerate closeness to a maternal figure: difference. To the extent that she felt frightened, weak, and childlike, she wanted me to be fearless and powerful and mature. (Here is an excellent example of how clashing relational patterns between patient and analyst can disrupt the analytic relationship and threaten both with annihilating chaos [see Chapter 4].)

As we explored the reasons that my bid for sameness had felt so alarming (although not in the terms I would now employ), Amy recalled numerous instances in which her mother had been viciously critical of her. For the first time it occurred to Amy that her mother's attacks on her appearance, her manner, and her accomplishments sprang from her mother's rage at her attempts to differentiate herself, and not from her own shortcomings. It now seems likely to me that the relational pattern that emerged between Amy and her mother involved the same sort of twinship of despair that had arisen between Sue and Sue's mother. Although Amy had managed to succeed in her work, she had taken no pleasure in her achievements. She had apparently developed the certitude that she could elude envy and wrath by foregoing feelings of satisfaction and pride in her work. After we had returned to this understanding in many different contexts, Amy was able, for the first time in her life, to immerse herself in a creative project — her psychoanalytic research paper — with genuine enthusiasm.

By the time Amy completed her paper, a number of extraordinary changes had taken place in her life. In addition to finding fresh vitality in her marriage, she had, for the first time in her life, formed mutually gratifying friendships with women. And to Amy's great delight, after her research paper won a prestigious award, she was offered a publishing contract to expand it into a book. Having all but stopped pulling out her hair, she wore her hair in a more flattering style. A smile that now

often animated her features, supplanting the worried frown she had habitually worn, added to her radiance.

Then, just as Amy seemed to catch sight of life's bright possibilities, the howling ghosts reappeared, pulling her back into the darkness. One of the patients with whom Amy had been most intensely involved, a woman she had selected to be her control case, died in the course of a risky operation. In much the same way that I had felt twinned by Amy, she felt that she had found a sister in this patient. Both had struggled to free themselves from life-snuffing childhood traumas that occurred under the noses of their neglectful mothers. And thanks in large part to Amy's devotion, her patient had also seemed to be coming alive just before the surgery.

Broken hearted, Amy again blamed herself for a death. She worried that she had not done enough to deter her patient from undertaking an operation she had suspected might be too dangerous. In a matter of days, Amy lost her newfound vitality and, soon after, her health. She again felt excruciating pain in her back, and she fell ill with a number of painful systemic infections. Convinced that perplexing symptoms indicated that she had cancer, Amy was terrified to enter the hospital for exploratory surgery. She feared that, like her patient, she would die there. Afterwards, however, she seemed more disappointed than relieved to learn there was no malignancy.

Amy readily accepted my suggestion that her failing health and her fearful pessimism about her body might reflect her guilt and grief over the loss of her patient. Nevertheless, for the better part of a year, nothing seemed to change; as soon as one of her medical problems was resolved, another took its place. During this period I began to develop the ideas around which this chapter revolves. At the same time, Amy, who could not yet return to her writing, pursued her research into hair pulling. In many ancient societies, she discovered, hair pulling was part of traditional bereavement rituals. Concomitantly, she found that a great majority of the hair pullers she interviewed had not mourned deaths in their families. Perhaps, she thought, their hair pulling was a bodily language that expressed grief over deaths that had been denied.

When I realized that our thinking once again seemed to be proceeding along similar lines, I became concerned that her old fears of a ghoulish takeover might return. I was reassured, however, when, this time, it was Amy who mentioned our overlapping interests. After hearing my

initial formulations about death and uncertainty at a conference, she said she was pleased that we had found different ways to approach similar material. I then showed her a book that I had found useful, thinking it might also prove relevant to her work. Amy was clearly astonished that I had not kept the book to myself. As we examined her reaction, it became apparent that a certitude she shared with members of her family was that one person exists at the expense of another. That is, uncertainty in the face of death was transformed in her family by a view of life as a zero-sum game. By reducing the complexities of life and death to a remorseless competition, their dreadful uncertainty about survival was alleviated — but at considerable cost. For Amy, the more one person had of health, or love, or professional success, or life itself, the less that could be available to the other.

We now understood that what had contributed to the breakdown of Amy's spirits and her health was not merely her grief over the loss of her patient, but also the timing of her patient's death. Because her patient died just when Amy had begun to feel fully alive, it had confirmed the fearsome certitude that organized her family's experience: Each life must be balanced by a death. Dying in body and in spirit with her dead seems to have been the only way Amy felt she could fulfill her obligation to them.

We speculated that if Amy's relatives had died from illnesses or accidents, a wish to die with them might have developed in the surviving family members. But, since so many of them had taken their own lives, their deaths had created an even heavier burden of guilt for the living. To the extent that the family had developed the certitude that there was not enough life to go around, the suicides were experienced as sacrificial acts. Neither Amy nor her parents seemed able to feel joy and fulfillment without experiencing themselves as ghoulishly dancing on the graves of the dead.

As Amy fell deeper and deeper into her sorrow, I felt myself respond unstintingly. Soon, however, I became aware of feeling subdued and listless. Lacking my customary energy, I worried that my fatigue indicated that I too might be falling ill. Then I realized that the tears I shed after one of our sessions seemed to have flowed as much in response to still tender memories of my own losses as they were for her. Amy's wish to die with her dead seems to have found a resounding echo in me. For a time I too heard the ghostly moans of loved ones urging me

to join them in death. I too worried that my own successes in life were gained at great cost: the living (and actual) deaths of others. It was not until my renewed grief met with concerned attention from friends and relatives that the heaviness of my mood lifted. With the return of my vitality, Amy seemed to revive as well. Although she never mentioned the changes in me, I cannot help but believe that the restoration of my zest for life helped her to come alive again as well.

When at long last Amy returned to writing, she decided that her book would contain a very personal statement of her own experience of hair pulling along with her account of its meaning in the lives of her research subjects. In this way, she could "memorialize" (a word she uses in her work) her relationships with her loved ones in a way she hoped would honor them. Would I mind, she asked, if she described aspects of our relationship in her book? I felt very touched. When I asked Amy if I might also write about her, she agreed enthusiastically. I have little doubt that my old wish to experience Amy as a sister influenced my decision to include her story in this book. But I also hope it will help to banish her fear of ghoulish competition and demonstrate that two women can enjoy success in a mutually helpful collaboration.

The relational systems inhabited by my two patients seemed, at least in superficial ways, to be vastly different. Yet relief from unbearable uncertainty in the face of death for both women involved denying life and entering a dark and ghostly world. As each joined forces with me in these analytic relationships, she discovered that her debt to lost loved ones could be honored through acts of joyful creativity. And as each found her unique way to rejoin the living, she helped me to find renewed hope in life as well.

Not only do we walk in the footsteps of the dead, as Harrison (2003) reminds us, but as Lynne Jacobs (personal communication, October 4, 2005) observed, when those who came before us die, where we walk is forever changed by their absence; we are thrown into a new "self/world." For many, this new world is fraught with even greater uncertainty about psychological survival than the one left behind. One of the great challenges confronting the analytic partnership is the need to find new and more growth promoting ways to tolerate our uncertainty as the "ungraspable mystery" of death draws nearer. That this challenge often brings us to the portal of another mysterious realm, that of faith, is the focus of the next chapter.

7. Faith, False Gods, and the Surrender of Certitude

Anybody who has been seriously engaged in scientific work of any kind realizes that over the entrance to the gates of science are written the words: *Ye must have faith*. It is a quality which the scientist cannot dispense with.

—Max Planck (1932)

I have always considered *trust* a beautiful word, while *faith*, until recently, filled me with something approaching panic. For the most part, I kept the word out of my vocabulary. Being neither religious nor devoted to a spiritual practice, it seemed presumptuous to use it in conversations with or about the faithful. But what seems to have most strongly deterred me from contemplating the meanings of faith in my own life was my horror at the blood continually shed in its name. Blind, unthinking passion, life or death commitments — I wanted no part of its extreme connotations. I am somewhat disconcerted, therefore, to find that my feelings about faith have changed considerably. As I write and think and brood about uncertainty, the empty space where faith belonged has become a tantalizing destination.

It is difficult to find a word whose meanings are more varied than that of *faith*. Consider what H. Richard Niebuhr (1989) has to say about its multifarious connotations:

> Now it means belief in a doctrine; now the acceptance of intuited or self-evident truths; now confidence or trust; now piety in general or a historic religion. In some cases the word applies to man's relation to the supernatural but again it refers to human interpersonal relations. (Niebuhr, 1989, p. 4)

Curiously, for all the uncertainty that attaches to the meaning of faith, the word is often defined as unwavering certainty. At least that is one among several definitions of faith to be found in most dictionaries. The first definition offered by the *Concise Oxford Dictionary* (1999), for example, is "complete trust or confidence." And the *American Heritage Dictionary* (1980) suggests that while both trust and faith refer to a feeling that a person or thing will not fail in performance, faith is the more appropriate term when acceptance of someone or something is unquestioning and emotionally charged. Yet Niebuhr and other Christian theologians take strong exception to the idea that faith excludes doubt and uncertainty. In fact, for Niebuhr (1989, p. 64), faith in God is often initially experienced as distrust, apprehension, and antagonism. And according to Paul Tillich:

> Faith is certain insofar as it is an experience of the holy. But faith is uncertain insofar as the infinite to which it is related is received by a finite being. This element of uncertainty in faith cannot be removed, it must be accepted. (Tillich, 1957, p. 16)

He argues that faith implies doubt by virtue of the fact that insecurity is "an element in every existential truth" (Tillich, 1957, p. 18). The ways in which faith seems to entail the collision of certainty and uncertainty are my chief concern in this chapter.

One of the multitudinous uncertainties swirling around faith concerns the extent to which it should be considered a psychological rather than a spiritual phenomenon. The idea that faith has become increasingly secularized and its meanings increasingly consigned to the realm of the psychological is widely held. J. H. Van den Berg (1983), for example,

observes that by the end of the 19th century, faith threatened to become a quality belonging entirely to subjective experience. Suzanne Kirschner's (1996, p. 196) observation that "heaven and hell are in the human breast" eloquently expresses a similar belief. Nevertheless, I doubt that, even today, faith can be contemplated for long without considering its relation to religion and spirituality. Consider Niebuhr's (1989, p. 63) understanding of what makes this so. Faith, he claims, is present in what he calls "the triadic structure of our interpersonal society." That is, we are bound to each other only insofar as we are mutually bound to some third reality. The third reality to which Niebuhr alludes is the idea of a universal cause, such as religion or God.

It is probably because of its religious connotations that, until recently, the topic of faith was given a wide berth by most psychoanalysts. Freud, according to his biographers, including Gay (1987, 1988), never wavered in his publicly proclaimed atheism. Nor did he ever soften his mordant pathologizing of religion in his writings. In 1907 he denounced religion as "a universal obsessional neurosis" (Freud, 1907/1959), and in 1927 as an "illusion," a refuge for those too weak to confront the harsh realities of life (Freud, 1927/1955). To regard faith as anything other than evidence of pathology was not only to put oneself at risk of excommunication from the ranks of the psychoanalytic establishment as Jung had done, but also to raise eyebrows about one's own psychological sturdiness.

Another possible reason that analysts tended to ignore faith has to do with the threat it seems to pose to the scientific status of psychoanalysis. To the extent that religion was considered irrational dogma, and thereby incompatible with science, it was held in contempt. Kohut (1977), for example, contrasted the playfulness of those who inhabit the world of creative science with the seriousness of those who live in the world of dogmatic religion. For such people, he noted, "the joyful search has ended" (Kohut, 1977, p. 207). In recent years, however, the once vast chasm separating religion and science has greatly shrunk. The momentous scientific discoveries of the last century generated by the theories of relativity and quantum mechanics have led such highly renowned scientists as David Bohm and Rupert Sheldrake to reformulate their understanding of reality in terms that seem, in many respects, as congenial to the world of mysticism as to that of science. Scores of popular books published since the early 1970s, such as *The Dancing*

Wu Li Masters (Zukav, 1979), attempt to synthesize 20th-century physics with religion, mysticism, or the paranormal.

Nonanalytic psychotherapeutic approaches that make a place for faith seem to attract many adherents. These approaches, such as A. H. Almaas's Diamond Approach, as well as the resurgence of interest in the healing practices of shamans, priests, yogis, and gurus, once widely disparaged in Western industrialized societies, may well have arisen, at least in part, as an attempt to fill "a god-shaped hole" in psychoanalysis (Armstrong, 1993). In recent years the diameter of that hole seems to have shrunk. It seems likely to me that the relational revolution in psychoanalysis, and the turn toward a psychology of uncertainty it engendered, has helped to create an environment in which psychoanalytic interest in faith and other aspects of religion and spirituality has burgeoned.

Justification for the psychoanalytic consideration of faith has come in many forms and from many sources. For all his idealization of science, Kohut (1978, p. 752n) claimed that the insights of self psychology allow for more tolerant attitudes toward religion. Indeed, Kohut hailed religion, alongside art and science, as "one of the three great cultural selfobjects of man" (quoted in Cocks, 1994). The prevailing view that psychoanalytic theories radically break with Judeo-Christian culture is challenged by Kirschner (1996). She argues that what is most compelling in contemporary psychoanalysis has deep roots in Western religious and cultural values. For example, in Kirschner's view, interest shown by post-Freudians, notably self psychologists, in the pervasive sense of alienation and estrangement from others felt by many patients today is a secular transformation of the Christian narrative of fall/rupture and redemption (Kirschner, 1996, p. 195).

According to Spezzano and Gargiulo (1997, p. xiv), although God and the unconscious have been viewed as natural competitors, "discourses about the soul and discourses of the couch" inform one another. Gargiulo (1997, p. 8) regards psychoanalysis as offering a new kind of spirituality that is "humanly possible rather than religiously necessary." Bronheim (1994), an object relations theorist, asserts that faith is a necessary outcome of treatment and central to healing. He refers to Buber's proposition that man's ills flow directly from his disconnection with God.

Despite my sympathy for the objection that religious or spiritual faiths and psychoanalytic theories constitute particular language games in which the terms employed are not easily translatable from one to the

other (Donna Orange, personal communication, February 7, 2004), I too hold the view that the experience of faith, its associations to religion and spirituality notwithstanding, falls within the purview of psychoanalysis. To the extent that there is validity in my assertion that trust is a vital component of self-experience (Brothers, 1995), faith, its close semantic cousin, merits our consideration.

It probably goes without saying that my understanding of the experience of faith — and I do want to stress that it is the *experience* I am concerned with — is very limited. Rather than attempting to explain faith in all its myriad manifestations, what I have to say about faith pertains specifically to an experience that sometimes follows the loss or destruction of certainty about one's psychological survival that I see as the hallmark of trauma. I am hardly alone in noticing a connection between trauma and faith. Armstrong (1993, p. xxii), for example, calls attention to the ways in which Christianity, with its references to "mountaintops, darkness, desolation, crucifixion and terror," seems to center around the traumatic. Judith Herman (1992, p. 55) regards traumatic events as creating a "crisis of faith." In order to come to terms with the traumatic past, according to Herman, the survivor must face the task of creating a future. In her view: "The old beliefs that gave meaning to her life have been challenged; now she must find anew a sustaining faith" (Herman, 1992, p. 106). Larry Decker (1993) describes the key to posttrauma recovery in terms of a "spiritual awakening." Lynne Jacobs (personal communication, April 19, 2005) suggests that faith, residing quietly in the background, may emerge forcefully as a foreground issue in the context of trauma.

I have already suggested that given the unavoidable uncertainties of psychological life, we have little choice but to trust one another to engage in the reciprocal exchange out of which experiences of selfhood emerge. I believe, however, there is a point at which it is no longer sufficient to speak of trust, a point at which faith, in all its mystery, enters the picture. Let me try to explain. In Chapter 3 I proposed that the need to transform what would otherwise be experienced as overwhelming uncertainty gives rise to rigid and restrictive relational patterns. Although they are often burdensome and distressing, these trauma-generated patterns are only relinquished when we feel deeply convinced that our psychological survival is no longer at risk. It is the point at which we let go of what we once deemed necessary for psychological

survival that I believe faith is experienced. This sort of faith involves the acknowledgment and acceptance of the ineluctable uncertainty of life and, at the same time, a profound sense of certainty that one's self (or soul or spirit) is not in jeopardy. It is not in jeopardy because of one's deep conviction that one's tie to an other (or others, human or divine) cannot be broken. This, perhaps, is what some people mean when they speak of undying love.

It is probably no easier to explain how we come to experience this sort of faith than to say what makes us fall in love. In his widely read classic *The Varieties of Religious Experience*, William James (1902) describes some of the myriad ways of experiencing religious faith. What, if anything, does religious faith have in common with the sort of faith I am describing? I suspect that all experiences of faith bear "family resemblances" (Wittgenstein, 1958) to one another — especially with respect to their relationship to the mystical.

Throughout history, as Karen Armstrong (1993) observes, human beings have reported experiences of faith that seem to transcend the mundane world. James (1902, p. 379) believed that personal religious experience has its "root and centre" in what he called "mystical states of consciousness." I find much in what James wrote about mystical experience over 100 years ago still relevant today. He proposed that there are four characteristics or "marks" of mystical states: (1) Ineffability — mystical states defy explanation and must be directly experienced; (2) noetic quality — mystical states have the quality of being illuminations or revelations; (3) transiency — mystical states are momentary; they cannot be sustained for long; and (4) passivity — the mystic feels as if "his own will were in abeyance and as if he (or she) were grasped and held by a superior power" (James, 1902, p. 379).

These four marks of mystical states may be thought of as producing what James (1902), citing a Canadian psychiatrist, R. M. Bucke, termed "cosmic consciousness." A central feature of cosmic consciousness is a joyful sense of participating in the unity and order of the universe. Allusions to transcendent experiences of oneness and unity as constituents of faith are to be found in virtually all religions. Among certain Christian mystics, the *unio mystico*, or the inner light, is a term used to describe a reunion of the soul with the Absolute, "a mystical marriage of God and the soul" (Kirschner, 1996, p. 128). A related concept in Asian religions is known variously as "nondual realization," "nondual

consciousness," or "natural mind." Judith Blackstone (2004) explains that the concept of nonduality is closely associated with Hindu Advaita Vedanta and Tibetan Buddhist Mahamudra and Dzog-chen. She defines nonduality as "recognition of our own consciousness as a subtle, open expanse of space, pervading both our internal and external experience as a whole."

Most analysts are familiar with the notion that experiences of oneness, some call them merger experiences, are common in psychological life. For example, Kohut (1971, p. 37) wrote a great deal about both the child's and the adult analysand's need for merger with what he referred to as "the omnipotent object" and "the idealized parent imago." I find it difficult to tell if such "ordinary" experiences are qualitatively different from the ecstatic sense of oneness reported in the context of mystical experiences. Kohut (1971, p. 27) suggests that "the relationship to the idealized parent imago may have its parallel in the relationship (including mystical mergers) of the true believer to his God." However, since Kohut (1984, p. 66) clearly considered merger experiences "archaic" and subject to transformation into mature adult forms of empathic relatedness, it seems likely that he also considered transcendent oneness experiences archaic as well.

Whether to regard an experience of merger or oneness as compatible with psychological well-being has long been debated by psychoanalysts. Is it a regressive flight from reality, a pathological return to maternal unity, as Freud (1930/1955) believed when he described "oceanic experience"? Or is such experience compatible with the exercise of one's "critical faculties," as Romain Rolland, the French poet and philosopher who locked horns with Freud over this matter, would have it (Fateux, 1997)? Judith Blackstone (2004) believes that, far from being a sign of psychological fragmentation, nondual consciousness is realized only with the dissolution of what she calls "the defensive barrier between oneself and the environment." This dissolution and the experience of nonduality to which it contributes, she claims, are greatly facilitated and accelerated by psychological treatment. In a similar vein, Jeffrey Rubin (1997, p. 83) suggests that although most psychoanalysts consider alterations in self-cohesion to be symptoms of a vulnerable, besieged, or understructuralized self, experiences of self-transcendence and the transient loss of self-differentiation are not necessarily pathological.

Despite these assertions that experiences of oneness may be salutary and arise in the context of psychological maturity, can we really be sure that they do not reflect a need to deny difference, to transform uncertainty through an assault on otherness? Perhaps these experiences have been glorified because they concretize the tendency in Western thought to privilege harmony and unity and to denigrate particularity (Bernstein, 1995, p. 58). Perhaps they are vehicles by means of which "the other is appropriated into the same," a circumstance lamented by Levinas (1947/1999). I prefer to think that Blackstone (2004) is correct in contending that experiences of what she terms nonduality need not do violence to one's sense of oneself as differentiated from others. At least I believe that has been my personal experience (see my account of my therapeutic relationship with Len below).

Another aspect of faith, and one that is probably inseparable from that of transcendent oneness, has to do with surrender, another word that has filled me with dread. My concern about surrender is probably due to its alarming similarity to submission. Emmanuel Ghent (1990) has developed the thesis that submission and domination (as well as masochism and sadism) are perversions of the desire for surrender. I find strong similarities between my understanding of faith as the relinquishment of trauma-generated certitude and his notion of fundamental yearning to surrender oneself to a responsive other who facilitates the removal of one's defensive barriers. Similarly, for Christopher Bollas (1987), the search for the sacred transformational object, which is rooted in the positive experience of the caretaking dyad, is not a quest to possess the object. Rather, one seeks an object in order to surrender to it and thereby to be altered by it. And according to Kevin Fateux (1997, p. 13), who sees religious experience as both regressive and potentially reparative, surrender involves the giving up of "autonomy and control."

Maxwell Sucharov (2004) espouses a provocative understanding of the surrender that is part of faith. Faith, according to Sucharov, comes into play not as a requirement to believe in any particular god, religion, or heavenly realm, but as a challenge to accept a paradox: "If we surrender everything, we gain everything and more." As Sucharov sees it, by letting go and settling into the timeless realm of nondual consciousness, as Blackstone calls it, in which the very existence of self is called into question, "we recapture both personal story and world in a more vitalized, peaceful, and liberating mode."

Faith in the Analytic Setting

To the extent that faith involves the surrender of trauma-generated certitude, it seems that the psychoanalytic relationship might provide the perfect environment for its emergence. I have wondered if this might be one way to understand what occurs during those transformative dyadic encounters that members of the Process of Change Study Group refer to as "moments of meeting" (Stern et al., 1998, p. 906). They contend that in the domain of "implicit relational knowing," a procedural form of knowledge about relationships that operates outside of conscious verbal experience, the moment takes on great importance. They describe "moments of meeting" as goal-oriented, emergent properties of mutual regulatory processes that are jointly constructed, and require the provision of something unique from each party. Consider their description of how moments of meeting alter the intersubjective environment:

> When a "moment of meeting" occurs in a sequence of mutual regulation, an equilibrium occurs that allows for a "disjoin" between the interactants and a detente in the dyadic agenda [Nahum, 1994].… Here an opening exists in which a new initiative is possible, one freed from the imperative of regulation to restore equilibrium. The constraint of the usual implicit relational knowledge is loosened and creativity becomes possible. (Stern et al., 1998, p. 908)

Perhaps a "new initiative" becomes possible for a therapeutic dyad if, in these magical moments, both participants develop faith that the bond between them will not be broken even as old and constricting relational patterns are relinquished. Faith may be another way to account for the "something more" than interpretation, which, according to these authors, contributes substantially to therapeutic change. I recall many moments of this sort within the six-year-long therapeutic relationship I now describe.

Doris Travels

Len, a handsome, slightly built man, was 49 years old when we began working together. When I think about Len, and I do think about

him very often since he died several years ago — not so much because I make an effort to conjure him up, but because, unbidden, he enters my thoughts — I always "see" him smiling at me in the wry, yet tender way he had. And I smile too, sometimes through tears.

There were few smiles between us in the beginning. I remember how dismayed I felt when he phoned to discuss the possibility of my becoming his training analyst (he had just been accepted into the institute with which I am affiliated). "You probably don't want to work with me," he said in a tone I heard as brash and challenging. I acknowledged that he might be right. Although our contact had been limited during the years when he worked as an intake worker for my institute's clinic, he had often rubbed me the wrong way. What is more, I had done little to hide my irritation from him. I have since come to think that much of my impatience was born of misunderstanding. What I then experienced as stilted and arrogant in his manner now seems an understandable consequence of his clumsy efforts to impress me. What I took for his lack of dedication to his job I now understand in terms of lifelong attentional difficulties that interfered with his ability to maintain focus. Once, I sternly reprimanded him for keeping a prospective patient waiting for an interview. I had no idea at that time that his dismissive response hid searing shame.

Having all but made up my mind that I would not work with Len, I surprised myself by agreeing to meet with him for a consultation. I remember wondering if I had been moved to do so by his admission that he was HIV positive, as he put it, "by some miracle." He explained that since he'd had so few sexual encounters, so few relationships at all, his contracting HIV was very much against the odds. I now suspect that I was moved less by pity for Len than by a wish to understand his determination to include me in what sounded like a very empty life. It seemed improbable that anyone would want to work with me in the absence of my sincere disposition to form an analytic relationship with him or her, and downright incomprehensible that someone whose feelings I had utterly disregarded would even consider it.

To say that the consultation did not go well would be an understatement. I felt awkward and ill at ease as I struggled to keep my prejudices about Len in check. He seemed wary and evasive. He made sarcastic comments and told feeble jokes that fell flat. His odd, elliptical, and what struck me as mannered, speech made it difficult for me to understand

him. He was prickly and quick to take offense. This is not going to work, I remember thinking. Nevertheless, I agreed to give it a three-month trial on a twice-weekly basis. I can only guess that I sensed, even then, that some strange but powerful bond was developing between us. I could not have said what it consisted in at the time, and I still have difficulty finding words to describe it. It was something that happened mainly in the silences, something that words do not begin to capture. Ours was never a very verbal relationship; there were a great many silences.

"So?" Len's monosyllabic question began a session that marked the end of our three-month trial period. I knew he meant, "So, do we work together?" I remember thinking that we had already been working together for some time. What is more, I had already begun to suspect that I had as much to gain from our relationship as he did. While Len had not said much about me, what he had said made me feel that he "got" who I am. His observations were rarely flattering. More often, he was critical of me — sometimes in a teasing way, sometimes with dead seriousness. Yet, I never felt that his criticisms were misplaced, nor that they were intended to hurt me. I think he conveyed that I was uniquely important to him through his risky efforts to be scrupulously honest in his assessments of me. I later came to understand that in giving voice to his observations, no matter that they were uncomplimentary, Len had risked being real with me.

His willingness to talk about himself was another story. It took a long time for me to feel that I knew Len half as well as he seemed to know me. I now believe that it was not only his nonlinear way of organizing information that made it difficult for us to develop a coherent narrative of his life. I think he would have agreed that his circumlocutions and vagueness reflected a need to hide what he considered shameful defects in himself. The sketch that follows represents my best effort to weave together the snippets of biographical information he provided.

Len grew up in a Midwestern suburb, the only child of parents who seemed to him more engrossed in the bitter acrimony that continually raged between them than in the development of their sensitive, rather sickly, only child. He portrayed his mother as an exceptionally self-involved, harshly critical beauty, and his father as a vicious alcoholic. According to Len, his estrangement from his father was so great by the time he was 18 that he shed no tears at his funeral. In contrast, his bond with his mother remained strong despite their many fallings apart. They

were particularly close during the brief interludes between her three marriages and in the period preceding her death (she died only months before he did).

Len's school experiences did little to counterbalance the pain he suffered at home. He remembered his grade school years as a long series of humiliating failures. Insofar as his attentional and learning disabilities went unrecognized, he was castigated by teachers and his parents as lazy and stupid. Despite his efforts to save face by becoming the class clown and ringleader of disruptions, he made few friends. His sense of himself as somehow different from and inferior to his peers was intensified by his diminutive stature, his lack of athletic ability, and his early realization that he was sexually attracted to boys. To "ease the pain," he said, he turned to alcohol and drugs while still a teenager. Although he managed to get through college, possibly by dint of his flair for foreign languages, he found it extremely difficult to find and keep satisfying work. He made ends meet mainly through temporary office employment and by cleaning apartments. Aside from the transient companionship he found in bars, he lived a lonely, friendless life, often spending days at a time without leaving his apartment.

It was not until he had "hit bottom," after undergoing several hospitalizations for substance abuse, that he finally went to his first Alcoholics Anonymous meeting. AA, he claimed, saved his life. On the recommendation of his AA sponsor, he entered psychotherapy and began a course of antidepressive and antianxiety medication. Len found much to be grateful for in his therapist, a man he admired as a role model. In fact, Len decided that he too might become a therapist and took the route of social work school. It was during his stint at a social work agency that a co-worker introduced him to Buddhist meditation. By the time I met him, he had developed a meditation practice that included occasional weekend retreats at a Buddhist monastery. Somewhere along the line he became devoted to the teachings of Krishnamurti and would occasionally travel to Ojai, California, for meetings of the Krishnamurti Society.

Perhaps nothing helped me to make sense of Len's early experience more forcefully than the exchange he reported hearing between his mother and father when he was about eight or nine years old. "Len needs a father," his mother had hissed. "I don't want to be the father of that fag," his father had bellowed in response. We later hypothesized that this searing memory had played a significant role in shaping his

certitude that as soon as others discovered what was "real" about him, they would recoil in loathing and disgust. Since, for Len, nothing was more real than his sexual attraction to men, the hostility toward homosexuality he often encountered lent great force to this unshakeable conviction. Len still had one foot in the closet when he died. But the largest toll taken by this certitude was in the realm of emotional expression. In an early session, Len warned me about his "bitchiness." I soon learned that *bitchy*, *nasty*, and *ugly* were words he used to describe all of his intense feelings. He seemed surprised when I objected to their derogatory connotations, to the way they seemed to reflect negative stereotypes about homosexual men. This did not stop him from showing himself to me at what he would call his most bitchy. For weeks he seemed sour and contemptuous about everyone and everything in his life. I supposed he was testing me. Did he expect me to recoil from him as his mother had repeatedly done? She was the only one who was allowed to express negative feelings, he said. Then he related an incident that occurred between him and a valued supervisor. Despite the mocking, contemptuous, bitchy tone he adopted in relating the incident, I imagined he had been deeply hurt. When I told Len that in his place I would have been devastated, and that I wondered if sounding bitchy was a way to hide more tender feelings, tears sprang to his eyes. Neither of us said another word for the remainder of the session.

"Fuck you, Doris" were the words Len chose to begin the next session, his gentle smile subverting their harshness. He confided that his mother — "the queen bitch," he called her — would either attack him mercilessly for expressing pain, fear, or vulnerability of any sort, or withdraw from him in a way he described as "deathlike." He said he believed that the last time he had cried in her presence he was still in kindergarten. I was among the very few to see his tears since then. "Fuck you, Doris" soon became the code words Len used to convey his recognition that something between us had touched him deeply or had led him to make some meaningful change in his life. At the same time, I imagine he used this profanity to protest what I am calling "the tyranny of hope" our relationship entailed for him (see Chapter 4). He often complained that his every step forward was taken reluctantly and at great risk. He would not have moved at all, he claimed, except for what he felt was my uncompromising belief that he must do so. Once he jokingly referred to his dread of disappointing my expectations by saying

that if he had not relinquished some self-destructive behavior, "You'd have kick me out on my ear, wouldn't you?" I also thought I heard in Len's curse words his shame over the fact that much as he hoped to feel and act "big" in his life, he seemed to be advancing in baby steps, and these were slow in coming.

By the end of the second year of his analysis, Len saw me for three individual sessions and one group session a week. During this period, on the eve of a planned break for one of my vacations, he reported a dream. In it he is standing alone in a strange place holding an airline ticket with my name on it. The words "Doris travels" occur to him. I asked him if the dream might indicate his sense that I was abandoning him by going away. Len responded with a look of exaggerated boredom, a look I had come to know meant that my understanding was trivial or superficial, that I had missed some deeper point.

On my return I learned that Len had undergone emergency surgery after experiencing excruciating abdominal pain. A large cancerous tumor had been removed from his colon. Expecting to find Len upset and angry with me for being away during this ordeal, I had steeled myself for a bitchy tongue lashing. Instead, when I reached him on the phone, he teased me gently. "See what happens when you go away," he said in a wonderful imitation of a guilt-inducing Jewish mother. Len admitted that he was relieved that I was back, and that he had felt terribly alone through his ordeal. Since Len was unable to travel to my office during the early weeks of his recuperation, I visited him at home for sessions whenever I could. The warm smile with which Len would welcome me into his apartment often evaporated as we fell into our usual silences. During one of these visits he broke into sobs. He told me that he was very frightened, that he was not ready to die. Despite the doctors' optimism that they had removed all the cancer and that no malignant cells had been found in surrounding tissue or organs, Len feared that his HIV infection and the medications he was taking might compromise his ability to heal. As if to explain his fear, he said with a faint smile, "I can't imagine existence without me. It's been here as long as I have." Then he looked at me intently, tears in his eyes. "No," he said after a long pause, "I can't bear the thought of losing us."

The following year I took another extended vacation. Once again, I returned to find that Len had been in the hospital. His cancer had recurred. Hearing the distress in my voice when we spoke by phone,

Len said, "You're doing a number on yourself, aren't you?" I admitted feeling guilty that my vacation had again coincided with a dire medical emergency. I added that it would have made me feel good to be with him. Len responded, "But you were with me." I wondered if the "Doris travels" dream of the previous year might have heralded his budding awareness, and mine, that our importance to one another transcended any physical separation.

Len's doctors advised him that his only hope for recovery was to undergo an arduous course of powerful chemotherapy. Despite the rigors of his treatment, his enormous fatigue, and his concerns about how he looked bald (he was thrilled to discover that many people thought he looked quite handsome without hair), Len returned to individual and group sessions as soon as he was able to manage the trips to my office. I thought I could see in his dramatically altered appearance the frail, frightened little boy he had once been. Now our silences grew in duration and, how do I describe it? Intensity? Depth? Magic? I only know that during them I felt connected to Len in a way that seemed well out of my ordinary experience. Time passed without my noticing. The light in my room seemed to glow. I felt at peace in my body. Contented. I told him after one of these magical sessions that being with him reminded me of an experience I had had as a young child at the beach on an early summer day. As I had made my way from the ocean to our blanket, blue lipped and trembling, my mother stepped toward me, gently wrapping me in a soft towel. As I luxuriated in the delicious warmth of the sunbaked towel, I remember thinking, Oh, now I know what people mean by the word *contentment*.

What happened between Len and me during these moments seems to defy explanation. It is as if we both simultaneously found the courage to drop all artifice with one another — and ourselves. As we sat in the stillness I seemed to see Len clearly, vividly, distinctly, and I felt seen by him in just that way. At the very same time, I felt that we were mysteriously and indivisibly joined, not only with one another, but with all the world. It seems to me that Blackstone's (2004) description of nondual consciousness as involving both a sense of fully differentiated selfhood and oneness with everything comes close to capturing my experience. Except that I did not feel as if I were "grasped and held by a superior power," and I am not sure if Len did either; I would say that our silences bore the qualities James (1902) associated with the mystical.

Not all of our sessions produced these glorious moments of meeting. Hardly. We had our fair share of disruptions, misunderstandings, and not quite meetings. But I think that having known such closeness, we could weather the rough times more easily. It was around this time that Len and I discussed Krishnamurti's teachings. Having given me a book of dialogues between Krishnamurti and David Bohm called *The Ending of Time* (1985), he asked if I had understood Krishnamurti's assertion that "time is the enemy of man." I thought I had. For Krishnamurti, as far as I could tell, the process of becoming what one is not, a process that necessarily involves looking forward in time, can be antithetical to enjoying life in the present moment. I felt this notion captured a frequent experience of mine. In response to a trauma-generated certitude that my psychological survival depended on being exquisitely attuned to the emotional needs of others, I have often strained to perfect my attunement, sometimes at the expense of my own needs. Yet, it was very often true, especially in my analytic relationships, that the more I strove for perfection, and the more I neglected my own needs, the farther away I felt from the kind of healing relatedness I longed to achieve. I told Len that being with him brought the wisdom of Krishnamurti's message home to me. In the transporting silences we shared I never felt the need to be better than I was. Without trying, perhaps because I had no need to try, I knew I was the analyst Len needed me to be.

Len let me know that Krishnamurti's words also echoed for him in the silences we shared. For once, being known had not led to a humiliating rejection; he had no need to change himself in order to have my open-hearted acceptance. Paradoxically, this experience seems to have accelerated the pace of the changes he had already begun to make. Only very rarely now did he sleep a weekend away as he had so often done in the past. Despite debilitating fatigue, he planned a number of trips, including several to Ojai, California, for meetings of the Krishnamurti Society; he developed closer relationships with members of his stepfamily; he resumed a friendship with a former lover; and, after much deliberation, he acted on an unfulfilled childhood wish by adopting a beautiful puppy.

Although it came as no surprise, Len's mother's death after a prolonged illness proved devastating for him. Soon after Len attended her funeral, his own condition deteriorated rapidly. Did he, on some level, wish to join her in death? I cannot say. But it soon became clear that he

too was dying. Much as he loved the puppy, his flagging energy made it impossible for him to care for it and he was forced to give it up. He cancelled travel plans and attended fewer and fewer sessions in my office. We resorted to having phone sessions, although they never came close to capturing what we shared face to face. When it became evident that his death was imminent, I again saw him at home. It was not long before his intense pain rendered home care insufficient, and he reluctantly entered the hospice facility of a New York hospital. Len wept openly during my visits there. "It's very sad to know I'm about to die when I'm so new at living," he said during one of them.

When I saw Len for the last time in his hospital bed, he seemed calm, at peace. I told him that, ironically, I was scheduled to present a paper at a conference on death and spoke to him about my travel plans. He started to say that he would wait for me to return and then stopped himself. "It's alright," he said, "Doris travels." Then after our final shared silence, he said, "I think we'll travel together one of these days. We make great traveling companions." These were Len's last coherent words before slipping into a coma. The day I flew back from the conference was the day Len died.

I have felt some consolation as I grieve Len's death in knowing that in precious moments during his life, he experienced what it is like to feel connected to another person without the need for pretense or disguise. What led Len to choose me as his analyst? Did he sense that he would be safe with me despite my initial antagonism? Or did he choose me, at least in part, because of my antagonism, and because I had not tried to hide it? Perhaps by being real with him, I encouraged him to believe that he too might be real with me. I also wonder if my outspokenness about his shortcomings in our pretreatment relationship convinced him that my perceptions of him would be clear eyed, that I would not overlook what he felt convinced were loathsome flaws. I doubt that he would have trusted my positive feelings for him had I not first voiced negative ones. In fact, he told me that he had been emboldened to suggest that I become his analyst after hearing me discuss my patients at professional meetings in a way that neither whitewashed their failings nor held them in contempt. Still, it was nothing short of an act of faith for Len to reveal himself so openly to me. My relationship with Len allowed me more than a few glimpses of faith as well. And those glimpses seem to have profoundly affected my life. I am no longer quite so tightly bound

by the certitude that if I travel, that is, pursue my own pleasure in life, I must jeopardize my self-sustaining ties. Len now travels with me.

The closer I have come to surrendering the rigid, constricting relational patterns that have shaped my posttrauma experience, the more it has seemed that everything I once took for the truth is open to question. Within the safety of relationships like the one I shared with Len — relationships marked by love and mutuality — my anxiety about what I know and how well I know seems to disappear. During moments when I have felt at peace with my doubts and uncertainties, moments, perhaps, of faith, I have caught glimpses of a different kind of knowing that seems to involve a deeper, more intuitive way of experiencing myself and others. Yet I am still haunted by the times when my need to regain some sense of certainty in the aftermath of trauma led me to a experience a very different kind of faith.

Cultic Faith

Lost in a world fogged by personal trauma, I have, more than once, formed relationships with men who seemed to have answers to the questions that tormented me (Chapter 5 helps to explain why they have always been men). The forceful authority with which they expressed their ideas helped me recapture a sense of the comforting orderliness I had lost to trauma. Entranced by what I took for their infallible brilliance, I would dismiss my own thoughts as woefully inadequate. After a time, however, the doubts and misgivings I had initially brushed aside about these men and their ideas would become too strong for me to ignore. Tentatively at first, and then more forcefully, I would voice my concerns or offer my own divergent thoughts. Failing to receive the acknowledging response I craved, I would eventually summon the strength to leave. Insofar as the surrender of certainty was entirely one sided in these relationships, they were probably doomed to end badly. Having formed in the ashes of trauma, they seemed only to perpetuate it.

Psychotherapy Training Cults

My vulnerability to the lure of men I now think of as my "false gods" seems to have sensitized me to the plight of clinicians with similar

vulnerabilities, those who become involved in cult-like psychotherapy training programs. I first learned something about the destructiveness of these programs when Richard Raubolt asked me to respond to the account of his involvement in the BarLevav Education Association (BLEA), which appeared in the 2003 issue of the journal *Group* (Raubolt, 2003; Brothers, 2003a). I subsequently agreed to help Richard's wife, Linda, write about what it was like to be married to someone in such a program (Raubolt & Brothers, 2006). I have also had the privilege of helping another survivor of a psychotherapy cult, Annette Richard, describe her experiences in a coercive program known as the Center for Feeling Therapy (CFT), which acquired a large membership in the 1970s (Brothers & Richard, 2003; Richard, 2006).

Although at some point in their involvement in these programs both Raubolt and Richard realized that they were being harmed and were harming others, they found it extremely difficult to disengage from them. What would keep such intelligent, well-meaning clinicians from leaving the clutches of organizations they came to see as destructive? I have hypothesized that leaders of these cult-like programs and their followers cannot disengage from one another without risking a return to the disorganizing chaos against which their connection affords some relief (Brothers, 2003a). In other words, uncertainty in these coercive systems could be made bearable only to the extent that all involved remained tightly bound to one another.

What is it that binds cult members and their leaders if not a kind of faith? The faith that develops between them seems to bear little resemblance to the mutual, reciprocal faith that attends therapeutic change following trauma. Richard Bernstein's (1995, p. 51) thoughts about dialogic communication seem to bear on the distinctions I am making between these two very different kinds of faith. He has remarked that there can be no dialogue, no communication unless beliefs, values, commitments, and even emotions and passions are shared in common. Dialogic communication, he says, assumes goodwill between communicators and an openness to what is genuinely the alterity of the other. He warns that frequently this commonality is not really shared; it is violently imposed. It is the violent imposition of commonality and attempts not merely to deny, but to destroy difference, as well as the violent imposition of otherness and attempts to destroy sameness, that

I believe mark cultic faith relations. Moreover, I believe this violence arises in the context of desperate mutual need.

In Chapter 2 I hypothesized that the transformation of existential uncertainty is continually ongoing within relational systems. Organizations dedicated to the training of mental health professionals are no exceptions. In contrast to the relational patterns that characterize training organizations in which the well-being of trainees is the paramount consideration, the patterns that organize coercive, cult-like training programs such as BLEA and the CFT are harsh, inflexible, and abusive. In this respect, they have much in common with many systems that had, at some point in their history, been thrown into chaos by severe trauma. In fact, I find considerable support for the view that both leaders and followers in programs of this sort come together in the aftermath of personal traumas. Dorpat (1996, p. 187), for example, suggests that "individuals who join cults are emotionally disturbed and/or are involved in some kind of existential or developmental crisis at the time they join the cult." This appears to have been true both of Raubolt and Richard. Richard (2006; Brothers & Richard, 2003) confides that at the time she joined the CFT, she was overwhelmed by a number of painful personal and professional crises that all occurred simultaneously.

After investigating the lives of many gurus, including Jim Jones, David Koresh, Gurdjieff, Bhagwan Shree Rajneesh, and others, Anthony Storr (1996, p. xiv) contends that the personal revelation around which a guru's cult is organized comes on the heels of emotional distress or physical illness in the guru's life. I have wondered if Storr's findings about these gurus might apply to the leaders of BLEA and CFT as well. While I cannot confirm the trauma histories of these men, there seem to be many striking similarities between Storr's gurus and Reuven BarLevav, the leader of BLEA, as well as Joe Hart, Richard "Riggs" Corriere, and Jerry Binder, the co-leaders of the CFT. Although these men did not claim that their special insights were primarily spiritual in nature as did most of Storr's gurus, they did promise their followers a glorious new path to self-transformation based on their own personal revelations. Moreover, all of these men could be described as charismatic, a quality that, as Storr notes, is fueled by the intensity of their convictions, their "fervent certainty." In this regard, they fit the description of leaders Kohut (1978a, 1978b, p. 823) characterized as "charismatic and messianic personalities." Noting a "pervasive sense of infallibility"

among such leaders, he observed that they "display apparently unshakable self-confidence and voice their opinions with absolute certainty" (Kohut, 1978b, p. 825). According to Kohut, the air of omniscience and omnipotence projected by charismatic leaders dovetails perfectly with the needs of their followers, who "long for merger with all-powerful and all-knowing ideal figures" (Kohut, 1969–1970/1978, p. 108).

"Creating gods," Armstrong (1993, p. 4) tells us, "is something that human beings have always done." I would add that it is not just that we humans create gods, but that some of us are more than willing to act like gods. I (Brothers, 2003a) have suggested that in order to assume the posture of god-like omniscience, a leader may disavow his or her doubts and uncertainties, just as those seeking such a leader may disavow a sense of themselves as certain and knowledgeable. Finding in the other that which could not be tolerated in themselves, they cling to one another as alter egos. It might be said that there can be no false gods without those who worship at their feet, and there can be no worshippers without gods or those who presume to act like them.

It is the extreme disparity between leaders and followers, and the violent destruction of any sense of commonality or sameness between them — justified by the leader's supposed possession of god-like omniscience — that seem most to distinguish cult-like programs like BLEA and the CFT. With bold audacity, the founders of these programs each claimed to have developed the one perfect theory and technique for psychological healing. For example, despite obvious resemblances to the work of other well-known theorists, BarLevav insisted that his was an original "theory of man" (Raubolt, 2003). Hart and his colleagues alleged that they had gone far beyond the "miserable failures" of other approaches developed in the human potential movement (Hart, Corriere, & Binder, 1975).

We have already seen how complexity is reduced and intolerable uncertainty ameliorated by means of rigid and restrictive trauma-generated relational patterns (see Chapter 3). The stark power imbalances between leaders and followers in BLEA and the CFT made for simplified modes of interaction for all involved. Moreover, the theories of cure that not only guided the treatment of patients, but also the training of adherents in both organizations, seem to have been remarkably simplistic. These theories appear to have evolved, almost entirely, from a view of the therapist or training supervisor as ultimate authority. Raubolt (2003, p. 66) notes that "the therapist is the reality in the room" was a

dictum often repeated in the course of training at BLEA. CFT leaders also assumed and were accorded positions of unquestionable authority. Claiming they could reverse the "reasonable insanity" of patients raised in an "insane society," it was solely the CFT therapist's or trainer's prerogative to determine whether the insane personality structure of a patient or trainee had been broken down and if, in its place, "true feeling states," the purported antidote to insanity, had been attained (Brothers & Richard, 2003).

Complexity in both programs was also reduced by the insistence on the universality of their treatment approaches. Insofar as individual differences among patients and trainees were denied or ignored, the same treatment interventions could be applied indiscriminately. For example, CFT leaders claimed that without exception, everyone develops defenses that prevent them from living authentically. The same harsh treatment was endorsed for everyone: the breaking down of these defenses, or "busting." Any deviation from CFT teachings was considered evidence that the person had "retrogressed" to the "craziness" of his or her functioning before entering the CFT and required further busting. Similarly, BLEA's approach was built upon what was called a "surgical modal," which justified the use of equally brutal modes of interaction. Confrontation, ridicule, and threats were promoted as valid treatment interventions for everyone. In BLEA supervision groups, the slightest deviation from the approved model provoked verbally humiliating attacks, even charges of psychopathology and immorality. While conflict and disagreement were ostensibly welcomed, supervisees eventually were coerced into acknowledging that their disagreements had been wrongheaded (Raubolt, 2003). Thus, even a hint of individual difference seems to have called forth violent attempts at its destruction.

This war on difference was also reflected in the almost clone-like sameness that developed among followers in both programs. In BLEA, the subtlest expression of a participant's individuality seems to have been systematically stripped away. Raubolt (2003) revealed that in addition to being joined by their blind acceptance of the BLEA philosophy, trainees held similar political biases, listened to the same music, engaged in shared recreational activities, and attended many of the same social functions. In the CFT, sameness was powerfully enforced by means of a taboo against privacy. The insistence that trainees share all of their thoughts

and feelings, including their doubts about the program, functioned to produce enormous conformity, and therefore experiences of sameness.

Another relational pattern common to both programs involved the inflammation of passion. I have already suggested that the energizing, amplifying, motivating effect of feelings (Tomkins, 1980) tends to bring a strong sense of certainty to our lived experience (see Chapter 2). Raubolt and Richard both describe the ways in which the passions of trainees in both programs were routinely aroused. According to Raubolt (2003), BLEA leaders were masters at maintaining an intensely heated emotional climate. Deep sobbing and shouts of anger were commonplace in BLEA supervision groups. Harsh confrontation by means of crude and shocking language was the primary training intervention. The expression of raw feelings was also cultivated in the CFT as necessary for self-transformation, while understanding and insight were downplayed. During therapy sessions trainees were exhorted to shout, cry, and hit walls to the point of exhaustion. Moreover, the routine busting of defenses produced unbearably painful feelings of shame and self-loathing. Insofar as these attacks would be followed by expressions of tender concern and loving validation — the so-called "transforming cycles of complete feelings" — trainees came to associate overwrought expressions of raw emotion with sanity and health.

Sexual passion is nothing if it is not charged with intense affect. Insofar as it helps to create a powerful sense of oneness, its uncertainty-transforming possibilities are vast. One might anticipate, therefore, that sexuality would play a large role in cults of all kinds. Joel Kramer and Diana Alstad (1993, p. 91) found that among gurus, control is often exerted by advocating either celibacy or promiscuity. Anthony Storr (1996) reports that Bhagwan Shree Rajneesh, a guru who had between 3,000 and 4,000 disciples in the U.K. alone during the early 1980s, viewed sex as a way to enlightenment, a path to the divine. Leaders of psychotherapy cults like BLEA and the CFT also attempted to control sexuality among their adherents. According to Mithers (1994), many former CFT trainees reported that their sexuality had been manipulated during their training. For example, some claimed that they had been "assigned" to have sex at specific intervals with specific individuals, and others were involved in sexual relations with the CFT founders.

There is much to suggest that by the time most participants in psychotherapy cults finally extricate themselves, they have been repeatedly

and severely traumatized. Raubolt (2003, p. 76) notes that former BLEA patients and supervisees "all revealed symptoms of traumatization," including "depression, anxiety, loss of sleep, self-doubt, and intense fear." Richard (Brothers & Richard, 2003) writes poignantly of her own traumatic reactions as follows:

> After the collapse of the CFT, I experienced a long period of social and professional withdrawal. I hid myself partly in shame and partly to find some space in which to reconstruct my shattered world. To combat the sense of meaninglessness and anomie that replaced the intensity of my former life, I desperately needed to make sense of what had happened to me. I read frenetically, although I was extremely wary of being influenced by any theory again. Miserably as I felt, I was too apprehensive about losing myself again to seek therapy. Who could I trust? Not even myself!

Psychoanalysis and Cultic Faith

Unfortunately, traumas like those endured by Raubolt and Richard in the course of training are not unique to psychotherapy cults. They seem to occur in psychoanalytic training programs as well. In their prologue to an issue of *Psychoanalytic Inquiry* (2004) entitled "Problems of Power in Psychoanalytic Institutions," the co-editors, Howard Levine and Gail Reed, remind us that analysts often gossip about colleagues who have been "bruised and bloodied" by abuses of power that routinely occur in their own institutes. In fact, many of the articles in this journal issue describe aspects of psychoanalytic institutes that make them sound distressingly similar to BLEA and the CFT.

To begin with, like cults, all psychoanalytic institutions owe their existence to the forceful influence of a venerated and feared leader. As Levine and Reed (2004, p. 123) observe, "Psychoanalysis has attempted to wrap itself in the mantle of the charisma and authority of Freud's genius, even as it has struggled to free itself from the charge and problems of filiation and anointment." It is by now common to attribute "problems of filiation and anointment" to aspects of Freud's personality (e.g., Bornstein, 2004; Kerr, 2004). Bornstein (2004, p. 71), for example, suggests that Freud's "narcissistic vulnerabilities" had a deleterious effect on psychoanalytic institutions insofar as they were expressed in "a

rigid, repetitive preoccupation with protecting psychoanalysis through use of secrecy, insularity, control of power, and intolerance of diverse opinions of others." In numerous biographical studies, such as that by Grosskurth (1991), Freud is revealed to be as harshly imperious and cruel to followers who deviated from his theory as any cult leader (see also Brothers, 1995). Storr (1996) claims that Freud, like other gurus in his study, appears to have suffered a "creative illness" that was followed by his discovery of a new theory of the mind. Moreover, as Storr points out, Freud too assumed the universal validity of his own experiences.

Possibly because of Freud's example, an enormous disparity between the power of faculty members and that of candidates became common in psychoanalytic institutes, creating systemic conditions similar to that of cults. Just as in cults, many institutes demonstrate little tolerance for experiences of commonality or sameness between faculty and candidates, while at the same time, they seem to discourage experiences of difference among candidates. A number of analysts have bemoaned the high degree of conformity and lack of creativity among candidates who feel pressured to submit to the authority of the faculty members. As Skolnikoff (2004) observes, one consequence of such submission is that the theory of technique is taken on faith. Indeed, psychoanalytic theory in these institutes becomes indistinguishable from the doctrines of cultic faith.

In line with my view that a movement toward a psychology of uncertainty is under way in psychoanalysis, Skolnikoff (2004, p. 87) contends that it has become more obvious that entrenched groups rule analytic institutes by maintaining faith in traditional beliefs in light of "the historical shift from a time of certainty to our present state of uncertainty with the coexistence of multiple theories competing for our attention." That dread of this uncertainty has given rise to extreme and rigid institutional practices is hinted at by several writers. Eisold (2004), for example, addresses problems that have resulted from attempts to systematize training through what he calls the "faculty system." He observes:

> In a sense, though psychoanalysis is all about facing the unknown, collectively analysts themselves are often reluctant to confess to ignorance. Indeed different analytic communities often organize around assertions of theoretical certainty and battle over claims

to truth. As has been pointed out, analytic training often comes
to resemble initiations of indoctrination. (Eisold, 2004, p. 58)

As concern deepens over the abuses of power that occur in some
analytic training institutes, we might anticipate even stronger condem-
nation of the cultic relations that sometimes develop in analytic treat-
ment relationships. Fear that analysts might become "false gods" for
their patients has long been voiced in analytic circles. Freud (1923/1955,
50n) himself explicitly warned against the analyst's temptation to "play
the part of prophet, savior and redeemer to the patient." Kohut (1971,
p. 165), differentiating between what he called "inspirational therapy"
and psychoanalysis, noted that if the analyst should adopt the former
route, "he actively encourages conflict solution by gross identification."
Such identification, he added, is more likely to thwart than facilitate the
patient's development. On the other hand, Kohut well understood that
without deliberately assuming a guru-like posture, analysts are often
exalted by patients in ways that reinstate "an attitude of idealizing reli-
gious devotion" typical of an earlier time in the patient's life (Kohut,
1971, p. 261).

That analysts have succumbed to the temptation to play god with
their patients should come as no surprise. Dorpat (1996) cites numer-
ous instances of covert, albeit inadvertent, indoctrination and interper-
sonal control in psychoanalytic treatments. Many of the interventions
he describes, such as gaslighting, questioning, confrontation, and
so on, closely resemble the abusive practices employed in cults. And
sometimes, as in cults, these abusive practices involve sexual relations
between analyst and patient. Although, as Dorpat notes, gross kinds
of patient abuse, including sexual transgressions, are expressly forbid-
den by rules and bylaws in medical psychotherapy and psychoanalytic
organizations, snide rumors about the sexual pairings of respected ana-
lysts and their analysands periodically race through the psychoanalytic
community. In the vignette that follows I describe my therapeutic rela-
tionship with a middle-aged woman whose childhood traumas left her
particularly vulnerable to the sexual seduction of her previous analyst.
Needless to say, this greatly affected our relationship as well.

Carla, the Faithful

I am not the first analyst to write about working with Carla, a stylish, highly educated woman who entered twice-weekly treatment with me some years ago. Her previous analyst (I'll call her Kate) presented a paper about her at a psychoanalytic conference on erotic transferences. Carla brought the paper to one of her initial sessions with me, explaining that since it contained a good summary of her early life, it might help me to understand her predicament. On first reading, I found it a touching account of an analyst's struggle to maintain her analytic integrity despite having fallen in love with her patient. Some months later, Carla also brought me her own writings in the form of journals. In these extraordinary documents, she had chronicled the saga of her relationship with Kate.

In the early months of our therapeutic relationship, Carla seemed to make a point of displaying her lack of enthusiasm for our twice-weekly sessions. "I'm here," her manner seemed to say, "to swallow another dose of this rather unpleasant-tasting medicine." In response to my attempts to explore the meaning of her posture, she mentioned the drab ordinariness of our encounters. I, on the other hand, found Carla neither drab nor ordinary. Her appearance, to begin with, seemed designed to challenge her beholder's preconceived ideas about femininity and masculinity. Although quite petite, Carla nevertheless managed to appear athletic and muscular. Her unique style of dressing combined traditional items of men's apparel and ultra-feminine fashion. Nor was her presenting story conventional.

After two failed marriages with successful men, Carla, who had lived most of her adult life without questioning her sexual orientation, was now involved in a lesbian relationship with Ellen, a struggling actress. She explained her need for treatment in terms of her tormenting conflict about continuing this relationship. The passion and sexual ardor that had marked Carla's feelings for Ellen in their early days together had disappeared. Having been nursed back to health with selfless devotion by Ellen through a life-threatening illness, she felt overcome with remorse and guilt about wishing to be rid of her. How could she tell Ellen that she longed to be with someone else, and that "the someone" was her former analyst?

It eventually became obvious to me that Ellen and I were in the same boat. Neither she nor I was Kate, "the right woman." Carla suspected that her infatuation with Ellen was "all about" her love for her analyst since Kate had "coached" her on having a relationship with a woman. With Kate no longer advising her, Carla's connection to Ellen seemed to lose the magic it had derived from Kate's tutelage. I surmised that Carla's experience of being connected to "the wrong woman" had its roots in her early life. As the youngest of three children, and born many years after her next oldest sibling, she suspected that she had been "an unwelcome accident." Since her busy, affluent, social-climbing parents seemed to have little time for her, she grew up feeling she had to "earn her keep." Although Carla had formed a warm, loving bond with Hanna, her nanny, Hanna was clearly second best to her harshly critical, yet glamorous mother. A poorly educated, simple woman with very low self-esteem, Hanna could not guide Carla in the ways of the world.

Kate had seemed to be the answer to Carla's prayers for just such a guide. Their sessions had been dazzling and intense, and the agonizingly long hours between them were filled with yearning for the moment when they would be reunited. Yet, to say that Carla fell in love with Kate does not begin to do justice to the feelings of awe, wonder, and reverence described in minute detail in the journal she kept during the five years of their relationship. Her journal entries reveal her perception of Kate as an oracle, a goddess, the voice of absolute truth. She weighed and scrutinized Kate's most casual utterances for the wisdom she had no doubt they contained. "What could she have meant by …" begins a typical notation. Almost inconsolable during Kate's vacations, she felt unable to make decisions about her life, or to even know clearly what she felt about anyone or anything.

The woman Kate reveals herself to be in her paper is anything but the embodiment of self-confidence and certainty Carla imagined. She mentioned her vulnerability as a lesbian in psychoanalytic settings, her relative lack of analytic experience, and her sense of inferiority with respect to Carla's privileged background. What must it have been like, I wondered, to be in Kate's shoes, to be perceived as infallibly wise and omniscient when she felt so much the opposite? Whatever her experience, she appears to have responded to her dilemma by keeping herself as closeted as possible. She attempted to hide her lesbianism, her lack of

analytic experience, and anything else about herself that could interfere with Carla's idealizing needs.

For her part, Carla seems to have heightened her sense of being connected to an all-knowing analyst by downplaying her own keen intelligence, judgment, and perspicacity. The more flaws she discovered in Kate's perfection, the more she appears to have disavowed these qualities in herself. In one of her journal entries, for example, she wrote, "We spoke again of my not having faith in my own intuition." Yet, Carla's intuition about Kate appears to have been right on the money. Almost from the outset, Carla appears to have suspected both that Kate was a lesbian and that she desired Carla sexually. Every utterance Kate made that might possibly support her suspicions was duly recorded in her journals. Yet, for all the evidence Carla piled up, she appears to have struggled to keep herself in the dark. Her journal is filled with her doubts and hesitations about all that she perceived.

When by chance Carla learned that Kate had been seen having breakfast at home with a woman, Carla confronted her. Kate responded that having breakfast with a woman did not mean she was gay. She insisted that their work was separate from her personal life. Carla's dreams, recorded in her journal, reveal that she saw through Kate's denials. A short time later, Carla demanded confirmation of her suspicion that a woman she had often seen entering and leaving Kate's home/office was her lover. When Kate finally confirmed that she and this woman were in a lesbian relationship, Carla disingenuously spoke of her happiness at having been trusted with this information. However, her journal entries reveal that she was shaken by Kate's deception.

Before Kate's disclosure, Carla doubted that her erotic feelings for her analyst were anything more than "thoughts, fantasies, not something to be acted on." After several months in treatment she was convinced that she no longer had homosexual longings. Immediately upon ascertaining Kate's sexual orientation, however, Carla decided that she too was homosexual. It was not long after that she became involved with Ellen.

When Kate finally revealed that she had fallen in love with Carla, and that she thought it best to end treatment, Carla was elated for a short time and then panic stricken. She implored Kate to continue treating her. In her paper, Kate wrote that from that time on the therapy became supportive in nature and dealt largely with matters concerning

Carla's experimentation with a gay lifestyle. The treatment ended, she wrote, after Carla had recovered from a serious illness. What Kate did not include in her paper was her refusal to yield to Carla's plea that she remain connected to her as a dear and loving friend. Instead, she insisted that Carla leave Ellen and enter into an exclusive sexual relationship with her. Unless Carla agreed, there could be no further contact between them. She insisted that anything short of a complete commitment by Carla would be too excruciating for her to bear.

Kate's ultimatum proved devastating for Carla. The woman who had guided her life for so long now seemed to be adding to her sense of confusion and uncertainty. She could not comply with Kate's demands without grievously wounding Ellen. Even more confounding was her realization that while she longed to resume her connection to Kate, she was not at all clear that she wanted sexual contact with her. In fact, Carla confided that during their furtive meetings she had felt sexually "turned off" by some of Kate's mannerisms and habits. After trying, unsuccessfully, to persuade Kate to remain in her life, Carla agreed to end all contact with her.

It is hard for me to convey the tangle of feelings I tried without very much success to unravel after each of my early sessions with Carla. I was filled with qualms about working with someone who was so intensely connected to a former analyst. I worried that I would not manage to maintain my wish to understand and help her in the face of constant reminders that I was "the wrong woman." On the other hand, Carla's predicament both intrigued and touched me (after all, I too had fallen under the spell of men I endowed with unfailing certainty) and I felt engaged by her lively personality. Moreover, I thought I detected faint signs of her positive interest in me despite her posture of bored indifference.

My misgivings soon gave way to guarded optimism as Carla proved to be a hardworking, conscientious patient. She showed up on time for her twice-weekly sessions, seemed to become increasingly open in sharing her thoughts, fantasies, and dreams, and even jotted down insights in a notebook she carried to sessions, just as she had done with Kate. Yet, it seems significant that in the early weeks of treatment with me she also consulted a clairvoyant in the hope of receiving some sign that Kate would soon relent and contact her. She obviously found it necessary to provide herself some substitute for the omniscient healer she felt she had lost.

When, in her second month of treatment, Carla questioned me about my sexual orientation, I took this as a sign that her interest in me had deepened. Although unclear about the meanings my sexuality would have for her, I decided that withholding this information would interfere with the trusting bond that seemed to be developing between us. I told Carla I was heterosexual, as if my sexuality, or anyone else's for that matter, could be neatly limited to such a categorization. I hoped this simplistic assertion would lessen her fear of retraumatization at my hands and free her to commit herself more wholeheartedly to our relationship.

Instead of showing relief, as I had anticipated, Carla seemed to become increasingly remote and dejected. When I asked about her reaction to my disclosure, she merely shrugged and murmured, "It doesn't matter. I'll never feel for you what I feel for Kate." I surmised that my disclosure had worried her. If she were to feel sexually attracted to me, a retraumatizing rejection by me now probably seemed inevitable. I shared my impression with her that since learning I was straight she seemed more apathetic and depressed. Obviously my disclosure had pushed her farther away.

Clearly surprised by my admission of error — Kate, she said, would never have taken responsibility for a therapeutic misstep — Carla accepted my invitation to explore the change in her mood. She admitted that despite missing Kate, she still hoped I would devote myself unreservedly to helping her. She could think of no surer way to obtain my devotion than by inspiring sexual feelings in me. Since, as a straight woman, I was unlikely to desire her sexually, she worried that she would have no way of making certain that I would hold up my end of the therapeutic partnership. Carla also mentioned that having grown up in a household where physical beauty and sexual attractiveness were highly prized, she became particularly sensitive to the sexual needs of others. Carla's own sexual excitement, she noted, was aroused only when she felt certain that she was valued for herself. As soon as she felt that she was complying with the other person's desire, sex became little more than a chore, an obligation. In fact, it interfered with the experience she most longed for: feeling loved and appreciated by someone she idealized without having to perform for them.

Carla soon revealed that it was not only in the realm of sexuality that performing for others took precedence over her own needs. Although she had been painfully shy as a child, she would play her accordion,

recite poetry, and, on cue from her parents, entertain their friends with displays of her precocious intelligence. The few smiles of gratitude and words of appreciation this drew from her parents, she said, seemed to be ample compensation for her charade. Like Nancy, whom I described in Chapters 2 and 3, Carla seems to have developed the certitude that her psychological life depended on her ability to become whomever others needed her to be. Perceiving that her mother and father required her to show herself to the world as a happy, talented, well-adjusted child of ideal parents, she felt she had no choice but to comply. Carla ruefully mentioned that she had transformed herself in similar ways to suit the requirements of her husbands, business associates, and other important figures in her life. "I guess I lost the ability to know when I'm acting a part and when I'm really being me," she admitted. I wondered how much her need to become the woman Kate desired had contributed to her sudden realization that she was gay. It also occurred to me that the painstaking precision with which Carla recorded her experiences in her journal might have represented an attempt to capture something genuine about herself that she might discover at a future reading.

The next few years of the treatment saw important changes in Carla's life: She grieved the deaths of her mother and Hannah, two of the most important women in her life, and she and Ellen managed to work through many of their relational difficulties. In fact, she seemed increasingly satisfied with her decision to build a life with Ellen. Yet little changed between us; Carla seemed to have no feelings whatsoever about me, and our sessions remained emotionally shallow. All of her passion continued to center around her recollections of being with Kate — the joy she had known with her and the grief she felt without her. When, in the fourth year of treatment, Carla mentioned her wish to leave, I was not surprised. While I worried that we had not yet addressed serious problems in her life, especially in the realm of her sexuality, I could not argue with her assertion that she had resolved the dilemma that had brought her into treatment.

In the final moments of what was to be our last session, Carla casually mentioned that she had been sexually abused by her brother. Since Kate had downplayed the significance of this incestuous experience, she wondered if I thought it might have anything to do with her lack of interest in sex. My heart lifted at her "doorknob" disclosure and the intent way she studied my face as she made it. I imagined that she had more

misgivings about leaving than she had been willing to acknowledge. I suggested that we continue working together until we understood more about the effects of this experience and the timing of her report of it. Without a moment's hesitation, Carla agreed to resume treatment after a break of two months over a summer.

Carla returned with much the same posture of reluctant participation as that with which she had first entered treatment. She once again contrasted the blandness of being with me with the feverish intensity of her sessions with Kate. I suggested that perhaps the coolness between us kept her safe from a retraumatizing rejection at my hands. Carla sadly denied this interpretation. "I know you won't hurt me," she said quietly. "You're just not Kate." During our discussions of her sexual abuse, she mentioned the shocked disbelief with which she had received her adult brother's apology for having sexually abused her when she was five years old. We surmised that Carla must have experienced her sexual contacts with him as so severely traumatizing that she had dissociated all awareness of their occurrence. Carla wondered if her repugnance for sex related to these contacts insofar as they may have reinforced a sense of herself as helplessly compliant and subject to the will of others.

A dream fragment Carla presented a few months later heralded a turning point in the treatment. It contained an image of Kate on the analytic couch. She allows a little boy who is eating peanuts to take Carla's hour. Associating to the fragment, Carla thought Kate was on the couch because "she needs to be there." Kate, she noted, had been hurtful to her as a consequence of her own vulnerabilities and "unfinished business." She reluctantly admitted that her suspicions about Kate's lack of clinical experience and her ambivalence at finding herself the focus of Kate's sexual desire had always coexisted with her intense idealization. Carla identified herself with the little boy (she loves peanuts) and observed that Kate would not have been sexually attracted to a little boy. "I wish she hadn't been attracted to me," Carla said. While she had hoped that Kate's sexual interest would keep them bound to one another, it had also frightened her. Not only had she feared that she would be compelled to gratify Kate sexually regardless of her own wishes, but she had realized that she could not be cared for as the hopelessly lost child she felt herself to be by someone who desired her as a woman.

Carla then suggested that she had postponed mentioning her sexual abuse to me in order to avoid acknowledging Kate's shortcomings as an

analyst. She confided that similarities between her sexual trauma with her brother and her experience with Kate had become all too apparent to her. Both of these highly idealized figures had betrayed her trust in them as infinitely wise protectors; both had indulged their own needs at her expense. Carla's voice broke with emotion as she said, "I hate knowing how hurtful Kate was! Talking like this makes me feel so disloyal. Kate loved me and breathed life into me. I can't and won't give that up." As Carla described her reluctance to see Kate's deficits despite all the pain she had inflicted, the full meaning of our predicament finally struck home. What I had only dimly perceived up to this point, I could now communicate to Carla: To enter into an emotionally meaningful analytic relationship with me, a woman who made no claim to omniscience or infallible wisdom, meant relinquishing the only relief from torturous uncertainty she had ever known. If she were to relinquish her unquestioning faith in Kate's wisdom, she feared her life would once again lose all direction and meaning.

In Chapter 4 I suggested that the antagonism between my trauma-generated relational patterns and Miguel's had led to a crisis in our relationship. Just the opposite was true of Carla and me; our patterns of relating were all too similar. Both of us had become expert in conforming to the requirements of others. She had been waiting for me to let her know who I needed her to be and, in so doing, provide her with a blueprint for survival. I had assiduously tried to take my cues from her.

As she has become increasingly convinced that she need not renounce her gratitude to Kate or her treasured memories of the time they shared in order to win my firm commitment to her, Carla has inched closer to my side. However, extraordinary moments of meeting like those Len and I shared have been rare between us. Although her relationship with Kate ended in a devastating betrayal, it was with Kate that Carla reports having had comparable experiences. While there is much in their relationship that resembled the coercive relational patterns that characterize psychotherapy cults, to condemn as cultic all that transpired between them would do violence to Carla's experience.

My relationship with Carla has only served to strengthen my sense that if I am to deepen my understanding of the profoundly uncertain process that is the psychoanalytic situation, I must continue to explore the experience of faith with all its potential for harm and healing. The next chapter on burnout continues this exploration.

8. In the Ashes of Burnout
Lost (and Found) Faith

Here let us pause for a moment to assure the analyst that he has our sincere sympathy in the very exacting requirements of his practice. It almost looks as if analysis were the third of those "impossible" professions in which one can be sure only of unsatisfying results. The other two, as has long been agreed, are the bringing-up of children and the government of nations.

—Sigmund Freud (1937/1964)

Much that I have written in the preceding chapters reflects two interlocking premises: (1) A mutual desire to heal and to be healed from trauma draws patients and therapists into their analytic relationships, and (2) to the extent that healing occurs, it is a development-enhancing process by means of which trauma-generated relational patterns are relinquished and the experience of existential uncertainty becomes more tolerable for both partners. A reader could not be blamed for assuming that continual healing is the wonderful bonus we receive for working as clinicians. If only this were the whole story! While I am convinced that I have experienced considerable healing and growth

through my work with patients, I have also endured spells of work-related misery so debilitating that, while in their grip, no promise of further development would have consoled me. The only relief I have found during these dark moments is in fantasies of finding another occupation. Conversations with analytic colleagues have convinced me that I am far from alone in having felt that to pursue what Freud (1937/1964) himself called "the impossible profession" was self-destructive, even dangerous.

Many of my colleagues who acknowledged having suffered periods of self-loathing and despair similar to mine used the term *burnout* to describe their experiences. Although professional burnout has been investigated extensively by occupational, organizational, and social psychologists, it comes as no surprise to me that it was a psychoanalyst, Herbert J. Freudenberger, who first coined the term. Freudenberger (1974, p. 13) suggested that overly dedicated and excessively committed individuals are most prone to burnout, which he defined as "a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward." As Grosch and Olsen (1994) point out, his definition, like a number of others that were subsequently proposed, recognizes that burnout is not just exhaustion from overwork; it involves a loss of faith in the very enterprise of helping, and it seems particularly prevalent in "the helping professions." Insofar as psychoanalysis must be considered, first and foremost, a helping profession, analysts are far from immune to losses of faith of this magnitude. Indeed, I suspect we are especially vulnerable to them.

One of the few articles about burnout as it pertains specifically to psychoanalytic practice was written in 1986 by Arnold Cooper and entitled "Some Limitations of Therapeutic Effectiveness: The 'Burnout Syndrome' in Psychoanalysis." Burnout syndromes, Cooper (1986, p. 576) contends, are likely to occur among "those working in a setting of great emotional intensity demanding high degrees of affective awareness and control, empathy, and tolerance of uncertainty," which, as far as I can tell, is a fair description of the analytic situation. Sources of burnout, according to Cooper, are the loneliness and social isolation experienced by analysts who see patients all day, and the fact that analysts carry on their work without rewards, such as gifts and social contact.

Although Cooper seems to have addressed important aspects of the analyst's experience, his adherence to traditional psychoanalytic theory

limits the applicability of his formulations. For example, he writes, "the analytic situation is so constructed that the analyst's safety is assured — we need not answer embarrassing questions, we need not speak when spoken to, and our quirkiness is hidden behind our techniques" (Cooper, 1986, p. 580). I doubt that many analysts influenced by contemporary relational theories feel so sanguine about their safety. In contrast to Cooper, we do not consider such concepts as neutrality, abstinence, and a universally applicable technique as incontrovertible givens of the analytic situation.

In light of the many changes in the field since Cooper's article appeared, and the fact that my informal discussions with colleagues about burnout raised more questions for me than they answered, it occurred to me that I might better understand this phenomenon by canvassing a larger number of analysts than those in my acquaintance. Consequently, I developed a questionnaire about burnout in the hope of obtaining a large sampling of responses around which face-to-face conversations with concerned colleagues could revolve. The questionnaire was made available to attendees of the 24th Annual Self Psychology conference in San Francisco in November 2001 and also mailed to clinicians who were listed in the membership directory of the National Association for the Advancement of Psychoanalysis. Only 17 of the 136 clinicians (12.4 percent) who submitted completed questionnaires indicated that they had never experienced burnout, which seems to confirm my hunch that my suffering is widely shared. That the topic touched a sensitive nerve was suggested by the highly detailed and impassioned comments many respondents wrote in the spaces provided. Some even attached extra pages. Asked to comment on "your experience of burnout," for example, one respondent wrote: "Feel like I hate the work — hate my patients, no energy, no enthusiasm, sleepy, disconnected, feel overwhelmed — thankfully it doesn't happen often or for very long." Another wrote: "Losing the belief that therapy is as helpful as I once thought. Overwhelmed at times with others' grief." Asked "what else do you associate with the experience of burnout?" (besides the items listed), one respondent wrote: "Impatience, irritability, decreased tolerance, anger (more frequent, more intense), yearning for something unknown, for excitement, gratification, ease, leisure, fun, recognition, attention, creativity."

In October 2002, Annette Richard and I used the results of the questionnaire as the basis for a workshop on burnout we led at the 25th Annual Self Psychology conference in Washington, D.C., entitled "Healing the Wounds of Healing" (Brothers & Richard, 2002). Of the relatively large number of conference attendees who chose to participate in our workshop, many took the opportunity to describe their own painful experiences of burnout and their efforts to combat it. Although there were a number of commonalities in what they described, their widely disparate accounts reinforced my suspicion that it makes little sense to attempt a comprehensive theory of burnout. Rather, it seems that there are as many forms of burnout as there are clinicians who suffer from it (see also Grosch & Olsen, 1994). Nevertheless, it has recently occurred to me that one way to understand some experiences of burnout is to regard them as crises of the kind of faith I described in the last chapter, which, you may recall, sometimes arises in the aftermath of trauma. Experiences of such posttraumatic faith, I suggested, involve deep acceptance of the ineluctable uncertainty of life and, at the same time, a strong belief that one's ties to an other (or others, human or divine) cannot be broken. This sort of faith, however, is not immune to disruption or loss. Just as it is born of trauma, it may also be destroyed by trauma, and even by the threat of retraumatization.

Trauma and Burnout

In recent years traumatologists (the name that has been given to clinicians and researchers in the field of traumatic stress) have applied such labels as "compassion fatigue" (Figley, 1995), "vicarious traumatization" (Pearlman & Saakvitne, 1995), "secondary trauma" (Figley, 1997), and "trauma contagion" (Herman, 1992) to experiences that bear a great deal of resemblance to what others call burnout. A number of traumatologists have commented on this resemblance. Courtois (1993), for example, mentions that an overlap exists among vicarious traumatization, burnout (which she views as a response to a demanding, stressful, or unrewarding work situation), and countertransference. Figley (1997) considers compassion fatigue to be a form of burnout.

Vicarious traumatization is defined by Saakvitne and Pearlman (1996, p. 25) as "the transformation of the therapist's or helper's inner experience as a result of empathic engagement with survivor clients and their trauma material." They add, "Simply put, when we open our hearts to hear someone's story of devastation or betrayal, our cherished beliefs are challenged and we are changed" (Saakvitne & Pearlman, 1996, p. 25). I believe their remarks contain two assumptions held in common by the leading traumatologists: (1) Trauma or PTSD found among clinicians who treat trauma survivors is likely to be secondary; it results from exposure to the suffering of those in their care; and (2) prolonged experiences of empathy and compassion for trauma patients contribute to the clinician's suffering.

I find myself at odds with both of these assumptions. My reasons for rejecting them may help to explain how I see the relationships among trauma, faith, and burnout. First of all, from my perspective, the traumas that are involved in the burnout experiences of analysts are neither secondary nor vicarious. Since I assume that analysts are as likely to have undergone traumas as their patients (see Chapter 4), the traumas that may ignite burnout are those we have already experienced and dread reexperiencing in our work with patients. I do not mean to suggest that we are unaffected by our patients' traumas, but listening to their accounts of them, harrowing as they may be, is not likely to be traumatizing. That is, they are not likely to destroy the certainties that organize our experience. It is the dread of a retraumatizing loss of certainty that I see as setting the stage for burnout. Insofar as this dread is often the impetus for the emergence of extreme and inflexible relational patterns like those I described in earlier chapters, they are antithetical to experiences of the sort of faith I outlined above.

Second, I disagree that it is the provision of empathy or compassion, the opening of their hearts per se, that renders clinicians vulnerable to burnout. I see burnout as more likely to occur among clinicians whose empathy and compassion have been thrown into question or who find themselves unable to feel empathic and compassionate. I can think of no worse fate for someone who has committed his or her life to healing the wounds of trauma than to discover that no healing has occurred.

Faith Healer

Am I endowed with a unique and awesome gift?… Am I a con man? Was it all chance? — or skill? or illusion? — or delusion? Precisely what power did I possess? Could I summon it? When and how? Was I its servant? Did it reside in my ability to invest someone with faith in me or did I evoke from him a healing faith in himself? Could my healing be effected without faith? But faith in what? — in me?— in the possibility? — faith in faith? (Friel, 1980, pp. 12–13)

Although these questions might well have been asked by an analyst in the throes of burnout, one whose ability to heal has been thrown into question, they are not. They are lines spoken on stage by Frank Hardy, the central character in Brian Friel's (1980) masterful play entitled *Faith Healer*, which was first produced at the Longacre Theatre in New York on April 5, 1979, and then revived in New York in 2006. I found in Friel's play, which is as much an inquiry into faith as it is into healing, profound understanding of the challenges confronting those of us who have chosen to work in what Goldner (1991, p. 251) has called "the discipline most practiced in the art of uncertainty."

As a man tormented with uncertainty over his life's work, Frank attempts to explain what drove him to offer miracle cures during performances in seedy town halls across Wales and Scotland by alluding to "nights of exultation, of consummation," (Friel, 1980, p. 12). These occurred after he had laid his hands on someone and "watched him become whole in my presence" (Friel, 1980, p. 12). As it is for many of us who are convinced that our psychological survival depends on healing others, when Frank was able to believe in the authenticity of his gift for healing, he was filled with hope.

I doubt that there are many analytic writers who have captured the dilemma of those whose urgent desire for healing conflicts with an even more urgent desire for certainty as acutely as Friel has done in this play. Consider Frank's description of his audiences:

They were a despairing people…. Longing to open themselves and at the same time fearfully herding the anguish they contained against disturbance…. And even though they told themselves they

were here because of the remote possibility of a cure, they knew in their hearts they had come not to be cured but for confirmation that they were incurable; not in hope but for the elimination of hope; for the removal of that final, impossible chance — that's why they came — to seal their anguish, for the content of a finality. (Friel, 1980, p. 15)

His lines reminded me of a number of patients for whom the only certainty in a horribly unpredictable world is their own suffering. For them, any sign that healing has occurred, or is even possible, must be denied lest it catapult them into a vortex of uncertainty. That Friel thoroughly comprehended experiences of this sort is evident in Frank's account of what followed when "the miracle would happen":

And then — panic — panic — panic! Their ripping apart! The explosion of their careful calculations! The sudden flooding of dreadful, hopeless hope! I often thought it would have been a kindness not to go near them. (Friel, 1980, p. 15)

Not only are patients who have undergone repeated retraumatization vulnerable to "dreadful, hopeless hope," but analysts as well. I have been filled with this tormenting mix of feelings with some patients who, over and over, seem to come within range of their dreams, only to have those dreams splintered by some cruel circumstance beyond their control. I think of being with Sue, whose treatment I described in Chapter 6, when a stressful experience puts her at the mercy of wildly swinging moods that grind her creative efforts to a halt. As she once again seeks comfort in her certitude that she is doomed to misery and failure like her mother, my faith in the power of our connection dissolves. At such moments, hope becomes my enemy, and I see nothing ahead for us but darkness.

This darkness, I find, does not only congeal around my relationship with Sue, but, to some extent, spreads itself throughout the network of systems that comprise my relational universe. Is it possible that all of my patients are bound together in ways they know little about? Could it be that the ups and downs that any one of them experiences affect all the others? And what of the countless friends and relatives whose lives are touched by my patients' experiences and my own? Are they also affected?

Friel's belief in the interconnectedness of all who heal and seek healers is conveyed in the following observation Frank offers about his audience:

> I would look at them and sometimes I got a strange sense that they weren't there on their own behalf at all but as delegates, *legati*, chosen because of their audacity; and that outside, poised, mute, waiting in the half-light, were hundreds of people who held their breath while we were in the locality. (Friel, 1980, p. 15)

If we realize that to heal one person is to bring a glimmer of hope to everyone in that person's relational universe, how much more appalling is the discovery that our efforts to heal have failed!

Faith Healer consists of four monologues; between the two delivered by Frank Hardy is one by Grace, a woman whose love for him seems to be unconditional, and another by Teddy, his loyal manager. Insofar as each character tells a different, often contradictory, version of his or her tragic story, the play brings to mind a familiar source of uncertainty in our work as analysts: Much as we may accept, without questioning its veracity, a patient's evolving story of his or her life, we cannot help but realize that what we are being told might very well contradict versions told by others in that patient's life. We also know that our own involvement with a patient affects the unfolding of his or her story, but just how it does so cannot be determined with any precision.

Insofar as the conflicting accounts of Frank's relationship with Grace offered by the play's three characters are never fully reconciled, many questions about their enduring bond remain unanswered. For example, we might ask what made being with Frank so compelling that Grace abandoned her career as a solicitor in order to be with him. What kept her bound to him despite his cruel "erasion" of her during the times when he agonized over the unpredictability of his ability to heal? Perhaps, despite his mistreatment of her, Grace devoted herself to Frank in the same way that adherents cling to a brutal, although charismatic cult leader, that is, as a guardian of certainty (see Chapter 7). Grace's recollection of Frank as he prepared to confront an audience supports this understanding:

> And when you speak to him he turns his head and looks beyond you with those damn benign eyes of his, looking past you out of

his completion, out of that private power, out of that *certainty* that was accessible only to him. (Friel, 1980, p. 20, italics added)

Friel strongly hints that Frank's quest for certainty was born of trauma. In Chapter 3, I suggested that trauma might, metaphorically, be considered exile from a world of hope. Since a great deal of Irish drama in the last century concerned itself with the experience of actual exile, it is not surprising to find that this theme is prominent in Friel's work as well (Deane, 1986). Quite a few of his characters are social outsiders or outcasts who have been forced to abandon the Ireland they love, not on account of economic or political pressure, but out of psychological necessity. Frank is no exception. His 20-year exile from his family home in Ballybeg seems to have followed traumatic disruptions in his relationship with his father. He recounts an incident from his childhood in which his father is asked by a friend, Eamon Boyle, about the occupation Frank might choose in adulthood. After recalling that his father answered, "Be Jaysus, Boyle, it'll be hard for him to beat his aul fella!" Frank adds:

And for the first time I saw that his mouth was filled with rotten teeth. And I remember being ashamed in case Boyle (his father's friend) had seen them, too. (Friel, 1980, p. 42)

Frank's painful memory hints at the traumatizing destruction of a childhood certainty that his father was worthy of his idealization. Kohut (1971, 1977, 1984) has suggested that failures in the realm of our idealized connections to caretaking figures may result in future problems in our work lives, as well as deficits in the ability to self-soothe, leaving us vulnerable to addictions (we learn that Frank's alcoholism worsened as he aged). Frank's memory also suggests traumatizing disappointments related to his experience of himself as a unique, differentiated person. His father clearly was unable to see Frank as anything but an extension of himself, and therefore unable to appreciate, much less celebrate, Frank's alterity. Kohut has argued that such failures result in "narcissistic disorders" similar to those manifested in Frank's alternations between shame-ridden self-deprecation and grandiose claims to a god-like endowment.

Seamus Deane (1986) notes that Friel's characters often invent "consoling fictions" about themselves and others. Frank's inventions about his father's occupation is a perfect example. Although, according to Grace, Frank's father worked as a storeman in a factory in Limerick, Frank variously described him as "a stonemason and a gardener and a bus-driver and a guard and a musician" (Friel, 1980, p. 22). Such fictions, to the extent that they camouflage assaults on one's psychological integrity, function much like the uncertainty-transforming dreams and fantasies that often come to dominate a traumatized person's experience.

We have also seen that iron certitude frequently dominates posttraumatic experience. Frank's unwavering conviction that he was worthless unless he could exert absolute command over his gift for healing is a good example. Tragically, the only times Frank was able to feel such command was when he knew that his gift would fail him. This dreadful article of faith was closely linked to another: that an early death would end his suffering. Friel leaves little doubt that Frank went willingly to a death he seems to have anticipated.

Having ended his long exile and returned to Ireland, Frank cures the injured finger of a member of a wedding party at a pub in Ballybeg. This act provokes the drunken and, as it turns out, murderous partygoers to fetch a wheelchair-bound invalid named McGarvey for Frank to cure. When the pub's landlord tells Frank that McGarvey's condition is incurable, Frank responds that he knows this to be true. And when the landlord warns that these "savage bloody men" will kill him for failing to heal McGarvey, Frank says, "I know that, too" (Friel, 1980, p. 43).

The play ends as Frank describes approaching McGarvey and his killers. His last monologue ends with the following words:

> And as I moved across the yard towards them and offered myself to them, then for the first time I had a simple and genuine sense of home-coming. Then for the first time there was no atrophying terror; and the maddening questions were silent. At long last I was renouncing chance. (Friel, 1980, p. 44)

Let us consider the possible meaning of Frank's final words. Does he utter them as an expression of suicidal despair? Or are they, as Margaret Strain (2004) suggests, evidence that the healer has humbled himself to accept that which defies reason and control — faith and salvific

illumination? She suggests that in proclaiming that he was "renouncing chance," Frank accepts that his gift is the result of neither randomness nor accident, but the "presence of the transcendent within him" (Strain, 2004, p. 68). Strain is not alone in finding elements of mysticism, Celtic legend, and Christian faith in the play. Block (2000) and Robinson (1987) see Frank as a Christ figure.

I have wondered if, in its conclusion, *Faith Healer* illuminates the sort of faith that may arise in the wake of trauma. Does Frank's mention of a "genuine sense of home-coming" signal his emergence from the lonely exile that followed his traumatizing disappointments in his father? In renouncing "chance," has Frank cast off his tormenting uncertainty about the endurance of selfhood? Does he surrender himself and his impossible quest for control over his gift in the faith that he will be held, at last, by a divine "father," with whom his spirit would endure? Frank's penultimate lines suggest this may be true:

> … as I walked [toward McGarvey] I became possessed of a strange and trembling intimation; that the whole corporeal world — the cobbles, the trees, the sky … somehow they had shed their physical reality and had become mere imaginings…. And that intimation in turn gave way to a stronger sense: that even we had ceased to be physical and existed only in spirit, only in the need we had for each other. (Friel, 1980, p. 44)

Sarah

I have located the roots of Frank's tormenting uncertainty about himself and his capacity to heal in early childhood traumas. Early traumas seem also to have played a role in the burnout experience of Sarah, a dear and esteemed colleague who has discussed her life and her work with me over long dinners in Italian restaurants.

In what we agreed must be a "model scene" (Lichtenberg, 1989), Sarah vividly recalls herself at age six, peering up at a hospital window. Behind the glass, she can barely discern the form of her beloved grandmother who is waving to her for the last time. Experiences of being barred from contact with a sickly, elusive woman, from whom she desperately seeks emotional sustenance, pervade Sarah's life. Her

relationship with her mother seems to have been filled with them. One that grievously affected Sarah occurred immediately following her grandmother's death. Not only did her grief-stricken mother fall into a prolonged depression, but she seems to have used what limited energy she could summon to care for Sarah's little brother, barely a year old at the time, as well as her father, a stroke victim.

A repetition of this traumatizing abandonment occurred a few years later when Sarah's mother developed tuberculosis. Out of fear that she might infect her children with the highly contagious disease, she was quarantined in her room. Once again, Sarah found herself barred from the sickroom of a woman whose relational engagement she urgently required. To make matters worse, she was deprived of witnesses to her lonely exile. Because tuberculosis was considered a shameful "disease of poverty," she was sworn to secrecy about the nature of her mother's illness. From that time on, Sarah remembers her mother as either ill (the tuberculosis medication she was given predisposed her to other debilitating conditions) or preoccupied with illness. Sarah finally found the healing closeness she craved as she nursed her mother through her last illness, amyotrophic lateral sclerosis (ALS).

Sarah recalls her mother as warm, generous, and loving. In fact, despite the illnesses that deprived her of continuous maternal contact, Sarah believes hers was a reasonably happy childhood. Fortunate in possessing the social skills needed to form vital relationships with other children, she looks back fondly on the many contented hours she spent at play with peers. Her gifts as an athlete also enabled her to take pride in her physical as well as emotional strength. In this respect, as well as in temperament, Sarah feels she more closely resembled her working-class father than her refined, well-educated mother.

Since her mother and many of her mother's relatives were educators, Sarah never felt that she actually "chose" her first career as a kindergarten teacher. It was only after she left teaching to attend social work school that she found her calling as a psychotherapist. After completing a course of training at a reputable psychoanalytic institute, she developed a successful private practice. Her professional life was enriched by her participation in a study group led by eminent figures in the field, as well as a peer supervision group that would "hire" supervisors among the field's elite.

When Sarah first discussed her experiences of burnout with me, she suggested that they might be associated with loss. In fact, a recent bout of burnout had coincided with the deaths of five important people in her life, including two long-term patients. Around the same time, several patients had ended their successful therapeutic relationships with her and her patient load had dwindled. Her inability to resolve her grief as quickly as she had expected left her feeling disillusioned, demoralized, and morbidly preoccupied with signs of her own aging.

Just at the time Sarah was reeling from her losses, she learned from colleagues that her analyst, whom she had first consulted at the time of her mother's battle with ALS, was also grieving the death of someone close. Longing to bridge the distance that had begun to separate her from this highly competent woman, and hoping to find a consoling echo in her grief, Sarah summoned the courage to ask her about the death. To her dismay, her analyst steadfastly refused to answer her, perhaps in the belief that doing so would violate the "frame" of their analytic relationship. Crushed by the sense of hopelessness and apathy that spread like a shadow across her life, Sarah felt she had little choice but to leave the treatment.

Although Sarah did not connect her analyst's withdrawal behind a wall of analytic anonymity with her mother's withdrawal into depression and illness, it soon became apparent that she experienced the woman's refusal to confide in her as a retraumatizing blow. She was again relegated to a bleak and lonely place beyond arm's reach of a beloved woman.

To understand what it was about her analyst's refusal that proved so devastating, it is useful to return to what Stern (2004) describes as "present moments," "now moments," and "moments of meeting." Of present moments, his term for directly lived, temporal experiences, Stern (2004, p. 219) notes that while they last only several seconds, they "accumulate and probably account for the majority of incremental therapeutic change that is slow, progressive and silent." "A now moment," he notes, "is a present moment that suddenly pops up and is highly charged with immediately impending consequences" (Stern, 2004, p. 151). Describing their significance for therapeutic change, Stern explains:

> These special present moments, when they suddenly arise, threaten the status quo of the relationship and challenge the intersubjective field as it has been mutually accepted until then.... They test the therapist and the therapy. They set the stage for a crisis that

needs some kind of resolution. This resolution occurs in a differ-
ent kind of special moment called a moment of meeting. (Stern,
2004, p. 220)

I suspect that Sarah's question about her analyst's loss constituted
a now moment in her treatment. By refusing to answer, Sarah's analyst
failed the test it posed. That is, her analyst's refusal to answer Sarah's
question prevented a moment of meeting from occurring. You may
remember that in Chapter 7 I develop the notion that it is within moments
of meeting that experiences of faith may emerge within the therapeutic
relationship. I suggest that such faith may well be the "something more"
than interpretation that promotes therapeutic change. Since analysts
and patients are more likely to develop faith when they are freed from
what Stern et al. (1998, p. 908) call "the imperative of regulation," it
strikes me that the analyst's rigid clinging to what she may have believed
was proper technique resulted in a devastating loss of faith.

A similar failure occurred in my work with one of my own patients,
although the circumstances were quite different. Permit me a brief
detour that I hope will serve to introduce my own burnout experience.
In my discussion of *Faith Healer* I have called attention to the ways in
which Frank's struggles as a healer resembled those of many analysts. A
striking dissimilarity between them lies in his apparent lack of remorse
for, and obliviousness to, the cruelty he inflicted on those close to him.
As analysts, many of us seem to drape ourselves in mantles of "good-
ness." That is, we experience ourselves, and feel that we are experienced
by others, as caring, trustworthy, and altruistic. However, as anyone
who has worked as a therapist for even a short time comes to know, our
mantles are often in danger of falling in tatters from our shoulders. It
is not only that we are often faced with patients who reproach us for
being uncaring, untrustworthy, and self-serving, but also that we are
continually forced to question how far short of our own ideal of "the
good healer" we have fallen.

A number of the postings to an online colloquium sponsored by
IARPP (2005) that was entitled "The Analyst's 'Badness' in the Analytic
Process: A Roundtable Discussion" seemed to capture the horror many
analysts feel when they become aware of themselves as falling short of
their own standard of goodness. As I reflect on what was probably the
worst bout of burnout in my professional life, I realize that it involved

this horror. It all seemed to turn on one particular moment in a thera-
peutic relationship, a moment in which I raised my shoulders and then
dropped them again. Yet this brief gesture — a shrug — proved devas-
tating for me as well as for the patient toward whom it was directed.

The Shrug

Zoe, a highly articulate, intelligent, and sophisticated 34-year-old
woman, entered treatment with me in the throes of profound disappoint-
ment in Arnold, her previous therapist. Zoe explained that during the
first several years of therapy with Arnold she had felt more clearly seen
and better cared for than ever before in her life. However, at some point,
according to Zoe, Arnold began to change. He took phone calls during
sessions, forgot appointments, and otherwise showed gross insensitivity
to Zoe's needs. When her efforts to confront Arnold with the changes
she perceived in his behavior were met with denials and pathologizing
interpretations about her hypersensitivity, Zoe left treatment.

In the early months of our work together Zoe and I seemed to feel
equally appreciative of one another. I found Zoe to be charming, engag-
ing, and insightful, and I felt very lucky to have her for a patient. Com-
paring me to Arnold, Zoe said, with her characteristic eloquence, "I
thought Venice was the most magnificent city in the world until I saw
Paris." Our Parisian honeymoon was very short indeed. To my chagrin,
I realized that I was increasingly falling short of Zoe's expectations
— and my own. The effortless attunement of our first sessions broke
down as I chose the wrong words, or uttered them with a discordant
tone of voice, or failed to speak when she had hoped I would. Although
we both suffered from the injurious aftereffects of my behavior, which,
we came to understand, reopened wounds inflicted during her abusive
childhood, I remained convinced that our work together would eventu-
ally prove healing.

On one fateful day, however, Zoe's pained expression informed me
that I had committed an especially egregious error in relating. How
could I have failed to return a phone message in which she had informed
me of her father's death? she demanded. I explained that since she had
been estranged from her father for many years and had not sounded
particularly upset, I had not understood that she needed to hear from

me right away. She replied that any responsible therapist would have known better than to have accepted her blasé manner at face value. After all, her father's abusiveness had affected every part of her life. Was not word of his death worthy of some notice on my part? What could I have been thinking? After listening to her complaints for several minutes, I shrugged. On reflection, I believe I meant to convey something like, "Yes, I know I let you down, but, come now, my not calling you wasn't that big a deal."

"You shrugged!" Zoe said, her voice dripping with contempt, "How could you!" But then, as if possessed by some particularly malicious demon, and hardly aware of doing so, I shrugged a second time. "You did it again?" Zoe said in disbelief. Finally, after a long silence in which she seemed overcome with excruciating pain, she murmured, "Haven't you anything to say to me?" "I'm terribly sorry," I blurted, overcome with shame and remorse. Zoe's eyes, which had been fixed on me searchingly, now filled with tears. She ran out of my office without looking back.

What could possibly have led me to shrug that second time? I wondered. I knew very well that Zoe reacted intensely to the implicit, non-verbal dimension of our interactions, and that she often interpreted my behavior in ways that seemed to have little to do with my conscious intentions. I decided that my first shrug was a spontaneous, self-protective action, devoid of malicious intention. But to have shrugged again seemed to me inexplicable — and inexcusable!

When Zoe appeared for her next appointment, she appeared to be more angry than hurt. She insisted that I explain my reason for shrugging. "I think I was feeling vulnerable and I shrugged to protect myself from your anger," I said feebly. "Is that all you can say?" Zoe asked icily. With that she rose and left my office again. When I phoned to entreat her to return so that we could explore what had happened, she indicated that if I did not know, it would not be safe for her to continue working with me.

Unable to make sense of my behavior, or Zoe's for that matter, I consulted a number of colleagues. All offered words of comfort and support, but none helped me to understand what had happened. Several suggested that I would feel relieved by her absence. And for a time I did feel liberated by the thought that perhaps with Zoe gone, the tormenting mixture of guilt and shame I felt would eventually subside. But it was not long after Zoe left treatment that I began to feel that the burdens I

carried as an analyst were weighing down upon me more heavily than I had imagined possible. I found it increasingly difficult to rouse myself from bed to begin my day. I could barely remember the pleasure I once had taken in the sights and sounds of my early morning stroll to my office. My gaze seemed to have become permanently locked to the pavement, and as I walked, I heard nothing but my own sighs. Once at work, the hours seemed to drag. I worried that my therapeutic relationships were stagnating. Was I really helping anyone? Had I ever helped anyone? Perhaps I was not cut out to be an analyst after all. Perhaps I would feel better if I devoted myself entirely to teaching and writing and gave up clinical practice.

It was only when memories of my work with Zoe began to intrude into my waking thoughts and permeate my dreams that I connected my misery with what had happened between us. In one dream during this period, I welcome her into my office only to find it littered with shards of broken glass. Reflecting on the dream, it finally dawned on me that I had meant to hurt Zoe. Shrugging a second time after I knew full well she had been injured by my first shrug had been a hostile act. For the first time, I connected my failure to return her call informing me of her father's death with what had been happening in my own life at the time. I had been terribly worried that the illness of a beloved relative would prove life threatening. Now it occurred to me that I could not have returned her call without confronting her with the powerful meanings of her father's death. Nor could I have made the call without confronting myself with the fearful possibility that my relative might die. When, in that fateful session, she inadvertently called my avoidance into question, my shrug expressed the rage I could not feel, or accept.

As soon as I acknowledged my intention to inflict pain, Zoe's reactions began to make sense to me. I realized that by failing to admit my wish to hurt her, I had subjected her to what she had claimed was the worst part of her father's abusiveness. A handsome politician who was well respected in their community, Zoe's father had blamed his vicious physical and verbal attacks on her provocations. How could she remain in treatment with someone who also disavowed her hurtfulness? At the same time, I glimpsed what it was about my shrugging that had been even more devastating. Zoe's abusive father had claimed so much of our attention that her mother had remained a shadowy figure in the background of our therapeutic scrutiny. Yet, I had long suspected that

her mother's neglect and indifference, her tendency to respond to Zoe's reproaches with silence or self-justifications, had been equally, if not more, harmful to Zoe's development. It was as if she had responded to Zoe with one long shrug. That her mother might never have actually raised her shoulders did not matter. It was her mother's virtual shrug that had thrown Zoe's relational world into meaningless chaos. It informed Zoe that she could not count on anyone to acknowledge that her suffering mattered, that she mattered, that she even existed.

Within days of these realizations, a strange, I would almost say uncanny, thing occurred: Zoe and I found ourselves on the same crosstown bus, something that had never happened before. My greeting must have conveyed to her that I had changed. The next day she phoned me, "I'm doing much better," she said, "thanks to our work together. But I had to leave, didn't I?" I said that I thought I understood why she did. Almost as soon as we resumed our twice-weekly sessions, my burnout vanished. I felt transformed, eager to tackle the challenges that working with Zoe presented.

Just as Sarah's analyst failed her test of faith, so had I failed Zoe's. I believe that my inability to acknowledge my wish to hurt her with my shrug prevented a moment of meeting from occurring. How could I have been so blind to my own experience? I have already mentioned that I feel most certain of maintaining self-sustaining connections when I experience myself as serving others. So, it is one thing for me to be accused of being hurtful when I mean no harm, and quite another to actually wish to hurt another person, especially one entrusted to my care. Given Zoe's severe distress and my dread of facing the specter of a loved one's death, I could not surrender myself to uncertainty. I was held in the grip of my own "regulatory imperative" (Stern et al., 1998, p. 908), which, in this situation, involved disavowing and dissociating my hurtful intention. Having prevented a moment of meeting from occurring, not only was an opportunity for faith precluded, but the delicate shoots of faith that had begun to sprout between Zoe and me were trampled.

I believe that it was just this destruction of faith that made my life as an analyst seem intolerably burdensome. Maintaining my disavowal took every ounce of strength at my disposal. Once I was able to face my wish to hurt Zoe, I could consider my hurtfulness in a context that allowed me to feel compassion for the painful dilemma into which Zoe's phone call had plunged me. I am grateful for the many moments of

meeting that have occurred between us since her return, and I deeply regret those in which our faith in one another is sorely tested.

Most of the psychoanalysts I know would be quite distressed to be called faith healers. The appellation rings with charlatanism and fakery. Yet, if a faith healer can be thought of as someone who heals faith, I am not sure I would mind. In a profession that confronts us with the fragility and precariousness of life, sometimes on a moment-to-moment basis, healing the faith that allows us to live uncertainly seems a worthy enough purpose.

Epilogue
Rewinding the Thread

Without a minotaur in sight, there is no way to tell if we have run out of thread anywhere near the center of the psychoanalytic labyrinth. However, as I mentally retrace the steps we have taken in considering how the experience of existential uncertainty is systemically transformed, it strikes me that as a relational system in its own right, psychoanalysis is exquisitely suited for such transformation. Perhaps all theories that provide explanations about human experience in the form of general principles are likely to reduce uncertainty among its adherents. None more so than classical Freudian theory. With its emphasis on universality and its insistence on a uniform clinical technique, it must have been a godsend for early analysts picking their way over newly broken ground. In contrast, contemporary relational theories that celebrate the uniqueness of each psychoanalytic dyad and call for greater spontaneity, play, and mutuality in the analytic relationship seem to court uncertainty. How brave we explorers have become!

One of the many things I have learned in writing this book is that labyrinths are not the same as mazes. According to Saward (2003), to qualify as a maze, a design must have choices in the pathway; it must be *multicursal*. A labyrinth, in contrast, is *unicursal*. Convoluted as it usually is, only one pathway leads inexorably from its entrance to the goal.

I have also learned that mazes cannot always be clearly differentiated from labyrinths; some mazes appear to have a single path, while some labyrinths seem to have several.

Psychoanalysis might be likened to both. Its maze-like properties are striking. Not only must analysts choose among the various analytic theories, but together with their patients they must continually decide which to follow of the multitudinous pathways that open before them. Moreover, they can never be certain in advance which will bring them closer to their goal and which will lead to discouraging blind alleys. Still, it is the labyrinthine quality of psychoanalysis that calls to me. Combining the imagery of circles and spirals, a labyrinth symbolizes wholeness, a concept inseparable from healing. If not to become more whole as we help others to heal, why else would we venture down the often dangerous, twisting meanders that constitute an analytic relationship?

Psychoanalysis is unlike any known labyrinth in that its form seems to be ever changing and ever expanding. I would like to think — no, I have faith — that as we continue our explorations, we will discover truer paths to mutual healing and growth.

BIBLIOGRAPHY

The American heritage dictionary of the English language. (New College Edition). (1980).

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Aries, P. (1981). *The hour of our death* (H. Weaver, Trans.). New York: Knopf.

Armstrong, K. (1993). *A history of God: The 4000-year quest of Judaism, Christianity, and Islam*. New York: Knopf.

Armstrong, K. (2000). *The battle for God: A history of fundamentalism*. New York: Random House.

Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis*. Hillsdale, NJ: Analytic Press.

Atwood, G. E., & Stolorow, R. D. (1984). *The structures of subjectivity*. Hillsdale, NJ: Analytic Press.

Auden, W. H. (1949). Refugee blues. In G. K. Anderson & E. L. Walton (Eds.), *This generation* (p. 790). Chicago: Scott, Foresman and Company. (Original work published 1939)

Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Washington, DC: Joseph Henry Press.

Becker, E. (1973). *The denial of death*. New York: Free Press.

Beebe, B. (1986). Mother-infant mutual influence and precursers of self and object representations. In J. Masling (Ed.) *Empirical studies of psychoanalytic theories, vol. 2.* (pp. 27–48). Hillsdale, NJ: The Analytic Press.

Beebe, B., Jaffee, J., & Lachmann, F. (1992). A dyadic systems view of communication. In N. Skolnick & S. Warshaw (Eds.), *Relational perspectives in psychoanalysis* (pp. 61–81). Hillsdale, NJ: The Analytic Press.

Beebe, B., Jaffee, J., & Lachmann, F. (1994). A dyadic systems model of mother-infant regulation: Implications for the origins of representations and therapeutic action. *Psychologist Psychoanalyst, 14*, 27–33.

Beebe, B., & Lachmann, F. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: Analytic Press.

Benjamin, J. (1991). Father and daughter: Identification with a difference — a contribution to gender heterodoxy. *Psychoanalytic Dialogues, 1*, 277–300.

Benjamin, J. (1995). *Like subjects, love objects*. New Haven, CT: Yale University Press.

Benjamin, J. (1998). *Shadow of the other: Intersubjectivity and gender in psychoanalysis*. New York and London: Routledge.

Benoliel, J. Q. (1997). Death, technology, and gender in postmodern American society. In S. Strack (Ed.), *Death and the quest for meaning* (pp. 31–56). Northvale, NJ: Jason Aronson.

Bernstein, R. J. (1983). *Beyond objectivism and relativism: Science, hermeneutics, and praxis*. Philadelphia: University of Pennsylvania Press.

Bernstein, R. J. (1995). *The new constellation. The ethical-political horizons of modernity/postmodernity*. Cambridge, MA: The MIT Press.

Bion, W. (1967). Notes on memory and desire. *Psychoanalytic Forum*, 2, 271–280.

Blackstone, J. (2004, November). *Workshop duo: Spiritual psychoanalytic dialogue*. Paper presented at the 27th International Conference on the Psychology of the Self, San Diego.

Bland, O. (1986). *The royal way of death*. Ondonon: Constable.

Block, E. (2000). Brian Friel's *Faith Healer* as post-Christian, Christian drama. *Literature and Theology*, 14, 189–207.

Bloom, S. (1997). *Creating sanctuary. Toward the evolution of sane societies*. New York: Routledge.

Bollas, C. (1987). *The shadow of the object*. New York: Columbia University Press.

Bornstein, M. (2004). The problem of narcissism in psychoanalytic organizations: the insularity of power. *Psychoanalytic Inquiry*, 24, 71–85.

Brazelton, T. B., Koslowski, B., & Main, M. (1974). The origins of reciprocity. In M. Lewis & L. Rosenblum (Eds.), *The effects of the infant on its caregiver* (pp. 49–70). New York: Wiley.

Brenner, C. (1996). The nature of knowledge and the limits of authority in psychoanalysis. *Psychoanalytic Quarterly*, 65, 21–31.

Bromberg, P. M. (1994). "Speak! That I may see you": Some reflections on dissociation, reality, and psychoanalytic listening. *Psychoanalytic Dialogues*, 4, 517–547.

Bromberg, P. M. (2003). "One need not be a house to be haunted." On enactment, dissociation, and the dread of "not-me." A case study. *Psychoanalytic Dialogues*, 13, 689–709.

Bronheim, H. E. (1994). Psychoanalysis and faith. *Journal of the American Academy of Psychoanalysis*, 22, 681–697.

Brothers, D. (1993). The search for the hidden self: A fresh look at alter ego transferences. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 9, pp. 191–207). Hillsdale, NJ: Analytic Press.

Brothers, D. (1994). Dr. Kohut and Mr. Z. Is this a case of alter ego countertransference? In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 10, pp. 99–114). Hillsdale, NJ: Analytic Press.

Brothers, D. (1995). *Falling backwards: An exploration of trust and self-experience*. New York: Norton.

Brothers, D. (1998). Exploring the "bi" ways of self-experience: dissociation, alter ego selfobject experience, and gender. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 14, pp. 233–252). Hillsdale, NJ: Analytic Press.

Brothers, D. (2000a). Beyond the black holes: trauma, trust betrayal and dissociation. *Australian Journal of Psychotherapy*, *19*, 10–43.

Brothers, D. (2000b, November). *Faith and passion in self psychology, or, swimming against the postmodern tide of uncertainty*. Paper presented at the 23rd International Conference on the Psychology of the Self, Chicago.

Brothers, D. (2001). *Ghosts of the silver screen and other self-psychological reflections on the acceptance of death*. Paper presented at the 24th International Conference on the Psychology of the Self, San Francisco.

Brothers, D. (2003a). Clutching at certainty: Thoughts on the coercive grip of cult-like groups. *Group*, *27*, 79–88.

Brothers, D. (2003b). After the towers fell: Terror, uncertainty, and intersubjective regulation. *Journal for the Psychoanalysis of Culture and Society*, *8*, 68–76.

Brothers, D., & Lewinberg, E. (1999). The therapeutic partnership. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 15, pp. 259–284). Hillsdale, NJ: Analytic Press.

Brothers, D., & Lewinberg, E. (2000a). Surviving the death of Oedipus: Tips for self psychologists. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 16, pp. 359–384). Hillsdale, NJ: Analytic Press.

Brothers, D., & Lewinberg, E. (2000b). Contemplating the death of Oedipus. *Gender and Psychoanalysis*, *4*, 497–515.

Brothers, D., & Richard, A. (2002, October). *Healing the wounds of healing: A self-psychological workshop on "burnout."* Workshop presented at the 25th International Conference on the Psychology of the Self, Washington, D.C.

Brothers, D., & Richard, A. (2003, November). *The cult of certainty: A self-psychological view of the quest for "unembedded being" in a coercive training program*. Paper presented at the 26th International Conference on the Psychology of the Self, Chicago, IL.

Brothers, L. (2001). *Mistaken identity. The mind-brain problem reconsidered*. Albany: State University of New York Press.

Brothers, L. (2002). The trouble with neurobiological explanations of mind. *Psychoanalytic Inquiry*, *22*, 857–870.

Brown, R. J. (2006). Different types of "dissociation" have different psychological mechanisms. *Journal of Trauma and Dissociation*, *4*, 7–28.

Bruner, J. (1994). The narrative construction of "reality." In A. Massimo & D. N. Stern (Eds.), *Psychoanalysis and development: Representations and narratives*. New York: New York University Press.

Campion, J., & Pullinger, K. (1994). *The piano. A novel*. New York: Hyperion.

Cavell, M. (1988). Interpretation, psychoanalysis, and the philosophy of mind. *Journal of the American Psychoanalytic Association*, *36*, 859–879.

Chiland, C. (2003). *Transsexualism: Illusion and reality* (P. Slotkin, Trans.). Middletown, CT: Wesleyan University Press.

Chodorow, N. J. (1992). Heterosexuality as a compromise formation: Reflections on the psychoanalytic theory of sexual development. *Psychoanalysis and Contemporary Thought*, *15*, 267–303.

Chodorow, N. J. (1995). Multiplicities and uncertainties of gender: Commentary. *Psychoanalytic Dialogues*, *5*, 291–299.

Coates, S. W. (1997). Is it time to jettison the concept of developmental lines? *Gender and Psychoanalysis*, *2*, 35–53.

Cocks, G. (1994). *The curve of life: Correspondence of Heinz Kohut, 1923–1941*. Chicago: University of Chicago Press.

Coburn, W. J. (2002). A world of systems: The role of systemic patterns of experience in the therapeutic process. *Psychoanalytic Inquiry*, *22*, 654–677.

Cohen, J. (1980). Structural consequences of psychic trauma: A new look at *Beyond the Pleasure Principle*. *International Journal of Psycho-Analysis*, *61*, 421–432.

Cohen, J. (1981). Theories of narcissism and trauma. *American Journal of Psychotherapy*, *35*, 93–100.

Cohen-Kettenis, P. T., & van Goozen, S. H. M. (1996, June). *Preference for and reactions to sexual and aggressive stimuli in children*. Poster presented at the 22nd Annual Meeting of the International Academy of Sex Research, Rotterdam, The Netherlands.

Cohn, J. & Tronick, E. (1988). Mother–infant face-to-face interaction: Influence is bidirectional and unrelated to periodic cycles in either partner's behavior. *Developmental Psychology*, *24*, 386–392.

Concise Oxford dictionary (10th ed.). (1999). New York: Oxford University Press.

Cooper, A. M. (1986). Some limitations of therapeutic effectiveness: The "burnout syndrome" in psychoanalysts. *Psychoanalytic Quarterly*, *55*, 576–598.

Corbett, K. (1996). Homosexual boyhood: Notes on girlyboys. *Gender and Psychoanalysis*, *1*, 429–463.

Courtois, C. A. (1993, Spring). Vicarious traumatization of the therapist. *National Center for Posttraumatic Stress Disorder Newsletter*, *3*, 2.

Crawford, J. (1996). The severed self: Gender as trauma. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 12, pp. 269–283). Hillsdale, NJ: Analytic Press.

Croce, B. (1922). *Frammenti D'etica*. Bari, Italy: Gius, Laterza & Figle.

d'Aulaire, I., & d'Aulaire, E. P. (1962). *Book of Greek myths*. Garden City, NY: Doubleday.

Davis, C. (1996). *Levinas: An introduction*. Notre Dame, IN: University of Notre Dame Press.

De Casper, A., & Carstens, A. (1980). Contingencies of stimulation: Effects on learning and emotion in neonates. *Infant Behavior and Development*, *4,* 19–36.

de Marneffe, D. (1997). Bodies and words. *Gender and Psychoanalysis*, *2*, 3–33.

Decker, L. J. (1993). The role of trauma in spiritual development. *Journal of Humanistic Psychology*, *33*, 33–46.

Deane, S. (1986). Introduction. In *Selected plays, Brian Friel* (Irish Drama Selections Series, No. 6, pp. 11–22). Washington, DC: The Catholic University Press.

Derrida, J. (1978). Violence and metaphysics: An essay on the thought of Emmanual Levinas. In *Writing and Difference* (A. Bass, Trans.), p. 99–153. Chicago: University of Chicago Press.

Dillon, M. C. (1997). *Merleau-Ponty's Ontology* (2nd ed.). Evanston, IL: Northwestern University Press.

Dorpat, T. L. (1996). *Gaslighting: The double whammy, interrogation, and other methods of covert control in psychotherapy and analysis*. Northvale, NJ: Jason Aronson.

Eagle, M. (1984). *Recent developments in psychoanalysis: A critical evaluation*. New York: McGraw-Hill.

Edelman, G.M. (1987). *Neural Darwinism*. New York: Basic Books.

Edelman, G. M. (1988). *Topobiology: An introduction to molecular embryology*. New York: Basic Books.

Edelman, G. M. (1989). *The remembered present: A biological theory of consciousness*. New York: Basic Books.

Edelson, M. (1984). *Hypothesis and evidence in psychoanalysis*. Chicago: University of Chicago Press.

Eisold, K. (2004). Psychoanalytic training: The "faculty system." *Psychoanalytic Inquiry*, 24, 51–70.

Engel, S. (1999). *Context is everything: The nature of memory*. New York: W. H. Freeman & Co.

Eugenides, J. (2002). *Middlesex*. New York: Farrar, Straus, Giroux.

Fateux, K. (1997). Self-reparation in religious experience and creativity. In C. Spezzano & G. J. Gargiulo (Eds.), *Soul on the couch. Spirituality, religion and morality in contemporary psychoanalysis* (pp. 11–41). Hillsdale, NJ: Analytic Press.

Fausto-Sterling, A. (1994, Summer). The five sexes: Why male and female are not enough. *Men as We Are*, 23–24.

Feifel, H. (1959). *The meaning of death*. New York: McGraw-Hill.

Feifel, H. (1990). Death and psychology: Meaningful rediscovery. *American Psychologist*, 45, 537–543.

Feifel, H. (1992). The thanatological movement: Respice, adspice, prospice. *Loss, Grief, and Care*, 6, 5–16.

Field, T. (1981). Infant gaze aversion and heart rate during fact-to-face interactions. *Infant Behavior and Development*, 4, 307–315.

Field, T., Healy, B., Goldstein, S., Perry, D., Bendell, D., Schanberg, S., Simmerman, E., & Kuhn, O. (1988). Infants of depressed mothers show "depressed" behavior even with non-depressed adults. *Child Development*, 59, 1569–1579.

Field, T., Woodson, R., Greenberg, R., & Cohen, D. (1982). Discrimination and imitation of facial expressions by neonates. *Science*, 218, 179–181.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Bruner Mazel.

Figley, C. R. (1997). *Burnout in families: The systemic costs of caring*. New York: CRC Press.

Fogel, A. (1982). Affect dynamics in early infancy: affective tolerance. In T. Field and A. Fogel (Eds.), *Emotion and early interaction* (pp. 15–56). Hillside, NJ: Erlbaum.

Fogel, A. (1993). *Developing through relationships: Origins of communication, self and culture*. Chicago: University of Chicago Press.

Fogel, A., & Lyra, M. C. D. P. (1997). Dynamics of development in relationships. In F. Masterpasqua and P. A. Perna (Eds.), *The psychological meaning of chaos* (pp. 75–94). Washington, DC: American Psychological Association.

Fogel, A., Nwokah, E., Dedo, J. Y., Messinger, D., Dickson, K. L., Matusov, E., & Holt, S. (1992). Social process theory of emotion: A dynamic systems approach. *Social Development*, *1*, 122–142.

Fosshage, J. L. (1995). An expansion of motivational theory. *Psychoanalytic Inquiry*, *15*, 421–436.

Fox, C. R., & See, K. E. (2003). Belief and preference in decision under uncertainty. In D. Hardman & L. Macchi (Eds.), *Thinking: Psychological perspectives on reasoning, judgment, and decision making* (pp. 273–314). New York: Wiley.

Frankel, A. S. (2002). President's message: A close encounter of the polemic kind. *The International Society for the Study of Dissociation News*, *20*, 1, 5.

Freud, S. (1953). Three essays on the theory of sexuality. In *Standard edition of the complete psychological works* (Vol. 7, pp. 125–245). London: Hogarth Press. (Original work published 1905)

Freud, S. (1933). *A new series of introductory lectures on psycho-analysis*. New York: W.W. Norton.

Freud, S. (1953). Formulations on the two principles of mental functioning. In *Standard edition of the complete psychological works* (Vol. 12, pp. 342–344). London: Hogarth Press. (Original work published 1911)

Freud, S. (1953). Some psychical consequences of the anatomical distinction between the sexes. In *Standard edition of the complete psychological works* (Vol. 19, pp. 243–258). London: Hogarth Press. (Original work published 1925)

Freud, S. (1955). Mourning and melancholia. In *Standard edition of the complete psychological works* (Vol. 14, pp. 243–258). London: Hogarth Press. (Original work published 1917)

Freud, S. (1955). The uncanny. In *Standard edition of the complete psychological works* (Vol. 17, pp. 217–252). London: Hogarth Press. (Original work published 1919)

Freud, S. (1955). Beyond the pleasure principle. In *Standard edition of the complete psychological works* (Vol. 18, pp. 3–64). London: Hogarth Press. (Original work published 1920)

Freud, S. (1955). The ego and the id. In *Standard edition of the complete psychological works* (Vol. 19, pp. 3–59). London: Hogarth Press. (Original work published 1923)

Freud, S. (1955). The future of an illusion. In *Standard edition of the complete psychological works* (Vol. 21, pp. 5–56). London: Hogarth Press. (Original work published 1927)

Freud, S. (1955). Civilization and its discontents. In *Standard edition of the complete psychological works* (Vol. 21, pp. 59–145). London: Hogarth Press. (Original work published 1930)

Freud, S. (1957). The unconscious. In *Standard edition of the complete psychological works* (Vol. 14, pp. 159–215). London: Hogarth Press. (Original work published 1915)

Freud, S. (1959). Obsessive actions and religious practices. In *Standard edition of the complete psychological works* (Vol. 9, pp. 115–129). London: Hogarth Press. (Original work published 1907)

Freud, S. (1959). Thoughts for the times on war and death. In *Collected papers* (Vol. 4, pp. 288–317). New York: Basic Books. (Original work published 1915)

Freud, S. (1964). Analysis terminable and interminable. In *Standard edition of the complete psychological works* (Vol. 23, pp. 216–253). London: Hogarth Press. (Original work published 1937)

Freudenberger, H. (1974). Staff burnout. *Journal of Social Issues*, 30, 159–165.

Friedman, A. W. (1997). Modernist attitudes toward death. In S. Strack (Ed.), *Death and the quest for meaning* (pp. 109–134). Northvale, NJ: Jason Aronson.

Friel, B. (1980). *Faith healer*. London: Faber and Faber.

Frommer, M. S. (2005). Living in the liminal spaces of mortality. *Psychoanalytic Dialogues*, 15, 479–498.

Fulton, R. (1997). Death, society, and the quest for immortality. In S. Strack (Ed.), *Death and the quest for meaning* (pp. 329–344). Northvale, NJ: Jason Aronson.

Gadamer, H. (1976). *Philosophical hermeneutics* (D. E. Linge, Trans.). Berkeley: University of California Press.

Galdston, I. (1955). Eros and thanatos: a critique and elaboration of Freud's death wish. *American Journal of Psychoanalysis*, 15, 123–134.

Galileo, G. (1960). The assayer (S. Draker and C. D. O'Malley, Trans.). In *The controversy on the comets of 1618: Galileo Galilei, Horatio Grassi, Mario Guiducci, Johann Kepler.* Philadelphia: University of Pennsylvania Press. (Original work published 1623)

Gardner, M. (1981). *Science: Good, bad and bogus*. New York: Prometheus Books.

Gargiulo, G. J. (1997). Inner mind/outer mind and the quest for the "I": Spirituality revisted. In C. Spezzano & G. J. Gargiulo (Eds.), *Soul on the couch. Spirituality, religion and morality in contemporary psychoanalysis* (pp. 1–9). Hillsdale, NJ: Analytic Press.

Gay, P. (1987). *A godless Jew. Freud, atheism, and the making of psychoanalysis*. New Haven, CT: Yale University Press.

Gay, P. (1988). *Freud: A life for his time*. New York: Norton.

Gendlin, E. T. (1962). *Experiencing and the creation of meaning: A philosophical and psychological approach to the subjective*. New York: Free Press of Glencoe.

Gerhardt, J. (2003). Does or should the past go away? Commentary on paper by Donna Orange. *Psychoanalytic Dialogues*, *13*, 105–128.

Ghent, E. (1990). Masochism, submission, surrender: Masochism as a perversion of surrender. *Contemporary Psychoanalysis*, 26, 108–136.

Gill, M. (1994). *Psychoanalysis in transition*. Hillsdale, NJ: Analytic Press.

Gilman, C. P. (1966). *Women and economics: A study of the economic relation between men and women as a factor in social evolution*. New York: Harpertrade. (Original work published 1898)

Gilovich, T., Griffin, D., & Kahneman, D. (2002). *Heuristics and biases: The psychology of intuitive judgements*. New York: Cambridge University Press.

Gleick, J. (1987). *Chaos: Making a new science*. New York: Penguin.

Goldberg, C. (1991). *Understanding shame*. Northvale, NJ: Jason Aronson.

Goldner, V. (1991). Toward a critical relational theory of gender. *Psychoanalytic Dialogues*, *1*, 249–272.

Greenberg, J. R., & Mitchell, S. (1983). *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.

Grigsby, J., & Schneiders, J. L. (1991). Neuroscience, modularity, and personality theory: Conceptual foundations of a model of complex human functioning. *Psychiatry*, *54*, 21–38.

Grosch, W. N., & Olsen, D. C. (1994). *When healing starts to hurt. A new look at burnout among psychotherapists*. New York: W. W. Norton.

Grosskurth, P. (1991). *The secret ring: Freud's inner circle and the politics of psycho-analysis*. Reading, MA: Addison-Wesley.

Grotstein, J. S. (1986). The psychology of powerlessness: Disorders of self-regulation and interactional regulation as a newer paradigm for psychopathology. *Psychoanalytic Inquiry*, *6*, 93–118.

Grunbaum, A. (1984). *The foundations of psychoanalysis. A philosophical critique*. Berkeley: University of California Press.

Hacking, I. (1999). *The social construction of what?* Cambridge, MA: Harvard University Press.

Hanly, C. (1988). Review of *The Foundations of Psychoanalysis* by A. Grunbaum. *Journal of the American Psychoanalytic Association*, *36*, 521–528.

Harris, A. (1991). Gender as contradiction. *Psychoanalytic Dialogues*, *1*, 197–224.

Harris, A. (2005). *Gender as soft assembly*. Hillsdale, NJ: Analytic Press.

Harris, A., & Sklar, R. (1998). Wild film theory, wild film analysis. *Psychoanalytic Inquiry*, *18*, 222–237.

Harrison, R. P. (2003). *The dominion of the dead*. Chicago: University of Chicago Press.

Hart, J., Corriere R., & Binder, J. (1975). *Going sane: An introduction to feeling therapy*. New York: Jason Aronson.

Hartmann, H. (1956). Notes on the reality principle. *Psychoanalytic Study of the Child*, *11*, 31–53.

Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York: Harper & Row.

Heidegger, M. (1971). *Poetry, language and thought* (A. Hofstadter, Trans.). New York: Harper & Row.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hoffman, I. (1979). Death anxiety and adaptation to mortality in psychoanalytic theory. *Annual of Psychoanalysis*, 7, 233–267.

Hoffman, I. (1992). Reply to Orange. *Psychoanalytic Dialogue*, 2, 567–570.

Hoffman, I. (1998). *Ritual and spontaneity in the psychoanalytic process: A dialectical-constructivist view*. Hillsdale, NJ: Analytic Press.

Holt, R. (1984, August). *The current status of psychoanalytic theory*. Paper presented at the American Association meeting.

International Association for Psychoanalysis and Psychotherapy (IARPP). (2005, November). *The analyst's "badness" in the analytic process: A roundtable discussion* (Colloquium Series No. 7). Retrieved November 18, 2005, from http://www.iarpp.org/html/resources/colloquia

James, W. (1902). *The varieties of religious experience: A study in human nature*. New York: Longmans, Green, and Co.

Joffe, W. G., & Sandler, J. (1968). Comments on the psychoanalytic psychology of adaptation, with special reference to the role of affects and the representational world. *International Journal of Psycho-Analysis*, 49, 445–454.

Jung, C. G. (1966). *Fundamental questions of psychotherapy. Collected works*. Princeton: Princeton University Press. (Original work published 1951)

Kauffman, S. (1991). Antichaos and adaptation. *Scientific American*, 264, 78–84.

Keats, J. (1848). Letter to George and Thomas [February 3, 1817]. In R. M. Miles (Ed.), *Life letters and literary remains of John Keats*.

Kerr, J. (2004). "The goody-goodies are no good": notes on power and authority in the early history of psychoanalysis, with special reference to training. *Psychoanalytic Inquiry*, 24, 7–29.

Kirmayer, L. J. (1994). Pacing the void: Social and cultural dimensions of dissociation. In D. Spiegel (Ed.), *Dissociaton: Culture, mind, and body* (pp. 91–122). Washington, DC: American Psychiatric Press.

Kirschner, S. R. (1996). *The religious and romantic origins of psychoanalysis*. Cambridge, U.K.: Cambridge University Press.

Klein, G. S. (1976). *Psychoanalytic theory: An exploration of essentials*. New York: International Universities Press.

Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. New York: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Kohut, H. (1978). "Eros and thanatos": A critique and elaboration of Freud's death wish by Iago Galdston. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1950–1978* (Vol. 1, pp. 177–185). New York: International Universities Press. (Original work published 1955)

Kohut, H. (1978). Introspection, empathy, and psychoanalysis: An examination of the relationship between mode of observation and theory. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1950–1978* (Vol. 1, pp. 205–232). New York: International Universities Press. (Original work published 1959)

Kohut, H. (1978). Forms and transformations of narcissism. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1950–1978* (Vol. 1, pp. 427–460). New York: International Universities Press. (Original work published 1966)

Kohut, H. (1978). On leadership. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1978–1981* (Vol. 3, pp. 103–128). New York: International Universities Press. (Original work published 1969–1970)

Kohut, H. (1978a). Psychoanalysis in a troubled world. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1950–1978* (Vol. 2, pp. 511–547). New York: International Universities Press.

Kohut, H. (1978b). Creativeness, charisma, group psychology: Reflections on the self-analysis of Freud. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1950–1978* (Vol. 2, pp. 793–844). New York: International Universities Press.

Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.

Kohut, H. (1991). Four basic concepts (letter written on September 9, 1978, p. 456). In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1978–1981* (Vol. 4, pp. 447–470). New York: International Universities Press. (Original work published 1979)

Kohut, H. (1991). Selected problems in self psychological theory. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1978–1981* (Vol. 4, pp. 489–524). New York: International Universities Press. (Original work published 1980)

Kohut, H. (1991). Introspection, empathy, and the semicircle of mental health. In P. H. Ornstein (Ed.), *The search for the self. Selected writings of Heinz Kohut: 1978–1981* (Vol. 4, pp. 537–568). New York: International Universities Press. (Original work published 1981)

Kossman, M. R., & Bullrich, S. (1997). Systematic chaos: Self organizing systems and the process of change. In F. Masterpasqua & P. A. Perna (Eds.), *The psychological meaning of chaos. Translating theory into practice.* Washington, DC: American Psychological Association.

Kovacs, L. (1999). *The haunted screen: Ghosts in literature and film.* Jefferson, NC: McFarland & Co.

Kramer, J., & Alstad, D. (1993). *The guru papers: Masks of authoritarian power.* Berkeley, CA: Frog Ltd.

Krishnamurti, J., & Bohm, D. (1985). *The ending of time*. London: V. Gollancz.

Lakoff, G. (1987). *Women, fire, and dangerous things. What categories reveal about the mind*. Chicago: University of Chicago Press.

Langer, L. L. (1975). *The Holocaust and the literary imagination*. New Haven, CT: Yale University Press.

Laub, D., & Auerhahn, N. C. (1993). Knowing and not knowing massive psychic trauma: Forms of traumatic memory. *International Journal of Psycho-Analysis*, 74, 287–302.

Levin, S. (1967). Some metapsychological considerations on the differentiation between shame and guilt. *International Journal of Psycho-Analysis*, 48, 267–276.

Levinas, E. (1987). *Time and the other* (R. A. Cohen, Trans.). Pittsburgh: Dusquesne University Press. (Original work published 1947.)

Levinas, E. (1999). There is: Existence without existents. In S. Hand (Ed.), *The Levinas reader* (pp. 29–36). Oxford: Blackwell. (Original work published 1947.)

Levine, H. B., & Reed, G. S. (2004). Prologue: Problems of power in psychoanalytic institutions. *Psychoanalytic Inquiry*, 24, 1–6.

Lewes, K. (1998). A special oedipal mechanism in the development of male homosexuality. *Psychoanalytic Psychology*, 15, 341–359.

Lewis, R. (2000, July). Reevaluating sex reassignment. *The Scientist*, 14, 6.

Lichtenberg, J. D. (1989). *Psychoanalysis and motivation*. Hillsdale, NJ: Analytic Press.

Limentani, A. (1979). The significance of transsexualism in relation to some basic psychoanalytic concepts. *International Review of Psycho-Analysis*, 6, 139–153.

Liotti, G. (1992). Disorganized/disoriented attachment in the ideology of the dissociative disorders. *Dissociation*, 5, 196–204.

Loewald, H. (1960). On the therapeutic action of psycho-analysis. *International Journal of Psycho-Analysis*, 41, 16–33.

Loewald, H. (1980). Perspectives on memory. In *Papers on Psychoanalysis*, New Haven, CT: Yale University Press. (Original work published 1960.)

Lyons-Ruth, K. (2000). "I sense that you sense that I sense …": Sander's recognition process and the specificity of relational moves in the psychotherapeutic setting. *Infant Mental Health Journal*, 21, 85–98.

Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.

Mahoney, M. J., & Moes, A. J. (1997). Complexity and psychotherapy: Promising dialogues and practical issues. In F. Masterpasqua & P. A. Perna (Eds.), *The psychological meaning of chaos. Translating theory into practice* (pp. 177–198). Washington, DC: American Psychological Association.

Masterpasqua, F., & Perna, P. A. (Eds.). (1997). *The psychological meaning of chaos. Translating theory into practice*. Washington, DC: American Psychological Association.

Meares, R. (2000). *Intimacy and alienation: Memory, trauma and personal being.* London: Routledge.

Meltzoff, A. (1985). The roots of social and cognitive development: Models of man's original nature. In T. Field & N. Fox (Eds.), *Social perception in infants* (pp. 1–30). Norwood, NJ: Ablex.

Meltzoff, A. (1990). Foundations for developing a concept of self: The role of imitation in relating self to other and the value of social mirroring, social modeling and self practice in infancy. In D. Cicchetti & M. Beeghly (Eds.), *The self in transition: Infancy to childhood* (pp. 139–164). Chicago: University of Chicago Press.

Miller, S. (1996). *Shame in context.* Hillsdale, NJ: Analytic Press.

Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration.* Cambridge, MA: Harvard University Press.

Mitchell, S. A. (1993). *Hope and dread in psychoanalysis.* New York: Basic Books.

Mitchell, S. A. (1998). The analyst's knowledge and authority. *Psychoanalytic Quarterly, 67,* 1–31.

Mithers, C. L. (1994). *Therapy gone mad: The true story of hundreds of patients and a generation betrayed.* Reading, MA: Addison-Wesley.

Moore, R. (1999). *The creation of reality in psychoanalysis: A view of the contributions of Donald Spence, Roy Schafer, Robert Stolorow, Irwin Z. Hoffman and Beyond.* Hillsdale, NJ: Analytic Press.

Morrison, A. P. (1994). The breadth and boundaries of a self-psychological immersion in shame: A one-and-a-half person psychology. *Psychoanalytic Dialogues, 4,* 19–35.

Nahum, J. P. (1994). New theoretical vistas in psychoanalysis. *Psychoanalytic Psychology, 11,* 1–19.

Niebuhr, H. R. (1989). *Faith on earth.* New Haven, CT: Yale University Press.

Nussbaum, M. C. (1994). *The therapy of desire: Theory and practice in hellenistic ethics.* Princeton, NJ: Princeton University Press.

Oppenheimer, A. (1991). The wish for a sex change: A challenge to psychoanalysis? *International Journal of Psycho-Analysis, 72,* 221–231.

Orange, D. M. (1992). Perspectival realism and social constructivism: Commentary on Irwin Hoffman. *Psychoanalytic Dialogues, 2,* 561–565.

Orange, D. M. (1995). *Emotional understanding: Studies in psychoanalytic epistemology.* New York: Guilford.

Orange, D. M. (2001). From Cartesian minds to experiential worlds in psychoanalysis. *Psychoanalytic Psychology, 18,* 287–302.

Orange, D. M. (2003a). Why language matters to psychoanalysis. *Psychoanalytic Dialogues, 13,* 77–104.

Orange, D. M. (2003b, April). *Trauma, dissociation, and the loss of complexity.* Paper presented at the Association for Psychoanalytic Self Psychology, New York.

Orange, D. M. (2004, November). *A view from an intersubjective systems perspective.* Paper presented at the 27th International Conference on the Psychology of the Self, San Diego.

Orange, D. M., Atwood, G. E., & Stolorow, R. D. (2002). Shattered worlds/ psychotic states: A post-Cartesian view of the experience of personal annihilation. *Psychoanalytic Psychology*, *19*, 281–306.

Ozer, E.J., Best, S., Weiss, D.S., & Lipsey, T. (2003). Correlates of post-traumatic stress disorder in adults: A meta-analysis. *Psychological Bulletin*, *129*, 52–73.

Parish, J. R. (1994). *Ghosts and angels in Hollywood: Film, plots, critiques, casts, and credits for 264 theatrical and made for television releases*. Jefferson, NC, and London: McFarland & Co.

Pearlman, L., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.

Perna, P. A. (1997). Reflections on the therapeutic system as seen from the science of chaos and complexity: Implications for research and treatment. In F. Masterpasqua & P. A. Perna (Eds.), *The psychological meaning of chaos. Translating theory into practice* (pp. 253–272). Washington, DC: American Psychological Association.

Person, E. S. (1995). *By force of fantasy. How we make our lives*. New York: Basic Books.

Piers, C. (2005). The mind's multiplicity and continuity. *Psychoanalytic Dialogues*, *15*, 229–254.

Planck, M. (1932). *Where is science going?* New York: W. W. Norton.

Popper, K. R. (1962). *Conjectures and refutations: The growth of scientific knowledge*. New York: Basic Books.

Prentice, D. A., & Miller, D. T. (2002). The emergence of homegrown stereotypes. *American Psychologist*, *57*, 352–359.

Preston, L. (2006, October). *The edge of awareness: Gendlin's contribution to explorations of the implicit*. Paper presented at the 29th International Conference on the Pyschology of the Self, Chicago.

Priel, B. (1997). Time and self: On the intersubjective construction of time. *Psychoanalytic Dialogues*, *7*, 431–450.

Prigogine, I. (1996). *The end of certainty: Time, chaos and the new laws of nature*. New York: The Free Press.

Raubolt, L., & Brothers, D. (2006). One wife's story: A relational systems approach. In R. Raubolt (Ed.), *Power games: Influence, persuasion, and indoctrination in psychotherapy training* (pp. 37–56). New York: Other Press.

Raubolt, R. (2003). Attack on the self: Charismatic leadership and authoritarian group subversion. *Group*, *27*, 65–77.

Reis, B. E. (2004). You are requested to close the eyes. *Psychoanalytic Dialogues*, *14*, 349–371.

Renik, O. (1993). Analytic interaction: Conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanalysis Quarterly*, *62*, 553–571.

Rich, A. (1979). *On lies, secrets, and silence: Selected prose, 1966–1978*. New York: Norton.

Richard, A. (2006). A therapist's initiatory journey through submission in a coercive training program. In R. Raubolt (Ed.), *Power games: Influence, persuasion, and indoctrination in psychotherapy training.* New York: Other Press.

Rivera, M. (1996). *More alike than different: Treating severely dissociative trauma survivors.* Toronto: University of Toronto Press.

Robinson, P. N. (1987). Brian Friel's *Faith Healer*: An Irishman comes back home. In W. Zach & H. Kosok (Eds.), *Literary interrelations: Ireland, England and the world* (Vol. 3, pp. 223–227). Tubingen: Gunter Naar Vertag.

Rubin, J. (1997). Psychoanalysis is self-centered. In C. Spezzano & G. J. Gargiulo (Eds.), *Soul on the couch. Spirituality, religion and morality in contemporary psychoanalysis* (pp. 79–108). Hillsdale, NJ: Analytic Press.

Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain. A workbook on vicarious traumatization.* New York: W. W. Norton & Co.

Sagan, C. (1995). *The demon-haunted world: Science as a candle in the dark.* New York: Random House.

Sander, L. W. (1977). The regulation of exchange in infant-caregiver systems and some aspects of the context-contrast relationship. In M. Lewis & L. A. Rosenblum (Eds.), *Interaction, conversation, and the development of language* (pp. 133–155). New York: Wiley.

Sander, L. W. (1985). Toward a logic of organization in psycho-biological development. In K. Klar & I. Siever (Eds.), *Biologic response styles: Clinical implictions* (Monograph Series, pp. 20–36). Washington, DC: American Psychiatric Press.

Sander, L. W. (1995a). Thinking about developmental process: Wholeness, specificity, and the organization of conscious experiencing. Invited address, annual meeting of the Division of Psychoanalysis, American Psychological Association, Santa Monica, CA.

Sander, L. W. (1995b). Identity and the experience of specificity in a process of recognition. *Psychoanalytic Dialogues*, 5, 579–593.

Sass, I., & Woolfolk, R. (1988). Psychoanalysis and the hermeneutic turn: A critique of narrative truth and historical truth. *Journal of the American Psychoanalytic Association*, 36, 429–454.

Saward, J. (2003). *Labyrinths and mazes: The definitive guide to ancient and modern traditions.* London: Gaia Books.

Schafer, R. (1968). The mechanisms of defence. *International Journal of Psycho-Analysis*, 49, 49–62.

Schafer, R. (1976). *A New Language for Psychoanalysis.* New Haven, CT, and London: Yale University Press.

Schiraldi, G. R. (2000). *The post-traumatic stress disorder sourcebook. A guide to healing, recovery and growth.* Los Angeles: Lowell House.

Severino, S. K., McNutt, E. R., & Feder, S. L. (1987). Shame and the development of autonomy. *Journal of the American Academy of Psychoanalysis*, 15, 93–106.

Shapiro, T. (1985). Psychoanalysis, philosophy, and the public. *Journal of the American Psychoanalytical Association, 33*, 5–9.

Skolnikoff, A. Z. (2004). The quest for a unified psychoanalytic theory: A retreat from uncertainty. *Psychoanalytic Inquiry*, 24, 86–105.

Smith, D. (2002, October 29). On being male, female, neither or both. *New York Times*, pp. F5–F8.

Spence, D. (1982). *Narrative truth, historical truth*. New York: W.W. Norton.

Spezzano, C. (1993). A relational model of inquiry and truth: The place of psychoanalysis in human conversation. *Psychoanalytic Dialogues*, *3*, 177–208.

Spezzano, C., & Gargiulo, G. J. (Eds.). (1997). *Soul on the couch: Spirituality, religion and morality in contemporary psychoanalysis*. Hillsdale, NJ: Analytic Press.

Spruiell, V. (1987). The foundations of psychoanalysis: An essay on a philosophical book by Adolf Grunbaum. *International Review of Psycho-Analysis*, *1*, 169–183.

Stein, R. (1995). Analysis of a case of transsexualism. *Psychoanalytic Dialogues*, *5*, 257–289.

Stern, D. B. (2003). *Unformulated experience. From dissociation to imagination in psychoanalysis*. Hillsdale, NJ: The Analytic Press.

Stern, D. N. (1974). Mother and infant at play: The dyadic interaction involving facial, vocal, and gaze behaviors. In M. Lewis & L. Rosenblum (Eds.), *The effect of the infant on its caregiver* (pp. 187–213). New York: Wiley.

Stern, D. N. (1977). *The first relationship*. Cambridge, MA: Harvard University Press.

Stern, D. N. (1985). *The interpersonal world of the infant*. New York: Basic Books.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. New York: W. W. Norton & Co.

Stern, D. N., Sander, L.W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Bruschweilerstern, N., & Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The "something more" than interpretation. *International Journal of Psycho-Analysis*, 79, 903–921.

Stevens, W. (1997). Connoisseur of chaos. In F. Kermode & J. Richardson (Eds.), *Wallace Stevens: Collected poetry and prose* (pp. 194–195). New York: The Library of America. (Original work published 1942.)

Stevenson, B. E. (1998). Silenced women, personal art, and motherhood. *Psychoanalytic Inquiry*, *18*, 183–192.

Stoller, R. J. (1968). A further contribution to the study of gender identity. *International Journal of Psycho-Analysis*, 49, 364–368.

Stolorow, R. D. (1997). Dynamic, dyadic, intersubjective systems: an evolving paradigm for psychoanalysis. *Psychoanalytic Psychology*, *14*, 337–346.

Stolorow, R. D. (1999). The phenomenology of trauma and the absolutisms of everyday life: A personal journey. *Psychoanalytic Psychology*, *16*, 464–468.

Stolorow, R. D. (2002). From drive to affectivity: Contextualizing the psychological life. *Psychoanalytic Inquiry*, *22*, 678–685.

Stolorow, R. D., & Atwood, G. E. (1979). *Faces in a cloud: Subjectivity and personality theory*. New York: Jason Aronson.

Stolorow, R. D., & Atwood, G. E. (1991). The mind and the body. *Psychoanalytic Dialogues*, *1*, 181–195.

Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Hillsdale, NJ: Analytic Press.

Stolorow, R. D., Atwood, G. E., & Orange, D. M. (2002). *Worlds of experience: Interweaving philosophical and clinical dimensions in psychoanalysis*. New York: Basic Books.

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: Analytic Press.

Stolorow, R. D., Orange, D. M., & Atwood, G. E. (2000, November). *World horizons: A post-Cartesian alternative to the Freudian unconscious*. Paper presented at the 23rd International Conference on the Psychology of the Self, Chicago.

Storr, A. (1996). *Feet of clay: Saints, sinners, and madmen: A study of gurus*. New York: Free Press.

Strain, M. (2004). Renouncing change: Salvation and the sacred in Brian Friel's *Faith Healer. Renascence: Essays on Values in Literature*, *57*, 63–70.

Strozier, C. B. (1994). *Apocalypse: On the psychology of fundamentalism in America*. Boston: Beacon Press.

Sucharov, M. (1992). Psychoanalysis, self psychology, and intersubjectivity. In R. D. Stolorow, G. E. Atwood, & B. Brandchaft (Eds.), *The intersubjective perspective*. Northvale, NJ: Jason Aronson.

Sucharov, M. (2002). Representation and the intrapsychic. *Psychoanalytic Inquiry*, *22*, 686–707.

Sucharov, M. (2004, November). *Workshop duo: Spiritual psychoanalytic dialogue*. Paper presented at the 27th International Conference on the Psychology of the Self, San Diego.

Sussillo, M. V. (2005). Beyond the grave — adolescent parental loss: Letting go and holding on. *Psychoanalytic Dialogues*, *15*, 499–528.

Taylor, C. (1995). *Philosophical arguments*. Cambridge, MA: Harvard University Press.

Thelen, E., & Smith, L. B. (2000). *A dynamic systems approach to the development of cognition and action*. Cambridge, MA: MIT Press.

Thomas, D. J. (2005). *A theory of shame: From trauma to self development*. Unpublished thesis, Macquarie University, Sydney, Australia.

Tillich, P. (1957). *Dynamics of faith*. New York: Harper Torchbooks.

Todorov, T. (1977). *The poetics of prose*. Ithaca, NY: Cornell University Press.

Tomkins, S. (1962). *Affect, imagery, consciousness: The positive affects* (Vol. 1). New York: Springer.

Tomkins, S. (1963). *Affect, imagery, consciousness: The negative affects* (Vol. 2). New York: Springer.

Tomkins, S. (1980). Affect as amplification: Some modifications in theory. In R. Plutchik & H. Kellerman (Eds.), *Emotions: Theory, research and experience* (pp. 141–164). New York: Academic Press.

Tronik, E. Z., Als, H., & Brazelton, T. B. (1977). The infant's capacity to regulate mutuality to face-to-face interactions. *Journal of Communication*, 27, 74–80.

Trop, G. S., Burke, M. L., & Trop, J. L. (2002). Thinking dynamically in psychoanalytic theory and practice. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 19, pp. 129–147). Hillsdale, NJ: Analytic Press.

Ulman, R. B., & Brothers, D. (1988). *The shattered self: A psychoanalytic study of trauma*. Hillsdale, NJ: Analytic Press.

Van den Berg, J. H. (1983). *The changing nature of man: Introduction to a historical psychology*. New York: W. W. Norton.

Van Praagh, J. (1997). *Talking to heaven: A medium's message of life after death*. New York: Dutton.

White, R. (1995). EHE terms. *American Society for Psychical Research Newsletter*, 20, 6–10.

Wilson, M. (1998). Otherness within: Aspects of insight in psychoanalysis. *Psychoanalytic Quarterly*, 67, 54–77.

Winnicott, D. W. (1965). *The maturational process and the facilitating environment: Studies in the theory of emotional development*. New York: International Universities Press.

Winnicott, D. W. (1967). Mirror-role of mother and family in child development. In *Playing and reality*. New York: Basic Books.

Wittels, F. (1924). *Sigmund Freud*. New York: Dodd-Mead.

Wittgenstein, L. (1958). *Philosophical investigations* (G. E. M. Anscombe, Trans.). Englewood Cliffs, NJ: Prentice Hall.

Wrye, H. K. (1998). Tuning a clinical ear to the ambiguous chords of Jane Campion's *The Piano. Psychoanalytic Inquiry*, 18, 168–182.

Wurmser, L. (1994). *The mask of shame*. Northvale, NJ: Jason Aronson. (Original work published 1981)

Young-Bruehl, E. (1991). Rereading Freud on female development. *Psychoanalytic Inquiry*, *11*, 427–440.

Young-Bruehl, E. (1996). Gender and psychoanalysis. *Gender and Psychoanalysis*, *1*, 7–18.

Zeddies, T. J. (2002). More than just words. *Psychoanalytic Psychology*, *19*, 3–23.

Zukav, G. (1979). *The dancing Wu Li masters: An overview of the new physics*. New York: Morrow.

INDEX

By capsizing Freud's positivist paradigm, the relational revolution challenged us to address the profound uncertainties of the treatment situation and human life in general. This book is concerned mainly with uncertainty surrounding the relational bases of selfhood and how experiences of this existential uncertainty are transformed within living systems. In development unburdened by trauma such transformations occur silently by means of the regulatory processes of everyday life, as well as through the formation of "systemically emergent certainties." Trauma destroys these certainties. The extreme transformational processes that accompany their destruction, which include the development of rigid relational patterns, come to organize treatment. This perspective sheds fresh light on clinical practice and many topics of interest to therapists such as gender, faith, cults, and burnout.

"This is a courageous and inspiring book, both scholarly and accessible. Doris Brothers invites and challenges us to bring center-stage in psychoanalytic thinking aspects often marginalized: trauma, uncertainty, gender, faith. We begin to notice personal and institutional methods of reducing life-and-death uncertainties to simplistic and tightly-held "certitudes." These methods, including denial, authoritarianism, rigid categories, and even cult-like relations, may lead to burnout and despair. Brothers' clinical accounts, illustrating her perspective for psychotherapists of varied theoretical persuasions, are gripping and thought-provoking. A great read."

—Donna Orange, Ph.D., Psy.D., Author, *Emotional Understanding: Studies in Psychoanalytic Epistemology*

"How much can one have to say about the idea of uncertainty in living and in clinical practice? With each chapter of this eloquent, deeply personal and yet universally applicable book I thought that the next chapter would have to be redundant. I was most definitely wrong. Each chapter took me on a journey—sometimes a painful one—that has enriched my own life and has added greatly to my clinical sensitivity and depth. Over and over, I found myself grateful to the author for having the emotional courage to plumb the 'trauma-generated certitudes,' for in so doing, I emerge from the reading a more resilient, more open-minded clinician."

—Lynne Jacobs, Ph.D., Psy.D., Training and Supervising Analyst, Institute of Contemporary Psychoanalysis, Los Angeles

"In bringing a relational systems sensibility to the ubiquitous condition of existential uncertainty, Doris Brothers has created a new and compelling language for the understanding of our traumatic wounds and their therapeutic transformation. This book is a major contribution not only to psychoanalysis but to all the healing disciplines."

—Maxwell S. Sucharov, M.D., Member, International Council for Psychoanalytic Self Psychology