

Activating lifeness in the analytic encounter

The ground of being in psychoanalysis

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Introduction

This chapter offers a spectrum of ideas about the bringing-to-life dimension of the therapeutic challenge. Those who have participated in the psychoanalytic tradition may be aware of key historical moments in which, not unlike other disciplines, the pendulum necessarily shifts, ushering in a new Kuhnian paradigm. In my estimation, we have embarked on one such crossroad in psychoanalysis as we move from the language of “absences” to “presences”; symbolic to semiotic (pre-symbolic and even non-symbolic); mentalization to the realm of the proto-mental; verbal to non-verbal/sensorial/procedural; receptivity to “emphatic resonances”; interpretive to enactive fields; subjectivity to awakening (from states of de-subjectivization); and word to thing (Peltz, 2018).

The emphasis here is on activating affective, *vitalizing presences* in the field of the analytic relationship—transformation in action—transformation in being, in which we “use all there is to use”¹ to establish emotional contact. When vital contact is made and sustained, thus kick-starting, rebooting, or even “booting” development, the more familiar “dreaming” process can proceed—à la Bion (1965), Ogden (2003), and Ferro (2002a)—or the entry into the sealed-off vault of heretofore unknowable absences, i.e., death objects (Durban, 2017).

I will draw on a beautiful collection of essays about the significance of fiction by James Wood (2015) to elaborate on this phenomenon of *vitalizing presences*. For Wood, fiction “open(s) up abysses” (p. 25), capturing the “details” of a character—the “*magical fusion*” achieved by gathering the “bits of life ... with the writer’s literary

artifice—which allow(s) that artifice to indeed convert into new life” (pp. 38–39). According to Wood, “details are not lifelike but irreducible: things-in-themselves, what I would call *lifeness itself*”” (p. 39).

In this chapter, I will offer a collection of ideas that illustrate the need for the establishment of that lifeness—a “palpable present-intimate,” in the words of Henry James (as quoted in Wood, 2015, p. 39) in the therapeutic setting akin to what Wood describes is present in novels. We are speaking here of the “flesh” (Merleau-Ponty, 1968) of intimacy as a felt experience in the therapeutic setting. In our psychoanalytic lexicon, these experiences partake of “bodily reveries” (Civitarese, 2016), the “motor imagination” (Stern, 2010) that drives our connections, those viscerally shared experiences in the field among other shared perceptual, sensory, textual, and so on, experiences. They contain the emergent “whatness” (Alvarez, 2012) or “thisness” (Wood, 2015) or “withness” (Eshel, 2013) of each unique analytic story, such that a “pocket of resistance” (Peltz, 2012a) is established—which, of course, can never be fully captured or described, but holds within it the “lifeness” that is itself necessary in and for life. These fleeting moments of lifeness animate our souls. They make life worth living. They hold the “truth” of our “own-most” fleeting and impossible-to-capture flashes of life—what Wood coins as “life-surplus”—the “punctum” of a photo (Barthes, 1981), the “face” of a painting (Berger, 2001), the “O”-ness of Bion’s (1965) O. I am trying to approach vitalizing contact-making” at its core, which could be considered the domain of the soul. Infant researchers describe “action schemas,” non-symbolic attentiveness, our operative vs. cultivated languages, and Ogden’s (2019) “ontological” domain of being, which I think of as the beginning register of this vitalizing domain.

Wood (2015) says of a story:

But if the life of a story is in its excess, its surplus, in the riot of things beyond order and form, then it can also be said that the life-surplus of a story lies in its details, for details represent those moments in a story where form is outlived, cancelled, evaded. I think of details as nothing less than bits of life sticking out of the frieze of form, imploring us to touch them.

Our patients also implore us to touch them. My aim here is to close in on the register of life-surplus as it comes alive in the therapeutic encounter and consider how such liveness serves in *establishing the ground of being in psychoanalysis*. Only from this ground can we approach our patients' more treacherous death haunts. Where are we when we feel most alive? Or, put another way with regard to our clinical work, what register are we in with our patients when what I am calling a vitalizing exchange occurs? What are we "presencing"? Can we think of these experiences forming the ground for what Cartwright (2008) refers to as "containing states of mind"? The proto-containing states of being? Or, do they live somewhere else?

Before proceeding I find myself looking back over the 35-plus years of doing clinical work. By now, I imagine many of us have found a comfortable "way" of being our analytic selves when we work. I notice myself being more and more of that self—perhaps holding back less or, put it another way, being acutely aware of coming forward more. The worst thing that can happen is that I am wrong in what I have said or done. But I have moved into this *forward-coming stance* because I have decided it is more important that my presence is felt than that I am right. I am hoping for a form of engagement that generates presences in the face of all of life's inevitable absences, not to mention absences associated with the frame of our work (Peltz, 1998; Gurevich, 2008; Chetrit-Vatine, 2014; Goldberg, 2018b). I also think that we are living in an era in which we are called upon to engage in the *life-affirming dimensions* of our lives, and that it is no accident that this shift is bubbling up in our theories now. Until recently, we have heard more about the "fort" than the "da" part of Freud's game in our meta-theories. I think the tide has shifted—not necessarily because we see more disturbed patients, but because our metaphors are changing—from digging, which used to be the metaphor for what we did to achieve "depth," to keenly receiving, enhancing, amplifying, and actuating what is happening (Ogden, 1999; Alvarez, 2012; Foehl, 2014; Peltz, 2015; Goldberg, 2018a).

Emergent enabling registers (of shared experience)

I think many of us were trained to try to explain our patients and thus we focused on the causal dimensions of our work—the *whys*.

Why is patient X so disregulated, so self-critical, so resigned? What are the operative unconscious phantasies, defenses, relational patterns, internal object representations? We have learned to formulate dynamic explanations, based on the stories and internal dynamics we piece together while mostly listening. While these formulations are critical, they have often felt divorced from the emergent demands of the clinical situation—a lament I often hear about in supervision with candidates and trainees. I think we are in the midst of a shift to attending much more closely to the lived experiences of being with our patients—day by day, session by session—cultivating an engaged and more *phenomenological* rather than *explanatory* approach. This underscores what Alvarez (2012) calls the *descriptive and the vitalizing* dimensions of what's happening—the territory Ogden (1999) began charting when he wrote: "the music of what happens in poetry and psychoanalysis," what Stern (2010) refers to as "vitality forms." Rather than seeking explanations and trying to "understand," from more distant and observing positions, this shifting tide in theory and clinical practice is allowing—perhaps is even *demanding* of us—to "enter into" the field of the relationship, to move in close, keeping a second eye on what we have entered and what it stirs in us (Civitarese, 2010).

Furthermore, sometimes we must insert ourselves in very real and embodied ways, again referring to Alvarez's (2012) work and what she calls *vitalizing presences* (see also Gerson, 2013; Schwartz Cooney, 2018). Of course, all child therapists know this. It is often the only way of being with children. One of my claims here is that it is useful that all of us consider ourselves child therapists in relation to the contacting dimension of our work (Peltz, 2018).

What is a *vitalizing presence*? A vitalizing presence is a presence that momentarily awakens the most rudimentary capacity in a person to feel alive as her/himself. "In each baby," Winnicott remarks, "... is a *vital spark* and this urge towards life and growth and development is part of the baby, something the child is born with and which is carried forward in a way that we do not have to understand" (1964, p. 27).² Winnicott (1945) begins with what he calls "personalization"—one's "own-most" sense of oneself in one's body in the world, as "me." *Indwelling* is another term he used—"This is where I live." *Un-integration* is another term—"This is how I (safely) fall apart." As we know full well by now, that sense of *me-ness* begins as a *we-ness*.

For Winnicott, that we-ness begins in the conceptualization of the hyper-attentive mother who houses the infant in and with herself—*Home is where we start from* (Winnicott, 1986). In Goldman's words, "At the heart of Winnicott's work lays an abiding concern for the *urge toward life* and with the deadness that results from failures to create and discover a world that can tolerate one's own aliveness" (Goldman 2012, p. 333).

When we have all had the occasion to meet a patient in the context of their often trauma-filled, chaotic familial and social worlds, we immediately register the *direness—the visceral necessity of establishing vital emotional contact*. At the same time, we know about the *difficulty of doing exactly that*. We can find ourselves describing the stages of doing this, beginning with those first months in which we acutely notice, sense, and accompany this person (and ourselves with him/her), *speaking simply and directly*. We might add that we keep our comments "close to" our "experiences" together. Then we might notice a sudden shift, which we are able to notice out loud. What was happening here? *A place is being established—a place for being sensed, steadied, and held—even enveloped* (Anzieu, 1987)—*gently and firmly, in the manner that our patient can tolerate*. I think of the ways we are called upon to reach for our "maternally preoccupied" internal objects—who listen for the baby's breathing, cries, stirrings; who try to figure out the baby's rhythms, spatial preferences, carefully calibrating when to stimulate, when to calm, and when to simply "be." This is a regular yet paradoxically hyper-acute state of mind—a "pre-historic" time and place, in that it is the place of immediate and present cohabitation, of embodied and timeless presence, where everything is what it is—a place before the capacity to inquire (and thus constitute one's presence as a person in time) is attained.

When we are with our patients, yes, we use our words, but fundamentally we are acutely and "attentively" perceiving, sensing, receiving in the hope of establishing a place in time—a special time where, despite all that has or has not happened in their lives, a new place can be established—a place where what I call the "face" of him or her can show itself (Peltz, 2012a). This state of acute sensitivity and perception we try to reach in ourselves is as desperate as it is ordinary. In the instances in which a child's life was dominated by the absence of a

maternally pre-occupied presence, our primary task is to innocuously and unobtrusively establish such a presence in the space that we share with him or her.

As an undergraduate student reading philosophy, I came across a wonderful action phrase that captures the spirit of such a vital personalization. Merleau-Ponty (1962) coined the phrase, "*Je peux du monde!*"³—one's experience of "able-ness in the world," a sense of capacity to be and to live in the world, the verb form or action-oriented way of saying "the world is my oyster." Out of Winnicott's embodied psyche-soma comes Merleau-Ponty's experience of "ableness/*pouvoir*," as active engagement in the world. What flows from this rudimentary sense of one's embodied self is everything—depending on the capacities of the environment to meet, or in Wood's terms, to "seriously notice." A vitalizing presence is a presence that allows one to feel alive, in some instances to be "born again." How? Alvarez (2012) might say, "By *Mattering!*" She calls this the "hey" dimension, as in "hey—you matter!"

In the realm of our meta-theories and the assumptions they are grounded in, we have not caught up with ourselves. We are still used to thinking about exercising "parameters" of the frame—those guilty *extras*—in relation to the degree of pathology present, or in terms of the degree to which a person is capable of symbolic functioning—a harkening back to old debates about the differences between wish and need in Winnicott's terms; or conflict and deficit in Anna Freud's. Even in more contemporary writings, I hear the assumption that the less interpretive responses to pre-verbal or non-verbal unconscious or non-conscious communications necessarily partake of more disturbance or primitive pathology, which may be correct, but not the whole picture. I think we are still rather haunted by the privileged status of representation and the capacity for symbolization, viewing other more direct experiences as lesser and indicative of more disturbance.

Ogden's (1988, 1989) contribution of the autistic-contiguous position and re-visioning of Kleinian stages to a theory that posits non-stages but dialectically constituted/decentered states of subjectivity present throughout life helps us move from a logic of linear to a non-linear spiraling process of development also present in non-linear

systems theory (Seligman, 2005). In another sphere altogether, infant research—pointing to “the non-symbolic implicit/procedural level” (Beebe, 2004, p. 3)—directs us to the “action dialogues of our non-verbal communication” (p. 5). Ogden (2008) also makes the critical distinction between Winnicott’s conception of holding and Bion’s of containing—holding pertaining to being and containing to thinking— and describes the complex relationship between the two, akin perhaps to the *proto-containing dimension* (Cartwright, 2008) of holding. Here, I am trying to home in on the active holding dimension—the hyper-attentive, awakening dimension of environmental holding that sometimes translates into firm handling.

My favorite field theorists, notably Ferro (2002a) and Civitaresse (2010), refer to unsaturated interpretations—interpretations that are hearable and usable, that expand what can be felt and clearly don’t persecute the person to whom they are addressed. Unsaturated interpretations represent a move toward a more proactive vitalization in the field (Elise, 2019). Such interpretations are “joining” in the sense that they join people where they are in the language that they speak, including no language at all, or rather a language of the non-verbal, the rhythmic, gestural, and expressive. I would add that we are then joining people in a *medium* that engages them.⁴ I think we hope to discover the medium that best captures a person’s imagination and embodied, vital sensibility in our work. When that medium is not the one we typically rely on ourselves, does that make the person more disturbed? Is formal/symbolic language, or the state of the transference, our primary mode of communication? What about all of the “derivative” forms of communication that exist, particularly those that we would consider “semiological” (Kristeva, 1982), pre-linguistic, embodied, action forms of communication? We seem to hold an implicit hierarchy of communication even though we also know that without the music the words fall flat. In addition, let us not forget that, in response to the call to be seen as oneself by our patients, we are equally called to allow ourselves to come forth, as best we are able under the circumstances—as analysts. One problem is that we, too, have needs for symmetry (Matte Blanco, 1988)—we can privilege our own love of language in interpretation and diminish other forms of expressive communication.

Grotstein (2004) inquires:

Why is it, then, that a truth exists that we believe we cannot tolerate, yet, when an analyst properly interprets this truth to us—employing the right timing and dosage—we experience relief? Perhaps the truth embedded in the interpretation is something about which we already had a premonition but were unable, on our own, to bear. But we could bear it when it came from someone with whom we have a unique relationship of dependency, especially mother or analyst ... Our newfound ability to tolerate a Truth after an interpretation suggests that there was more to the interpretation than just the cognitive and emotional message articulated within it. I believe the missing element is the transference itself, but transference considered in a new way—transference as containment ... I believe that the vouchsafing of the safety of an interpretation may constitute the ultimate meaning of containment.

(p. 107)

This is no small task—the vouchsafing of the safety of an interpretation! This may indeed capture the ground of being in analysis. Perhaps what precedes that vouchsafing are all of the proto-containing, activating, holding/vitalizing, and contact-full dimensions of the transference as containment.⁵

There are many instances scattered throughout our analytic chronicles of spontaneous, often anomalous, encounters that created new and transformational possibilities—vitalizing encounters that often challenged analysts in what they held as “the right way.” I am thinking particularly of members of the independent tradition where one can find Milner’s (1987) discovery of her child patient’s need for a “pliable medium,” Bollas’s (1989) encounter with a person’s “idiom,” Kennedy’s (1993) freedom to relate, Casement’s learning from the patient, and Symington’s (1983) “acts of freedom.”

These analytic writers and clinicians, among many others, offered examples of breaches between the psychoanalytic ideas they held dear and what was required by the work they were doing with their patients. In that process, they mounted new theories. As we continue moving in the direction of healing those breaches, we, too, are generating new

models that restore the body and soul to the mind of our work, what Alvarez (2012) calls the “thinking heart,” only I believe this applies to more than work with autistic and severely disturbed children. I would like us to consider “Alvarez for grown-ups,” in which we draw on her work and the growing body of literature on the *ground level* of contact making, including the work of infant-parent researchers so as to integrate the ideas coming from multiple directions about how the capacity for story making in the first place rests on internalizing and intertwining with embodied and engaging story-holding presences. The capacity to weave any kind of narrative is already quite an achievement. I would hold that more than “containment” is happening in that form of contact-making engagement. With that in mind, I would like to focus on the nature of this shifting paradigm, which I believe rests on a different epistemology grounded in what Merleau-Ponty (1968) describes as an *interwining*.

Epistemological shift—a new ground for experiencing and meaning making

One could say that the critique of one-person psychoanalytic models begun by Greenberg and Mitchell (1983) in the 1980s initiated the last great paradigm shift in psychoanalysis. In the time between then and now, the *ground* of inter-subjectivity has been firmly established. Some might say the same regarding our *grounded-ness* in the social world. Nonetheless, many of the tenets contained within modernist thinking—inextricable from the classical theories generated in their time—remain with us even as we shift our thinking and practices.

The new epistemology of which I speak takes issue with the dualistic/binary logic present in established psychoanalytic theories. Reis (1999) has written about the need for “transcending the Cartesian limitations of the classical paradigm” (p. 372). Among them are the dualisms created between mind and body, subject and object, internal (mental) and external (material), to name a few. According to Reis (2010), in the dualism between mind and body, bodily sensation is:

split from the mental operation(s) that are thought to yield experience and representation . . . Such an approach paradoxically elevates

the representational contents of the mind to a privileged status over perception, making what is in the mind even more “real” than the world as experience, or immediate relations with others.

(p. 696)

Reis adds that even Bion’s theory of alpha and beta suffers the limitation of a dualism between psychic representation and raw sense data (p. 696). He argues in favor of a shift from an empiricist intellectualist tradition to a more phenomenological one in which there is no such thing as isolated datum of perception, but rather that “the perception of something is always in the middle of something else, it always forms a part of a ‘field’” (Merleau-Ponty, as quoted in Reis, 2010, p. 697). Reis says, “Even our most rudimentary perceptions are not atomistic, but complex relational events, always identified against a larger field” (p. 697). For Merleau-Ponty (1964), “the world which is given in perception . . . is the concrete inter-subjectively constituted life-world of immediate experience” (p. xvi). Again quoting Reis (2010), “Within this logic there is no dualistic separation between body and world or body and cognition or cognition and world” (p. 697). Perhaps this is what Winnicott means when he insists on a maternal-infant unit in which the world in and of the mother intertwines with the infant psyche-soma and equally reverses as the world in and of the infant psyche-soma intertwines with the psyche-soma of the mother, who is herself intertwined in her time and place in the world of family, culture, and society. Reis (2010) encourages us to extend the psychoanalytic notion of dreaming by broadening the conception of dreaming from a private, intrapsychic event to one that includes the body and to think how this sort of dreaming may disclose the world rather than represent it (p. 698).

Let me zoom in closer now. What is the difference between a dream that discloses and one that represents? A dream that discloses illuminates the unconscious dreamer in her world. It simultaneously spins inwards and outward as the dream itself engages the dreamer in the world of the dream and the process of dreaming. We may ask, what is the dream doing? What is the dream saying? Where does it point? A dream that represents explains. It explains what things stand for. It has an endpoint—perhaps a teleology. It points to what things

"mean." Merleau-Ponty's dream has no endpoint. It perpetually engages the dreamer to the dawning disclosure of the dream and neither the dreamer nor the dream will ever be the same as a consequence of that engagement. A dream is dreaming-producing, just as Wood's (2015) "story is story-producing" (p. 36).

Wood (2015) quotes Thomas de Quincey: "The mere understanding, however useful and indispensable, is the meanest faculty in the human mind and the most to be distrusted: and yet the great majority of people trust to nothing else" (p. 79). In asking what things mean, we limit our perspective—what we can see, sense, feel, intuit. When we dream—whether asleep or awake—and then we speak of the dream, we are speaking to dreaming "in its own language—an act of critique that is at the same time a re-voicing" (Wood, 2015, p. 84) and in that process something new emerges. Reis (2010) notes that:

as regards meaning—meanings are not pre-formed, or formed only inside the individual ... There is no place that meaning is—meaning is a constant process of becoming and transforming ... The emergent properties of these truths and phantasies are the function of the enactive field—which is in constant flux.

(p. 701)

I have been a member of a writing group. In the process of listening to each other's poems, I have learned the difference between a poem that discloses and one that explains. Our leader cautions us over and over again not to explain, to let the words speak for themselves, to take the reader into the world of the poem rather than explaining what it is after or about. So it goes with Merleau-Ponty's intertwining. The dualism between subject and object is replaced by the "third," intertwined subject/object field phenomenon.⁶ For Merleau-Ponty the emergent dreaming process is the order of the day in our fundamental and primordial inter-subjectivity in which the social and material world inscribe or interpolate us from the outset. "I am a field!" he declared. Sadly he died in the middle of writing his treatise, *The Visible and Invisible* (Merleau-Ponty, 1968), in which he built on his earlier writings about the primacy and phenomenology of perception—always embodied and intertwining with the objects of perception.

Vitalizing presencing: surplus-life/liveness; the grace of the punctum; the "face" of a painting; the enigma of beauty; the ground of shared experience—this is more than containment!

This section begins with a dramatic heading, but I don't want to romanticize what I am trying to capture here. Remember, in the earlier quotes of Wood, he describes the surplus-liveness that is captured in the paragraph of a novel, or the stanza in a poem, or for that matter, in the sound of a sonata, or even the vista from a mountain top as something grounded in the ordinary details of life as we live it—"adventures in the ordinary" (Wood, 2015, p. 58). In the same way, approaching our patients with engaged attentiveness allows the vitalizing yet ordinary details of life with them to emerge. This can feel scary, ponderous, thrilling ... I can't resist adding another Wood (2015) quote:

What do writers do when they seriously notice the world? Perhaps they do nothing less than rescue the life of things from their death—from two deaths, one small and one large: from the "death" that literary form always threatens to impose on life and from actual death. I mean by the latter, the fading reality that besets details as they recede from us—the memories of our childhood, the almost-forgotten pungency of flavors, smells, textures: the slow death that we deal to the world by the sleep of our attention ... The writer's task is to rescue the adventure from this slow retreat: to bring meaning, color, and life back to the most ordinary things—to soccer boots and grass, to cranes and trees and airports, and even Gibson guitars and Roland amplifiers and Old Spice and Ajax.

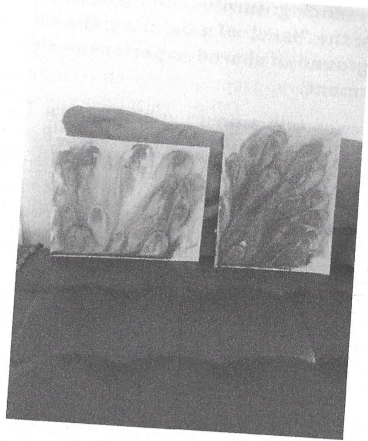
(p. 58)

The medium is the message

In this session, the patient brings in two paintings. He calls them "muddied." There is a lovely backdrop of rose and orange that stands out in each painting with what looks like faded peacock feathers. I notice the lovely backdrop of rose and orange and tell him.

KEY POINT

THE HERO ACTION



Let me say that it took a substantial amount of time and effort to get to this point. The beginning of the analysis was marked by a strange cloud of paralyzing emptiness that hung over us for long periods of time that cried out for us to discern that *talking alone* was not going to be successful. The essential *non-verbal* dimension of his experience was not coming through. He was terribly frozen and humiliated in his attempts to “*be in*” therapy the way he thought he was *supposed to*. Instead, his paintings have come to function as dreams, but it took us some time to discover this. It also took him quite a while to feel comfortable using the full range of color in his paintings-as-dreams. A spell of stultifying blankness was broken when it became evident that my patient could *come to life in his own way through the medium of painting*, and by bringing his paintings into the consulting room the way one might bring in a dream. A transference such as this about how one is supposed to act and be in therapy or analysis—producing “meaningful” associations, thoughts, and feelings in a manner that has nothing to do with who one is—can clue us into the ways people strain to speak our language, which can feel like a *living death* to them, one that they register as failure. It is also true that the death register has no words most of the time. It feels

more like being under the sway of a deathly “spell,” that then becomes a persecutory/deathly internal object (Durban, 2017).

I am reminded of Beebe’s (2004) research in which there is evidence in what she calls “proto-conversations” of the ways in which babies can struggle to establish a common ground for communicating with their respective parents. Such efforts reveal the subtle and varied forms in which a person inhabits or “indwells” his or her mind–body in communication with an Other. The mutual induction (Goldberg, 2018a) by each member into each other’s comfort zone is a complex and potentially fraught process. These are not conscious processes. They refer to what Alvarez (2012) and others call “procedural”—innermost dimensions of our being; memories born of our bodies and the ways we live them and what we hold most precious that we hope can be seen and shared. We are accustomed to thinking about pathological expressions of hallucinosis, but, as Civitaresse (2016) reminds us, such events are also modes of early communication in the spirit of Bion’s use of projective identification. I have found that in some treatments we must actively lend ourselves to our patients in order to discover the medium, including the use of language, that best suits them. In that sense, the *medium is the message*. It is not a stand-in for something better, or something more necessarily meaningful. It may provide an avenue toward the enrichment of other experiences, but entering into the medium of another person is itself a shared experience—one that cannot be communicated about without also being there together.

Returning to the session

After looking at the painting together, the patient announces:

Patient: I have a dream, too. I’m in bed with Jan [now dead] in the afternoon. Intimate. Not erotic. We’re in PJs talking. Comfortably talking. We’d like to get out of here, but I suddenly realize we can’t because she’s dead. Then I think, “You don’t know that you’re dead and if I don’t say anything about it maybe it’ll be OK.”

Analyst: *She won’t know she’s dead if you don’t tell her—so that is one way to live in an illusion and keep her alive.*

Patient: Yes, an illusion. [pause] I'm thinking of a comment you made that stuck with me two weeks ago. You said, "We have to stay in the room." That phrase resonated. I have a huge tendency not to stay in the room. I go blank in therapy a lot of time thinking I should be digging deeper. I go blank with my wife.

Analyst: *In the dream, you don't go blank at all. You think about how to make this illusion feel real. The illusion that Jan is alive when she's dead.*

Patient: Yes, hold on to the illusion by not saying anything. When you hold on to an illusion, the illusion can remain and even become real.

Analyst: *The illusion that people don't die?*

Patient: Not that. More that Jan didn't die. There's still a connection, an illusion about the relationship. I can hold on to it if I don't say anything.

Analyst: *What was the illusion with Jan?*

Patient: In the dream that she was alive. Despite the external evidence. We had a special connection that made all that irrelevant. She loved peacock feathers. She collected them.

Analyst: *The rose-colored background is perhaps the illusion. Muddled, you said.*

Patient: Wondering what other illusions I'm trying to protect by not being in the room.

Analyst: *Good question.*

Patient: I'm too busy protecting them to come up with what they are. I avert my gaze so as to leave the room.

Analyst: *Is there something in the room you don't want to see?*

Patient: Evidently.

Analyst: *This room?*

Patient: Probably.

Analyst: *You seem to think you're ready now.*

Patient: Maybe, but I'm not seeing it. [Pause.] I like the colors of your blanket running together. I don't like the geometrical pattern of the rug.

Analyst: *You like when things blend, run together—like what we sometimes do?*

Patient: Yeah. [Holds his head.] I'm going back and forth with things running together and things being geometrically precise. Am I needing analysis to make things more geometrically precise?

Analyst: *Even though you are not drawn to the separated lines ... you are needing something between us to be more geometrically precise now.*

Patient: Who is it I'm being silent about?—the illusion—so it won't be dissolved. I'm not able to think about it. Open to suggestions. Something's fading.

Analyst: *I am thinking about illusions. Sometimes they just fade away and it feels sad that something so powerful, so full of emotion could just fade away, perhaps something is fading here.*

Patient: [leans back] This is having an effect. This year, I could see people were relating to my new director, not me as the expert. In a year or so I'll be the one who was great but replaced.

Analyst: *You'll feel you've faded, and perhaps so will I.*

Patient: Yeah. Also something else, even more core. The image I have in trying to blend in is that it gets more and more watery and then you disappear into a dull wash.

Analyst: *This is very important. That is how you felt when you first came here—like a person who blended in so completely he lost himself, with nothing to say, awash. I can't help thinking about you as a baby and how the story goes—you blended in so completely you didn't cry when your mother left. Then you were awash, alone and disappeared from yourself—perhaps became even dead to yourself.*

Patient: There's something there.

Analyst: *Yes*

In this session, my patient dreamed his own hallucinosis. That is, he opened himself to the awareness of a psychic truth even if it proved false by the reality of the senses. He dreamed that Jan didn't die despite the fact that she is dead. "I can hold on to it [the relationship with Jan] if I don't say anything." He needed to face the death inside of himself stemming from the mother who died figuratively when she left him alone with strangers after her husband was wounded in the war. It was time to let go of certain past illusions. He needed me to help him track its living form in his less conscious experience in order to disable it and free him to more fully engage in the rest of his life. He needed me to draw clear discernible lines that include his life with me. Lines must be drawn, perhaps as we approach the termination of his analysis and his own aging.

Postscript to the hour

My patient is describing what he calls his “travel anxiety.” He simply cannot tolerate traveling. It is excruciating to him. As we sit in silence I flash on times I have gotten lost and disoriented to the point of having felt rather depersonalized, and then hear myself say, “Everything that is familiar is gone when you travel.” He responds, “that phrase does something for me.” We both know that he was often left with relatives by his mother when he was an infant and his father was recovering in a military hospital with war wounds. He has multiple “explanations” for his travel terror, but the phrase “everything familiar is gone when you travel” felt somehow different, even new.

I am including this postscript to illustrate the difference between an explanatory, “Your mother left you when you were an infant, rather than a more emergent/descriptive interpretation. This rather innocuous, even obvious, description brought him closer to naming something that feels real and terrifying, to feel alone and unable to locate oneself in the world or any other person, including himself.

In time my patient’s therapy came to a close, though it wasn’t a definitive termination. He wanted to “take a break” since he felt he needed to establish himself in his new life as a retired person and also felt he was less available or interested in “opening things up.” He expressed some disappointment that we hadn’t made more of a dent in his travel anxiety as he wished to travel to please his wife, but he simply couldn’t do it.

Some time later, I recalled my patient’s dream and was struck by having missed an opportunity to address more directly the “death object” (Durban, 2017, p. 20) present in his dream that may have brought us closer to the anxiety he struggled with. An opportunity arose for telephone contact between us, at which time I invited him to meet with me to discuss some of my after-thoughts that I thought he might want to consider. He accepted the invitation. When he arrived, I told him that I thought I had not focused enough on a particular aspect of a dream he once told me that could have been useful to him. I reminded him of his dream about Jan where they were comfortably talking and then realized they couldn’t leave because Jan was dead but he thought she didn’t know that she was dead, and if he didn’t say anything about it, perhaps it would be OK. He remembered the dream. I told him I believe I missed the boat, and that perhaps I left him alone pretending

something that had died inside him wasn’t dead, but it was imprisoning him. He couldn’t travel outside of the closed space in which he and perhaps I might have pretended that something wasn’t dead. I had a habit of seeing the “up side” of things, but that perpetuated his belief that no one could survive the down, more deadly, side. He agreed and said he appreciated that about me—seeing the up side.

He was quiet and looked absorbed in thought. I wondered what was going on over there. He prefaced his response by saying he might be deflecting the question but honestly, he wondered, “But will it help my golf game?” I respond that it sounded more like a hit than a deflection. No point pursuing further therapy if it doesn’t help his golf game—that is, free him to live more fully with his eye on the ball! He seemed to be asking, “To what end would I be doing this probing?”

He laughed and agreed. He began talking about the ways we had eventually been able to be playful together, but, then, to my surprise, he added:

Patient: If you can be playful but circle back to what’s not playful—for whatever—for whatever ... I don’t think we did as good a job getting back.

Analyst: *You are quite right—what we saw and didn’t see—didn’t circle back to what you dreamed that night. Yes, that’s what I was also thinking.*

Patient: He remembers the state he was in when he first arrived—“logged into that kind of un-playfulness—so it was all there was.” He remembered his first therapy and how he judged himself for being and feeling so badly and negative. He was feeling it—not understanding it.

Analyst: *That was your job. You were frozen there, maybe hoping someone could see how lost you were and unable to have access to any of your thoughts or feelings. It was quite deadening. If they saw where you were, you would not have been so alone.*

Patient: I needed to untie the knot of what’s there. I feel I need help at finding ways of loosening it up.

Analyst: *Yes, separating the strands—one at a time.*

Patient: Right.

Analyst: *Does it feel like that might be happening now?*

Patient: The knot metaphor breaks down. It’s as though it’s—I

Analyst: *How you loosen the knot.*

Patient: I have to find the spot.

Analyst: *You must fiddle with it.*

Patient: The proper way to fiddle.

Analyst: *You don't trust your impulses.*

Patient: I went for it today. Will it help my golf game? A real shot!

Analyst: *Grabbing the challenge, not passive, not compliant, passionate, playful?*

[Nods]

Analyst: *[Thinking] You look like you're percolating.*

Patient: There's something I want to get to.

Analyst: *Does it have words?*

Patient: It doesn't. There's intensity to it. You used the word playful. It wasn't! There's something un-playful about it.

Analyst: *Oh, now I deflected it.*

[Nods.]

Analyst: *It seems we share something.*

Patient: Our strength and our weakness.

Analyst: *Sometimes you may have to hold my feet to the fire.*

Patient: The harder part might be the other side of that—you holding my feet to the fire.

Analyst: *So, apparently it's hard for both of us.*

Patient: Right! This is not exactly what I expected today.

Analyst: *Why would you?*

[Laughs.]

Analyst: *Something not playful, intense—hard to sustain.*

Patient: The image I'm having—not in touch with it—something very dark—maybe twisted, amorphous. Can't tell if it's a lump of mud [powerful image for me—very empty, listless, dead—no play in sight and no one to play with] or something so tangled you don't know its tangled.

Analyst: *An empty feeling of amorphous lifelessness, knots and knotted they appear as a blob of mud.*

Patient: Don't know. Not willing to look at it up close enough [A feeling of something uncanny settles in for me—the inertia of a child feeling alone and at a loss, so utterly “blah.” I take this as a cue that he needs my active company and perhaps some guidance.]

Analyst: *Perhaps approaching the image and feeling through painting as you have at other times.*

Patient: Yes. How exactly would I do that?

Analyst: *I trust it may be a series.*

Patient: (He gets his phone.) I want to show you something. These are craft paintings. You use a long piece of string, dip it in paint then pull the string out and here is what it can look like. We've been playing with that.

Analyst: *So you know something can come of what appears as nothing.* [This feels like a very poignant moment. “We made something out of nothing” were words spoken by my mother in the aftermath of the war.]

Patient: I'd like to think about all of this and get back to you about whether to resume.

Analyst: *Very good and good to see you again.*

[We shake hands.]

Before closing I will say a few words about what I mean to illustrate in this vignette.

My patient was not able to forge a direct verbal communication of his emotional and psychic states. His “*je peux*”—experience of “*ableness*”—could only begin by bringing in his paintings which both of us responded to—not by inquiring about their (the paintings’) meanings, or even his (the painter’s) intentions, but by “*seriously noticing*” according to Wood. We noticed what the paintings brought to mind—what the colors and shapes woke in each of us. We entered the world of the paintings such as we might enter the world of his dreams, and in this session the painting reminded him of a dream. In the conversation that ensued we circled around to the original emotional experience that prompted my patient to seek therapy, that is, his experience of blending in so completely that he had no sense of himself as a distinct entity—a form of psychic death. The dream in which “You don’t know that you’re dead and if I don’t say anything about it maybe it’ll be OK” directed us to the challenge that remained between us in his therapy. *Could I help him approach the deathly anxiety that overtakes him when “everything that is familiar is gone”—an anxiety that we can surmise speaks to an acute and devastating separation and the visceral effort to not know what has died as a consequence, both in his mother and himself, and the frozen illusion of living life as if nothing had died.*

For me, there is a beauty in discovering the medium that ignites another person. Bollas (1989) spoke of idiom. Discovering the face of a person's idiom and allowing ourselves to join them there can be among the most exhilarating or frightening experiences. And sometimes the medium is the message—in itself.

Notes

- 1 From James Wood (2015).
- 2 I am grateful to Dodi Goldman for bring this quotation to my attention.
- 3 See Husserl (1913).
- 4 Marian Milner (1987)—so ahead of her time—wrote lucidly about the need for a “pliable medium” in the process of discovering that one Matters! Her ideas generated substantial re-visioning of theories regarding symbol formation, the role of illusion and creativity, all of which pre-dated Winnicott's writing.
- 5 It may also be that, *despite* our interpretations, *because* of the proto-containing dimensions of the transference, our patients put up with the things we tell them when we think we have connected all of the dots in elegant interpretations.
- 6 I am reminded of Green's (1975) prescient “analytic object.”

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