VITALIZATIONS IN PSYCHOANALYSIS
Perspectives on Being & Becoming

Book Notes
By
Michael Mervosh

Chapter 7 – Reawakening Desire - *Jody Messler Davies*

Shame

- *The clinically meaningful dialectic is between shame and desire.*

In order to live fully, to engage in life most deeply, we often have to reawaken a client's willingness to 'want' – to trust life and the people who populate that life – sufficiently to feel hopeful that at least some of what one yearns for will be provided.

- *Instrumental to awakening this desire in the therapeutic encounter is the shared experience of what the author defines as 'analytic love'.*

This is a kind of love that can flourish without threat to appropriate therapeutic boundaries between withholding and seduction.

Walking this edge is always our therapeutic challenge. But unless we accept this challenge, the kind of vitalization or reawakening of desire that we are exploring here will not occur.

Shame is perhaps the most dreaded, most soul-sucking, most psychically deadening experience within the potential of human emotions.

How do we manage our own shame that can arise within us in the heat of an intense therapeutic process? Can we engage it sufficiently to avoid our own dissociation, and bring that shame into the foreground of our work, making it an essential part of the process?

Shame occurs with the ego is overwhelmed by the grandiose expectations of the narcissistic self.

One feels so bad about the self to begin with that one establishes utterly impossible compensatory standards to live up to – and feels ashamed that one can never reach this self-imposed standard.

But why the experience of inadequacy to begin with?

Think of an intensely shameful experience in your life. Focus on your body as you do this. Notice the intense physicality associated with this experience.

Shame begins with a physical response. It is a primitive, visceral reaction that begins in the body before it is processes and assumes any psychic significance.

- *The propensity toward shame takes hold when a child's desires are unmet, or erratically met, or met in a way that over-stimulates and terrifies.*

A child must have the ability to 'confidently anticipate' that needs and desires will be lovingly and appropriately met.

The experience of having one's needs met with some expectable regularity and appropriate modulation creates a safe enough space for the child to want, long for, yearn for, and desire.

Shame lies in the 'excess' – too needy, too dependent, too anxious, too sexual. This emerges from a parent that cannot meet the self, and from a self that would rather accept blame and experience shame over wanting too much – than see that parent as unreliable.

The shame in exacerbated and made more toxic by a parent who blames the child for 'wanting' what that parent cannot provide. This creates a primitive boundary violation and confusion over who needs what from whom.

This in turn fuels a terror of boundary dissolution and collapse.

Then terror and shame exist in a downward spiral and negative synergy that can threaten psychic integration and survival.

Desire defensively shuts down, and a precocious self-sufficiency and counter-dependency takes hold.

Analytic Love

Analytic love is a love that is co-created by patient and therapist together, a love that is uniquely defined within each dyad – and this what is most important – *that takes into account and metabolized the best and worst that we can be for each other.*

What is unique about this type of love is that it must include discovering, drawing out, and caring for the patient's most injured, most traumatized and most vulnerable, shame-riddled states.

Such vulnerability survives only within a self-constructed psychic fortress designed to keep potentially dangerous others at bay.

Whether this fortress disengages with others, bores others, or attacks and rejects others; whether this fortress keeps things so good that those other states never emerge; whatever its

nature – *its function is to protect the part of the self that survives only through disappointment and isolation.*

Shame-riddled defensive states and analytic love are inextricably intertwined forces that involve a deep mutual recognition and acceptance of each other's vulnerabilities.

There is enormous variability in how smoothly a patient can accept and integrate that which we have to offer.

How do we reawaken desire and the hope that emerges from appropriately met desires, without promising too much, or overwhelming the patient with a sense of our own aliveness, that only creates envy and prevents internalization?

Patients who have suffered histories of profound neglect and/or over-stimulation present three challenges.

1. *The therapist's attempts to be a 'good object' and provide for the patient what they haven't had before can awaken both the rage against and the need to protect the attachment to the original unreliable or over-stimulating object.*

The patient's stability has for quite a while resided within that attachment to the original bad object, and giving up and mourning that traumatic bond is no easy matter.

2. *The therapist's attempt to meet the patient with reliability, provision and generosity can elicit a reaction of intense envy, especially when the patient does not feel capable of such generosity of spirit.*

In this case, the therapist's attempts at providing end up shaming the patient even more.

3. *The therapist's attempts to reach out and nourish, in a way that awakens hope and desire, can be experienced by the patient as an over-stimulating psychic penetration in which the patient feels hopelessly and inexorably drawn into a terrifying psychotic world of the parent's unconscious.*

Here, the patient's sanity depends on rejecting the therapist's offering of the very thing the patient craves the most, and via projective identification, awakens the therapist's own shame-riddled states of being.

We return to this essential question - *what we can actually provide for our patients – in a proactive way, that can help to reopen previously foreclosed areas of functioning?*

It takes courage and fortitude to reopen this question and look at it from a more nuanced and complex perspective.

What we can provide for people, proactively in the future tense – *is enlivening objects, hope, vitalizing engagements, relational freedom, and enlivening enactments.*

- *These involve generative interventions that open up a symbolic space between patient and therapist that has never existed before – that calls upon our psychoanalytic imaginations.*

Clinical Vignette – The Case of Salina

Endearing Salina and insatiable Salina both occupied the sessions in the early days of therapy.

Any disappointment she felt brought on emotional reactions of rage, accusation, and a relentless rejection of anything I tried to offer.

Any caring wasn't genuine enough, frequent enough, or intense enough for Salina. Yet Salina was also highly functioning and successful in many areas of her life.

They had clearly encountered the worst of each other, but how to provide a presence and care that would be real without being a seductive false promise or a boundary invasion was elusive.

Salina's early life narrative only emerges slowly over time. Then one day Salina tells her therapist something that impacts her in a way she doesn't really understand – it is a profound story or horrific abandonment by the father of a very young girl – left without food, clothing, or any way to get herself back home.

Something inside the therapist shifts after hearing this story told to her. Something penetrates to the core. Why then? Why that image lingering within her? In that moment, she became *her* Salina – real and forlorn and terrified.

There is a level of interaction in depth work that is not quite solely interpretive and not quite solely empathic. It is a realm of work that is generative, perhaps even poetic.

It requires a deep understanding of the patient's unconscious experience, which allows something new to be created between therapist and patient that has never quite existed before.

It opens up a metaphoric space in which a new emotional experience can unfold, and with it, a kind of symbolization and internalization that has not been possible to this point.

The maddening things about this kind of generative space is that one can't prescribe it or intentionally bring it about.

It is something that must be co-created in a deeply mutual unfolding, like a spontaneous choreography.

It is a mutual journey between patient and therapist, taken together, that leads them from repetitive enactment into the realm of generative creativity.

It is the mutual commitment we make to not turn away when we begin to hate, or grow bored, or experience shame and despair.

It is a commitment we make to see our way through encountering each other's worst selves on the way towards making something different, something better, something entirely new, happen between one another.

How can the intersubjective mix of the patient's internal world and the therapist's internal world open up something about a shared future?

Why assume that we only repress and dissociate memories of terrible past events and people?

It is not only the past that is repressed and dissociated, but any capacity for an imagined future that embodies hope and generativity in human relationship.

- *Where the capacity to desire is shut down by overwhelming shame, it is this highly significant aspect of an imagined and longed-for future of nourishment, gratification, and recognition that can become defensively foreclosed.*

The impossible question becomes – how to awaken a patient's foreclosed capacity to long for and desire without overstepping appropriate boundaries and retraumatizing rather than reawakening?

"*Psychopathology was always in some sense a failure of imagination*." (Stephen Mitchell)

Perhaps each of us has a capacity for emergent fantasy, and perhaps that emergent fantasy holds the reawakened hope that what we seek from others need not be suffused with emptiness, excess and shame.

Our hopes and dreams for the future have been defensively fragmented, foreclosed, and made unthinkable by overwhelming shame and anxiety.

Dreamwork embodies our reawakened dreams for what our future might yet become.

Imagination can be filled with wonder and vitality, but it can also be experienced as overwhelming and seductive, a promise that can never be fulfilled.

Imagination and emergent fantasy do for some have the capacity to contain that delicate balance between gratification and disappointment, between provision and mourning.

We cannot give our client everything they need and deserve, but we can give them some things that matter to us and can matter to them.

Our clients can learn to be disappointed in us without a psychic destruction of them or us.