

Reawakening desire

Shame, analytic love, and psychoanalytic imagination

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In this chapter I will attempt to explore the relationship between shame, desire, and what we have come to call “analytic love.” From our use of language we have, I believe, grown used to thinking that the opposite of shame is pride. But from my own work with particularly shame-riddled patients, those who have suffered the extremes of parental abuse and neglect, I have come to believe that the clinically meaningful dialectic is between shame and desire. That in order to live fully, to engage in life most deeply, we oftentimes have to reawaken a patient’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. It has become my heartfelt conviction that instrumental to awakening this desire in the therapeutic encounter is the shared experience of what I will call and later define as “analytic love.” When such love is provided a fertile ground in the hypothetical “would that I could” realm of a mutually constructed “psychoanalytic fantasy,” that love can flourish without threat to appropriate therapeutic boundaries and can help us walk the ever treacherous boundary between analytic withholding and analytic seduction. Walking such a line is always our challenge. But unless we accept that challenge, the kind of vitalization or reawakening of desire that is the subject of this book will not occur.

Shame is perhaps the most dreaded, most soul-sucking, most psychically deadening experience within the panoply of potential human emotions. How does it arise? What kind of relatedness potentiates it? Why are some people resilient in the face of shame while others collapse under its weight? What place does shame have within psychoanalytic theory? Have we attended to it sufficiently? How do we help our

patients to engage with their own shame and heal from it without actually re-enacting that shame within a transference-countertransference impasse or stalemate? And, ultimately, what of our own shame? How do we as analysts deal with the kind of shame that can arise within us in the heat of an intense psychoanalytic treatment? 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 analytic process (Davies, 2005)?

Freud (1905) at first considered shame to be a defensive response to exhibitionistic impulses within the patient. In subsequent formulations (Freud, 1933), he added that shame was related to the ego ideal and to the patient's perceived deficits in living up to that ideal. Building on this, but changing its emphasis, self psychologists focused on the relationship between shame and compensatory grandiosity. Morrison (1989) suggests that shame occurs when the ego is overwhelmed by the grandiose expectations of the narcissistic self, essentially saying, "I feel so bad about myself to begin with that I establish an utterly impossible compensatory standard to live up to," whereas the compensatory grandiose self is saying, "And I am ashamed that I can never reach this self-imposed standard." In all of these formulations shame is defensive, but why the experience of inadequacy to begin with? Why the need for a compensatory standard? What can a relational psychoanalysis contribute to our understanding of this dreaded experience?

It is often said that, while guilt is a response to something we have actively done, shame has its roots in a passive helplessness in the face of something we are. I ask you all to try an experiment with me. Close your eyes, and try, for a moment, to think of an intensely shameful experience in your life. We all have them. They rattle around inside of us ready to pounce and we call upon them at times to convince ourselves of our own internal badness. So call upon one of them now. As you remember the particular event, I ask you to focus on your body. I would imagine, based on my own experiences, and what has been reported to me by so many patients who I engage in this same experiment, that there is an intense physicality to this experience—a kind of nausea in the stomach, an aching in and around the heart, a slight difficulty in breathing, and a burning sensation in the face. The eyes want

to close, to prevent the other from looking and seeing inside us; to prevent us from seeing our dreaded reflection in the eyes of the other. We want to fall through the floor and disappear.

For all of these reasons I would suggest to you that shame begins as a physical response. It is a primitive, visceral reaction that begins in the body before it is mentalized and assumes a psychic significance. I have come to believe that the propensity towards shame begins in the very earliest of infant-parent interactions. That 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. It arises when the child cannot establish what Benjamin (2002) has called a rhythmicity in his/her earliest relationships, what I have described in earlier papers (Davies, 2016) as the ability to "confidently anticipate" that needs and desires will be lovingly and appropriately met. It is this experience of having one's needs met with some expectable regularity and appropriate modulation that creates a safe enough space for the child to want, long for, yearn for, and desire. When a child's needs go unmet, or when they are met in such a way that the responsiveness cannot be confidently anticipated and taken in, that child learns not to hate the significant others who cannot meet his/her needs because he remains dependent on them for survival. In Fairbairn's words (1943), he eats the poison pudding, becoming toxic himself. He learns to hate the things he needs, and the self-states within him that are "needy" rather than hating those who cannot meet those needs. He begins to see himself as insatiable, or greedy, or "too much." Shame, to my mind, lies in the "too"—too needy, too dependent, too anxious, too sexual. The "too-ness" that comes from yearnings that a parent cannot meet and from a self that would rather accept blame and experience shame over wanting "too much," than see the parent as unreliable. That shame is also exacerbated and made more toxic by a parent who explicitly or implicitly blames her child for "wanting" what she—the parent—cannot provide, thus creating a primitive boundary violation and confusion over who needs what from whom. When a parent cannot accept responsibility for what she is unable to give, or does not want to give, and blames her child for wanting "too much," this boundary violation itself creates more shame along with the terror of boundary dissolution and collapse. Here terror and shame exist in a downwardly

spiraling negative synergy that can threaten psychic integration and survival (see Davies, 2005). Desire is defensively shut down, encased in a deadened self-state for whom any form of emotional sustenance can also come to imply psychic penetration and violation. A precocious self-sufficiency and counter-dependency takes hold. Keeping others out while blaming them for not meeting our needs becomes the best protection against a psychotic dissolution into deadened hopelessness and resignation.

Of late, there has been interesting discussion, within the psychoanalytic literature, about the concept of “analytic love.” What is analytic love? How is it different from other forms of love? And is there a relationship between the way we use ourselves generatively and proactively in the analytic work and our understanding of what constitutes and what emerges as a consequence of that particular love? In the context of the present discussion I would also like to consider whether there is a relationship between analytic love and shame. To my own way of thinking (see Davies, in press) analytic love is a love that is co-created by patient and analyst together, a love that is uniquely defined within each dyad, a love—and this is most important—that takes into account and metabolizes the best and the worst that we can be for each other. I would suggest that what is unique about the analyst’s love for her patient is that it must include discovering, drawing out, and coming to love, through developmentally contextualizing and thus understanding, the patient’s most injured, most traumatized and most vulnerable, and shame-riddled self-states. Such vulnerability survives only within a self-constructed psychic fortress designed to keep potentially dangerous others at bay. Whether this fortress is one that disengages with others, or bores others, or attacks and rejects others; whether it is one that keeps things so good that those other self-states never emerge; whatever the nature of the fortress, it is designed to protect the part of the self that survives only through disappointment and isolation. Analytic love includes, as well, the patient’s introduction to and acceptance of the analyst’s vulnerabilities and flaws as they emerge in the work together. Clinically, the overriding question is whether analytic love, so defined, might be a love that has the capacity to meet enough of the patient’s “too muchness,” to reawaken desire, facilitate mourning, and mitigate the kind of shame that has been

described. The challenge to us is how we can express this love in a way that is appropriately bounded, not over-stimulating, and not inappropriate to analytic work. I ask these questions in this context because I have come to believe that shame-riddled self-states and analytic love are inextricably intertwined forces that involve a deep mutual recognition and acceptance of each other’s vulnerabilities, as we encounter our multiple and ever-shifting self-states, within the immediacy of our most intimate encounters.

There is enormous variability in how smoothly a patient can accept and integrate that which we offer. Some of our patients will respond well to an empathic recognition of their need states and a well-modulated provision of that which we can give as analysts. Those long-dissociated desires will begin to unfold and a new hopefulness in relation to the future can be revived. But for many the journey toward self-acceptance and hope is far more complex, and can depend upon how much of a patient’s experience is encased within deeply shame-riddled self-states. Is it a few toxic experiences that need to be engaged and worked through? Or are so many of the patient’s selves saturated with this kind of shame that an imagined future of hope and aliveness has been crushed under the weight of dissociated yearning, longing, and desire? For those of our patients for whom deprivation, erratic provision, and over-stimulation have been predominant, the question of what psychoanalysis can provide becomes more problematic. How do we reawaken desire and the hope that emerges from appropriately met desires without promising too much, violating the boundaries of an analytic frame, overwhelming the patient with a sense of our aliveness that creates only envy and prevents internalization? Can we live with our own shame-saturated selves who will inevitably be called out and attacked, rejected, or found wanting, in the projective-introjective miasma of the analytic work?

If only it were possible to offer a good and reliable breast and awaken the sleeping baby. But patients who have suffered histories of profound neglect and/or over-stimulation present at least three problems with that solution. First, the analyst’s attempts to be a “good object” and provide for the patient what she hasn’t had before 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. Second, the analyst's attempt to meet the patient with reliability and provision and generosity can elicit a reaction of intense envy in the patient who does not feel capable of such generosity of spirit. In this sense the analyst's attempts to provide paradoxically end up shaming the patient even more. It is as if the therapist is saying, "Look how good I am being despite your provocations; look how generous I am despite your remaining rejecting and ungrateful" (Davies, in press). And lastly, where projection by the parent has led to the confusion of boundaries, discussed earlier—the situation in which it is unclear who needs what from whom—any attempt to emotionally touch the patient can be experienced as a psychic boundary violation. The analyst'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 she feels hopelessly and inexorably drawn into the terrifying psychotic world of the parent's unconscious. Here her sanity depends upon rejecting the analyst's offering of the very thing she craves most, and via projective identification, awakening the analyst's own shame-riddled self-states. The patient ends up hating the analyst for offering and hating herself even more for rejecting that offer in a way that feels imperative but also incomprehensible and disorienting. The analyst ends up struggling with her own shame and hopefully not re-projecting that shame on to the patient.

Theoretically we tend to view the kind of repression and dissociation that give rise to psychic conflict as a defensive strategy to deal with early, past traumatic events and relationships. We focus on helping patients to work through these traumas, we try to provide the support and containment necessary, we struggle with how to metabolize these early toxic introjects. However, of late, I have noticed another trend in our theoretical writings. It is not new. It has been there almost from the beginning, but only as a mere whisper, which has seemed to grow in force and insistence in recent work. This is the question of what we actually provide for patients—provide, in a proactive way, that can help to reopen previously foreclosed areas of functioning. Having long railed against and shunned

Alexander's prescriptive notion of reparenting, it is only of late that psychoanalysts have found the courage and fortitude to reopen this question and to contemplate it from a more nuanced and complex perspective. A host of writers (Alvarez, 1992; Aron, 1996; Aron and Atlas, 2015; Bass, 2015; Burton, 2012; Cooper, 2018; Director, 2016; Hoffman, 2009; Schwartz Cooney, 2018; Stern, 2015) have written about what we provide for patients proactively in the future tense—enlivening objects, hope, vitalizing enactments, relational freedom, enlivening enactments. I, myself, have written in past papers about what I called generative interventions, i.e., interventions that open up a symbolic space between patient and analyst that has never existed before—a kind of intervention that calls upon what I have come to think of as our psychoanalytic imaginations.

Clinical vignette

Let me describe my work with a patient I will call Salina. Salina came to treatment riddled with shame, convinced that she would overwhelm anyone who got near her with her insatiable demands. "I will destroy us with my neediness," she promised me in our first session.

Salina was referred to me by a good friend of mine. "You are going to love her," he told me. "She is an incredibly special person." Since Salina was a history graduate student my friend convinced me to see her for a slightly reduced fee. "You won't regret it," he assured me. Well—it proved true that Salina was brilliant, and beautiful, and presented herself initially with a pathos and humor that were charming and incredibly endearing. But Salina also entered treatment like a tropical hurricane, disruptive, intense, threatening, stormy, and relentless. I felt quickly drawn up into the swirling vortex of what felt like her insatiable demands for contact, love, and reassurance. "Do you love me?" she asked in our second session. "I just met you." I replied. "I hope I will grow to love you as we get to know each other." "That means you don't love me," she said, her sigh descending into deep sobs. "If you were going to love me you would love me now, already. It won't happen." At other times: "Why can't you be my mother?" "How would that be for us?" I asked her. "Noooooo," she cried. "No therapy questions ... I want you to *be* my mother, really, truly my mother, not symbolically,

not in that therapist way. Why can't you be my mother for real ... true life?" And then, one day, early on:

I can't do this twice-a-week thing. I need to talk to you between sessions. I need to talk to you every day ... maybe a few times a day. I'm very needy (I'm too needy ... too needy for anyone). I'm sorry about that, but I need a real mother and I need her to be with me all the time!

Endearing Salina and insatiable Salina both occupied our sessions in those early days, fighting for dominance, oscillating in and out of the foreground from moment to moment. When endearing Salina appeared I felt utterly charmed and engaged, with "she's special ... you won't regret it" echoing in my ears. Endearing Salina lit up the room with her smile and her unique creativity. Did I mention she was an artist? She brought me pictures of wide-mouthed monsters eating children—monster and child merged, their boundaries fluid and permeable. She cuddled under a blanket on my couch, a vulnerable child in need of warmth and protection. Insatiable Salina could not be nourished. Her mental state only as good as her last feed. Any disappointment brought on paroxysms of rage, accusation, and a relentless rejection of anything I tried to offer. My caring wasn't genuine enough, frequent enough, intense enough. I could be there sometimes, she admitted, but not when she really needed me. Where was I when she was sick? When she had a bad dream? When she was frightened or overwhelmed? Why couldn't I come to her house to take care of her like a real mother would? Why couldn't I adopt her? For real. It wasn't against the law; I could adopt her if I really cared! At such times the vulnerable little girl became inconsolable and unreachable. The blanket she would cuddle up in became a suit of armor and she would hide under it, silently fuming, refusing to talk, for silent session after silent session. I remind you that Salina was highly functional and successful in many areas of her life. And yet the words she spoke were not metaphorical, not meant to be symbolic or illusory. Insatiable Salina wanted what she wanted and she wanted it now!

Suffice to say I cursed my referring colleague many times in that first year! No regrets—huh! If we presume, as I do, that the co-creation of

analytic love is a vital component of any kind of therapeutic success, figuring out how to authentically love Salina and to do so in a way that she could accept and take in was no simple matter. Clearly we had encountered the worst of who we could each be with each other, but the struggle to find a form of love that would be genuine without being a seductive false promise or a boundary violation was more elusive. My expressions of caring and concern, though expressed as directly as I could, were found to be inadequate and thus enraging. When I did from time to time seem able to emotionally touch Salina, and make contact with those younger, and more vulnerable, self-states we could have a brief respite, a moment of shared warmth and connection. But always, always, at those times, raging, unlovable Salina had to prove that my love was false, superficial, unequal to the task of loving *her!* And some enactment would ensue. I would find myself caught up in it before I knew what was happening and inevitably, inexorably, I would fail her yet again. Fail her with my own admixture of disappointment, frustration, shame, and rage. And so it went.

Because of these raging storms, fluctuating self-states, and long periods of silence, Salina's story emerged slowly. Even today, years later, some of the details remain hazy. Salina's mother, a victim of spousal abuse, took Salina (age 2) and left her father, flying away to live with her own family in a distant country. Salina was sent to her father, flying unaccompanied, every summer, for the whole summer, until she was 12, at which point she simply refused to go. Her mother seemed not to wonder, or care, whether the husband who had so terrified and physically abused her could actually care for and not be violent with their young daughter. Dissociation, indifference, neglect—one wonders. Salina's summers with her father and father's family remain a series of tableaux, a collage of vague memories that emerge slowly over our time together. I hear about a little girl, dependent upon a clearly psychotic father. There is a large family estate on which she is left to wander unattended, not sure where her father is or which adults are around. She has older cousins with whom she plays, horses she rides, animals she loves, but she also spends nights sleeping under a tree, with no blanket or pillow, dressed only in the bathing suit she wore during the day, locked out of the house. Is her father away, is she alone, is he in the house with a woman, locking Salina out? Pictures emerge in her art

work; not memories, but pictures. We look at them together, we speculate about what they might suggest. Interspersed are more demands, more failures, more rages, more stony silence. Our progress is slow. We are both exhausted, often disheartened, often ashamed by the primitive hate and disappointment that can flare. How to love Salina? Not just the injured, vulnerable, soulful parts, but the parts that stand guard, around that vulnerable self, the parts that pounce, rage, accuse, reject. How to accept the parts of myself that feel tired, rejecting, and ashamed of at times hating Salina for rejecting what I feel to be the best of me that I can offer her?

Then one day Salina tells me something that impacts me in a way I do not totally understand. She describes a memory of being very little, three or four years old, and her father takes her on a walk, a long walk to a huge meadow. The grass is overhead, and all she can see is miles and miles of this yellow grass, waving back and forth all around her. Suddenly she turns around and her father is nowhere to be seen. She turns and she turns, getting dizzy, calling out for him, but all she hears is the sound of her own voice echoing. He is nowhere. She is alone. He has left her there. Abandoned her without food, water, clothing, or any way to get herself home.

“That’s why you always want to know where I am, why you feel you need me right next to you all the time,” I say. Salina nods quietly, crying quietly, not raging, wild hysterics, but quiet heartfelt, healing tears.

Something changes inside me after that. Why then, why that image and not any of the myriad other awful images of neglect and maltreatment, I do not know. Something about the simple and achingly horrific memory of Salina, in that moment *my* Salina, abandoned like that penetrates me to my core. The demands—be with me, be there when I’m sick, be my real mother, do more, give more, love me more, love me like a real mother loves, nourishes, protects her real daughter—those pieces begin to fall into place, evoking not the monstrous mouth consuming its babies but a forlorn and terrified child left and lost in the wild grasses of her psychotic father’s homeland. How to co-create love with Salina, how to feed the devouring monster and rescue the child whose head lies between its jaws in terrifying proximity to the belly of the beast?

I have wondered often how to nourish and care for Salina. The relentlessness of her demands feels as if it leaves no room for anything I can

spontaneously and genuinely offer up from my own heart. I am also aware that she has had two previous psychoanalytic attempts that have not worked—the first a treatment that was too classical and depriving to accomplish much of anything at all. It lasted only a short while. In the second attempt her more relationally identified analyst attempted to mother Salina, but she got caught up in the inevitable enactment of trying to prove her love. The boundaries collapsed. Salina visited at the analyst’s house, met her children, had constant phone conversations and emergency sessions. Although I’m sure that Salina did derive much that was good from this analyst’s heartfelt attempts to mother her, the boundaries eventually collapsed when the monster pounced and the enraged analyst collapsed under the weight of her own unappreciated attempts to care. “That’s it, this has gone too far. No more calls, no more emergency sessions. We meet in my office, and that’s it. You live with those rules or we are finished.” They were finished. How to create a loving connection with “too needy” Salina?

I am sitting with Salina on a rainy afternoon. This time the storm is outside. We are quiet. She is curled up on my couch under a blanket. “I wish you could come sit here on the couch with me and I could put my head on your shoulder and you could stroke my hair.” Her voice is dreamy. “That would be so lovely,” I say to her. My voice is dreamy too as I hear it come from my mouth. For some reason, Salina does not up the ante today, demanding to know why I can’t do that for real. She smiles; “it’s nice,” she says. We have entered a dream space together. “I’m imagining it too,” I say, “I can feel your breathing slowing down, I can feel the weight of your head on my shoulder; you may even be falling asleep.” Something seems to be opening here, but I am cautious. Can Salina live with me in a dream space without becoming disorganized and more fragmented? “Let’s imagine this together,” I say.

We sit quietly together, the rain soothing against the window, both I believe lost in this shared dream. “Why can’t you be my real mother? Why can’t this be real?,” she says. Here it comes, I think, but this time instead of commiserating with her regret, something different emerges from me—I believe from within this dreamspace we are in.

“I know I can’t be your real true-life mother but I so wish you could let me be your mother in my heart,” I say to her.

Silence. And then a younger, happier, more excited voice: “You would be my heart mother!” Salina cries.

"Yes," I say, having no idea what exactly that means or where this is leading us.

"Then that means I would be your heart daughter?" Salina meets me again.

"I guess that's what it means," I respond, both of us with a sense of wonder as if we have stumbled together upon some hidden, fertile garden that neither of us has noticed before.

From that day forward Salina called me "HM," and I would refer to her as "HD." We had some conversations about what it meant to be a heart mother and heart daughter. We agreed that it meant that I really really wished I could be her true-life mother and give her all of the things she had been denied, and remove all of the trauma and pain she had suffered, but it also meant that we both acknowledged that I could never be that or do that. "But it's not real," she would say at times, registering the disappointment with which we were both so familiar. "It's not real that I am your mother, but the feelings that I hold for you and you hold for me, in our hearts, those are very very real," I would respond. And I would mean it. Slowly, over time, her belief in my genuine desire to mother her came to be more important than the concrete reality that she had always clung to so tenaciously and defensively. There seemed to be a nascent wedge inserting itself between the concrete and the symbolic.

I have come to believe that there is a level of interaction within psychoanalytic work that is not quite solely interpretive and not quite solely empathic. I consider that realm of our work to be generative, perhaps even poetic (see Hoffman, 1998). Although it derives from a powerful empathic bond, and requires a deep understanding of the patient's unconscious experience, it also creates something new and different between patient and analyst 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. But the maddening thing 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 between patient and analyst in a deeply mutual unfolding, like a spontaneous choreography, a *pas de deux* of point and counterpoint.

I believe that what we have of late been calling "analytic love" connotes this mutual journey undertaken between patient and analyst

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, the commitment we make to see our way through encountering each other's worst selves on our way towards making something different, something better, something entirely new, happen between us. It is an engagement between emergent selves, those of patient and analyst, selves born within the treatment process, who strive to integrate the best and worst we can each be and to love with full acknowledgment and recognition of both.

As heart mother and heart daughter, Salina and I struggled on. Our connection with each other seemed sturdier, not quite as relentlessly stormy. Endearing Salina and insatiable Salina seemed less distinct, more present simultaneously. We weathered more storms and the storms themselves became just noticeably less intense. Then one day before a planned separation, Salina sighed, "I wish there was some place we could go together. Some place I could see you when we were going to be apart. I don't like being apart."

"You mean a place we could each hold in mind when we weren't together, that would make us feel like in a way we were together because we were holding it in mind at the same time?" I countered.

"Yes! Exactly! Salina said. "Like a little house that was just ours."

"Like a cottage surrounded by wild flowers and a beautiful flowing stream," I added.

"And we would have all kinds of art materials inside so we could do projects, and a kitchen so you could bake me cookies when you had to go away; you could leave them for me."

"I could leave them for you with a glass of milk and a note with a funny drawing on it," I said.

Salina laughed, giggled. "Yeah," she sighed.

Together, brick by brick, Salina and I built our cottage refuge. In my mind the cottage existed in a field of tall grass, a haven in the territory of profound abandonment. I don't know if Salina had that same image in mind as she placed her bricks, but place them she did, as you can see in my much-abbreviated account of our initial interaction. Over time, Salina and I played in our cottage. We knocked it down, built it up again, huddled there against particularly cold days, went swimming together in the swimming hole we dug out of the brook

that ran alongside. I baked many cookies there that I would leave for Salina. We argued about whether she could have chocolate milk with her cookies or whether that was too much sugar for her. I was after all her heart mother, and I wanted to—and she expected me to—leave her healthy snacks, even when the chocolate was more enticing.

Of course, amidst these conversations Salina and I did some more typical kinds of psychotherapeutic work, but our mutually constructed shared world was never far away. It contained us, and allowed us to broach areas that we had been unable to navigate before: the severity of her neglect, the emotional experience of terror in abandonment after abandonment. I often wondered if we had taken it too far. But Salina grew stronger, our work together more resilient. She did better at work and at school and with her family. This work did not end our breakdown into cycles of mutual shame and despair. It did not end the frustration we both felt about the limitations of what we could provide for each other: Salina's shame over the insatiability of her demands and the limitations of reality that she could not be born again and born anew; my limitations stemming from the awareness that I was after all her heart mother—her analyst—and not her real mother.

So, I wondered to myself, exactly what was happening here? What was it that was changing and evolving? As way of partial explanation—at least one that I have given myself—let's return to the question I posed earlier. The way in which our traditional analytic focus on the past, even on the intersubjective meeting of the patient's past with our own past, has begun to include, as well, that question of what we can provide—provide proactively—for our patients. The question of how the intersubjective mix of the patient's internal world and our own internal world can also open up something about our futures, especially our shared futures.

From a theoretical perspective we have always thought of repression and/or dissociation as a protection against past traumatic events and early traumatic relationships—in this case, Salina's traumatic attachment to a profoundly neglectful mother and an (abusive) psychotic father. But why assume that we only repress and dissociate memories of terrible past events and people? I would like to suggest here, that where shame has succeeded in obliterating or totally saturating desire, 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. In this sense our analytic task of "making the unconscious conscious" involves just the kind of future focus as a counterpoint to exploration of the past that I have described as the leading edge of relational theorizing. And so 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?

In his book *Influence and Autonomy in Psychoanalysis*, Steve Mitchell (1997) suggested that psychopathology was always in some sense a failure of imagination. Today I wonder whether a reawakening of imagination can in some instances provide us with a pathway to the future. Perhaps what we have come to regard as intrapsychic fantasy that is based on iconic organizing experiences of the past also has a futuristic perspective. 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. Bion (1963) suggests that it is only within the parent-child dyad that certain things can be symbolized and thought about without overwhelming anxiety and fragmentation. We have grown used to the therapeutic extension of this perspective, that often it is only within the containing dyad of patient and analyst that certain overwhelming experiences can be symbolized and spoken of for the first time. So I would suggest to you that some of those Bionian beta fragments are not only experiences of the past, but our hopes and dreams for the future that have been defensively fragmented, foreclosed, and made unthinkable by overwhelming anxiety and shame. Here what Bion calls the alpha dreamwork embodies our reawakened dreams for what our future might yet become.

I am aware that our use of a mutual imagination involves walking a very fine line. 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. In the erotic realm it can be particularly overwhelming, and I would not attempt it. As relational analysts we

are aware that no one solution works for every dyad. But here I am suggesting that imagination and emergent fantasy do for some have the capacity to contain that delicate balance between gratification and disappointment; between provision and mourning. I am not Salina's mother; I am her heart mother. We can have our cottage, but we are both aware that said cottage is a figment; we don't need to say that to each other but it is clear that we both know. I cannot give Salina everything she needs and deserves, but I can give her some things that are precious to both of us. She can be disappointed in me without a psychic destruction of both of us.

Let me close on a note of hope, and what I consider a note of wonder. Over these years of my work with Salina my couch had grown shabby and threadbare. I knew how deeply attached Salina was to it, and so I spoke gently to her about the fact that someday soon I would have to replace it. Salina was inconsolable. She could not part with the couch upon which she had lain, hidden herself, buried herself—I had to keep it. I couldn't do that to her, she cried. I stalled. I put off the inevitable. I delayed a new purchase. But eventually other patients began to notice the state of my couch. Prospective new patients seemed to be (at least in my mind) eyeing the stuffing that was coming out of the worn material. Finally I bit the bullet, and bought a new couch, informing Salina that the couch would be delivered in two weeks' time. For two weeks Salina, cried, begged, and pleaded with me to keep the couch. I offered to let her take one of the small pillows home with her when it was time to have the couch removed. But this wasn't enough. Nothing would ever be the same. All safety would vanish with the couch. I felt despair as well. Was all of the progress we had made going to evaporate with the concrete removal of my, by now, dilapidated couch? Was this progress my own wish and not reality? Was I deluding myself into thinking that Salina and I had accomplished some very real therapeutic gains?

And then on the night before the couch was to be replaced, and following a particularly heart-wrenching session, I got a text from Salina. It read:

HM! The most amazing thing has happened. It is too wonderful for words! The couch ... Somehow it has appeared in the cottage. It is right there in front of the window and I am sitting on it right now! Isn't that incredible??

"It is amazing," I replied. "But it sounds like the absolutely perfect place for the couch. Let's keep it right there so we can sit on it together and look out the window at the wild flowers," I texted back to her.

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I would like to dedicate this paper to Salina for her incredible courage and creativity, and for accompanying me on this most extraordinary journey.

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