

# IFPE

INTERNATIONAL FORUM FOR PSYCHOANALYTIC EDUCATION

## *Other/Wise Uncut*

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Volume 1, April 2014

### *Lamentation: as witness, Bionian meditation, and play*

*Other/Wise Uncut* in 2014 continues the practice of conference-linkage with guest editors Judith E. Vida and Farrell Silverberg, co-chairs of IFPE's 24<sup>th</sup> Annual Interdisciplinary Conference in Philadelphia, October 31 – November 2, 2013. Out of 74 presentations (and 2 films), 22 were submitted “as presented” for e-publication. *Uncut* in the journal name reflects IFPE's avowed appreciation of each offering's unique voice.

The 2013 conference theme *Transience and Permanence* was chosen to evoke beginnings and endings and everything in-between, not only as encountered in the consulting room but as well in art, love, life in all its forms, death, and even beyond. *Transience and Permanence*, opposite poles on the continuum of experience, generate a bittersweet tension which, in counterpoint, plays out in notions of love, loss, melancholy, object constancy, transference, resistance, termination, fragmentation, intersubjectivity, development, transitional object, regression, repetition, and on and on.

During the conference, the Venerable Losang Samten created a Tibetan sand painting within our meeting space, a Kalachakra mandala (“The Wheel of Time”). We watched it take form, and when completed, we partook of its dismantling; conference and sand painting alike unfolded and evolved as a holding space, and then vanished. These 22 presentations, here in written (and in one case auditory) form, remain behind to revisit, recall, reverberate ...

There will be three issues. The first, in April 2014, will feature 8 papers gathered loosely under a designation *Lamentation: as witness, Bionian meditation, and play* (authors Bennett, Miller, Barish, Cokuslu, Teitelbaum, Luborsky, Mandell, Gianotti). The second issue is due to appear in or around July 2014, and the final issue in October.

Judith E. Vida and Farrell Silverberg  
Co-Editors

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### *Introduction to Issue 1:*

Each of these papers resounds with a kind of lamentation. Bennett, Miller, and Barish give direct and personal witness to confrontations with mortality: the ineradicable torment of a clinical suicide, as well as the vulnerability and the helplessness unleashed by the death of necessary others. Cokuslu and Teitelbaum invoke Bion to give shape to meditations of piercing immediacy. Luborsky and Mandell offer the instrumentality of play to express the inexpressible. Gianotti describes first in theoretical and organizational terms, and then in experiential ones, the generative capacity of lamentation when practiced in community.

# *Other/Wise Uncut*

*Lamentation: as witness, Bionian meditation, and play*



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To Be or Not to Be:  
Walking on the Edge of Life and Death with a Suicidal Patient

Phillip Bennett, Ph.D.

Presented at the International Forum for Psychoanalytic Education  
Annual Conference: "Transience and Permanence", October 31, 2013, Philadelphia.  
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This paper is a kind of coming out experience. I am coming out of the closet of silence regarding one of the most difficult prospects we clinicians face: the suicide of a patient. It is a possibility we all dread, bringing with it a host of anxieties--doubts about our clinical competence, fear of legal liability, and shame about the possible negative judgment of our peers. All these can create a deep closet. But I choose to come out of this closet in the hopes that it will benefit both you and me. After I had submitted my proposal I began to have second thoughts. I anxiously reached out to some trusted colleagues in IFPE who encouraged me to persevere, believing that IFPE is the kind of community of learning where it is safe to share something so charged and vulnerable.

My paper falls into two parts: First some clinical material and some general questions I will pose.

"To Die, to Sleep"

I heard a strange sound coming from my waiting room. It was a low tone that slowly began to rise in pitch and volume. I had never heard anything like it. It was eerie and disconcerting. Slowly I began to recognize a human voice saying one word over and over: "Please, please!" I opened the door and there was Michael pacing back and forth frantically, holding his head in his hands. He was moaning in pain like a trapped animal. As he came into my office he remained standing and said in a sobbing voice, "Phillip, I wish you had a gun and could shoot me!" That was our last session after fourteen years together. He had been referred by his parish priest who was concerned about Michael's suicidal urges. He was a very thin, nervous 50 year old man whose neat, simple shirt and suit hung on him like a scarecrow. In our first session I got the short version of Michael's mental health treatment: five years in five times a week classical analysis that he said had given him insights but in his words "did not fix my problems" and then a brief time in Cognitive Therapy which he described as "almost worthless". When I asked about medication he described a list that was a virtual history of psychotropics from the early sixties on forward. Some had helped soften his depression and anxiety a bit but

then invariably brought side-effects and were discontinued. He had a medical history full of maladies--gastric, intestinal, vocal problems, neuropathy in hands and feet. None of these was life-threatening and they each eventually subsided just as mysteriously as they had developed, sometimes to return later as the focus of more anxious obsessing.

Michael—as I will call him-- held a position of great responsibility in his profession. His work was his life. He would work long hours each day and through the weekend. He had little social life. He had three supportive siblings who were all married and apparently by his descriptions were doing better than he was psychologically. He was close to one sister but felt distance from the others. He was the oldest but also, as he said the "oddest". He was painfully aware that his siblings had all married and had children while he had not. This provoked envy and shame in him. In terms of relationships outside the family, he had been attracted to several women over the years but these relationships were never consummated physically or emotionally.

His primary human interaction outside work was his church where he held key positions. Lest I portray him only in terms of his unhappiness, there were some alive parts of his life—at least in some limited ways and for a time. He had excelled at baseball as a teenager--he had been an excellent pitcher but he eventually froze up and could not pitch well. He told me that sometime in the past he had taken ballroom dancing lessons which he enjoyed for a while then it ended—for reasons I cannot remember. He became a member and eventually the president of a public speaking club because he wanted to challenge his fear of public speaking and he worked to find his own voice. That seemed to be a good experience. All these seemed like glimpses of what Winnicott called True Self aliveness—a primary spontaneous gesture always rooted in the body. But they were but glimpses of aliveness and did not overcome his constriction.

As I reviewed his file in preparation for this paper, I thought of diagnoses--how many could be applied to Michael--Obsessive Compulsive Disorder, Anxiety Disorder, Somatization Disorder. From his psychoanalysis Michael had also been given the diagnosis of Castration Anxiety. There was also an Asperger's quality to Michael, a lack of social cuing that had an autistic feel. "Diagnosis" comes from the Greek meaning "to see into, to come to know". At its best, diagnosis is not a way of pigeon-holing someone but an ongoing attempt to know someone better: Who is this unique person and how can I know and help them? I think that is what I felt as I first sat with Michael. Looking back on his previous history it might seem like the height of foolishness, naïveté, or therapeutic grandiosity to take him on as a patient but from the moment I met him there was something about him I liked and respected. He was bright, thoughtful, and a person of utmost integrity. And he really did want to have a better life. So we embarked on our years together. As I look through my notes I can see all the ways I tried to help him:

interpretations, affirmations, exploration of the transference. There was lots of rich material: his strong supportive father who gave endless advice but at the price of demanding Michael surrender his autonomy. This became a frequent theme in our early work: his seeking my support and advice but also feeling resentful and impinged upon if I gave it. He was also concerned about taking care of me saying, "I am afraid that if I don't get better you will feel you failed as a therapist". At the time I heard that comment through the lens of his tangled relationship with his father which was filled with competition, aggression, and devaluation. But now I can take it as an early message from Michael about the eventual state of things and a kind of absolution. It would be the only suicide note he would leave me.

Through our years together Michael had periodic times of feeling suicidal although, to my knowledge, there were no actual attempts. I did the usual things: make a suicide contract, ask him to call me if he was moving toward action. Most of the time the topic of suicide receded in the continual stream of everyday struggles. When I explored the topic more pointedly he said he could not do it because of the impact it would have on others. But even if he could not bring himself to commit suicide he sometimes expressed a desire to no longer exist, to be relieved of the intolerable weight of being. One day he brought in a prayer by the French priest Michel Quoist entitled "Nothing, I am Nothing..."

"I see the devil attacking the key points of the fortress  
that I thought impregnable, and I find myself tottering and ready to fall.  
I see my helplessness--  
I who thought I could make myself of value to you...  
Nothing, I am nothing;  
I accomplish nothing. I know it now...  
I am nothing  
And you are all".

The prayer was intended as an expression of a piety of radical humility and total submission to God. Although he felt the prayer described his desolation he was most drawn to the words "I am nothing" and felt them to be comforting. To be nothing, nothing. This was the lure of non-being, to die, to sleep, to shuffle off his mortal coil. For Michael it was a consummation devoutly to be wished.

There were many twists and turns as there are bound to be in such a long treatment. I can see the hand of different supervisors in my notes--the differing emphases of my various training and readings. But Michael was my best supervisor as our patients always are. They teach us--if we can listen—to what they need and not just what we want to give them. He told me that what was most helpful was for me simply to be with him, to listen. He felt less alone. He could, in Winnicott's terms "be alone in the presence of another". He often wished he could stay in my office. "You are my anchor, my best friend, the only one I can talk to" he would tell me from time to time. I had forgotten those comments until I reread my notes. They helped me feel the meaningfulness of our work together despite its dark ending.

Michael constantly complained about work. He hated the public exposure it required, his feeling of incompetence in supervising others, the compulsivity that kept him checking and rechecking his work. But although his job was burdensome it provided a container, something to lose himself in, a reason to put off having more of a life, a distraction--albeit a not always successful distraction--from the frightening demons of hopelessness, panic, self-hatred, rage, emptiness and inconsolable despair. He obsessed years about when and if to retire. Finally at 64 he left his job of almost thirty years. Although all the signs of danger were there, I hoped that freedom from the pressure of work might give him some relief. At first that seemed to be the case. He was still able to work as a part-time consultant at his old job and was grateful that he felt less pressure. He volunteered at some non-profits that he supported. It seemed obvious that many people valued him. But after a few months of semi-retirement the demons began to descend. Michael became more panicky. He was a man without a shell--without a psychic skin--feeling completely exposed both from the outside and from within. His psychiatrist and I had been working in close consultation and decided to admit him inpatient--a prospect that Michael was very attracted to. He imagined it as a place of refuge, a sanctuary of care where he could regress to a state of dependency and escape the pressure of the outer world. But I knew that in this age of managed care this would not be possible. The psychiatric ward of the hospital simply upped his meds, kept him from self-harm then released him after a few days. He was back on the street, sentenced to life.

The last session where he had moaned in the waiting room and paced and sobbed in my consulting room, I felt a major shift in me; an acceptance of what could and could not be. I no longer tried to encourage him, give him hope. I let myself simply sit with him in his despair. I called upon an episode of depression in my life which taught me that no one can really know what it is to be depressed unless you have experienced it yourself. I relinquished my role as holder of hope and sat with him in the hopelessness. I said "The pain must be horrible. No one can fully understand, even me. People try to encourage you but it would be such a relief not to suffer anymore". I was not fighting the

despair. I entered it and as I did, I felt a profound acceptance and relief. At the end of the session he said, "I felt like you have really gotten me today. You feel the most attuned to me I have ever felt. It feels like a comfort and validation." Together we were both accepting what could and could not be. For Michael "the heartache and the thousand natural shocks that mortal flesh is heir to" had become intolerable and "to die, to sleep, perchance to dream" was a stronger desire than living. Unlike Hamlet who pulled back from non-being for fear of hell, Michael chose non-being to escape hell.

A few days later Michael hung himself in his apartment. He left no note. His desire to end the pain had overcome his concern about the effect on those left behind. With his usual fastidiousness he left all his affairs in perfect order. When I heard the news I felt a sense of profound solemnity, some sadness and some relief. I wasn't sure he had the resolve to do it but he finally did. I felt no guilt. Everything had been tried. The race had been run, the struggle was over. We were both off the tightrope. At his funeral many people spoke movingly about he had touched their lives. People from work spoke of what a patient and kind man he was, what a good mentor to others. People from his church talked about his selfless service and compassionate ability to listen. These remarks felt very genuine—not the avoidant fictions often voiced in funerals. It was as if I were listening to the description of some other life. The Eriksonian middle to final life poles of generativity or despair were split. Others had felt his generativity but he could not take in how much he had touched others. What he was left with was the despair.

I was privileged to have walked with Michael for fourteen years. It is now almost five years since he died. From time to time I miss him and I sometimes look at the chair where he sat and I imagine him there. I can see his thin body, see his face and hear his voice. I have needed to join my voice as well. When I am not wearing my clinical hat I enjoy my avocation as a singer-songwriter. Soon after Michael died I wrote these song lyrics. I have not set them to music and don't know if I ever will. Perhaps this is the one time they will find voice beyond my private thoughts:

"I got the call this morning;  
They found you in your room.  
They found you left there hanging  
From your rope of dreadful doom.  
Did you think for an awful moment  
That you'd made a grave mistake  
Or was it only blessed peace  
And release from the awful weight?"

So many years I sat with you

But I could not lift your load.  
Your path grew dark and narrow  
At the end of a long hard road.  
When I said "No one can understand"  
You said I finally understood.  
You were driven by your demons  
Into a dark and desperate wood.

I'm grateful that I walked with you  
And I think I did some good.  
I know you fought the valiant fight  
And you did the best you could.  
In the middle of my sorrow  
I have not lost the hope  
That love was there to catch.  
At the end of your rope".

## 2. REFLECTIONS

I want to pose some questions for reflection:

1. Is healing the same as cure?

To answer this question we must think about our fundamental understanding of the analytic process. Is it cure? If so, cure of what? What can be cured? How do we discern the difference between conflict and deficit? Both can exist. Michael had internal conflicts that had arisen from early relationships. There was a lot of Oedipal material and it seemed clear that his conflict with his father had never been resolved. This affected his confidence in his own autonomy and initiative. We were able to free him up a bit in this area so that he was better able to relate at work and with his family. But the deficits were profound. I think some of them were probably physiological. He had an anxious, and inconsolable temperament that was evident in his first days. His mother had told him that as infant he had cried almost constantly, and was hard to hold--I could relate to that. I thought of Winnicott's "primitive anxieties", one of which is being dropped and falling forever. We have all had these feeling but they are stronger and more enduring for some of us.

Freud did not believe in complete psychic determination. In *Analysis Terminable and Interminable* he spoke of a "complimentary series" in which physical temperament was



an inescapable factor. He was enough of a neurologist to know that you can't ignore the nervous system as a vital factor in personality. He wrote:

“The aetiology of all neuroses is a mixed one.. generally there is a combination of two factors: the constitutional and the accidental. The stronger the constitutional factor the more readily will trauma lead to fixation”

Michael would sometimes exclaim, "It's not fair! Life is so much easier for most other people!" He was right. If these deficits could never completely be filled was there any benefit in my treatment of Michael? Was all our work in vain, a mere building and rebuilding of a flimsy dam against the unstoppable torrents of despair? If we shift from a one-person model of psychoanalysis to a more relational model then the relationship itself is the vehicle of healing, not just the one-sided interpretations of the omniscient analyst. Despite deficits there can be something healing about being in a long-term relationship even when that relationship is asymmetrical. Michael once said, “I know this is a professional relationship but it is very precious to me. I need to talk. Thank you.” Although this might not be a cure of his deficits, his experience and mine of being in relationship brought some healing of isolation. Not a perfect healing for we all carry wounds throughout our lives—but a healing that comes when our wounds become channels of connection. Then we know we are not alone. We get us a glimpse of a deeper permanence in which we are all imbedded--a cosmic life-force from which we come and to which we go—a force which most world religions call love.

## 2. Is there a resistance to impermanence and limitations of our clinical work?

We all want our patients to get better. It makes us feel better. We have more sense of agency and satisfaction and in some way we continue our own healing by helping another become more whole. But our therapeutic zeal can sometimes be driven by our narcissistic defenses against feeling a failure, feeling controlled by the patient, being shamed, judged as incompetent, even uncaring. Certainly there are many cases of suicide that can be prevented. A man in his twenties whom I see was functioning well in his personal life and at work until a profound depression laid him low. He began for the first time to contemplate suicide. There was a history of depression in his family. He responded dramatically to antidepressants and is now functioning well again. This is a very different case from years of emptiness and psychic pain. When things don't seem to improve or improve as much as we hope, we are faced with the transience of our work in an unsettling way.

### 3. Can our strong urge to keep patients alive overlook their autonomy?

Although we can never keep someone from taking their own life we may neglect the fact that suicide can sometimes be an act of existential autonomy. Obviously this is often not the case when depression is untreated in an otherwise fairly well-functioning person. We know that suicide can often be a cry for help; a hope of intervention and care. It can be an expression of anger that may be worked through at least to some degree in the therapeutic relationship. But the question of whether to be or not to be always ultimately always lies in the hands of the patient and all our best intentions cannot take away their freedom. We may try, unwittingly, to use our therapeutic role to control the patient to make the choice we want them to make. Our attempts to make everything turn out alright can be a manic defensive against facing the limits of our power. The right to die is hotly debated in medical terms, but what of psychic pain? If mental suffering is intolerable, do we have the right to cancel out the other's power to choose life or death?

### 4. Can our insistence on the patient continuing to live be a resistance to facing our own death?

No analysis is interminable. The analysts and the patient must both die. Everything ends. Like the sand mandala being built here, all our best efforts as healers—although not unimportant—must all be blown away as we and our patients will be. Nothing lasts forever. Sometimes our therapist zeal is a resistance to this inescapable and unsettling fact. As I look back on my work with Michael I realize that my own feelings about being alive colored the way I saw his struggle. I have not yet achieved a peaceful acceptance of death. I want to cling to life as long and hard as I can. But I came a little closer to an acceptance of my own limitations as I journeyed with Michael; I stopped pushing to avoid the death of hope and paradoxically space was made for a more reasonable hope—a hope of companionship, of conversation, the sharing of a life story. A life story is never meaningless, not matter how full of pain it may be. But the story does not go on forever and knowing this can make it more precious in the present moment. The winds of time may blow us all away like sand but oh the colors and the patterns we sometimes see—even when we see them through tears!

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**Mortality and Impermanence:  
Death and Death Talk in the Consulting Room**

**Presented at the 2013 IFPE Conference**

by  
**Melvin E. Miller, Ph.D.**

*It cannot be that I ought to die. That would be too terrible. . . . And, what was worst of all was that **It** drew his attention **to itself** not in order to make him take some action but only that he should look at **It**, look it straight in the face: look at it **and** without doing anything, . . . nothing could be done with **It** except to look at it—face to face-- and shudder.*

From Leo Tolstoy's *Death of Ivan Ilych* (1960, pp. 132-134)

**Abstract**

*Death is all around us. An ever-increasing awareness of death is a phenomenon that is articulated frequently by our patients. We may not always hear their references to death, but they are most certainly in the room. Death talk pervades our analytic sessions as patients become more aware of their mortality. Sometimes this awareness is accentuated by the mere passing of time, or perhaps by thoughts of how much time they have left to live, or by thoughts of having to terminate their treatment. It will be argued that the more psychic space is created for talking about death, the more the death talk occurs. In turn, analysts are invited to think about death as it appears in psychoanalytic sessions, including the attendant defenses and resistances that keep death awareness and death talk at bay.*

**Introduction**

We will all surely die. We must. There is no escape. Death is all around us. Though death is everywhere, most of us, like Tolstoy's Ivan Ilych, have a difficult time acknowledging *It*, let alone looking at it in the face. Tolstoy's exhortation is: **look at it directly, do not flinch**. This is quite a daunting challenge. It is as if we must pay attention to each breath we take, for it may be our last. Yes, it is everywhere, but it is so hard for most of us to ever truly acknowledge its ever-present nature. We keep it at a distance—at arm's length. We treat it as an abstraction, a concept. It is a rare thing to find someone who can contend with a vivid, raw awareness of death, let alone embrace such an unwelcome inevitability.

There is a Buddhist story that aptly captures the inescapable, ever-present nature of death. It goes like this:

*There was a woman who lived at the time of the Buddha. From what we know, her name was Kisa Gotami. Kisa had only one child—a son who died. In her grief, she carried her dead child to all her neighbors, asking them for medicine to bring this child back to life. The people said: “She is mad. She has lost her senses. The boy is dead.” Eventually Kisa met a man who replied to her request: “I can’t give you medicine for your child, but I know a physician who can.” The woman said: Pray tell me sir; who is it?” And the man replied: “Go to Sakyamuni, the Buddha.”*

*Kisa repaired to the Buddha and cried: “Master, give me the medicine that will cure my boy.” The Buddha answered: “I will need a handful of mustard seed. Bring it to me.” And when the woman in her joy promised to procure it, the Buddha added: “The mustard seed must be taken from a house where no one has lost a child, husband, parent, or friend.” Poor Kisa now went from house to house and the people pitied her and said: “Here is mustard seed; take it!” But when she asked “Did a son or daughter, a father or mother, die in your family?” They answered her: “Alas, the living are few, but the dead are many. Do **not** remind us of our deepest grief.” She found that there was no house spared the ravages of death.*

Perhaps it is because of my advancing age, or due to the events surrounding the recent death of my mother, that I am paying more attention to death lately-- thinking of both the possible death of loved ones and my own. Even as this is going on, I, not surprisingly, have begun to see death and *death talk* reveal itself more frequently in the analytic hour. All of a sudden patients seem to be bringing **It** (death) into the room in rather vivid language, often with a florid dramatic flair. I have at times, wondered whether they know—perhaps with some kind of uncanny intuition--that I am working on a paper on death and impermanence for this IFPE panel. Of course, another explanation for the recent increase in the frequency of death talk is that I am just simply listening better these days. Perhaps I have taken the wax out of my ears? Good for them for speaking of death, and -- perhaps I should also say—in a rather self-critical, if not self-deprecating way, “good for me” for finally being able to listen, to hear this death talk. It is about time I hear their concerns. Finally.

## Theoretical and Clinical Influences

It is fair to say that I have been working on this paper for quite a while—though mostly in my head. It has been on my mind and I have been struggling. Before getting on with some clinical material, I would like to mention just a few of influences that have shaped this paper. As you'll see, some of them came through the doors of philosophy, theology, some from Buddhist writers, and some from clinicians.

From philosophy, I have been influenced tremendously by Becker's (1973) Pulitzer Prize winning book – *The Denial of Death*. Becker's book reveals the efforts of an entire culture to keep any awareness of death stifled or hidden. To Becker, all the conventions conspire to keep death awareness out of our minds. This was an equilibrium shattering book at the time I read it; its challenging message has haunted me for the past forty years.

The influences from literature are numerous. Tolstoy's (1960) provocative little volume on *Ivan Illych* referenced above is right on point in so many ways. Not only is it a timely exhortation to not fritter away our lives in meaningless activity, he also reminds us--especially those of us who work with the soul--to take all death seriously. Implied in Tolstoy is the thought that unless we take our own deaths seriously—not dwell in abstractions about loss and death—but grasp its reality, its realness, we will never be able to help others face their own deaths. In this respect, I've come to think of all psychoanalysts as representatives of the dark side—the chthonic side--the underworld. Perhaps we are versions of Doctor Death—not necessarily in a Kevorkian sense--but as one person who can be there in the lives of individuals to help guide them toward this inevitability and to help process all the conflicting emotions and feelings along the way.

Other more contemporary writers have had death on their minds as they age and have weighed in on the subject. Chris Hitchens's (2012) book boldly entitled *Mortality* immediately comes to mind. Although published posthumously, Hitchens wrote this little black book during his struggle with cancer and its varied medical treatments. Throughout *Mortality*, Hitchens is intermittently ironic, sad, frustrated, and angry. It has a “rage, rage, do not go gentle” quality to

it. He rants, he criticizes, even as he is determined to live every moment to the fullest until the very end (which he assumes is *the end*). In fact, Hitchens invented a felicitous phrase to describe how he intended to live the last days of his life. He called it his “year of living dyingly.”

Judith Viorst (2005) has expressed in a rather lighthearted way her mixed emotions over the aging process and inevitable death in her book of verse *I'm Too Young to Be Seventy and Other Delusions*. Viorst acknowledges her brave attempt to be “plucky and spunky” as she fights the good fight—as illustrated in phrases such as: I’m “working on savoring every goddamn second” (p.19) of my remaining years, and in the title of one of her poems “On Not Being a Good Sport About the Fact That I’m Going To Die One of These Days.” She concludes this poem with the line “Do I mind? Do I Mind? You bet your sweet ass I mind” (pp. 72-73). Even more humorous is Billy Crystal’s (2013) take on the aging process as summed up in his new book *Still Foolin’ ‘Em*. But, to the question: What does death mean to me? Crystal simply responds, “Death just means . . . no more” (p. 266).

Buddhism has certainly influenced my thinking about this project as witnessed earlier. The enjoinder to not flee from, but to attempt to grasp and come to terms with death and impermanence are central themes throughout the Buddhist literature. For example, Dzongsar Jamyang Khyentse (2012), a Tibetan lama reminds us how hard it is for most of us to accept “even the most patently obvious truth that death is imminent and inevitable, and not one living being . . . can escape it” (p.4). In addition, he points out our aversion to accepting the “the horror of the truth of impermanence, . . . the illusory nature of our world, and above all, the vast and profound truth of shunyata [emptiness]” (p. 18). In this light, the sand mandala under construction for this conference is a vivid reminder of what we attempt to deny—impermanence, emptiness, and death.

Another Buddhist influencing this project is the Zen Priest and teacher, Joan Halifax. Halifax has dedicated her life to working with the dying in a variety of capacities. She and her colleagues attempt to offer comfort to those who are dying from a Buddhist perspective that encourages openness, acceptance, and being present. In Halifax’s words which sound remarkably similar to Khyentse’s above: “We give our best to experience everything as totally as we can, not withdrawing from the vividness of any experience, no matter how scary it seems” (2009. p. xix).

## **Patient Vignettes and Death Talk**

Here are some patient comments that illustrate the various ways patients have introduced their awareness of the reality of death into their analytic sessions. Let's see if we can begin to view death from their perspectives, and understand how similarly-- and sometimes differently-- they look at it. We'll see how they each struggle with the awareness of *it*, how they defend against an awareness of *it*, even as some are willing to embrace thinking/feeling about *it*, even as some work toward an acceptance of death while attempting to *stare it in the face*.

Their comments are grouped into 4 categories: 1) Those mentioning their first awareness of death, 2) those who are grappling with an awareness of death during late mid-life or in late life, 3) those who talk about death in the context of termination, and 4) those who are facing impending death.

### **Death Talk in the Consulting Room: A Typology**

#### **Group I: First Stirrings of Death Awareness**

The remarks in this group have been made by patients who have been in psychoanalysis with me for at least five years, but/and who are talking about death for the first time since entering treatment. These individuals tend to be younger, on average, than those mentioned later.

**1<sup>st</sup> patient:** I hate those damn old people. They look like post-menopausal skeletons. I'm obsessed with old people. They remind me of decrepitude and death. I saw one woman there whom I met ten years ago. Can you believe that? Time passes so quickly. I can't deal with it. I hate the aging process and I know that death is around the corner.

**Same patient late in same session:** I am freaking out about life's brevity. Time goes by so fast. Life is so short, so brief. I must do something meaningful, before I die.

**2<sup>nd</sup> patient:** Time is running out for my life. It is not like it used to be. Time is limited. I will die. Death, my own death, I am looking at it.



**3<sup>rd</sup> patient:** Death, mortality--it's all on my mind these days. Every day it goes through my head. The anger, the sense of insult, that my life would be taken away from me prematurely. I hate thinking about it.

**Associations/Comment/Questions:** What are topical threads here? Alarm, anxiety, urgency, anger, insult. Is this how Chris Hitchens responded when he first heard of his diagnosis? What defenses are used to soften the blow and to help get one *back to normal*? The expressed wish to make life meaningful during their limited years is noteworthy, even as some attempt to push this gnawing awareness of death out of their minds.

## **Group II: Mid to Late–Life Death Awareness**

These comments are from people who are in late middle life or in late life and are looking at death as an inevitable, if not impending, occurrence. Death is on their horizon.

**1<sup>st</sup> patient:** Aging is my nemesis now. I'm in my final years. I hate the aging process. Death is around the corner. My mother dies. Who is next? Me, of course. I gotta get a grip. I actually think of going to church these days. How unlike me. I've got to get a grip.

**2<sup>nd</sup> patient:** I think about death all the time now, now that I'm in my 70's. Much more than I used to. I never used to. Something is being ripped away from me before I'm ready. Goddamnit! I'm angry; I'm not ready. But, if I talk about it, people might say I'm whining.

**3<sup>rd</sup> patient:** We are all going to die. I don't like it. When I'm with friends—at a gathering or whatever, I look around the room and get it—that none of us will be here in 20 years. My death, my husband's. It all scares me. His decline, my decline, his death, my death. People don't want to talk about it. There is a death pall in the room.

[same patient, next session] I want something to believe in. I'm so incredibly scared. Yea, they will say “relax, it's all impermanence.” I say bullshit, what do they know?

**4<sup>th</sup> patient (an agnostic):** *Please* reassure me that I will never die. Or, if I do, promise me that there is a heaven or reincarnation—or –something. Death is all over the place: my own, my husbands, my mothers. (She has repeated this plea many times.)

**5<sup>th</sup> patient (a devout atheist):** I don't want to face the darkness, oblivion. How nice it would be to have something to believe in—something to comfort me.

**Associations/Comments/Questions:** There is a sense of urgency. Such death talk is more common now. These patients are seeing death everywhere—their own and others. Death is no longer an abstraction for them. They are upset with the passage of time. We see their defenses against death awareness kick in, although their defenses do not seem to be as strong nor as effective as they were for those in the earlier group. Death is more than just a “dawning awareness” with this group. Death is truly an eventuality. It is more of a *given* —even though most speak of not being ready for it. We see one patient pleading for reassurances, a couple of others wishing they had some religious beliefs to comfort them. The notion of *plea bargaining* comes to mind.

### **Group III: Termination and Death Awareness**

In this section we'll look at patients who have introduced talk about death in the context of thinking about termination as they struggle with the thought of possibly bringing an end to their therapy or analysis. The connections and associations between death and the end of analysis are poignant and certainly worth mentioning.

**1<sup>st</sup> patient:** (Thoughts re: a first discussion around the possibility of termination.) The word “termination” sounds so much like Death. No wonder I have had a hard time thinking about it. It sounds like a declaration of death. But I want to live, I want to thrive. Don't talk to me about termination or death. I want thriving, not death.

**2<sup>nd</sup> patient:** I can't think about ending my analysis. I would rather die. Ending would be like dying. I resist letting you know I am improving for fear that you might think to get rid of me.

**3<sup>rd</sup> patient:** I resist thinking about it. I can't I won't do it. I don't want to do it. I want to stay here forever—as long as we are both alive.

**4<sup>th</sup> patient:** Of course we have to begin to think about who might die first? Me or you? (Wonderfully similar to a case discussed by Irwin Hoffman (1998) about Hoffman and his patient Manny.)

**Associations/Comments/Questions:** With these patients there is an intermixing of and a confusion between death and termination. The thought of termination feels like death to them. How does one part with or leave a process that in many respects brought them to life? This seems unbearable. To leave this place—the first place they ever felt understood or seen--seems horrifically unfair. I would rather die than terminate, says one. “Who will die first, . . . me or you?” asks another. Then, for some, we see the defenses, the resistances kick in once again.

#### **Group IV: Death Awareness and the Terminally Ill**

I have worked with a few terminally ill patients over the years, though only one recently. I find it difficult. It is especially difficult to find the right words to use with them. Their struggles and pains are so often heartbreaking—significantly more poignant, more immediate than those in the first three groups. Although it might be said that we are all terminally ill, there is an intense sense of immediacy to their struggles that can't be overstated.

**1<sup>st</sup> patient:** - I live every day with death present. As you know, my heart could just stop beating at any time now. I'm not ready for death, but it is out of my hands. How do I do this.? What about my kids? It could happen any minute, any second, It's unbearable.

**2<sup>nd</sup> patient:** (a middle-aged woman in the last stages of a debilitating cancer) This is so hard. I can't die. I want to be here for my son. So glad I was able to talk with my father and have some closure with him. Maybe I am ready. I'll never be ready. . . . I think I am ready to die. I'm not afraid to die.

**3<sup>rd</sup> patient:** Why bother with psychoanalysis, I'm going to die anyhow. Why bother?

Psychotherapy isn't worth it. Death will come. The end.

**Associations/Comments/Questions:** How to work with these patients? Death is coming soon for them. There is so much grief, sadness, sometimes anger and rage. The old defenses don't seem to work any longer. Only one of the three seemed ready to die.

### **Some Thoughts for the Analyst**

With all this death talk in the room, where do we go from here? What do we do with it once we finally begin to hear it? It's not easy to know how to handle death talk with any patient, let alone with those who are about to die. I think my resistances and my clumsiness are at their worst with this group. It's obvious to me; it's probably apparent to them. Even at the very moment I write this, I am inclined to move away from my desk and **do** something: get up and clean my office, fix that broken light, rake the lawn. I can't bear it, but I know I must. And, I know I must also permit their pain and anguish in. I have to feel it; let it affect me. I have to let their death anxiety in--their fears, that terror--let it become my own. I must live with it. I must resonate with it -- certainly in the consulting room—and, yes, sometimes I take it home with me. I must stay as close to their anxiety, angst, and terror as I can. I must stay closely in touch with the vicissitudes of my countertransference thoughts and feelings. Moreover, I must stay open to being aware of what is coming in my direction via projective identification if there is to be any hope that I will be of help to them during this time of need.

Another way that I like to characterize our job is to say that we need to keep *leaning into* all of it. We need to move even closer to the death talk, try to deepen it. Don't flinch. Together we stare it in the face. Here is an example of *leaning in* taken from Irvin Yalom (2008), who writes about his work with dying patients in his book *Staring at the Sun*:

These thoughts about death. . . Let's keep analyzing them, let's dissect them. I know that the thought of death feels overwhelming—but stare right into it, tell me, what in particular is the most frightening thing about your dying. (p. 208).

Yalom goes on from here, illustrating where this kind of approach might lead a patient. Probably the most important thing he emphasizes is that you are going to likely treat death talk and death anguish as you would any other weighty material presented by a patient. You attempt to *see it*, grasp it, and experience *it* from their perspective. Deepen the work. Try to get patients to go exactly where they need to go with their death talk. With my patient #3 in group #1 above, for example, I said something like “You are furious about the thought of dying—the anger, the rage you feel that your life might be taken away from you prematurely. How frightened and angry you must be. Tell me more.” Patient: “I can’t. It is just infuriating.” Analyst: “How unfair that your life would be taken away from you before you had a chance to fully live it.”

Now, what comes to mind here is a crucial technical question for us to consider: As we attempt to deepen this kind of death exploration by working through resistances, should we, in moments like this, attempt to tie it all together by relating the patient’s present sense of unfairness with the unfairness he felt about his early childhood losses? His father died when he was five, and then his mother before he was seven years old. Sometimes we might make such an interpretation and, at others, not. But, then let’s ask: “What are we up to when we do”? Are we retreating to the theoretical, the conceptual, the abstract? Are we hiding in or retreating to *pro forma* analytic technique? Are we steering the associations away from the urgent and solemn—away from the stuff with gravitas? Are we becoming too *experience far*? We probably should ask ourselves such questions—often. Can we just stay with the expanding, deepening process in an effort to not collude, to not create a misalliance with the patient—to not join in with the avoidance of something even more painful than his early loss? Can we simply stay with this intense, heavy material and not avoid talk of his impending death and oblivion?

It may be scary, gruesome, even hellish for the analyst to go deeper into these often horrifyingly painful places. As you do so, it might feel like you’ve immersed yourself in the emotional equivalent of a Hieronymous Bosch painting of Hell or the Underworld, but stay with it. Yes we must learn to *lean into it*. We must practice it. Here’s an example of my self talk while sitting with a patient.

Hmm, this patient is talking about his fear of death at this very moment. Can I hear it? Do I want to hear it? Am I able to hear it? Am I resisting it? Can I help **this** patient—the one

right in front of me--*stare death in the face*? Yes, I think I can. And, as I do, I need to invite them to say more and . . . more. *Be curious; expand the narrative* around the death talk, I remind myself. I must try to deepen the patient's associations again and again, just as I might do with any other material. I must help the patient face *it*, . . . I must help bring him face to face with his fears and with death itself.

At this point, I have another essential question or two for us to ponder. In addition to--perhaps concomitant with--our own defenses, might it be possible that we, as analysts, sometimes have an agenda here? Might we? Do you? We probably need to ask ourselves such questions as: What are my own thoughts about death? What happens at death? Is there an after life? How afraid of impermanence and death am I? Do I experience terror at the thought of oblivion? How are our particular defenses and preconceptions informing how we handle death material? What are our resistances, my resistances? [I think I will stop here and get up and rake the front lawn.] Oh yes, equanimity through an awareness of impermanence. Yes, that's it. But what if we think that a grasp of impermanence is such a good thing that we assiduously and enthusiastically invite patients to accept this notion as their own. What about simply hinting in this direction? Is this what Joan Halifax does in her work with the dying? Or, does she just stay present with them -- "not withdrawing from the vividness of any experience, no matter how scary it seems." This is her claim. On the other hand, do we ever unwittingly force our thoughts and beliefs upon our patients? Or, are we truly able to stay close to their feelings, close to their narratives, their story lines, regardless of how messy it all gets? Can we keep staring into the sun with them?

Yes, there are various eschatological perspectives, not just ours, not just those of this particular patient. Perhaps you are working with a patient who firmly believes in an afterlife and you don't. Or, you are working with a patient like the one noted in Group 2 above, who wants reassurances that there is an after life. How do you handle this? Especially when it flies in the face of your beliefs? You may be more like Billy Crystal or Chris Hitchens who believe that upon death, it is simply "No More." What do you then do? Can we continue to *just sit*? Explore. Expand upon feelings. Sit with and deepen the exploration of their fears and longings. Can we

simply work in a way that is oriented to accepting *what is*? Keep leaning into it all. Expand and deepen the death talk, don't flinch. In short, keep doing analysis. Keep having faith in "O," as Bion might say. Can you remain confident that if you keep expanding and deepening the work, patients will go where they need to go? So, in short, do we, can we (both analyst and patient) keep staring death in the face? Can we keep staring into the sun together?

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**The Edge of Space**  
Samoan Barish PhD  
IFPE Philadelphia Nov 2013

***Of Mere Being***

*The palm at the end of the mind,  
Beyond the last thought, rises  
in the bronze décor (distance).*

*A gold-feathered bird  
Sings in the palm, without human meaning,  
without human feeling, a foreign song.*

*You know then that it is not the reason*

*That makes us happy or unhappy.*

*The bird sings. Its feathers shine.*

*The palm stands on the edge of space.  
The wind moves slowly in the branches.  
The bird's fire-fangled feathers dangle down.*

*Wallace Stevens 1954*

This elusive meditative poem was written during the last year of Stevens's life. He knew he was slowly dying of stomach cancer. The poem conveys the liminal world between living and dying. Although brief, only 12 lines and 75 words long, it expresses something that is actually beyond human comprehension, our dying. Exploring the limits of our living and dying: "at the end of the mind;" "beyond the last thought;" and "on the edge of space." The poem is ambiguous and ineffable, ending with the alliteration, "fire-fangled feathers dangl(ing) down." Stevens, ever the master of imagination, seems to be saying that the phenomena of life and death can't be adequately explained in words or feelings. So, is that the "it", or.....? The eternal verities defy simple delineation. Note his very title, "Of Mere Being" is full of paradox, since we know from his correspondences, that to him, "being: meant "life-itself"

Stevens's and we know that our beings/our lives are hardly small or unimportant to us or our loved ones, and yet we humans are paltry things, barely a fleeting speck in the cosmos. But, let's not try to parse this poem too much, but rather just stay with the rhyme, the words and their sounds, paying attention to what gets evoked inside each of us.

Death is in the air! Death cafés are opening up at a rapid pace, in Los Angeles, New York City and throughout the country in many other cities; having been originated in Switzerland and France some 10 years ago or so. People from different walks of life, ages, belief systems and religions are coming and sitting together and talking, over tea and cake, about death. In different ways, they address how their views of death affect how they currently live their lives and/or would like to alter their lives.

A number of years ago the late Studs Turkel interviewed the opera singer Catherine Malfitano. She said while talking about welcoming risky moments in her art: “I think one has to always have the sense that death is right next to you (2005).” And, the popular singer Tim McGraw has a song entitled, “Like you’re gonna Die,” and so on.

In this morning’s talk I want us all to think about death as an ongoing companion throughout our lives with the hope of beginning the process of developing some kind of relationship, if not a friendly one, then at least some kind of acceptance of the inevitability of death and loss of ourselves and loved ones. I am hoping we can create an “intermediate zone” (Elliot Tressam) or space for us to talk about death. Indeed, much has been written about the irony that in many ways we can only fully appreciate the living of our lives by experiencing the endings.

In the spirit of full disclosure, I must tell you that I wrote a rather lengthy introduction to this paper and then put it aside as other matters drew my attention. When I returned to it, I discovered that it was no more! I had unconsciously neither saved it nor printed it out. Indeed, what I had written had completely disappeared, just as we all will disappear someday. I suppose this was my unconscious reminder of the transience of my life and my work, an enactment of my death anxiety? Certainly, trying to face my/our fears of death is very scary business!

As we all know, Freud, who had many losses in his life early on (e.g. his brother, his parents, one of his beloved daughters) was himself terrified of dying.; even proclaiming an age when he feared he would die. He believed we humans are incapable of comprehending our own death.

The unconscious thinks we will live forever. To quote Freud (1915), “It’s impossible to imagine our own death. ... In the unconscious everyone is convinced of his immortality.”

Kohut, on the other hand, believed it was possible for we humans to contemplate our own death . Indeed, he said that “man’s capacity to acknowledge the finiteness of his existence and to act in accordance with this painful discovery may well be his GREATEST PSYCHIC ACHIEVEMENT.” (“Search for the Self,” ed. Ornstein in “Forms and Transformations of Narcissism” (1979)). Facing this impermanence is difficult, but we can develop a higher forms of narcissism, namely, “cosmic narcissism,” a capacity to “transcend the bounds of the individual.”

Jung, for his part, says the unconscious attitude towards death is that the psyche is continuous and doesn’t end. And yet, he proposes that “soon after the middle of our life, the soul begins its secret work getting ready for the departure.” Elaborating, he says, “Death is a goal that has been unconsciously lived during at least half a lifetime.” Building on these ideas he suggests that “death is an accomplishment, a ripe fruit on the tree of life.” Something for we non Jungians to ponder!

Now, I would like sketch thoughts and feelings I have had over the years about my own death, and share with you some dreams that suggest themes of my death. My underlying reason for using myself as, “a case example,” is that you can all join me in this process. Talking in this way about the most difficult and terrifying matter for all of us, our extinction, will hopefully, help inform the quality of our lives and enrich us all.

So let’s begin!

I grew up in a family of myself, my parents, my older sister and my younger brother. My maternal grandmother also lived with us in a rather small apt in the Bronx until I was in my teens. My grandmother had a large impact on me and my life. I’ve come to see through the years how I had internalized some of her existential anxieties. She came to NYC, via Ellis Island, from

Russia/Eastern Europe when she was 3 years old, and brought her family's shtetl mentality with her, namely, the ever-present feeling that something terrible could happen at any minute.

My grandmother's youngest son, my uncle, was in the army during WWII, and I remember her huddling with some of her friends who all seemed very old at the time and they would be crying and whispering to each other, clearly highly distraught. I think some of these women had tragically lost their sons during the war. No one said that directly to me, but I sensed something terrible and very scary had happened, like a tragic loss.

I remember then that at a quite young age, about four or five years old, having a conscious realization of death and asking my family about this. They responded in the stock manner. Yes, everyone dies, but I didn't have to worry about that for a very long time. I adopted that attitude for a very long while and held on to it as long as I could, in order to assuage my fears, indeed terror of loss, and of course, fears of my own passing. Death was something no one talked about at home or in school or in most walks of my life.

In my own life, I was fortunate to not have any traumatic deaths in our family as a child. Like many of you, I have worked with patients who lost parents at early ages (in fact I am working with two such people currently), and we all know the devastating and lasting effects of such early parental loss. I recall, wondering how my grandmother, who was old and therefore closer to death was feeling about it. However, she was fully absorbed with the problems and challenges of everyday life that she did not seem to give much thought to her mortality.

I remember my sister saying, after my grandmother died, followed by my uncles, that "Our family doesn't believe in dying." When each of them was terminally ill they fought and fought to live. They did not go "kindly into the night." Nor did my mother, who many years later at 96 years old, while making the transition from independent living to nursing care, she yelled with anger and indignation at the nursing care staff, "I came here to get better and you're making me worse." She simply could not or would not accept her sad reality that she was coming to the end of her life and that there was no getting better anymore.

I've come to think that parts of me been trying to come to grips with my mortality for a very long time, as well as for those around me that I need and love. Indeed, I have been trying to face the physical and psychic limits of all living beings, the transient nature of all our lives and the inevitability of all of us ending and being no more. I now see that some of the papers I have written, presumably on other topics, have had the recurring theme of termination and endings in treatment and was in some ways my looking at the eventual loss of myself and others. Of course, I've written and presented many other topics and themes, but it's this theme that I am highlighting today.

I have been hovering around the edges of loss since the late 70's when I wrote a paper called, "On Interruptions in Treatment." Note some of these other titles. In 1982, at the CICSW June convocation, I presented a talk called, "Revisiting Termination." Many years later at IFPE in 2009 in Seattle, Joanne Culbert-Koehn built on this theme in our presentation, "Patients Who Stay With Us."

Once again, in 1987, I presented some other thoughts on endings that I entitled, "Leaving is like Dying a Little"(an Italian proverb). In that paper, I talked about endings as they touch on our fear and denial of death, and how the therapists' sense of loss and mourning for their patients can possibly serve integrative functions for each.

In 1989, Lise Blumenfeld and I presented a paper entitled, "Exploration of the Therapist's Experience with Termination/Or Where did my Patient Go"?

In 1999, I gave the CICSW Commencement Address entitled, "Commencement: Beginnings and Endings in an Expanding Universe." And then, on Nov. 2003 at an IFPE Conference in Pasadena, Merle Davies, Lise Blumenfeld and I presented a paper entitled, "Changing Views-Ties Across Time." One of the many questions we posed was what roles do various endings and beginnings play in creating transformative experiences and consequently fostering growth?

In 2005, I actually approached death directly while writing about my younger brother's dying from ALS in a paper entitled "Suffering and Its Vicissitudes: My Brother, Myself and My

Patients.” During the period of my accompanying my brother as he was dying, I had a particularly painful experience with a patient I had worked with for many years and was only a few years younger than my brother. During a session when he breezily said that he was having a physical examination, but he knew there was nothing wrong with him, I found myself making comparisons between him and my brother, and I found this comparison unbearable. I began to intensely feel I could not go on with this work. I had never experienced such strong feelings of this nature in all my previous years of practice.

In fact, I did go on and continue to practice, and I found my feelings easing, and somewhat to my surprise, I felt more involved and invested in my work with patients. I became more capable of receiving each person I saw on their own terms, struggling with their unique constellations of problems, wishes and dreads. I felt a renewed value in each person trying to make the most of his/her life, however trivial or mundane it might appear on the surface. I was, after all, engaging with each of them in the stream of their life and mine. This felt very worthwhile and important to me. Facing imminent death; my brothers, and by extension my own, however agonizingly painful, paradoxically, also energized me. It offered me a perspective on life and its value “I know the place/ It is true/ Everything we do/ Corrects the space/ Between death and me/ And you.” Harold Pinter, 1975 (Pinter’s words hang in the air, a charged distillation of his life’s work. His plays have to do with a mix of false bravado, mortal dread and the struggle for human connection.)

Now, I would like to share two dreams, one quite short and the other a bit longer, that illustrate my unconscious trying to grapple with my death. Of course, given the over determined nature of dreams, there are many other meanings as well. However, for today’s purpose that’s the aspects of these two dreams that I will be focusing on. I see these dreams as providing me with an unfolding map, which can help me come to terms with my mortality, as if my unconscious is preparing my ego for my eventual end.

Dream 1: 4/16/08

I’m going on a trip with many other people (maybe Barry (my husband) too). It was a strict Communist country with severe restrictions as to what items you could pack and take with you.

It was not exactly clear what would be confiscated. I had to keep checking what I could take with me and what had to be eliminated. Could I take my address book, etc.? How could I manage without that and that? Paring away, I had anxiety regarding decisions of what/how to eliminate. Some of my associations and thoughts and in discussion with my Jungian analyst are:

- Going on a trip = dying.
- Paring away = giving up my long held attachments and expectations and in a sense ongoing belief that I'd keep on going on. James Hillman talks about eventually all of us leaving and being left. Leaving those things, attachments, people who are close to our hearts. Entering a more forbidding strict territory, where the rules are definitive and simple.
- Associations to Ancient Egypt = Where the dead in their sarcophagus are loaded up with things believed to be important to the dead person and that they will need when they get to the other side. There were severe limitations on what the dead could take with them and detailed instructions in The Book of the Dead as to what to take. For example, every Pharaoh had the same things in their tombs (e.g. gold items, specific foods, etc.).

Other thoughts led to the image of dying. I'm giving up things intimate to me and my life, paring away, cutting back. My address book represents my connections to people in my world; my identity of who I am and who I'm connected to. Everything (and everyone) had to be left behind.

Dream 2 May23, 2010 (daughter's birthday the next day May 24).

I'm sleeping in my bed. I hear a banging. It sounded like someone deliberately pounding or tapping on the floor with a cane or staff. The next thing I know my bedroom door is being opened and a flashlight's beam is moving around the room. I don't open my eyes. I think to myself, make believe you're sleeping. Sometimes that works. I stayed still and made believe I was sleeping and didn't know the intruder was there. After a short while, the intruder closes the bedroom door and leaves the house. I awaken. I was quite shook up. It was so real! All of it: my house, my bedroom, my bed and me in the bed. It felt like the nightmare lasted just a second.

When the door was being opened and I saw the flashlight beam moving around, I thought to myself that this can't be really happening. This dream is everyone's worst fear, but it was real in the dream. The whole dream with all its anxiety, fear and terror felt totally real. After all, it took place in my actual bedroom.

What associations do I have to this dream? First, that day I had felt quite relaxed in the late afternoon and evening. I was with the kids in the afternoon, buying them shoes. Barry had left for Europe and I had gone out with a friend and her friend to an enjoyable movie and dinner. I was reading an interesting novel (Amy Bloom's, *Away*). I was perplexed that I had this anxiety dream and couldn't find any day residue connections.

In the dream, I remember thinking I hadn't locked all the windows and doors before I went to sleep. In a later association, I thought about a novel I had read where a man had come into the narrator's bedroom through some attic door that he hadn't locked (a Paul Auster novel). Then I remembered that in the current novel I was reading, the Russian woman protagonist had lost her entire family on a pogrom. Why should these novels have clicked into my unconscious in that way, especially since I was in such a relaxed state of mind?

In a sense, this was almost like a dream within a dream. It had a profoundly layered quality to it. Is my unconscious trying to call my attention to my eventual death? At the same time, my ego is seeing death as an intruder? The grim reaper seems to be represented here, but I stave him off, at least for the time being. The dream is about my terror of death encroaching and the hereafter. It is almost as if my unconscious is saying death is going to come and get you at some time, whether you like it or not. While my ego is denying it and fending it off, is this intruder the angel of death? And, what about the beam of light? Does that represent lighting up the dark? Several of my other associations were: Capt. Hook in Peter Pan with his stark terrifying peg leg tapping, tapping, coming menacingly towards you. Also, I associated to a classic painting, maybe Caravaggio of the disciples sitting at a table and the hand of death pointing at one of them, whose facial expression depicts sheer terror. Who me? The image of that expression in the painting has stayed with me for years.



Another painting was shown to me by my Jungian analyst. It's a painting by Hieronymus Bosch, *Visions of the Hereafter; the Ascent into the Empyrean* (detail - 1500-1503). It's a visionary image of the afterlife, represented by a tunnel with a beam of light.

Further work led me to dialoguing with my dream. Via Active Imagination, I attempted to engage with the intruder. This was no easy matter and as soon as I set myself the task, I found myself bucking it. NO, I thought and wrote I can't do this. It's too scary. Gathering my courage, I ever so tentatively proceeded.

Me: *Who are you? What do you want? Go away. Get out of here.*

Him: *I've come to take you. It's time for you to go. { My mind goes to two dear friends and colleagues, who had died within the last few years of this dream. Death came to take them.... I can't go on. Where to go with this? What happens after I die? Nothing! }*

Me: *Wait, you are a pirate. What are you doing here? You belong on the high seas. You've gotten lost. You don't belong here. { I feel like I'm being a sissy, a coward. I'll try again and this time offer to go with him and see what happens }.*

Me: *OK I'll be brave, if you want me to go with you. I'll go. I won't hide and/or flight.*

Him: *But I don't want to take you.*

Me: *Then, why did you come in the first place? H. I was just searching around and I wanted to scare you.*

Me: *Why?*

Him: *To make you realize you are in danger.*

Me: *What kind of danger are you talking about? Can I do anything about it? Or, are you talking about that I'm in danger of dying? And, there's nothing I can do about it?*

Him: *No answer.*

Me: *So, I have a kind of reprieve, a temporary reprieve? How temporary I wonder, and then what?*

Him: *No answer. { Yet again, I feel I'm stalling. I'm still avoiding confronting the inevitability of my dying and death. Maybe I'll try again later }.*

Me: *Let's go. I'll go with you*

Him: *Come, it's time for you to get ready to die.*

*Me: What will the trip be like? I know I'll get scared. Is this some kind of mistake? Is this really happening to me?*

I am struck as I am writing this with how similar Tolstoy's Ivan Illyich's words were when he began to realize he was really dying such as, "Something terrible was happening new and more important than anything before in his life was taking place. It was a question of life and death. Yes, life was here and now it is going... I was here and now I'm going there. Where? A chill came over him. Where shall I be when I am no more? He knew he was dying; he simply did not and could not grasp it. It can't be. It's impossible. But here it is. How is this?"

Death is the thief in the night. And I do believe that some of the danger is not only in death itself, but in not, at least, trying to come to some terms with that inescapable reality for me and all of us.

All these dreams and talk about death, lead me even more to affirm the value of life. And to note the paradox and true contradictions that in the best Winnicottian style, we must recognize and contain. One of the ways that I have been trying to get hold of all of this is by employing some well-established Zen Buddhist principles, the noble truths of suffering and transience. It is not easy to be a sentient human being.

I, and many of us, simply cannot stand the prospect of death; we have an unfriendly attitude towards it seeing it as a rival for my/our wish for immortality. For me, as I've come to inhabit my life more wholeheartedly, relatively speaking I feel more content, more gratefulness, more of a sense of completeness and feel I am moving toward more of an acceptance of the terminal nature of my life. This is truly a work in progress.

In many ways, contemplating my departure to the mysterious unknown, intimidating and scary as it is, seems to have contributed to my feeling more passionately alive and deeply engaged with life - my work, my family, my friends, and the world at large, indeed, all the riches that life has to offer and that I eagerly and enthusiastically participate in.

While writing this paper I observed with some humor, that while I've been thinking and writing about my and our mortality, I'm having a wonderful time planning trips, going to the opera, restaurants, socializing, theatre, reading wonderful novels, being with my grandkids, and taking a course I'd never had the opportunity to take before on Infant Observation. So, I guess we could say I'm considering, indeed covering, the life span from beginnings to endings!

So, am I still afraid of dying? Yes!

Will I continue to try and have my conscious meet up with my unconscious as I work with my own mortality? Yes!

Am I going to aspire to "live my dying," as Jung talked about? Yes!

Because, in the end, replete with its multiple paradoxical meanings, we are indeed, as Wallace Stevens said, "all Mere Beings".

Lest we end on too sober a note, let me share this quote by Elbert Hubbard (writer, publisher, artist philosopher and exponent of the Arts and Crafts Movement): "Life is just one dammed thing after another.....Don't take it too seriously... You will never get out of it alive!"

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*“For as soon as we want to feel or decide to feel, feeling is no longer feeling, but an imitation of feeling, a show of feeling.”*

Taken from “Immortality” by Milan Kundera

During my silent soliloquies, I often try to determine whether I feel to feel or I think to think. This state usually opens up a space where I do observe simultaneously the transient nature of my feelings and the permanent quality of my thoughts, or a combination thereof. It is only in this state of aberrance that I also detect that there are some other embryonic inner realities which are yet-to-be-felt and unthought waiting to be found. I do not know of them as of yet since I am not sure who will find whom and when, if ever. For now, I may just name them. And only as, thoughts in search of a feeler and feelings in search of a thinker. Only after I allowed myself to sit in these warps in my psyche where capacities are de-territorialized and fixities are obliterated, I wrote down fragments of my dreams to compile this impossible paper. Impossible because in the linearity of twenty minutes, it requires that I put in words something that transpires in the land of eternal timelessness. In this medium of transient permanence and permanent transience, in the dimension of improbable probabilities, I, attempted to put together this paper, and I am hoping that today, we will somehow get somewhere there, together again, to sleep, perchance to dream.

For Wilfred Bion, the mental health is about the truth. The mind should be fed with truth so that it can develop the capacity to think and the capacity to oscillate between Paranoid Schizoid and Depressive positions fluidly and transiently. When the malnourished mind replaces authenticity with its simulacra, i.e. the transience with fluid looking, disguised permanence and the truth with disguised lies, the conditions for the inception of an illness, such as perversion, are created.

Simulacrum, etymologically, derives from Latin verb *simulare*, meaning to feign, copy or to represent. Plato’s writings are among the earliest tomes where one can trace back the meaning of this deceitful act. He emphasized that in the creation process, the image is distorted intentionally in order to make the copy appear as the same as its original. Many more centuries after, Baudrillard adventures further in Plato’s ontological playground and stipulates that the

simulacrum is a surface image with no referent and no meaning. In his paper “The Precession of Simulacra” he suggests that “to dissimulate is to pretend not to have what one has” however “to simulate is to pretend to have what one does not have.” He finalizes his train of thoughts stating that “simulacrum is indeed marking the absence – not the existence – of the things it is supposed to signify.” reminding us the opening quote from Kundera.

The perversion has always been one of the most enigmatic psychoanalytic concepts. Ever since Freud described the neurosis as the negative of perversion, schools of psychoanalysis attempted to demystify the complex nature of this psychic configuration. I would like indicate that I use the term perversion to denote ‘a perverse state of mind’ as Donald Meltzer intended it, as related to internal object relations than to the sexual behavior. He theorizes that sexuality manifests itself in the childish, adult or perverse state of mind, according to the unconscious underlying phantasy of the primal scene. Meltzer states that “in perverse states of mind, dependence upon good parts of the self is replaced by passivity towards bad parts of the self, in a mood of despair. The perverse states of mind are habitual, addictive or criminal.” He then adds “A perverse impulse attempts to alter good into bad while preserving the appearance of the good. A perverse state of the mind is the caricaturing of love relations by sado-masochism.” The appearance and the caricaturing. Could these be Meltzer’s idiosyncratic terms selected to somehow denote the relationship between simulacra and perversity?

Andre Green in “Time in Psychoanalysis” revisits Winnicott and states that “a period of  $x+y+z$  minutes can have more or less irreversible consequences, doing away with the representation of the object and fixing the subject to the negative as signifying the only reality. In this case, only that which is negative will thenceforth be considered real and thereafter it will matter little whether the object is there or not. Being there is the same as not being there, since the negative will have left its mark indelibly on the psyche.” I think that this negative, simulating the positive, and this absence disguised as presence that is at the core of perversion. This is the beginning where reversal of lie and truth happens, where the roads are paved for attacks on reality thinking, where the emotional corruption and manipulation is indoctrinated; where the world of obverse deceit and false reality is created; where the meaning and references are destroyed; this is where dread, apathy, hate, destruction, envy and decathexis are rendered into simulacra of love for life and cathexis. Let’s listen to Baudrillard one more time: “Everything is metamorphosed into its inverse in order to be perpetuated in its purged form.

Every form of power, every situation speaks of itself by denial, in order to escape its real agony." I believe this is what pervert resigns to: as a defense for insanity, he/she enters into an irrevocable anti-life arrangement therefore shattering the transience of the PS – D double arrow, shackling himself/herself in permanence.

By venturing outside the mutually exclusive disjunctions of transience and permanence, inner and outer, hallucination and reality, one arrives in front of the gates where Dante stood himself once. Journey in the outlandish liminality of "PerveLand" requires a porous membrane that facilitates the gallivanting in the erratic and hibernating in the unvarying. Are you ready to "Abandon all hope *of sense* (italic is mine) and proceed to the grief wracked city; to everlasting pain of the lost souls?" The following would be an attempt to verbalize, assuming that I have the capacity to translate and interpret this dream that I dreamt in "Perversish", a language belonging to the archaic vestiges of morbid sensory stimuli where the grammar is penetration, the syntax is debasement, and the discourse consists of rapacious destructiveness and antiseptic sexual prowling. It goes something like this: Persecutory objects dance in an Escherian universe. Planetoids of affect gyrate in the sado-masochistic axes. Memories and dreams jettisoned into the frozen infinity. Guided tours are offered in the tangencies of the abutting invisible cities. Narratives are being drawn on Buddha boards. Bizarre desire orgies are thrown. Shamanic journeys are organized in chameleon and armadillo costumes. Love movies are being watched while savoring hate-flavored popcorn. Philanthropic ruthless charity galas are sponsored auctioning the ruth. Tattoos of impermanence are imprinted on skin derivatives. Emphatic botox shots are provided. Colossal sand castles of hope are being built to be subsequently dilapidated by waves of futility. Shit colored rainbows are cherished in the lactating pink sky.... How does this Fellini – like burlesque of seductive simulacra mini-film make you feel?

Ever since the Cartesian dichotomy shattered the cosmic wholeness, the individuals started to inhabit disposed autistic universes that did not belong to them. This hallucinatory phenomenon resulted in the proliferation of manic masses with perverse states of mind giving birth to the ones having sex without getting sweaty, eating without getting hungry, suffering fatigue without physical activity, the ones holding onto a grin without the cat, the action-hating consequentialists, confabulating realists, guru venerating pseudo-spiritualists, junk food addicted organic food lovers , conspicuous consumption crazed communists, melancholically

content discontents, thousand-and-plus clickable cyber friends possessing it-boys and it-girls, adhesive skin wearing not-boys and so-so-girls... Generations and generations of zombies and vampires with simulacrum existence. Ersatz.

But where do all these simulacrum addicts, these dissident dissolutes, abscond? Undiscovered coordinates. Empty platitudes of the unmentionable figments. Delirium caves of perpetual jouissance. In the cul-de-sac of the black hole singing endless hymns of "Who am I?" Estranged in weightless abeyance. Basking vacuums of nothingness. Ghost hollows of the pseudo-ness. Toxic uterine lacunae of meaningless annihilation. Rectal oases of Elysium.

The fandango is a dance between two parties facing each other never touching any body parts. Centuries ago, in certain parts of Europe, the same dance form used both as an antebellum ritual before a duel as well as a tantric seduction foreplay before carnal as well as psychic coitus. Like in the deleterious excitement of a duel or in the entrancing lust of a sexual fantasy, the personalities with perverse states of mind dance perpetually to the rhythm of the irreconcilable ambivalence that they inhabit. Permanently frozen nomads orbiting the permanently transient planet of murderous fetishes: atomized between aversion and desire, agony and ebullience, love and rage, clinging and evacuating, being and not being, as though, they are "in a state of exile", in the thin spaces where everywhere and everywhen perpetuate, and they are waiting for an endopsychic absolution, as Paul Celan would profoundly insinuate: "Between Always and Never..."

Thank you!

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## No-Baby Negation, Transience and Mourning

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*"No! It is impossible that all this loveliness of Nature and Art, of the world of our sensations and of the world outside, will really fade away into nothing", (1916)*

cried Freud's poet companion in "On Transience".

### The Lie

Thirty years ago, my doctor said, 'yes you are pregnant, no there is no fetus', but there was a vibrant living fetus in my state of mind.

*"An analytic parallel is the psycho-analytic interpretation which is death to the existing state of mind, the state of mind that is being interpreted. Worse than being right or wrong is the failure of an interpretation to be significant, though to be significant is not enough; it merely ensures that it exists. It must also be true." (Bion, 1970)*

A representation of potential loveliness, the baby whose birth I was anticipating, whose form could cast a shadow upon my ego, and the temporality which would have permitted her to fade away into nothing were gone in an instant. The poet's "NO!" affirms its antithesis; the "YES!" of existence whose loss would be realistically painful (Freud 1910, 1911, 1925). My story of memory transformed to reverie transformed to dreams is a prehistory of "NO!"; the work of the negative.

I neither heard the affirmation hidden in double negative of no, no-fetus, nor the hyphen of no-fetus, clearly absent in my doctor's psycho-grammar. The hyphen of the no-thing, creates a potential womb space for a gestating thing. My inner ear was not



attuned to such concepts which have helped me stay present in the ghastly experience. Transience reversed to stasis in a reversible perspective (Bion, 1963), and I was protected from unthinkable pain.

“You can tell me I am pregnant and the fetus is deformed, or you can tell me I am not pregnant and I have a growth. You cannot tell me I’m pregnant and there is no fetus”. I heard my no-thinking self speak in soft, modulated, reasonable tones. I was shrieking. Bion, (1959, 1992) compared psychic shock to surgical shock, quoting a psychotic patient’s experience expressed in “there is blood everywhere”. The linking of shocked common senses are attacked, the world of sensations the poet would lose through body death is instantly killed in psychic death. My ear, my most sensitive organ of attention and perception failed; it didn’t hear the scream-tone S.O.S., “NO!”. Sound sense was caught in the crossfire of psychic and somatic realities, each trying destroy the other and claim boundless attention (Eigen,1986) of my perceptual, conscious system, , leaving the sound object in the auditory pits of my embryonic sound container (Bion, 1977). Attention, self and objects all split (Meltzer, 1981).

## **The Breakdown**

Winnicott’s hyphen in psycho-somatic suggest thought and emotional economic capacity to house a linked psyche-soma, neither fused nor dissociated. In a split second the dash of no-baby moved to the front of the word to become a minus baby, a catastrophic lie. The somatic remains of nameless dread was named hydatidiform mole. The prefix, hydatid, means parasite. It would have killed me if each cell was not removed. Its form is described as grape-like clusters of congealed blood in clear, chambered casing; a transparent no-skin. Winnicott (1969) likened psycho-somatic illness to a picture without a frame. My imagination’s picture of ‘blood everywhere’ is of

fluid, spurting blood. The 'mole', was clotted blood, endlessly splitting and creating more of itself. This blood was static and transient at the same time, similar to Eigen's, (2001) description of a dream within a dream as fossilized trauma. I see my molar fossil as neither beta (psychotic), nor alpha (not psychotic), yet alpha and beta at the same time. Parasitic placenta mass eats up the maternal body that created it and the fetus it contains. A frame without a picture.

"Where does an evacuated part of self go when it goes nowhere?", Meltzer (1992) asked. I had a dream after the D&C. A tiny Asian doll, pink silk kimono, creepy pretty baby doll face, dead plastic with live eyes in a white porcelain sink. She spun round and round and disappeared down the drain. In Meltzer's body geography, the rectum of the maternal containing object is the last refuge before the realm of nowhere, schizophrenia. My last stop sanity orifice was my ear.

*"The underlying agony is unthinkable. It is wrong to think of psychotic illness as a breakdown, it is a defence organization relative to a primitive agony, and it is usually successful ..", Winnicott, 1974*

I didn't go crazy, I broke down for a while.

**The mole, soma-psychosis (Bion, AMF, Meltzer, 1986) speaks science fiction to**

### **Psyche and Soma**

*"Is it possible to talk to the soma in such a way that the psychosis is able to understand, or vice versa?, (Bion, Evidence 1976)"*

*In the practice of psycho-somatics what the psychotherapist needs is the co-operation of a not too scientific physical doctor. ... What is needed is science-fiction ....Winnicott,, 1966*

"A mother dreams the baby in her containing form. I am the stuff that nightmares are made of. Your mother was nursed by a pregnant mother, she drank the same toxic hormone drink that I poured into your soma. Remember how sick you felt? Imagine

what your baby mother felt. No wonder she ate dirt. Your grandmother tried to induce

a miscarriage, to kill the fetus whose presence was poisoning your mother. You are named for that fetal poisoner, Selma, for soul. You have the transmigrated soul of an innocent poisoner who survived attempted womb murder, but died in early adult. You are here because your mother poisoned you with DES (Diethylstilbestrol), to prevent your miscarriage in an act of creative destruction. Her body killed her babies in the womb, like her mother tried to kill her soul sister. I carry the death rattle of all the dead babies. Can't you hear it in your asthma wheeze? I am body psychosis, a literal poisoner. I don't do metaphor. When Alice fell down the rabbit hole, she hit bottom in a world of bizarre objects. When I fall down the black hole, and take you with me, I break through trans-generational bottoms, asshole caesura after caesura after caesura; maybe as far back as the Shekinah's death-womb in a negative, upside down, back-sided sephirot. I am the product of your collision, psyche and soma. You split and tried to wipe each other out, but you fused, creating me. Lucky for you, the hysteric whose personality contains you can put the brakes on the endless fall with binding sexuality. You get soma-psychosis instead of schizophrenia. Count your blessings."

Soma said, "Did you hear that?"

Psyche said, "Yes"

They mated and gave birth to three dreams.

1) "A baby giraffe, big as the empire state building, prances around the city, destroying tall buildings she knocked into. Her genital slit extended till her breast bone. I hugged her, and the vaginal opening was a small triangle covered in black mesh. I could feel her warmth next to my chest, in my arms."

2) "Looking down on a scene of shades of grey. A desolate landscape with a pond. Abraham Lincoln bends over and pulls a dead baby from the water.

His top hat casts a shadow over the baby. He rocks the baby in his arms. I, the dreamer who dreams the dream feel nothing.”

- 3) “I need a form to stop automatic withdrawal from my savings account into a retirement fund. People I don’t recognize yell “you can’t give them access to your funds.” I had the right form, but lost it. I cry, “I need a new C2 form”. They give me a new one, with 3 holes punched, so I can put it in a binder.”

**Interpretation from as well-balanced a thinker as I can be, trying to transform the continued onslaught of projective identification, (Bion, 1970) from the no-baby trapped in my psyche to mournable, affect-laden thought.**

The baby giraffe is fully alive and I felt her furry warmth. That extended genital slit; no question, it’s a girl! The dead boy held in Lincoln’s melancholy affect form had no me feeling in the dream. His top hat, a beaver hat, is female, me in disguise. The shadow of my me/not-me ego fell upon the no-object. Reversal is expected down the rabbit hole. Two of Lincoln’s four boys born of a mad mother died in childhood. The baby barely survived him. He feels what I can’t. The mole’s parthenogenic science fiction is hysterical; it denies the law of male/female sexual intercourse. The enormous slit below the phallic neck meet in a bizarre primal scene, a potential space for a preconcept of conception. The slit to the breast place, the genital-heart, genital mind connection,(Eigen, 2005), a conduit joining the lower and upper containing dream-spaces (Eigen,1986, Meltzer, 1992), and the opening of a c-section; joining and separating at the same time (Bion,1977). The transformation of the giant slit to a mesh covered triangle, a sink trap to stop my beautiful giraffe with the muck inside her from also disappearing down the drain. She is a proto-mental representation of the ghastly affect when I saw pieces of the bloody mole fall out of my body. The mesh, the black

triangle of pubic hair, may have transitional potential if transformed to string needed to play fort da and survive the loss. "Architecture is a solid dream", and "Artistic form holds the feeling of the dream", (Harris, Meltzer, Stokes, 1988). The baby giraffe destroys the building blocks of instinctual intuition which could have built a form to house a baby. The wrecked architecture left malignant building blobs. Thought and emotional economy has been automatically withdrawn from the disavowed no-baby account for thirty years. If the funds stop being drained, I can pay the mortgage and renovate my symbol house. C2, on Bion's (1977) Grid is the meeting point of dreams and lies, an entry portal to the Grid's backside world of lies and death. Row G, scientific deductive systems, has only possible meeting point; a lie. Scientific deductive systems have nothing to do with the processing of raw sense impressions to symbolic thought. I'll go back to the science fiction row C and try again to symbolize the loss in a reality binder.

# BION

## THE GRID

1977

	Definitory Hypotheses	$\psi$	Notation	Attention	Inquiry	Action	
	1	2	3	4	5	6	... n.
<b>A</b> $\beta$ -elements	A1	A2				A6	
<b>B</b> $\alpha$ -elements	B1	B2	B3	B4	B5	B6	... Bn
<b>C</b> Dream Thoughts Dreams, Myths	C1	C2	C3	C4	C5	C6	... Cn
<b>D</b> Pre-conception	D1	D2	D3	D4	D5	D6	... Dn
<b>E</b> Conception	E1	E2	E3	E4	E5	E6	... En
<b>F</b> Concept	F1	F2	F3	F4	F5	F6	... Fn
<b>G</b> Scientific Deductive System		G2					
<b>H</b> Algebraic Calculus							

*Double Reversal of Reversible Perspective Recovering the Aesthetic*

*Object*

*“Reversible perspective is evidence of pain; the patient reverses perspective . . . to preserve a static hallucination.”, Bion, 1963*

*“The mechanisms of disguise that are more particularly suggestive of affect are centred around a double return (reversal into its opposite and turning upon the subject's own self), which, according to Freud, are supposed to act before the intervention of repression. (Green, 1999”).*

Giraffe and dead baby are affective disguises each held in separate containing compartments, female and male, unaware of each other. The giddy with love giraffe feeling, a reversal of primitive agony never felt, returned to my own self. One reversal. The dead baby is still depersonalized, without the strength to reverse with its opposite,. The second part of the double reversal is a transformation in process. The no-feeling in the dream is a “No!”, not yet the ineffable truth of O. It is impossible that my lovely baby giraffe affect could fade away to grey nothing. I love her. Dream fragment; in a taxi; a Carribean woman driving; radio playing Harry Belafonte singing “Mary’s (Lincoln?) boy child born on Christmas Day”, (a favorite from early childhood). We cry together. I see a tiny plastic giraffe. She’s still there,” Nothing dies in the unconscious, thank God, (Freud, 1900).

I am ready to join Freud, the poet and the silent third woman on their walk.

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# TRANSCIENCE & PERMANENCE-- A VIEW FROM THE DOLL HOUSE

By Ellen B. Luborsky, Ph.D.

The house was trashed. Stairs upended, furniture out the window, people strewn all over the garage. After a lull, while the cars sank deep down under the sand, the house got turned upside down.

No, it wasn't a tornado or some kind of natural disaster. Nor was it was a trauma scene, or not the kind people would classify that way. But it is what happens sometimes in the world of a 3-foot high wooden house, home to life and loss and change, along with the extremes of emotional weather.

The house has lived through scenes of settlement too – all of the doll figures in their beds, each piece of furniture in its place, the floors washed down, and the extra people removed to the closet. The last kid who created that still perfection was living in the bad weather of her parents' hostile divorce. Little in her real life stayed the same. Not her room, not her residence, nor the relationships of those around her. The dollhouse held an antidote, a world of no conflict, no movement, no risks stirring. She had crafted her own “still point in a turning world.”<sup>1</sup>

And the kid who threw everything out the window? He was hurling out emotion in the form of furniture, giving life to feelings that had made him unable to speak. His play took up where words wouldn't go. It told of high velocity fear and anger that no one could read on his sweet four year old face. Home scenes had surely found their way into the soup of his feelings- his father walking out the door, his mother frightened, loud voices, doors slamming. No one felt safe. The sounds resonated and rebounded in the wooden house.

Two years later he didn't look at the house. Not because it was upside down, but because he had moved on to create different scenes - small silver balls eating lunch at a school filled with thumb sized chairs, thin wooden blocks that became a hiking trail for clay people. His tamer play came as his inner world quieted and his outer world became less threatening, rather like the sky after a long storm.

Two years later the child who created that still perfection in the house had left it too. She alternated between paper and sand. On paper, she drew diagrams of shifting alliances, people together and people crossed out. In the sand she buried objects for us to find. On the other side of her still point was the struggle with continuing shifts-- in her feelings and her family. Our job in that process was to find the lost objects in *all* senses of the word. Hidden is not gone.

#### RE-PLAY & RE-VIEW

Trashing and repair are themes of play, and themes of life too. We replay that process in psychoanalysis, re-viewing life's moments and themes until the pain is worn out of them and the meaning shines through. In play therapy, we re-play them, letting them shift forms until fresh air moves in. Materials are props in the process of sharing what is too hot or too huge to fit into words.

How does this work? Here is a mini example:<sup>ii</sup>

"Do you think he's over it by now?" Max's mother asked me.

"NO TALKING!" Five-year-old Max threw a 10 inch truck across the office. It crashed into the door.

'It' meant the car accident that landed him in the hospital. After six months of fears and tears, it brought him into therapy too.

The truck answered the question (NO!), while alluding to the topic (a crashing vehicle). In the same throw, he also conveyed his feelings (huge and hot). But Max did *not* want to talk about that.

Fortunately, he didn't have to. He could play out his story in the safe confines of my office. He mired action figures in clay, getting them so stuck to the desk chair that they were lost from view. Was that a version of Max, stuck in the hospital with casts on his legs? Or was it another aspect of what he went through, of Max refusing to leave home, holding on and hiding out from view? Or was it both of those at once, in the nonlogical way that play can blend anything, shift forms, and vanish.

After some months, the action figures escaped from the clay and started hanging on high wires he strung across my office. As they moved from being mired in clay to doing stunts, Max became less frightened in real life. But don't ask Max about that - "*no talking!*"

Before he came to play therapy, the only forms he had for his fears were tears, nightmares, and refusals (not getting out of the car/ not going through the school door). Play gave him a different language, one out of the glare of reality, where he could grow his own way back to his life.

#### TRANSCIENCE & PERMANENCE

*Transience and permanence* live together in paradox. We all wish for permanence, yet it comes through transience. When things get fixed in place, they don't grow. Fall tells it best. Out the window of my car, I see a soft flow of orange leaves, moving with an afternoon breeze. In another month, they will have vanished. Dark branches will be what I see instead. But vanished is not gone. As long as they are not carted away, they will become the mulch of the ground beneath them, feeding the new growth of next years buds and leaves. Their tree will be dormant, not dead.

In human life we mix with life's changing states, for better and for worse. Some of the better comes from a human touch, the ways we can breathe life into a problem through human exchange. Sometimes the worse emanates from a desire to fix a problem – but we may 'fix it in place' by seeing the symptom as separate from its roots.

In an era of categories and labels, play brings a process where problems can shift forms without anybody calling them names. So do forms of psychotherapy that take their time.

## LABELS

Name-calling has reached a height of status and convenience in this era of 24/7 access to so-called information. Anyone can look up the label for a child's problem while he sleeps. But it might be wrong. Or it might even be a diagnosis that fits, but misses the struggle and meaning underneath.

That can drive the real problems underground, while it fixes in place the behavioral label. ADHD is a rather glaring case in point. I don't need to repeat the numbers. It's common knowledge that the diagnosis keeps increasing with each decade in this county but nowhere else. A recent N.Y. Times article came to the logical conclusion that culture adds to biology in creating that spread.<sup>iii</sup> But the authors left out another critical cause – feelings in disguise.

The same behavior might come from a sheer desire to move, as a way to feel fully alive. It might also be a language for feelings. It could be an outlet for anxiety, a way to shed through the limbs what can't be said. Or it might be a response to mourning, a way to not drown in feelings. Each of those states needs understanding, each of a very different kind. Yet when we assume we know the answer without taking the time to understand, we miss the deeper message. Here is an example of that:

Six-year-old Justin's teacher asked his parents in for a meeting. She handed over a checklist when they arrived that showed something striking. In a twenty minute time period, Justin fiddled with his pencil sixteen times, turned around to talk to his neighbors seven times, and got out of his desk twice. Could they show this report to their pediatrician? In other words, would their pediatrician please prescribe something that would keep Justin in his seat?

But there were things she didn't know about Justin. She didn't know that he had moved from Chicago to New Orleans to California to New York, making this new house his fourth home in five years. She didn't know that his mother had left when he was two, dropping back in and out at times no one could predict. She didn't know that his grandparents, the next people to care for him, got left behind in New Orleans.

She may have known his dad was often overseas on business, and that his new mom was busy caring for the new baby. But, she had no idea that would affect how much he moved around. She is not alone in missing the links.

Justin was stuck in motion, just as another kid might be stuck without any. His motion was not a form of flow, nor was it inborn pathology. It was a manner of speaking. To get unstuck, he needed another way to tell his story.

The outer form of a problem can cause distress to others. But that may hide inner distress, which goes further underground when the focus is on its outer form alone. Play gives turmoil a chance.

The opposite can be true too. People can get stuck in patterns of problems that resemble a "normal life." Boredom, low energy, or lack of ambition can be clues to a disconnect between inner emotions and the self

in action. While that is most common in adults, it can happen to kids too. Pseudo-permanence can hide lost emotion, lost struggle, and lost memory, at a personal cost. For that kind of permanence to turn transient, it needs to find a way to wake up, be felt in spite of its pain, and be shared.

## FLOW

In nature, change is a constant that creates a kind of moving order. Sometimes it's invisible, or literally underground, as in changes in the earth that we only know when they reach the surface. Sometimes it's right before our eyes, like a tree that crashes down in a fierce storm. Each change brings another. The waves erode the rocks, making more space for water to flow. A downed tree feeds the soil, serving as mulch for new growth.

Everyone recognizes the temperature changes that come as the months go by. But inside the months are inner forces – the sap in the tree that goes dormant, only to come back to life months later. The leaves lose their chlorophyll, in a sequence of green, orange, yellow, brown and gone. Seasons are a slow moving version of flow.

In human life, there are different kinds of obstacles to flow. Some, as in nature, simply happen, as in illness, loss, or violence. Other obstacles happen through invisible forces, such as when aspects of the self collide, and damn up energy in a stew of symptoms.

In therapy, our job is to open up flow, moving through a process of *trans-form-ation*. That is the way the same feelings and dilemmas can gradually shift form, from those that cause frustration, symptoms, and pain into a creative process. The entry to that route is to find a shared zone, one that begins when we synch up our inner energies with another's, using empathy as a guide.

Play therapy and psychotherapy with adults takes such different forms that a spy would conclude they are different processes. Kids may meander the room, settling into an activity that absorbs and expresses their feelings, or sometimes by turning the room into a gym. Adults usually sit in a chair and talk. But there is an inner, invisible process that pervades them both. That is about finding a way to simultaneously express and connect.

The journey through is mired with old routes, and detours designed to keep the action away from the hot spots. Trans-*form*-ation begins when the old 'hot spots' become a fertile ground.

<sup>i</sup> T. S. Elliott (1943) *Four Quartets*: Harcourt.

<sup>ii</sup> An earlier version of this vignette was included in: Luborsky, E. (2001) "NO TALKING!": The Possibility in Play." *Journal of Clinical Psychoanalysis*, New York, New York.

<sup>iii</sup> Koerth-Baker, M. (2013) "The Not-So-Hidden Cause Behind the A.D.H.D. Epidemic," *New York Times Magazine*

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## Double Catch: Writing Reverie in Motion

Adam was brought to me shortly after his ninth birthday in early January, 2011 due to behaviors which risked his safety, such as wandering from home at night and in the hallways at school. He also lied, stole, smeared and wet the bed nightly.

Adam hadn't seen his mother since six months of age - her whereabouts are unknown. He returned in June, 2010 from living with his father for two years in a distant state, where he intimated foraging for food and being exposed to adult sexuality. His father's calls are increasingly irregular and infrequent.

My work was cut out for me: "Make him behave."

### In the Work

I met with Adam twice weekly for seven months. He was physically active in the small office where we met, going from one activity to another. I set limits when concerned about safety; e.g., That looks like fun but the file cabinet isn't for climbing, Adam. Initially, we reviewed self-calming techniques taught to him during his recent psychiatric hospitalization, where he had cut his clothing and was placed in the safe room several times. "This is boring. Can I go now?" he said.

Initially, Adam played aggressively with miniature animals, enacting biting and devouring as well as flinging these toys against the wall. By March, he was interacting with me rather than exclusively with inanimate objects albeit through the intermediary of a board game. There was no "as if" quality to his board game play; these were non-competitive games but played by Adam with a fervor as though "winning" meant everything. Not getting to the finish line first, determined solely by a roll of the dice, was expressed with a solemn affect.

We were playing catch one day in the late spring when Adam suddenly had an idea for a new game and following his directive, we each threw a ball simultaneously to one another. At once, he announced the name of the game, "Double Catch" and proclaimed that the goal is to see how many catches we could reach before a catch was missed. The throws had to be real throws and not simply designed so that there would be no chance of missing the catch. No. They had to be real; well, mostly and pretty much real. It was clear: We were playing for real though we sometimes had to pretend for it to be really real.



We often counted as we played, sometimes alternating and sometimes simultaneously. I found myself entering into a pleasing, motoric reverie with the rhythm of tossing and catching punctuated by our “eye smiles” when we reached ever higher records of catches while emitting sounds of glee or oops in tune with one another - sounds not unlike the cooing, oouus, aaahs, aaaws of a mother and infant. The tone of our voices would affectively rise to match our brightening affects as we passed previous records. Our gaze was held in the - what seemed to me - mediating reverie of rhythm, rupture, repair of the toss toss catch catch, toss toss catch catch aaah, toss toss catch miss aaaw, toss toss catch catch oouu toss toss catch catch aaah.

### The Developmental Impulse

How different is confident, unselfconscious awareness from impulsive lack of awareness! Adam functioned “like water in water” (Bataille, 1989) at home, school and the neighborhood. A lively boy with a proclivity for propelling himself into space resulted in frequent, mild injuries.

I imagined Adam enacting his developmental striving for a reverential (sic) experience with a caring, consistent, emotionally safe other, albeit a substitute in the form of a transferential figure in the midst of a therapeutic reverie (Ogden, 1994). His creation of this game was of course, multi-determined and included psychosomatic cohering as demonstrated by his thumb and fingers grasping the ball, which may have served to “lock in” internal structure through the body ego given the conditions provided by the good-enough environmental therapist. Just as his thumb and fingers grasped the ball in interactive play with the therapist, so too did his mind grasp the gaze and empathy of the reflecting other within the repartee in which we engaged, facilitating his intrapsychic development.

### Countertransferential Reverie in the Service of Development

My ‘being with’ attunement was in paradoxical distinction to simultaneously being separate and in reverie - I was both with Adam in milky viscosity\* and other from him as he from me. Time was suspended for me during this reverie-in-motion of catching and throwing as I engaged in reverie as such, a sense of permanence, or going-on-being pervaded the experience for me. I don’t know whether Adam was transported into reverie.; nevertheless, the transient sessions bounded by time and

space were paradoxical in that they hopefully contributed to intrapsychic structural and interpersonal development.

I later understood that my being in reverie qua the therapeutic process with Adam was in service of developmental progression (Sugarman, 2008) rather than if I had offered specific content interpretations. The-You-Through-Me-Returned-To-You of our Double Catch repartee affirmed our separate autonomies as well as the shared effusions of our psyches. Serving, Receiving and Returning were therapeutically embedded in the game created by Adam in his developmental striving, analogous to the Rhythms, Ruptures and Repairs of the actual play. My reverie was syntax to Adam's psychological development. And metaphors. Always metaphors - mother, midwife, repair shop and later, oriental carpet were present in my reflection.

As a child, I would sit on our large living carpet and become pleasantly lost in its design. Especially intriguing was where the interior design met the borders. What happened to it? Years later I read about field patterns of infinity which, as it were, flow eternally under bold patterned borders on Islamic Rugs, which serve to bound endless permanence in transient time and space. (Schuyler V.R. Cammann, p 14) I propose that the field patterns of such carpets are graphic representations of the unconscious, which expressed itself in Adam's Double Catch. And like the Ushak weavers, it didn't matter to us where we stopped - the game - this playing for real, this essence of our work together - would continue on its own as the work of the unconscious is timeless and ongoing.

A permanent, intrapsychic and interpersonal terra firma of calm, endless, going-on-being was being neuroaffectively (re) woven in our play. We were "in the zone" of at-one-ness as our ostensible goal-oriented play reached ever ever higher records.

What was going here vis a vis affective neuroscience? Allan Schore has expanded the primacy of affect into regulation theory and a pragmatic model for the psychotherapeutic change process. Interactive affective communication effects psychic development in its structure and function. Our barely verbal though dialogic process mediated an attuned, patterned interpersonal resonance, promoting attachment and its beneficial derivative, self-regulation. (Schore, 2008) Though Adam's maladaptive behaviors continued, they became less frequent and less intense. The preverbal matrix was strengthened resulting in improved intra- and interpersonal regulation. "The fundamental role of nonconscious attachment dynamics is therefore interactive psychobiological regulation . . . and generates

brain development.” I felt myself the affective gaze of the mother’s eye in mutual recognition with the budding infant’s mind as the relational unconscious was being mediated by essential implicit communications aided by the vehicles of the toss toss catch catch (Schoore, p. 12 - 15) of two right brains communing. Whether there is a two-person relational reverie created in the transitional space of the work, with one person, the therapist engaged in a silent verbal reverie while the other, a child entered a reverie which remained somatic and pre-symbolic remains a question; however, as Shore states, psychotherapy is the communicating and not necessarily the talking cure.

Deceit was also operative in that Adam consciously thought that our play was really about seeing how many catches we could reach though little did I know when we began the game, that Double Catch would transform my experience of what we were doing. Since unconscious motivation is a sine qua non of my approach to practice, it’s axiomatic for me to assume that Adam was motivated by an unconscious unmet need to strengthen and consolidate intrapsychic structure and function, which paradoxically can only be consolidated through reverent, interpersonal action and which remained an unthought known throughout his experience.

Stone (2012) elaborates different forms of the mother/infant differentiation in the pre-Oedipal stage, which subsequently is expanded into (rather than interrupted by) language. Re-interpreted as a space of libidinal connection and differentiation, regulated through maternal bodily care, gestures, sounds, and movements, Kristeva’s chora is for Stone a . . . pre-linguistic “third” term mediating mother/infant relations . . . produc(ing) the beginnings of a firmer differentiation between infant and mother. Regular rhythms of coming and going, weaning, feeding, toilet-training and so on pattern the infant’s biological affects and impulses in determinate ways . . . ” and were indicated by Adam’s apparent need for a simulacra of the early mother-infant relationship and I would no more verbally address this with him than would a mother take her maternal preoccupation as an object to discuss with her infant. I purposefully stayed in the displacement. (Neubauer, P. (1994) Indeed, we were back in the language of movement. Stern (1985) concludes, “the experience of the present moment . . . aims for life verisimilitude, not meaning.” (p. 141) The child therapist’s task is to avail herself of whatever observing ego can be called up even as our body is in motion, as our experiencing egos are engaged. (Szajnberg, ipnet, Jan 16, 2012) I was chewing Adam’s cud for him, so to speak and returning pre-masticated bits in the intermediate space of our repartee in “a place to live” – an area between privacy

and relatedness (Winnicott, 1971b) My responses while playing Double Catch felt almost psycho-somatic as though those of a mother ministering to her infant.

“Play with a child psychoanalyst (sic) can have a developmental promoting impact with a minimum of verbalization and interpretation.” (Cohen and Solnit, 1993, p. 50) Nevertheless, both Bion’s understanding of reverie as receptivity to the patient and Ogden’s, “Reverie is a process in which metaphors are created that give shape to the analyst’s experience of the unconscious dimensions of the analytic relationship. Unconscious experience can only be ‘seen’ (reflected upon) when represented to oneself metaphorically” lends support for my experience of reverie in the sessions. (Ogden, 1997, p. 726)

What was accomplished in this two-way catch that couldn’t have been psychically accomplished for Adam playing catch with a single ball? Adam delighted in his two-way invention. Certainly, it required more dexterity and challenge than regular catch. More importantly, two balls lent a dialectic flavor and tension to our interaction and hence, my reverie; I could now reflect on our interaction as contextualized within a host of dialectics; such as, shared and separate selves, permeability and solitude, sound and movement, receptivity and expressivity and of course, the mother-infant dyad, the ur-dyad of psychological life. My reverie then became a fractal blending of mother-infant interaction in which his neurobiology apparently longed to find resonance, which wouldn’t have been well answered by playing catch with a single ball. Adam led to where he needed to be.

I’d like to note how the missed catches, the “oops” of Double Catch were “played with.” The affective exclamation was met, validated and followed by my picking up the ball and a resumption of going-on-being by tossing it back to Adam as I modeled and he playfully practiced the essential life skill of picking oneself up and going-on-being after disappointment and loss. In this way, I was able to enact *Stuff Happens* over and over and to affectively express the miss/loss and only then, resume going-on-being. Adam witnessed and experienced my surviving his aggressive impulses when I survived his fast balls with a shriek, a pick up and resumption of our game.

### Therapeutic Action and Opening Indeterminate Space

What ensued during Double Catch can be likened to squiggle play - an enlivened going-on-being in the intermediate, shared space that was safe and affirming for Adam. The therapy occurred in the ‘in betweenness’ of our separateness, a “difference with” rather than a “difference from.” (Baraitser/Ettinger 2012) This

phenomena has been written about by literary philosophers such as Bachelard and Kristeva in writing about felicitous space and chora (Buren, 1993), respectively and of course, the poet John Keats in his well-known quote, “Negative Capability, that is when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason” (Keats, 1817).

The conditions for creating a Winnicottian transitional space in itself and as a vehicle for adaptive, developmental possibility were in play (sic) during Double Catch which allowed transitional phenomena, such as my reverie to develop and unfold experientially as well as secondary process contemplation in the service of Adam’s adaptive development.

## Conclusion

Writing from rather than about reverie was attempted in the very brief clinical to communicate being in the therapeutic endeavor. The author was committed to staying stupid for trusting adaptive developmental strivings to unfold. Thomas Ogden’s and Allen Schore’s work anchor the experience of reverie in the transitional space of the therapeutic alliance in right brain to right brain affective therapeutic action.

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What is viscosity?

This question is often best answered by example. Imagine a styrofoam cup with a hole in the bottom. If I then pour honey into the cup I will find that the cup drains very slowly. That is because honey's viscosity is large compared to other liquids' viscosities. If I fill the same cup with water, for example, the cup will drain much more quickly.

Viscosity is a measure of a fluid's resistance to flow. It describes the internal friction of a moving fluid. A fluid with large viscosity resists motion because its molecular makeup gives it a lot of internal friction. A fluid with low viscosity flows easily because its molecular makeup results in very little friction when it is in motion.



Gases also have viscosity, although it is a little harder to notice it in ordinary circumstances.

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## Exploring New Frontiers in Psycho-Spiritual Integration

*“We are in the midst of a profound social/cultural revolution” driven by a “strong inward longing in our society for well-being, meaning, and connectedness” Jon Kabat-Zinn*

*“If a union is to take place between opposites like spirit and matter, conscious and unconscious, bright and dark, and so on, it will happen in a third thing, which represents not a compromise but something new.” C. G. Jung*

*“The next stage in our spiritual evolution is emerging...and requires the development of a personal connection with the sacred, unencumbered by doctrine, dogma, or preconceived ideas about the divine. It also involves approaching problems such as the existence of evil and suffering with all the new insights that developments in depth psychology can bring to bear on this and other human predicaments.” Lionel Corbett*

From the beginning of psychoanalysis Freud cautioning against inviting a dialogue between the disciplines of religion and psychology, stating that religion was an illusion, one that derived its strength from the fact that it falls within our instinctual desires (1933). Because Freud wanted psychoanalysis to be seen as an objective science, thus joining the momentum of the growing scientific movement in Western Europe, Freud declared a strong stance against matters of spirit. He compared religion to “a childhood neurosis” (1927), and stated,

*“Our knowledge of the historical worth of certain religious doctrines increases our respect for them, but does not invalidate our proposal that they should cease to be put forward as the reasons for the precepts of civilization. On the contrary! Those historical residues have helped us to view religious teachings, as it were, as neurotic relics, and we may now argue that the time has probably come, as it does in an analytic treatment, for replacing the effects of repression by the results of the rational operation of the intellect. (The Future of an Illusion, 1961b, p 63.)*

It is interesting that as we move further into the 21<sup>st</sup> century, it is the “objective sciences” that have provided evidence that have opened doorways to rethink the artificial divide between psyche and spirit. Discoveries from neuroscience and physics have helped us reexamine beliefs about the human psyche and also challenge the construction of psychoanalysis as a meta-theory grounded in mechanistic, linear observations and hypotheses. Contributions from neuroscience, involving brain research and the impact of mindfulness meditation practices, have increased our understanding of the neuroplasticity of the brain.

Contemplative practices such as prayer and meditation actually change the brain, increasing capacities for empathy, self-reflection, kindness, and even longevity. Neuroscience researcher, Dan Siegel (2012), states that the consistent practice of mindfulness meditation for as little as five to ten minutes a day can increase the brain's neuroplasticity. In general, prayer and religious affiliation have been demonstrated to be associated with increased longevity and well-being, and as Siegel states that religious and spiritual contemplation changes your brain by "strengthening neural circuits that enhance social awareness and empathy while simultaneously subduing destructive feelings and emotions (p.14)".

Similarly, mindfulness techniques used in psychotherapy have helped with symptom reduction, relapse prevention in substance abuse and the prevention of relapse in chronic depression. It has also been shown to be effective in the treatment of borderline personality disorder. Trauma researcher, Bessel van der Kolk, looking for a way to help people to regulate their core arousal system in the brain turned to yoga as a way to help people safely feel their physical sensation through developing a quiet practice of stillness through yoga. As we can see, findings from the numerous researchers in psychology and neuroscience lend strong evidence that the use of the spiritual practice of mindfulness meditation can augment psychotherapy treatment.

From the field of physics, the development of relativity and quantum theory served to challenge fundamental assumptions at the base of Freud's materialistic model. Physicist Thomas J. McFarlane (2000) states that theories of relativity forced physicists to revise their basic conceptions of space, time, movement, gravitation, matter, energy, and the nature of the cosmos, whereas quantum theory forced a revision of the concepts of causality, determinism, and locality (p.2). Physicist, Galatzer-Levy, (2009) applied developments in non-linear theory, otherwise known as "chaos theory" to the application of transcending Freud's mechanistic worldview. Galatzer-Levy insists that we must accustom ourselves to the fact that non-linear dynamics are actually much more common in the world than linear dynamics.

Non-linear thinking not only allows us to consider how parts connect to other parts and to the whole, it also creates a context that affirms why inter-subjective and relational theories have created a resonance with larger groups of practitioners. It also invites us to attend to examining how parts of the psyche that are visible might connect to parts that are yet to be seen or acknowledged. As new discoveries in physics challenge our assumptions around linear causality, time, matter, and energy, is it possible that yet another doorway is opening to the examination of energy as the spiritual part of the self that has yet to be connected to the larger whole of psychic experience?

### **Historical Overview:**

Although Freud's early influence on the analytic field exerted firm parameters around the bounds of psychoanalytic practice with sanctions against inviting conversation with patients on their religious or spiritual beliefs, a sizable collection of early analysts existed who objected to Freud's polarizing stance. Contemporaries including Ernst Jones, Otto Rank, William James,

Gordon Allport, Sandor Ferenczi, Franz Alexander, and Carl Jung were all interested in ideas about Eastern mysticism and made attempts to address philosophical and applied practices from a psychoanalytic perspective. The school of humanistic psychology which originated with Maslow and Rogers emphasized the uniqueness of the self, and the importance of integrating the whole person which included feelings, intellect, physical, and spiritual self care. Jung himself believed that spirituality was such an essential ingredient in psychological health that he could heal only those middle-aged people who embraced a spiritual or religious perspective toward life (Epstein, 1995, p. 2).

Over 100 years ago, William James brought our attention to the psychological sophistication of Buddhism and its parallels with psychological practices. James proposed that “the exercise of returning a wandering attention to its target again and again would be the ‘education par excellence’ for the mind (Siegel p. 25-2)”. During the late 1950’s and 60’s several psychoanalytic pioneers most notably Erich Fromm and Karen Horney were drawn to exploring the intersection of these two practicing disciplines. It is noteworthy that William James’s idea of the “spiritual self,” helped shape Horney’s conception of the “real self.”

These early bold analytic theorists maintained an open curiosity around the intersection between psychological and mindfulness practice. They also set the stage for the emergence of contemporary discourse on the topic of psycho-spiritual integration. It is within the context of this backdrop that we begin our conversation. As with all conversations, it is best to begin with questions.

### **Questions for Discourse:**

Five questions that I have used to broaden my own thinking with regard to how I approach the psychodynamic interaction are as follows:

1. How does psychology’s polarization around the topic of spirituality, treating it as less than a dynamic subject, affect our ability to expand our meta-theoretical orientation to incorporate even more holistic methods of treatment?
2. How might we begin to think about the social and cultural dimensions of psychotherapy differently? Are there methods that could expand both individuals and groups to enter into a dialogue about what give life greater meaning and purpose?
3. How do we assist our patients with practices that are *intentionally* aimed at holding the existential tension between transience and permanence?
4. How do we entertain the topic of psycho-spiritual integration without participating in what is often called “spiritual bypass” or grandiose attempts to achieve elevated status or a wish for a magical cure from pain and suffering?

5. How do we remain open to dialogue about spirituality without practicing in areas beyond our expertise or venturing onto the slippery slope of “anything goes”?

Although there is not adequate time to address these questions in the time allotted for this paper, I do encourage you to think about them privately as well as engage in conversation with your own colleagues and peer groups.

I would like to say a few words regarding the concept of spiritual bypass, that is, using spiritual disciplines and spiritual communities as a way of making up for failures of individuation and inadequate parenting. It becomes a pitfall to use spirituality as a way of avoiding psychological work needed to shore up a fragile sense of self.

When it comes to examining the parameters and limitations of psychological and spiritual practices, it becomes important to understand compensatory mechanisms that may be at play, such as longings for escape, salvation, or a need to feel special or holy. Psychologist, John Welwood (2000), a practicing Buddhist, examined what Eastern spiritual teacher initially confronted when Western students began flocking to Buddhist and Hindu practices in the later part of the 20<sup>th</sup> century.

Because the West values the gifts of individuation and personal ambition, Eastern teachers had difficulty recognizing when students’ efforts in meditative disciplines were used to compensate for an insecure attachment. Welwood noted that early spiritual communities and ashrams often acted as surrogate families when the teacher represented the parent, and practitioners often strived to use the spirituality communities and practices to reinforce defensive-driven relational patterns. Individuals who felt inadequate in interpersonal relationships can use meditation as a detachment to justify their aloofness and disengagement. People with compliant personalities can use the security of an ashram as a way of gaining approval through volunteering with associated over-idealizing of the teacher. Self-negation becomes confused with inner freedom.

Mark Epstein (2007) pointed out similar pitfalls, noting that Eastern spiritual practices tended to attract a high percentage of people who hide behind narcissistic defenses, using spirituality to make themselves feel special or important while devaluing others who do not make the effort to exert the rigors of spiritual discipline. Epstein summarizes his observations by stating, “In my experience, therapy and meditation, psychological development and spiritual realization, seem to be intertwined. One can facilitate the other, or retard the other, or subtly infuse or contaminate the other (p. 16).”

These cautionary observations can apply to the psychological side of the equation as well, as patients also come to us with hidden agenda for the therapist to provide a magical cure and rescue from pain and suffering. However, our understanding of personality structure and our specialized training in working with transference defenses and longings hopefully help us to

understand the psychological over-compensations of individuals raised in contemporary American culture.

Whether we approach psycho-spiritual integration from the psychological or the spiritual end of the continuum, it is best to view growth in both of these domains as an engagement in a process that is circular, not linear. Spiritual exploration can facilitate an awareness of our psychological blind spots and limitations. The process of psychological healing and growth will eventually bring us to existential questions around meaning, purpose, values, and anxieties around impermanence.

To date, practices that have begun to integrate meditative techniques with psychotherapy have largely come from the influence of Buddhism. Rick Hanson and Richard Mendius have noted that although the various “contemplative traditions” have much in common in terms of quieting the mind and entering into the present moment, “science has engaged Buddhism the most. Like science, Buddhism encourages people to take nothing on faith alone and does not require a belief in God. It also has a detailed model of the mind that translates well to psychology and neurology

### **What is Missing?**

As exciting as the recent contributions from neuroscience are, one aspect of psycho-spiritual integration that I believe is under-represented in our examination is the importance of community. In Eastern and Western spiritual traditions, community functioned as a container or holding environment for individual and group well-being. All ancient spiritual traditions relied upon community as a major leverage point in a number of key ways.

- Communities helped facilitate growth and transition throughout the seasons and throughout the life cycle.
- Communities buffered against individual isolation creating connection as well as personal accountability.
- Through the use of ritual, community members could cope with various external situations such as famine, tragedy, grief and loss, as well as rites of passage through normal life transitions in a way that could be used as an opportunity for personal and collective transformation.

Currently, psychology and neuroscience have embraced a natural fit between Eastern meditative practices, psychological healing, and increases in brain health, and psychologists have begun to incorporate these disciplines as an adjunct to traditional psychotherapy. However, we are still missing a key component in the flow of interconnectivity. In terms of providing a structure or milieu for group interaction, mirroring, and support, psychotherapy continues to primarily rely on individual therapy to facilitate change and growth. Although group psychotherapy is also practiced, its scope has remained largely unchanged. Some might argue that moving outside of traditional practices falls outside of the parameters of psychological practice.

This raises the issue of values in Western psychotherapy. American cultural over-emphasis on individual personal expansiveness, material success, and “me” at the expense of “we” attitudes seems to be stretched to the limit, as evidenced by an increase in bullying, social isolation, disharmony, lack of balance, increased stress, and the loss of direction, purpose or meaning.

Churches and synagogues that once provided the connective tissue for mainstream communities are in marked decline. According to the Public Religion Research Institute, there has been a significant decrease in church attendance over the last several decades. While only 7 percent of Americans were raised outside of a religious tradition, nearly 19 percent are affiliated with no formal religion today. According to the General Social Survey, the number of Americans who say they have “no religion” has more than doubled since 1990. One-third of Americans under the age of 30 say they have no religion. Mainline protestant denominations have shown a steady decline over the past two decades; however, according to Christian pollsters even the evangelical churches are losing followers due to their anti-science stance and their sexually repressive teachings.

Equally interesting, the Pew Forum on Religion & Public Life states that more than two-thirds of those unaffiliated with any church or synagogue believe in God; nearly four in ten say they are “spiritual” but not “religious; more than one-fifth say they pray every day. The Pew Forum loosely refers to this group of people as the “Nones” taken from statistics in hospital records that ask to mark your religious affiliation, one of which is “none”.

These statistics clearly point to a gap in institutional support that was once provided by belonging to a religious, spiritual, or contemplative community. At this point in history, I would ask, where in the secular arenas will new structures emerge to take up the slack? Interestingly, corporate America has begun to address the relationship between psychological health, spiritual practices, and increased productivity by offering practices such as yoga and meditation as a part of their daily office routine. Companies such as Target, Green Mountain Coffee Roasters and a number of high tech industries in the Silicon Valley are introducing spiritual practices in the workplace. In addition, Aetna Insurance began introducing mindfulness and yoga programs to its employees in 2010. General Mills has now embraced the benefits of spiritual practices on the workforce and has installed a meditation room equipped with sitting cushions and yoga mats. In addition General Mills introduced a Mindful Leadership program for its executives, with the idea that calmer workers will be less stressed, more productive, and demonstrate better leadership skills, something that can benefit the entire organization (Gelles, 2012).

Will psychology join corporate America’s lead in taking an active role in addressing this gap? As brain research continues to reveal contributions from contemplative and mindfulness practices on stress reduction, including the healing of trauma, and increased physical and emotional well being, we certainly can make further inroads with more holistic forms of psychotherapy. However,

- How can we as therapists collectively address issues of isolation and loneliness on a secular and community level?
- How can we begin to create group structures that replace a sense of community, even on a micro-level?
- Can we learn from corporate America's lead and design new programs that incorporate the knowledge we possess from depth psychotherapy with rituals and practices that provide interpersonal connection, a sense of purpose and acts of service aimed at giving back to the larger whole?

### **Application:**

In the next section of this paper, I offer a method that illustrates how I have begun to apply psycho-spiritual integration in my own practice. These groups were designed as continuous monthly gatherings conducted over a ten-month period of time. The second example is a case vignette of an individual who used psychotherapy with his own daily meditative practice and church community.

### **Application of Psycho-Spiritual Integration with Groups**

I will begin by discussing how psycho-spiritual groups can offer a secular alternative to the dimension of community connection through the use of ritual, guided exercises, the practice spiritual regular spiritual discipline, and group discussion. Before describing the basic design of these group retreat gatherings, a word should be said about the definition of spirituality from a non-denominational, non-religious/lay-person's perspective. Definitions of spirituality encompass a broad range. I offer three definitions from sources that helped shape my thinking in the design of my group retreats.

The current Dalai Lama writes in *Ancient Wisdom, Modern World* that “spirituality is concerned with those qualities of the human spirit – such as love and compassion, patience, tolerance, forgiveness, contentment, a sense of responsibility, a sense of harmony – which brings happiness to both self and others...”

Psychologist, Betty Hughes (2011) states, “Spirituality, as used in the context of psychotherapy, is the perspective that one can have a personal relationship with a higher form of consciousness that exists outside the five senses. The experience is open to individual interpretation and can include a particular religious affiliation or a more generalized belief system. The creative use of spirituality can enhance the process of psychotherapy; it does not replace it or become the higher framework (p.2).”

Dan Siegel began asking people who attended various conferences he conducted to define what they meant by the word spiritual. Over the span of several years here is his amalgamation of over 100 people's responses that I am including with his permission.



*Spirituality is the fundamental truth that we are a part of an inter-connected whole. Spirituality is the connection or link to “the we”; it is one of the vehicles that helps us move from a mind-set that is personally focused to one that reaches beyond the self to include an attitude that embraces the inter-connection between all sentient beings.*

Based on these descriptions of what it means to be spiritual, I decided to leave the definition of spirituality open to personal interpretation. Group members were invited to define spirituality in a way that was relevant to each individual. Suffice it to say that I wasn't as interested in reaching agreement about definitions of spirituality as I was in engaging in dialogue around what it meant to incorporate a sense of the spiritual into daily living.

Some group members defined spirituality as accessing, trusting, and further their own inner wisdom. Others defined it as some form of contact or communion with a divine energy source, others as a belief in God. Some, who were self-declared Atheists, wanted to join a spirituality group because they sought shared conversation around deeper questions and life purpose. Several individuals were attracted to a non-religiously based group because they had suffered damage in childhood from their religious communities or teachings, damage that left scars or a deep-seated uncertainty about their value and goodness as a person.

In designing the psycho-spiritual groups, I relied heavily on Siegel's idea about the importance of creating a group structure that would provide participants with an experience of being a part of an inter-connected whole. Drawing upon the premise of “Buddha, Dharma, Sangha, I crafted the three components or pillars to anchor our process and our discussions.

- The first component focuses on the importance of maintaining a spiritual/contemplative discipline. I asked individual members were to design a spiritual practice of their own creation, one that they would commit to on a regular basis for the ten month duration of our meetings. Practices might include prayer or meditation, Yoga or Thai Chi, or they could design simple activities, such as taking regular walks in nature. Through the ten months, I also introduced various meditative techniques including: mindfulness meditation, centering prayer, the practice of “Metta”, walking meditation, chanting, silent meditation that included focusing on a question followed by journaling to music.
- The second structural component was directed toward the examination of belief systems. We began by examining personal beliefs and traditions, where they came from, and whether those traditions continued to fit. We engaged in discussion and readings, exploring how other traditions could further shape or expand psycho-spiritual growth and development. Writings from spiritual leaders were explored including: the teachings of the Buddha, Christ, as well as teachings from the Islamic, Hindu, and Native American traditions. Primitive religious beliefs were also used to provide a broader historical perspective. Finally, readings from contemporary religious, spiritual, and psychological writers became a part of our discussion as well.
- The third structural component was that of community. I began by examining what activities, rituals, reflective exercises, and questions could be incorporated into our retreat gatherings that would foster Siegel's definition of inter-connectedness. I looked for

similarities within various religious and spiritual practices and designed a “ritual induction process” as a way of beginning each group. Every gathering circle included an altar that often incorporated seasonal changes or symbolic elements that represented a particular theme for a group meeting. After several months, I invited group participants to help in the creation of the altar and contribute ideas for each month’s gathering.

The overall design of these 10 month groups not only included the dynamic unfolding of the group process itself, it also included activities that occurred during the interval of time between group meetings. Activities and exercises were designed to maintain ongoing self-reflection while attending to the goals of each member. Participants were given creative projects to help stimulate non-linear modes of approaching daily life as well as psycho-spiritual balance. In addition, group members met in pairs with different pairings individuals meeting each month to discuss the assignment as well as to deepen the relational connection between members outside of the group. Finally, everyone was report on progress, insights, frustrations, or difficulties maintaining momentum with their chosen spiritual or contemplative discipline and as the group progressed.

Themes for group discussion included conversation on topics such as:

- creating a sanctuary space in your home,
- how spiritual disciplines change your brain,
- intentional passage through life transitions,
- examining one’s inner gifts and/or the essence of individual authenticity,
- letting go of unfinished business/regrets that might be holding each member back from moving into fuller purpose,
- feelings, beliefs, and fears about death, loss, and impermanence,
- how to create a spiritual or contemplative community after the group ends,
- and how to approach vocation/service in a way that integrates your gifts and authenticity, or as Parker Palmer says, finding the place where your deep gladness meets the world’s deep need.

Group meetings were offered at outside retreat facilities, and each meeting was structured as either daylong or half day retreat. Group membership ranged between 7-12 people, who remained together as a closed group for the entire 10 months. Members were given the opportunity at the end of their first 10 month experience to rejoin another group the following year that met quarterly for day long retreats. The individuals whose data I will discuss represent group members who participated in extended group experiences over the course of no fewer than three years, and up to seven years consistently.

Age demographics of these all women’s groups ranged from late thirties to late sixties. Of the 33 members who were asked to participate in the survey, professions included : 9 business professionals, 2 artists, 7 psychologists/therapists, 1 physician, 2 nurses, 1Episcopalian priest, 2 chaplains, 3 university professors, 1 free- lance writer, and 5 teachers/guidance counselors in school systems. Several of these women were retired from their professions. Group members were selected through a careful screening process. Clearly, this is not a representative sample of the population at large. However, my goal was to gather groups of women who would not use

the group experience, as Welwood cautioned, as a forum to enact unresolved psychological issues. Of course, we all bring some degree of unfinished business into the present moment; however, I hoped to gather sufficiently grounded individuals so that we could observe how the blending of these two components of the psyche would unfold. When I started this project I considered it to be an experiment, waiting to see where this structure and format would lead us.

The results were beyond my expectations. As I continued these groups over the years, I became more firmly convinced that there is a hunger amongst people who are not affiliated with a religious faith for spiritual connection, meaningful dialogue, in a group/community environment. To give a flavor of the end result of these group gatherings, I have included several qualitative responses to several survey questions to help illustrate this point.

### **Survey Responses:**

The survey design consisted of 10 questions. The full list of questions is included in an Appendix. For the purposes of this talk, I will focus on qualitative responses addressing three of the ten questions.

1. What aspects of our community experience do you still draw upon?
2. What value did this group structure have that was not provided by more traditional religious experiences?
3. How did this group structure differ from (or augment) traditional psychotherapy experiences you have had?

Question 1: What aspects of our community experience do you still draw upon?

- I have continued friendships made in the group(s). This is invaluable as the spirit of the sacred and the openness that was present in our group continues in my 1-on-1 relationships with these wonderful women. I also find myself in deeper relationship with people who have been in my life for a long time, allowing myself to be more authentic and vulnerable. When this is difficult, I remember the work done in our spirituality groups and take strength from this to do what needs to be done now.
- This is the hardest part. A spiritual life is not passive, I've found. It requires attention, which modern life ill affords. I have created a small altar where I light a candle and meditate or pray or sometimes just sit near. This helps me remember – it's like a muscle memory that instantly returns to a place of stillness. Beyond these small moments, I also am actively seeking community in my world, in my friendships; looking for places where the soul can take flight, where authenticity is valued, where small talk takes a back seat to 'being'. I suppose maintaining the spiritual practice, for me, is about remaining true. As long as I am on the path, I believe that people will find me there. I can't quite explain it, but this is a big thing that I learned – spiritual practice isn't just about "working hard to find something". It finds YOU, too. As long as I show up (all of me), the universe does too. So while I think

spirituality is about an active practice, I also hold now a deep belief that I am not alone. It is not like I have to move mountains. I just have to breathe in and out and stay open. God will find a way in.

- My life is essentially the same but I want ongoing connection with people who are willing to consider /discuss/ act upon the deep concerns or beliefs they espouse. . I do think that every time I have the opportunity to be in a circle of people who are willing to be vulnerable and have deep conversations about what is important in their lives, I grow stronger in my spirituality. I think it helps me to learn to live more deeply in regard to my convictions. It provides an opportunity to be vulnerable...open myself to whatever may be.
- I have gained lasting friendships. These are people who I am able to call on when I need honest, supportive feedback. We shared a journey together. In some ways these women know me in a more intimate way than members of my own family. I am also able to call upon some of the experiences we shared, words that were said to me and the feeling of being safely help by the group's wisdom.
- The particulars of my life have not changed dramatically since I began the group.... still a busy mother, professional, wife, community member. What changed in my life is my level of attention/ consciousness/ awareness about the presence of spirit and the spiritual dimension of life -- mine and others. I still draw upon that. My definition of spirit changes from day to day -- from "life force," to relationship and connectedness, to breathing through a quieted mind. Since participating in the group, I more frequently turn my attention to the energy of spirit.

Question 2: What value did this group structure have that was not provided by more traditional religious experiences?

- Traditional religious experiences are usually formed around liturgical events and specific values and philosophies of particular religions. These can be wonderful, and I like to participate in them when possible. However, the gift of our spirituality group is about self-discovery without boundaries of a particular belief system. It allows for us to experience ourselves at a very deep level, to enable us to bring our authentic selves into communion with the Divine, the world in which we live and the people with whom we interact.
- Intimacy and trust; a way to bring our full selves into the conversation. It was a dialogue of love, not a sermon and response. There was no single dogma to conform to – rather, a sacred ritual emerged from our communion that offered a structure that was built from the inside out. Created from our brokenness, from the cracks – light found its way in and light found its way out -- and we gathered around it and celebrated it.

- Although I have enjoyed the community opportunities my past religious experiences have provided, I never felt the same level of understanding or connectedness with a group. I felt that the structure of the group allowed us to connect to our minds, body, and soul. That we were encouraged to take care of ourselves as well as others. In my past experiences, the structure was much less personal and much time was spent on religious lessons. I did not always walk away feeling satisfied or in touch with my spirituality. The structure of this group gave me the ability and flexibility to discover what spirituality means to me, where I can find it, what I want it to mean to me, how I can discover it in the people and places I interact with every day. I now feel like it is more a part of me that I can continuously experience, rather than a part I just visit.
- The group provided sanctuary, structure, alternative avenues for accessing God without running into so many of the barriers that my personal experience in traditional settings kept provoking. It allowed time to heal, be creative and valued just as I am rather than as many "think one ought to be." Some of that judgment was accentuated by the fishbowl of public life but it exists in any group as part of human nature. The small group setting of the spirituality group minimized that.
- The group experience really provided active "communion" in the sense that each woman was received deeply by everyone within the circle and in a way that judgment was suspended in preference for shared experience and learning. We literally broke bread together during supper breaks that were like living communions, where the sacred space of the circle was tested in a sense and practiced in a more casual atmosphere around a dinner table together. The spiritual exercises delved deeply and creatively into each woman's belief systems, and helped us to create a sacred space in the center of our homes (I still have my altar which I have added to since the group ended).
- Inclusiveness. Coming together in a small group, allowing deep connections, sharing, growth, both personal and spiritual. The individuals, who joined the group, seemed to have a common desire for a connection/opportunity which provided support and encouragement. I have not been able to find this in a church group. I recently joined a church but found that it did not nourish me in the same way that this group did. Even though there may be opportunities in a church to get together, I have not been fortunate enough to experience anything that provided what our groups allowed. In one way, this group provided a Sabbath opportunity. It was a time of prayer, song, laughter, deep conversation, food... a time away from our ordinary day. A time to be...no expectations necessarily but an opportunity to renew yourself, experience something new, and grow. A special time in a calming environment away from daily responsibility where the women felt connected and supported.

Question 3: How did this group structure differ from (or augment) traditional psychotherapy experiences you have had?

- I have continued to be in therapy while participating in the spirituality group, and found it to be an important addition to traditional psychotherapy. Spiritual exploration and healing has

been key to addressing many of the psychological issues addressed in therapy. It enabled me to open doors that otherwise might have remained closed, to meet my authentic self in a way that allowed me to more honestly access and address deeper psychological issues. It allowed me to be more compassionate with myself, and this promotes healing.

- You can't deny love and God when it is staring you in the face through the eyes of 12 different individuals. I found myself deeply loving, as well as being deeply loved. There was a transformative, tangible quality of light, of being, that I've come to recognize and name as love. While I have felt seen in therapy, and cared for in therapy, I did not quite understand my place in the world until this group. I did not yet hold myself both as "one" with the world, and also as "separate and unique". The group allowed – in fact encouraged – a sense of appreciation for all that makes me who I am, and also, all that I have in common with others. I am one of a kind, and I am one of many – somehow this combination of deep union and celebrated individuality shifted my center in the world around me, in a way therapy had yet to do.
- The structure and practice of this group allowed for synthesis between the psychotherapy and religious worlds in my life. During my training as a therapist in the late 80's and early 90's there existed a somewhat hostile suspicion between these realms which frustrated me then and which I have spent my professional life as a therapist and in my capacity as clergy spouse bridging. Integration spiritually, psychologically, thoughtfully and in many respects, physically allows for growth and healing that I believe better serves us all and makes us better stewards of God. Although there exists great diversity of expression in both religious and psychological practice, to deny, reject or hold in critical judgment parts of ourselves from other parts is as destructive as when we do that to one another in community and globally. Integration is hard work but essential to our well being, individually and collectively.
- Personally, therapy that I had engaged in several years ago, allowed me to take risks and be vulnerable. Coming to this group and getting the most from it, required me to continue to allow myself to be vulnerable. I believe that you as the leader with your background knew how to analyze certain situations or conversations and direct or redirect the individual or group to consider different options, think about a situation in a different way. In my case, the one situation that you challenged me to address did make a difference in the group. I think it made the group come alive and I believe it presented an opportunity for some members of the group speak up and move forward. Something changed in the nature of the group, that day (in my opinion). So again, the challenge to allow myself to be vulnerable once again proved to be a value that enhanced my sense of self.
- The group provided a forum to explore many emotions and information in a communal setting. It was a time to learn how to take risks and get honest feedback. In individual therapy I could clarify those experiences and examine them more closely and in a more intimate way.

It was extremely helpful for me to have both. For me, the group experience often highlighted the progress I was making in individual therapy.

- In psychotherapy, I puzzled and grieved and lurched through my experience in a very private and self focused manner. In group, my focus was less about me and my particular "box of rocks" but instead on the energy created while in communion with others. To me, spirit takes you OUT of yourself while psychotherapy invites you to look IN to yourself. What I experienced in group was the holding hum of my spirit in communion/process with others' spirit.

### **Reflections and Observations:**

I hope that these verbatim responses give you a flavor of the depth and richness of what unfolded through these extended group meetings. Although each 10 month group was different, having a unique combination of energies, perspectives, and personalities, a deep bonding occurred between the participants within each group. As reported, many of those connections remain as strong friendships today.

In general I found the dynamic process and evolution of the groups to be circular in nature. Spiritual exploration not only led to new discoveries and insights, it also led to the exposure of buried psychological wounds and unfinished business. Group support and mirroring helped group members to find the courage to take personal risks. Several ended marriages or change careers. The group structure also provided a sense of safety and sharing from a deep place of intimacy for each of these women. As a result personal confidence grew, but there was also an internal quieting that began to occur. People began to put less pressure on themselves, and they began to challenge each other when a particular member was being too hard on herself. As a result the group culture grew to a place where members were able to give each other permission to rest and be gentle with themselves. And that message is in very short supply in this culture.

### **Summary:**

Growth and transformation extend beyond objective science. Anyone who enters into the field of psychotherapy knows that collectively and individually our blind spots or biases prevent us from seeing parts of the larger whole at any given time in history. In the thirty years I have been in practice I have witnessed numerous changes in the field, not only in the theory that grounds us, but how we conduct the practice of psychotherapy as well. Beginning with the classical analytic position whose primary focus was intrapsychic dynamics, we broadened our attention to include first an object-relations perspective, then an intersubjective and relational perspective, and finally socio-cultural perspectives. We went from a minimization of the impact of gender, race, and class, to an awareness of the effects that trauma, shame, unequal opportunity, and insecure attachments have on the psyche.

The theoretical frameworks that we use affect what we see, how we listen and intervene, and how willing we are to sit with clients in an experience-near posture in the present moment. Now, at this juncture we are entertaining exciting dialogue around how to hold the complexity of

multiple factors that affect not only the development of one's sense of self but the impact these factors have on our brain as well as physical and mental well-being. Being willing to hold the complexity, looking for how parts connect to other parts and the whole, is a never-ending discovery process. Perhaps, the new frontier that is before us is to understand the importance of integrating the split off parts of the self, including aspects that contain spiritual longing.

Reflecting on title of this conference, "Transience and Permanence", I found my thoughts frequently drifting to my own mortality. After thirty years in the field, I wonder what further changes I will see that will impact our knowledge base and practices. I wonder if I will see the spiritual and contemplative part of the self be seriously integrated into the mainstream of clinical work. I suppose the answer to these questions is, "you'll never know." Finding peace with this uncertainty and my own limited time reflects my own experience of holding the dialectical tension between transience and permanence.

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