A 9-YEAR ANALYSIS WITH A CONNECTION-RESISTANT PATIENT: THEORY, REALITY, AND THE MESSINESS OF THERAPEUTIC ACTION

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This article was first presented as a plenary paper at the Annual Meeting of the International Association of Psychoanalytic Self Psychology in October 2013. In keeping with the theme of the conference, “forms and transformations of connectedness,” the article summarizes my nine-year analysis with “Linda,” a patient who was intensely conflicted about allowing the kind of deep connection I believed was necessary for her to make the kinds of changes she ostensibly was in therapy to achieve. The clinical narrative focuses on our dialogue and struggles around this issue as it evolved through different phases and relational configurations.

Keywords: confrontation; connection; internalization; resistance; surrender; theory

This clinical narrative came into being in the context of the 2013 fall conference of the International Association of Psychoanalytic Self Psychology, the theme of which was “forms and transformations of connectedness.” I was asked by the program co-chairs to take responsibility for organizing one of the plenary panels. I had recently read and found interesting a number of articles concerning patients who were “difficult to reach” or who limited their engagement with the analyst or analytic process (Stern, 2011; Botticelli, 2012); thus, I proposed the theme of “the difficult-to-connect-with” patient, which was enthusiastically received. I thought a good format would be to have one case presenter and two discussants, but at first did not think of myself in the role of case presenter. Indeed, this was a role I had scrupulously avoided over many years because of the vulnerability of presenting one’s own clinical work in depth and having it discussed by (usually smart, well-regarded) analysts whose job was to, in some sense, critique the case from their perspectives. Rather, I was imagining myself as one of

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those discussants, bringing my own particular integrative perspective to bear on someone else's case! Over the next few weeks, however, as I was contemplating who I might ask to participate in the plenary with me, it occurred to me that I had a case that, in my experience of it, fit the topic well—a recently completed nine-year analysis of a woman whom I had indeed found "difficult to connect with," and whose analysis had involved much struggle and tension around this issue. Thus I reluctantly came to the conclusion that I would leave my comfort zone, be the case presenter, and ask two notable other analytic thinkers, Donna Orange and David Wallin, to be my discussants. The following narrative of my analytic work with "Linda" was the result.

Unlike many such clinical presentations, mine includes some of the theoretical considerations that were informing my work rather than limiting the narrative to descriptions of "clinical process" without much reference to theory. I decided on this approach for two reasons: First, because the theoretical issues I was struggling with were pertinent to the topics of the panel and the conference; and second, because the clinical process in this case can't be separated from the theoretical ruminations and struggles it generated in me. These theoretical ruminations, many of which I shared openly with Linda, were an integral part of my internal process and of the intersubjective system she and I co-created.

**The Case of Linda and Me**

When Linda arrived in my office, shortly after my move to Portland, Maine, in December 2003, she had been in therapy of one kind or another for most of her adult life—she was 51. All of her previous therapists had been women, the most recent a Jungian she had seen for nine years. She had ended that treatment frustrated and angry, feeling she hadn't gotten some essential help she had needed. The therapist had, in Linda's words, sought to be her "good mother." The problem, as she described it, was,

... if I backed away she backed away. ... I want to be able to express disappointment and anger, to say clearly what I want, to feel vulnerable and connected. ... I want someone who can hold my feet to the fire. I can be controlling and slippery. I can appear together. ... I need to get to the negative, "shadow" material.

As you can tell, Linda was (and is) self-reflective, psychologically intelligent, and therapy-savvy, though she had never had real analytic treatment. Much of this sophistication had been acquired through both therapy and other therapeutic enrichment experiences that Linda was in a unique position to obtain due to her independent wealth. Thus, she was able to attend many weekend and week-long therapeutic programs with Jungians, Gestalt therapists, body-oriented therapists, meditation teachers, shamans, and leadership coaches. She found most of these experiences rewarding and insight-producing, but ultimately their effects weren't penetrating to her core difficulties. Describing her relationship patterns in the first session, Linda said: "I disappear from people." In her words: "I go away and do things." I don't have notes about what I said in our first session, but I remember that Linda was especially intrigued with the idea that
our relationship itself would be a crucible for the therapy and something we would be looking at as an integral part of our work.

If I had to say in a nutshell what the crux of the problem was for us, it was that the kind of deep relational connection—call it dependency, surrender, or, in self-psychological parlance, a fully-engaged selfobject transference—which I believed was necessary for the kinds of changes Linda was seeking in therapy, represented for her a toxic, dreaded, self-endangering merger which she was clear she could and would never allow. The reason for this extreme allergy to dependency, we both came to understand, grew out of her childhood relationship with her mother, wherein any merger or surrender meant to be taken over by the mother’s needs and expectations, and to completely lose herself within a deadened and deadening intersubjective force field.

Fear of dependency is not an unusual initial clinical presentation. Most of our patients don’t start out trusting us at the levels that will ultimately be necessary for significant emotional change. We have to somehow prove ourselves trustworthy and useful—something that usually occurs in unpredictable, emergent ways. Often, if not always, as Slavin and Kriegman (1998) recognized in their seminal article, winning this trust requires the analyst to change, sometimes in ways that are difficult and uncomfortable. But what if that change involves accepting the reality that the patient will never trust us as much as we believe to be necessary for the kinds of changes they are trying to make?

For example, we soon learned that Linda had virtually no tolerance for experiencing the most painful negative feelings that were the legacy of her particular childhood trauma—feelings of sadness, emptiness, depression, anger, and profound aloneness, which she thought of as a black hole or shadow self. These were the very feelings she had said in the first session she needed to confront. Yet, whenever she approached or touched such feelings in sessions, even years into our work together, she became so anxious she would immediately get a headache, dissociate into sleepiness, or have an urgent impulse to get up and leave. It was, and remains, my belief—call it a theoretical preconception—that the capacity to experience and ultimately process and mentalize such feelings requires a sufficiently trusting connection or attachment to the therapist that the feelings can be shared. In order to claim them personally or intrapsychically, they first must be processed intersubjectively. But what if the patient is so deeply set against such an intersubjective surrender (at least with this analyst) that it becomes increasingly clear that her inner barrier will never be sufficiently breached?

To complicate matters, suppose the patient, like so many of our patients, comes with deep feelings of inner badness and shame for always having disappointed a parent’s expectations. Linda experienced her mother, growing up, as being focused only on what Linda needed to do to take care of her, allay her many anxieties, and conform to the mother’s rigidly conventional ideas about socially acceptable behavior. Such patients will of course be exquisitely sensitive to any pressure or message that the therapist needs them to be a certain way, no matter how apparently therapeutic the therapist’s intentions. Early in our work this took the form of a fear that I harbored ulterior motives for exploiting her, should she give me the power to do so. This changed over time. Linda did come to trust that I was not out to hurt or use her, that I truly had her best interests at heart.
Instead, she came to feel that I was unhappy with her for not fully trusting me, and that there was an implied judgment and disappointment at the limits of her tolerance for dependency and emotional sharing. Linda acted out her fears of dependency by hedging her commitment to the process. She more often than not was late to sessions, and was absent for weeks, sometimes a full month, due to international travel. Though she did take the risk of three times a week analysis during two long periods, she frequently talked about wanting to cut back on her sessions or stop treatment altogether.

The conundrum gets even more complicated when you consider what she had said in the first session about her being “slippery,” how she can “disappear from people,” and how she needed a therapist who could “hold her feet to the fire.” What was she really saying there? What was she really asking for? What might it mean to hold someone’s feet to the fire when ultimately they conclude the fire is too hot to ever risk walking through with you?

Regarding conundrums of the sort Linda and I co-created, we are advised by some of our wisest thinkers to hold our theories lightly (e.g., Orange, 1995)! Our theories necessarily categorize and objectify, whereas, every patient is distinctly and uniquely other and needs to be responded to based on a progressive understanding of his or her unique needs and subjectivity. I certainly had to lighten my hold on theory in order to try to meet Linda where she was rather than where I wished she would be. But is that a sufficient principle here? I think Linda wanted and needed me to hold to my convictions and even push her while, paradoxically, accepting her as she was with no hint of judgment for failing to meet some implied standard.

In retrospect, our story, at least the central narrative of our story, twisted and turned on the ways our two particular subjectivities engaged these conundrums, navigating and negotiating them over and over in unpredictable, emergent ways, facing and naming certain seemingly irreconcilable conflicts and limits, each of us feeling the sense of anxiety, defeat and even despair these impasses produced, only to have the feelings, once named, morph into something new and unexpected.

The narrative and vignettes that follow track some of these complex interactions at what I now think of as critical moments or periods of our work.

During the first months of her twice-weekly therapy Linda seemed quite engaged. She was articulately self-reflective, firmly present and focused in the here-and-now, back-and-forth of our exchange, and had a self-assured presence that I sensed others in her life also felt. Yet, at the same time, there was often a palpable feeling of anxiety in the room. There was also a sense that whatever deepening connection, understanding or relaxation might be achieved in a given session, by the next session it had disappeared and it felt like we were starting all over again, just as anxiously. She also missed many sessions as a matter of course, mostly due to other therapeutic experiences she scheduled for herself, but also frequent vacations. These breaks in the continuity of our sessions added to the feeling of starting over each time. I was getting the feel of what Linda meant by her statement: “I disappear from people.”

She brought in her first dream in January 2004, about a month after we started. In the dream:
A Connection-Resistant Patient

At first she is looking for some building or place with a man. Then the scene shifts and she is taking a bath in a cardboard bathtub. The man comes in. She asks him to leave but he stands there.

Her associations were that it is about our therapy, especially given that I am a man. She’s looking for a containing structure but feels uncomfortable, vulnerable. Sexuality comes into it—a fear of losing control based on some early experiences. She feels she has to put her sexuality “off to the side.” She also feels the dream relates to issues of power. Feelings of low self-worth interfere with the assumption of power. In the next session she talked about trying to stay with her anxiety about “being here,” about getting into a relationship with me. It is an anxiety about being exposed. The underlying assumption is: “there’s something wrong with me.” At the end of this session she became tearful at our shared recognition that she was doing a good job of trying to stay with her feelings.

There is obviously much to feel good about in these sessions. It is clear that in some important sense Linda is engaging with me and with herself in this beginning phase of our work. But, I know now, in hindsight, that the dream and her associations also portend roadblocks that will never yield to our, in many ways, productive and increasingly trusting analytic engagement. Linda remained fearful throughout the analysis that allowing a deep attachment with me would call up sexual longings that were too threatening to her relationship with her husband, the one person in her life with whom she allowed a full attachment and reliance. She trusted him implicitly—a trust which seemed to me well deserved. His one limitation was that he is somewhat emotionally self-contained and often not there for her when she needs him. Despite the security Linda felt with him, she did not trust herself not to lose control sexually if she allowed a full engagement with me. Whenever this sexual anxiety came up over the course of treatment I would try to explore her sense that a full attachment with me would inevitably lead to a disloyalty to her husband. Such exploration never led to a significant shift in her position about this. Or perhaps I should say, if there was a shift it remained partial and ambiguous. Thus, it became clear from very early in the analysis that the combination of Linda’s fear of loss of sexual control, and her fear of loss of self, created, at least with me, an unyielding fear of the deepest levels of analytic engagement. At the same time, as these early sessions also show, there was a significant engagement that was occurring and deepening, and a sense of relief that something different and important was happening in our work together.

In a session in May, 2004 (5 months into our work) we talked about her two different states vis-à-vis treatment. She feels she is in it but distancing at the same time. She also said that she highly values my feedback regarding my experience of her. The next day she started by saying she felt criticized by something I had said in the previous day’s session. This led to my interpreting “her exquisite sensitivity to feeling abandoned, criticized or invalidated, and her readiness to let this undermine her sense of self and well-being.” She felt understood and relieved by my saying this.

A month later she worried that I wouldn’t like her for expressing angry feelings the day before toward a friend. I asked her what was at stake in whether or not I liked her. She said: “If you like me I can feel safe, take risks, and like myself. If you don’t like me, I close up and go into a foxhole.” She said “it feels vulnerable to admit this.” A month later
she reported feeling more present with herself in groups and out in the world, attributing it to our work so far. But, she added, with me there is tension, anxiety, and distrust. She doesn’t trust that I won’t hurt her, that I will accept her if she asserts herself. In response I said that I had been considering giving her some direct feedback about my feelings about her and felt this might be a good time to do it. I said that I liked her, liked working with her, and liked what I called her “presentness.” I also acknowledged that I felt some anxiety with her because I like to be trusted and for people to feel comfortable with me. She became tearful at these revelations and said that in my saying this “something opened up for her.” In the next session she reported having acted more freely, without the need for approval, at a board meeting she attended. She said she felt more secure with me after receiving reassurance that I liked working with her and that she was doing a good job. She said if she feels insecure about whether she is okay, she can’t generate reassurance for herself—it needs to come from outside.

Several weeks later, Linda began a session by bringing out her calendar and saying she wanted to talk about our upcoming schedule.¹ She let me know that between various workshops and vacations she would be missing the equivalent of about five weeks of sessions over the next few months. Tension had been building in me around her many cancelations. I knew I had to say something, and the question was, what? It took me a few minutes to gather myself. I tried to process as best I could all that had been gathering in me over the past eight months. I chose my words carefully, but they were completely heartfelt. I said:

I have to tell you—I don’t like it when you miss so many sessions. I could say that I don’t think it’s good for your therapy to miss so much, and that would be the truth. I do think that. I could say more about my understanding of why you miss so much, and what I think you’re scared of, but we’ve already talked about that. I could say that we need to establish more of a clear structure around cancellations, which we do. But I realize that the more basic thing is, I don’t like it when you miss sessions. I wish you would come more consistently.

Linda sat up in her chair and looked at me in a way she never had before. She was clearly stunned by what I had said and the way I had said it. She asked me to say more about why I didn’t like it. I told her I couldn’t say too much more than I already had. I admitted I especially didn’t like it when she went to other therapy experiences. She said, “You don’t?” I said, “No, I don’t.” She asked me to say more about why I didn’t think it was good for her therapy to miss so much. I told her I didn’t think she would find out what was possible in our therapy unless she made more of a commitment to show up for it. I said that I knew the workshops and retreats she attended felt enlivening in a way that therapy didn’t, but that the difficult feelings in therapy would always be waiting for her and needed to be faced. I said I now knew her well enough to say that the effects of the workshops were always short-lived, and that she always drifted back to the feelings

¹This paragraph and the three that follow were originally published in an article of mine in this journal entitled "The Dialectic of Empathy and Freedom" (Stern, 2009, pp. 152–153).
of depression and deadness that were the reason she was in therapy. I said that only by coming to therapy, no matter what, would she be able to find out if it could really help her with that.

Linda's immediate association was to feeling seduced, but added that that wasn't necessarily a bad thing. She did not, however, stay with that topic. Rather, over the next few weeks she talked about her commitment to therapy. She acknowledged that she had been hedging her bets, and vowed to participate more whole-heartedly for at least a year to see if what I was saying was true. It wasn't that she trusted me, she made sure to clarify, but felt she owed it to me and the therapy to at least try to do it in the way I thought would have the best chance of working. Linda basically stuck to her pledge, and it made a difference in our work that was palpable to both of us. All of the major themes of the analysis came more into focus: The oppressive, enraging qualities of her relationship with her mother; her drive for self-improvement that grew out of her feelings of worthlessness, badness, and shame; the imposition of these same values on her two children, with seriously negative effects on her relationship with her daughter; the shakiness of her sense of self; the tendency to lose herself in responding to the needs of others, and her resentment about this; the frightening darkness of her innermost feelings of emptiness and aimless drifting or sinking; and her anxiety in many situations but especially work-like situations in which she was cast into positions of responsibility or leadership. Our understanding of all these intertwined issues grew and deepened. Throughout it all, her ambivalence about allowing a connection with me, and her constantly shifting feelings about me and therapy were never far from view.

I would want to say there was a sense of settling in, but that is exactly what didn't happen. Linda's pattern of emotional presence followed by withdrawal was an ever-present reality. In response to her unpredictability, I entered many sessions with the anxiety that, once again, I would be encountering someone whom I barely knew and who might even decide to take a break for a while. There were some sessions—even strings of sessions—in which it felt like our relationship—our attachment—was in fact becoming more real and dependable, and I would begin to believe this was so. But then, unpredictably, she would come in and it was as if we were near-strangers again, and this was the truer reality of our situation. I would then react with self-doubt and insecurity, once again anxious that the thread holding us together could break or unravel at any moment. I would recognize that this was happening, and at times would comment on it. And talking about it usually led to a greater sense of shared understanding, mentalization, and conviction regarding Linda's anxiety about dependence, and her need to keep a foot out the door. But these moments of recognition were not proof against future repetitions of the whole sequence.

Skip now two years to February 2007. We belonged to the same synagogue, Linda saw the announcement, and asked if she could come to my daughter's Bat Mitzvah service. One dimension of my work with Linda was that she wanted to know something about the "real" me. She wanted to have a sense of me as a person to see if I was really someone to whom she could entrust herself. Throughout our work there were occasional sessions that were more informal in which she asked me questions about my life, usually my professional life, or in which we chatted about some topic of shared interest. These
sessions had a relaxed feel, and Linda clearly preferred them in a way. I considered her request for a few days, and we discussed certain aspects of what it might be like for both of us if she were there. She would see my family, and me interacting with my family, especially my wife and daughter. I felt anxious that it could backfire in some way, making her feel disillusioned rather than more trusting. In the end, my gut feeling was to trust her and us. I said it was okay with me if she came, which she did. I saw her there and greeted her warmly. In the next session she said she now felt more secure and comfortable with me, knowing I trusted her and really wanted her there.

Four months later Linda said she felt attached to me as to a father. No one had ever said “I don’t like it when you go away” before. She associated to how her father had turned away from her in early adolescence, focusing his attention on her younger brothers. In August 2007, nearly four years into treatment, at my urging she committed to meeting three times a week.

In February 2008, Linda said that allowing the necessary attachment to feel her deepest feelings was out of the question. A month later I interpreted that she had two major self-states: A more connected, calmer, confident, outer-focused state; and a highly anxious, hopeless, dread-filled, inner-focused state. A few sessions later she said she does better in groups where someone else provides the container. She has no inner container. I interpreted that because of my relatively non-directive approach, which relied on her taking the lead, I was not providing the kind of container she experienced in groups: It felt more like being on her own, or worse. She fully agreed and seemed both depressed and relieved by my recognition of her experience.

In a May session she was describing very sad feelings about a family friend’s struggles, and her own. When I asked her to stay with the feelings she felt pressure in her forehead and began yawning. I interpreted that her capacity for emotional processing was almost completely blocked. At that point she stood up from her chair, walked over and collapsed on the couch, saying she felt powerless. In a note later that month I worried to myself that I was enacting something though a subtle expectation that she be able to feel her feelings. As if on cue, in the next session she said she felt like I was “hammering” her and judging her. Yet she also could own her need for direction and her sensitivity to feeling judged. In a June session Linda expressed anger at me for judging her for not making therapy her highest priority. If she gave 100% she would lose her identity. I interpreted that she was caught between a rock and a hard place: If she gives 100% she loses her identity; if she doesn’t she doesn’t lose herself in a way she needs to. In the next session she expressed discouragement, saying she still felt abandoned and alone, as with her mother, even after 5 years. Something is missing with me and in our relationship. I haven’t made her better. She then dreamt of a dark twisted man who could hurt her. She doesn’t trust me or us, but knows she can only grow “as a package.”

In September 2008 she said she was taking stock of therapy. Maybe she’ll stop in a year. She needs me as a back up while her daughter is still around. Over time I had helped Linda with her daughter—helped her shift from focusing on the ways Sara wasn’t conforming to her expectations to trying to attune to the person Sara actually was and adjusting her responses according to Sara’s needs of the moment, which admittedly could change rapidly. If you’re seeing a certain parallel process here, you would be right. I, of
course, was having a similar struggle with Linda. With my help, she came to see that she was doing with Sara what her mother had done with her, and that if she could accept Sara on her own terms, especially her oscillating needs for dependency versus autonomy, their connection deepened and became much more loving on both sides. So here, in July 2008, Linda is devaluing our work by saying she’ll stick around for another year because that’s how long Sara will be at home. Meanwhile, she added, she would also like to feel more solid in herself and would like to keep our relationship in the foreground. In the next session she announced she had decided to cut back from three to two sessions per week! She had been at three times for one year. Her ostensible reason was to open her schedule for other priorities such as travel. I argued against this, feeling it was premature.

Then, a month later, in October, she returned from a vision quest—a shamanistic outdoor healing and growth ritual—reporting “an interesting shift in her perspective on therapy.” She realized that her old story about herself grounded in self-deprecation and shame won’t just go away, but her perspective on that story can change. This prompted a renewed commitment to therapy, seeing us as now in a new phase rather than approaching the end. Linda now, for the first time in years brought up the possibility of using the couch. She had tried the couch once before in our second year. Her experience was that the lack of eye contact and the more inward focus put her in touch with such profoundly empty, dark, isolated feelings that she quickly began to panic. Within a month she was back sitting face to face. But now, 3 years later, she felt ready to try again. This was followed in the next session with strong urges to quit therapy and anger at me for controlling her. I interpreted her “existential” conflict between dependency and her ironclad resistance to feeling controlled, and said we needed to try to stay with both sides. In the next session she talked about valuing her autonomy above all, especially regarding when to stop therapy. I said I might have my perspective on this but I can’t and don’t presume to know what she should do. This comment made her “more interested in staying to work on her conflict.” In retrospect, I can see that this one small comment of mine marked a beginning shift in my countertransference to Linda and her treatment. We had been talking about the relationship between surrender and submission, which had come up in a Buddhist talk she had attended. For Linda, there could be no surrender, at least with me, that didn’t feel like submission. What I realized was that I was beginning to surrender to her defenses. There was the beginning of an inner sense of giving up, in a certain way.

In February 2009 Linda lay on the couch, clearly less anxious than 3 years earlier. She spoke of feeling that I care about her but not that she cares that much about me, even though she knows how much I’ve helped her. In March she was 15 minutes late to a session. I wondered how “to locate” this. She said she was worried I would feel frustrated that she’s not committed enough. I wondered out loud: Are you fully committed? I imagined a continuum of commitment with “take it or leave it” at one end and “life or death” at the other. She said she was somewhere in between. She came in the next session irritated about my questioning her commitment. She is committed. Therapy is working. I wondered out loud how to talk about her holding back or retreating without her feeling judged. A month later I noted to myself a sense of resignation about a deepening connection and my feeling that, left to her own devices, Linda would just dissociate into disconnect mode.
Sometime later, sitting in my waiting room Linda overheard me getting angry with someone on the phone. She said I sounded defensive and was disappointed I wasn’t stronger. I need to be strong to be her protector. I have been like a protector to her and a guide. In the next session she reported a dream of swimming with a big, strong, 30 year old black man, a rap singer. It’s sexual. She takes him to meet her parents and feels strong, proud, powerful, and not afraid. She said she feels freer and less afraid with me.

Two months later, in June 2009, Linda’s acupuncturist urged her to talk about her resistance in therapy. The word “rebellion” came to her mind. She asked how I saw her rebellion. I said I saw it as a “regulation of exchange,” and felt it as a kind of “oxygen deprivation.” As if on cue, in the next session she announced she really is cutting back from three to two sessions per week and did so. Later, in August, she asked if I judged her for cutting back. I wondered if anything less than full endorsement was a judgment. In October, when she arrived 5 minutes late, I must have felt more irritated than usual and commented that she was 95% committed but wanted to benefit as if she were 100% committed. In early November she said she felt she was doing little work in therapy. I confronted her about her cut back to twice a week and said it had degraded the therapy. She said she wants to travel more. In December we talked again about her wanting it both ways. I wondered aloud which way constitutes better self-care for her. She thought it was a good question but had no answer. In January 2010, Linda described feeling adrift, in a fog. I persisted with my belief that it was related to her attendance. I said I felt like a school principal telling a student: “You have to come to school every day to learn.” Later that month she said she felt love from me at three times a week, but that I got angry and withdrew at two times. I asked: Couldn’t my anger be out of love? In the next session she reported feeling sadness, despair, and grief. She feels she depends on me and that I care, but it’s not what she longs for in terms of what she didn’t get from her mother. There’s a gap. She feels defeated, like giving up. In the next session she said she felt closer to me, like a mother. Here, as so many times, the freedom to speak her truth, even if something I might not like hearing, seemed to allow her to move a little closer. She also stated she was becoming clearer about her desire to work in the field of philanthropy.

Two months later, in March, she returned from a long trip and said that, for the first time, she had felt connected to me during it. I was there for her in the world. I argued again for three times a week and, surprisingly, she now agreed! In the next session she reported a dream of getting free of something (like a box) and is falling upside down through space. She feels therapy is helping her get free of something: Her inner boxes. I responded that we weave connection out of disconnection. She liked that image. A month later she reported being in a good place, less anxious, and feels it’s connected to coming three times again.

In late October 2010 we met for the final session before one of her multi-week trips. I noted afterwards that I had become less attentive to her comings and goings. I’m going to use that session note as a somewhat arbitrary jumping off point for characterizing the shifts that were taking place in me that would significantly affect both the intersubjective field and the therapeutic action during the last two years of the analysis. What I want to convey is that in those last two years the therapeutic action was mainly carried in a complex evolution in my countertransference states, or what I have come to call my...
countertransference field. I coin this new term to contrast what I'm talking about with both the Barangers' (2008) "analytic field," which is a two-person concept, and with the usual use of countertransference as a momentary state, responsive to the present situation. The countertransference field is both cumulative and momentary and refers to the complexity of the countertransference as an evolving process. Indeed, it is the analyst and patient's experience of the analyst's changing states that I am saying carries some of the therapeutic action. It represents the analyst's total countertransference as a moving adaptation, conscious and unconscious, over time.

By the end of our seventh year of work, my countertransference field with Linda was saturated with paradox. Part of this countertransference field was a progressive sense of giving up or resignation, as marked in my October note about my attitude toward her impending trip. I stopped believing that Linda was going to change her fundamental "doubleness" with me—being in it and not fully in it. I stopped caring so much about her many vacations, her threats to reduce the frequency of sessions, her chronic lateness, and the limits on her ability to stay with and experience her most painful feelings. I accepted it all: When she comes she comes; what she does she does; what she feels she feels. Although this sense of resignation flirted with disengagement it was more complex than that. For one thing, it evolved from resignation to acceptance to what I think of as true surrender in the sense first described by Manny Ghent (1990). Surrender takes things to a new level because it is really a two-person concept: My surrender to Linda's reality—letting go of my need for her to be different—freed her to surrender a bit more to mine. Thus, a new kind of exchange and freedom became possible. Having let go of my hope for a fully engaged selfobject transference or attachment, I could relax into a dialogue of difference—taking her where she was without completely letting go of my convictions.

In fact this shift freed me to pursue her more directly and forcefully in certain ways. For example, In June 2011 Linda reported feeling sick after spending time with her parents. It was obvious to her neither of them will change. I asked her to imagine her "fantasy parents"—the parents she still longed for. She thought and said they would be better with each other, less needy of her and more interested in her as a person. She would relax and be more like friends with them. She felt sadness and grief describing this. I posed the question: Why couldn't she allow me to be more like her fantasy parent? She wondered if it was too late for this. In the next session she expressed tearful gratitude for my having helped her be a better mother with Sara, but said she couldn't fully allow me to be that for her. Then, astonishingly, she came into the next day's session saying, "Will you be my mother?!" She was playing with the idea of trying to substitute me in place of her parents. But even in her fantasy she's alone, trying to make something happen, not being held. Then she has a fantasy of being a cat curling up on my lap with me enveloping her and stroking her fur. The following week she decided to come in for four sessions for the first time in the analysis. She also started expressing the desire to come in as much as she could during the weeks she was in town. When she was present I felt happy to see her and fully engaged.

I believe what was happening here was the emergence of an intersubjective third space, in the sense of Benjamin (2004) and Aron (2006), which had to do with changes in my countertransference field. I framed it to myself as the resolution of a tension
between two views of therapeutic action: One in which the patient needs to surrender or connect sufficiently to allow the processing of her most painful, traumatized inner states; the second based on meeting the patient wherever they are, working always to understand their unique subjective requirements. In the latter, one might say, the therapist is doing the surrendering. Linda had finally convinced me of the primacy of the second principle; but that didn't mean totally abandoning the first. In a July 2011 session I talked out loud about these ideas with her. I said I saw us as engaged in what I called an "improvisation of states." I said I had come to a place of a certain resignation or acceptance, which really amounted to a form of respect for how she needed to do the analysis with me. I said there were many paradoxes that came from our negotiating again and again about our connection, her need for autonomy and freedom, her need for acceptance, and her need to be pursued. The relaxation in the room was palpable as I said all of this.

My arriving at and sharing this place of thirdness with Linda established the tone and potential for the remaining year and a half of our work. There was an increasing sense of our work winding down and of it becoming less of a priority as she stepped up her international travel with her husband. She articulated two main therapeutic goals before she would be ready to end. One was finding her place in the world of work, which for her meant being able to take on and sustain positions of leadership in the world of philanthropy. The main issue here was self-confidence, and her anxiety about commitment to sustained involvement in which others were looking to her for responsibility and leadership. Her second stated goal was being able to internalize me enough so that she could function on her own without plunging into her dreaded state of aimless drifting, emptiness and darkness. I connected these two goals with the observation that they both had to do with entering into a "relational flow" with others. I said she marginalized herself and kept on the sidelines because of her anxiety that if she let go with others they would see all that was wrong with her. She liked this idea and asked what she could do here with me to connect more. I said it wasn't just a matter of "she" but of "we." Two months later she said she does feel loved and held here. She feels more challenged than judged—challenged to feel her hardest feelings. In November she said, echoing earlier references of mine to Winnicott, that she feels she has "regressed good enough" here, and that what used to be her black hole is more a dark fertile field.

I would characterize 2012, our final year, as one of working through on all fronts with the sense that things were better and steadily getting better. In July she brought up termination in a way that was clearly more serious than her previous threats. With my encouragement to set a definite date, she decided on early December. In the five months leading up to termination Linda went through a process that had, on the one hand, the quality of healthy grieving for the loss of our relationship, and on the other, anxious worry that without me she would sink into her old dark abyss. Frankly, I wasn't certain myself what would happen. The good thing was she talked about her anxieties fully and often. In October she expressed worry that she would become untethered; there wouldn't be a bottom; she would just sink into depression. Maybe she hadn't internalized our connection enough. Then, in the next session, she felt better after having named her anxiety the day before. She had the image of a shell, a "chamber," floating to the bottom of the ocean. At least there was a floor to come to rest on. In November she said she was
not without anxiety, but her relationship to anxiety had changed. She felt very reassured
and calmed when I said that the process of termination continues internally after the last
session.

In our last session she brought me a gift: A beautiful, etched black Indian pot with
it’s own base made of wrapped bark. She called it a container with its own holder. She
still felt frightened, and asked if she could check in in a month. I said of course. She
initiated a prolonged deep hug as she left. Sometime in January I saw her number come
up on my caller ID, but she left no message, and I didn’t hear from her. So in June, six
months post-termination, I emailed her to see if she wanted to come in and tell me how
things were going. She was very glad I took the risk of asking and said she actually had
been thinking about me and that now felt like a good time to finally come in.

In the follow-up meeting she reported good things in all the domains we had worked
on. She was receiving a philanthropy award and had been asked to serve on a prestigious
national board. She said that what stood out about our work was our relationship. She
knew she had been hard; she hadn’t played by the rules; she would leave and come back.
But she felt she was always accepted and not judged. Over time she had come to trust
that. When she thought back about our period of work, she said, she didn’t think about
the details of our conversations. She thought about me—the person. She felt that I was
now inside her, just like I had said needed to happen. Then she thought for a moment
and, becoming tearful, said she could actually locate where I was in her—behind her
heart: Such a critical place to be, giving her strength, freedom, and life.

References

89:795–826.
73:5–46.
Botticelli, S. (2012), Weak ties, slight claims: The psychotherapy relationship in an era of reduced
Cohen, E. (1990), Masochism, submission, surrender: Masochism as a perversion of surrender. Contemp.
Savin, M. & Kriegman, D. (1998), Why the analyst needs to change: Toward a theory of conflict,

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