Intimacy Undone: Stories of Sex and Abuse in the Psychoanalytic Consulting Room

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Introduction

Psychoanalysis has long been caricatured as the site where a patient presents profoundly personal material to an analyst who, in turn, says almost nothing. This nearly silent analyst serves as a receptacle for the patient who is expected to vocalize any and all memories, thoughts and desires, "Whatever comes to mind." Though a caricature, Freud and classical psychoanalysis are rightly credited for this kind of weird, modern relationship that has no parallel: the consulting room as uniquely intimate space and the therapeutic bond as one that cannot be trespassed, entirely confidential, unconditional, and without "legs" to the outside world. In that space, the patient offers all that he or she cares to or is able. All of this is fostered by an analyst who establishes a fee and sessions on an on-going and regularized basis and by helping to create a conversation unique to each therapeutic couple. Efforts are made by the analyst to create a safe and secure environment, characterized by features that make both the analyst and the setting predictable, stable, reliable, accessible and inviting. At the same time and despite the intimacy fostered, professional distance is maintained so that genuine "real" intimacy between the two participants never develops. Modern therapy, of nearly every stripe, struggles to achieve some form of this impossible aspiration. Not surprisingly, the challenge to maintain appropriate legal, moral and ethical boundaries and prevent professional breaches—the problems of self-disclosure, mutual analysis, various forms of boundary crossings, personal, out-of-office, and sexual contact—have also been on-going professional pre-occupations. Breaches occur more often than the profession cares to admit.

Yet now, psychoanalysts themselves today also speak on behalf of a new intimacy in the psychoanalytic relationship (Levenson, Ehrenberg). Contemporary analysts argue that the aspiration claimed in the past for a pristine professional distance and analytic neutrality is at best impossible to achieve and, more to the point, wrong to aspire to. They recognize it is impossible for the analyst not to be known, whatever efforts might be taken to hide one's "true" self. Moreover, the reciprocal intimacy shared between the two parties, rather than disavowed, should be acknowledged and worked toward. Indeed, the relationship itself is a vehicle (for some, **the** vehicle) of therapeutic cure. Therapeutic intimacy is now described as a fluid negotiation over-time achieved (*if* it is achieved) through deliberation and contestation. While there are marked asymmetries in power between doctor and patient (though that too has been seen as less unidirectional as once cast), the principle impediment to successful treatment now is conceptualized as the manifold challenges entailed in the creation of authentic, intersubjective and intimate communication jointly constructed by the two participants.

This transformation in psychoanalytic thinking, first, parallels the development among some psychoanalysts that mutual recognition, as Hegel and later inter-subjectivists name it (Benjamin), itself constitutes the goal of treatment. Second, an acknowledgment that two individuals interacting as analysand and analyst cannot at the same time preserve the fiction of a therapeutic intimate space while absolutely maintaining interpersonal distance—holding fast to the conviction that "we have to be ever mindful that this is not a 'real' relationship." Now the promotion of a conscious and unconscious inter-psychic exchange in the consulting room is uppermost in the thoughts of the contemporary psychoanalyst. Highlighted above all are the therapeutic benefits that derive from the deepening relationship between analyst and analysand. Gone is the language of a one-person psychology (the analysand's), of analytic neutrality (the analyst's), of discovering through interpretation the patient's instinctive, unconscious drives that generate unhappiness. No longer is the goal understood as "making the unconscious conscious" or "where id was, there ego shall be:" Psychic transformation, rather, occurs via the creation of this

new, hard-won, intimate space occupied both by the patient and the analyst. Best understood as a two-person psychology (analyst and analysand), a relational theory conceptualizing the psychoanalytic dyad where the deepening relationship is the result of a co-construction of a bond that over time becomes particularly intense and unique, replete with its own language, grammar, idiom, method of speaking, tone, cadence and so forth unique to that particular two-some. It is a bond between two people whose mutually reflexive understanding, conscious and unconscious, yields greater insight into the needs, desires and inhibitions of the patient and, as importantly, which, through shared experience, generates in the patient new capacities for healthful living. As intimate experience, it is expected that the analyst, too, necessarily is moved and changes as a result of the relationship.

This shift in focus has penetrated every aspect of psychoanalytic theory and practice. Here are three examples: *Resistance* to insight by the analysand, now in its new formulation, expresses mistrust by the patient of the therapeutic other, overcome only as intimacy between the two parties continues to build. This view is a far cry from one that once saw resistance as solely a property of the analysand and an expression of the intensity of his or her repression barrier. *Counter-transference*, feelings and sentiments by the analyst that express a distortion in perception and that interfere with the capacity to maintain neutrality toward the patient, in contemporary psychoanalysis is now considered as productive knowledge; an understanding that facilitates the required closeness sought by the dyad. Rather than being an impediment to successful work and misperceptions requiring overcoming, emotions, feelings and thoughts mobilized within the analyst now serve as additional bases of information, generated through interaction, and about the patient and the obstructions activated to greater intimacy. Similarly, unconscious behavioral actions by the analyst in the consulting room (for example, handing the patient a tissue when tears flow) were once considered enactments, a breach of the therapeutic modality. *Enactments* were understood as an unreflective action by the analyst that reduced psychic communication in the room and, therefore, believed to interfere with understanding the

unconscious wishes or needs of the patient. Now however enactments are seen as impossible to avoid (the act of *not* offering a tissue to the teary-eyed patient is itself an enactment). Speaking is an "enactment," as is remaining silent. Therefore, the various behaviors in the consulting room (for example, whether the patient opens the door to exit or waits for the analyst to do so) simply require sensitivity to the inter-personal forces that create that particular interaction. These revised conceptions of resistance, counter-transference and enactments reflect the primacy now given to better understanding the relationship between the two parties and reveal the critical role that intimacy plays in psychic change. Similar re-transcriptions of classic psychoanalytic concepts to correspond to the new intimacy have occurred throughout the field. In fact, every concept has been rethought through these new intersubjective lenses.

Where once (with Freud) the psychological life of the infant began with the fluorescence of the triangulated Oedipal conflict between self, mother and father, now psychoanalysis conceptualizes psychology as in-formation from birth (for some, even pre-natally) and manifest in the earliest connection between mother and child. In many respects, the work of Melanie Klein, a child analyst who asserts the presence of powerful fantasies of love, hate, envy and greed initially organized around the infant's earliest experience of the breast, has replaced the original Freudian model. The psychoanalytic relationship is understood, when proper attention is paid to it, to reveal the pre-Oedipal and pre-linguistic sources of intimate connectedness. The current presumption is that adult intimacy mimics the earliest forms of social life, between infant and caregiver. It is recovered only as bodily, or sensate, manifestations of this newly created intimate space. The psychoanalytic relationship, thus, is read as more than the development of a shared cognitive understanding of the patient's early childhood experiences as it continues to impact adult experience; it is also the re-creation of infantile feelings and sensations that presently express themselves through all five bodily senses. Intimacy is the linchpin through which all these possibilities depend. The nature and character of that bond provides clues as to the sources of inhibition or unhappiness creating the need or desire for the analytic relationship in the first

place.

Stages of Analytic Intimacy

Yet, just as in other interpersonal relationships, intimacy in the consulting room doesn't establish itself immediately and only develops and usually intensifies over time. The form intimacy takes changes over the course of the therapeutic relationship corresponding to different stages of psychosexual development. Intimacy's various expressions in the analytic relation typically reveal themselves in reverse chronological order, only over time as regression develops. At its most intense, the regressed relationship makes it possible to observe in the analytic setting the intimacy of earliest object ties, i.e. the first forms of sociality.

The dyadic analytic relationship deepens from a mature stage, at the beginning of treatment, characterized by the interaction of two separate adults, each occupying distinctively defined roles as patient and doctor, speaking to one another in a more or less intimate, though a clearly demarcated, cognitive language of self and other. Typically, the patient enters the relationship with a desire to be relieved of suffering and, in many different ways, communicates to the analyst his or her willingness to pay the price to improve, e.g. payment of fee, conscientious attendance, production of memories, sharing of experiences. The analyst communicates through many different measures, e.g. starting and ending each session on time, establishing and adhering to a regular meeting schedule, commenting meaningfully and, otherwise, behaving predictably, responding to the expectations of the patient, and successfully communicating sincerity in wanting to assist the patient in this group-work. Intimacy, here, is demonstrated by the increasing willingness and ability of the patient to share with, recover and/or hand over to the therapist one's private, innermost thoughts and the analyst reciprocates by offering comments, thoughts, interpretations that demonstrate that both people in the room are involved in the same quest to understand and repair the patient's inner world.

Intimacy, at this stage, constitutes a shared, embodied and enacted belief in the *perfectability* of the self and a demonstrable *sincerity* by both participants to engage the

therapeutic process to achieve this (Levenson). Transference/counter-transference issues emerge more slowly along this intimacy continuum and by their becoming over time more pronounced and more the focus of therapeutic attention, intimacy deepens to reflect a blurring of the demarcation of two discrete persons. Increasingly, the therapeutic agenda of using the discrete inside of the consulting room to consider events and relationships outside breaks down. Intimacy is now marked by a clouding of the two-person's perception of their own distinctiveness from one another—as a unique idiom of discourse emerges—and recognition of the increasing vulnerability of the one on the other. In this view, as Edgar Levenson (360) points out, transference and counter-transference are not treated principally as *distortions* requiring correction but rather as interpretable phenomena expressing the uniqueness of the interpersonal, intersubjective and deepening connection.

Finally, in time, the unfolding self-awareness results for **both** analyst and analysand of his or her own contribution to the relationship. At this third stage of intimacy (only sometimes or even rarely achieved between the two participants), the ways in which the relationship *matters* to oneself generates a *rare* relationship in which **each** party is increasingly self-accepting of who or she remains to be. The analyst doesn't fault himself for not being able to provide more to the relationship—insight, knowledge, emotion, intelligence, creativity—than he has, and the analysand doesn't fault herself for not being more different—content, happy, productive, committed, emotional, uninhibited—at the end than when the relationship began. The connection enables an appreciation of one's own finitude, not merely the capacity to imagine change or personal transcendence in self or in other but also the limits to one's being. It also enables a realization of the limits of the (or any) other either to be significantly better equipped to handle the vicissitudes of life or to provide answers to the questions that matter to oneself. Intimacy of this kind enables, finally, a capacity to be no more than who one is, a mutual recognition not of the possibility of each member of the dyad for perfection but, rather, an acknowledgment of love for the other based on mutual imperfectability. "In authentic love," as Edgar Levenson (364)

writes, “one need not strive for perfection, to be more than one is. Intimacy has now become an openness to the other person as he is.” Sadly, this is the moment when the ending of treatment clearly comes into focus, and the anticipation of mutual loss and mourning become the final challenge to master before termination.

This form of intimacy might be described as a more, or the most, regressed connection corresponding to a pre-differentiated state of infant and mother (or caregiver), one that we know can only healthily last for a time. Therapeutically, this connection enables greater insight into those early childhood experiences in which the patient seeks to navigate the challenge of individuating, while nonetheless depending on the other. This state of intimacy, of mutual recognition and unconditional acceptance, constitutes the most powerful form, the most transformative, and the most dangerous. It marks the time when the analysis has accomplished the work it has set out to do. At its most intense, it corresponds to the state of greatest vulnerability to the other—for both parties—and the period of treatment most threatened by the intrusion of sexual feelings threatening to disrupt analytic work. It constitutes the genuine acceptance of love for the other (and hatred for the vulnerability that arises). It can mark as well a resurfacing of sexual feelings in physical form, possibly as expressions of this authentic love, or possibly a desire (sometimes manifest as rage) through sexual enactments to ward off the possibility that the relationship has achieved what it is able to, no more, and is nearly over. These feelings and the desire to act on them have the possibility to transform the therapeutic relationship into something else altogether.

Defenses Against Intimacy

Psychoanalysis now no longer shies away from describing the psychoanalytic relationship as a "cure through love." There are, of course, in this guise limits to love's modes of expression. Language continues to be the medium of communication between intimate psychoanalytic partners. As Adam Phillips puts it, psychoanalysis is about what two people can say to each other if they agree not to have sex." (Bersani and Phillips,1) But as it is made evident

in every psychoanalytic hour, words used to describe and express feelings are often not "the thing itself." Rather, talk stands-in, as best as it is able, as expression and description of extra-linguistic experience. Both analyst and analysand contribute to finding the apt vocabulary to capture the feeling-states that the latter is attempting to share. Language is used to capture amorphous feeling-states, inchoate thoughts, complex reactions, inarticulate sensations, confusing and fragmentary dreams, powerful desires, and disturbing memories both during the analytic hour and elsewhere. Yet in the end, despite the best efforts of both parties to be precise and accurate, talk proves to be only an inadequate vehicle, though the only one, to express the range and depth of feelings mobilized in this intimate setting. Words are the only way that this developing intimate relationship can find expression.[1] A private language emerges between each dyad, various metaphors meaningful only to the analytic couple become crafted. As the relationship develops, an increasingly coherent and complex narrative emerges that links early childhood experiences and prior traumatic moments to the patient's whole panoply of present-day private feelings. From this vantage point, self-destructive behavior or patterns of failure in life are understood in part as products of the persistence of faulty linkages between past and present, resulting in the repetitive experience of living in the past *as if* it were the present.

Unlike those who work within the cognitive behavioral paradigm, psychoanalysis also focuses on, in fact privileges, the unconscious, and insists that these faulty linkages oftentimes have pre-cognitive bases, can't be remembered or accessed per se, but only discovered through the intersubjective experience and the negotiation process ideally resulting in self-acceptance and acceptance of the other, i.e. mutual recognition. Seen from this one angle, the goal of analysis is to intimately know the links between present and past so as to realistically demarcate the two, and

[1] In Lecture I of *The New Introductory Lectures*, Freud, responding to one critique of "the talking cure" as "mere talking" writes that "words were originally magic and to this day words have retained much of their ancient magical power. By words one person can make another blissfully happy or drive him to despair, by words the teacher conveys his knowledge to pupils, by words the orator carries his audience with him and determines their judgements and decisions. Words provoke affects that are in general the means of mutual influence among men. Thus we shall not depreciate the use of words in psychotherapy and we shall be pleased if we can listen to the words that pass between the analyst and his patient."

through a narrative understanding recognize and accept one's own unique set of needs and desires, originating long ago but still seeking fulfillment. When this occurs, personal choice and individual agency rather than blind determinism is now made more possible. These are the ultimate goals of an on-going psychoanalytic encounter, allowing for greater personal choice and freedom upon termination.

Intimacy Subverted

Yet this necessary resort to language as the vehicle to deepening intimacy sometimes subverts it. This paper explores one such subversion in which both analyst and analysand may unwittingly participate. This particular "narrative trap" I will describe is a premature foreclosing of the intensifying intimate bond by the shared adoption of a biographical story, familiar in its narrative structure, that links an analysand's childhood past to the adult present. This story typically has memory and/or desire at its core, and that paradoxically preserves distance, or apart-ness, in the dyad. It serves as a way to insure the retardation of greater closeness and, also, almost by definition the intensity of eroticized feelings otherwise difficult to contain. Real analytic intimacy, as I have described, typically engages the psychically primitive in both analyst and analysand; as in any loving relationship, it often activates very compelling sensual, emotional and mental expressions. In the therapeutic relationship, these can only be talked about or, absent that, they can generate unbearable anxiety that these sense experiences will prove uncontrollable. At its most profound level and for these reasons, both analysand **and** analyst are motivated to resist and to defend against deepening intimacy despite the fact that each, likely for different reasons, are nonetheless simultaneously working toward it.[2] This is the psychodynamic conflict present

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[2] See D. W. Winnicott's (1974) essay on defenses against the fear of breakdown, though in this essay I am describing *both* the analysands' *and* the analysts' fear. In another article (1960, 585), Winnicott describes the impulse of the therapist to name or diagnose the problem of the patient and which fails to have any effect. He writes that that 'the patient is not helped if the analyst says: 'Your mother was not good enough . . .your father really seduced you . . . your aunt dropped you.' Changes come in the analysis when the traumatic factors enter the psycho-analytic material in the patient's own way, and within the patient's own omnipotence.' Winnicott's focus is on the patient while here I describe the necessary role that both doctor

right there in the consulting room. In this sense, the conflict, certainly the intensity of it, is iatrogenically produced. The task of both members of the dyad is to productively resolve a problem that did not exist prior to the beginning of treatment and to be able to tolerate the loss that termination produces. Yet to "solve" the analysand's problem by prematurely naming it or to have either member of the couple name it through language exogenous to the idiom being constructed in the analytic interaction, i.e. to insert into the dyadic relationship a culturally-available narrative structure, threatens to take it off the table for investigation and resolution (cf. Wrye, The Narration of Desire). It may well foreclose the furthering development of interpersonal intimacy, and a premature or abrupt cessation of treatment.

In the cases that follow, I describe the discovery, in the one instance through recovered memory, of early childhood sexual abuse and, in the second, the discovery of one's homosexuality as instances whose function in treatment was to *foreclose* intimacy and to make more possible a premature ending of the treatment. (Bernstein) In both instances, I identify the "tyranny of the social category," through which a narrative device is wholly imported from the (non-analytic) outside. Further, it employs a language intended to describe self-experience that creates a third-party perspective and that generates the need for specific kinds of memorial evidence to "make the case." Even the activity of recall of one's own past becomes disciplined by the narrative imperative: how to convince *oneself* and others through memorial evidence that one fulfills the requirement of, here, being the victim of childhood sexual abuse or of discovering a previously hidden truth of one's own homosexuality. In both cases, the intensity of the intimate bond does not deepen; perhaps it is lessened. As I argue, an unconscious intent of appropriating these narratives is to short-circuit the intensifying personal connection between analyst and analysand. Warding off of the affect of attachment is the *aim* of the narrative, not its *cause*. These social categories are importations from the outside world. As such, they are notably absent

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and patient share in order to know the experience "omnipotently"—i.e. to know what it would be like for the doctor to drop the patient and the doctor to be dropped by the patient.

of any psychodynamic and overtly indigenous referent. In each case, the patient defensively appropriates the language of contemporary (and non-dynamic) social discourse to contain the therapeutic experience, to treat the phenomena generally or typically and, therefore, to remove part of oneself from the perceived dangers of analytic intimacy.

For reasons of one's own, it is not difficult for the analyst to collude in this narrative construction. In these cases, to categorize a person as having been sexually abused or as homosexual appropriates a language, now widely accepted in the social world that implies self-understanding but oftentimes serves to define, or insist upon, certain limits as to how far the intimate analytic relationship, self-acceptance, and mutual recognition can be taken. The distinctively dynamic character of psychoanalytic thinking organized around the concept of psychic conflict, I argue, falls prey to the more familiar language of medicalized diagnostic categories. The diagnosis comes to occupy more space in the room than the relationship itself, and the preoccupation of both patient and therapist is toward the treatment of the "disease." The result is a weakening (or a slowing, or a breaking) of a developing intimate bond, and an impaired ability to use the other person productively, i.e. through internalization, after therapeutic work together has ended.

a. Intimacy's Undoing and Sexuality, Part I: The Case of Ms. A. and *Acting-In* the Therapeutic Relationship

Ms. A. was one of my first psychoanalytic training cases.[3] She was my patient in the mid- to late-1980's, and I saw her for approximately four years before she terminated her analysis, at that time having become engaged to be married and about to move to another city. She was an

[3] The clinical material presented here is described in greater detail in Chapter 1 of my book *Presenting the Past, Psychoanalysis and the Sociology of Misremembering*. In the book, I argue on behalf of the role that the present plays—both present-day personal relationships and various social-cultural narratives that have a particular currency at the time—in the reconstruction of individuals' understanding of their own past. An ever-changing present holds the potential to promote an ever-changing understanding of one's own past. In this article, I use my work with Ms. A. to emphasize a different point; namely, the defensive potential of memories of the past, encoded narratively, to thwart changing experiences in the present, including the psychoanalytic relationship itself.

attractive, single woman in her late 20's when she was working with me, unattached, and having had several romantic relationships that ended tragically: one who had committed suicide (in which she found the body), and another who announced himself as homosexual and who, not long after their break-up, had contracted AIDS and shortly thereafter died. She had been an alcoholic herself, and during much of the time we were working together, regularly attended Alcoholics Anonymous. She was very proud of her ability to remain sober. Despite these very difficult personal circumstances, she was a highly accomplished young professional woman, viewed by others as extremely competent, poised, and resourceful. Many of her friends looked to her for both professional and personal guidance, which she was able to provide, despite her own sense of possessing little self-understanding, inadequate internal resources, and a personal feeling of emptiness and non-achievement.

She had learned of psychoanalysis through her professional training and because AA was beginning to provide her with a language geared to the inner self, she was very eager to find an analyst and begin intensive work. She was already experiencing herself as a survivor of many disappointments and crises, and she thought of analytic treatment as another step on her quest to single-handedly manage very difficult circumstances. At the same time, she was increasingly convinced that no matter how accomplished she was by appearance, and how much she was admired, respected and consulted due to her achievements, her internal feelings about herself would never correspond. Psychoanalysis, she hoped, would reconcile the perceptions others had of her with those she felt about herself.

Ms. A. was the youngest child and the youngest daughter of a very large charismatic Christian household. Being the youngest, she watched each of her older siblings leave home so that for the last two years of high school she was home alone with her parents. She was instructed by her mother to keep the worsening alcoholism of her father a secret, even from her older siblings. For a time, when Ms. A. was very young she recalls a very loving relationship with her grandmother who, when living in the house, died suddenly. Her aunt came to live in the house;

again, she recalls a very close relationship that she described as one where her aunt cherished Ms. A. *as* a little girl. Mother, in contrast, while extremely close to her daughter, required Ms. A. to align completely with her and could not tolerate her being a little girl. Ms. A. rejected “childish” games, never played with dolls, and early on took on the preternatural role as her mother’s confidant. They came to share together a palpable disdain for the father. Her father was a "quiet alcoholic" as long as Ms. A. could remember and had been relegated by her mother as a useless member of the household. While there was a rebellious, secret side to Ms. A. that mother never knew about (though which had enabled her to leave home, have sexual relationships and attain an advanced professional degree, though all at tremendous personal cost), Ms. A. always remained closely tied to her mother and fearful of displeasing her. She was actively fending off guilty feelings whenever she aspired to differentiate herself from her mother. Our analytic work largely hinged on this struggle toward her own differentiation, owning up to her own desires for separation and to be able to freely express her femininity and sexuality, both of which were experienced as dangers to the maternal bond.

About six or seven months into her analysis, Ms. A.'s mother was diagnosed with an untreatable cancer and was expected to die shortly. Our analytic work together naturally changed dramatically; nearly all attention shifted to Ms. A's experience of watching her mother rapidly decline (to the point of no longer being able to recognize her) and die. An especially intense period of grief, Ms. A. became concerned whether she would ever recover. All members of the family came together more closely, including her father, and Ms. A. felt more closely connected to her family than she ever remembered. She also came to rely more intensely on our work together to process this very difficult experience.

As Ms. A. was beginning to get her feet back on the ground, it was striking that she was beginning to pay more attention to her appearance, purchasing new clothes, allowing her fingernails to grow longer, and so forth. She was experimenting with femininity and gradually emerging from the world of grief. Among the most lasting impressions she had of the last several

months before her mother's death was her surprise at her father's capacity to rise to the challenging occasion, and interact with all of his children and his failing wife in ways that Ms. A. would never have predicted. He was loving, caring, and responsible while himself gravely suffering his wife's loss. Both his ability to manage his wife's dying and his capacity to relate and respond to the various needs of his children resulted in Ms. A. having a regard and respect for him that never had been expressed (or consciously felt) before. Ms. A's inner world was being radically reconfigured as a result of these major changes occurring in her family.

Sometime during this process, Ms. A. reported a dream. It was a disturbing one where she was confronted by a large tent full of people, each lying on cots, and required to select one of them with whom she was supposed to have sex. She mentioned seeing a "cute guy" in one cot but was drawn to another that, upon closer inspection, revealed a bruised and damaged infant. The baby had the appearance, as Ms. A. described it, of being only physically present; emotionally, the baby was absent, seemingly having removed herself from the awful environment in which she found herself. It was clear in the dream that she was destined to be with this little baby and fulfill her sexual requirement through her. Ms. A. awoke when both she and baby were crying.

I suggested the dream expressed her current conflict between sexual and feminine feelings surfacing (noticing first the cute guy), on the one side, and the threat those impulses posed to her relationship to her mother--the stunted infant who forever remained under the shadow of her mother, on the other. Ms. A. heard my interpretation, seemed to accept it, and left at the end of the session. The following session (the next day), Ms. A. returned, thoroughly enraged with me, having struggled whether to return at all. She charged me with not only misinterpreting the dream but intentionally directing her away from the actual meaning of the dream: for her, the dream constituted a memory of having been sexually abused as a child. She described this as a worry that she for a longtime held privately; as she saw it, her dream affirmed the reality of her concern. Moreover, she believed that I could never understand the experience of abuse, as I was a man, and she wondered whether I had any knowledge of all that was being

reported at the time in the media and elsewhere concerning the frequency with which abuse toward little girls occurred as well as the capacity of those abused to repress memories of the experience.

Because of her hostile feelings toward me, she asked me for permission to attend a "survivors group," constituted by women who had only recently remembered their abuse and were collectively attempting to deal with the long-term effects of that mistreatment. The assault on me continued; memories were recovered of her father committing incest at a very early age, perhaps around 2 years old. Over the course of several days, she dramatically decompensated, finding it very difficult to leave her apartment, report to work, and otherwise function in the world. Neither openly affirming her memory nor disputing it, I agreed to meet her now six times per week. These developments, of course, concerned me greatly. And at least in one respect her charges directed at me were accurate. I was hardly aware (as difficult as it may seem now and much as she feared) of the widespread publicity then being given to recovered memory, to the shocking details relentlessly coming forward describing the frequency of incest and other forms of abuse, including accounts of satanic ritual abuse where infants would be sacrificed for the pleasure of the adults. In fact, at the time of Ms. A's anger at me, there was no countervailing public narrative that memories are not always trustworthy. No one had yet publicly voiced the possibility that long-ago abuse and mistreatment might be made up, misremembered, or that new cultural tropes, like recovered memories of horrific trauma, themselves might influence an individual's efforts to remember and describe one's own past. In *Presenting the Past*, I address the ways in which memory is contextualized and to illustrate how profoundly current frameworks for understanding both shape memory and produce narratives, even ones so personal as the story of one's life.

Yet Ms. A. was also drawn to this narrative for other reasons. Understanding herself as someone whose father had sexually abused her at an early age solved a disabling intra-psychic problem with which she was presently struggling. The death of her mother, despite its tragedy,

gave Ms. A. the space to psychically breathe. No longer was she forced to constrict her own personal development because of the danger it represented to her relationship with her mother. Suppression of her own femininity and sexuality no longer could be defended against in an effort to preserve her symbiotic tie with her mother. These newly felt emancipatory feelings and a sense of her "victory" over her mother proved to be intolerable. Her sexuality was finding expression through intensifying erotic feelings toward me and, as important, a reawakening of the loving feelings toward her father. It was no longer possible to relegate him to the abject status demanded by her mother. Yet an acknowledgement of these feelings risked, in her mind, losing the protectiveness of her mother and celebrating her death. For a time, Ms. A. resisted these developments. She did so dramatically by casting her father not as a harmless drunk and as an embarrassment to the family but rather as an aggressive predator. In fact, in very short order, she proceeded to accuse her father of incest, informed all of her siblings of his violations, and broke off all communication with the family. She suspected that I was complicit, in some sense, I in the crime, imagining me as unaware of the female experience of vulnerability to the sexual appetites of others. She questioned her ability or willingness to continue to work with me. By my not validating her memories or affirming her desire to attend another therapeutic group, she saw me as refusing to take her mother's place. I was not willing to provide her intimate comfort by reassuring her that my thoughts and feelings were identical to hers. Had I corroborated her story of her past, I would have been in collusion with her. We would have been in agreement that her early victimization fully accounted for the present-day difficulties with which she was struggling.

Ms. A. was engaged in a kind of Faustian bargain with herself and needed me to go along: as a way of distancing herself from her self-affirming and erotized feelings she instead identified as a helpless victim of childhood sexual abuse. Her hope unconsciously was that this narrative of trauma might provide relief from her dilemma: she would forever be able to preserve the protective, though stifling, role her relationship with her mother provided. In the end, after some time, Ms. A. retracted her accusations toward her father, continued to grieve her mother's

death, "forgave me" for not serving the role she had hoped, and came to feel both more future-oriented and capable of living as a mature young woman. She continued to explore the new world opened to her following the death of her mother.

It bears considering what might have happened had I, being similarly impressed by the new revelations of widespread child abuse and the phenomenon of recovered memory, shared her conviction that her current difficulties derived from this early history. The "reality" of this phenomenon was all around us, and, from the media, we were both suffused with one story after another corroborating the claim that early abuse explains lasting and permanent psychological damage. Indeed, the persuasiveness for Ms. A. of this explanation was a result of its capacity to account for so many features of her current life's difficulties: feelings of emptiness, depression, discordance between inner feelings and others' perceptions, sexual inhibitions, preoccupation with past events and past losses, attraction to men who were unavailable as long-term partners, and so forth.[4] Paternal incest, a diagnostic category, explained it all. And had I acknowledged this horrific event of exploitation and betrayal, it would have eased the intensity of her present-day experience. She would have felt free to acquire close ties with other "survivors" and her felt need for me likely would have lessened. To her mind, her AA experience, prior to her work with me, would have been re-created and the sense of herself as single-handedly, secretly caring for herself would have been re-established.

Her adoption of this narrative structure would have succeeded in serving further purposes. It elevated past events to the foreground, subordinating Ms. A's efforts to live with herself presently. Further, it would have blockaded deepening feelings for her father and me—though, in my case, my incapacity to understand girls' experiences would have allowed her to cast me both as a stand-in for her sexual, predatory father and potentially to return me to being a safe

[4] Ellen Bass and Laura Davis described many of these symptoms in *The Courage to Heal* (1992, 22). This book was a best seller and very influential at the time. Ms. A. expressed concern that I may not have read the book. Encouraging women to come forth with their stories, they wrote "often the knowledge that you were abused starts with a tiny feeling, an intuition. Assume your feelings are valid. So far, no one we've talked to thought she might have been abused, and then later discovered that she hadn't been."

and secure mother who might help her disavow her own sexuality. There was comfort in her being able to fold into the common experience, sharing with others the role of abuse victim. It enabled her, for the time she adopted this story as her own, to feel less responsible for her feelings (including erotized ones) and less personally accountable for her current state of unhappiness. For reasons that I detail in the book, I withheld judgment. Yet I surely implicitly conveyed to her my skepticism.

Much was riding on the process then unfolding as we negotiated this significant rupture in our relationship. Ms. A. seemed to be embracing the role of abuse victim and sought my support in giving her permission to attend a "survivor's group." Paradoxically, the assertiveness of accusing her father and challenging me were disempowering acts. Not only was she attempting to see herself as a third-party victim, she also wanted me to do the same. We would have introduced into the room an object, i.e. the victim, who, rather than our work together, would have become the focus of both our attention. The relationship between us likely would have lost the erotic charge characteristic of every (alive) intimate relationship.

Narratives as Defensive Action

Being able to tell a coherent story, even one arrived at by the painstaking work of two people over a long period of time and aspiring to its veridicality, sometimes obscures rather than reveals.[5] In fact, working to find *the* narrative is a misplaced aspiration of the therapeutic dyad. It may detract from self-exploration and self-understanding.[6] Students of narrative as a literary

[5] When Winnicott (1965) cautions that only an experienced analyst, not an analytic candidate, should take on a patient who presents as a "false self," he identifies the possibility of analytic work proceeding, sometimes for years, in which a finely crafted defensive structure of the patient goes undetected. The two inadvertently collude in an elaborate self-presentation that hides more than it reveals. In this same sense, I am suggesting that the premature adoption of a specific narrative concerning the events and psychic consequences of a patients' past runs the danger, too, of constricting, perhaps hiding, more germane and troubling elements that go undetected.

[6] Susan Derwin (2012) analyzes many of the important testimonies written by Holocaust survivors have been understood in terms of the positive therapeutic benefits of "telling your story," or "sharing with others your story." Yet she offers a compelling argument suggesting that their efforts to narrativize experience failed to reveal an underlying rage that each of the authors possessed and, for some, led to their own suicide.

form note the logic and the necessary kinds of evidence a particular narrative structure imposes on an unfolding story (Bernstein, Morson). Built into the life-history narrative form—the telling of a past in relation to one's present—is its own logic and rationale, so what is remembered and emphasized and what is seen as irrelevant and unremarkable necessarily are the result of an imposition or demand of the narrative form on the reconstructive process. The narrative form, in short, produces its own set of demands on the memorial process, generating a particular incentive and predilection to remember certain experiences, while forgetting others.

It was perhaps one of Freud's greatest insights—certainly with respect to the study of memory—that the story oftentimes cannot be constructed alone, when self-interest, shame and embarrassment, among other emotions that seemingly demand distortion are features that limit a personal capacity for self-knowledge. The intimacy of the psychoanalytic consulting room sometimes is necessary for the intricate web of defensive patterns to become known and undone. But even that is fraught with the possibility of failure. Ms. A., for example, expected her discovery of abuse to constitute a major breakthrough in her self-understanding. Memory and the ability to recount a traumatic past would be her pathway to cure. Despite the pain the memory entailed, Ms. A. believed for a time, like others, that her emancipation would follow her capacity to narrate what had happened to her.[7] Indeed, much of the self-help literature of the time spoke of the need to speak the trauma, to allow the inner child to be heard, and to not stifle suspicions of one's own childhood abuse. To be able to tell the story—to recover the trauma and its aftermath--became widely understood as the path toward psychic health.

And yet, as I have suggested, narrative can serve unconsciously as a powerful psychic defense against intimacy. It can serve as a buffer against an understanding of oneself and an unfolding discovery of personal needs and desires in reaction to a participating other. It can develop in service to a desire to retain distance and to forestall discomforting feelings in the present. Narration risks hypostasizing experience through its use of categories of experience and,

[7] I write skeptically about the idea of narration as liberation in a different context in Prager, 2008, p. 411.

especially when shared by both members of the dyad, stands to foreclose the possibility of ever moving beyond it.

The role that "one's story" may play to distance oneself from the surrounding world of others challenges a current preoccupation with the unequivocal virtue of remembering and telling and their cathartic effects. In fact, a too-easy appropriation of the story heightens the possibility that the past continues to be lived as if it were the present. The teller of the story assumes the role of a third person, removing the lived-experience itself, replaced by the category—the typicality of experience—to which it conforms. In this sense, the reigning narratives today often succeed in offering a non-dynamic, static, conflict-free description of past experiences that yield present day outcome. And rather than drawing teller and the listener closer to one another as part of this "new intimacy," it resurrects old, far more patterned, stationary positions establishing third-person or traditional boundaries between one another.[8]

Specifically, in terms of the psychoanalytic relationship, such narratives, however easily available, require being guarded against. In the end, they threaten to curtail the possibility of jointly defining the terms of psychic, even physical, contact between the dyadic pair. Because the two of us, in the end, were able to tolerate the ambiguity of not knowing, Ms. A was able to move away from her sense of having been sexually abused as a child and toward resumption of the love she originally felt toward her father (before her mother's intervention) and an acknowledgment of the strength of her feelings toward me. Equally as important, she was able to resist the temptation to view her future as ineluctably shaped by experiences suffered as a young child. I would say she learned to acknowledge her own desire for intimacy and embrace the possibility of finding it outside her family and beyond the confines of the psychoanalytic relationship.

None of this suspicion of Ms. A's narrative account at the time discounts the profound difficulties she faced in what must have been an often-traumatized early childhood past. By the

[8] Once again, Winnicott's observation is central here: it isn't **the fact** of trauma that must be recovered but an affective remembering of the experience for it to be overcome.

time she came to believe that she had been abused, we had already uncovered many occasions in which the experiences with which she was confronted were too overwhelming for her as a child to handle. She did have a traumatic past. But *narratives* of past wrongs, as I have argued elsewhere, potentially externalize conflict to the outside world and, paradoxically, protect defensive denial, preserve others as villains, and encourage a sense of oneself as having been a victim. Further, a too-quick imposition of a narrative account of traumatic experiences, in itself, may make more difficult trauma's undoing: remembering as a story that happened to this third person, what might be described as an *affectively-distant* reporting of what happened buffered by sufficient evidentiary memories, interferes with further exploration of the affective and conflictual content, only fully revealed, as Freud originally argued, as it is repeated in present-day relationships. "One cannot overcome an enemy," Freud writes, "who is absent or not within range" (1914: 152). Childhood trauma's undoing, in short, is not to be achieved either purely cognitively through awareness of the past or through the premature imposition of a narrative account, either by analyst or analysand, that neatly ties all the pieces together.

b. Intimacy's Undoing and Sexuality, Part II: The Case of Mr. B. and *Acting-Out* in the Therapeutic Relationship

Mr. B. had recently moved to Los Angeles after having had some success as an actor elsewhere. He moved now to try his luck in this major market for acting. He was married to a woman whom he had met through his acting, and she agreed to make the move although this entailed giving up a job that she liked, to search for, and finally to begin a new one in an unfamiliar city. But the strains of relocation for both and the inability of Mr. B. to quickly find satisfying work in acting led to marital difficulty. He took work as a temporary worker, working a full day while also joining a local theater group both to sharpen his acting skills as well as to make contacts with other struggling actors. His time was spent increasingly away from home and he and his wife seemed to be growing further and further apart. He contacted me for therapy just

as his marriage was dissolving, a break-up largely initiated by his wife but not without an acknowledgment by Mr. B. that the marriage had fallen on very hard times. Early during our work together, Mr. B. moved out of their rented home and rented an apartment for himself. He was depressed because of the failure of his marriage, a depression surely exacerbated by his inability to find satisfying work as an actor. It seemed unlikely that, despite his unhappiness, he would have initiated the talk of separation, the moving-out to another residence, and the increasing possibility of divorce.

In many respects Mr. B. had had a conventional up bringing, raised by two parents, Jewish émigrés from WWII Europe. He was the youngest of three brothers; at the time he began seeing me, he was in his late 20's. His father was a successful professional in Europe and was required after arriving in the United States to apply again to practice his profession. The family settled in a small town in the American southeast and his parents held very high aspirations for their three sons. His mother was actively involved in the raising of her children. His older brothers complied with the expectations of high achievement and each became very successful in their professions, married appropriately, and both now had young families. One remained in the town, closely involved with his parents, while the other lived nearby in a larger city. Mr. B. also had a younger sister, close in age that, at a young age, had a child out of wedlock. She remained unmarried, struggled to find satisfactory work, and depended greatly on her parents to help raise her child.

Mr. B., like his brothers, attended a highly prestigious American University but, as Mr. B. understands it, he was strongly affected by the counter-culture, rebelled against conventional career choices and aspired instead to become an actor. An early marriage, an unexpected choice of occupation, and living far away from home, all indicated a real sense of estrangement from his family. Of all his brothers, he remained closest to and more personally involved with his sister and his nephew, now living away and independently. In his upbringing that, as he recalls it, remained largely unremarkable, two events stand out. First, he had strong feelings of one

moment in particular, when he was about 11 years old: He vividly remembers waking up and about to attend his first day of the 6th grade, only to be told by his parents that because they were unhappy with his current school, they had unilaterally decided to change his school. That morning he would be attending a different school, placed in a classroom where he knew no one. He remembered being very unhappy and disoriented, not only because he was suddenly attending a new school but also because he came to realize how much had taken place behind his back without him being brought into the discussion or decision-making. Second, he remembers being sent to an elite boarding school, in a nearby large city. One of his brothers had also attended, while the other attended the public school in the town in which he grew up. But Mr. B. remembers being very homesick and longing to return home, though, in time, he adjusted and became quite happy there, while still feeling quite removed from his family. He also recounts how he became one of the favorites in the school, receiving special attention—first out of concern for his difficult adjustment but later because of his academic promise—and was singled out for special attention by the headmaster. He had specific memories of time alone spent with the headmaster and, now upon reflecting upon it, wondered whether it might have been an inappropriate relationship, one that involved some form of sexual abuse. He had no specific memories of sexual content but his time in therapy, for reasons I will describe, made him wonder more deeply about the connection.

Prior to his seeing me, Mr. B. had very little experience with therapy. He remembers speaking briefly with a therapist at the boarding school when he was so unhappy but, other than that, he, like the rest of his family, believed that individuals should be able to solve their own problems; therapy only served as a crutch. Nonetheless, he took to therapy like a duck to water. He was extremely eager to "learn" how to do therapy and was very intrigued to discover, as examples, that actions had psychological meaning, that dreams could be interpreted, that feelings could be the result of unconscious associations difficult to access. He described an increasing preoccupation with his therapy and a sense that he was always, even when outside my office, in

dialogue with me. Every experience in his "outside" life was being filtered also as a story to share with me, and he described increasing excitement as our appointment time neared. We never saw each other more than twice a week, though his capacity for introspection and insight was impressive, and he became determined to take full advantage of the time spent with me. Over time, he reported increasingly uprooted feelings, particularly over the weekend and, often, I would suggest that those feelings might be connected to his feeling of my absence in his life (or, later, as some resentment for my imagined involvement with my own family). He took in this interpretation but had no ability to access those feelings toward me over the weekend, despite his confusion during that period.

After about ten months of working together and still having very difficult times adjusting to his marital separation, he began to wonder whether the reason for his divorce might not be accounted for by his being (latently) a homosexual. He described to me his admiration for the courage of gay men who "came out" and asserted their right to "be themselves." He had a few homosexual experiences in the past, largely random sexual encounters with men that he considered insignificant, but now he showed an increasing interest in the nature of his relationship with his headmaster. He thought that perhaps this was the riddle—his homosexuality—to be solved in our work together. Over time, he began to describe homosexual encounters he was increasingly engaging in, and a greater acceptance of the fact that he was homosexual. His sexual activity was most pronounced during weekends and I continued to suggest that he was having difficulty being apart from me. Still, he felt no deep resonance to this suggestion.

His homosexual identity developed and deepened in the next several months, first by his having successive sexual encounters with men. These were becoming so frequent and so dangerously random and impersonal that I expressed my concern to him. He also began elaborating on the physical appearance of various male actors in his company with whom he felt sexually attracted (and, oftentimes, paternal toward). Soon, he found a long-term lover, an older

man, with whom he came to spend much of his time. The two began vacationing with other gay men, his former wife was told of this turn in his life, and his sense was that this was a permanent change in his life's direction. He also felt freer to describe to me the great excitement, at time building to an almost feverish pitch, in anticipation of seeing me. He understood that his greater ease in describing the excitement to me was a result of his new-found ability to see himself as a homosexual, and therefore felt much less shame in revealing it to me. It was, for him, another indication of his homosexuality.

Mr. B. soon seemed perfectly comfortable with his homosexual identity, though he was very reluctant to share any of this with his family of origin. I had no reason to question it either though I was skeptical, based upon what he had already told me concerning the difficulties in his marriage, that this alone was the explanation for its dissolution. There was nonetheless a maniacal quality to his embrace of this new identity, as if he was trying to make up for lost time. It seemed to me, however, that his sexual acting-out was, in part, a defense against depression and his own sense of both professional and marriage failure.

As time passed, I came to believe that his very quick embrace of a full-blown homosexual identity, in fact, served also as a superego or moral defense against his wish for greater intimacy with me. It was an intimacy, I believe, in which genital sexuality was only a small or absent piece of his fantasies. Afterall, the excitement he felt in anticipation of my seeing him was not only expressed through genital arousal but included a far wider range of bodily sensations. What Mr. B. was deeply longing for from me was a sense of my total acceptance of him, a love that was unconditional. He needed to be *cherished* by me, expressing his unfulfilled longing for deep connectedness (Young-Bruehl and Bethelard) The plenitude of his desire was short-circuited by thinking of himself as homosexual and looking for that bond from other men. In this case, homosexuality was his appropriation of a social category, now fully performed. Here, he was realizing his most grandiose ambitions as an actor. Yet as a role (and here I mean it in the widest sense of the word), it served as a break on our intimate connection. It was also a

way *not* to better understand his desires. To my mind now, Mr. B. was *acting-in* the treatment, attempting to sexualize, i.e. genitalize, his connection to me rather than to acknowledge the intensity of his identificatory longings, pre-genital ones, for my (perhaps male) closeness and intimacy. He desired knowing my love for him, the special regard with which I held him, but found it far too difficult to know it was that which he wanted or to ask for it. By understanding his longing for me as a homosexual one, he sought to contain his deeper, earlier, pre-genital desires. It was likely not the words I spoke but the tone of my voice that comforted him; it was a desire to feel my touch that surfaced and a wish to be back in the consulting-room setting that felt safe and familiar—to feel held—and was being experienced more and more sharply and more uncomfortably.[9] Sexualization served as a defense against knowing his yearning for this more regressed and basic pre-genital desire of closeness.

Unbeknownst to me with this "compromise-formation", Mr. B. was preparing for our work to be over. From his perspective, he now had an active social life, more friends, a lover and, perhaps most importantly, he was no longer suffering the loss of his wife and the break-up of his marriage. Life was moving on and, without much prior notice, he was prepared to end his treatment. Other life crises intervened, however, requiring him to stay in treatment.

Over the course of the next year, Mr. B. broke off with his lover and maintained a celibate life. He decided that an acting career was likely not to happen for him, so he went back to school and prepared for another profession, one more closely related to both his father's and his eldest brothers and not entirely dissimilar from my own. He became very involved and excited about his professional training and also proud of his achievements. He was happy to share those achievements not only with me but also with his father who greatly appreciated them and his two brothers who applauded him for his efforts. Over time, he felt himself far less estranged from his family than he could ever remember. And after some time, he met a woman

[9] See Nancy Chodorow (2012) for a discussion of the role that sensual experiences, other than hearing and speaking, play in the psychoanalytic consulting room.

through his classroom experience, began dating her and ultimately married her. Many years have passed since my work with him and I don't know the status of his marriage, though I do know that he has achieved considerable success and prominence in his new profession.

My relationship with Mr. B. never attained the degree of intimacy that I shared with Ms. A., nor did it come close to the development of mutual recognition that I described earlier as the ultimate form of intimate therapeutic engagement. And his marriage to a female work colleague does not imply that homosexual impulses may not have continued to remain important in his psychic life. But his case illustrates again the sometimes danger of premature story-telling. Mr. B. appropriated his admiration for gay men who have the courage to declare themselves as gay and claimed that courage for himself. But the homosexual narrative, at least when he adopted it as his own, served as a way of "acting-in" the treatment attempting to establish a sexualized connection to me, absent of intimacy.

The Perverse Effect of Memory and Desire on Narrative Forms

Together, the clinical material presented capture how the appropriation of certain culturally-available discourses may be employed as a categorical *defense* against psychoanalytic intimacy: the appropriation of a narrative of pre-destiny (Ms. A. as a victim and Mr. B. as a homosexual) and a willful subordination to the permanent status now self-assigned. For Ms. A., it was a largely unconscious strategy to ward of unwanted and dangerous feelings of sexuality, attempting to recreate the feeling of safety and intimacy without the intrusion of genital sexuality. The case of Mr. B. illustrates best, I believe, the second dimension of this defense; namely, the misrecognition of genital sexuality for deeper desires for intimate connection. To be sure, he began to establish the necessary historic credentials for his homosexual activity. He sought to construct, with my cooperation, a narrative of homosexuality currently sanctioned in the broader social world. His renewed focus on his previous homosexual encounters and, most specifically, his relationship with his headmaster occupied much of his psychic attention. Like any good

actor, he was providing a plausible backstory—his childhood and adolescent memories—to make meaningful his current homosexual behavior and identity. Stated most sharply, Mr. B. revealed the profound contribution of the narrative of the time: either one *was* a homosexual or one *was* heterosexual and, here, he presented himself as someone definitively changing sides. He thought he was heterosexual and now he realized that he was homosexual all along.

But life narratives such as these are always fueled by memory and desire. They include selective remembering and significant forgetting. And they often express strong and regressed wishes felt to be unfulfilled in adult life, or as never having been fulfilled even as a child. An identity is assumed oftentimes with the hope that something that feels absent might be fulfilled. Just as affective intensity fuels life narratives, it is also true powerful defenses can be activated to reject, deny, and suppress these impulses. Oftentimes, the power of defense and its capacity to distort and misidentify these desires—especially in the context of an important, intense, and intimate relationship in which these narratives become worked on—are sometimes underestimated. Mr. B.'s embrace of homosexual sexuality served as his unconscious defense against deeply felt longings for intimacy—a sensual desire to be enveloped by me—that felt too dangerous for him to accept. I believe, as with Ms. A., his proved to be a case of *misrecognition*, an instance where the "true" self wasn't uncovered. Rather, for a time the defensive protection against further knowing prevailed.

Said differently, Mr. B. *performed* homosexuality thinking that, in therapy, it was his sexual preference for men that became known and that revealed his "authentic self." In fact, sexual feelings of a genital nature, expressed bodily through physical arousal, stood-in to protect himself from knowing his eroticized desire for a pre-genital connectedness, i.e. intimacy that pre-dated genitality. And why was this misrecognition experienced as homosexual rather than say, the desire simply for promiscuous heterosexuality? Because what he longed for was a deeper *identification* with important men in his life, from whom he felt insufficiently included, resulting in his own masculine identity requiring outside sustenance. I was an in-the-present stand-in

simultaneously for what he longed for them to provide and for the anger he felt at their inability to furnish him with it. His conclusion, established long before any competitive, Oedipal feelings toward his father or brother may have surfaced, was his own feeling of inadequacy as the boy he understood himself to be. For that reason, his intensifying connection with me as his therapist became eroticized. His yearning for a stronger male identification—in a family of strong, older, more accomplished men—became reactivated as our relationship continued and deepened. What he yearned for was to *become me,* correspondent to his more primitive experiences developmentally *prior to* genital sexuality, expressed through strong desires for object-relatedness of a particular kind. He didn't want to have sex with me; he wanted to be me. It was simultaneously a longing fueled both by his love and by his hate.

The strength of the impulse for identification, as Borch-Jacobson puts it in *The Freudian Subject* "induces—predicts—desire much more than it serves desire" (47). In fact, the importance of identification for the psychological subject is the source of Borch-Jacobson's critique of Freudianism that has become only more scathing over time; namely, that Freud, by insisting that the psychic life of an infant begins with the triangulated Oedipal triangle asserts that desire—expressed through jealousy, competitiveness, and fear of retaliation *precedes* identification (or mimesis). The infant's first passion, Borch-Jacobson argues, by contrast, is not to replace an other but *to become* the other, to be inside and indistinguishable. It is no wonder, as he argues, that the desire becomes mistaken for sexuality or, in this case, for homosexuality. In so arguing, Borch-Jacobson concludes that the fundamental role of the dyad, not the triad, and the wish for a form of doubling (or merger) transforms our understanding of the subject who, in fact, expresses the actual Freudian finding that individuals yearn to be like an other, i.e. to identify, and not to be separate, distinct and self-gratifying.

Borch-Jacobson asserts that his alternative reading of Freud's own dreams in *The Interpretation of Dreams* refutes Freud's claim that psychoanalysis represents a scientific advance over other forms of therapeutic treatment. By offering a conception of the subject who

suffers from too much repression of desire and which becomes manifest only through the transference relationship, Freud claims that when the unconscious is made conscious, the subject is able to accept his or her own unique set of subjective desires. The transference relationship is therefore resolved, and the analysand is able to live his or her independent, autonomous life. In this, Freud insists he solved the problem of over-coming a psychology of imitation and suggestion. The end result of psychoanalysis, and its goal, is not for the analysand to identify with the analyst but instead to discover him or herself, distinct from any conception of the real features of the analyst. The capacity to overcome identification and become autonomous, for Freud, is the distinguishing feature of psychoanalysis from all other forms of therapeutic intervention. He, alone, developed a method of treatment where the goal was not for the patient to imitate the mental health of the doctor, where a capacity to follow the doctor's suggestion was not the end-goal of treatment. Psychoanalysis, in contrast, enabled analysands to develop the capacity to differentiate from the other, to discover one's own unique set of desires and constraints.

For Borch-Jacobson, however, the transference relationship is the result of an intensifying identification by the analysand toward the analyst, and termination of treatment represents an outcome in which the patient feels capable of operating in the world without the continued provisions offered by the analyst only because the analysand has refashioned him or herself in the image of the analyst. Object-relatedness provides the safety, security, and care necessary to promote identification, and identification with the other is manifest not only through sexual fulfillment but, developmentally before that, with a capacity to share in a common world of touch, smell, sound, and sight. The therapeutic setting, when sufficient regression can be tolerated, engages the dyad in this commonly shared world of sensations that promote mutual identification. Rather than overcoming suggestion, Borch-Jacobson argues that psychoanalysis simply provides a more intensive set of procedures to better insure the identificatory process.

The psychoanalyst Ruth Stein, however, informed by a post-Freudian and relational

psychoanalysis, suggests the possibility that the patient in the psychoanalytic dyad strengthens identification with the analyst, experienced unconsciously for a time as necessary or as needed, much as Borch-Jacobson suggests. But, in contrast, she insists that when identification represents the culmination of the analytic process, a failed psychoanalysis has occurred. Together, she claims, analyst and analysand possess the capacity together for an acknowledgement of how analyst and analysand are different from one another, each with their own personal history and each with their specific sets of memories and desires. Stein documents just how treacherous a process this can be and, as I have been suggesting with respect to the narrative process, how subtly a post-identificatory state can be derailed. Stein (776) describes a "perverse mode of object-relatedness" by which she means an effort of the analysand to seduce and bribe the other in order to destroy his or her separateness: exploiting the other for purposes of control and "to destroy intimacy when intimacy is experienced as threatening" (781). She describes in particular an analytic relationship whose derailment is possible through a "perverse pact," jointly created by both participants, enticing "false love." "Perversion," she (781) writes, is a dodging and outwitting of the human need for intimacy, love, for being recognized and excited; it is the scorning of the moral imperative of coming face to face with another human being's depth and unfathomable nature, which becomes palpable when one is in touch with one's longing for the 'inside' of the other, sexually or otherwise." Stein (792) describes what always remains possible in the analytic dyad, namely, a perverse solution experienced as genuine love and intimacy, though in service to its inhibition. "The analyst's quasi-psychotic susceptibility to the patient's experience has to eventually be curbed, 'renormalized' and exited after it has provided emotional identification and understanding of what is involved in a particular analytic relationship with a person who resorts to perverse solutions….The perverse solution….lies in striking a pact in which two invalids invalidate the outside world, creating their own rules, in order to validate and vindicate their mutual weakness and indulgence. So, the unsavory secret of working effectively with perversion is that the analyst is deeply and perversely implicated in the game."

Stein argues that genuine analytic intimacy can be achieved once the analyst is able to understand the spell under which he or she has been cast. The achievement of a non-perverse though intimate object-tie occurs, after false-love, only by first emotionally understanding the deep longings for closeness desired by the patient and the defenses erected over a lifetime so as to survive their absence, and then to navigate both oneself and the analysand up and out to a more mature understanding of those longings. What Stein points too in identifying its perverse form are the intimate connections oftentimes sought within the dyadic relationship that are different and pre-date genital sexuality (where sexuality can intervene defensively so as not to know these deeper forms of need), or what Young-Bruehl and Bethelard (2000) characterize as the need for "cherishment." But as importantly, she defines a therapeutic terrain where mutual recognition can obtain, where suggestion and imitation serve their purposes, *and* where separation and individuation *with* an intimate object-tie can flourish.

Conclusion

I conclude by returning again to Ms. A. but this time, describing not her need to invoke a narrative to reduce intimacy but to consider the ways in which sexuality was unconsciously deployed as a defense in service to the same outcome. As I suggested, and as I believe the controversial dream expressed, Ms. A.'s efforts to establish herself as a victim of abuse was her unwitting attempt to foreclose an exploration of the relation of her sexuality to her desires for greater intimacy with men. This foreclosing may have been encouraged too by the analyst eager to short-circuit his intensifying erotic feelings toward the patient. The death of her mother enabled Ms. A. to more openly accept and explore her own sexuality. As the intensity of her closeness to two important men in her life (myself and her father) deepened (and, in her mind, threatened her relationship to her dead mother), her fantasies toward both of us took on a sexualized form. In her mind, we both became potential sexual predators—a projection of her increasing erotic and loving feelings towards us and, in addition, a belief in the dangers entailed by any opposite-sex intimate ties.

Sexuality itself, and the extraordinary potency with which it can feel as a driving force, in this instance became experienced by her not as erotic or loving but only as genital, aggressive and demanding. She remarked at one point of her wish to sit on my lap, but feared that it would be arousing to me. At the time, when the wish first presented itself, she was ashamed of it. Yet sexual arousal in the consulting room, despite its activation by the words or tone of voice or whatever often is nonetheless experienced as non-relational, as biologically-based, as instinctual, and as one-person. It is felt as inappropriate, having no place' in the consulting room and requiring disavowal. Leo Bersani, paraphrasing Freud, writes, "the sexualizing of the ego is identical to the shattering of the ego" (Bersani and Phillips, 66). Unconsciously Ms. A.'s fantasy of sitting on my lap likely expressed her wish to identify with me, to become *of* me. Her sexualization of the fantasy, i.e. her imagining that I would become sexually aroused, served as her ego-defense against regression, or her shattering, to a more undifferentiated state of being.

It is quite likely that Ms. A., given her early childhood experiences, yearned for paternal intimacy in the form of safety and security, a form of relatedness that long preceded the onset of genital sexuality. She accused her father of abusing her at a very early age—she imagined around two or three years old. Though her memories remained suspect, it is quite likely that her own sense of when things went wrong for her dated to about this time. But her sexual fantasies, this time about her father, were intended to put a brake on those feelings, displace them on to us, and ultimately destroy the deepening bonds between us. The rough waters that needed to be charted were those sexual feelings, composed of fantasies of genital sexuality, activated en route to her more primitive pre-genital longings. Her appropriation of the language of sexual abuse were the rough waters; carefully navigated, it was possible to avoid naming it as abuse and to move more deeply into feelings of closeness where loving feelings of safety and security, provided by men, could be enjoyed.

Ms. A. was seeking with me for a time, in the language of Ruth Stein, the establishment of a "perverse pact." But its avoidance could only be insured by not succumbing too quickly to

her desire to be seen as a victim. It required on her part an impressive capacity to tolerate my resistance to joining her pact, and it depended on me not becoming overly preoccupied with the question of whether the abuse had actually occurred. All of this was negotiated through a complex form of communication that occurred between us largely unspoken. Our unfolding relationship, over the span of several years, is the best instance I know of to illustrate the delicacy needed when two people desire to establish genuine intimacy and the exquisite challenges on a day-to-day (or moment-to-moment) basis that go into its preservation.

A narrative of the relation of Ms. A's past to her present became only available at the close of our work together, and even that is forever subject to her re-evaluation and revision. Only at the end of our work together, when intimacy in our relationship was most fully developed, was it possible to use our analytic relationship for a better picture of the most primitive issues besetting her, old strategies employed intended to insure survival, and new ways of establishing connections to people presently. Within an on-going psychoanalytic relationship, in sum, a story of one's own past can't be told fully without incorporating the experience of the present; without that, the story of one's life can potentially remain as an alien object whose effect is to constrict rather than enhance one's relationship to the world and profoundly interfere with the achievement of intimacy.

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