One Need Not Be a House to Be Haunted: On Enactment, Dissociation, and the Dread of “Not-Me”—A Case Study

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This paper examines psychic trauma as experience so shockingly strange that it exceeds the threshold for cognitive processing and begins to flood the mind with unintegratable affect that threatens to disorganize the internal template on which one's experience of self-coherence, self-cohesiveness, and self-continuity depends. A detailed clinical vignette illustrates how the unprocessed “not-me” experience held by a dissociated self-state as an affective memory without an autobiographical memory of its traumatic origin “haunts” the self. It remains a ghostly horror even in an otherwise successful psychoanalysis unless a new perceptual reality is created between patient and analyst that alters the narrative structure maintaining the dissociation as though the past were still a present danger. The analyst's making optimal use of dissociative processes in an intersubjective and interpersonal context enables the patient more readily to self-regulate affect in those areas of implicit memory where trauma has left its mark; the dissociated ghosts of “not-me” are thus persuaded, little-by-little, to cease their haunting and participate more and more actively and openly as self-reflective, self-expressive parts of “me.”

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Strangeness, Dissociation, and Affect Regulation

“ONE NEED NOT BE A CHAMBER TO BE HAUNTED, ONE NEED NOT be a house. Far safer, through an Abbey gallop, than unharmed, one's own self encounter in lonesome place. Ourself behind ourself, concealed, should startle most. Assassin, hid in our apartment, be horror's least.”

What makes Emily Dickinson's (1863, p. 333) imagery feel so right? Why should one part of oneself be terrified of meeting another part … in a lonesome place? How does a person come to feel “haunted?” David Schecter (1973), an interpersonal analyst from the William Alanson White Institute and a member of Sybil Escalona's infant research team, developed the concept of “strangeness anxiety,” foreshadowing the rediscovery by attachment researchers of the basic significance of trauma and the interpersonal context in the shaping and reshaping of human personality. Schecter asserted that an infant's sense of “continuity of being” can be traumatically disrupted if the mothering one fails to help render that which is strange into that which is engagingly novel or even familiar. Schecter's is a particularly important formulation insofar as it accurately defines trauma not according to its specific content, form, or objective magnitude, but by the degree to which it cannot be held or contained by a person without a flooding of unintegratable affect. He observed that, to cope with oncoming psychological disorganization, the infant “freezes” (one of the hallmarks of a dissociative response to trauma), leading to what he called “dys-recognition of me-ness” and its sense of continuity. Trauma, in these terms, is caused by “the shock of strangeness” in an interpersonal field on which security of selfhood depends and is relative to the developmental threshold at which a person can accommodate the “strangeness” at that point in time.

I suggest that what makes Emily Dickinson's words feel intuitively right is that, to one degree or another, we all know the experience of feeling haunted. The presence of trauma and dissociation is to be found in the personality functioning not only of persons whose history is linked to massive physical violence or sexual abuse, but also of those who grew up without such history. Increasing support for this view is coming from many quarters, including ongoing research by attachment theorists studying the relationship between disorganized/disoriented attachment and the presence of adult dissociative pathology (e.g.,
Barach, 1991; Liotti, Intrecialagli, and Cecere, 1991; Liotti, 1992, 1995; Main and Morgan, 1996). Barach (1991), for example, states matter of factly, that in his reading of Bowlby's work, the detachment Bowlby describes “is actually a type of dissociation [and that] although Bowlby uses the term detachment in describing how children respond to abandonment, he is really describing a dissociative process” (p. 118). In the same vein, Main (1995) reports that she and her colleagues have been able to provide some support for Liotti's hypothesis that a disorganized/disoriented pattern of early attachment may be a prelude to dissociative pathology in adulthood. Main calls particular attention to “phenotypic similarities among some disorganized/disoriented infant Strange Situation behavior, some lapses in discourse and reasoning observed in the Adult Attachment Interview, and dissociative phenomena” (p. 456). Main adds, however, that she sees this proposal as still largely speculative. At least for the present, she sees disorganized infant attachment as approaching the status of a necessary but insufficient condition for the subsequent development of adult dissociative pathology.

Childhood attachment patterns are, in part, an emergency system designed to evoke soothing from an adult (also see Fridley, 2001); thus the failure of the interpersonal pattern to provide the needed soothing leads to profound impairment in affective self-regulation. In this light, current research in neuroscience is particularly relevant to attachment and separation issues in the context of dissociation. Van der Kolk (1987) for example, writes:

> It is likely that certain childhood experiences make people vulnerable to disorders of these neurotransmitter systems, which may later be activated under stress, particularly after the loss of affiliative bonds. The nature and severity of childhood stress may determine which neurotransmitter system is most vulnerable to later disruption [p. 46].

Particularly interesting is his mention of the unanticipated research finding that the “separation cry” in a variety of species is mediated by endogenous opioids, and that the areas in the brain with the highest opiate receptor density are precisely those that have been found to be involved in the maintenance of social bonding… Thus, there now is some evidence that pain perception, separation distress, and affiliative behavior are all mediated, at least in part, by the brain opiate system, and that all three are related to discrete and interconnected neuroanatomical areas. It is conceivable that unalleviated separation distress during infancy makes a person more likely to seek the comfort of actions that stimulate the opioid system to cope with adult separation distress [pp. 40-42].

The implication is that addictive behavior, including actual substance addiction, can be seen in these terms, most dramatically so with regard to so-called “trauma-addiction”—the paradoxical tendency of certain trauma victims to reexpose themselves voluntarily to situations reminiscent of the original trauma. “It is likely that after exposure to severe and prolonged environmental stress,” van der Kolk writes, “reexposure to traumatic situations in humans can evoke an endogenous opioid response [that] could account for the sense of calm on reexposure to stress that is reported by many traumatized individuals” (pp. 72-73). The ramifications for psychotherapeutic intervention are profound, because disturbances in affect regulation are clearly embedded in a relational context. Even among clinicians who treat posttraumatic stress disorder from more behaviorally oriented models, the therapeutic emphasis is shifting away from the simple elicitation and deconditioning of a recallable traumatic event toward making more clinical use in the patient-therapist relationship, of the enacted reliving and processing of unsymbolized interpersonal patterns that originated early in life.

Dynamically oriented therapy, as Schecter (1973) observed, “constitutes a radical rupturing of patterns of responsive interaction that have had their fundamental structuring way back in infancy”; and, because of this link, some dissociated part of the patient's self frequently experiences the analyst as “an unfathomable stranger whom he dare not trust” (p. 27). Schecter was underlining that inherent to the analytic situation is a genuine threat to the patient's learned patterns of social reciprocity—in effect, his experience of core selfhood based on what attachment researchers now call “implicit relational knowing” (Lyons-Ruth et al., 2001). The analyst must incorporate into his mode of relating, his awareness of this disruption and the shame it would generate as a result of the patient's feeling his dissociated affect (especially fear) as “too much” for the other to bear were it to be expressed. What is too shockingly strange to be held as
“me” becomes what Sullivan (1953) called “not-me,” and it is here that the haunting begins. This is a ghost that not only evokes fear; it also generates shame when it emerges in the patient-therapist relationship. Speaking to this point, Donald Nathanson (1996) remarked that

the entire system of psychotherapy, as we had been taught it, worked only if we overlooked the shame that we produced day in and day out in our therapeutic work. No wonder there was so much shame left in the case failures that Helen Block Lewis (1971) studied…. It became clear that post-Freudian society had been treated for almost everything but shame, and that the degree and severity of undiagnosed and untreated shame problems far exceeded anything we had ever imagined [p. 3].

Dolores

Let me now share with you some of my clinical work with a patient whom I call Dolores, and, I must confess, the pseudonym came to me without too much thought. Her named, “haunted” look was barely concealed beneath her fixed smile. Even in repose, Dolores looked worried, but she claimed not to have a problem in the world except for her bad judgment about people. Mostly, Dolores could not figure out why someone as bright, pretty, and loving as she kept finding the “wrong” boyfriends. That concern, which, in her words, was interfering with her finding the “right” man to marry, escalated when she turned 31 shortly before she came to see me and finally reached a level of urgency that led her to seek help. Marriage to the right man was why she was here, she announced, and married she would be. She clearly meant business. We began a three-session-a-week analysis with Dolores on the couch. She seldom failed to arrive punctually, never missed an hour, worked hard, and was totally committed to the process despite her pragmatic opening declaration. But there was a part of me that could not shake the feeling that I was playing Faust to her Mephistopheles and that sooner or later I was going to have to deliver on my part of the bargain. I, too, would come to know the experience of being haunted.

Dolores lived alone and worked in the sales department of an ad agency. She was the younger of two children raised in Chicago in a lower middle-class Jewish family. Her brother, two years older, was the “bad” child, and she was the “good” one—good, except for two issues that drove her parents to distraction: she was still single, and she was a binge eater. The latter problem would not have bothered her parents particularly, except that, when she was not dieting, she would be about 25 pounds overweight for relatively long periods of time (which they saw as the reason she was not yet married). In fact, seemingly unknown to them, she was also a “part-time” bulimic, using purging mainly to keep her weight from escalating to a point that could obliterate her status as the “good child” and her father's favorite—a tenuous position she had in reality achieved by default when her brother fell apart in adolescence.

It gradually became clear from the description of her day-to-day life that 30 minutes with her was about all that most people, especially most men, could take before they found one excuse or another to back slowly to the door in the hope of making a “clean getaway.” She revealed her bulimia to me, shamefully, during our fifth session together, along with the admonition, “It's not why I'm here, and I don't want it turned into a big deal because I don't do it all that much. But I know I'm not supposed to hold anything back, so I'm telling you about it right away.” Other patients had said to me before, “I know I'm not supposed to hold anything back, so I'm telling you about ‘such and such’ right away,” but there was something so impersonally contractual about the manner in which Dolores said it that its chilling impact remained through the first phase of our work. It was a kind of watershed moment that gathered in many other similar moments later on.

Even as I write, I can reexperience both her tone and my response to it; I can sense the shadowy presence of a part of my self backpedaling away from her, just like the other men in her life, and I can still feel the residue of my wish to disown its existence. To paraphrase Emily Dickinson, my shock in confronting that particular “self behind myself, concealed” was at the time too destabilizing to my ongoing self- experience for me to contain it and reflect on it conflictually, so I dissociated a part of myself I was not yet ready to accommodate. I attributed my internal reaction to an unanalyzed repugnance toward purging that was unexpectedly surfacing in me—an aversive reaction to the bulimia itself. It was not until later in treatment that I began to recognize and accept that my reaction did not have to do with what she was talking about. It was a reaction to Dolores, not to her eating disorder—a reaction to a level of disingenuousness so ego syntonic that I experienced it as foreclosing the possibility of authentic contact with her.
Her unrelatedness, which came across as pretense, was very difficult for me to deal with, so I drained it of immediacy by dissociating that part of myself that felt hopelessly deprived by it. Dolores became for me at that moment, and remained for a while thereafter, my “good” patient toward whom I could feel only positive attachment. My self-protectiveness was a response to an aspect of her that was not yet processable by me relationally, but that I could sense hovering over us, threatening to destroy our still fragile connection if it became thinkable. I told myself I simply was respecting her need for affective safety; but part of me knew, even then, that I was also fleeing from the shame of my unanticipated negative reaction toward a dissociated part of Dolores—a reaction that made me feel as if our relationship would not live to see another session if I were to let that “inauthentic” part of her remain in my consciousness. It was something about her that was hard to define—something perhaps more absent than present—something “missing” in her here-and-now presence that was not easily identifiable. I was aware, quite uncomfortably aware, of feeling deprived, alone, and needful of something I was not getting, but my seeing Dolores as such a “good” patient, always trying so “hard,” made it easier for me to deal with my feeling so empty while with her (“needy” might be more truthful).

Although I knew full well that Dolores made some contribution to what went wrong in her relationships with men, I prevented myself from “getting it” personally. In every situation she described, the other person seemed to reveal in himself—just in time to save Dolores from getting badly hurt by trusting the “wrong” person—some major character flaw that totally overshadowed whatever seemingly minor indiscretion might have been contributed by Dolores. The harder I tried to see her through their eyes, the more I felt I was unfairly trying to perfect someone who was already good-enough to be getting much more out of life than she was. I knew there had to be more to her than as yet met my own eyes and wondered when, if ever, I would get to experience it. But even while I was wondering when I would meet the Dolores everyone else ran from, I had isolated from consciousness the part of me that, like these men, was backpedaling self-protectively away from that very aspect of Dolores I told myself I wanted to engage. I was finding my own “clean getaway” through dissociation.

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How might what I am calling my “clean getaway” be most usefully conceptualized?

Dissociation as a process does not function as a hermetically sealed cocoon. It is designed to allow a necessary exchange of information while protecting against affective shock that could threaten selfhood. My dissociative reaction did not keep me from knowing about my disjunctive response to Dolores; it was that my reaction was not happening to me. I robbed the experience of personal immediacy by dissociating the self-state that was holding my feelings I was then too ashamed to own. The self-state I had dissociated became for me, in Emily Dickinson’s language, a haunting presence, akin to Dolores’s, that I could not shake for a long while. It was a forbidding ghost that linked me unconsciously with Dolores’s own ghost in ways still to be discovered. And yet, notwithstanding that the narrowness of this mode of relating was very much in my own self-interest, I indeed believe that, during the first year of treatment, it also served a positive function in stabilizing Dolores’s affect tolerance.

After that first year, space began to exist for other self-states in each of us through which reference could be made to what had been formerly “unspeakable,” without the dangerous sense that our attachment bond would be threatened with potentially irreparable rupture. But getting there wasn’t easy. And it sure wasn’t easy on my ego, particularly my male ego. The following is from a session about two years into treatment. At this point we had a “track record” together and could say things that earlier on were not possible. Although it was still very difficult for her to confront, self-reflectively, her here-and-now experience of our relationship, several different parts of her were now trying to have a voice, one of them, as frequently happens, through a dream. In this case, however, the dream was less “reported” than “lived”—entering the session and taking it over as if with a life of its own.

I could tell something was brewing even as the session began: “Any man who's nice to me is a schmuck. Why am I still interested in Stanley? For some reason I'm not depressed. WHY ARE YOU WRITING THIS DOWN? I DON'T LIKE IT! It feels like you are making it into a problem of mine. All it means is that I'm becoming more independent. My bosses at work don't really help me. They have nothing worthwhile to add to what I think so I'd rather they don't say anything.

“It's weird having my father and mother visit me in New York. They're leaving today. When I got home from work last night they all

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had eaten and hadn't waited for me. I screamed, ‘Get out—I don't want you in the house for another second.’ She wanted to know if the reason I was mad was because I was hungry, and that she would make me something. I felt like killing her. I told her I wasn't hungry, and that all she cares about is food. I said that I couldn't care less about whether they waited dinner for me and I wouldn't eat her food if I was starving to death.
“She then started criticizing my father for having walked out of the room to pack their suitcases. My mother said, ‘I know him. He's going to do it all wrong.’ I shouted, ‘For God's sake, he's only going to pack a couple of lousy suitcases.’ She said, ‘Everything will get wrinkled.’ I said, ‘IF YOU GIVE HIM BACK HIS BALLS MAYBE HE'LL DO THINGS RIGHT!’”

I seem to remember a random thought passing through my mind here, about her father's balls, and my balls; that maybe we were each acting as though they weren't our own. But I “packed away” the thought for “future use” without realizing that I was, at a different level, participating in an enactment of the very dynamics being described.

“My mother didn't like that,” she went on. “She whined, ‘Leave me alone already.’ I said, ‘I'll leave you alone if you leave me alone.’ But I didn't know what I meant, because she didn't really do anything to me. It just felt like she did. My father came back and he looked sorry for me, but he was too much of a weak schmuck to say anything to her. Why am I still interested in Stanley? Any man who's nice to me is a schmuck.”

At that moment her voice did not have the usual tone of unrelatedness that I found so hard to be with in the room. It was as if I could sense some other part of her trying to find a way in. Was I being defensively hopeful? I did not think so because I was feeling a kind of tenderness toward her that was new. But I was not without some trepidation about whether I was about to offer myself up as just another schmuck who liked her. I said, softly, and probably a bit awkwardly, “Yes, it must be unbearable to feel your mother so totally walled off from what matters to you, and for you to feel so alone, so ashamed, and also so angry that there's no way to get through to her.” I knew full well that I was speaking also about how it felt for me, at least until this moment, to be with her—including the shame of my own neediness.

She suddenly shifted her position on the couch and her voice got very “little.” “I had a dream last night where I was on the street at a pay phone, talking to Stanley, but I was more interested in looking at the restaurant across the street. All I can remember saying to Stanley was, ‘I have to get something to eat. I have nothing at home.’ I go across the street but for some reason the phone was still in my hand and Stanley was still on the line. I don't know how that could be because the cord isn't that long. As I approached the store, I could see it was closed, which was a shock because it seemed to be open when I was away from it. This was the worst part of the dream. It was like a nightmare. I felt like there was nothing for me anywhere. I was desperate, and I screamed over the phone, again, ‘It's closed, and I have nothing to eat at home,’ hoping that Stanley would invite me over. But there was only silence on the other end. I said, ‘Are you still there?’ He replied, ‘Yes, I'm still here,’ but didn't say anything else. It was horrible. I woke up in a panic that he would get off the line.”

I said, “That must have been terribly frightening—the possibility that the connection could be broken. It is like a nightmare. I know its scary to get back into the dream, but do you think you might let yourself feel just enough of it again so you can tell me more about what that silence is like?”

She curled up on the couch and began to sob. “It's like … it's like, I have to hold my mind together to keep from going crazy. It's not just being alone. I stopped feeling real. There was nothing for me anywhere … inside me too … not just outside. Not just food; I felt like I had just brought this on myself; like Stanley was so disgusted by my neediness, and he didn't want to show how much he hated me clinging to him … that I couldn't even hang up the phone even when I went to the store. If he had gotten off the line I would have gone crazy. I know it. Thank God I woke up.”

The powerful transference/countertransference aspect of this dream was inescapable to each of us and was able to be shared and processed as an enactment in our relationship of a ghostly “not-me” presence that had haunted Dolores's inner world since childhood. It was a presence so annihilating to her early, attachment-based self, that she developed a dissociative mental structure designed to insulate her from the thing she “knew” she inevitably would encounter in a needed other if she permitted herself to trust. A key piece of this self-state configuration was her ability to reverse in her relationships what had been done to her as a child—“doing unto the other before the other could do unto her”—leaving the other person in a destabilized state. If one translates our enactments into dream language, it is not hard to imagine my experiencing Dolores as a kind of store that seemed open and available when you are away from it and mystifyingly closed when you approached it. This dissociated aspect of Dolores left me, relationally, in a state of need that I could feel but not “think.” I was unable to communicate any of this from my shameful (disgusting) state because I feared that she, like Stanley, might break our “pay-phone” connection. Like Dolores in the dream, I would feel that “I had brought it on myself.”
During the next several years, as the analytic work became safer, more alive, and more open, Dolores began to be parts of her self that had been less available in the here-and-now of our relationship. She also showed some small bit of pleasure in taking her mind (not simply her life) as a focus of attention. To Dolores, all of this felt like a mixed blessing, including the fact that I was beginning to emerge from my own dissociative cocoon and taking on more of a presence of my own. For at least one part of Dolores, this new development in the work was experienced as a betrayal of what was supposed to be our “bargain.” She would lie on the couch, be a good patient, have many dreams, and leave married. This was not the direction in which things were moving, and to say that she was distressed would be an understatement.

In Dolores’s words, as expressed through a dream, “I was in my office doing some work and my boss Phil came in and out, disturbing me with his suggestions. You probably think his name means something about why I put him in the dream, but I don’t. In the dream I put a chair against the door and leaned on it with all my might, but it wasn’t good enough. He kept finding a way in. So I decided to get out through a secret door. I crawled through it, but I still wasn’t outside. I was in a space where there was a lot of food stored. All kinds of food. Meat that was wrapped and some of it unwrapped. And jars of soup. It looked like my mother’s lentil soup. I kept looking behind me to see if Phil had found the door and was coming through after me.”

For the following session, Dolores arrived in a very belligerent state of mind. She said, “Everything feels like it’s out of my control. I don’t know if analysis is worth it.” Half angrily and half shamefully, she admitted how afraid she was of letting go, and terrified of its affecting her work and the areas of her life that had been running okay. “All I want from analysis,” she said, “is to work on why I can’t find the right man.”

I was starting to feel a little tense. Her demeanor became more accusatory as she began telling me that she felt betrayed by me and that what was happening was not what she had bargained for. I was there to help her find a husband, and, not only was I failing at what she hired me for, I was starting to ruin everything else in her life.

Part of me was feeling, Where is the “good girl” I liked? Where was the Dolores who knew that, unlike her father, I was not a “schmuck” and would have the balls to appreciate how smart and pretty she was and show it by removing whatever blind spot was keeping her from recognizing the “right” man? I found myself thinking, What if her father was right? Maybe if she just lost those 25 pounds Stanley might stop being a “workaholic” and notice her. Maybe I’d better address her weight more forcefully. But I was also, equally strongly, in touch with another part of me that felt ready to engage directly the Dolores I avoiding. I could feel myself emerging from our shared dissociative space.

As long as I continued to remain dissociated, I would be imprisoning myself, and the work would benefit little. I would be continuing experientially to anesthetize that part of me which perceived things about Dolores in our relationship that evoked distress in me, but no longer out of fear that our relationship might be torn apart irreparably. To the extent that Dolores and I sustained this collusion indefinitely, she would be losing an important part of me and losing what that part could provide to help her grow. I could no longer allow her self-protective insulation from the mind of the other to remain unexamined because I was unable to experience and cognitively process it as a personal reality of my own. I could not remain affectively walled off from this part of her personality even though I knew “about” it from her relationships with others—men and women. I could not hold on to my affectively insulated, and thereby bewilderingly sympathetic, view of her continual rejection by all who crossed her path.

As if reading my mind, she said, “You think I’m fighting off marriage and want to stay a child. I don’t care. I’m over 30 … I can’t afford to wait five more years to get married … maybe therapy isn’t the answer. I just have to get married, and you aren’t helping me do it. SO … WHAT SHOULD I DO?”

Unlike similar moments in the past, I felt myself free of the pressure to be different from everyone else in her life and the need to grope around for some response even though I knew in advance it would be hollow and empty. I said nothing. She said nothing. There was just silence, but it was not an empty silence. I felt oddly calm but in a state of readiness—readiness for something to emerge from the silence that was unpredictable from our history together, something I could only hope would not lead to our drowning in negative affect over our heads.

Dolores broke the silence, saying in an angry voice, “I had a dream last night where I was in the cafeteria of my company. I was eating ice cream, but I don’t like the ice cream in the cafeteria. My mother was at the table and was saying, ‘Eat it. There’s nothing wrong with it.’ So I ate it, and then I asked for another. Then I thought to myself, Why am I eating this? I’ve been so good and lost so much weight. This is so fattening. I shouldn’t be eating it. And I don’t even like cafeteria ice cream. Then I had this thought, Oh! It’s okay. Its only a dream. As long as I’m really not eating it, I won’t get fat. But I saw my mother looking at me and I knew I was really eating it, and I began to get furious, and then I woke up.
“IT'S FREEZING IN HERE! I don't know what I'm really annoyed with. Is it that I'm not getting what I want or that I
don't understand why I'm not getting it? IT'S SO COLD IN HERE! My mind's a blank. I'm the lowest weight I've ever
been in my adult life. I'm controlling my impulses. But it doesn't get me what I want. If I stopped dieting, I'd be fat. When
my father is disappointed in me he turns to Joe—at least he used to before Joe got so crazy. He would hardly speak to me.
When I spoke to him he would just grunt. IT'S FREEZING IN HERE. WHY AREN'T YOU SAYING ANYTHING?”

What I said, was, more or less, “Dolores, I can feel something in your tone of voice when you say ‘IT'S FREEZING
IN HERE’ and ‘WHY AREN'T YOU SAYING ANYTHING?’ that for the first time makes me aware of another part of
myself besides the one that wants to make it warmer in here and wants to say something so you won't feel so alone and
cold inside. I wouldn't let that part of me come out before, because I think I was afraid that, if I did you would feel
abandoned and criticized in the way you do with your mother. Even now, I can feel the other part of me whispering, Don't
say it! But I'm going to give it a try.

“I was feeling. Nothing I do is good enough: now it's too cold: What am I, a puppet on a string? I'll be damned if I'm
going to talk just because you expect me to! And I'm not going to turn up the radiator either. I know you didn't ask me to,
but I know you expect me to offer.” Actually, I was aware at that moment that it was very hot in the room. In fact, most of
my patients complain that it is always too hot, a condition that I have long recognized as both accurate and attributable to
my own idiosyncratic sense of temperature.

After a long silence, Dolores finally responded. What she said astonished me—not simply her words but her affect.
She said that she
too was in touch with different parts of herself reacting differently. One part of her wanted to quit analysis and stalk out of
the room, leaving me in a puddle of guilt about the mess I had made. But she also could feel another part that was louder,
and that part could tell from how I was talking that I did care about her, and that part was real also. She then revealed that
she knew after the dream that her mother watching her also applied to me and that she could tell that I was now looking as
much at her as at the things she was saying.

I replied that maybe, when she was with me, in the room, it was just too difficult for her to think about any of that
because her fear and her shame got in the way—that maybe she was afraid of feeling too needy and that I would “get off
the line” as she was afraid Stanley would do in her other dream. There was some more give and take, during which she
began to relax even more noticeably. She said that she felt more genuinely “with” me right now and that maybe we could
come back to the dream later on because, “Maybe you do care about me and not simply about your analysis of me.”

I view Dolores's “ice cream” dream as an important transitional point signaling her shift in mental structure from
dissociative to conflictual. I think of it as representing an awareness of her own dissociative processes and how she used
them—“Oh, it's only a dream; I can eat it and not get fat”—and a simultaneous awareness that her use of dissociation was
no longer seamless. She saw her mother looking at her in a way that seemed real, and she knew that the same was true of
me. She was unable automatically to withdraw her consciousness from what was taking place in our here-and-now
relationship and was thus forced to be aware of her conflict between self-states, some of which held her needs, desires, and
wishes; others, her fear, shame, and rage. She was now more conflicted than dissociated.

I think this shift contributed heavily to my being able to address a part of Dolores that formerly was “not-me” and was
thus unable to participate in analytic self-reflection. I sensed that she could take in my “otherness” differently, and I was
less afraid than I had been that our attachment would be ruptured irreparably. I have come to the view that my earlier
sense that I dare not go there was responsive to a core of annihilation anxiety in Dolores that was later partially processed
through the work we did together in response to her “pay phone” dream. In other words, I think it likely that my eventual
ability to gain access to my own dissociated self-experience and tell her about it was not simply a “clinical judgment”
made unilaterally (see Bromberg, 1998),

but was part of a dyadic process that included a state shift in Dolores to which I was responsive affectively but not yet
cognitively—a shift in mental structure that communicated a much greater capacity than before to stay in
the moment with me and to process, intersubjectively, what was taking place between us.

The following excerpt is from a session that took place about six months later, two days after Dolores had
been rejected by yet another man (Peter), who at first seemed interested in her and toward whom Dolores's genuine regard
had been visible. The session attests to Dolores's growing ability to work in the transference/countertransference field and
hold the experience of internal conflict more and more comfortably.
“Yesterday I went off my diet completely. What a waste! I'M DOING THE SAME THING AGAIN! Another guy who's ambivalent!”

“A waste of what?” I ask.

She replies, instantly and laconically, “Oh, all this time and effort.” “Time and effort?” I say.

With a contemptuous laugh, “Yeah, it's a lot of work making a guy think you like him more than you really do.”

“Oh!” I reply. “I guess you fooled me, too. I had the impression that a part of you was enjoying herself with Peter.”

(long silence) “I feel so stupid now,” she mutters. “You made me get back in touch with that part of myself that was happy being with him and wasn't thinking about my next date, and I hate that part of me. I feel like she's going to make me settle.”

“Settle?” I ask. “Yeah. The right man will still be out there, and I won't have him. I'll have nothing.”

I reply, “The man you do have will feel like nothing?”

(She begins to cry.) “Yeah. And I feel like nothing! Empty inside. I hate myself when I feel like this.”

“So when you let yourself feel nourished by someone—really feel it—there's another part of you that makes you feel stupid.”

“I think that's what happened when I was with Peter. Right near the end of the date. Maybe that's why he blew me off. I was feeling cooler and more distant and tried to cover it up by saying flattering things to him. It was so different from the way I was earlier. I could see that he knew it was fake, and he looked confused. But I couldn't stop.”

“Yes,” I replied. “You liked being with him and didn't want to lose him, but you had to satisfy another part of you that was making you feel ashamed for really being involved, as if real involvement is stupidity because you are wasting the potentially better man who is still out there—somewhere. So you tried to find a way to satisfy both parts of you and could feel how impossible it is.”

(angrily) “I refuse to believe that! It's not impossible. You are making me feel like I'm asking for too much. Why shouldn't I have the best?”

“I can see that the way I put it made you feel ashamed. Does it seem like I am telling you that you are greedy?” I ask.

“Yeah! Exactly. Like I want everything! I don't have anything! What's the sense of being pretty and sexy! I'm furious.” (silence)

Her voice changes here, and I can feel her struggling to deal with her conflict. She goes on: “I was going to say that maybe that's why I stopped dieting; that I ate so much over the weekend because I was so angry. But I know that isn't so. The anger was there, but it made me feel better to be angry. It covered up the thing that really scares me; I feel like I'm going to disappear … like there's nothing inside and I start not to feel real. That's why I think I ate—not the anger. Feeling hate makes me feel like a person again.”

What follows, from a phase of my work with Dolores much further along in treatment, includes a series of dreams that led to her recalling some of her most painful memories. These dreams came at a point in her treatment when she was able to trust that I would not allow her to drown in shame while she was reliving early traumatic affect that felt as if it could get out of control. She felt that she could count on me to respond to her fear and shame and help her modulate them. I am including this material because I feel it is a uniquely interesting example of the relationship among dreams, enactment, dissociation, and trauma. But, in a different way, I am reluctant to include it because it seems too “neat,” and I don't want to give the impression that this is how most of my treatments turn out. Although Dolores and I did gain access to and process some early traumatic memories, it has rarely been my experience that actual early events need be recovered for a treatment to be successful with a trauma survivor.

“I was in my apartment with another couple. We were preparing a dessert with a chocolate cream sauce. I left to get something I needed and saw a man watching me. I tried to hide because I was afraid he would take something I needed for the dessert. There were a lot of things I had, including some tequila. There were two bottles of tequila, and I took one of them to mix into the dessert. The reason I decided on the tequila was because there were two bottles, and I didn't want to use...
limited success, many times before, but this time her effort was clearly different. As she began to enter her dream space, I could feel how upset she was becoming and that she was trying to hide it. I told her that I could feel her upset and wondered aloud if she would like to come back or if she thought she could stay there a little longer and signal me, maybe by raising her hand, when it was feeling to be too much. She seemed much relieved and said she wanted to stay in it because she felt she was near something that was important but very scary.

I asked what she saw when she looked around, and she replied that she saw a car parked near the stand. I asked if she could move closer to the car, and she started to raise her hand but then put it down, saying she felt very small and scared.

“I can see a man in the car watching me. I think I can also see my brother and his friend playing around near the stand, and I'm trying to get their attention but they're ignoring me. The man in the car might be the same man who bought the sausage. I feel like my brother and his friend know him, but they're pretending they don't.”

She suddenly began to sob hysterically and said she remembered something and wished she had not, something that happened when she was about 10 years old, with a man in a car … something sexual.

“I remember his exposing his penis to me, but I don't remember what else happened. It's all a blank after that. But I remember running home and my mother was there and I was crying, the kind of crying where you can't breathe because of the heavy sobs. I don't remember what she said, but I don't think anyone really took me seriously. I also remember when I was about 13 there was a mouse in my room and I ran screaming to my mother but she wouldn't believe me. The same thing happened when my brother was watching me when my parents went out. I told them about something he did to me and she wouldn't believe me. I don't remember what it was. I felt like I had said something so bad that I could never be forgiven. I can see the expression on her face. It was like, for just a second, she was forced to believe me and I had ruined her image of me forever. I think it was the worst day in my life. I wished I had never said that.”

We then began to talk about what it felt like to have revealed a “secret” that she knew her mother was forced to believe even though she then told herself it was not true. Gradually, more and more of the details of the “secrets” began to emerge, many of which connected to the details of her dreams, such as tequila, sausages and “non-Kosher” men, and aspects of her relationship with Joe that almost tore her
heart out to recall. As the analysis continued, more secrets followed, including secrets about aspects of our relationship that she had been holding in a dissociated place—experiential “truths” that now became thinkable, sayable, and relationally discussable, rather than new versions of something so unredeemably bad that our attachment would be smashed beyond repair.

Coda

Thane Rosenbaum (2002) voices the bitter truth of trauma “survival” through irony. He writes:

Shutting the door of your own home won't make it safe. But maybe you can shut the door on yourself. Hide in one of those rooms, maybe even in the attic. Crawl inside and take cover from the hurt. After a while, with any luck, no one will even notice that you've been gone.... All that's left to decide is when, if ever, to reemerge [p. 149].

Dolores did indeed finally reemerge, but I am going to let the story of her treatment end here except to say that, yes, her bulimic symptoms did gradually stop; she did get married; and, from what I have heard, she is able to live life creatively and lovingly, with all the normal ups and downs of satisfaction, frustration, and hope. The “truth” that is held by a dissociated state as an affective memory without a coherent autobiographical memory of its traumatic origin “haunts” the rest of the self. It remains a ghostly horror, even in an otherwise successful analysis, unless a new perceptual reality is created between patient and analyst that can in some way alter the narrative structure that maintains the dissociation as though the past were still a present danger (Bromberg, 1998, 2000a).

I offer a view of psychoanalytic personality growth in which part of its therapeutic action depends on the freedom of the analyst to make optimal use of dissociation as an interpersonal process (the analyst's dissociative experience as well as the patient's) and, in so doing, to maximize a patient's capacity to self-regulate affect in those areas where trauma has left its mark. The clinical implication is that the locus of therapeutic action is not in the material that is told to the analyst as if it were a “buried” fantasy uncovered by piecing together the links between a patient's associations. Rather, therapeutic action is recognized affectively, through the process of enactment between patient and analyst, where it then has a chance to be symbolized by the verbal meaning attached to the affective perception of what is taking place in the here-and-now. Insight, from this perspective, comes to exist while it is being coconstructed through the interaction of the various and shifting self-states of both patient and analyst—through the interplay between the “associative content” and the “dissociative context” that organizes it.

One final note: the eruption of intense affect in therapy does not in itself signal the presence of trauma. “The spontaneous overflow of powerful feelings,” as William Wordsworth (1802) wrote, is what defines poetry, but it must take “its origin from emotion recollected in tranquility” (p. 886). As therapists we know that the spontaneous overflow of powerful feelings often leads not to poetry but to its antithesis—a chaotic flooding of affect that has a life of its own, the origin of which cannot be recollected in tranquility because it was not experienced in tranquility. One of our goals as analysts is to enable our patients to experience a spontaneous overflow of powerful feelings as safe rather than fearsome and shame ridden. If therapy is to provide a tranquil context for relived emotion—if we are to help transmute traumatic affect into a potential for “poetry”—what is needed? My answer is, a “safe-enough” interpersonal environment—one that has room for both the analyst's affective authenticity and an enacted replaying and symbolization of early traumatic experience that does not blindly reproduce the original outcome. It is through this transmutation of trauma into “safe surprises” that, I believe, the dissociated ghosts of “not-me” are best persuaded, little by little, to cease their haunting and participate more and more actively and openly as affectively regulatable, self-reflective aspects of “me.”

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