This paper offers an intimate account of a long-term analytic process and a detailed presentation of one pivotal session to illustrate and explore the issues of love, dissociation, and discipline in a therapeutic relationship. Organized around the concept of impasse, this paper presents a relational perspective on the potential in transference and countertransference love to facilitate or curtail the forward progress of therapeutic work. Love may bring life or impasse to a person in analysis. One key to the dynamics of therapeutic love and impasse is the problem of weak dissociation (Stern, 1997) and the impact of the analyst's noticing, or not noticing, a moment in the onrush of familiar clinical process that is ripe for questioning. A new concept is introduced and elaborated in this paper that relates to the resolution of preoedipal and oedipal transference love: The paradoxical analytic triangle.

Wordsworth defined poetry as "emotion recollected in tranquility." I've titled this paper "Impasse Recollected in Tranquility," in part because I share with you here a session from late in Rebecca's analysis in which her own insightful recognitions spoke to me with the voice of poetry, and in part because that very pivotal session nearly didn't happen in just the ways I want to depict for you as a particular feature of impasse.

Impasse can be, and has been, usefully formulated from a number of perspectives. Elkind (1992) has described what happens when a patient's transference collides with a therapist's own primary vulnerability. She offers impasse consultations to introduce a three dimensional resource that may help reopen a foreclosed therapeutic potential space or close down the treatment through humane and responsible support for grieving and planning. Atwood and Stolorow (1984) have cogently described the intersubjective quagmire that can occur when two profoundly conjunctive or disjunctive subjectivities meet together over time, exerting unreflective reciprocal impact on each other. Benjamin (2000) has elaborated her view of impasse as a particular breakdown within intersubjectivity, when the structures of mutual recognition and acceptance of difference collapse, and the therapeutic couple sinks into a pervasive monotony of doer-done-to complementarity that defies the inclinations of either party to return to a surface where self and other can once again see each other. Ogden (1994) has offered a resonant concept: moments when the intersubjective third (the creative and potential space between analytic partners) shifts into a deadening and coercive subjugating third. Russell (1975) has described the crunch that occurs when the repetition compulsion brings the therapeutic relationship to the brink of recapitulating an emotional catastrophe. Barbara Pizer (2003) has written eloquently of the relational (k)not, an insidious form of crunch characterized not by moments of explosiveness but by stretches of mystifyingly tangled and double-binding nonrelatedness in which thought, affect, or engagement is snuffed out. Ringstrom (1998) has explored the double bind in his own examination of impasse (invoking Steven Stern, 1994), as a snagging of the logical levels of needed and repeated relationship. In these moments, the analyst's efforts to engage with the patient in the patient's needed relationship disqualify and are disqualified by their very reenactment, for the patient, of a malignantly repeated relationship—and neither party can attain a metalevel of perspective to comment on, and thereby break through, this fearful symmetry. McLaughlin (1991) has helped us to recognize impasses as the consequence of the analyst's own "dumb spots, hard spots, and blind spots" (pp. 600-601)—that is, rigidity introduced into the treatment process by the analyst's inexperience, parochialism, or unreflective subjectivity. And, of course, we can usefully invoke a

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more classical view of impasse as a cousin of negative therapeutic reaction, when a patient's hate or envy is turned outward toward defeating and destroying the therapist, or inward as a spiteful destruction of possibilities for the self.

My own thinking has benefited from all of these perspectives, and I commend them to your attention. I have written about impasse (Pizer, 1998) in terms of what I call the nonnegotiable: that is, an entrenched or recalcitrant barrier to unfolding negotiations of relatedness and meaning-making between analyst and patient. The nonnegotiable may be determined by the patient's relational history of pervasive misrecognitions, despair over the potential for a mutually adaptable relational world, and a malevolent intrapsychic pattern of repetitions that perpetuate the patient's relational paradigms of hopelessness; or the posttraumatic residue of unbridgeable dissociations within the self that renders the patient unable to straddle the challenging paradoxes of the therapeutic frame and relationship. On the analyst's part, the nonnegotiable may entail a failure to straddle the exquisitely delicate paradoxical position of remaining true to himself or herself and grounded in his or her analytic purpose and mission, while making those tacit internal adjustments of being and relating that are necessary for the analyst to be and to feel enough of what the patient requires that he or she be and feel. As I describe the nonnegotiable, potential space and reflective functioning or metalevel thought—in either analyst or patient, or both—fall casualty to the collapse of paradoxes too intolerable or unbridgeable for a particular analytic dyad at a particular moment. The peremptory, coercive, concretizing, or polarizing expectations and pressures that may follow and occupy the mind of a patient or analyst render important pathways of potential experience, affect, inquiry, curiosity, reflection, formulation, recognition, surrender, or transformation temporarily, or permanently, impassable within that analysis.

But, although any or all of these perspectives can be detected in the fabric of what I present to you here, I emphasize a particular perspective close to Donnel Stern's (1997, 2003) ideas. Stern describes strong dissociation, a defensive proscription (usually the patient's) on the formulation of experience, and weak dissociation, a failure to discern features of experience embedded in the familiar, or ritual—a failure of the analyst (or patient) to notice a place for asking a question. As I see it, the analyst's weak dissociation may set up or perpetuate a subtle impasse simply by letting a patient's seemingly innocent remark—or the analyst's inkling of a question—slip from mind or comment, rather than becoming a focus for useful attention and joint inquiry. We usually think of impasse as something going dramatically wrong in a treatment. But I describe how impasse can work in the wings like a silent killer. Impasse may lie in a trail of lost opportunities for reflection. And that, I believe, is how Rebecca's creative session nearly didn't happen.

Before focusing attention on that particular session late in Rebecca's treatment, I turn now to recollections of Rebecca's entry into her therapeutic passage, to supply some background. I have written elsewhere (Pizer, 1998, 2000) about Rebecca, and I briefly summarize from that material now.

Rebecca, one of my first patients, entered therapy with me in her early 20s. Although a creatively gifted person, she had finished her senior year of college by the skin of her teeth—having engaged in heavy drug and alcohol use, reckless driving, and similarly reckless relationships. She lived an urchin—like existence, abhorred loneliness, and frequented bars so she could “stand in the crowd between two people and feel like I exist.” She wore torn denims, claimed to identify with Clint Eastwood, and announced that she was “incapable of loving.” Rebecca stayed initially for eight sessions, and then she left to attend her out-of-state college graduation. Our plan was for her to return to Boston, and to her therapy, in a month. Instead, she disappeared. After four months of whereabouts unknown, Rebecca resurfaced at my office door. She had been on a binge of drugs and various forms of high speed. (“One night,” she said, “I danced barefoot on beer bottles and ended up with a staph infection.”) Seeing Rebecca's state and fearing that she might soon end up dead in a ditch, I hospitalized her that day, mobilized her extraordinarily unifying affect, and undertook a therapy that would last nine years. In the course of this treatment, I devoted myself to offering her a sponsoring and sheltering provision in therapy. For example, during her six-month hospitalization, I drove to the hospital to hold her sessions rather than utilize the hospital's policy of sending patients out to their sessions by public transportation or taxi, because I feared she'd become a runaway, and I believed in offering her an experience of containment. Rebecca became highly dependent on a sustaining relationship with me, which included phone calls between sessions, a very low fee when her family eventually
washed their hands of her, and occasional hugs at the end of sessions when she reported feeling particularly fragile and

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ungrounded—like a kite without a string, with nothing to hold her to earth. Rebecca also withheld information, manipulated me by either exaggerating or underplaying her states of danger, and evoked in me acute feelings of worry, helplessness, and exasperation. At times, I felt like a mother whose infant would not eat; at other times, I felt ridiculed for offering love. Rebecca would only haphazardly talk about fragments of her life history, requiring us to focus on the chaotic surface of her current daily life. In those early days of clinical practice, I brought to the work my inexperience and earnest naiveté. At that time, I did not have the benefit of more recent work on the treatment of childhood abuse survivors to confirm my suspicion that her alcoholic father had sexually abused her. Although Rebecca readily reported that her father had made raunchy remarks to her and snapped her bra strap during her adolescence, she recalled no further boundary crossings. What she did recall was the progressive deterioration of her family life as she approached adolescence, with both parents sinking deeper into alcoholism and her mother submerging repeatedly into depressions for which she was hospitalized every two years. Looking back on the period of this treatment, I would say that Rebecca’s therapy was limited then by unbridgeable paradoxes. That is, her childhood history of severe privations and violations led Rebecca to require me to be an environment mother unalloyed by father elements that may have rendered transferential access to her dissociated abuse memories.

Rebecca needed a prolonged period of shelter on an island sanctuary where I was an unquestioned environment mother, as manifested in part through her inability to use, or to indicate that she was using, the interpretations I offered her.\(^1\) An aspect of this role segmentation was that it opened the place for her, at times, to enact the sadistic, attacking father while preserving her defensive dissociation. For example, in the months following her hospitalization, Rebecca would fail to show

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1 Discussants of an earlier version of this paper have expressed an interest in the flavor of my interpretations in the early phase of Rebecca’s treatment. I offer one instance: early in Rebecca’s hospitalization, when she sat shivering in the room on the hall assigned to us for her therapy sessions, I asked the staff to provide more heat. But, also mindful that Rebecca’s mother was arriving the next day for her first visit to the hospital (she now lived, remarried, in Europe), I said to Rebecca, “I think you’re feeling very anxious anticipating your mother’s visit tomorrow. Because she relates to you so much through the private language she developed with you, you feel pressured to join her in it. I think you’re afraid that’s the only way to connect with her when she’s here.”

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up for appointments or answer her phone, thereby staging the illusion of having run away again. Or she would exhibit agitation and say, “I’m upset, but I can’t talk with you about it.”

I “survived” (see Winnicott, 1971). Important as this was in itself, given the psychological residue of Rebecca’s unfortunate developmental experiences, she and I could not negotiate the full paradoxes of our relationship. But, although Rebecca and I neither accumulated our insights into a thoroughly coherent narrative reconstruction nor worked through the sadomasochistic features of transference—countertransference repetitions, over time she apparently ceased her drug use, stabilized practices of self-care and self-soothing, developed a solid career, and (just before abruptly quitting treatment after nine years) married a successful professional.

So I was both startled and pleased when Rebecca phoned me 13 years after ending her treatment and asked if she could come for a visit. Both of us now middle-aged, we found ourselves again opposite each other in my office as Rebecca told me that she had come for three specific reasons—to apologize to me, to inform me, and to thank me. Her apology was succinct and astoundingly incisive. She said, “I could not bear to be so dependent on you. At the same time, I was furious that you wouldn’t just fix my life for me. So I set out to destroy you. I had to make you suffer. I’m sorry.” Rebecca made a second apology: she had quit therapy abruptly because she and her new husband had begun a pattern of heavy alcohol dependence, which she feared she could not continue to keep from me. At that time, her secret alcohol abuse had been nonnegotiable. The information she wanted me to have was that, during a subsequent time when she had been trying to get pregnant and had joined Alcoholics Anonymous and ceased her drinking, she recovered memories of extensive sexual abuse by her father. She had then entered another therapy to address these memories.
more thoroughly. Finally, she thanked me: “We couldn't address my alcoholism together. Or the abuse. I wasn't ready yet. But you did everything right. You stood by me. I felt loved and sheltered. You made it possible for me to stay alive long enough, until I was ready to face the work I had to do. You gave me the hope that I held onto even when things got worse, until I could find it in myself to make them better.”

I was personally touched and grateful for what Rebecca said to me. Her visit, and her message, exemplified for me how even an incomplete

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therapy, one that fails to negotiate significant symptomatic or transference conditions, may still serve a vital purpose. In the course of our work together, Rebecca's abuse history and her own substance abuse remained nonnegotiable, or impassable, issues. Yet, her message to me in this visit affirmed my sense that in therapy we do what we can when we can within the limits of each therapeutic duet. At the time of Rebecca's visit, I was in the midst of writing my (1998) book on paradox and negotiation and was contemplating a chapter on the nonnegotiable. Rebecca's message struck me as aptly summarizing the process of therapeutic work in the face of the nonnegotiable. So I wrote this story of Rebecca's therapy and her subsequent visit into that chapter.

By coincidence, when I finished writing a draft of the chapter and was about to contact Rebecca to ask for her permission to use her material in my book, I encountered her in town. I told her I had written about her visit to me and asked if she would read my draft and consider giving me permission to publish the account. Rebecca expressed her willingness, so I mailed her a copy, along with a cover note in which I reiterated her editorial and veto power and, out of concern for the delicacy of her story, offered to meet with her if she wanted to after reading what I had written. Soon thereafter, she phoned me. She gave her consent for me to publish the account as written, and then she said she would like to meet with me. When we met, Rebecca made a surprising request. She said, “Having read what you wrote about our work together, I'd like to know if this meeting can be a consultation on whether I may reenter therapy with you now to see if I can finally negotiate what was nonnegotiable before.” I was thunderstruck. In the conversation that followed, Rebecca recognized that, in reading what I had written, she had learned something of how she had existed in my mind—as I had continued to exist in her mind all these years. She felt the hope that further growth was possible, if risky. We decided together to resume the therapeutic work set aside 14 years earlier. As that session ended, Rebecca stepped toward me to engage the kind of hug that had been, long ago, a familiar event between us. Moved by this expression of a long—standing bond, and yet also taken aback, I accepted and warmly returned Rebecca's hug. I then said, “This is the last time I will hug you in this way.” I could see a flutter in her face. We did not speak of this moment again until the pivotal session that I describe here.

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In retrospect, this hug could have been one of those passing moments that never pass—an impasse in the making. I believe that my comment represented my sense that Rebecca was asking tacitly, and concretely, whether the treatment ahead would return to a familiar regressive mode. In the earlier therapy, I had been guided by an implicit developmental model—sometimes actually a part of my explicit thinking about Rebecca—that entails a maturing cognitive hierarchy spanning, inclusively, from enactive to iconic to symbolic modes of representation. Although this was not a strategic blueprint that I had followed, I did believe that Rebecca truly needed to be grounded and welcomed into life by concretely embodied gestures of loving provision that could help her to embrace life and to piece together new iconic representations of loving maternal and benign paternal provision, with the hope that such enactive and iconic representations might hold open a space for eventual symbolic elaboration. Rebecca had needed an experience of containment and hatching. Now, in this moment of hugging, I knew—without thinking it—that Rebecca both could and had to bridge the multiple and paradoxical representational modes from the enactive to the symbolic. Hugs and holdings (see McLaughlin, 1991) would now take more differentiated form as the words that hold meanings to be held in mind. Implicitly taking Rebecca's hug as a question—or, more truly, a set of questions asked on all simultaneous levels—I responded enactively to her vulnerable gesture with a reciprocal gesture of the deep and abiding affection of kindred spirits. Then, in my statement, I told her that, in the therapeutic work that followed, we would look backward but move forward to a more differentiated mode.

Thus Rebecca and I undertook what was to become a five-year analysis, which she terminated a few years ago. I
entered this second phase of Rebecca's treatment with hope and anxiety, wondering whether or how we might negotiate now the previously impassable ground of her sexual abuse history, her compulsive and enacting modes of personal narrative, our own history of malleable and uncertain boundaries, the primal passions inherent in the intensities of our therapeutic process, and our deeply invested mutual attachment. In retrospect, I am left with gratitude for this rare gift of a second chance, an opportunity to face together with our maturing resources the impassable terrain of our earlier therapy, which, although unquestionably life-giving for Rebecca and intensely meaningful to us both, had left so much essential analytic work unnegotiated. On

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one hand, Rebecca credited me with making possible her current life as a wife, mother, and creative professional. On the other hand, she conceded harboring for 14 years the fantasy that I would appear, like a rescue helicopter, and lift her from the pain, conflict, and ongoing struggles of her life. In a sense, my representation in Rebecca's mind constituted both an icon and an impasse—even as it continued to carry the hope and potential for her to move more sustainably into the symbolic mode and live with the reality principle. Rebecca said she had returned to find out whether she could either make her fantasy come true or truly give it up. Hearing Rebecca's statement of this binary goal, I felt not only like an idealized talisman but also like a ghost that haunted her. I wondered how my unreflective devotion to her in the earlier therapy had disserved her even as it served her. I wondered how the paradoxes of our relationship could be faced together, articulated, and held now as paradox. To paraphrase Loewald, I wondered how this ghost could become, for Rebecca, an ancestor.

I now fast-forward to the session that, I believe, heralded Rebecca's passage into terminating her analysis. I hope my detailed rendering of that session illustrates how impasse may lurk as an everyday possibility just around the corner; how easy it is, in moments that may seem too trivial for us to particularly notice them, for potential space and process to become—or simply to remain—shut down, or else, if we are mindful in the moment, to open up with surprise and the liberating wingspread of freedom and change. This session is also a narrative pivot for looking back at our several impasses throughout the treatment, now made available for analytic recollection in our hard-won tranquility.

Rebecca arrived for this session, her last in the week, three minutes late, breathless from the rush of carpooling her son to school on her way. She glanced at the clock. “So,” she said, “it's supposed to be 9:15 today.” The clock now read 9:18. “So, do you have the three minutes at the end?” After a pause, in which I was feeling uncomfortable saying yes (although it was literally true that I had the three minutes) and uncomfortable saying no (because she seemed so upset and was asking for so little), I heard myself saying, “Probably.” At this, Rebecca glanced again at the clock, and said, “So, then we'll stop at 10 [our usual ending time]. Good. Now I know. It's excellent that I asked the question.” Then Rebecca fell silent and her face seemed to reflect an active settling out of her thoughts. In this silence, my own thoughts were quite active and questioning: Do I stay with this enacted moment or allow Rebecca to move on to whatever else she'd come with in her

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urgent state? If I question her request for three minutes of extended time, would I be experienced as intrusive, controlling, interruptive, or scolding? But what if I don't question what just happened—would I be avoiding something, and would we have lost an opportunity? I felt a reluctance to nudge Rebecca's attention toward our relationship, when she seemed to have arrived with more to address already than the hour could hold. And yet, something in Rebecca's tone when she said “Good … excellent” led me to feel an uneasiness. Although I did not at the time explicitly formulate it in my mind, I can recall Rebecca's sounding pleased and self-affirming and yet also seeming deflated, as if she were backing off from her request and needing these words to comfort herself as she set aside her own feelings in the face of my answer. I felt tugged inside by a responsibility to punctuate the moment, to not leave unnoticed between us what could be an enactment of Rebecca's obliging adjustment to me accompanied by her defensive recourse to a dissociative slippage in her own experience. So, if I opted to overlook what had just occurred between us, presuming to allow her the associative lead, I could well be silently signaling a collusion not to question our relationship. I could not be sure, and I could not wait to be sure. I have come to believe that it is in just this sort of moment, often seemingly innocuous, everyday, trivial—indeed, barely noticeable—that our next choice negotiates a step that will move the treatment into or out of impasse or perpetuate a subtle leitmotif of impasse that maintains its familiar (that is, undetected) grip in the relational field.
What I chose was to ask Rebecca, "Do you think your question was about anything more than specifying the time we end?" I almost didn't ask this question. But I did, and here's what followed.

Rebecca replied, "Well, it was about the time. It was brave of me to ask. I guess a braver question would be for me to ask you why you said probably. But, anyway, it was good that I asked for what I wanted." And then, after a pause, and with a tone of deliberateness, Rebecca asked, "Why did you say probably?"

In response to Rebecca's risk of asking her deliberate question, I decided to share openly with her the range of considerations and concerns that tacitly had underwritten my enacted response. I said, "Rebecca, I had a mix of thoughts and feelings. And that word, probably, is what I came up with at the moment to express the mix and my sense of ambiguity and uncertainty. In part, I am mindful of

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our frame and keeping the frame in mind. Also, a part of me reacts somewhat rigidly in a situation like this, as if to think, 'Hey, you're the one who's late. Why should I owe you time?' But, then again, with you I don't simply have that rigid reaction. I don't feel ill-used by you. And there's a side of me that's very much with you, rooting for your venturing to ask for what you want, and I don't want to discourage it. So that word, probably, was what I could find at the moment to express all that muddle and try to hold things open for us."

With an immediate smile and glance of recognition, Rebecca said, "I could see all of that in your face." And then Rebecca proceeded to elaborate, for herself and for me, her own reflective formulation of the meaning of her therapeutic and analytic experience with me over time. She said, "I think I said we'd end at 10 partly to take care of you—to spare you the tension and the struggle. But it's more than that—more than just taking care of you. It's also about my being a peer of yours and sharing the responsibility here for our relationship, and our boundaries. I think lately we've been working on maternal transference stuff. And of course I want to be totally, boundlessly loved. I want more. And probably at some time I did have more—maybe more connection with my mother, at the beginning anyway—otherwise I couldn't be doing this. And of course there are moments when I want to stay really little and have you be big and take care of me. But we're also peers. I've thought of you as older, even though you're not that much older. But I've needed to see you as the one who's older ... and takes care of me. But now it's more like you're about five minutes older than me. And I can take some responsibility between us. I mean—yes, I need to be filled inside and surrounded on the outside by peace and comfort—it's like winning with people. But it's a repetition—there's no growth in it. It's like turkey and stuffy and gravy—it's the same every year for 48 years. It's a comforting Thanksgiving ritual, but it never changes. Three minutes of more time would be a repetition of the same. And holding to the boundary means I can long for more but choose otherwise. And I can help you choose—not just leave it up to you. You're older. You're mother and father to me. But we're also peers. You're five minutes older than me now."

Then, reflecting further on her enacted request for those three minutes, Rebecca said, "In the beginning session of each week, I bring the world here. Then I settle in. In our last session, I'm negotiating our intimacy. Thursdays I'm more regressed. So I complain about how

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hard life is. Thursdays are harder mornings. But I complain about how hard it all is so you'll take care of me. Now I don't need to be late on Thursdays anymore."

And then Rebecca turned her poetry—that is, the metaphoric power of words to recollect experience—toward these reflections on the heart of our analytic relationship. She said, "I can say what I want—and I'm glad that I could and did—but I can also say, 'This is what I want, and this is what I choose.' And also I can help you choose. This is a boundless love—a boundless love—in a boundaried relationship. And that's what's precious and excellent about it. The sexual boundaries are the easiest to keep, really. I mean, it was important to me to know you could find me attractive and that I feel passionately for you. But, more important, I could ask for the three minutes. And I don't assume that I'm late so you owe me. I know that doesn't make sense. But I can still say, like, I can be free to be unreasonable and say, 'Can I still have those three minutes?' And what could you say? At one level, I want you to say, 'Sure, stay all morning ... Stay till noon, and then we'll have lunch!'" With this, Rebecca laughed, and then she said, "Now I know that I can have my longing. And my longing is not bad. It's not destructive, like I thought it was with my father, and my mother.
I think of the dignity of your saying to me that time, ‘I won't be hugging you like this anymore.’ So, my question is not only about three minutes, but can we step outside the frame? Does it have to be? But this frame is real. What's real is that you and I do meet for 45 minutes, and that we are intensely involved for that time. And that's an important covenant between us. And, in the past, you've had to keep it while I challenged it. And now, I also can participate in protecting our excellent agreements. And it's a way I can love you, and a way I can be all of myself. Because I'm more than the child who wants merger. I'm a grown-up woman. And this will help me to leave.”

And so Rebecca's session—on time at 10:00—and so the termination phase of Rebecca's analysis began. Our five months of termination were both a celebration and a grieving and offered us much opportunity to recollect together, in the tranquility of now, our negotiation of impasses along our way. Rebecca emphasized how nonnegotiable her alcohol abuse had been. As she now teaches others whom she visits through AA outreach at the same hospital where she once stayed, alcoholism is always an impasse. Rebecca also reflected on how long her life, and her therapy, snagged on her unreadiness to retrieve her memories of childhood sexual abuse from its defensive

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dissociation, its scrim of substance abuse, and its camouflage of enactive repetition—all forms of the nonnegotiable. Ultimately, Rebecca felt forgiveness toward her father, long since dead, and experienced a sadness for him because, as she put it, “In a way that he could never comprehend, he did lose his daughter.”

Rebecca also had assumed that love was nonnegotiable—that all relationships of care and passion were corruptible and all human attachments would degrade to a sadomasochistic default position, what Benjamin (1988) would term the reversible complementarity of doer and done-to. Rebecca reviewed the many times she had set out to do me in emotionally. She also recalled her procession of doubts and anxieties about me after she'd courageously returned to treatment. she'd wondered, was I alcoholic? Was I mentally disturbed? Would I exploit her? Would I die? Would I break the frame? Would I break her heart? Would she have to stay forever to reassure me that she loves me?

Rebecca recollected her statement, in her first visit with me, that she was “incapable of loving.” Wistfully, she now reinterpreted that statement, long held as a given, to mean that she had known intrinsically at that time that she would never feel free to give or receive love until she became, psychologically, “an orphan”—that is, released from loyal and submissive attachment to internal bad objects (for instance, a father who sexually exploited and abandoned her; a mother who withdrew from noticing Rebecca's telltale posttraumatic states, and who called her “the meanest baby born in New York City”). “And that,” she said, “was impossible. It's what I came for and, of course, I had to fight it.” Now literally an orphan, Rebecca finds herself free to accept intimations of her particular identifications with each parent. She recalled a stuck point a year or so into her resumed treatment when she felt stalled, in her attachments, between guilt and shame. As she stated it then, “In relation to my parents, I feel guilty that I'm attached to you; and, in relation to you, I feel ashamed that I'm still so attached to them.”

At one point, Rebecca reflected on periods of impasse strikingly in terms of intersubjectivity. She said, “Sometimes it just felt like a matter of my pride. I had to be right. You know how important it is for me to be right. So you couldn't be right. I couldn't accept any view other than my own. For the longest time, I couldn't even let you be different.”

Rebecca and I reviewed together the history of our attachment, now spanning more than a quarter of a century. She remembered the

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Christmas card she had handed me long ago, two years into her treatment. She had taken the enormous risk of giving me a card in which she had simply written the threshold message: “Love, Rebecca.” The cover of the card had an Alexander Calder drawing of animals in cages—some open and some closed—with a ringmaster standing in their midst. Rebecca reminded me of my incredibly obtuse enactment when I received her card. What I did was offer her some intellectualized Fairbairnian interpretation of the animals protected from the ringmaster and the ringmaster protected from the animals. As Rebecca now so aptly put it, “At some level, you were probably even right. But how could you! I told myself, 'I'm never giving this guy a card again!'” Grimacing with mortification 26 years after the fact, I could now say to Rebecca, “I remember that card and that moment so well. And the truth is, it felt so good to receive your message that I was afraid. So I figured I'd better hurry up and make some therapeutic use of it.” Rebecca said, “You should have just shut up.” I said, “Yes, or I should have just said ‘Thank you.'”
In the spirit of inquiry, Rebecca and I talked about our hugs and their various meanings. In the course of our exploration, placing these hugs in the context of our total therapeutic mission, Rebecca said, “We were doing a high-wire act without a net. We hear about a lot of therapists and patients who hugged and eventually fell from the high wire. I think we didn’t fall because throughout it all we both knew there was an essential love between us. There was something sacred about that.”

On another occasion, looking back on our hugs, Rebecca said wryly, “It was the 70s.” For her, hugging fit a cultural commonplace. For me, in retrospect, hugging fit an idealistic hope to bring my healing wishes to my patient—my own youthful furor sanandi. And now, as I juxtapose in my thoughts my hugging Rebecca and my defensively interpreting her Calder card, I can look back on the contradictory and conflictual perspectives regarding therapeutic technique and therapeutic action with which I grappled, unsupervised, in those days. Between Rebecca's departure from therapy and her return, I had gained the rewards of psychoanalytic study and supervision, and then full training. I also had given considerable thought to boundary issues in therapeutic and analytic relationships and had founded an ethics committee for the Psychoanalytic Consortium. Certainly, over the intervening years, I had changed—and I had grown and aged. Matters of the frame and love within the frame had become more conceptually, affectively, and procedurally integral with my evolving personal way of being analytic. I realize that I now most likely would not proceed clinically with another Rebecca who arrived today in just the way I did then—I most likely would not drive to the hospital for each session, or accept so many phone calls, or exchange hugs, or be so generally adoptive in my countertransference. But I must face wistfully that, although my current technical practice perhaps represents a more mature, more considered, more experienced, more articulated, and more integrated analytic self (or perhaps just a more cautious and world-weary analytic self), I thereby might well fail ever to offer so fundamental an entry into life as that which transpired, over time, between the Rebecca she was and the Stuart/therapist I was as we found our way at that time.

And perhaps our community of aging and world-weary analysts may need to reconnect—and to develop a literature of integrative concepts that reconnect us—with the embodied origins of early psychological life based in biological and physical necessities and grounded in the enactive experiencing of holding, object presenting, affect attunement, and recognition that provide for procedural patterns of being, self-regulating, and relating. Perhaps our technique needs to be more multimodal and multileveled, bridging the co-present enactive, iconic, and symbolic modes of representation, organizing psychoneurological patterns of affect and state regulation and communication through the processes of dyadic interaction (see, for example, Beebe and Lachmann, 2002; Schore, 2003; D. Stern, 2003), and building along the spectrum from active to symbolic articulations and elaborations of self, other, reality, and recognition. We need at least to question whether our technical precepts, when they are limited to narrow and curtailed definitions of interpreting mental contents, may fall short of the totality and multileveled complexity of a process of analytic love that may yet hold the power not only to explain lives, but also to aid in saving, cultivating, and transforming them.

Yet, ultimately, as I believe the session I’ve shared with you conveys, the most subtle elements of impasse to Rebecca’s movement through and beyond her analysis may have been the familiarity of loving, caring, tending, and sponsoring in our relationship. Indeed, so many sessions over the years had ended with our enacting together, without commenting on it, a session extended for a few minutes in the face of her manifestly unsettled state and my engaged responsiveness. Perhaps what made this particular session different—or what made it possible to make this session different—was Rebecca's asking me explicitly, at the beginning, “Do you have the three minutes?” Perhaps Rebecca’s step constituted what Bromberg (1995) might call a marker that some resistance to change was yielding to an internal accommodation of conflict, or a straddling of paradox, within Rebecca. Perhaps I could read that marker at what Mitchell (2000) would call the level of affective connection between us, enabling me to make the choice that nudged this moment for Rebecca and me from the level of our relatively fixed relational configurations to a level of emergent recognitions, insights, and freedoms.

I still can shudder when I think of how that threshold moment with Rebecca might so easily have played out differently. Embedded as I was in the weak dissociations of our special and familiar kinship, I could so easily have failed

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to inquire into the small detail of three minutes. But impasse is often in the details. And, as I stated earlier, the
to in the small detail of three minutes. But impasse is often in the details. And, as I stated earlier, the
sweetness of “kinship” between analyst and patient can be a silent killer of the treatment process. Life may stop or start
with small acts of misrecognition or recognition—or, as Donnel Stern (1997) might say, freedom begins with our noticing
in the seamless fabric of the familiar the place to ask a question. And, as Stephen Mitchell (2000) wisely wrote, “There is
a great delicacy in finding a constructive balance between cultivated and questioned love in the transference and the
countertransference. Who makes these decisions? Of course, they are made to some extent collaboratively. But I think it
is disingenuous to assign the patient equal responsibility for these judgments regarding timing” (pp. 138-139).

I want to emphasize what, for me, made Rebecca's treatment relational. It was not my trips to the hospital, the
phone calls, the hugs, or the disclosures per se. Indeed, as I regard this clinical process, I think of the hugs in multiple
ways: as expressions of dedication, comfort, love, naîveté, and much else. I think of the phone calls as both an
occasional lifeline and a repetition of projective identifications and role-responsive enactments. I think of my travel to the
hospital as expressive of responsible and caring containment as well as indicative of an idealized rescue fantasy. Many
interpretations of the meanings of these enactive moments—even contradictory interpretations—are valid and relevant.
However, I declare that what made this therapy and analysis relational was the overarching and ultimate commitment to
a thoroughgoing, mutual, open, and explicit reflection in the treatment dialogue on the multiple conscious and
unconscious meanings of our reciprocal interactions, including both

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their links to historical roots in Rebecca's developmental past (and their recursive residue) and my accountability for my
own particular participation in that context. Rebecca and I could not complete a relational analysis without our many
conversations and our shared pursuit of understanding regarding the life-enhancing and life-curtiling impact of our
interactive experiences as well as the insight-promoting and insight-obscuring impact of each form of therapeutic action,
whether it was a hug or an interpretation of a Christmas card.

The Paradoxical Analytic Triangle

Somewhere in the months that constituted our termination, as we reviewed the impasses and the passages along
our way, Rebecca declared, “I am the product of the love between you and me.” I found her statement immediately
remarkable. It felt powerfully and poignantly true. It also stayed in my mind as the nucleus of a concept, taking hold and
gestating. Here is how I unpack Rebecca's statement or bring forth the concept she seeded. In brief, I conjecture that
any gendered combination of analyst and analysand, open to the intimacies and passions of the process—and its
preoedipal, oedipal, and postoedipal complexities—can form, experience, and use analytically what I call the paradoxical
analytic triangle.

The paradoXEical analytic triangle consists of the analyst, the patient ... and the patient. We may visualize this
triangle, through a lens that appreciates a multiply constituted self and multileveled organizations of separate centers of
experience, in terms of the following dyads: the relationship between the analyst and the oedipal patient, the relationship
between the analyst and the preoedipal patient, and a tacit relationship between oedipal and preoedipal centers or states
within the patient. We might think of these dyads as existing throughout each treatment, potentially from the start, but
shifting from potential to realization (and back), or from background to foreground (and back), either progressively over
time, in an oscillating dialectic of states, or as an unfolding yet circular field of complex interrelationships. What I mean
to emphasize is that the patient who experiences himself or herself as the beneficiary of his or her analyst's attentive care
—and who feels grateful, dependent, and desiring as well as envious, unreplied, and jealous of a life he or she cannot

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share—has not been just passive in the context of preoedipal provision or bereft and hateful in the face of oedipal
exclusion. Instead, the oedipally excluded patient retains a glimmering awareness that the analyst has not been alone in
providing for the patient, that all along there has been a vital joining of something in the analyst and something in the
patient that testifies to the patient's agency and essential participation in creating and developing a competent and fruitul
partnership.

In a cogent exploration of oedipal and postoedipal transference-countertransference constructions, Davies (2003)
calls for “a postmodern eye ... one that appreciates the potentials of multiple realities and the paradox of simultaneous
yet irreconcilable contradictions” (p. 8). I believe the concept of a paradoxical analytic triangle dovetails nicely with Davies's assertion that “in the most optimal situations [the Oedipal crisis] is both won and lost” (p. 10). Davies is referring both to a healthy developmental process and to a transformative analytic process. I postulate that the potential for the patient's assimilating complex and contradictory triangular experiences in the exquisitely paradoxical analytic relationship constitutes a powerful vehicle for the repair of failed, interrupted, or aborted oedipal integrations. Thereby, the analytic relationship can help a patient to develop “the capacities to negotiate experiences of both inclusion and [more] painful or tantalizing exclusion” (pp. 7-8). Indeed, we might assume that it is when the patient has bridged the paradoxical coexistence of an aspect of self that participates as agent, or partner, in a romantic relationship with the analyst in which he or she is included and another aspect of self that experiences that very relationship (between self and analyst) from the outside and feels excluded, that the patient arrives at the threshold of a post-oedipal relationship with the analyst—in which both partners together hold, tolerate, and straddle the multiple and paradoxical relationships coexisting between them.

I believe that our recognition of the paradoxical analytic triangle helps us to face down the question of what could possibly be analytically or therapeutically useful, or humanly decent, about our sponsoring and participating in intimate relationships of intensely dependent and tender attachment and powerfully erotic enlivenment in a transference-countertransference relationship, only to subject both partners to ultimate relinquishment and loss. Why should either partner volunteer for such heartbreak and grief? The post-oedipal child

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at least returns home for visits and family rituals of celebration and support, and all the intimate exchanges accompanying growth and aging in family life. The post-oedipal patient may never return—at least, may expect not to—and patient and analyst alike often face the absence of a cherished other. Many a patient has protested, “Why allow myself to become dependent; why fall in love? Why encourage me to love you if I must give you up? Do I have you or not?” In Rebecca's terms, she would either make her fantasy come true or truly give it up. What could make this painful enterprise worthwhile?

I believe that the patient and the analyst may experience in their paradoxical analytic triangle a negotiation of the binary, the concreteness of “either/or,” and the heartbreak of inclusion or exclusion, winning or losing, keeping or letting go. The paradoxes of “both-and” offer the analytic couple complex challenge and potential comfort, as well as a chance for essential growth.

Here is how I elaborate the nature of the multiple coexisting relationships between patient and analyst that make up the paradoxical analytic triangle: in one interpersonal dyad, analyst and patient are partners in the analytic project and process, cocreating an intimate partnership in which, over time, passionate and exciting loves and hates, tender and cherishing attachments, romantic idealizations, admiration, vulnerable familiarity, and intense states of awareness and recognition become emergent, mutually evoked, and jointly shaped features of shared experience at deep affective levels. The other interpersonal relationship in the paradoxical analytic triangle is conceptualized commonly in the metaphor of a maternal dyad (parent/analyst and child/patient), as reflected, for example, in Loewaldian or self-psychological literature. But I propose that we consider this dyad in terms of another, more paradoxical, metaphor: the patient/child basing in the nurturant context of a relationship with that other analytic dyad, the analyst's and the patient's jointly constructed loving partnership. Of course, moments of dependency sustained and provided for in an analysis can be thought of meaningfully in terms of the patient's being held by the environment mother, and the patient's experience in these phases is intensely dyadic because that's just how it feels.

Nonetheless, I wonder whether it is more common than we have recognized that the intrapsychic relationship between that part of the patient included in the oedipal analytic dyad and that (preoedipal?) part of the patient excluded from the oedipal analytic dyad—a function

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of the patient's standing in the spaces (Bromberg, 1998) supports the patient's tacit awareness (albeit unformulated, an unthought known) of the continuously coconstructed nature of this process. Hence, the patient (participating in the enactive realization of the more developmentally dependent, more preoedipal, features of deep analytic work over time) remains, paradoxically, both a consumer and an agent, or co-provider.

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Rebecca reported that, from the perspective of her young self, “I thought the reward of completing therapy was that I got to marry you.” Here is the oedipal success fantasy of the excluded child. And when Rebecca envisioned me as her rescuer in a helicopter, I was an idealized oedipal object, out of reach, as well as a preoedipal deus ex machina, a singular omnipotent provider. When Rebecca declared, “I came back to find out if I could make my fantasy come true or truly give it up,” she was expressing the win/lose binary, the “either/or” thought structure of oedipal desire, competition, and conflict. Either you are included or you are excluded. The loss and heartbreak and, perhaps most significantly, the shame and humiliation of the patient’s relinquishment of oedipal hopes surely have kept many a patient hostage to the impasse of a perpetual unrequited transference love.

Indeed, many a treatment relationship comes to grief or a tragic end. The patient may feel excruciatingly excluded and left alone with an irresolvable rage. We can never know in advance which analysis will lead to intolerable and irrepairable feelings of exclusion that abort the process. And when the process falls apart in this way, the analyst is left feeling guilt and mortification, perhaps defective in loving or blind to signals of danger. In Rebecca’s case, the darker side of her passionate attachment to me was manifested in her unverbalized reaction to my actual unavailability for a real marriage: the spitefulness that hastened her own problematic, albeit superficially plausible, marital choice and her abrupt departure from the first phase of therapy. It was only after many years that Rebecca could formulate for herself and communicate to me the undeniable and life-shaping costs of her tit-for-tat enactment of exclusion in reverse.

However, an appreciation of the paradoxical analytic triangle may help us understand something of how a patient may let go of the idealized analyst and move on into the potentials of his or her own life with dignity, self-possession, and power. In the paradox of “both-and,” the patient has been both the included partner and the excluded child. And that child, growing up and leaving a transference “home.”

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is leaving not only the all-powerful analyst mother, or the elevated analyst father, but also the loving couple that has consisted of the analyst and the patient. While grieving a loss, the patient joins the analyst (during the period that Davies, 2003, emphasizes as postoedipal love) in celebrating a mutual success.

In more metaphorical terms, I am suggesting that, in an analytic process that is not aborted during a patient's paroxysms of oedipal exclusion, the mutual success that patient and analyst ultimately may celebrate is aptly represented in the trope of pregnancy and birth. The analytic partners may be comforted, as they approach their termination losses, by their recognition that together they have succeeded in being an analytically fertile couple. Invoking Rebecca's evocative terms, we may say that in the paradoxical analytic triangle, the love between her analyst and Rebecca One gave birth to Rebecca Two. And indeed, there may be a second, and reciprocal, paradoxical analytic triangle. The analyst too is transformed, perhaps profoundly and forever, by the experience of a particular analytic partnership. I recognize that, in beginning to describe Rebecca's influence on the development of these ideas, my own unbidden and unselfconscious selection of terms (such as “nucleus,” “gestating,” or “bring forth the concept she seeded”) indicates my tacit experience of my mind's being impregnated by Rebecca's loving words. So, as my own ideas come to life, I can say that Rebecca and Stuart One gave birth to Stuart Two. Perhaps, in more generic terms, it is not uncommon for a second paradoxical analytic triangle to consist of the patient, the analyst, and the analyst. If the patient and Analyst One are the fertile partners in this analytic transitional space, Analyst Two is the real person of the analyst, forever and appropriately prohibited from the generative intimacies that have existed metabolically in analytic space, yet remaining the beneficiary of a transformative love that the analyst-person, too, both mourns and also keeps.

An essential part of the patient's growing facility for negotiating life's paradoxes is his or her experience of having and not having the analyst at the same time—just as, in the course of healthy development, children experience the flat truths of not having their oedipally fantasized romantic couplings with an adored parent while also experiencing full well the very intense and special ways in which they uniquely have their parent's adoration, affirmation, and delight. In the paradoxical analytic triangle, the patient experiences in the transference-countertransference relationship both oedipal inclusion

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and oedipal exclusion. Again, as Davies (2003) has written, “In the most optimal situations [the Oedipal crisis] is both won and lost” (p. 10). In analysis, as in development, this is how the person may pass through need to desire, to love, to
agency, to self-possession and freedom of choice. As Rebecca ultimately was able to say, “Now it's more like you're about five minutes older than me” and “This is what I want and this is what I choose.” And, again, as Rebecca so creatively declared, “I am the product of the love between you and me.”

**Coda**

As Rebecca and I approached the final session of her analysis, I found myself wondering if she would again punctuate a leave-taking, this one her last, with a move toward a hug. With my own wishes and fears in my clear view, I felt concerned that such a surprise action at the very moment of good-bye could leave Rebecca with emotional residue that we would have no way to explore further. So I decided to raise the issue with her. I asked Rebecca if she had thought about how she wanted to say good-bye at our last meeting. Rebecca said, “I know that I don't want a hug. I mean, while it would feel good, it would not be true to who we are to each other. I'm leaving, in part, because we don't and won't have a relationship where we are free to hug each other. It's sad; it may even feel disappointing not to have a hug. But it's more true. And I want that symbolized in the way we say good-bye.”

I'll end this paper on impasse recollected in tranquility with these lines from the poetry of William Wordsworth:

Thanks to the human heart by which we live,  
Thanks to its tenderness, its joys, and fears,  
To me the meanest flower that blows can give  
Thoughts that do often lie too deep for tears.  
—“Ode: Intimations of Immortality”

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2 Another account of the paradoxical analytic triangle is narrated poignantly in Barbara Pizer's (accepted) paper, “Passion, Responsibility, and ‘Wild Geese’: Creating a Context for ‘the Absence of Conscious Intentions’”. Note particularly the poetic condensation of this concept in the patient's dream of an infant son and Pizer's statement that she (as author of the clinical narrative) and her patient, Sam (as collaborator in the process), “together named him Sam.”

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