

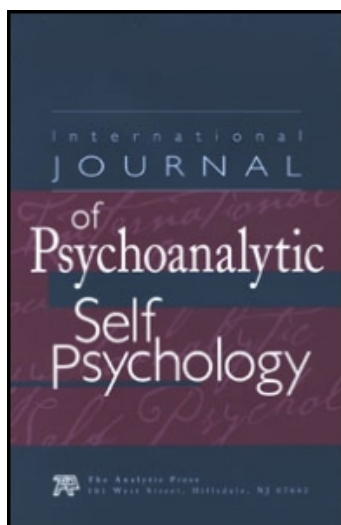
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Analytic Transformation of Tragic Trauma and Loss: The Recovery of an Analysis Following the Analyst's Life-Threatening Head Injury

Bernard Brickman^{ab}

^a Institute of Contemporary Psychoanalysis, ^b UCLA School of Medicine,

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ANALYTIC TRANSFORMATION OF TRAGIC TRAUMA AND LOSS

THE RECOVERY OF AN ANALYSIS FOLLOWING THE ANALYST'S LIFE-THREATENING HEAD INJURY

BERNARD BRICKMAN, M.D.

The author describes his personal experience of sustaining a disabling head injury, which had a devastating effect upon an ongoing analysis of a patient who had been struggling to recover from the tragic loss of a previous analyst. The author demonstrates how his own recovery and the ultimate analytic transformation of his analysand were inextricably related. He points out the crucial importance of self-reflection and management of his own feelings of shame and inadequacy during the posttraumatic period as he struggled to regain his analytic footing. An unusual feature of this account is that it is paired with that of the analysand, who reports the same events through her perspective.

INTRODUCTION

On June 4, 1995, I slipped on wet tiles in front of my home and sustained a life-threatening head injury that disabled me for 4½ months, as far as being off work is concerned, and an additional 6 to 7 months as I struggled to regain missing empathic function. This paper describes my own physical and emotional trauma intertwined with that of Lynne, with whom I had been working analytically 5 times weekly for 4 years at the time of the (shared) trauma. This paper is about our conjoint recovery. We continued on posttrauma for an additional 6 years toward a mutually satisfactory termination. Of course, this paper can only address, in broad brush strokes, those analytic events that related most directly to

Dr. Brickman is a Training and Supervising Analyst at the Institute of Contemporary Psychoanalysis and Assistant Clinical Professor of Psychiatry at the UCLA School of Medicine.

shared traumatic experience. It is impossible to tell this story outside of the inextricable manner in which our experiences are related.

To expand this point, I realized that my own recovery depended on my actually being at work as an analyst. This experience naturally exposed me to the shame of being impaired to some extent as I resumed practice. Then, too, not only was my recovery enhanced by being able to continue work with Lynne, but her continued analytic development was related to being able to work with me.

PRIOR TO THE ACCIDENT

It is extraordinarily problematic for me to tell this story, considering issues of confidentiality. I have literally agonized over talking about Lynne publicly, despite the fact that she not only has given me permission to do so but has previewed everything I am about to share. Six years have passed since we “terminated” the analysis. I put terminated in quotes because I realize as I write this that not only do I believe that the analytic process never truly comes to an end, but the process of writing this paper has recreated an analytic space as Lynne and I engage in collaboration. We have recognized new and expanded insights in a “post” analytic process. Lynne has been urging me to join her in telling “our story” for so long that I am able to suspend my customary ethical inhibitions given our shared determination to avoid inauthenticity.

Why tell our story? I believe that there is value in sharing with other clinicians the experience of my severe trauma, its powerfully disruptive impact on both of us, and how we managed to work our way through the recovery process. What took place in our analysis gives a whole new meaning to the word disruption. As I will take up at a later point, it would not be accurate to say that the analysis succeeded in spite of the accident nor that its success was because of the accident. I would suggest that the conditions we had to face as a result of the accident opened up an opportunity to engage deeply with each other in areas that were at the core of Lynne’s most problematic being. It is also a rare opportunity to hear about these events from the perspective of *both* participants. Furthermore, the analyst’s inevitable experience of shame and feelings of inadequacy can be brought to light from its usual secret place and some consideration can be given to how it was dealt with in this case.

I am deeply concerned, however, that the disclosure of these events may cause pain to past and present patients for reasons imaginable, even

predictable, as well as unforeseeable. I would also like to add that I had not succeeded in ameliorating my traumatic effect on *all* patients, some of whom decided to leave at a time when I was struggling with disregulated and volatile affect states in the period following the accident. If any of them are reading this now, I would ask them to please accept my regrets about my past behavior along with my assurance that they made the right decision at the time.

In a very real and, for me, palpable sense, this story belongs not only to the two of us but to the analytic community as well. During postaccident times when my steps were faltering, I drew steadying strength not only from the love and support I received from many of you, but the ethics, standards, ideals, principles, stories, case reports, training, and teaching helped to point direction when I was at times in danger of losing my way. This was needed especially at times when I wandered along the border between deep analytic engagement and boundary violation. There were many harrowing times, as you will see, in which I was pressed to call forth a reminder of what an analyst is. My patients, past and present, are the major source of this accumulated experience and, of course, this story focuses on the monumental part that Lynne played in furthering my recovery.

The following description reflects how I viewed Lynne at the outset of our work together. She struck me as a highly gifted person who had been shattered by the tragic death of her previous analyst, Daphne. Daphne had been the first to understand and effectively respond to Lynne's lifelong conviction that her inner world was essentially unsharable. Lynne functioned well interpersonally and professionally, had many close friends, and was able to share her life with her life partner. However, she felt that nobody really "saw" her "from the inside out." When she felt that they might, her chronic sense of shame regarding her needs caused her to dread that they would recoil in disgust. As a result of not being seen or met where she "really lived," she feared that she was destined to go through life devitalized, living behind a transparent wall that forever separated her from the world.

Lynne was the oldest daughter of a family of five children. Her father was a busy and therefore frequently absent pediatrician and her mother was a chronically depressed homemaker who declined progressively from alcohol abuse. Her brother was 3 years older than Lynne, and she had three younger sisters for whom she played a strong caretaking role in order to lessen the seemingly intolerable burden family life piled on her mother's sagging shoulders. Her fear of being a burden to others was most dramatically concretized in her concern that she might wear down the driveway of

my home/office if she were to use it too many times. Her conviction that she would wear me down (as she feared she had Daphne before me) continually haunted our interactions.

Her older brother, Rick, was for the first 9 years of her life her only close companion in the family. Family life was organized around making do with limited emotional resources. All activities were overshadowed by considerations of yielding energetic supplies to others. Taking the last banana left in the fruit bowl became for us a powerful metaphor for unforgivable selfishness. Family morality centered on being thoughtful of others' needs, especially mother's. Lynne alerted me to the N word (narcissism), which she saw as perhaps the most mortal sin of all. Although she respected and valued me as a person, it was clear that I lived in an "N" world in which I placed value on proceeding as though my needs and desires counted. As Lynne watched her mother decline bit by bit, she was continually dismayed. It became an imperative for her to shore her up as much as humanly possible. Her natural gifts of intelligence, intuitiveness, and empathic attunement made her the prime candidate for sacrificing her needs in the service of preserving what sparse emotional resources were available to her mother. As an adolescent, she became her father's confidante when he strayed outside his marriage.

Lynne's need to be attuned constantly to her depressed mother's affect states, coupled with her natural intuitive talents, placed her in a position from which she developed keen perceptiveness of others' moods and feelings. This ability, of course, was also directed toward me. Accordingly, as her trust in my receptivity to how she was perceiving me deepened, she not infrequently would comment on my mood shifts. When I appeared depressed, the repetitive pole of the transference came to the foreground, and she naturally would wonder if she had been leaning on me too heavily or whether or not I could handle whatever she needed to bring into our session that day. Her inquiries would invariably be coupled with the fear that her concerns would cause me to feel that I was being unbearably impinged upon and scrutinized.

I was often struck by the accuracy of her perceptions of my mental states. Not infrequently she pointed to feelings that were not yet fully accessible to me. Although I hadn't felt that her observations were infallible, I came to develop a healthy respect for her ability to sense and hint at my inner states. As you will see, the importance of her perceptiveness reemerged sharply after the accident when I was struggling to regain my analytic footing.

The unending conflict between Lynne's requirement to serve the needs of others and the awareness that she had needs of her own left her with pervasive, intense shame about her own needs and a conviction that she/they were dangerous and destructive.

In this context, it was understandable that Lynne particularly treasured her brother Rick. They played and shared close thoughts and feelings; their relationship was a kind of oasis in a desert of emotional impoverishment, detachment, and distance. For reasons not necessary to explain here, Rick seemed to undergo a marked change in his attitude and behavior toward Lynne. In public he remained a kindly and engaging brother. In private he was cruel and manipulative, taking advantage of her loyalty, devotion, and need for his companionship. This period of her childhood and early adolescence left her shattered, feeling exploited and betrayed, believing that those feelings were the inevitable consequence of male/female closeness. She suffered deep feelings of shame based on her conviction that her bad needs for closeness brought all this about. (This issue figured prominently in our early years together and came roaring back after my head injury, as will become clear later.)

Lynne's 3 years of analysis with Daphne dramatically revived the hope that not only could she share her innermost self with someone, but she discovered in Daphne a person who could listen with such finely tuned empathy that it had a quality of swathing her tiny, unformed self in layers of soft quilting that shut out the cold loneliness of her world. Having an affectively rich life became possible, her chronic depression faded, and her creativity began to flourish. Then 2½ years into her analysis she began to notice, to her dismay, changes in Daphne that were the harbinger of the illness that eventually claimed Daphne's life. She was reluctant to share these perceptions and fears with Daphne. Her mother seemed to experience Lynne's negative perceptions of her as dangerous to her shaky self-esteem, and she was similarly afraid of endangering Daphne. (I will return to this point when that same issue arose with me during my posttrauma period.)

Lynne was devastated beyond words when Daphne died. She apparently chose to work with me for two major reasons: First, I seemed to think and work like Daphne (i.e., intersubjectively), keeping hope alive that she could survive the loss of Daphne, and, second, she found in my responses to her traumatized state a willingness to relate to her distress from my own subjectivity.

I would like to comment on what it was like for me to start analysis with Lynne. I immediately admired her courage and determination to grow

to be a full and vital woman. (In a recent discussion with her, Lynne reiterated that she had been determined to deal with her feelings if only she could find a therapist to do it with her.) Her devastating loss of Daphne touched me deeply. She was very articulate and capable of bringing her affectivity fully into the room. This was also true of those times when my misattunements caused her to retreat in despair. I approached her with mixed feelings: on the one hand, I felt confident of my ability to form an initially good connection with Lynne but, on the other hand, wondered if I would be capable of being well enough attuned to her after her unusual experience with Daphne. I had great respect for her intellect and genuinely liked her as a person. Subsequent experience brought out her warmth, compassion, sense of humor, and her ability to call forth the best in me. I was eager to learn how to best relate to her, and she was able to guide my efforts in spite of her distress.

When misunderstood and feeling unsafe, Lynne would retreat deeply into herself. I often found myself facing the dreaded dilemma that she would feel my reaching for her as too intrusive and violating, on the one hand—a repetition of her relationship with her brother—and that my waiting for her to feel safer before she could come out as too distant and abandoning, on the other hand. I checked with her about this. She always made it clear that being too distant was the greater of the two evils, as that recreated her detached, overburdened mother, and it intensified her shame about needing me to reach for her.

When immersed in early, pre- or nonverbal feeling states, she was frustrated by my attempts to encourage her to tell me what was going on. (I was asking a more highly organized and mature part of her to come forward, thus bypassing her unformed part.) At those times I learned to trust my intuition more and venture guesses about what she was feeling or reacting to. In particular, my willingness to use my own subjectivity to inform me was important to Lynne as it gave her a greater sense of my deeply engaged, affective presence. When I faltered in understanding, or goofed in some other way, she often teased me at the start of the following session with “Brickman, we have to talk!”

Our work of addressing my misattunements was a delicate task. It was clearly important for the analysis that Lynne speak of her disappointments, a process that at times evoked shame and a sense of inadequacy in me. However, my shame appeared not to correspond to Lynne’s need to shame me. On the contrary, she tried to avoid causing me any discomfort. She struggled with the dread of being too much of a burden to me, as she had

with her mother and Daphne, and basically believed herself to be toxic and destructive to those she cared for. The conviction that she was at her core toxic and destructive came into the foreground repeatedly as our interactions felt more intimate.

Lynne's capacity to make herself vulnerable to me and to articulate her feelings in depth seemed to rest on the platform of her previous analysis with Daphne. I was particularly awed by the task of holding and responding to her fetal self—the one that was thrust out of Daphne's womb and was terrified of drying up and dying for want of another mother's womb. I think I awkwardly expressed some concern at that point that "maybe boys aren't as good as girls at holding a baby."

During the 4 years preceding my accident we settled into a comfortable analytic relationship that provided Lynne with a secure enough base from which she could freely grieve Daphne's death. I knew that I needed to provide Lynne with an opportunity to fully and freely experience and express the depth to which she had been shattered by the loss of Daphne. For weeks and months we questioned whether Lynne would survive the loss of Daphne. She told me that she was looking for an analytic couch where it would be safe to "let down" and that she hadn't found it yet. This signaled to me how hard it was for her to make do with what she felt to be my episodic attunement as contrasted with her experience of Daphne's enveloping, constant attunement. She made this comparison repeatedly.

Lynne reassured me that she didn't expect me to replace Daphne. She emphasized repeatedly that what *was* essential was my ability to hold her grief about losing Daphne and about other painful losses and disappointments as well, including those that I inevitably imposed on her by my failings. She needed somebody who could respond with "heart." This I believed I *could* do and had from the beginning of our work together. All this contributed to helping me feel adequate to the task of addressing and responding to Lynne's fetal and later baby and adolescent selves, as long as I had the sense that she really meant that she needed my responsiveness, not my perfect attunement, and was not just saying so to accommodate me. Her ability to use my affective presence and engagement to support her in our exploratory work reassured me more than her verbal reassurances did.

Early on, when she needed to bring her more fetal self into the room, we cocreated a pouch for her. When I couldn't provide her with sufficient containment in my shirt pocket, I became a kangaroo, and she was my joey! During the 4th year of our work, I was to take a trek in Nepal, which would

separate us for 3 weeks. Lynn had a patch made with JOEY sewn into it. I promised that I would carry it on or in my pack so that she would remain in my heart and mind (which I did).

Lynne continually struggled with the conflict between needing to authentically express the ways in which my episodic attunement disappointed her and her great care to protect me from feeling shame and inadequacy as a result of her feelings. One of the ways that I dealt with those feelings was by reminding myself that the glass was half full. First, she seemed more able to express these feelings to me, that it wasn't *all* about my deficiencies but about her loss of the quality of Daphne's attunement. I also understood that a relationship with me in which she could speak up on her own behalf, and make observations of me and address the ways in which my interventions were problematic to her, was important for developing the trust with me that would enable her to risk more vulnerable explorations. Furthermore, I understood that her ongoing freedom to express her disappointments in spite of her fear of inflicting narcissistic damage upon me was reflective of our success as an analytic couple. I was able to reassure myself with the idea of being a good enough, if not perfect, mother.

I kept reminding myself that of prime importance was not whether or not I was skilled enough to provide what Daphne had but that she feel safe enough to tell me when I was failing her, especially as my lack of attunement at times brought up a life and death issue. Furthermore, it seemed that she and I were engaged in helping her to expand a sharable affective world. These comparisons between my lesser attunement and Daphne's greater attunement came up especially before the accident. I was generally able to keep from taking it as a personal indictment of me as an analyst. (My mother had favored my older brother and I often wondered whether I would have been able to manage Lynne's frequent disappointments in me if my predecessor had been an older male.)

In the second month of analysis (six times weekly, including a double session), as the analytic bond developed, we understood a dream to express both a fear of losing me like Daphne and a concern about my smoothness. She said,

I'm afraid you'll shame me in my needing you, but I can't go back into non-being again. I need someone who has heart, who really cares. Your smoothness makes me feel that you're operating at a distance, from behind a shell, playing by the book too much. I'm afraid you'll see me as too rigid and demanding.

About one week later, she told me of another dream of a (male) soldier, who was blown away by the Tet offensive in Viet Nam, who had to return for another tour of duty and was afraid of being blown away again. We understood this dream to have been triggered by our last session in which she had felt me as standoffish in failing to understand that she needed an extra session. This meant to Lynne that I was keeping a distance because I was overwhelmed by her needs. She was afraid that she may have overemphasized how needy she was. She was equally afraid of getting settled with me, comfortable, only to get blown out of the water again. (In her own unique way, she warned me of how endangered she felt at those times when I made defense interpretations, which she experienced as requirements to put aside whatever she needed to do to feel safe.)

Much of our work up to the time of my accident consisted of addressing these major areas: her lifelong depression, her longing to consolidate her female embodiment, and her need to overcome the conviction that her need for closeness and intimacy was toxic and disgusting.

THE ACCIDENT

Following June 4, 1995, the day of my fall, I was hospitalized for about one month, the latter portion in a rehabilitation service. I was monitored closely via serial MRIs for the first two weeks, as I had sustained a contusion involving the frontal lobes and the base of the brain. In August, a craniotomy was performed to evacuate a subdural hematoma that was diagnosed when my wife, Pearl, recognized that I was drifting to the right when I walked and that my handwriting was deteriorating. I was in a semi-daze during most of that time, as well as after my discharge from the hospital. I suffered severe cognitive impairment, complete loss of my sense of smell, and the nurses and physicians performed a mental status examination daily, signaling to me that I was pretty disoriented in time and place. When they stopped asking me the name of the president I didn't know whether I was improving or they were giving up on me.

The world I emerged into was one of estrangement and isolation. My affectivity was flattened. My wife was at the same time familiar and a somewhat strange woman living in my house. I knew that something terrible had happened to me but I was oddly detached from it. A conviction slowly began to take shape that I had died and that the center of my existence had been scooped out and taken away. (I came to understand this as a self-loss experience and that the center of my existence represented my loss of affec-

tive contact with patients, family, and friends.) Next, I fell into a disinhibited, hypomanic state, which was predicted by my doctors as an expected part of my recovery.

Not only was I not sad or grieving (that came later), but I felt that something good had actually happened: a kind of rebirth; I was freed from all kinds of restraining responsibilities involving caretaking. In this state, I was emotionally labile, which I felt to be well-deserved freedom rather than as pathology. Needless to say, Pearl and my children were dismayed by my volatility and quickness to rage.

I experienced little emotional pain until just before I was to be discharged from the hospital, when Pearl and I were assigned to an apartment at Daniel Freeman Hospital for an overnight visit. Its purpose was to see how I would cope with normal living: preparing meals, et cetera. I was restless, paced back and forth endlessly, felt empty and wooden, like an automaton, couldn't sleep, felt depressed, and Pearl and I wondered if this was to be a taste of our future life together.

As I write these words, I realize that a major part of the reason that I have postponed writing this account until this time has been to protect myself from reexperiencing the trauma and its immediate sequelae. I could not have known that before I took this step, which exposes me to a sharpened awareness of feeling states that could only be discerned indistinctly through the fog of my pervasive numbness at the time. I am simultaneously saddened by an equally sharpened appreciation of how painful it was for Lynne and my other patients to suffer my initial efforts to reengage with them through the cloud of numbness and lack of empathy. My contacts with Lynne's story have dismayed me as I realize how long I had left her alone as she longed to have me come to a realization *on my own* of how badly I treated her during that first postaccident year.

POSTTRAUMA: THE LONG ROAD BACK

I held tightly to the hope that I would be able to make my way back to my normal life. My primary task was to find some way of assessing my readiness to resume my practice, which had been largely blown apart by my accident. My efforts to keep in touch with patients were problematic as I came across to them as strange, disinhibited, and frightening. (I lacked empathy and learned about this afterwards. Much later, to my horror, I found out from another patient that I had inappropriately confided in her over the phone about conflicts I was having with Pearl.)

Arthur Malin had been of inestimable value in doing whatever he could to help provide my patients with guidelines that they needed to make decisions about whether or not I was intact enough to return to therapy. I am grateful to Art, who stepped up and placed himself in the difficult position of being as truthful as possible at those times when my recovery was in doubt. He acted with integrity in bearing *their* best interests in mind, rather than sacrificing their needs in order to protect me and my future practice. That is exactly what I would have wanted had it been possible for me to articulate that delicate dilemma.

I turned to family, friends, and, above all, my mens' group to provide me with feedback about their perception of my readiness to return to work. However, I was only receptive to affirmation and was deaf to their expressions of doubt. I was determined to return and came to believe that only in the context of trying to work would I get the information I needed. I thought of Lynne and one or two other patients and could visualize a scenario in which they could indicate, and I could hear the truth about, my functioning as an analyst.

I made an attempt to contact Lynne about one month after the accident and acted as though it was "business as usual"; we could meet a day or two later at our usual time. In retrospect, I believe that I turned to her in my haze partly because I saw her at that time more as a friend than as a patient (that I could count on her goodwill) and partly because I could trust her perceptiveness about my impairment. (More recent self-reflection tells me that, countertransferentially speaking, I had developed an anticipation of being mirrored or "seen" by Lynne, because of pre-accident experience, in a way that had been rare or absent in my family growing up.) However, my phone call was puzzling and frightening to her, she told me later; she had the feeling that I was harassing her. Nevertheless, she *did* agree to meet with me. In a caring but firm voice, she informed me that I wasn't ready to work yet, and although I couldn't *feel* how hard it was for her to tell me that, I could *deduce* that it was and said so. She made the following offer: she could continue to meet with me as a friend in order to help me recover, even though she knew I couldn't function as her analyst. We agreed that I would give her offer some thought over the following weekend.

After some reflection, I decided to turn down her compassionate offer and to return to the outpatient rehabilitation program. She told me over the phone that she was proud of me for doing that. In retrospect, I was intact enough to recognize that Lynne's ability to tell me the truth was an important developmental achievement. She was not only able to put her own

welfare first and not accommodate herself to my very palpable need to receive affirmation of my intactness, she was also strong enough to tolerate the prospect of losing yet another analyst. At first I hesitated to turn down her offer to be my friend because by this time I was convinced of the quality of empathy and sensitivity she could bring to a relationship. However, I was intact enough to realize that to exploit it meant that I would repeat a pattern of exploiting her goodwill that had characterized her relationships with all of her family, particularly with her brother. Finally, I didn't want to cheapen our work together by denying both of us what was in fact the concrete evidence of what we had been able to achieve together.

Although I was determined to recover, I wanted it to be as a functioning analyst, and I hoped that the day would come in which I could resume being Lynne's analyst. I wanted desperately to protect Lynne from suffering yet another lost analyst and I wanted just as desperately to get back my lost life. Our mutual recovery was interwoven. If there was any hope that it could take place, I believed that it had to be that neither of us would suffer loss of integrity in the process and, above all, that my recovery would not require that Lynne's needs would be sacrificed.

I realize in retrospect that, in many if not all of these exchanges with Lynne, I was relying heavily on my *cognitive* ability to bear in mind that Lynne was my patient and what her dynamic struggles were, when I couldn't correctly interpret *affective* cues. This is where reminding myself how an analyst is supposed to function came in handy. I knew that I had to find some way of dealing with the enormous gap between how Lynne was experiencing me and how I experienced myself. In this regard, the mirror countertransference I had formed with Lynne embodied the trust that I had developed in her ability to see me. With this arrangement I functioned awkwardly as an analyst, but it helped us to bridge the gap created by my impaired empathy until I was able to recover further.

The next bit of the road was quite bumpy. I returned to rehab as an outpatient. Perhaps the best part of it was that I was assigned a social worker, Susan, who was extraordinarily helpful. She was attentive, caring, sensitive, and, at first, very quiet. She admitted to me when I inquired that she was intimidated by the task of working with a senior analyst. I reassured her that what she was doing and the way she was doing it were just right for me and that she just needed to continue. I remember crying oceans of grief about the huge hole in my life and my despair about recovering the me that I valued. I was very volatile and remember feeling rage about the outcome of the O. J. Simpson trial. Susan listened warmly and acceptingly, taking me

all in without judgment. She seemed to realize how important it was for me to experience and articulate the fullest extent of my grief.

I tried once again to resume work. I remember a discussion in my home between my three sons and Herb, a close friend and colleague. Herb tried to impress upon me that I *was not ready to go back to work!* My son Lawrence on one occasion intervened by telling one of my patients out in the waiting room (I practice at home) that I would not be able to see her that day. At first I was outraged by his interference, but I somehow could also recognize his loving motivation, and I could understand that he did it to protect her as well as my reputation.

I sent Lynne a letter, dated September 21, 1995, stating that I planned to resume work on October 9. To say that it was a bumpy road for both of us is a gross understatement. This period pushed the repetitive pole of the transference sharply into the foreground, and it remained thus configured for months.

My note dated October 31 reflects it: BIG TROUBLE! Lynne's experience of my hollowness alternating with disinhibitory/hypomanic behavior made her feel that she was at first being held and then dropped—feeling brutalized and more and more hopeless. She felt that we had gotten back together too soon. I wasn't recovered enough to be vitally there for her without my narcissism intruding. She felt that she couldn't go on this way. She was *angry* (a rare event for her and me). We discussed a consultation for both of us with the same person. I was filled with shame and had doubts about being able to recover. I wondered to whom I could turn for help.

Two days later: she felt better in that I appeared more attuned. (This feeling probably coincided with the Rabin assassination incident, about which Lynne will speak, which I do not remember. More recently, Lynne told me that she took heart from my telling her that I noted the look of horror on the faces of Israelis, and I linked it with a similar expression on the faces of my patients and family.) Hearing about this has sharpened my realization of how impaired I was during that time. Lynne had the feeling that I died and wondered if I would ever come back to her. Now that I was closer to my feelings would I be able to use them and develop the same skill that I used to have? Or would I lapse hopelessly into narcissism and not be interested in analysis (the dread of a repetition of mother's relentlessly downhill slide into alcoholism and depression)?

We were engaged in a desperate struggle to regain our footing to safe ground. In January (two months later), she reported that she had been impulsive and hurtful to one of her patients. I suggested that there might be

some things she hadn't been able to work out with me. This was a good example of how I was able to use my cognitive ability when empathy was still in scarce supply. She hesitantly agreed and spoke of having been brutalized by my disinhibitory phase, my wind vane flip-flops, the loss of stability for her.

She reported a dream: we are in a boat (the same boat), and the water is icy. There is a woman who falls overboard. A man takes off his sweater and rolls it up to throw her a lifeline. Her hands are frozen and she can't grasp it. She needs him to jump into the water and bring her to safety. We came to understand that Lynne was so involved with watching me to see if I was there, thinking right, and so forth, that she hadn't paid enough attention to herself. She needed me to jump in and rescue her by extending my reach to her. Two weeks later, another dream concretized her being at the edge of an abyss, having to leap into a pile of shards of glass and metal, which represented her terror of falling into a deep depression that would lacerate her. I had a different view: it'll be okay (representing how I needed to be experienced). We understood her fear that she had lost me, she was angry about the accident, and she feared that I wasn't strong enough to handle her jumping into her overwhelming emotion. She had to make do somehow (like she did as a child with her mother).

In the following weeks we continued to struggle to get the analysis back on track. My January 30 note: With great fear and shame she admitted that she was angry that "I don't get it" (the seriousness of the break between us).

In retrospect, I realized at this moment that I still couldn't reliably respond out of empathy well enough to address successfully the need to repair the previous, horrendous rupture that had taken place between us, but the good news was that I was starting to hear Lynne's desperate attempt to call it to my attention.

Subsequently, two important experiences helped to turn our endangered bond in a more positive direction: The first was finding out that I was trying to protect *her*, not *me*, when I rejected her offer in July to come in and work with me nonanalytically (as my friend). The other was her growing conviction that her need for connection was valid, not shameful, bad, and disgusting.

On March 15, I made this note: During the past 2 to 3 months Lynne seems to be feeling me to be more affectively present, rekindling the hope of refinding lost and given-up on...killed off parts of herself. Two dreams illustrate this: One: "going into a spacious home or estate that I used to live in a

small house next to—I left my cat there—years ago—probably dead, but I want to look for it—there’s a friendly woman. Then she remembers a dream she had after Daphne’s death—a bunch of kittens crawling all over. I sadly have to kill off most of them—I can’t feed them all (her own unmet early longings have to be given up because *she* can’t hope to keep them all alive). GRIEF. Occasioned by the raised hope in the analysis.

In the ensuing months, Lynne was constantly reacting to both her and my struggle to reconnect affectively. My gradual recovery of empathy left Lynne feeling dirty and ashamed over wanting to take hope out of my more affectively present self. She was worried that maybe my increased vitality was connected to my disinhibitory state. She felt stubborn about not wanting to expose again her little child self, fearing she would only be hurt, man-handled, jerked around again. She reported a dream about driving up a hill that was crumbling, and there were vehicles slipping down from the top. Nevertheless, she must go to the top and somehow get around, bypass a huge explosive missile on the way up. Together we understood this to mean that she desperately needed to get through the analysis despite her terror that I would bury her, crush her delicate child self under the weight of my needs, and also that she might trigger an explosion of defensive (narcissistic) rage in me.

FEELINGS OF GRIEF AND LOSS

A note dated 12/27/96 read as follows:

In the past two weeks, we’ve been processing Lynne’s profound sense of grief over her experience of me as having suffered a loss of enthusiasm and vitality since the accident. The loss to her is of access to my spontaneous reactivity to her, which had compensated her for the less-than-Daphne attunement and had provided her with a holding experience, on the one hand, and had met her feelings with an immediacy, on the other hand. Not having it as much as earlier in our relationship made her feel doomed to a life of grayness (like mine) in which she, as with her mother, has to match my lowered enthusiasm. In addition, she had to “give up” an expansion of her sense of being a complete woman due to my accident, which retrospectively was connected to what it meant (that she was looking for something bad and dirty—proving again that her needs were basically destructive, that they had weakened me).

Ten days later (1/9/97):

This past week seems to mark a big breakthrough in my recognition of being emotionally more dampened. That change has allowed Lynne to feel more met and understood and validated in *her* experience and at the same time, more appreciative of my solid, skillful points, which in turn made her feel more solid.

Then, feeling more safety in our bond, she brought in notes for me to read about what she went through when *I* felt that I had recovered enough to resume work. *Her* experience was that I was not yet functioning as an analyst and that she received no validation of that from me or anyone else. She was still being brutalized, and my lack of understanding of my contribution to her pain left her with a reiterated confirmation that she was too needy and sensitive (shameful). She expressed anger that I didn't stop our (then) abusive relationship and that my breach allowed her basic, dirty, bad needs to move into a relationship that was bad for her, revealing and reconfirming her basic badness and toxicity.

What emerged next was Lynne's fear of bringing up to me her painful feelings of what transpired between us in the immediate posttrauma period (July and October). She was afraid of instigating mutual shame, which would mean losing me forever. Thus, we were able to understand why she was so afraid of making me feel ashamed of my treatment of her. We saw again from a more immediate perspective her entrenched belief that needing closeness with anyone is bad because it can burden them and cause them to crumble like mother or would entice them into an abusive and mutually degraded relationship.

Further working through of her fear of causing me shame allowed us to address Lynne's hurt and angry feelings about having to pay my fee at a time when I thought I was acting as an analyst and she felt I wasn't. This added insult to injury as my failure to recognize and validate *her experience* reexposed her to the conviction that she was wrong and shameful for needing what I couldn't provide (at a time when I acted like business as usual).

We painstakingly negotiated an agreement that I would refund or credit her with 3 weeks' of my fee as we mutually agreed that concrete validation was appropriate and fair. I briefly felt a wave of humiliation sweep over me when the issue was first brought up by Lynne. This feeling was in relation to a sharpened realization of my impaired functioning a year earlier, but it was counterbalanced by an opportunity for me to offer some tangible

reparative act. I was compensated by the recognition once again that Lynne's ability to bring up her feelings of resentment about having to pay me when I wasn't functioning as an analyst was a major developmental achievement for her and our work together.

In February 1997 I noted that

In the past year and a half Lynne has been struggling, mostly *alone*, with the awful feeling of being kept at a distance from me. Today she put it in terms of the excruciating feeling she gets, when I speak, of loss as she compares how I speak now with how I spoke to her before my head injury. Yesterday she was heartbroken over her sense of my inability to grasp how dead I appear to her. In a dream she's in a bed with 2 men—the man in the middle pulls out a gun and shoots her and kills her suddenly and she's detached from the experience. The man on the other side is unmoved, like made of cloth. The dream concretized how lethal it is for her to be confronted by the dead me that acts like it's "business as usual," but it also evokes life with mother: having to pretend that her dead mother in the live body really was adequate while her father was unmoved by her plight. She longed for me to see things through her eyes, but, in another way, there's an angry Lynne that would like to protest loudly about wanting/needing to get through to me. But she is worried that if she *could convince me* how dead I am to her it would be the last straw—it would finish me off, I'd collapse as mother would have.

ABOUT THE ANALYST'S SHAME

Repeatedly, we learned and relearned the validity of Lynne's earlier statements that what was essential was not the degree of my vitality or my attunement but rather the extent to which *her vitality* depended upon my recognizing and meeting her painful loss and disappointment in me during the posttraumatic period. Correspondingly, I found myself called upon, again and again, to master feelings of shame and inadequacy at those points where Lynne's poignantly expressed pain activated them. I often had to remind myself that the very experience of her articulation of painful feelings that threatened my sense of adequacy meant that we were on a vitally important analytic track, which was Lynne's expanding, developing self moving beyond being the lifeless "ribbon figure" that lived behind the partition of glass that separated her from the world.

The quality of my shame needs some explanation. It was related to discrete exchanges between us in which I experienced failure to understand or attune to something important, something that Lynne needed me to grasp. In that sense, it was situational. It is notable in that it was not an experience of self-loathing or self-condemnation or connected to convictions of defectiveness or badness. It did not feel like it resonated with a core sense of worthlessness or ineffectiveness.

Would my experience have been different if Lynne had voiced her disappointments in my attunement in a contemptuous or belittling tone? Perhaps. We can't know that because that's not her style. Her characterological style had been to engage more in self-blame than to stand up to mistreatment. One of the gains in the analysis was that she did develop the ability to stand up for herself consistently. It was that very capacity that I needed to further my recovery, even though I didn't welcome being reminded repeatedly of my impairment. As far as shame is concerned, for us it was a win/win situation. Her gains were our gains, which more than compensated me for any transient shame or feeling of inadequacy I suffered. In a paradoxical way, the sting of shame was transformed by its association to analytic success.

There are a number of defensive maneuvers available to the analyst threatened with severe shame, and they are well known to experienced clinicians. Perhaps the major one is that of consciously or unconsciously shifting the shame (or the blame) to the analysand. Episodes of misattunement, dozing, as well as major lapses in judgment are easily rationalized by the analyst's considering the patient's role or participation in the relational field in which they occur. There is a necessary balance between thinking of the analyst's contribution as well as that of the patient. Shame or the threat of shame in the analyst can tip the balance in the direction of moving away from an acceptance of the analyst's contribution to the event, toward overprivileging the patient's responsibility. (This defensive posture creates the well-known phenomenon of blaming the patient.)

Why are we analysts so reluctant to accept and feel our shame and feelings of inadequacy? Of course, there is the issue of feeling shame about shame. There is a general climate reflected in our analytic literature and case presentations that tends to promote the impression that shame in the analyst is unacceptable by a widely shared but unarticulated analytic self-ideal. But we analysts *do* experience shame, and we struggle to deny it. The pain of it is considerably augmented by associated feelings of self-loathing, self-disgust, self-condemnation, and a sense of failure as an analyst. I would argue that one of our major tasks as analysts is that we need to

achieve a capacity to maintain a basic sense of our general competence or goodness, if you will, in those multitude of instances in which we fail to live up to our ideals. When that seems too difficult, we must question the loftiness of our self-ideal and try to modify it.

WHAT HAPPENED IN THIS ANALYSIS?

As I go through the process of reviewing our work together and reading earlier drafts of Lynne's story, I am impacted in two major ways: First, I'm deeply saddened and filled with disbelief that I was so impaired and behaved in such inappropriate ways. It's not that I hadn't realized how much I struggled to regain my analytic self following the accident 12 years ago. It's mostly that I'm getting a new and painful perspective, from this distance, of just how hard it was for Lynne and other patients. Second, I am powerfully struck by the mutual benefit that we derived from the analytic events that followed the accident. I often say that a successful analysis fosters growth in both participants. This analysis gives that statement a whole new meaning.

I'm left with many questions: What was the effect of the accident? It seemed to have confronted us with a situation in which our mutual trust was challenged endlessly. I was committed to recover for my own sake and to do everything humanly possible to prevent Lynne from having to suffer another damaging loss. Lynne courageously clung to the hope that I would regain my analytic functioning, but were that not to happen she had progressed to a point in her self-development at which she would no longer have to sacrifice herself and her needs as she had with her childhood family. When she told me that she would be able to leave me if I didn't improve, I saw that as a sign of the success and value of our work. I don't believe either that the analysis succeeded in spite of or because of the accident. It was that everything that happened before and after afforded a working out or working through of a number of Lynne's core self issues.

I am reminded of Winnicott's (1971) concept of the patient's ability to find the analyst *usable*. I was repeatedly struck by the power of a particular intersubjective disjunction between Lynne and myself. A consistent feature of my experience was to feel that Lynne used me well, that I was well employed by her. She, however, tended to be continually troubled that the very same interaction was one in which she was misusing me or dirtying me by her disgusting need for closeness.

I would argue that the tension created by our discrepant feelings was a major source of analytic benefit for Lynne. This issue goes to the heart of her very existence. Given the context of the emotional impover-

ishment of the family environment, she was compelled to sacrifice her needs for the good of her mother, primarily, or else suffer agonizing shame and self-loathing as well as an ever deepening conviction that she was toxic to others. Did those feelings change as a result of our interaction? My recovery required that I have her freely articulate her disappointment, distress, and bewilderment in the face of my missing empathy. Our work prior to the accident helped her to feel that I was not only interested in hearing about my misattunements but that I saw that as essential to our work. (This was a continuation of a similar experience that she had had with Daphne.) Since her reactive affectivity to her unmet needs became such a positive focus of our work, did she become less convinced that her needs were destructive and toxic? I think so. What about the fear that her protesting inappropriate boundary violations would surely lead to shame in the perpetrator and end the relationship (as with Rick)? In fact, her protests and disappointments did stir feelings of shame, inadequacy, and frustration in me. However, there was a Janus quality to this experience: the pain I felt meant that something productive was happening for her (and therefore for us). Not that it was good that I was failing her, but it was good that her lifelong conflicts about standing up for herself were being worked through.

She could see my pain, but our tie, and I, was still intact. What about her conviction that her need for closeness, especially with a male figure, was intrinsically dirty and shameful? It seems that our mutual transference-countertransference enactments helped Lynne to transform her previously entrenched conviction that closeness could only lead to shameful, degrading disaster. What about her anger? Previously unthinkable, guilt-provoking, felt as destructive, her anger could be felt as legitimate, even clean and growth-producing.

All this and more: many additional indefinable experiences such as Lynne's attachment to the deep, intimate, affective engagement with the raw-rough-unpolished-impaired me (the antithesis of the smooth-intellectual-walled-off me in the early period of our work). Did she want me that way? She would probably tell us "no!" However, she also craved my affective involvement with her on the deepest level. She needed those moments of meetings in order to emerge as a fully vital female participant in the world. Paradoxically, she found many of those moments during the postaccident period, in our mutual struggle to reright the analysis.

I admit to being at a loss to explain *all* the changes. I'll leave it like that. I'm open to your ideas.

REFERENCE

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Bernard Brickman, M.D.
 971 Linda Flora Dr.
 Los Angeles, CA 90049
 310-471-1425
 bbrickma@ucla.edu

TRANSLATIONS OF ABSTRACT

El autor describe su experiencia personal de sufrir un traumatismo incapacitante en la cabeza que tuvo un efecto devastador en el análisis en curso con una paciente que estaba esforzándose en recuperarse de la trágica pérdida de su analista. El autor demuestra que su propia recuperación y la transformación analítica final de su analizanda estaban relacionadas de manera inextricable. El autor señala la importancia crucial de la autorreflexión y del manejo de sus propios sentimientos de vergüenza e inadecuación en el periodo post-traumático durante el que se esforzó para recuperar su posición analítica. Una característica inusual de esta crónica es que se empareja con la de la paciente que cuenta los mismos hechos desde su perspectiva.

L'auteur décrit son expérience personnelle d'une blessure incapacitante à la tête laquelle a eu un effet dévastateur sur l'analyse en cours d'une patiente aux prises avec la perte tragique de son analyste précédent. L'auteur démontre comment son propre rétablissement et l'ultime transformation analytique de sa patiente ont été inextricablement liés. Il montre l'importance cruciale de l'auto réflexion et de la gestion de ses propres sentiments de honte et d'inadéquation durant la période post traumatique alors qu'il s'efforçait de recouvrer sa posture analytique. Que ce récit soit pairé avec celui de l'analysante qui rapporte les mêmes évènements dans sa perspective en fait un témoignage très rare.

Der Autor beschreibt seine persönlichen Erfahrungen bei der Bewältigung einer beeinträchtigenden Kopfverletzung, die eine verheerende Auswirkung auf die laufende Analyse einer Patientin hatten, die gerade dabei war, sich von dem tragischen Verlust des vorherigen Analytikers zu erholen. Der Autor stellt dar, wie seine eigene Wiederherstellung und die ultimative analytische Veränderung seiner Analysantin unlösbar miteinander verbunden waren. Er verweist auf die entscheidende Selbstreflexion und die Bewältigung der eigenen Gefühle (wie Beschämung und Unzulänglichkeit) während dieser posttraumatischen Periode als er darum kämpfte, seinen analytischen Standort wiederzugewinnen. Ungewöhnlich an diesem Bericht ist, dass er sich mit der der Analysantin paart, die die gleichen Geschehnisse aus ihrer Perspektive darstellt.

L'autore descrive l'esperienza personale di subire un danno debilitante alla testa che ha avuto un effetto devastante sull'analisi in corso con una paziente che stava lottando per superare la tragica perdita di un precedente analista. L'autore dimostra come il proprio recupero e la definitiva trasformazione analitica della sua analizzata fossero inestricabilmente collegati. Sottolinea l'importanza cruciale dell'auto-riflessione e della gestione dei propri sentimenti di vergogna e inadeguatezza durante il periodo post-traumatico, man mano che lottava per riconquistare il proprio equilibrio analitico. Caratteristica inconsueta di questo resoconto è che esso viene messo in parallelo con quello dell'analizzata che riporta gli stessi eventi dal suo punto di vista.