

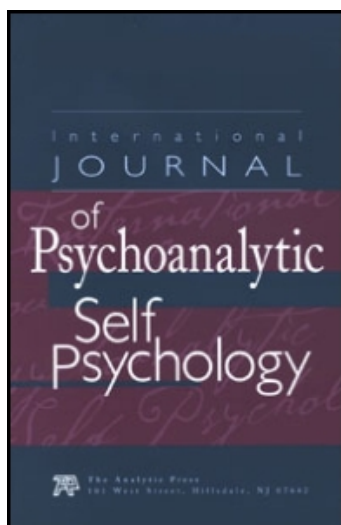
This article was downloaded by: [Gardner, Jill]

On: 29 July 2010

Access details: Access Details: [subscription number 924859702]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



International Journal of Psychoanalytic Self Psychology

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t783567628>

From the Couch: Trauma and Recovery after Analytic Impingement

Lynne Jacobs^{ab}

^a Institute of Contemporary Psychoanalysis, Los Angeles ^b Pacific Gestalt Institute,

To cite this Article Jacobs, Lynne(2007) 'From the Couch: Trauma and Recovery after Analytic Impingement', International Journal of Psychoanalytic Self Psychology, 2: 4, 405 – 422

To link to this Article: DOI: 10.1080/15551020701505595

URL: <http://dx.doi.org/10.1080/15551020701505595>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

FROM THE COUCH TRAUMA AND RECOVERY AFTER ANALYTIC IMPINGEMENT

LYNNE JACOBS, PH.D., PSY.D.

Our tales of trauma revolve around a serious head injury my analyst suffered, the disruption of his life, our analytic relationship, my treatment, and, finally, the recovery process in which we were both intimately engaged. This is a story about values in psychoanalysis and their intimate implication in the conduct of a successful analysis. It is also a story about trauma and the forever ongoing process of recovery. How we weathered our extraordinary circumstance can illuminate themes that are important for analytic work in situations of the analyst's injury or illness and for analytic work more broadly.

INTRODUCTION

In our analytic engagement, Bernie and I were confronted with an extraordinary situation. I believe that how we weathered our extraordinary circumstance can illuminate themes that are important for ordinary analytic work more broadly. We began this writing project 2 years after my analysis ended. Due to space constraints, I have had to leave out some things: the story of how the loss of my first analyst shaped my analysis with Bernie and our post-injury process, many of the details of our conversations and explorations of meaning, and, finally, a description of the various motivations and meanings of this current project.

Ours is a story about values in psychoanalysis and their intimate implication in the conduct of a successful analysis. It is a story about courage, integrity, collaboration, and even love. It is also a story about trauma and the forever ongoing process of recovery. Interestingly, two of the processes by which trauma becomes integrated and somewhat mollified are (a) devel-

Dr. Jacobs is a Training Analyst at the Institute of Contemporary Psychoanalysis in Los Angeles and Cofounder of the Pacific Gestalt Institute.

oping a coherent narrative of the experience and (b) finding listeners who can bear witness to the story. Obviously, writing our papers for public presentation gave us an imagined audience to whom to tell our story, so we have borrowed you as listeners and witnesses for our story, and that has been enormously helpful—though not without risk and complication—for both of us.

One particular risk is that of impinging on current or past patients. Although we have both taken steps to consider and respond to the concerns of our patients, there is, of course, the possibility of further painful impingement as we share our stories in public. Also, there has been the risk of my losing Bernie as my analyst, as we move to a more collegial endeavor. However, this project has actually, thus far, allowed further resolution and reconciliation of our traumatic history.

STORY

When I was first told of Bernie's injury, I had a haunting sense of *déjà vu*. I had been down this road before: my first analyst, Daphne, a young, vibrant, exquisitely sensitive woman, had died unexpectedly in the midst of our work together. Aside from the distressing loss of contact with Bernie now, and my concern for his well-being, the grief and horror of the tragic ending of my first analysis came flooding back to me. I became a bit disoriented and confused about what was present, what was past.

I had a dream that night, that Daphne had been brought back to life, only to be given a second terminal diagnosis. I was shocked to have to lose her again and was angry at the unfairness of it all, to her and to me.

The next 6 weeks were excruciatingly difficult for me. After the first few days it did appear that Bernie would survive, at least. But no one knew for certain how completely Bernie would recover, so I was in limbo, not knowing if we would ever be able to work together again. For a while I had no idea what the quality of his consciousness might turn out to be. Of course throughout his entire rehabilitation I was deeply worried that he might never regain enough functioning to return to work, but initially I was even tormented by the fear that he might not even gain enough cognitive functioning to be able to remember who I was. Would I find myself saying goodbye to someone who did not even know me, after all the intimacy we had shared?

In fact, the last session we had before he fell had been a delightful, intimate experience of closeness. The session was filled with tender explora-

tion as well as shared humor. But whenever I explored and expanded my sense of our intimacy, I worried that we were engaged in something inappropriate, even dirty. My childhood movements in the directions of intimacy of any kind had occurred in an environment where I was prone to feel violated, betrayed, humiliated, and bad. This was something that Bernie and I had spoken about and lived through often. So I was pleased that Bernie and I could actually play with our intimacy, despite the shadows that hovered nearby. But when he fell, one of my thoughts was that he was being punished for my misdeed of pulling us into more intimacy than was appropriate for our relationship.

Bernie certainly did recognize the people in his life, but throughout his recovery the question still remained whether he would ever be able to return to work. No one could say for sure, and I had already been through this same story with a terrible ending. I knew I could not really be reassured until I actually met with him.

My chance came when I returned home from a short vacation in mid-July, 6 weeks after his fall, to find a message from Bernie on my answering machine. He was calling me about scheduling a session, way ahead of schedule, and although I welcomed the chance to get my own firsthand sense of him, I was not at all convinced that he was ready yet to return to work. In fact, his message to me was quite odd. He was calling, he said, to set up our next appointment; he wondered why we had not met for a while and did not know where we had left it, but he expected to see me. His tone of voice sounded as odd as his message, and he also sounded a bit miffed, as if I had stood him up when he had expected us to be meeting!

I was tremendously excited just to hear his voice again and that he remembered me and wanted to see me. I also felt a rush of bafflement and anger that he seemed to be talking as if nothing unusual had happened, as if he had not disappeared from my life suddenly for 6 weeks. I wasn't even sure he had any idea how much time had passed since his injury. I was afraid and anxious, and I also yearned very much to see him and hoped against hope that he was actually ready to return to work. But in truth I knew he wasn't, and I felt angry at having his presence dangled in front of me this way.

The next morning, after consulting with Bernie's coverage person, who affirmed that Bernie thought he might be ready to return to work, I called Bernie at home, presuming he was not yet working in his office. Bernie took the call, sounding happy to hear from me but confused as to why I was calling on his home phone. I spoke matter-of-factly, saying to him that he had left a confused and confusing message on my answering ma-

chine. He said he was confused because he was unclear where we had left the issue of our meetings, and he had not seen me for a while. I snapped at him—and immediately regretted it—that he'd had a head injury 6 weeks ago, and we had not spoken since. He seemed to ignore both the meaning and the fact of my statement and just ploddingly asked when I wanted to come in; he said he was prepared to see me. I reluctantly agreed to come in for my regular appointment the next day.

The session was a disaster. When he came to the waiting room to greet me, the first thing I noticed was that his eyes were glazed over and expressionless. His voice, his emotionality, was also hollow. My stomach turned. I sat down opposite him (rather than moving to lie on the couch as was my usual custom) and knew from the first moment that we were not going to be able to resume our work together at this point. I made a few halting attempts to talk of what his terrible tragedy had meant to me, and he dutifully tried to track what I was saying, but he seemed unable to muster any interest in my trauma.

I started to feel awful about asking him to listen to my injury when he was so obviously still in the throes of his own. Nonetheless, I gamely tried to talk about my sense that he was not able to be with me, that he seemed locked inside his own trauma still. It was the kind of work we did together commonly—analyzing my reactions to his interventions and his presence. I offered it in some effort to act *as if* we could do analysis as usual. I knew he had some faith in my perceptions of him, and I thought that might help orient him. I was casting about for some way to talk with him. He talked of being lost and blocked and that he could understand my statement that I could not locate him, because he could not locate himself either. I asked him about how his rehabilitation was going. He told me he had aborted it. My heart sank. He then made an effort at an interpretation that actually required some ability to be self-reflective. He said that he quit rehab in reaction to what he experienced as requirements that he accommodate to them, and that perhaps I was having similar trouble with him. Although I did not think the interpretation apt, I was warmed by his effort to understand, in whatever minimal way possible, that something was amiss between us.

Bernie wanted us to set up another appointment. He sounded anxious, as if he needed reassurance that we would continue meeting. I just wanted to get out of there, although I was really trying, and so was he, to make it work. I wanted to run screaming down the hill, seeking anywhere for some sanity. Instead, I said that although I was not optimistic that he

was ready to return to work, I would set up another appointment for Friday, two days hence. I did not think we should meet at our usual time on Thursday, that we both needed time to assimilate this session. Bernie got up from his chair rather mechanically, marked me into his appointment book, and escorted me to the door.

Although I felt incredibly dismayed at seeing my analyst in such an impaired state, I also was glad to have seen him, because I could feel from him his commitment to return to work and to regain his competence. Now, at least, I had confidence that even if Bernie did not recover well enough to work well with me, he would likely recover well enough so that we could have some modicum of a termination process together; we would be able to have a meaningful goodbye.

Later in the day I spoke with Bernie's colleague, who agreed that Bernie should not be seeing patients, even though he clearly wanted to, and was not necessarily open to listening to reason. As we discussed it together, I thought that there was a good chance that Bernie would listen to me if he could, because I had now had firsthand experience of his deficiencies as an analyst and because he trusted my perceptions and my goodwill. So for my sake and for his, I decided to return and talk further with Bernie about my assessment of his functioning.

It wasn't without trepidation. I was surprisingly unconcerned about any negative effect the session would have on my analysis, should we be able to resume it. I knew that the only way we would *not* be able to work through this unusual twist in our relationship was if Bernie did not recover enough to continue working with me anyway. So I had nothing to lose, and I did think that I had something to contribute to the well-being of someone I cared about dearly. But I was very frightened that in his current state he might react angrily and belligerently.

When I arrived at Bernie's office, I began the Friday session by saying we were going to have a difficult conversation, that I had decided we could not continue meeting at this time. He looked surprised and confused, and my heart sank. I had hoped that he had already reconsidered his decision to resume work and that he would say, "Yes, I understand I am not ready to return to work." I told him that I thought his judgment was not yet intact, that he was showing poor judgment by trying to see patients while he was still massively impaired. By working now he risked damaging his patients, his good professional reputation, and, ultimately, his practice.

With what appeared to be a mixture of interest and injury, Bernie asked what I saw that led me to warn him not to begin practicing now. He

also said he appreciated my honesty and said it must be hard for me to be telling him this. I was deeply touched by his ability to notice my difficulty at a moment when I was disappointing him, especially given his impairment. Ordinarily I might have cried at such recognition, but I did not think Bernie would be able to follow me, so I held myself in check.

In the course of the conversation, I told him I sensed that he had lost his ability to resonate with anything I said and that he seemed unable to make an effort to comprehend my experience. I suggested that his lack of affectivity and his glazed eyes were a signal that he needed to withdraw and be protected from affective impingement, such as the impingement of analyzing the effects of his injury on his patients. In fact, I had the impression that just behind his eyes was a darkness that swallowed up my words and his potential responses. I could see that this conversation was painful for him, as it was for me.

He said he knew something terrible had happened to him, and to others who care about him, that it was very sad, and he did not know what it was, but he was eager to contend with his lost, missing self. Partly because I felt injured that he seemed not to notice that I, too, was injured, I blurted out, "But the consulting room is not the place for that!" He looked stung and angry; I was immediately sorry for being stern with him, and I was pretty sure I saw another look of fierce anger cross his face and then disappear into his passive inability to sustain his excitement. The pathos was palpable, hanging heavily over our conversation. My heart was breaking for him and me.

As the hour neared its end, Bernie reiterated a few times how enormously valuable he found our conversation. He said it was positive and momentous to be talking this honestly about what was happening. At one point I said that I knew I was going to have to discontinue our meetings for now, despite how much we both wanted to keep meeting, and that I would leave whether or not I had his blessing, but I hoped he could understand and give his blessing. His integrity came shining through, despite his serious impairment. He paused and then said that when people come to a decision that feels true to themselves, he is excited by it, even if he does not like the decision. I felt enormously proud of him in that moment, appreciative of all that we had done together that made such a conversation, even under the most difficult of circumstances, a meaningful one.

I could tell also that Bernie was pleased and excited by the return of some sense of his former self, in the moment, beginning to emerge. He did not want me to leave; I did not want to leave. He said again how enor-

mously important and valuable this conversation was for him. An idea came to me then, that maybe if this conversation was so valuable to him, that maybe we could meet a few more times. The pain of our impending good-bye had me looking for some way to stay connected. I also wanted to hasten his recovery if at all possible, and I cared about his pain, his sorrow at the loss of access to this kind of conversation that he hungered for. I suggested that we could consider meeting together some more and see how it went. But we would have to be very clear that meeting would not be for the sake of my analysis, but rather for his healing. He said he thought he would like that. I suggested we should both spend the weekend thinking about my offer and that we should both discuss it with trusted colleagues.

As the weekend progressed, I felt an increasing sense of pride and appreciation for our session. I was proud of my courage and honesty, proud of his integrity despite his impairment, pleased and proud for both of us that we could have such an honest and intimate conversation about a very serious and difficult situation between us.

Unfortunately, I also felt a kind of sickening shame about having suggested that we keep meeting. I was troubled by a shameful awareness that part of my motivation for wanting to keep meeting with him was that I would then be a "special" patient. I knew that was not my only motivation, not even my primary motivation, actually, but I thought that its presence sullied the integrity of our work together, and that session in particular. I wondered if I was guiding us into a reenactment of the relationship with my brother that had at times felt so intimate and had ultimately soured and left me ashamed and confused regarding my desires for close connection with others.

Bernie called on Sunday to tell me that he realized I was right; he was not ready to return to work. He said he thought I deserved an analyst who was fully recovered. He decided to reenter the rehabilitation process and to call me in a few months to resume our sessions.

I felt a sharp pang of loss. I missed him so much. He was tantalizingly close, yet so far away. I also felt a pang of loss about my chance to be special to him. But my predominant sense was of relief and calm. I was even a bit elated to be free from my conflict. I was also elated that his decision spared us from the potential of making a mistake that would shroud the rest of our work together in shame.

I was left, however, with an additional, very troubling thought. Since I did not know how he felt about my having made the offer to continue, I wondered if he was angry with me, or, more importantly, if he was disgusted

with me for allowing my narcissistic desire for specialness to corrupt our treatment relationship. And, speaking of narcissism, I wanted to hear more clearly from him why we were not going to keep meeting, whether he really wished to withdraw from me? I also wanted him to address and acknowledge how difficult for me the sessions of the past week had been.

And I was feeling so ashamed, ashamed of everything—ashamed, on the one hand, that I wanted his acknowledgement, even though I knew that he could not function as an analyst at this time, ashamed that I had offered to have more sessions with him, and, on the other hand, guilty and ashamed that I had set a limit with him, ashamed of hungering for more contact with him. My shame and guilt just swallowed me up.

I limped along through the summer. The gray cloud of shame never fully abated, but as I heard about Bernie's progress in his recovery, I continued to be cautiously optimistic that we would eventually work things out together. Then in mid-August I got another phone call from him, one we later came to identify as his "disinhibitory phase phone call." He spoke to me in a slightly manic, pressured pace. His mood was euphoric. He delighted in recounting details of his rehab experiences. He also said, in an exuberant and defiant tone, that he had found he was not all that concerned with other people's feelings and that he hoped to retain the freedom from concern in his recovered personality. I was dismayed, of course, because I thought he meant he did not want to have to care about *my* feelings any more, and in this phone call he was speaking without care for me. Then came another blow. He said he was questioning whether he wanted to return to work. He was saying this without any apparent awareness that he was speaking with a patient who missed him and desperately wanted him to want to return to work. The phone call ended with a final blow when he stopped to ask me how I was, and when I started to cry and said that I missed him, he said quickly and cheerily, "Oh, I have to go now! Goodbye!" I was stung by his sudden departure.

Despite feeling hurt and angry, I also found myself enjoying and being intrigued with what I experienced as the purity of my angry feelings! Immediately after Bernie hung up, I went to take a walk. Embroiled in hurt and anger, I thought about my mother, who had died a miserable death from the effects of alcoholism in the previous year. I realized that I had learned from my mother to distinguish between words spoken in ordinary consciousness and the words of someone who was drunk or otherwise not in their right mind. My sense of being tied in a knot of hurt and anger lifted, and instead I felt a delightfully free-flowing, clean, guilt-free anger at Bernie for calling

me when he was “drunk.” I had always been slow to anger, slow to protest, and Bernie’s bad behavior in his altered state had freed me, in much the same way, it seems, that his altered state freed him. I knew I was having an important, growth-enhancing experience, and I enjoyed the fantasy of sharing it with him in the future *if* he did return to work.

On the other hand, I hoped he would not call and impose on me again. I felt raw with the pain of his insensitivity and now with my concern that he would no longer take pleasure in being an analyst. I also worried that he would be so callous that he would not care about my pain if that was his decision.

When he did eventually call and leave a message in early September, I wrote a letter in return, that although I was eager to talk with him, I wanted to do so when we could have analytic conversations, not casual conversations. I wrote, among other things:

These are my pressing, haunting concerns: Will you want to return to work? Will you return with all of your “empathy synapses” back in place? Will you be open to understanding and attuning to what your trauma has meant to me? Will my prior work with you be in a dead past, or will we be able to re-attach and re-enliven the threads of our past work? I wrestle constantly with discouragement and pessimism. With these questions as the background of my current life, how can I just chat with you? While we had our conversation of words, in my fantasy I would launch my little “joey” self up into your breast pocket. I would be crying and beating your chest with my fists and begging you for answers which you might not yet have.

I hope this letter communicates something to you of my state of waiting, and can provide some guidance as to the when/how of further contact with you. I realize we are both shooting somewhat in the dark here, in that our states of mind change over time, and we are out of touch with each other.

Later, after running into him in person, I wrote him another letter in which I included some dreams I had over the summer. I hoped he would use the dreams as a guide to assess his ability to comprehend me and to take my feelings into account. I told him that the dreams captured “some of my fear of what you will be like upon my return. I dread you will be disheveled and not know it.”

I wrote also:

I fear that you will return to work prematurely, and that my efforts to protect myself, my anger at needing to protect myself, and my awareness that you are “not ready for prime time” will turn you away from me, because you will want to be treated like you *are* ready.

Picture this. I show up for our first session. I sag onto the couch. Mute, face turned toward the wall. Grief that is beyond words, anger tangled up with guilt and shame, fear that you are not ready yet. I will need to be *held*. I will be disheveled, need you to reach out, need your tenderness, compassion, passion, empathy, attunement, and a feeling of your sustained interest and presence. This is what you must be ready for, even though it is more likely that I will come and want to talk, and to listen to you, and I may be well behaved. Inside will be the other me. And what if my pain about your accident and its sequelae, for which I need to be held, activates *your* need to be held, because you are still so raw and grief-stricken, and recovering, yourself? Will you be able to sustain empathic connection with me and my need to be held? Will your empathic failures be within a tolerable range, or will they be so gross as to mean you are not quite ready yet?

I don't want to wait any longer than I must for you to return to work, but I would rather be kept waiting than have the experience of having to tell you—again—that you have returned too soon. I know this is a tough call, because each of us is different in what we need of you, evoke in you. And *maybe* you don't need to be back 100% in some ways, maybe so in other ways. So we just have to take our chances at some point. I just offer the above scenario as a way to capture the fact that, along with your empathy, I will need your holding ability as well.

In October, as the time approached for our first session, I did not think I could just go in and lay down on the couch as if we could go forward with business as usual. I did not want to go in and sit in the chair, as I had done back in July when he *had* returned to work prematurely. Somehow it seemed to me that sitting in that chair would retraumatize me. I made the odd decision to go in and sit at the end of his analytic couch.

My first session back was a disaster, reminiscent of our session in July, except that Bernie looked more alert and *was* more alert. But he was confounded by my difference. Aside from my unusual seating arrangement, I

was full of anguish, I was angry, much as I had described in my letter, and I did not know how to begin unraveling our recent history together.

I decided that I needed to be more recognizable to him if we had a chance of beginning to work together again at this point. So the next day I assumed my usual position on the couch. Bernie was a bit more lively and in touch. He encouraged me to talk about my experience of being with him, as we spoke together about his summer of recovery. I began to ask him what he remembered of our contacts over the summer. To my dismay, he remembered very little.

The next 4 weeks are a blur of misery and desperation, mixed with excitement that at least Bernie and I were meeting again, and Bernie *wanted* to work, something I could not have known for sure until we began to work again. There were two major problems. The first was that Bernie still seemed unable to comprehend what had happened to me in our contacts over the summer. The second was that his emotions were labile, his interventions impulsive. I do not remember the details, but I do remember getting hurt often by his sudden, impulsive, emotional outbursts that seemed governed more by his own reactivity and self-concerns than by any attempt to understand my experience. My sense of desperation and futility grew with each misbegotten session.

As we tried to explore his interventions and my reactions to them, I told him that much of his activity with me seemed impelled by his head injury. He insisted that he had recovered from his injury and that he was struggling with a countertransference problem. I asked him to talk about it, but he could only keep insisting that the head injury was not a problem, some confusing countertransference issue was the problem, and that we could best resolve it by continuing to meet together. This seemed an impossible, intolerable situation to me. I felt desperately despairing, given that he could not gain greater access to whatever his countertransference difficulties were, and our sessions merely brought one disaster after another. Finally, after 2 or 3 weeks, I screwed up my courage to announce that he was going to have to arrange for a supervisory consultation, or I was going to leave until he had recovered further. We agreed that we would each arrange a consultation with the same person. I hoped that our consultant would be able to point out to Bernie the extent of his impairment.

Then something unusual happened, a tragedy that opened Bernie's eyes. Two days after Israeli Prime Minister Rabin was assassinated, Bernie told me he now understood that the effects of his head injury, not countertransference issues, were pervading our work. I asked how he knew.

He said the look of shock and horror he saw in the eyes of Israelis was the same look his behavior triggered in people who were close to him.

I was terribly sad for him but relieved that he now understood that he was still impaired. I had confidence now that he was *well enough* for us to continue together, albeit not easily. For me the crucial point was that he was now able to understand when his injury left me disrupted.

Actually, it was about a year before Bernie was able to function as well as he had before his head injury. I remember one session in which I cried intensely because I felt he had not regained easy access to his joy, and I lamented that this current Bernie “was not the right guy.” Bernie moved closer to me and held my hand. I had the sense that if he had been fully recovered by then, he would not have moved and held my hand, but I thought that since he could not hold me emotionally, we would have to compensate. I held on desperately. The tears were about a despair I felt that if Bernie no longer had the same ready access to his joy that he used to have, then I was doomed to a depressed, gray existence myself. From this we were able to understand that his earlier, obvious joy in working with me had been a source of esteem and joy for me, as an antidote to my depressed mother’s lack of vitality. I was amazed to discover, over the course of the next few months, that although I still missed his prior enthusiasm, and often cried about its loss, my own sense of joy and vitality returned and consolidated.

On the other hand, in contrast to his flattened emotionality, Bernie would often speak quite impulsively in the early months. Even though it meant he was still impaired, it also gave me more direct access to his affective presence, which I wanted. His more pervasive lack of access to his emotions tended to leave me hungry for direct contact that was sometimes possible when he was in his more manic states of mind.

Nonetheless, for quite some time after his injury, I could find myself mourning the loss of the “old Bernie,” when his changed voice—less richly emotional—left me aching for a stronger, more immediate sense of connection with him. His overall reduced access to his joy and his thickened, flatter voice would at times trigger me into the kind of despair I had felt when we first started to meet, after Daphne died. I wondered if I could get what I needed, once again, if I could have a rich, full sense of engagement with life. My grief was triggered especially at moments when I was trying to convey to him the immense loneliness I felt having lived through an experience with him that we could not fully share because his memory was impaired or because what he could remember evidently had little emotional meaning for him.

This grief furnished a powerful springboard for reworking the meanings to me of the emotional neglect of my childhood. My parents, especially my mother, were both there and not-there, as Bernie had been, but this time I got a chance to talk about it with him, and he bore witness to my grief, even if he could not fully bear witness to what had transpired between us. Our work during the next two years was rich with this kind of analytic exploration and growth, but at least for the first year, I swung between moments of rich joy and bleak despair. The joy came from our working together again, and so productively. The despair emerged when I felt alone with what I had lived through with him or when I could not sense his joy or pleasure anymore, or when his incomplete recovery, when he was not even holding onto our current sessions, impinged more directly on me.

As we settled back into a more typical analytic process, we explored why I had stayed with him when he had treated me so poorly at first. I never really understood it myself, and I felt terrified at the possibility that I would betray myself because of my intense attachment to him. I would put up with poor treatment from him, just as I had made similar compromises in my family of origin, compromises that had deleterious effects on my subsequent development. We explored this theme repeatedly as I would weigh whether or not this or that particular impulsive treatment of me meant I was recapitulating humiliating attachments of childhood if I stayed with Bernie. That issue was why it had been such an achievement for me to announce that I would leave if Bernie did not get a consultation.

At several points Bernie mentioned his debt of gratitude for me for the “not ready for prime time” sessions we had back in July: It was his first chance to get specific, concrete information about how his impairment affected his analytic capacities. He used it as a guide during his recovery process. His gratitude provided an opportunity to examine my wish to be special to him. We were able to sort out the difference between just being someone who is special to him and *aiming* to be special at the expense of being true to myself.

I also remember being awed by Bernie’s commitment to being a proper analyst for me, despite his own suffering for the first year or so after his injury. When he finally understood that I feared I had damaged the integrity of our relationship in our July sessions, he revealed that he had been tempted to meet with me then, for his sake, but had read that very temptation as a sign that he had not recovered enough to return to work. His saying that not only helped me to see how I had been a positive force in his life

at the time but it also showed that, however erratic he may have been, he never lost sight of his heartfelt commitment to the analysis.

Another very interesting effect of his head injury is that our relationship was tempered. I learned, really for the first time, that one could be in a loving, caring relationship without always having to be careful! I was pretty angry at Bernie, and he did some pretty outrageous things to me, and not only did we survive all that, we both seemed to flourish as time went on. For my part, I developed a sure-footed confidence that Bernie really could bear whatever I brought to our relationship. I became more expansive, less careful, and this led me to become more resilient in many ways.

As time went on, the one remaining difficulty for me was that I could never have the satisfaction of sensing that he understood and could find his own resonance with the impact of some of the more outrageous things he had done to me (such as the disinhibited phone call when he hung up on my tears). When my first analyst died, I remember the pain for me that we could not share together her illness and its place in our relationship because she had never returned to work after falling ill. It was the one event we shared but had not discussed together. This time, my analyst had “returned from the dead,” but still we did not seem to live in a shared world. As he said, he just did not have memory of what he had done, and even if he had some vague recollection, he had been so “out to lunch” that he could not grasp its meanings.

A telling example of how far apart we were, despite having lived through the same events, is that Bernie has no memory of our conversation about the Rabin assassination. He has no memory of it as a turning-point event, although he does remember—as revealed in his case notes that he has shared—that my attitude toward our work together underwent a change around that time. Much of the work we did together in the first several months is lost to him (which often gave rise to a sense of futility on my part), as are the contacts we had over the summer before his return to work. I was constantly struggling on my own, and still do, to some extent, despite our mutual efforts to build a shared narrative of our shared experiences. It was a disturbingly painful loneliness-while-with-him experience at the time.

The whole gestalt of Bernie’s cycles of hypomanic emotionality, followed by dense, thick slowness, coupled with my sense of aloneness, had a serious, negative impact on my own functioning as an analyst. I felt so badly bruised and rudderless that I became more callous, less steady, more erratic with my own patients. I seemed to treat one patient in particular almost ex-

actly as I was being treated by Bernie. I was quite tentative in discussing this with Bernie for fear that he would be so appalled by how his failures were infecting others that he would be mortified and lose his analytic footing, precarious as it was. Yet I was also angry at how his wild swings with me were disrupting me and my patients, and I wanted him to know. If he could not change it, at least I wanted him to recognize it, which, in fact, he did.

It led me to do something daring with him, something that my patient—who was quite skilled at making concrete demands in the service of symbolic exploration—would have done with me, but something that surprised both Bernie and me. I asserted that perhaps I should not have to pay for those sessions in which he had been clearly incapable of functioning as my analyst. We both recognized that this proposition was some effort on my part to find another way to speak to the injuries I had suffered at his hands. I also had a sense that I was experimenting with ruthlessness, in the Winnicottian sense. I was asserting myself in a relationship in which I had hopes that the other person could speak honestly for his perspective and that we could work something out together. To this day I do not know if I could have been so bold if we had not gone through all that we had since his head injury. I think that not only had I gained a sense of resilience, but I was exploring the resilience of our relationship as well. I knew about Bernie's resilience; I had seen it in myriad ways. Now I was experimenting with the resilience of us together.

At one point in our explorations, Bernie noted the dilemma that he could not know if he was able to work with me without us trying it together, and that also he might not have been able to recover in a way that would allow him to work with me if we had not engaged with each other in those early weeks. I also acknowledged that although I thought he had not functioned as an analyst for several weeks after we resumed work together, I was very grateful that we *had* met together. After all, struggling through those weeks together, when he did not have the comfort and stability of his analytic self to draw on, we had shared an unusual and powerful intimacy. I wouldn't trade that for anything, even though I also wanted us to consider seriously my question about why I should pay for those sessions.

Ultimately, after much mutual exploration, he suggested a formula for a refund, which I accepted. To me, this represented a concrete effort to acknowledge something that he was unable to acknowledge through empathic understanding and self-recognition. I cannot describe or explain how I think his offer of concrete reparations furthered my development, but I am convinced it did. It certainly helped me to put my sense of injury to rest.

By this time, Bernie was once again functioning so solidly as an analyst that I was no longer needing to be on the alert for impingements related to his head injury. His coalescence was gradual, and not without fits and starts, but, more and more, especially after the first year, the analysis became driven primarily by my interest, rather than by my reactions to his head injury. As his recovery consolidated, the more ordinary boundaries around our relationship cohered, and I felt safe enough to bring my “joey self” back into the consulting room. That was a sign that our work could again proceed with his ability to hold my most vulnerable self states. I had been warned that one’s personality changes subsequent to a head injury, but what changes there were—such as his enhanced, visceral appreciation of the intimate interrelatedness of our emotional lives—seemed only to enrich his analytic presence, not diminish it.

His recovery, at first so unlikely, then such a marvel, became a part of our past. And, sometimes I missed it! Don’t get me wrong, I loved having an analyst I could truly count on now. But I missed the raw intimacy of our having to struggle together to find each other.

AFTERWORD

My analysis continued for 6 years after Bernie returned to work, and it was not only fruitful but rich with expansive pleasures I had not experienced before. I am fascinated with the fact that in the recovery and working-through of this tragedy, and the horrible disruption of it, my analysis was not merely saved so that I could continue on with it, but that how we worked it through was integral to my analytic progress. I look back on that period of my analysis as a most profound and fruitful stretch of our work together.

I am also intrigued by our mutual development. From my perspective, I helped Bernie, sometimes intentionally, but most often unintentionally, and I could often recognize and feel good about my helpfulness, without ever sacrificing my needs, my explorations, in the analytic process. Despite our concerns, our analytic relationship was not jeopardized by our unusual roles with each other, and even after termination he remains my analyst.

My interest in this aspect—the mutuality of helpfulness—is twofold. First, I am interested in the mutuality as an expression of what Searles described as the patient’s need to heal the analyst. I certainly went through that, but not just because of what Searles pointed to—that the analyst must be healed to have the qualities necessary to heal the patient, but because I also got a chance to experience my needs (for good care) and my love (for

one who was a caretaker) as *positive* influences in the life of my caretaker. Bernie was constantly worried that what I did to give something to him meant that I was sacrificing myself. I did not have that sense of things, because I felt free to reveal my darkest concerns about me, about us, about him (which, by the way, is one of the things he found helpful to him), but also, it helped me to have an experience that contradicts one I had with my mother, by whom I felt depleted because, although she needed my help, she could not make use of it. It was enriching to me to help someone who had cared for me and to have my help be meaningful.

In one of the dreams that haunted my analysis early on, my sisters and I had prepared a basement room for my mother. We put in a TV, stereo, books, food, plants, good lighting. We instructed her on how to use everything. But as we stood poised on the stairs leading outside, we knew, sadly, that she would not make use of anything we prepared for her; she would merely remain inert and depressed. That dream is now a poignant aspect of my past rather than a current haunt.

Second, I think this mutual recovery required of my analyst impeccable integrity to navigate what happened between us, and I have longed to know more about how Bernie was able to muster that integrity in the face of his shame, self-doubts, and his own urgent needs to experience efficacy as an analyst as well as his need for my help in that process. To have that need, and even to benefit from our work together, and yet to hold the analytic space for me, is an achievement I have witnessed but can still barely comprehend.

REFERENCE

Searles, H. (1975), The patient as therapist to his analyst. In *Countertransference and Related Subjects: Selected Papers*. New York: International Universities.

Lynne Jacobs, Ph.D., Psy.D.
1626 Westwood Blvd.
Los Angeles, CA 90024
310-446-9720
lynnejacobs@bigfoot.com

TRANSLATIONS OF ABSTRACT

Nuestros relatos sobre el trauma van alrededor del grave traumatismo craneal que mi analista sufrió, la importante repercusión en su vida, nuestra relación analítica, mi

tratamiento, y finalmente el proceso de recuperación en el que los dos nos implicamos de forma íntima. Ésta es una historia sobre los valores en psicoanálisis, y su repercusión en la conducción de un análisis exitoso. Es también una historia sobre el trauma y del proceso continuado de “recuperación”. Cómo capeamos esta circunstancia extraordinaria puede iluminar temas que son importantes para el trabajo analítico en situaciones de enfermedad o accidente del analista, y para el trabajo analítico en general.

Nos histoires de traumatisme tourment autour d'une blessure sérieuse à la tête que mon analyste a subi, la perturbation conséquent de sa vie, de notre relation analytique, de mon traitement et finalement du processus de rétablissement dans lequel nous étions tous deux intimement engagés. C'est une histoire au sujet des valeurs en psychanalyse et de leur implication dans la conduite d'une analyse réussie. C'est aussi une histoire au sujet du traumatisme, et du processus “de rétablissement” toujours en cours. La manière dont nous avons surmonté cette circonstance extraordinaire peut éclairer des thèmes qui sont importants pour le travail analytique dans des situations de maladie ou de blessures chez l'analyste, et pour le travail analytique en général.

Unsere Darstellungen des Traumas drehen sich um eine schwerwiegende Kopfverletzung, unter der mein Analytiker litt—um diesen Bruch in seinem Leben, um unsere analytische Arbeit, meine Behandlung und schließlich um den Wiederherstellungsprozess, in welchem wir beide tief berührt miteinander verbunden waren. Dies ist eine Geschichte über Werte in der Psychoanalyse und ihre intimen Auswirkungen bei einer erfolgreichen Durchführung. Es ist aber auch eine Geschichte über Trauma und den fortwährenden Prozess der Wiederherstellung. Die Art, wie wir unsere ungewöhnlichen Umstände gemeistert haben, kann sowohl Licht auf die Themen werfen, die in der analytischen Arbeit in Situationen wichtig sind, wo ein Analytiker verletzt oder krank ist, als auch auf die analytische Arbeit im weiteren Sinn.

Le nostre narrazioni traumatiche riguardano un serio danno alla testa subito dal mio analista, la rottura della sua vita, della nostra relazione analitica, della mia terapia, e alla fine il processo di recupero nel quale siamo stati entrambi intimamente coinvolti. Questa è una storia sui valori in psicoanalisi, e sulla loro intima implicazione nella conduzione di un'analisi ben riuscita. È anche una storia sul trauma e sul continuo e incessante processo di “recupero”. Il modo in cui abbiamo affrontato la straordinaria circostanza in cui ci siamo trovati può illuminare temi che sono importanti per il lavoro analitico in situazioni di danneggiamento o malattia dell'analista, e per il lavoro analitico più in generale.