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Standing in the Spaces: The Multiplicity Of Self And The Psychoanalytic Relationship

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Perhaps in some measure due to Freud's fascination with archeology, clinical psychoanalysis has tended to embrace an image of two people on a “quest”—a journey to reach an unknown destination to recover a buried past. Despite the fact that I rather like the image, in my day-to-day work as a practicing therapist, I seem to find my reality shaped more by Gertrude Stein than by Indiana Jones. Stein (1937p. 298), commenting about the nature of life and the pursuit of goals, wrote that when you finally get there, “there is no there there.” My patients frequently make the same comment. The direct experience of “self-change” seems to be gobbled up by the reality of “who you are” at a given moment, and evades the linear experience of beginning, middle, and end. But linear time does indeed have a presence of its own—like the background ticking of a clock that cannot be ignored for too long without great cost—and it is this paradox that seems to make psychoanalysis feel like a relationship between two people, each trying to keep one foot in the here and now and the other in the linear reality of past, present, and future. Described this way, it sounds like a totally impossible process. If, indeed, “everyone knows that every day has no future to it” (Stein, 1937p. 271), then what sustains a person's motivation for analytic treatment? How do we account for the fact that a patient remains in a relationship with another person for the express purpose of dismantling his own self-image for a presumedly “better” version that he cannot even imagine until after it has arrived? The answer, as I see it, touches what may be the essence of human nature—the fact that the human personality possesses the extraordinary capacity to negotiate continuity and change *simultaneously*, and will do so under the right relational conditions (Bromberg, 1993, 1994). I believe that this attribute is what we rely on to make clinical psychoanalysis, or any form of psychodynamic psychotherapy, possible.

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How we understand this remarkable capability of the mind, and what we see as the optimal therapeutic environment for it to flourish, are, I suggest, the fundamental questions that shape psychoanalytic theory and practice. What I talk about here is an outcome of this way of experiencing and thinking about the human relationship we call "psychoanalysis."

For example, a patient is engaged in a passionate sexual moment that she refers to, in session, as "coming in diamonds." She and her lover are "lost" in each other, and she, a woman who had entered analysis with "gender confusion," has a visual experience that her lover's penis, moving in and out, might be his or might be hers. She can't tell "whose penis it is, who is fucking whom," and "it doesn't matter." How does the analyst hear and process this "loss of reality testing" at that moment?

Another patient reports having been reading a book in bed, looking down at the book, and noticing that it was wet. She realized she had been crying. What allows the analyst to comfortably conceptualize the fact that she didn't know she had been crying *when* it was happening? Does he think of such a mundane event as even interesting, analytically?

A patient, a woman with an eating disorder, is asked by her analyst to describe the details of last night's binge. She cannot do it. She insists, in a voice without affect, that she has no memory of the step-by-step experience of what she ate, how she ate it, and what she thought or felt as she was eating it. Resistance?

A new referral, perhaps an unanticipated dissociative identity disorder (formerly known as multiple personality), enters a trance state during an analytic session and, seemingly spontaneously, enacts a vivid portrayal of a child in the midst of a horrifying event, and then has no memory of that part of the session. How does the analyst perceive the "trance" phenomenon and his patient's subsequent report of amnesia for the event that had taken place

before the analyst's eyes just a few moments before? From what stance shall the analyst attempt to engage the patient about any or all of this?

And now to the analyst himself. It is 7:45 a.m. Steaming coffee container in hand, standing at my window looking down at the street below, I am waiting for the "buzz" announcing my first patient, the cue that launches me into my chair —my haven, my "nest." But my gaze is pulled as if by a will of its own, and inevitably submits as it does each morning. There he is! Just as he has been every day for months—in the same doorway next to my Greek luncheonette, half sitting, half sprawling, clutching an empty

coffee container holding a few coins, some of them mine. Why must we share the same coffee container? I focus on the blue and white sketch of the Greek amphora and the "personal" greeting in simulated classic lettering: "It's A Pleasure To Serve You." I think, somewhat irritably, "Get Lost! It's bad enough to see you when I'm buying my coffee—do I have to also see you while I'm drinking it? I need this time to relax! I have to get ready to help people!"

I hear a voice: "Why don't you just stop looking out of the window?"

A second voice replies, petulantly: "But its *my* window!"

The first is heard again: "Then why don't you give him something every day instead of just once in a while? Maybe you won't feel so angry at having to see him when you get upstairs."

"But if I do that, he'll expect it every day," the second voice argues. "He'll tell his friends, and then everyone will expect it. I'll have to give to all of them."

"So what!" the first voice proclaims.

"But his needs are insatiable," complains the second voice. "There's one of him on every corner."

"Have you ever met someone with insatiable needs?" asks the first voice.

"I don't think so," the second voice mutters defeatedly.

"I don't think so either," says the first. "Do you think your patients have insatiable needs? Are you afraid of releasing a demon that will never go back into the bottle and will enslave you?"

That did it! I “woke up” and saw myself standing at the window, staring at the man in the doorway across the street. “Do I feel that way with my patients and deny it?” I wondered. “It's a pleasure to serve you, but stay in your bottle? It's a pleasure to serve you for fifty minutes but not to know you personally?” Oh, God, what a way to start the day. Ah, saved by the buzz!

Psychoanalysis and the Decentered Self

In a book entitled *More Than Human*, written in 1953, Theodore Sturgeon, one of the most creative and visionary science fiction authors of the twentieth century, wrote the following: “Multiplicity is our first characteristic; unity our second. As your parts know they are parts of you, so must you know that we are parts of humanity” (p. 232). I think it might be interesting to allow Sturgeon's words to remain in your mind, but to

now let yourself hear them in the context of a not dissimilar viewpoint offered by someone seemingly unlike Sturgeon, at least in any obvious way—a classical psychoanalyst whose sensibility is more pragmatic than visionary, and whose “professional self,” at least in most of her writing, has embodied a traditionally positivistic approach to the nature of reality. In an article in the *Psychoanalytic Quarterly*, Janine Lampl-de Groot (1981) reported being so persuaded by the power of the clinical evidence supporting multiplicity of selfhood, that she advanced the then extraordinary hypothesis that the phenomenon of multiple personality is present in all human beings as a basic phenomenon of mental functioning. Whether or not one agrees with her use of terminology, I think it is fair to say that an increasing number of contemporary analysts now share the clinical observations that led her to this conclusion—that is, even in the most well-functioning individual, normal personality structure is shaped by dissociation as well as by repression and intrapsychic conflict.

Parallel with this development, a discernible shift has been taking place with regard to psychoanalytic understanding of the human mind and the nature of unconscious mental processes—away from the idea of a conscious/preconscious/unconscious distinction per se, toward a view of the self as decentered, and the mind as a configuration of shifting, nonlinear, discontinuous states of consciousness in an ongoing dialectic with the healthy illusion of unitary selfhood. Sherry Turkle (1978), for example, sees Lacan's focus on the decenteredness of selfhood as his most seminal contribution, and writes that “for generations, people have argued about what was revolutionary

in Freud's theory and the debate has usually centered on Freud's ideas about sexuality. But Lacan's work underscores that part of Freud's work that is revolutionary for our time. The individual is 'decentered.' There is no autonomous self" (p. xxxii).

Over the years, isolated psychoanalytic voices offering different versions of this view have been acknowledged, frequently with interest, but also with wariness. These analysts, often figures influential in their individual domains, were typically clinicians who had chosen to work with patients suffering from severe character pathology, and thus were considered to some degree outside of the psychoanalytic "mainstream." It could be said that the first voice was in fact *pre*-analytic, that of Josef Breuer (Breuer & Freud, 1893-1895), who argued that the basis of traumatic hysteria was the existence of hypnoid states of consciousness that had the power to create an amnesia. After the publication of *Studies on Hysteria*,

however, Freud was, for the most part, openly contemptuous about the possible usefulness of theorizing about dissociation, hypnoid phenomena, or states of consciousness (Loewenstein & Ross, 1992; Bromberg, 1996), leaving the future of its analytic viability mainly in the hands of Ferenczi (1930, 1931, 1933).

In succeeding generations, the torch was passed to seminal figures such as Balint (1968), Fairbairn (1944, 1952), Laing (1960), Searles (1977), Sullivan (1940, 1953), and Winnicott (1945, 1949, 1960, 1971c), each of whom, in his own metaphor, accorded the phenomenon of "multiplicity of self" a central position in his work. Sullivan, in fact, made the remark, not widely publicized, that "for all I know every human being has as many personalities as he has interpersonal relations" (1950p. 221).

Winnicott's contribution to this area is, I feel, particularly far-reaching. He not only conceptualized primary dissociation as a psychoanalytic phenomenon in it own right, and wrote about it in a manner that brought it directly into the basic psychoanalytic situation (Winnicott, 1949, 1971c), but I would suggest that what we now formulate as psychological "trauma" that leads to the pathological use of dissociation is the essence of what he labeled "impingement." Although not specifically elaborated by him in terms of dissociated states of consciousness, perhaps most significant of all was his vision of a true and false self (Winnicott, 1960), which emphasized the *nonlinear* element in psychic structure. It is not unreasonable to suggest that Winnicott's "nonlinear leap" in psychoanalytic theory has been a major factor in encouraging postclassical analytic thinkers to

reexamine its model of the unconscious mind in terms of a self that is decentered, and its concept of "growth" as a dialectic rather than a unidirectional process.

In this context, a recent research study by Sorenson (1994) discusses the range of theories in which a formerly axiomatic presumption about the nature of human mental functioning is now being rapidly revised—the presumption of a linear, hierarchical, unidirectional model of growth, and that integration is necessarily or continuously superior to disintegration. Using Thomas Ogden's reformulation of Melanie Klein's developmental theory as an example, Sorenson says the following:

> *Ogden (1989) has argued that Melanie Klein's theory of psychological development from the paranoid-schizoid position to the depressive position is too linear and sequential. Instead of Klein's phases which were develop-*

> *mentally diachronic, he proposed synchronic dimensions of experience in which all components play enduringly vital roles, at once both negating and safeguarding the contexts for one another. Unchecked integration, containment and resolution from the depressive position, for example, leads to stagnation, frozenness, and deadness; unmitigated splitting and fragmentation of the paranoid-schizoid likewise leads to fundamental discontinuities of self-experience and psychic chaos. The paranoid-schizoid position provides the much needed breaking up of a too-frozen integration . . . . I believe we make an error to valorize integration and villainize disintegration, just as Ogden was reluctant to do the same to the depressive and paranoidschizoid positions, respectively. (p. 342)*

Another voice speaking to the significance of nonlinear mental states is that of Betty Joseph. Joseph emphasizes, write Spillius and Feldman (1989), "that if one wishes to foster long-term psychic change, it is important that the analyst eschew value judgements about whether the shifts and changes in a session are positive or negative. . . . Nor should we be concerned with change as an achieved state; it is a process, not a state, *and is a continuation and development from the 'constant minute shifts' in the session*" (p. 5; italics added).

Normal Multiplicity of Self

A human being's ability to live a life with both authenticity and selfawareness depends on the presence of an ongoing dialectic between separateness and unity of one's self-states, allowing each self to function optimally without foreclosing communication and negotiation between them. When all goes well developmentally, a person is only dimly or momentarily aware of the existence of individual self-states and their respective realities, because each functions as part of a healthy illusion of cohesive personal identity—an overarching cognitive and experiential state felt as "me." Each self-state is a piece of a functional whole, informed by a process of internal negotiation with the realities, values, affects, and perspectives of the others. Despite collisions and even enmity between aspects of self, it is unusual for any one self-state to function totally outside of the sense of "me-ness"—that is, without the participation of the other parts of self. Dissociation, like repression, is a healthy, adaptive function of the human mind. It is a basic process that allows individual self-states to function optimally (not simply defensively) when full immersion in a single reality, a single strong affect, and a suspension of one's self-reflec-

tive capacity is exactly what is called for or wished for.1 As Walter Young (1988) has succinctly put it: "Under normal conditions, dissociation enhances the integrating functions of the ego by screening out excessive or irrelevant stimuli. . . . Under pathological conditions . . . the normal functions of dissociation become mobilized for defensive use" (pp. 35-36).

In other words, dissociation is primarily a means through which a human being maintains personal continuity, coherence, and integrity of the sense of self. But how can this be? How can the division of self-experience into relatively unlinked parts be in the service of self-integrity? I've suggested in an earlier article (Bromberg, 1993pp. 162-163), that the most convincing answer is based on the fact that self-experience originates in relatively unlinked self-states, each coherent in its own right, and that the experience of being a unitary self (cf. Hermans, Kempen, & van Loon, 1992pp. 29-30; Mitchell, 1991pp. 127-139) is an acquired, developmentally adaptive illusion. It is when this illusion of unity is traumatically threatened with unavoidable, precipitous disruption that it becomes in itself a liability, because it is in jeopardy of being overwhelmed by input it cannot process symbolically and deal with as a state of conflict. When the illusion of unity is too dangerous to be maintained there is then a return to the simplicity of dissociation as a proactive, defensive response to the potential repetition of trauma. As one of my patients put it as she began to "wake up,"

“All my life I've found money on the street and people would say I was lucky. I've started to realize I wasn't lucky. I just never looked up.”

Slavin and Kriegman (1992), approaching this issue from the perspective of evolutionary biology and the adaptive design of the human psyche, write the following:

Multiple versions of the self exist within an overarching, synthetic structure of identity . . . [which] probably cannot possess the degree of internal cohesion or unity frequently implied by concepts such as the “self” in the self psychological tradition, the “consolidated character” in Blos's ego psychological model, or “identity” in Erikson's framework. . . . [T]he idea of an individual “identity” or a cohesive “self” serves as an extremely valuable metaphor for the vital experience of relative wholeness, continuity, and cohesion in self-experience. Yet, as has often been noted, when we look within the psyche of well-put-together individuals, we actually see a “multi-

[1] *Some examples would be the patient who reported not knowing whose penis it was and that it “didn't matter”; the woman crying into her book and not noticing it; and my own trance-state at the window while waiting for my first patient to arrive.*

plicity of selves” or versions of the self coexisting within certain contours and patterns that, in sum, produce a sense of individuality, “I-ness” or “meness” . . . . Although the coexistence of “multiple versions of the self” that we observe introspectively and clinically may thus represent crystallizations of different interactional schemes, this multiplicity may also signal the existence of an inner, ***functional limit on the process of self-integration****. . . . The cost of our human strategy for structuring the self in a provisional fashion—around a sometimes precarious confederation of alternate self/other schemas—lies in the ever-present risk of states of relative disintegration, fragmentation, or identity diffusion. The maintenance of self-cohesion . . . should thus be one of the most central ongoing activities of the psyche. . . . [but] . . . the strivings of such an evolved “superordinate self” would emanate . . .* ***not primarily from a fragmentation induced by trauma or environmental failure to fully provide its mirroring (selfobject) functions****. Rather, its intrinsic strivings would*

emanate from the very design of the self-system. (pp. 204-205; italics added)

The implications of this are profound for the psychoanalytic understanding of "self" and how to facilitate its therapeutic growth. I've remarked (Bromberg, 1993) that "health is the ability to stand in the spaces between realities without losing any of them—the capacity to feel like one self while being many" (p. 166). "Standing in the Spaces" is a shorthand way of describing a person's relative capacity to make room at any given moment for subjective reality that is not readily containable by the self he experiences as "me" at that moment. It is what distinguishes creative imagination from both fantasy and concreteness, and distinguishes playfulness from facetiousness. Some people can "stand in the spaces" better than others. Vladimir Nabokov (1920), for example, writes at age twenty-four: "I had once been splintered into a million beings and objects. Today I am one; tomorrow I shall splinter again. . . . *But I knew that all were notes of one and the same harmony*" (p. 77; italics added).

Some people can't "stand in the spaces" at all, and in these individuals we see the prototype of a psyche organized more centrally by dissociation than by repression. The key quality of a highly dissociated personality organization is its defensive dedication to retaining the protection afforded by the separateness of self-states (their discontinuity) and minimizing their potential for simultaneous accessibility to consciousness, so that each shifting "truth" can continue to play its own role without interference by the others, creating a personality structure that one of my patients described as "having a whim of iron."

Time and Timelessness

When pathological dissociation is operating, whether it is central to the personality or an isolated area of serious trouble in an otherwise wellfunctioning individual, part of the work in any analysis, at given points in treatment, is to facilitate a transition from dissociation to conflict, so that genuine repression can indeed become possible and its contents made accessible to self-reflective exploration, interpretive restructuring, and the experience of owning an authentic past. The issues of a person's shifting experience of time, and how the analyst regards the phenomenon of timelessness, are especially important here. Bollas (1989) and Ogen (1989) have, in fact, each developed the idea of *historical consciousness* as a mental

capacity that must be achieved. Ogden writes that “it is by no means to be assumed that the patient has a history (that is, a sense of historicity) at the beginning of analysis. In other words, we cannot take for granted the idea that the patient has achieved a sense of continuity of self over time, such that his past feels as if it is connected to his experience of himself in the present” (p. 191). Until then, what we call “resistance” to interpretation is often simply evidence that some dissociated voice is experiencing the analyst's words as disconfirming its existence.

Let me describe such a clinical moment that may serve to illustrate what I mean. It is drawn from my work with a man for whom the ordinarily routine issue of missed sessions and “makeups” was more complex than I had anticipated, and led to an unexpectedly powerful revelation of his fragile link between selfhood and the continuity of past, present, and future. Because of the profoundly dissociated structure of his personality, he was unable to process the physical absence of an object and retain its mental representation with a sense of continuity. It was as if both the object (whether a person or a place) and the self that had experienced it had “died,” and nothing was left but a void. His solution, as with many such individuals, depended upon his being able to concretize the events that comprised each day's activity and hold them in rote memory, hoping that the cognitive linkage would lead to some experience of self-continuity that would “get by” socially. The one exception to his “laissez-faire” attitude towards life was his determination to “make up” missed sessions. Because I required him to pay for sessions he cancelled that were not rescheduled, I believed that his fierce insistence that every session be made up, no matter when, had to do with issues of power and money, and I particularly felt this as true because most of our

discussions about it felt like thinly veiled power struggles. I can still recall the moment in which it became clear that something much deeper was at stake. We were in the midst of discussing this issue, once again, from our usual adversarial frame of reference, when I noticed that, inexplicably, I was feeling increasingly warm and tender toward him, and even had the fantasy of wanting to put my arm around his shoulder. This peculiar change in my own feeling state then led my attention to something in his tone of voice that I hadn't heard until that moment, and I asked him about it. I said that there was something about how his voice sounded at that moment that made me feel like a part of him was sad or frightened but couldn't say it, and I wondered whether he might be aware of anything like that going on. He then began to talk in a voice I hadn't quite heard before—a voice that conveyed, hesitantly but openly, the

sadness and desperation I had heard only as a shadowy presence. He began to confess, shamefully, what he had never before revealed, that his real need was not for me to reschedule sessions that he cancelled, but for me to reschedule *all* sessions, including sessions that I myself wished to cancel, including legal holidays. Exploring this with him was no easy matter, because as soon as I became directly engaged with the self-state that held the feeling of desperation and longing, he fled from the moment, became dramatically more dissociated, and lost all conscious awareness that his wish had any personal relevance other than revealing his propensity to be "impractical." I then told him what I had been feeling toward him that had led me to hear that part of him that, until then, I had been ignoring. His eyes opened wider, and little by little, he began to speak more freely, but now as a frightened and confused child. "If I miss a session . . ." he said haltingly, "if I'm not at the session, I won't know what happened during it. . . . And if you don't make it up, I'll never know. I'll never have it again."

Time, as you and I know it, did not exist for my patient in this state of consciousness, and had it not been for my awareness that my own state of consciousness had shifted in response to his, this unsymbolized self, lost in time, might not have been found. Reis (1995) has even gone as far as to argue that "it is the disruption of the experience of time that goes to the heart of the dissociative disturbances of subjectivity" (p. 219).

Dissociation as an Interpersonal Process

Dissociative processes operate in both patient and analyst as a dynamic element in the therapeutic relationship, an observation that, traditionally,

has been made only with reference to the treatment of extreme psychopathology or severe dissociative disorders. I am suggesting, however, that this statement is true as a general phenomenon of human behavior and relevant to any therapist working with any patient within an analytically informed frame of reference, regardless of theoretical persuasion.

In this regard, a series of thoughtful papers has emerged from the Anna Freud Center in London on the developmental relevance of mental states in determining analytic "technique." Peter Fonagy (Fonagy, 1991; Fonagy & Moran, 1991; Fonagy & Target, 1995) has offered a perspective on the relationship between conflict and dissociation that places both phenomena within a clinical

model that incorporates developmental and cognitive research, object relational thinking, and a postclassical interpersonal sensibility. “We take the position,” Fonagy writes (Fonagy & Moran, 1991p. 16), “that the greater the unevenness in development, the less effective will be a technique which relies solely upon interpretations of conflict, and the greater will be the need to devise strategies of analytic intervention aimed to support and strengthen the child's capacity to tolerate conflict.” Similarly, and even more to the point (Fonagy & Target, 1995pp. 498-499; italics added), “Interpretations may remain helpful but their function is certainly no longer limited to the lifting of repression and the addressing of distorted perceptions and beliefs. . . . *Their goal is the reactivation of the patient's concern with mental states in himself and in his object*.”

Pathological dissociation is a defensive impairment of reflective capacity brought about by detaching the mind from the self—what Winnicott (1949) called the “psyche soma.” In the analytic relationship, such patients (individuals dedicated to the avoidance of reflection) are in need of “recognition” rather than understanding (Bromberg, 1991), but if an analyst is to help someone who is dedicated to the avoidance of reflection, it is necessary for him to accept that his “act of recognition,” both developmentally and therapeutically, is a dyadic process—a two-way street of mutual regulation (Beebe & Lachmann, 1992; Beebe, Jaffe, & Lachmann, 1992). Consider what Fonagy and Target (1995) have to say about this.

> *We believe that the developmental help offered by the active involvement of the analyst in the mental functioning of the patient, and* ***the reciprocal process of the patient becoming actively involved in the analyst's mental state****, has the potential to establish this reflection and gradually to allow the patient to do this within his own mind. . . .* ***The critical step may be the***

> ***establishment of the patient's sense of identity through the clarification of the patient's perception of the analyst's mental state. . . . It seems that gradually this can offer a third perspective, opening up a space for thinking between and about the patient and the analyst*** *(pp. 498-499; italics added).*

A space for thinking *between and about* the patient and the analyst—a space uniquely relational and still uniquely individual; a space belonging to neither person alone, and yet, belonging to both and to each; a twilight space in which “the impossible” becomes possible; a space in which incompatible selves, each

awake to its own “truth,” can “dream” the reality of the other without risk to its own integrity. It is, above all, an intersubjective space which, like the “trance” state of consciousness just prior to entering sleep, allows both wakefulness and dreaming to coexist. Here, in the interpersonal field constructed by patient and analyst, such a space is opened in the service of therapeutic growth, wherein the implacable enemies, “hope and dread” (Mitchell, 1993), because they can each find voice, can potentially find dialogue. How is this phenomenon possible? My answer, in its most general and oversimplified form, is that the reciprocal process of active involvement with the states of mind of “the other” allows a patient's here-and-now *perception* of self to share consciousness with the experiences of incompatible *self-narratives* that were formerly dissociated.

What is the analyst's role in this asymmetrical dyadic process that permits such a space to open? Because of the way dissociation functions interpersonally, unsymbolized aspects of the patient's self are routinely enacted with the analyst as a separate and powerful channel of communication in the clinical process—a channel that is multifaceted and continually in motion. One dimension of the analyst's listening stance should therefore be dedicated to his ongoing experience of the here and now at the same time his focal attention may be elsewhere. That is, no matter how “important” the manifest verbal content appears to be at a given moment, the analyst should try to remain simultaneously attuned to his subjective experience of the *relationship* and its shifting quality. Optimally, he should try to be experientially accessible to (1) the impact of those moments in which he becomes aware that a shift in self-state (either his own or his patient's) has taken place, and (2) *the details of his own self-reflection* on whether to process this awareness with his patient or to process it alone—and if with his patient, when and how to do it. Is

he reluctant to “intrude” upon his patient at that moment? Does he feel protective of the patient's need for safety and vulnerability to traumatization? Does he feel pulled in two directions about whether to speak? Does he feel strangely paralyzed by being unable to move in both directions simultaneously, as if he must somehow choose between his own selfexpression and his patient's vulnerability? If so, can he find a way to use this very experience of his felt constriction of freedom? Would the act of sharing this entire sequence of thought, along with the moment that led to it, be a useful choice in this instance? I believe that, at any point in time, the questions themselves are of greater value than the answers, as long as the analyst remains open to exploring the impact of his choice, rather than seeing his choice as either “correct” or “wrong.” In my own work, I find that even when I choose not to

share openly my experience, my conscious*awareness* of the shift in the intersubjective field, because it changes my mode of processing what is being heard, is invariably picked up by my patient, and eventually becomes "usable" because I am no longer hearing the patient's words and my own in the context I was hearing them before the shift. I am now experiencing their meaning being shaped by the participation of another aspect of the patient's self that has been engaged with an aspect of my own self in enacting something beyond what the words had earlier appeared to be conveying.

The analytic situation is an ever shifting context of reality that is constructed by the input of two people. Smith (1995p. 69) has commented that "as long as there are two people in the room each with multiple points of view, there is likely to be no shortage of surprises," thus echoing the words of Theodor Reik (1936p. 90) who claimed that the "royal road to the unconscious" is the experience of surprise, in that it allows an analyst "to find something new which will then create its own technique."

Take, for example, such a moment of surprise in my work with Max. Max was a twenty-four-year-old male patient, a first generation American Jew, an only child raised in a close-knit, upwardly mobile family. Because his mother could speak only Yiddish, he spoke Yiddish to her, but *only* to her, an issue that became significant to his personality development. As he reached adolescence and began to search for his place in the world, he gradually disavowed all connection to his "Yiddish self" (cf. Harris, 1992; Foster, 1996), which had been shaped in the context of his mother's illusion that his substantial intellectual gifts included a more sophisticated command of the English language than he actually pos-

sessed. His mother, whom he deeply loved, idealized him as her contribution to the American intellectual community, and despite his efforts to live up to her image of him, or perhaps *because* of his efforts, he would frequently embarrass himself in public by stretching his use of language beyond the point of his actual familiarity with the words themselves, and would manage to undermine himself in situations where he most wished to shine. In short, he was given to putting his foot in his mouth. He was seemingly unable to learn from these experiences, and was always shocked when he ended up being flooded with shame. My view of Max had been that he was unable to accommodate his mother's image of him into an acceptance of himself as a human being with limitations as well as assets, and that he continually enacted a dissociated self-representation in which he presented himself as who she said he was, while

simultaneously demonstrating to himself, in every other possible way, that he was not who she said he was, and that he was simply a “typical American boy doing his own thing.” To put it another way, because his “Yiddish self” was felt by him as uncontainable within any relationship other than that with his mother, he couldn't begin to negotiate a cohesive sense of identity that represented the creative participation of all of his selves. He dissociated from the self-reflective involvement in living that enables someone to state, with a feeling of personal agency, “this is who I am.” He was stuck with being able to state only “this is who I am not,” and having to live with the “not-me” experience of his disavowed “Yiddish self” finding a voice through his so-called blunders.

Max and I had been engaged in a struggle around what he felt, I think accurately, to be my somewhat unsympathetic determination to pry him loose from having to be who his mother said he was. He insisted that he was not under his mother's spell, and that his tendency to use the wrong words when he did not really know their meaning, was simply a matter of insufficient familiarity with the dictionary rather than an unconscious loyalty to his bond with his mother. I had been giving him my “favorite” interpretation in different ways for a long time, and he had consistently (but deferentially) rejected this view, politely protesting that he is his own person, that he also loves his mother, and that there is no opposition between the two. I was in the midst of delivering the “truth” once again, when he said to me, in a tone of benevolent exasperation, “I really want to accept what you are saying about me, because I respect you, but I just can't, and I feel caught between . . . between . . . Sylvia and the

chiropodist.” I exploded with laughter, and when I calmed down and wiped the tears from my eyes, I looked up apprehensively, expecting him to be hurt, shamed, or angry at my response. He was neither. Max looked genuinely bewildered. So, I explained why I was laughing, and told him what the actual expression (Scylla and Charybdis) was. He replied, hesitantly, “What's that?” and I then told him the myth. I found myself unable to omit a single detail. I included Jason and the Argonauts, the Straits of Messina, the monsters, the rocks, the whirlpool, the whole thing. When I had finished, he paused, tellingly, and allowed that he was “immensely appreciative” because, as he put it, “you just told me something I needed to know all my life.” I was astounded not only that he could let himself use sarcasm with me, but that he could hear it so clearly. I was also shocked (and slightly embarrassed) at having been so unaware of my shift in role. But I was totally unprepared for the moment, as we spoke, when he suddenly recognized that his remark was not only an act of

shaming but was simultaneously an authentic expression of appreciation. He could feel that he had indeed learned something new and that he was excited about it. Max and I had each discovered, by sharing the experience, that being "exposed" in the other's eyes was complex but not traumatic. Max got something more than a lesson in Greek mythology; he got the joke. When we began to laugh at it together and talk about it together, different pieces of Max's reality and different pieces of my reality could start to be negotiated. Until then, language had little impact in symbolizing his dissociated self-experience because, as Bruner (1990p. 70) has put it, "being 'exposed' to a flow of language is not nearly so important as using it in the midst of 'doing.'"

Obviously, there are many different ways to formulate this event. In my own way of thinking about it, to one part of him I was his beloved mother (whose name, disappointingly, was not Sylvia) for whom he had to be bright, deferential, and without flaw, already possessing all that he might be expected to know. To another part of him I was the chiropodist—the doctor trying to separate him from his painful "handicap." But in my determination to cure him of his "corns" (his perception of who he "really" is), he hadn't experienced the hope of a "better" reality coming out of our relationship until he made his slip, and I responded with more of my own selves hanging out than I had anticipated. Each of us, in the various self-states that comprised our identities at that moment, unexpectedly made intimate contact and felt acknowledged by the other per-

son; an example, perhaps, of Levenson's (1983p. 157) reminder that "participant-observation should not be delegated to the therapist: it is a mutual effort. Catching the therapist in a self-serving operation may do more for the patient's sense of competence than a lifetime of benevolent participations."

For Max, it was a transformational experience, in that he became increasingly free to experiment with multiple ways of being within a single relationship. He began to feel less convinced that he would have to tradeoff his self that was constructed through his relationship with his mother in order to become more fully "his own person"—in this case, a bright guy who didn't have to be ashamed of not knowing everything.

As an interesting note, it was shortly after this session that the oedipal dynamic of his rivalry with his competitive father surfaced, because it was now safer to challenge me. This included his more fully questioning whether my decision to "enlighten" him about Greek mythology might have included not only professional interest, but also some personal one-upsmanship. He even

seemed to remember some slight perception that my hilarity over his slip lasted just a bit too long, and that I may have been just a bit too eager to play the role of the educator. And so it went, with his becoming more and more able to hold in a single state of consciousness, without dissociation, complex interpersonal events that contained feelings toward another person that formerly would have collided traumatically and thus would have been too incompatible with his ongoing self-definition to allow self-reflectiveness and the experience of resolvable intrapsychic conflict. Max and I were able to go back and take a new look at historical ground we thought we had covered earlier; but what was more significant is that in the process we went back over our own relationship and looked together at events we told ourselves we had addressed, but which represented a collusion to dismiss or placate a voice that was silently crying for recognition. Most importantly, he engaged and broke out of the residue of the dissociative mode of relating that masked a shame-ridden young man who was foreclosed from fully living his own life because he was dedicated to disavowing a dissociated aspect of his own selfhood. His ability to accept this part of himself allowed the work we had already done (including reconstructive work) to feel authentic, because he could then more comfortably "stand in the spaces" between realities and between past, present, and future, without having to lose any of them.

Dissociation and the "Observing Ego"

This brings me to the question of the so-called observing ego. The extent to which one's individual self-states are simultaneously accessible to awareness (what has been called the relative presence of an "observing ego") is the traditional criterion that analysts have used in determining whether a patient is "analyzable." From my own perspective (Bromberg, 1993p. 162), the difference between patients who have classically been defined as analyzable and those who have been seen as unsuitable for analysis is a matter of the degree to which self-states are dissociated from one another. What I call the structural shift from dissociation to conflict is clinically represented by the increasing capacity of the patient to adopt a self-reflective posture in which one aspect of the self observes and reflects (often with distaste) upon others that were formerly dissociated. This differs from what classical conflict theory would call the development of an "observing ego," in that the goal is more than the pragmatic treatment outcome of a greater tolerance for internal conflict. There are always self-states that are enacting their experience because they are not symbolized cognitively as "me" in the here-and-now of a given moment. For the

most part, this creates no problem within normal, healthy human discourse. It is where these self-states are experienced as “not-me” and are discontinuous with other modes of defining self and reality that the trouble occurs. For most patients, though to different degrees, I see the goal as being able to first accept, as a valid mental state in itself, the experience of observing and reflecting upon the existence of other selves that it hates, would like to disown, but can't. In some patients this initial shift in perception is dramatic, and involves a major personality reorganization. In its most extreme form this transition is paradigmatic in the successful treatment of severe dissociative disorders, but the basic transition is one that I have encountered in every analysis during all phases. If the transition is successfully negotiated, an opportunity has been provided for an internal linking process to take place between a patient's dissociated self-states by broadening his perceptual range of reality in the transference-countertransference field. In the linking process, fantasy, perception, thought, and language each play their part, providing the patient is not pressured to choose between which reality is more “objective” (Winnicott, 1951) and which self is more “true” (Winnicott, 1960, 1971b).

Consider, in this context, a clinical vignette presented in an article by

Searles (1977) that vividly illustrates the creative synthesis of this perspective within routine analytic process. Searles writes:

> *It may not be deeply significant if a patient occasionally begins a session with the statement, “I don't know where to begin.” It may be simply a realistic attempt to cope with, for example, the fact that much has been happening with him of late. But I began to realize some two years ago that the patient who more often than not begins the session with this statement (or some variation upon it) is unconsciously saying, “It is not clear which of my multiple ‘I's will begin reporting its thoughts, its feelings, its free associations, during this session.” That is, it is not basically that there are too many competing subjects for this “I” to select among to begin the reporting, but rather that there are too many “I's” which are at the moment, competing among “themselves” as to which one shall begin verbalizing. . . . A woman, who had become able, over the course of her analysis, to integrate into her conscious sense of identity many previously warded-off part identities, began a session by saying, in a manner which I felt expressive of much ego strength, in a kind of confident good humor, “Now let's see; which one of my several identities will materialize today?” (pp. 443-444)*

I recently thought of this example from Searles after a session with one of my own patients that began with an uncharacteristically lengthy silence, broken by her saying quite matter-of-factly, and without any discernible anxiety or defensiveness, “I'm having three different conversations with you today.” I replied, “Different in what way?” My question was followed by another silence, this one more obviously organized by self-reflectiveness. “Good question!” she stated. “First I thought that the *topics* were different. But when you asked that question I started to realize that I didn't want to answer because there are really three different moods all at the same time, and I don't know which one I want to answer you from.” There could be no clearer evidence than this moment to show that dissociation is not principally a mode of self-protection (even though it serves as such in the face of trauma). It can be seen here in its intrinsic form as the basis of creativity, playing, illusion, and the use of potential space to further self-growth. It was shortly after this session that, following a typically unsatisfying phone conversation with her father, she described looking at herself in the mirror, hating her father, and watching her face while she was hating—playing with the facial expressions, trying them out, enjoying the hateful feelings, but, as she put it, “still feeling like ‘me’ all the way through it.”

Standing in the Spaces

As an enactment begins, an analyst will inevitably shift his self-state when the patient shifts his, but the phenomenon is always a two-way street. An enactment can just as easily begin with the analyst. Dissociation is a hypnoid process, and inasmuch as analyst and patient are sharing an event that belongs equally to both of them—the interpersonal field that shapes the immediate reality of each and the way each is experiencing himself and the other—any unsignalled withdrawal from that field by *either* person will disrupt the other's state of mind. Thus, when an enactment begins (no matter by whom it is initiated), no analyst can be immediately attuned to the shift in here-and-now reality, and he inevitably becomes part of the dissociative process, at least for a period of time. He is often in a hypnoid state qualitatively similar to that which his patient is in, and sometimes becomes fixated, concretely, upon the verbal content of the session; the words begin to take on an “unreal” quality, and this is frequently what “wakes the analyst up” to the fact that something is “going on.” He has been hypnoidally dissociated from that part of himself that was participating in the enactment, but once he regains access to it, he will no longer be “asleep” to the fact that the patient, although using words, is equally “asleep” to the here-and-now experience between them. A dissociated self-state

of the patient holding another reality—one that sometimes is fiercely opposing the one being talked "about"—may then start to gain a voice.

The analyst's dissociation is not a "mistake" on his part; it is intrinsic to the normal process of human communication, unless it becomes a genuine countertransferential issue that prevents him from "waking up" regardless of how often and in how many different ways the dissociated voice cries for attention. One might even choose to extend Winnicott's concept of "object usage" (Winnicott, 1969), and suggest that the analyst is *always* "deaf" to the patient and "wrong" in his interpretations, at least with regard to certain dissociated aspects of the patient's self, thus allowing the patient to "re-create" the analyst as part of the evolving process of self-re-creation that constitutes the core of the patient's growth. In other words, the patient is provided with a chance for unsymbolized aspects of self to protest the analyst's "wrongness" and become known relationally by the analyst through the enactment.

Kate, a female patient just back from a vacation, was marvelling at how free she felt to do things that she couldn't do freely here, because in New

York she has to tell me about them and she's afraid of what I will feel. She said that she didn't know why this should be so, because she knew I liked her, and wondered whether that fact could actually be the reason—that she was afraid to let herself fully experience my liking her, because then she would want too much of it. She compared this possibility with how her allergy to chocolate seemed also not to be in effect when she was on vacation, and she ate chocolate for every dessert without feeling guilty and without getting pimples. "So," said Kate, "maybe the truth is that you are like chocolate to me. No matter what you say about me I can't take it in without getting pimples, because when I start to realize how attached I am to you, the pimples remind me not to trust you too much—to be careful of how much of me I show you—you could suddenly hurt me if I'm not who you expect me to be."

"And yet," I replied earnestly, "you seem to be trusting me enough right now to at least let me in on the fact that there's more to you than meets the eye."

"I think you're saying that," Kate retorted, "because you are trying to *get* me to trust you more than I do. But I don't know if what I'm feeling right now is trust, or just a new feeling of 'I don't care what you think.' Right now, I really don't trust why you just said what you said. If I trust you instead of trusting *me*, I get pimples, and *that's zit*."

“Come on now,” you might well protest, “how can you be so sure that's what she said. After all, ‘that's it!’ and ‘that's zit!’ are pretty much in the ear of the beholder.” And you may well be right, particularly because I love unconscious plays on words. I seem to hear them with what I suspect is unusual frequency, and I think it is entirely plausible that in a marginal case such as this I heard what I wished to hear. The fact is that I don't know for certain. What I do know is that when I began to laugh, she caught on immediately to what I was laughing at, and even though she clearly had no conscious awareness of an intended pun, she was ready to enter into the spirit of play. I think I would be on more solid ground (an uncustomary location for me) if I settled for the probability that what my ear did indeed pick up was her readiness to enter the area of potential space (Winnicott, 1971a, 1971b)—to play with an aspect of our relationship that before had been concretized and held in separate and discontinuous states of consciousness. My wish for her to trust me, which she so accurately perceived as part of my response to her, was then acknowledged by me. I also acknowledged her accuracy in her perception that I liked her, and my concern that in the acknowledgment I might be mak-

ing it more rather than less difficult for her to feel free to be herself. She then told me that I worry too much (which I do). She said she was glad that I said it, but that at this point she didn't really need the verification because she really did feel free to be herself with me in a way she hadn't before, and that my input didn't make her feel she had to “jump ship” in order to protect herself.

The point of this vignette is that I didn't know what to expect from moment to moment; I was as much in potential space as she was, and I would put it that if I were not, the concept has no meaning. I had to find my own place to stand without wedding myself to my own subjectivity as “truth,” while still being able to be myself—a concept I've described metaphorically in previous writing (Bromberg, 1991pp. 410-411) as the ability of the analyst to “maintain dual citizenship in two domains of reality with passports to the multiple self-states of the patient.”

Transference and the “Real” Relationship

From this frame of reference there is no single transference reality that can be spoiled or contaminated by making a “technical” error. The analyst, guided by the patient and by his own experience of personal authenticity, allows himself to form relationships with each of the patient's selves or self-states to the

degree the patient allows it, and in each relationship he has an opportunity to creatively utilize a range of his own states of consciousness. Often, a particular self-state of the patient has never before been drawn out in its own terms so that it can, without shame, communicate to another human being its unique sense of self, purpose, personal history, and personal "truth." In my own work, this experience has at times led directly to the source of a symptom or behavior pattern that until then has been "resistant" to change, as for example, in the case of a patient who had suffered many years with an eating disorder, and then revealed one day that she had finally discovered why she binged. "I do it," she said, "because I feel my brain trying to switch to another consciousness and I want to stop it—so I eat or drink something cold to stimulate me in the moment. I need to stay awake, to stay grounded, and sometimes, when I'm afraid I'm not going to be able to, I eat something heavy like pasta or bagels."

The interplay between confrontation and empathy is interesting and especially relevant when working from the perspective of *multiple real relationships* rather than "a real relationship and a transferential relation-

ship." Each of the patient's dissociated self-states has its own reason for existing—a single "truth" that it tries to act upon—and will not rewrite its reality to suit an analyst's personal belief system of what defines "growth." The analytic relationship is, in this light, a negotiated dialectic between attunement and confrontation, or (to express it in a slightly different frame of reference) between "empathy and anxiety" (Bromberg, 1980). There is no way that one's personal narrative of "who I am" ever changes directly; it cannot be cognitively edited and replaced by a better, more "adaptive" one. Only a change in *perceptual* reality can alter the cognitive reality that defines the patient's internal object world, and this process requires an enacted collision of realities between patient and therapist. The analyst's struggle with his own confusion—his ability to make creative use of contradictory realities within a single analytic field, without unduly inflicting his need for clarity of meaning upon the patient—plays as much of a role in the analytic process as do empathy or interpretation individually. In other words, for a patient to develop confidence in his growing ability to move from dissociation to intrapsychic conflict, he must engage with the analyst in what I have called the "messy" parts of the analytic relationship (Bromberg, 1991). As the analyst furthers the capacity of the patient to hear in a single context the voices of other self-states holding alternative realities that have been previously incompatible, the fear of traumatic flooding of affect decreases, along with the likelihood that opposing realities will automatically try to obliterate each other. Because there is less

opposition between aspects of self, there is less danger that any individual self-state will use the gratification of being empathically supported in its own reality simply to further its individual sense of "entitlement" to priority within the personality. Translated into the traditional metapsychology of "pathological narcissism," a patient's investment in protecting the insularity of a so-called grandiose self (see Bromberg, 1983) diminishes as the need for dissociation is surrendered and replaced by increased capacity to experience and resolve intrapsychic conflict.

Fonagy (1991) labels the capacity to symbolize conscious and unconscious mental states in oneself and others as the capacity to "mentalize" (p. 641) and writes that "'wholeness' is given to objects only through an understanding of the mental processes that provide an account of the objects' actions in the physical world. Before mental states are conceived of, the mental representation of the object will be, by definition, partial, tied to specific situations . . . since the vital attribution of mental function-

ing is absent" (pp. 641-642). Consequently, Fonagy argues, "the distortion of mental representations of objects through projection is unavoidable at this early stage. . . . *Until the point is reached when mental states may be confidently attributed to the object there can be no capacity to limit this projection*" (p. 642). He goes on to state that "*in individuals where the capacity to mentalize is severely impaired, dealing with this aspect of the transference may be considered a precondition of analytic treatment*. . . . [F]ailure to achieve this may lead patients to treat interpretations as assaults and analytic ideas as abusive intrusions" (p. 652; italics added).

Psychoanalysis is at its core a highly specialized communicative field, and what constitutes a psychoanalytically "meaningful" moment is constantly in motion with regard to one's experience of both reality and temporality. The shifting quality of time and meaning reflects the enactment of self-states in both patient and analyst that define the multiplicity of relationships that go on between the patient's selves and the analyst's selves, only some of which are being focussed on at any given moment. I would thus agree with Loewald (1972) who wrote that "the individual not only *has* a history which an observer may unravel and describe, but he *is* history and makes his history by virtue of his memorial activity in which past-present-future are created as mutually interacting modes of time" (p. 409). As an analyst opposes, is opposed by, affirms, and is affirmed by each dissociated aspect of the patient's self as it oscillates—in its cycle of projection and introjection—between his own inner

world and that of his patient, the energy the patient has used in sustaining the dissociative structure of his mind will be enlisted by him in vitalizing a broadening experience of “me-ness” as simultaneously adaptational and self-expressive, rather than certain self-states remaining as “on call” watchdogs that, suddenly and unexpectedly, seem to become possessed by an “irrational” need to make a mess.

One final note. Grotstein (1995) wrote that projective identification “saturates the manifest and latent content of all psychoanalyses in its role as projected ‘alter egos,’ which are signifiers of the self at one remove” (p. 501). He stated that “the analytic relationship, like any couple relationship, constitutes a group entity in its own right as well as a relationship between two individuals. As a consequence, the couple is subject to the laws of group formation” (pp. 489-490). What Grotstein calls “alter egos” is not very different from what I call multiple self-states, or with some patients, multiple selves.

I find Grotstein's observation both astute and interesting, and from time to time I've even had the thought that by experiencing the analytic process in this way, it begins to overlap in a funny way with certain elements of doing couples therapy—sort of like treating a couple (or sometimes a family) in a single body. For instance, in the early phase of couples therapy, it is virtually impossible for the therapist to make statements about the couple as a unit, to which both parties can be responsive. The therapist has to develop a relationship with each member of a couple individually, while dealing with their problems that pertain to the couple as a single unit. If this complex task is done with skill, it becomes possible to slowly speak to the couple as a unit, even though each member sees things differently, because there is a context that has been created (the individual relationships to the therapist) that allows the individual subjectivity of each “self” to be negotiable. Through this, each reality can begin to negotiate with other discrepant realities, to achieve a common goal.

Used judiciously, an approach that addresses the multiplicity of self is so experience-near to most patients' subjective reality, that only rarely does someone even comment on why I am talking about them in “that way.” It leads to a greater feeling of wholeness (not *dis*-integration) because each self-state comes to attain a clarity and personal significance that gradually alleviates the patient's previously held sense of confusion about who he “really” is and how he came, historically, to be this person. And for the therapist, it is not necessary to work as hard to “figure out” what is going on, what has gone on in the past, and what things “mean.” He engages in a dialogue with that self that is present at

the moment, and finds out from that self, in detail, its own story, rather than trying to approximate it. All told, it facilitates an analyst's ability to help his patient develop increased capacity for a life that includes, in Loewald's (1972) language, a past, a present, and a future as mutually interacting modes of time.

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