Opening to the Vitality of Unconscious Experience

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My view is that the analyst's technique is his attitude actualized, and that what matters most is the passionate curiosity tamed in the service of the patient's self inquiry, the analyst knowing a bit about how analytic work unfolds, not about how the patient should live his life.
(Poland, personal communication)

I trained simultaneously during the 1970's in transactional analysis and Radix, neo-Reichian body education, becoming a trainer in each modality. At the surface these two methodologies were rather strange bedfellows, in that TA was profoundly cognitive and rational, with a strict rule against touching clients, while Radix was, to an equal and opposite extent, profoundly emotional, with touch and bodily expression at the core of the neo-Reichian techniques (Kelley, 1988, 2004). However, what these two modalities held in common was a positioning of the therapist on the *outside* of the therapeutic process as the one who assessed the client's difficulties from a specific theoretical frame of reference and then *acted upon* the client's way of being so as to promote change. It was the task of the TA therapist to identify games and scripts so as "cure" the client. It was the task of the Radix practitioner to confront the interpersonal and bodily character defenses so as to promote emotional catharsis and ultimately establish "orgastic potency". This active, knowing positioning of the therapist had great appeal to me as a young, rather frightened, and overly responsible psychotherapist. It served me well, but I gradually began to ser that it did not always serve my clients so well. I took my questions and clinical concerns to my TA and Radix supervisors. The supervisory responses were uncannily similar: the problems were rooted in the depths of my clients' resistances and character defenses. I was doing fine; I was simply to do more of the same—longer,

1

harder. I did as I was told, and some of my clients got worse. I decided to look elsewhere for consultation. I knew the fundamental difficulties were in my working style, not in the resistances of my clients. I sought supervision outside of transactional analysis and the Reichian worlds, and I began to read, searching for an understanding of the problems I was finding in my clinical work.

I began supervision with a Kleinian therapist, whose style was unlike anything I had ever known. I hated the process, and I hated her, but I knew she was up to something important. We worked from session transcripts. She said nothing about my clients—no diagnoses, no interpretations. She made no technical suggestions, nor did she challenge what I was doing. She essentially asked one question in seemingly endless variations, "What was going on inside of you that you chose to speak right then? Why did you feel the need to do something just then?" Gradually, reluctantly, I began to see how often my interventions—be they verbal, bodily, supportive, or confrontative—were precipitated by my own anxiety and my need to *do something*. I also began to recognize that my affinity for these active methodologies was an enactment of my script. In my family of origin, I was the doer, the caretaker, and the problem solver, so here I was again playing out these roles in my professional work, whether or not they suited the needs of my clients.

I then sought supervision from a Jungian analyst, in spite of my stereotype that Jungians were all overly intellectual and spent their time diagnosing archetypes and drawing mandalas with their clients. This man proved to be a gift to my professional development. He gave me my first lessons in listening rather than doing. He taught me to manage my anxiety and to soften my style. Most importantly, he listened for the more grow-oriented impulses of my clients, helping me to shift out of my habitual game/character/defense listening mode.

During this period of time, I suspended most of my Reichian style therapy and invited several of my body-therapy clients to meet and read with me to see if we could figure out what was wrong with the way we had been working. It was our reading of the Vietnam-related literature on PTSD that gave us our first insights into the impact of trauma and to distinguish dissociative defenses from those of the more classical repressive sort that both Berne and Reich empha-

sized. The result was an evolution in my understanding of working with body process, which I've written extensively about over the years (Cornell & Olio, 1992, 1993; 2007, 2008, 2011, 2015).

Without my busy, allegedly empathic, "useful," "good parent" therapist-self in high gear, I often fell into a muted, rather empty silence. I needed not only to learn how to listen differently, I needed to learn how to speak differently. I returned to the psychoanalytic literature, now exploring contemporary analysts. The discovery of the work of D.W. Winnicott (1965, 1971), Christopher Bollas (1987, 1989, 1999), James McLaughlin (2005), and Warren Poland (1996, 2012) was like a revelation to me. Here were accounts of the force and vitality of unconscious experience that stood in stark contrast to the classical psychoanalytic theories of the unconscious that Berne had rejected in his development of TA. Here were analysts who each in their own way described how to listen, to welcome uncertainty, to spend long periods in attentive quiet, and to tolerate uncertainty. It was a fundamental task in classical psychoanalysis to render the unconscious conscious. For Bollas the thrill of psychoanalytic explorations was that of enriching conscious experience with the depth, mystery and vitality of unconscious experience.

My immersion in their writings and my good fortune to work closely with both McLaughlin and Bollas, provided the basis for much of the work I will describe in this chapter. Jim McLaughlin and I were never in supervision or therapy together, our working relationship was around his writing and mine. As he became familiar with my writing, he made a pointed and unforgettable interpretation, "It seems to me that the closer something is to your heart, the quieter you become. It is as though you imagine that silence can best protect what you cherish." In supervision with Christopher Bollas during this same period of time, he made the comment that I seemed to be afraid of the unconscious—of my own as well as that of my client. These were transformative interpretations.

My discovery a few years later of the writings of Muriel Dimen (2003, 2005) and Ruth Stein (1998a, 1998b) radically transformed my understanding of the meanings and functions of sexuality, returning attention to sexuality to my clinical work. My reading and meeting with these analysts made fundamental changes in my understanding of

my work through the 1990's and the first decade of this century. The impact of these analytic perspectives on my work will be the focus of this chapter.

This chapter is based in my evolution as a psychotherapist. However, the force and vitality of unconscious realms are present whenever we work as professionals involved in facilitating psychological change, regardless of our particular field of application.

A brief pause with Eric Berne

Reading Winnicott and Bollas opened new ways of reading and understanding Berne, which led to a series of papers exploring both the richness and the limits of Berne's writing (Cornell, 2000, 2005, 2006, 2015b; Cornell & Landaiche, 2008). In rereading Berne with a fresh perspective, I began to see a depth and an often conflicted wisdom in his work that had not been apparent to me in my initial study of his books or in the rendering of Berne that had been in my TA training.

I found in rereading Berne, a concept that proved to be a key in my unraveling the clinical dilemmas I was trying to find my way through. In his theory of games, Berne (1964, p.64) made distinctions between what he called "first, second, and third degree" games, which I have further extended to the understanding and differentiations of script. By "first degree," Berne was describing levels of intrapsychic and interpersonal defenses that were reasonably available to conscious awareness and change through cognitive interventions and understandings. Berne saw games at the first degree level as serving a "social" function, which is to say, to make relationships more predictable.

"Second degree" games and scripts serve defensive purposes that are operate outside of conscious awareness and control. At the second degree, Berne saw a split between the conscious level of communication and another, which is more psychologically significant, that represents more unconscious motivations. "Second degree" games are understood as serving a more fundamental psychological function—i.e., maintaining script--rather than a social function. Defenses operating at this level are not so readily amenable to change through cognitive interventions. Berne (1966) developed his model of

group treatment primarily as a means of helping clients identify and alter their second degree games.

Berne characterized "third degree" games and script as held and lived at the "tissue" level, by which he meant at the level of the body rather than the mind. Berne saw defenses at this third level as being extremely resistant to change and ultimately destructive. As I read Winnicott and Bollas, I came to see Berne's pessimism for successful treatment of third degree (and sometimes second degree) defenses was a direct consequence of his turning away from maintaining a place for working with unconscious experience and motivation in transactional analysis.

My emphasis here is on the use of Berne's differentiation of the "degrees" of games as an indication of intrapsychic organization. Stuthridge and Sills (this volume) offer a further elaboration of Berne's model, emphasizing the interpersonal implications and impacts of the degree of the game. It is important to recognize that while Berne framed his differentiations of the degrees of games in terms of levels of defense, these variations of psychic organization are not in and of themselves defensive or pathological. The fact, for example, that aspects of one's experience are organized and experienced primarily at nonverbal body ("tissue") level does not make them pathological.

When writing about script theory, Berne (1963) introduced the concepts of protocol and palimpsest:

> A protocol or palimpsest is of such a crude nature that it is quite unsuitable as a program for grown-up relationships. It becomes largely forgotten (unconscious) and is replaced by a more civilized f\version, the script proper….
> (p.167)

In this way he described a level of unconscious, somatic organization without the attribution of defense and pathology he attributed to third degree games (Cornell & Landaiche, 2006).

In the fifty years since Berne's death, the study of attachment patterns, implicit memory processes, the subsymbolic mode of organization, transference/countertransference, and neuropsychological research have radically shifted our understanding of these somatic, and often unconscious, realms of experiences. Protocol and palimpsest

are not inherently pathological, but are grounded what we might call "the good, the bad, and the ugly" of our earliest experiential that live on within us in what we would now call implicit, procedural memory. At the "third degree" level, *living the experience* with our clients precedes and informs whatever comes to be analyzed and spoken.

Berne's differentiations helped me see that I needed to develop a much more varied approach to psychotherapy. I could see that while my more active, interpretive interventions, be it the more cognitive style of TA or the more somatic interventions of the neo-Riechian modes, were often sufficient for clients whose defenses were organized primarily at the first and second degree levels. But for other clients and the deeper, more troubled phases of treatment, there needed to be fundamental changes in my customary ways of working. I did not need to trash everything that I had been doing, but it was abundantly clear that I needed to expand my ways of working.

Two-person, separate
It was a painful period of learning in which I gradually shed my manic, overly active, relentlessly useful style of psychotherapy. In my personal psychoanalysis I was able to painfully face the defensive functions of my manic need for action and efficacy. Here was the mother's presence in the unconscious motivations for my manic overdoing. My father's absence underlay my dread of silence and separateness, which I felt to be the equivalent of neglect and isolation.

My consultants gently, but persistently, pointed out how often my apparent "empathy" for my clients served the needs of my self-image more than the needs of my clients. Bollas repeatedly spoke to how an over-investment in "empathy" foreclosed the experience of the client, taking away their right to self-exploration. McLaughlin argued, "Here I emphasize the working of two separate minds so that I can make clear that the central focus on the patient's reality view does not mean seeking unbroken agreement and oneness in the dyad" (2005, p. 207). Poland's writing over the years has emphasized the fundamental separateness of the subjectivities of the therapist and client, exerting a quiet but persistent influence on my working style. Recently he conveyed is the essence of what a therapist needs to convey to a patient in this way:

> Whatever the analyst then says, from the most trivial clari-
> fication to the most profound interpretation, whatever the
> content of the words, a crucial message buried deep in
> the structure of the very making of the statement is one
> that states, "**No**, I am **not** you, nor am I one of your
> ghosts, but as a separate people we can speak of what is
> involved. No, I am not part of your dream, but as a person
> who cares for what you are doing but who is separate, I
> can help you find the words to say it. (2012, p.947)

The willingness of the therapist to respect that essential separateness gives the client the space and freedom of self-discovery and self-definition. I came to see how a therapist's self-disclosure or the valorization of mutuality further risks an impingement on the client's psychic realities and struggles.

Gradually I learned to be *informed* by my countertransferences, and for the most part to keep them to myself, so as to allow my clients to inhabit their own intrapsychic wishes and struggles:

> Psychoanalysis takes place between two people yet
> feels as if it lives within the deepest recesses of my pri-
> vate life.
> …For every encounter with a patient sends me deeply in-
> to myself, to an area of essential aloneness processed by
> voiceless laws of dense mental complexity.
> …the analyst and his patient are in a curiously autobio-
> graphical state, moving between two histories, one privi-
> leged (the patient) and the other recessed (the analyst), in
> the interests of creating generative absence, so that the
> patient may create himself out of [these] two materials….
> (Bollas, 1999, p.11)

Bollas' position often seemed frightening and alien to me as a therapist who habitually used his work with clients to escape himself. His sense of a "generative absence" was a startling and liberating contrast to the meanings of absence that I had internalized with my father.

Deeply depressed during her graduate school years, Catherine was desperate to have a place where she could figure out her life and her sense of self. She had lived her life being seen only through the de-

manding and judgmental eyes of those around her. It was with Catherine that I learned with particular poignancy the importance of keeping our histories separate and of tolerating my countertransference.

We had been working for four years when her mother was diagnosed with a recurrence of an earlier cancer that had metastasized to her bones and brain.   During that same period of time, my sister was terminally ill with massively metastasized cancers. My sister died while Catherine's mother was still undergoing treatment. Many times, as I listened to her, I thought of my sister, who was the same age as Catherine's mother, and of my niece's, my nephews' anguish. At times I found it nearly unbearable to listen to her as I anticipated what lay ahead for her and her mother. I said nothing to her of my sister's plight or the impact that listening to her had upon me. I could not, in the sessions themselves, sort out which of my reactions had to do with Catherine and what were mine—they were too immediate and intense. Her father was as emotionally self-absorbed and oblivious to his children as was my sister's husband, so my countertransference was intense and risked being intrusive. I kept it to myself and worked it through with myself, so as to remain open to her experience.

Catherine's parents were each in their own way so profoundly self-involved that there was no room for her struggles or needs as she faced her mother's illness. She needed a space with me that was entirely hers. Her relationship with her mother had been turbulent and deeply conflictual but also loving and intimate. She felt an intense need to avoid conflict as her mother grew more ill. Catherine often said, "if my mother dies," which I never corrected. However, when I spoke of her mother's illness, I always said, "When your mother dies." She asked me one day why I said "when". I told her that her mother's cancer was terminal, and that her mother undoubtedly knew that. When Catherine, her father or other family said, "if," they were lying. "It is a lie intended to comfort," I said, "but it is a lie nonetheless. Perhaps it is a lie that comforts your father and family, but it signals to your mother that there are things that cannot be spoken, cannot be faced together and that she may be facing her death alone. I'm not willing to participate in the lie with you. You may make a different choice with your family." In time, Catherine learned to speak freely to her mother, and her mother was able to respond in kind, and, fortunately, they did not lose their capacity to argue with each other.

Catherine found her way to accompany her dying mom. They could speak the truth to one another.

As her mother approached death, Catherine was often told that she was too emotional and that her feelings would upset her mother. As her mother became less and less able to communicate verbally, Catherine wanted desperately to hear from her mother her beliefs and feelings about dying. Catherine wanted to say goodbye, to tell her Mom how much she would miss her, and how angry she was at the cancer. But Catherine was rendered mute by her family, who insisted that her mother needed to be "protected" from the fact that she was dying. I was silently furious with her family and frightened that she would lose this precious opportunity with her mother. I felt certain that her mother knew she was dying and did not need to be "protected" from that reality. I had to make a decision about how and if to speak to what I was thinking and feeling. I was not at all certain what to say, if to say anything at all.

Self-disclosure is not a casual decision, and I didn't want to speak just to alleviate my own distress (Aron, 1996; Maroda, 1999; McLaughlin, 2005; Jacobs, 2013; Cornell; 2014). I did not want to be another person telling Catherine what to think and feel, intruding my feelings upon her. I finally decided to speak to her directly about my own experience with my sister and her family. "You may remember last summer when I took some time off from work. My sister died last summer of cancers very much like your Mom's. I took time off to be with her and her children. I learned some painful but important things with my sister in her illness and dying that I would like to share with you, if you think that would be helpful. It is different from what you are hearing from your family." She agreed, and I talked with her about how important it was for my sister and her children to stop pretending there would be a miraculous recovery, to give up hope together, and to speak openly about her impending death. These conversations gave my sister some final peace and intimacy before dying.

The conversations with Catherine about my sister and her family, typically very brief, continued after her mother died. My focus was on my sister, her children, and their needs, not my own experience. Catherine never asked me what it was like for me—she knew that was not the point. The stories from my sister's dying gave Catherine

the courage and freedom to go against the pressures of her family and speak with her mother as she needed to. Her mother welcomed the opportunity.

Catherine is now a mother herself with a baby girl. Our sessions have been a place in which she can grieve her mother's absence during this very precious period of life. Her mother is never mentioned in her family.

The therapist as an unconscious object in the evolving psyche of the client

I have been reading Winnicott for more than two decades. His way of writing, as well as his way of working as an analyst, was highly idiosyncratic. His ways of writing and working have required years of study to understand. His way of thinking about the psychotherapeutic process has deeply informed and transformed my understanding of psychotherapy. At the heart of Winnicott's understanding of human development, be it within the parent/child or analyst/patient dyad, is the necessity of aggression, ruthlessness, and object usage (1965, 1971). Winnicott (1984), through his work with children and adolescents as well as his adult patients, came to understand that the expression of aggression and destruction was an effort to force the external environment to respond to internal needs. Winnicott saw aggression as a manifestation of hope that the object (other) will survive one's projections and demands, thereby facilitating the differentiation of self and other.

In ego development and the elaboration of one's "true self" of a child or a patient (Winnicott, 1960/1965), the unconscious intention in the use of the object is not the destruction of the object but the discovery of the self. My long-standing wish to be a *useful* therapist foreclosed the possibility of my clients to *use* me in their own ways in the discovery and elaboration of themselves. They did not have the freedom or space to find themselves, because I was always there first. My reading of Winnicott and consultations with Bollas began to show me ways to get out of the way of my clients to open a different kind of therapeutic space, so as to be available to be *used by* my clients rather than be *useful to* them. Bollas, deeply influenced by Winnicott,

described the core of Winnicott's attitude toward life and osychoanalysis in language I found deeply compelling:

> The issue Winnicott addresses can only be understood if we grasp that he does not assume we all 'live' a life. We may construct a semblance of such and certainly the false self attests to this. But to live a life, to come alive, a person must be able to use objects in a way that assumes such objects survive hate and do not require undue reparative work. (Bollas, 1989, p. 26)

I learned the true meaning of object usage through my work with Alessia. She first burst into my office like a storm cloud, a dark and broiling presence that filled the room. She commanded attention, and she immediately had mine. A graduate student in her late 20's, she seemed simultaneously a lost girl and a powerful, self-possessed woman. She was married but was fed up with her husband and contemplating leaving him. "Oh," I thought to myself in that initial session, "a simple job—helping her to make a decision about her marriage." That was not to be the case at all.

Alessia's parents were both prominent medical professionals who had related to their daughter as the identified patient, since probably from about the time she had learned to walk. Barely into elementary school, she had been sent off for psychotherapy. I was, perhaps, her 8th or 9th psychotherapist (she'd lost precise count). As she described the range of diagnoses she'd been given over the course of her relatively young life, I had the fantasy that the DSM would require continual revision so as to afford her parents new opportunities to assign diagnoses.

While her parents were relentlessly concerned with the psychopathology of their daughter, they paid little attention to her actual life. As a young teenager, Alessia had fashioned a secret life, completely outside the awareness of her very busy and preoccupied parents. Her secret life was full of sexual exploration and encounters. In her sexuality, she felt herself most fully alive. By her college years, she had married. Her marriage was a poly-amorous arrangement, accompanied by multiple lovers of both genders. What more, I wondered as I heard her stories, could a young person ask for? I found myself envious. During those formative years of my life, while my

sexual fantasies had been closer to the life Alessia was actually living, I had limited myself to the safety of a single, heterosexual relationship. Alessia, on the other hand, seemed to devour lovers and other intense experiences as food and fodder for her life.

For the first five years of our work any comment, observation, reflection, or interpretation I offered was dismissed out of hand. Most of the time, I was left with the sense that what I said was simply unheard as irrelevant, but there were times when Alessia's response to my interventions was to make it abundantly clear that what I said was quite dumb and unwarranted. I couldn't have explained why at the time, but I did have the very clear sense that the only thing that would have been even dumber than what I'd already been saying would have been something like, "Have you noticed that you reject everything I say? I wonder if we could talk about that." Or worse yet, "I think you are putting your father's face on me."

My countertransference was intensely mixed up. I always looked forward to seeing her, being rather thrilled by her passionate and aggressive nature. At the same time, I felt reduced to an audience watching some kind of one-woman theatrical performance. My negative countertransference found relief through diagnoses that could situate the problem squarely within her way of being. I could fall back on my Reichian characterology and declare her (to myself silently) as a hysteric, perhaps even a psychopath. From my TA frame of reference I could fill a short lexicon of games: "If it weren't for you"; "Now I've got you, you son of a bitch"; "Corner"; "Uproar"; "Ain't it awful"; the list could go on. It was interesting, and not accidental, that she never asked me for anything, except for a diagnosis, which she asked for repeatedly! Here I had the tact to quietly reply each time something like, "You've had a life time of diagnoses. I can't possibly see the use of another. I want to get to know you, not diagnose you." But anything else I offered would be immediately rejected. Had I been working with her a few years earlier, I would most likely have destroyed the therapy through some form of confrontation rather than tolerate and learn through my countertransference.

Alessia never stopped talking. We had no "contract" in the TA sense of an explicit purpose or goal for our work. She came to sessions; she spoke; I listened. That seemed to be the deal. As the months

passed, I felt like a therapist without a job, certainly not the job I typically cast for myself. Although I felt like I had no personal importance to her whatsoever, the sessions were clearly important. She was never late. She never missed a session. When she traveled (which she did for her work rather often), she always arranged a phone session. Strangely, I did not feel irritated with her. Quite the contrary, I felt a growing paternal countertransference of admiration and protectiveness toward her. I didn't know what was going on, but I "knew"--in the Bollas sense of the unthought known (or perhaps "unthinkable known" was closer to the truth)—that something important was going on.

Although she never said so, I was reasonably sure that my admiration of her registered somewhere inside of her. It was, perhaps, most important that I never called into question her sexual activities, which by conventional standards would only be seen as perverse. It was clear to me that her sex life was an essential platform for her wellbeing. At the same time, I feared that it left her open to being exploited. She would often express surprise and/or outrage when some sexual partnership collapsed or exploded. I had the distinct impression that she was also hurt, but I kept my observations to myself. I grew more comfortable with the erotic aspects of my countertransference. I could sit with Alessia and feel my growing affections for her, relishing her passionate sexuality.

Fortunately for both of us, by the time Alessia came to see me I was working with McLaughlin and Bollas, each of whom, in their own way, was teaching me how to live in and with my countertransference, rather than acting it out through confrontation, interpretation, or "sharing" it in self-disclosure. Bollas writes of the necessity of "countertransference receptivity," which he describes as "a capacity to receive life and bear a not knowing about what is taking place even though a profound mulling over and playing is the medium of such reception" (1999, p.44). What became clearer to me was that my willingness, indeed the necessity, to keep a distance was serving an essential function. I began to get the sense of my paternal presence being that of a father who cared but could stay out of the way.

Her automatic dismissals of my comments in the early months of the therapy were deeply instructive. Seen through the lens of Berne's

degrees of games, it was clear that we would not be working at the level of cognitive insight and/or transferential projections and relations. Our work together was not to be at first or second degree levels. We were not together to *solve* a problem. We were together to *live* the problem together. Our work was at the third degree level. Years passed. If I was traveling, a request for phone contact was never made. She never asked where I was going. She had never asked a single question about my life or work. After about 5 years she asked at the end of a session, "So what do you think?" I was startled. Why now, I wondered. I no longer recall what she'd been talking about or how I answered her question. I do recall her response, "Well, I don't know how the hell you came up with *that*." Oh well. Maybe there would be another time when she would ask again.

As is so often the case for me when I'm working with a client during periods of not-knowing and uncertainty, various bits and pieces of things I've read come to mind as objects to be used. Thrashing my way through difficult authors is one of my favorite and most productive forms of object usage. The first bit that began to press itself into my consciousness was Berne's (1972) accounting of script forming a wall around the child's "secret garden" to protect one's most precious wishes and fantasies from the intrusion and harm of others. I thought about how Alessia had managed to keep so much of her life secret from her parents. I found new meaning in Alessia's honesty with me; she did not seem to need to keep any secrets from me. Some sort of understanding was taking shape as another association to hiding and privacy came to my mind, this one from Jim McLaughlin:

> It is this private self that provides inner stability and nourishment. Yet it is also a hiding place for those most unwanted and troublesome aspects of what we fear and wish we were not. It is this aggregate that we zealously protect, keep mostly hidden, and cling to as our essence. It is what we bring to the other when we engage in the analytic dyad. (1995, pp.434-435)

I found new understanding and regard for the careful, attentive distance I was maintaining. I continued to "consult" with various authors as I sat in session.

Winnicott also "visited" me during several sessions. Something from him nudged the edge of my consciousness, but I couldn't quite catch

hold of it. At the time Alessia had started working with me, she had pretty much cut off all contact with her parents, especially her father who she found to be boorish and "way too full of himself". Over the course of our work, she was feeling more settled in herself, so she felt confident enough to begin reestablishing more contact with her parents. Her father rapidly returned to his intrusive and opinionated self. She was telling me, angrily, of her most recent phone conversation with her father that ended with her shouting at him, "It's none of your damned business." As I listened to this latest encounter with her father, Winnicott returned to the room.

Now I knew what "Winnicott" had been trying to tell me, and that evening I found the piece I needed to read. Winnicott was writing about the early roots of the capacity for aggression, in which he is describing the young child's "motility" through which "the environment is constantly discovered and rediscovered" (1950/1975, p. 211). Motility is the word he used to characterize the infant's and young child's sensori-motor explorations of the world around her. He describes three patterns of the environmental (usually parental) response to the child's bodily explorations: 1) freedom to explore and experience, 2) the environment *"impinges"* thereby restricting the child's freedom to form their own experience, and 3) a persistent and extreme pattern of impingement. The result of such "persistent and extreme" impingements is that:

> There is not even a resting place for individual experience…. The 'individual' then develops as an extension of the shell rather than of the core…. What is left of the core is hidden away and is difficult to find even in the most far-reaching analysis. The individual then *exists by not being found*. (p.212, emphasis in the original)

I developed a keener and keener sense of Alessia's vulnerabilities—which I *sensed* but never *spoke*. Neither did I. I also felt a growing recognition of my identification with her manic energy. As I allowed her energy and that of my own to register more and more intensely in my body, I began to find a way forward, a way of creating a slightly different space with her. I knew I had to find a way to speak past her relentless energy and activity.

From the accumulation of now more than five years of working together, I knew I could not speak to her directly. I could not say something like, "You got mad at your father, but it must have also been quite painful." I had to speak in the third person, "Father's can be so infuriating." "Yeah, tell me something I don't already know." "And they can be so disappointing." This time her reply was in a soft voice, "Yeah, they sure can." A new space opened between us. I could find ways to begin to speak to (or for) her vulnerability, sadness, uncertainty—qualities I knew from my own experience can be so deeply hidden under manic defenses. I learned to speak to her (and for her) in the third person: "Sex would be so much easier if there didn't have to be someone else there." To this she replied, "Yeah, well *that* can certainly be arranged. Half the people on the planet have their best sex by themselves. The porn industry makes billions. But it is kind of empty that way." There were, of course, many variations in my third person reflections: "Partners can be so clueless"; "People often don't recognize that starting a business is like having a child—it's very precious"; "Sometimes the words that come out of someone's mouth are not what they are actually feeling"; "Anger is so often only part of the picture"; "it's hard enough to bear disappointment—it's nearly impossible to speak it"; "It's a mystery how people ever come to understand one another". Gradually she began to speak from and for these places within herself. She began to ask me, "So what do you think?" and mean the question. Our sessions became increasingly and more reliably conversational.

Winnicott makes an important distinction toward the end of his discussion of object uasge, "I wish to conclude with a note on using. By 'use' I do not mean 'exploitation' (1971, p.94). To the contrary, he argues, "it is the greatest compliment we may receive if we are both found and used" (1989, p.233). He placed great emphasis on a child's or patient's *right* to *find* the object reliable. The therapist does not simply *provide* a supportive atmosphere that the grateful patient can lap up. The therapeutic environment needs to be *used*, tested, and sometimes attacked, so as to be found to be reliable. It is a process that is simultaneously impersonal and intimate. Winnicott goes on to suggest, "Along side this we see many treatments which are an infinite extension of non-use, kept going indefinitely by the fear of confrontation with the trouble itself—which is an inability to use and be used" (1989, p.235). For years Alessia had held me as an object

to be used for her own intrapsychic development, an object that was present and interested but un-intrusive, undemanding. I had been found to be reliable, and now we could move gradually to confront "the trouble itself".

Sexuality and eros in psychotherapy

Sexual and erotic desires, while so often mired and distorted by the shadows of the past, have—at their best—the relentless evocation of the future:

> Sexual desire, therefore, educates us throughout our lives. It often reflects our longing for something that we do not currently have. Since almost all of our lives are peri-odically unsatisfying, our new sexual desires inform us about our felt deficiencies in ourselves and our relation-ships and how they might be improved.
> (Levine, 2003, p. 284)

Sexuality can be a wonderful contributor to our erotic capacities, but sex can also be deadening, numbing, distracting. There are very few clients with whom discussions of sexuality do not become a part of our work together.

Alessia's sexuality was always very apparent, but its multiplicity of meanings—and, perhaps, of "trouble itself"—remained to be ex-plored. Her day-to-day life was filled with overt sexual activity. Here, together, we had slowly, quietly fashioned a different kind of erotic space, a space for the erotics of thought. I can imagine that this may strike some readers as a rather bizarre pairing—eros and thinking—especially from a writer often known for his body-centered approach to psychotherapy. The force of the erotic is about coming more fully into life, the establishment of the capacity for deeper and more robust vitality with which to meet life, be it body-to-body or mind-to-mind. Thinking together can be a wonderfully erotic experience.

Ours was a vitally necessary psychic space allowing each of us a very particular kind of solitude. The underlying eros of our working couple became more apparent. In a brilliant essay on the erotics of transference, Jessica Benjamin observes:

> In the solitude provided by the other the subject has a space to become absorbed with internal rhythms rather than reacting to the outside. …This experience in the transference has its countertransference correlate, in which the analyst imagines her- or himself sharing with the patient a similar state of intense absorption and receptivity, immersed in a flow of material without the need to actively interpret or inject her- or himself. (1995, p.141)

It is perhaps most fully and persistently in our sexual relations that we encounter "object usage," both as the user and the used. Sex carries the same paradox that Winnicott attributes to the use of the object—it is at one and the same time the possibility of being profoundly impersonal and gratifyingly intimate. Human sexuality simultaneously forces us toward the other and into ourselves.

Contemporary models of psychotherapy and psychoanalysis have seemed either to ignore or domesticate sexuality (Green, 1996; Cornell, 2003, 2015). As Muriel Dimen has rather cuttingly noted, " Sexuality has become a relation, not a force" (2003, p.157). Over the past couple of decades, contemporary analysts such as Benjamin (1995), Davies, (1994, 1998), Dimen (2003, 2005, 2011), Slavin (2003, 2007), and Stein (1998a, 1998b, 2008) have been articulating anew the *force* of sexuality and erotic life. Stein, for example, argued that it is in the very nature of "the excess of sexuality that shatters psychic structures…so as to enable new ones to evolve" (2008, p.43). It was only through the more contemporary psychoanalytic literature I found meaningful and provocative clinical discussions of sexuality that informed my clinical practice (Cornell, 2003, 2009a, 2009b, 2015a).

With many of my clients, our work involved fostering a capacity for more aggression and object usage in their sexual relations. But for Alessia, her sexuality needed to become not only a force, but also a relation. Sexuality had long provided an essential function—and I stress *function*, in contrast to defense—of knowing through sensation and action that she could manage and contain the intensities and potential intrusiveness of others' sexual desires and practices. The vigor of her sexual relations needed to expand to make room for her longing and vulnerability.

My speaking in the third person about loss, sadness, vulnerability, uncertainty, and disappointment could resonate within her without defining her personal experience. The space created by the third person allowed me to speak and allowed Alessia the freedom to consider, consciously and unconsciously, the relevance for her of what I was saying. She began to look for different emotional qualities and capacities in her partners and friends. Her sex life has remained as robust as ever.

I have never engaged in transference interpretations or reflections with Alessia. The nature of our relationship has been lived and *experienced* rather than discussed and analyzed. I have no doubt that my quietly, respectfully attentive ways of being with her created at an unconscious level a sense of new possibilities for relatedness. She began to look for more consistent and attentive relationships in her life. She seems to have managed to coach her mother to be a better listening and receptive parent. Her father remains problematic.

What I hope I have illustrated with this accounting of our work together is that it was not the content of Alessia's talking that informed me, it was *how* she spoke and related to me. This is the core of unconscious experience organized at the third degree (or protocol): it is in one's very way of being. Many clients, of course, can and do make use of much more frequent verbal (and somatic) observations and interventions. This was not the case for Alessia. The relentless intrusions of her parents were like the air she breathed—for a very long time. Our sessions needed to provide a very different atmosphere—for a very long time—and I needed to bring my attention and care to her in a very different way from what she had always experienced. I was to be shaped by her, rather than the other way around. The consistency and reliability of my non-intrusive interest gradually allowed her the freedom to relate to me and to herself differently.

In closing

I have been in practice for over forty years now. Through all those years I have had the very good fortune to learn from a remarkable, challenging, and inspiring group of consultants and mentors. Ours is

a profession rich with the opportunity, the necessity really, to constantly think anew.

I was first drawn to transactional analysis by Berne's deep regard for his patients. My academic training had been in phenomenology, a foundation that has afforded the best possible base for the psychotherapeutic endeavor. I saw in Berne the beginnings of an integration of the phenomenological perspective with psychoanalysis. At the time of my initial training what was most important to me was the TA gave me a structure for thinking and some idea what to actually *do* with the people when they were in my office. That was such a rich gift to a nervous, novice therapist.

Phenomenology and transactional analysis have been my ground. For the past twenty years my readings of and studies with contemporary psychoanalysts have carried me "under" that ground into the rich domains of unconscious experience and communication. In recent years my learning has been particularly enriched by studies with Maurice Apprey (2006), a classically trained psychoanalyst who is also deeply versed in phenomenology and is bringing these two disciplines into an exquisite dialogue. With Apprey I have found a deepening integration of these two modes of psychological investigation that I first saw as a possibility reading Berne.

As I look ahead, I also continue to learn how to create space for the emergence of the unconscious domains in my work with groups. I've long been much more at ease in dyads, and as a group leader have found much security in the typical structure of a TA treatment or training group. But in recent years I have grown more tolerant, sometimes even eager, for the discomfort, unpredictability, and depth offered through the models of analytic and process-oriented groups (Nitsun, 1996; Landaiche, 2012, 2013; van Beekum, 2012). Herein is the leading edge of my ongoing learning.