THE MOMENT OF DISCONTINUITY -

When does the „talking cure“ need a break?

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Psychoanalytic theory has to address the dynamics of a process which both, the analyst and the patient, expect to have therapeutic value.

Thus Freud offered a model of the “talking cure”, as he would put it, which defined a sequence of interactions between the analyst and the patient. Each of them would have their turn (with as little “interaction” in the narrower sense as possible). In this model (not necessarily in the practice of Berggasse 19) the first stretch of the sequence was to be covered by the patient, who should let his mental “associations” flow freely, undisturbed by any conscious intention to direct his thoughts. This was to produce the material upon which the therapist would base his interpretations. Confronted with these intellectually superior interpretations the patients resistance would gradually be dissolved.

Freud’s description of the optimal dynamics of the “talking cure” made perfect sense in his “meta-theory” of drives. This description has become canonical in the sense that it has provided firm technical guidance to the analyst.

Freud’s canonical model has, though, not gone unchallenged. Today it is often considered to be of little descriptive value, let alone a set of reliable technical rules to be applied indiscriminately. Psychoanalysts of a “intersubjective” persuasion tend to have a more fuzzy view of the dynamics of the therapist-patient-relationship. Stern (2005) and Mitchell (1985) use metaphors like “dance” in order to make sense of the patterns of therapeutic interactions.

In such an intersubjective model, the therapeutic value of psychoanalysis can no longer be derived from the concept that the “free flow of associations provides the material for resistance dissolving interpretations”.

The change process which generates the therapeutic value has to be recast in terms of the therapeutic dyad. In this dyad, there are several ways in which change is
brought about. Sometimes it takes place in hardly noticeable increments; sometimes
there is a big bang. In either case, the analyst has to gain a thorough understanding
of the subjective experience and world view of the patient. To achieve this
understanding the analyst has to get involved (rather than just offering a “white
screen”). This engagement creates an interface between the subjectivity of the
patient and the therapist’s subjectivity. This interface does not guarantee by any
means a perfect attunement between both of them. The continuity of attunement and
empathy is likely to be interrupted once in a while by dissonances.

How should such dissonances be interpreted? Do they reflect just a temporary lapse
in the therapist’s capacity for empathy? Or, are these disruptions indispensable for
keeping up the dynamics of the “talking cure”?

The significance of discontinuity

Kohut (1987) has argued that a temporary lapse in the therapist’s capacity for
empathy plays an indispensable role in the process leading towards the healing of
the self. Such a lapse (failure, refuse) can provide an “optimal frustration” on part of
the patient who responds to these frustrating experiences by mobilizing existing
structures of the self or by building new ones with ever increasing elasticity. This
enhances the self esteem of the patient. Kohut describes optimal frustration as a
response to shocks the patient experiences in an otherwise empathic milieu. The
patient successfully develops patterns of coping with frustration – “transmuting
internalization” as Kohut would call it. This experience stabilizes the self, since the
patient becomes aware of his growing capacity to re-establish a coherent self under
the pressure of a threatening break down of the empathic milieu he has become
accustomed to in his relationship with the analyst.

This idea has been taken up by Wolf (1996) who interprets a successful therapy in
terms of a pattern of “disruption and repair”. Without disruptions any therapy would
lack the productive stimulus needed for change. A readjustment of the structures of
the self will only happen if disruptions provide a challenge of manageable intensity
and under supportive circumstances.
It is worthwhile to note, that these disruptions do not reflect only on the therapist (and his empathy failure). Quite often it is the patient who provides such disruptions which cannot be avoided, even if the analyst was willing to accommodate the patient’s needs in a perfectly empathic way.

Beebe and Lachmann (2002) have observed that such situations (in which the established interaction between analyst and patient breaks down) are accompanied by heightened affective moments. These moments are focal points in the dynamics of the therapeutic process. It is of utmost importance for the therapist to make best use of such moments of encounter. They offer the opportunity to bring about far reaching changes in the relational knowledge that defines the dyad between analyst and patient.

This idea has been expressed in a similar vein by Stern et al (1998) when talking about the “now moment”. “Now moments may occur when the traditional therapeutic framework risks being, or is, or should be, broken.” “Now moments” may lend themselves to interpretations offered by the therapist. As a rule, however, they warrant an immediate personal reaction of the analyst; a reaction that goes beyond the established patterns of psychoanalysis as Freud envisaged it.

Making best use of discontinuity

It is not, that discontinuities were altogether ignored in Freud’s model of psychoanalysis as a “talking cure”. First of all, the transition from the free flow of associations of the patient to the interpretational response of the analyst must be experienced on both sides as a noticeable discontinuity. Moreover, Freud acknowledged the occurrence of major disruptions when patients expressed strong feelings while transgressing the mode of free associations. These were, however, not moments of meeting, but moments in which the analyst was called upon to rebuke the patient. The patient was to be reminded, that only adherence to the established rules indicated progress towards the dissolution of defence mechanisms.
From the point of view of the intersubjective concept of psychoanalysis the disciplinary attitude towards disruptions has to be considered a missed opportunity.

To make systematic productive use of disruptions and shifts of emotional states it is useful to bear several aspects in mind:

- The framework for “productive discontinuities” has to be a therapeutic relationship characterized by affect attunement and empathic understanding. Without an empathic attitude of the therapist any discontinuity will become a matter of substantial risk for the patient. The reactions of the therapist to discontinuities provoked by the patient have to be guided by the interest in the patient’s needs and motivations. The analyst has to stay within the dyad; he always should stay in emotional touch with the patient.

- Discontinuities allow for moments of meeting; they encourage the propensity of the patient to show his emotional experiences. The expression of the shock, of the anxiety or of the anger paces the way towards intersubjectivity. The willingness to relate to “the other” can never be taken for granted in therapy. Thus the analyst should make best use of discontinuities in order to broaden the base for intersubjectivity.

- Discontinuities indicate where the emotional system of the patient gets under strong pressure in the therapy. These pressures point towards the need of the patient to “switch” systems; i.e. to open up to new experiences of his self. New experiences will only be accessible if the system so far established becomes less closed.

- The impact of “opening up” is the more significant, the more the emotional system of the patient seems to be hermetic at the beginning of the therapy. It is quite common, that patients avoid contact with the therapist by moving along mental circles which keep the therapist “outside” the patient’s inner world. Under such circumstances, the therapist might have to provoke a discontinuity himself. This could be an important step towards intersubjectivity.
• Discontinuities tend to enlarge the room for manoeuvre for the therapist. He can leave the mode of empathic listening and work with different qualities of engagements (Teicholz 2006, Shane 2006). This can generate emotional energy vital for the progress of the intersubjective relationship.

To put these general observations into a clinical context, I present the case of one of my patients with whom the therapy continued for several years.

“Like a terrible blow”

Silvia, a graduate in her mid-twenties, asked for an appointment hinting that an alcohol problem in her family was haunting her: Her deceased father was an alcoholic, and her brother has been one during Silvia’s therapy. The thesis Silvia submitted for her MA dealt with drug addiction. She took courses on drug addiction outside her regular psychological curriculum in order to understand the drug abuse in her family, and to provide help if needed.

Her father’s death was a great loss for Silvia; nevertheless she did not want to acknowledge the importance of this event. There was no room for sadness and mourning. She just had to be strong. In fact, the loss of her father raised frequently a deep fear in Silvia, to be abandoned once again. Silvia defined the relationship to her mother in terms of the worries the two women had been sharing with respect to Silvia’s brother. Whenever she hears from her brother, Silvia feels anxious. The mere ring of the telephone might trigger panic – it could be a message about another attempt at self-destruction on part of her brother. The brother took centre-stage during the first appointment and he should stay there for some time to come.

Silvia also suffered from acute phobia of spiders.

In public Silvia’s behaviour appears to be that of a strong personality, who knows how to keep a considerable distance between herself and other people. Strong feelings would not surface in her relationships with other people.
In the beginning, Silvia wished to come once a week and preferred a setting in which she lay down on the couch.

For the first two years, Silvia showed reluctance to talk about anything but her brother’s behaviour as an alcoholic. Ups and downs: admitted to a psychiatric hospital – going dry - getting drunk – divorce – suicidal acts – psychiatric hospital and so on. Silvia expressed strong feelings of guilt, not being able to aid her brother in coping with alcoholism. At the same time she went mad when thinking about how her brother drew all the resources the family could provide.

At some point, Silvia started talking about how the death of her father changed her role in the family. It was she who had to stand in for her father; she had to support her brother as an alcoholic and her depressive mother. There was no place for Silvia’s own feelings of sadness and stress. People would consider her as unfriendly and cold. That was hard to face, since she felt vulnerable and in need of attention.

For the first two years I tried hard as I could to put Silvia and her self perception into the centre of the therapy. My inquiries and interpretations focussed on her feelings of being helpless and her fear to be abandoned. Then at a point, Silvia explained that she wanted the therapy to bring to an end; she still felt that her brother took up too much of her life, but that she would now knew better how to cope with it. I agreed, although I felt, there was so much still open. Ending the therapy on her own initiative had a special significance for Silvia, for the first time in her life it was she who “left someone behind”. I emphasized, that I would welcome her whenever she would decide to work together again.

A year later, Silvia came back. She wanted to continue without a clear notion, of what she wanted to achieve. At the same time she felt that she was close to a breakthrough: “You told me at the end of the last therapy session that we had made progress – that is, to certain extent; but that we could go on to a further level. I believe I am now ready for such an attempt. If you hadn’t said so, I would not have come back.”
Now Silvia is determined to make use of the therapy for herself: “I am fed up with letting my brother dominate my therapy as well.” The second stage of the therapy opens towards new themes she had not touched upon so far; e.g. the relationship to her mother. Her perception of the relationship she had with her mother started to change. Silvia expresses anger about how the way her mother frequently has hurt her; her mother showed hardly any respect and little regard for her needs. How hard Silvia has tried she just could not make it right in the eyes of her mother.

Another topic that Silvia hardly had mentioned during the first two years was the relationship to her partner with whom she lived together. Regarding her brother and her feelings of guilt, however, Silvia seems to be circling along the beaten track.

One day Silvia arrives at the session furious about the complete break down of all the people she has close relationships with: her brother has been admitted to hospital; her friend has a nervous breakdown, the Tom-cat of her mother has died, her boss is sick in bed. Silvia: “I am fed up. Everybody breaks down and expects me to carry on. Enough is enough,” Silvia sighs. She is angry. Her anger is directed towards her brother. Her anger is followed by bangs of guilt, which push back the anger. In this situation, the following dialog evolves:
Th: It is you who is in need of help.
Silvia: What, what did you say? (She looks slightly disoriented)
Th: I mean you desire help and support. You do not want to look after somebody all the time.
Silvia: This never came to my mind! Isn’t that strange? Why do I do this to me? So many things seem to come up, strange feelings…... as if I was to disintegrate. When you talk like this, I feel confused. I can feel strong and ask too much of myself – this does not matter that much to me. But to feel weak - no, I don’t want to look at this. This feels like complete disintegration, a feeling of non-existence – I can not give you a better description. If somebody is forward coming, I feel provoked. If somebody withdraws I gain room for manoeuvre. Strange, isn’t it?
Does that mean I cannot bear if some one is nice to me?
Whenever Silvia is facing a tension in her relationship, she is inclined to mobilize all the resources needed to overcome the deficits, regardless of who is to blame. This shows clearly in our relationship. Silvia is particularly lively, nice and encouraging whenever I take myself back a little bit. I refer to this pattern (in the context of our therapeutic relationship) several times. She is always particularly forward coming whenever I feel low. Already low feelings of the other person in an interaction suffice to trigger Silvia’s fear to get abandoned.

Silvia: It makes me mad that I behave like this even though I have no inclination to do so. It is like being forced to do so, only to avoid these feelings of dissolution. This is constraining me.

Silvia comes back to these feelings of “dissolution”, when she gets close to feelings of anxiety, depression and helplessness. To be without an option for action is a threat to her. Being helpless with respect to the alcohol abuse of her brother is a threat to her psychic balance. To help, to be in action are major stabilizing factors in the organisation of her self.

Several sessions later Silvia indicates that she can now stay calmer when meeting her brother than previously. When her brother is asking her to come to his help, she has learned to respond: “Just simply call the ambulance!” This contrast sharply with the way she used to behave previously: she would panic, rush to him and be at his disposal.

Silvia: He has become one of my clients. I proceed in a professional way. It seems I have learned to do so after all.

However, she still is very reluctant to express any feelings of discontent when facing her brother. It seems there is little room for such feelings.

Th: In case you told him, that he makes you rather angry, then….

Silvia: …well, then he would approach me and tell me in a very sweet way: But you are my sister, aren’t you……

Th: (slightly agitated and interrupting her) …..and you are my big brother! This is what you could tell him.

A long break in silence is following.
Silvia (surprised and agitated): This would never cross my mind!

At the end of this session she leaves very thoughtful.

Next session, Silvia tells about her dissatisfaction with her partner with whom she lives together. At the end of the session she tries to connect with the last session with following remarks:
Silvia: Well, what you told me last time, it was a terrible blow to me. Now I see everything in a new light. I have always asked myself: does my partner still love me? I never have asked: Do I love him? Is he responsive to my needs? I always have to get everything right, just that he should not leave me. From now on it is going to be the other way round. My view of life has completely changed! Well, did I tell you, I had a dream; I dreamed that I fell in love. Isn't that absurd?

She takes her handbag before leaving the session. There are highly visible yellow dots printed on the otherwise black bag.
Th: Ah, a black bag with bright moments on it!
Silvia (amazed, then laughing): My partner finds this yellow dots awful. All in black is what he prefers, he told me recently.

Next session Silvia is late. This is quite remarkable, because she always had been on time over the previous three years.
Silvia: I tell you… so much had happened. Do you care to guess? Ok, I'll tell you: I fell in love with another man. Can you imagine, I walk around with a bright grin in my face. You told me, back some years, that I believe there is no good luck in store for me. You just have been right. But now I doubt it. Just think of it, my newly found love asks me questions never put to me before, for example: how do you feel now? Both of us come from families lacking emotional presence.

At this stage Silvia envisages that her therapy has come to an end; she still needs some sessions to come to terms with her newly found forward looking equilibrium (and the challenges of getting separated from her previous partner).
At the very last session Silvia tells me: You know I got rid of my spider phobia....A few days ago I was just knocking it with a newspaper. Afterwards I realized what I've done! Look, the spider was that big, really! I never could image to come so close to a spider. I simply forgot it...how come? Is there any connection with my feeling of emotional stability?

Silvia continues: A very last dream I have to tell you. I dreamt I gave a large white teddy bear to the partner whom I left. In my arms I held a plant, called lucky bamboo. I wanted to make it a present to my father. Before he died, he used to cultivate bonsais in his garage.

**Discontinuities without getting hurt: some concluding remarks**

The “terrible blow” experience of Silvia happened after three years of therapy, in which I often raised the issue, that Silvia felt there is no room for her to express feelings. Silvia was aware of it. It was this feeling that made her start the therapy in the first place. At the same time she gained no emotional access to herself as someone in need of support. Whenever coming close to these feelings, she felt terribly threatened. There seemed to be only one way out of this: to act bravely and avoid getting close to her needs.

At build up towards the “terrible blow” -moment, I clearly felt, that Silvia would once again shift her emotional state - from a growing rage to feeling guilty. She was just about to make the shift and felt completely frozen. This was a scene I had experienced with her several times before. I had always expressed empathy with her feelings; these, however, had been backwards looking feelings of guilt. Now I spontaneously tried an alternative tack. I felt resonant to her feelings of rage. I felt myself highly irritated without loosing the contact to Silvia. My empathy was focussed on Silvia, feeling furious and not on Silvia, feeling guilty and helpless – what I was usually doing. I offered her a new perspective in a moment where she was already confused – namely her desire and need for being held and supported. This intervention led to a shared hightend affective moment – but in silence with high tension. Silvia experienced this intervention as a “terrible blow” and simultaneously it was a “totally liberating moment”, as she explained.
afterwards. At the end of the therapy I asked her about her view on what had helped her in the course of the therapy and had led to a change. She once again referred to this session of the “terrible blow”.

A “terrible blow” that does not hurt...is such an experience possible? I think it is. The “terrible blow” was the metaphor Silvia used to express the strong force of rage at the very moment when its direction was ambivalent: directed against her (feelings of guilt, weakness, panic) or directed as a liberating force to break through the “old system” that precluded on my forward looking solution.

The moments that offer such opportunities warrant specific attention in clinical psychoanalytic research. The work done in recent years by psychoanalysts of different persuasions has highlighted the importance of gaining insight into the intricacies of such “moments of discontinuities”. Without them, there is little chance for restoration of the self.
Literature


