Partners in Thought

Working with Unformulated
Experience, Dissociation,
and Enactment

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A Clinical Process Theory of Narrative

The Diary of a Castaway

I had been thinking about the problem of narrative in psychoanalysis for some time when I ran across a television screening of *The Incredible Shrinking Man*, a B movie scripted by the science fiction writer Richard Matheson and released in 1957. I had not seen the film for almost 40 years, but I remembered it fondly enough to see if it held up. I imagined that immersing myself again in the atmosphere of one of those awful, innocent 1950s science fiction movies would be nostalgic. Unexpectedly, it was a good deal more than that, and not only because the movie was better than I understood when I first saw it. I had long felt that new narrative in psychoanalysis is not simply the outcome of the analyst's objective interpretation, as Schafer (1983, 1992) and Spence (1982, 1987) portrayed it, but is instead the unbidden outcome of unconscious aspects of clinical process. Oddly enough, by helping to direct and cohere my thoughts on this point, *The Incredible Shrinking Man* jump-started the Interpersonal/ Relational psychoanalytic understanding of narrative construction I offer in this chapter. The understanding I present, though, is based not only in a certain kind of theory; it is also rooted in a personal sense of clinical process. And so the tone I have adopted is personal as well. This chapter should probably be read as a statement of convictions; but I maintain the hope that my convictions will resonate with the reader's own.

The plot of *The Incredible Shrinking Man* rests on an absurd 10-second encounter between a man on his boat and a small radioactive cloud that just happens to be drifting aimlessly around the ocean. During the moments it takes the cloud to approach the boat, envelop it, and pass beyond, the

man's wife is inside the cabin, fetching bottles of beer. She returns to find that her husband's chest is speckled with some kind of glitter. In the crazily concrete way of these films, the wife, having been inside, is spared the glitter, along with the later effects the glitter will have on her husband. The man brushes off the sparkly stuff and mumbles something to his wife about some strange fog. There is no further discussion of the matter, but the typically weird music accompanying this inexplicable moment certifies that something mysterious and sinister has come to pass.

That is the set-up for the rest of the movie, in which our hero learns that he is shrinking. Wrenching losses ensue, one after another, until finally, when he has become so small that he lives in a dollhouse, his wife, still dutiful, and a gargantuan in his newly proportioned world, bids him good-bye one day, goes out of the house, and accidentally lets in the cat. In a terrifying scene, the cat wrecks the dollhouse trying to get at the tiny man who, in escaping, manages to shoulder open the door to the basement, but then falls off the side of the steps a full floor down into a basket of laundry. No one knows he is there. In fact, his wife and the rest of the world, to all of whom he has become famous as the Incredible Shrinking Man, believe that the cat got him.

It is only then that the movie hits its stride. It turns out that its improbable beginnings have been nothing more than a means of entry for Matheson, the scriptwriter, who really wants to tell a Robinson Crusoe story. And a great story it is. It is the story of a tiny, abandoned man, thought to be dead, marooned in his own basement with no chance of rescue, horribly alone, living in a matchbox, climbing ordinary stairs, each one now turned into a towering cliff, with equipment fashioned from the materials he finds, feeding on cheese left to catch mice, having to invent ways to cross chasms that are nothing more than the mouths of empty cardboard boxes, prey to a monstrous spider he fights with a needle he has found in a discarded pincushion, and threatened by a flash flood from a leaky boiler. In the end, after these compelling and strangely moving adventures, intricately imagined, and filmed with a notable attention to detail, and special effects surprisingly good for the era, the man becomes so small that he can finally escape into his own backyard through the screen mesh covering the basement window. He is now too small for us to see, but we know he is there. We imagine him standing in a forest of towering grass blades, shrinking to nothing, as he offers us the final lines of his tale. At the very end, in the moments before he winks out altogether, the camera pans upward and the tiny hero, gazing at the star-filled heavens, thinks that the infinitesimal and the infinite are much closer to one another than

he has imagined before. Surprisingly enough, it is a moment of serenity, acceptance, and dignity. After the trauma, humiliations, and cynicism he has suffered in the first months of his disease, he has not only returned to himself, he has transcended what has befallen him. It is hardly routine for survivors of trauma to find their suffering a provocation to grow, even if they manage to accept and live with their experiences; and of course the story of the shrinking man is a fiction, and a fantastical one at that. But this fictional little man has grown.

For the most part, the hero tells his own story. Yet during the first part of the film we have no explanation for why we are privy to the tale. We eventually find out that the tale is actually a diary of the events it depicts, written by the hero himself. In the course of his adventures, just prior to the episode with the cat and the dollhouse, the hero, cynical and miserable to the point of desperation, begins to write. This is the line in the movie that made me sit up and take notice: "I was telling the world about my life," the shrinking man reads to us from his diary, "and with the telling it became easier."

It does not require specialized training or experience to recognize the truth in this simple statement. If there is mystery here, it is mystery we are so used to living with that it does not surprise us. The fact that narrative plays a natural role in creating a meaningful life in even a B science fiction movie puts us on firm ground in agreeing with those many writers and scholars who tell us that we shape personal meaning by organizing our experience into meaningful, sequential episodes.[1]

But the intuitively obvious is not enough. What does the diary actually *do* for the shrinking man? Why does it help him to tell his story? *How* does it help him?

The narrative of the strange events of the shrinking man's life supplies him with a coherent and felt experiential order that he has lost in the rush of bizarre happenings. Prior to constructing his tale in the explicit terms of his diary, he has become an object in his own life, a figure suffering chaotic, incomprehensible events for no apparent reason and with little feeling. The emergence of meaning from what has felt to him like senselessness, helplessness, and despair confers agency and therefore dignity. He is once again a subject. After his fall into the laundry basket, the tiny man creates his experiential world, his story of the obstacles he faces and either accepts or overcomes, in such a way that his end has authentic

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[1] See Bruner (1986, 1990, 2002); Ferro (1999, 2002, 2005, 2006); Polkinghorne (1988); Ricoeur (1977, 1981); Sarbin (1986); Schafer (1983, 1992); Spence (1982).

pathos. After months of a growing sense of chaos and nihilism, he ends his life a deeply thoughtful and affectively alive human being.

In creating his diary, the shrinking man also creates a relationship with imaginary others who then serve as witnesses of what he "tells" them. The movie grips us, despite its flaws, partly because we recognize at some level the help that this witnessing offers him: we ourselves become his witnesses. I turn now to a perspective on what it means to have and to be a witness. I will return to the case of the shrinking man once these ideas are in place.

Witnessing

We first learned about the significance of witnessing from studies of trauma, in which witnessing of some sort is usually considered an essential prerequisite to the capacity to narrate one's own experience. I believe that the need for witnessing became visible first in this context because it was in the impact of trauma that some of the most damaging effects of the *absence* of the witness were first observed: Without a witness, trauma must be dissociated; and once the isolated trauma sufferer gains a witness, the experience of the trauma becomes more possible to know, feel, and think about (e.g., Boulanger, 2007; Brison, 2002; Laub, 1992a, 1992b, 2005; Laub & Auerhahn, 1989; Richman, 2006). I will be discussing witnessing here as a routine part of everyday, nontraumatic experience that I believe begins in the earliest stages of development.

In fact, although Fonagy et al. (2002) do not use the language I am using here, what they tell us about the beginnings of the self can be read as the proposition that the witness precedes us. As they put it, "we fathom ourselves through others" (p. 2). Caretakers identify certain feelings and desires in the infant and treat the infant accordingly. This treatment begins to organize the infant's relatively inchoate world in the terms of narrative, and self-states begin to cohere in and around these earliest stories. In one sense, then, we are called into being by acts of recognition by the other. We learn we are hungry because the other feeds us at a moment when we are having a certain uncomfortable feeling; and so we then have a story that goes with that feeling: "I am hungry." We learn we are sad because the other comforts us at a moment when we are having a different distressing feeling; and so we then begin to have a story that goes with *that* feeling: "I am sad." This is one way we begin to tell and live stories; there are other ways. All the various tributaries to narrative sum to the creation of experience:

Hungry is what you are when you need to be fed; sad is what you are when you need to be comforted. As Harry Stack Sullivan (1940) writes over and over again, we know ourselves via reflected appraisals. Fonagy and his co-writers describe the same thing: "At the core of our selves is the representation of how we were seen" (p. 348); and "At the core of the mature child's self is the other at the moment of reflection" (p. 380).[1]

As development proceeds, we eventually gain the ability to formulate our experience for ourselves, internalizing the capacity that first belonged primarily to our caretakers. But we do not outgrow the need, paraphrasing Winnicott, to see our reflections in our mothers' eyes; the need only becomes more sophisticated. We may no longer need the other actually to show us the meaning of our experience, as we did when we were infants; but if we are to know our own experience in reflective terms, if we are to be able not only to construct narratives, but to be aware of the narratives we construct, we do need to believe that we are known by the other. We need to feel that we exist in the other's mind, and that our existence has a kind of continuity in that mind; and we need to feel that the other in whose mind we exist is emotionally responsive to us, that he or she cares about what we experience and how we feel about it (Bach, 2006; Benjamin, 1988, 1990, 1995). This is what it is, I believe, to have a witness. Without a witness, even an imaginary witness, events either fail to fall into the meaningful pattern of episode that is narrative, or we merely enact our stories blindly, unable to think about them or know what they feel like. Our witness is our partner in thought.[2]

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[1] Fonagy and his collaborators and Sullivan are among the contributors to what has become an extensive literature describing the structuring of the infant's and young child's world by the relationship with the mother. Some of this literature falls under the rubric of mentalization (Chasseguet-Smirgel, 1990; Fain & David, 1963; Fain, David & Marty, 1964; Green, 1975; Lecours & Bouchard, 1997; Luquet, 1987; Marty, 1990, 1991; MacDougall, 1985). Other work grows from an interest in the recognition of otherness (Benjamin, 1988, 1990; Bion, 1962, 1963; Eigen, 1981; Lacan, 1977; Modell, 1984; Segal, 1957; Winnicott, 1971). A third relevant line of thought is rooted in the study of mother–infant interaction and the growth of the interpersonal field (Beebe & Lachmann, 1988, 1994; Sander, 1962, 1988; D. N. Stern, 1977, 1985; Sullivan, 1940/1953). All of these branches of the literature are part of the context from which grows my interest in witnessing and its place at the roots of personality. Last in this list of citations, but certainly not least, is Poland's (2000) lovely and innovative paper on witnessing in psychoanalysis, in which witnessing is contrasted with interpretation and is characterized as the activity by which otherness is recognized. The influence of Poland's paper is ubiquitous in this chapter.

[2] It has been conclusively demonstrated (if the point actually needed to be demonstrated) that thought and rationality should not be equated. Thought is creative and effective only when thoroughly imbued with feeling (e.g., Damasio, 1994). Although thought and feeling are inseparable in this way, we do not have a single word that allows reference to both. Whenever I refer to "partners in thought," I mean to refer to both thought and feeling. The partnering I am describing is at least as much an affective phenomenon as it is a cognitive one.

The witness, while it may feel like a single presence, may nevertheless be composed of part(s) of one's own mind or of the other's, or of both simultaneously. The witness is the state(s) of self or other who one imagines is best suited to fulfill the partnering purpose at the particular moment in which the need arises. It is not a simple internalization of the historical mothering one. An internalization of a loving parent who has grasped and known one's continuity is probably a necessary condition for the development of the capacity to witness oneself, but it is not sufficient. The witness begins as that kind of internalization but becomes a changing amalgam of history, fantasy, and current reality. It is not a structure of the mind, but a function, or better, a way of being. Its composition is limited by one's experience, of course, but within those limits the witness changes as continuously as the events witnessed; the particular selection of parts of oneself or the other recruited to witness on any one occasion depends on that occasion's context. It is not only the witness who is in flux, however; the one who is witnessed is, as well, since the state of self in need of witnessing also changes with context. However complex it may be to describe the phenomenon in the third person, though, in phenomenological terms the matter is simpler: The witness is the one imagined, consciously or *sub rosa*, to be listening.

To have the ongoing sense that our story exists in someone else's mind (even if that someone else exists within our own mind) we must first (and very often in imagination) continuously "tell" that other person what we are experiencing. We construct what we know of ourselves by identifying with the other and "listening" through his ears to the story we are telling. We know our stories by telling them to ourselves, in other words; but we can do that only by listening to ourselves through the other's ears. Psychoanalysts work in just this way: They listen to patients in the way that allows patients to listen to themselves.[1] To convince yourself of this

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[1] Some form of this point is widely recognized, probably by dozens of writers. Eshel (2004) describes "I-dentification" as "the analyst's thoroughgoing identificatory experiencing of the patient's most painful and terrifying experiences," which "renders them tolerable, liveable, enables them 'the possibility of being'" (p. 331). Farber (1956) writes, "in listening we speak the other's words. Or, to put it another way, the analyst is able to hear only what he, potentially at least, is able to say" (p. 145). Laub (1992a) says, "The listener has to feel the victim's victories, defeats and silences, know them from within, so that they can assume the form of testimony" (p. 58). And finally, or rather first, there are many passages of this sort from the work of Winnicott. This one is representative: "An example of unintegration phenomena is provided by the very common experience of the patient who proceeds to give every detail of the week-end and feels contented at the end if everything has been said, though the analyst feels that no analytic work has been done. Sometimes we must interpret this as the patient's need to be known in all his bits and pieces by one person, the analyst. To be known means to feel integrated at least in the person of the analyst" (1945, p. 150).

point, just think about how often, during and after your own analysis, you found yourself at odd times during your day imagining that you were telling your analyst something. I remember when I first noticed it happen. Sometime after that I realized how frequent these tellings were and how often they went unattended.

This kind of telling and listening, though, arises much earlier in life than the age at which people typically go into psychotherapy and psychoanalysis. If you have children you remember overhearing them talk to themselves in their cribs, often quite animatedly, after you put them to bed. They are organizing their experience of the day, giving it sense. But to whom are they talking? Not to "themselves," at least not exactly in the sense in which "self" will be a meaningful idea later in life. At this early age self and other are not yet conscious and coherent parts of experience; neither self and other, for instance, can be explicitly reflected on. Besides, why speak out loud if the only audience is oneself? It is plausible to imagine that babies in their cribs are talking to their first witnesses: their parents. But these are their internalized parents, or some of their first internalized objects. These children are imaginatively listening to themselves through their parents' ears and thereby lending their experience a credence, coherence, and depth of feeling it otherwise could not have (Nelson, 1989). As a matter of fact, what we are hearing when we listen to babies creating coherence in those minutes before sleep may very well be part of the process of self-formation.

The diary of the shrinking man, like what patients say to their analysts, is an explicit kind of telling, with the difference, of course, that the shrinking man's audience, like the audience listening to the little child in his crib, is imaginary. Like the child, the shrinking man is writing to some figure in his inner world. Imaginary audiences are very common. But explicit telling is not. Most telling of the sort I am describing here, the kind of telling that allows one to listen to one's own thoughts, is implicit. It goes on hazily, not very specifically, seldom noticed except, in a leftover from our crib days, in the states that take place just before sleep in adult life or at other times when we are alone, when we sometimes notice that we are formulating our thoughts by addressing some ill-defined other. Most of the time, though, it is *as if* we were telling, and *as if* we were being listened to and then listening to ourselves. But the activity is no less crucial for being hazy and imagined. In order for this process to come about in the first place, probably we must be fortunate enough to have had parents who left us able to believe, in at least some states, that there exist others, especially certain imaginary others, who are continuous presences interested in knowing our experience (Bach, 2006; Benjamin, 1988, 1990, 1995).

When life feels arbitrary, senselessly cruel, or meaningless, as it did for the shrinking man before he began his diary, one is liable to be aware of no story at all. Events seem arbitrary and do not fall into narrative order. Affect is flattened or diminished; one may consciously feel only a kind of numbness or deadness. The living, hurt places in one's mind—actually, the injured parts of the *self*, the parts we most need to protect—despite their influence on day-to-day life, go undiscovered until *something happens in ongoing relatedness* that allows us to see that someone else recognizes the pain we ourselves have been unable to know and feel. Our grasp of our own previously dissociated experience through what we imagine to be the eyes and ears of the other is synonymous with the creation of new meaning. As a coherent narrative of the experience falls into place, there is an awakening, including an awakening of pain. In fortunate cases, there is also relief. Both pain and relief illuminate the absence of feeling in what came before.

That was the fate of the shrinking man. Until he began to tell his story, he was losing courage by the day and becoming increasingly angry and cynical. But once he began writing his diary, his imagined readers, who "listened" to him "tell" his tale, seemed to help him contact his dissociated vitality and make it once again part of the mind he felt as "me." That change was enough to bring back his determination to face whatever was in store for him. For now I merely note the following point: imagined witnesses can be as effective as real ones.[1]

All right, I thought, the diary allowed the shrinking man to know his own story. But so what? Why did the character even want to go on living? Why didn't the shrinking man kill himself, or at least think about it? Wouldn't I have thought about it if I were he? Was that omission a failing of the script? The man may as well have been the last human being. He was permanently, completely, hopelessly alone. Wouldn't absolute, inescapable aloneness inevitably lead to despair? Or did the screenwriter know something? Should we consider the hero's perseverance to be a consequence of the value that telling someone his story of isolation brought back to his life?

For another take on the question, I turned to my copy of *Robinson Crusoe* (Defoe, 1957), a story that gripped me as a boy, gripped me earlier and even more deeply than the story of the shrinking man. The first part of the book is a journal of Crusoe's years living alone on a deserted island, the sole survivor of a shipwreck. (Crusoe writes until he runs out of precious ink.) In the usual manner of diaries, the document is written as if

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[1] I must defer to the future an exploration of the significant differences between imagined witnesses and real ones and between the process of witnessing under these two sets of circumstances.

Crusoe were addressing someone, and you soon fall under the spell: It is as if it is *you* to whom Crusoe is telling what happened to him. I remember feeling an intimacy with Crusoe when I read the book the first time; I felt I was there on that island, just as I felt I was there in that basement with the shrinking man. It was one of the most thrilling reading adventures of my childhood. I remember marveling that Crusoe could live so fully by himself, and now, with the reminder supplied by my recent experience with the shrinking man, I also remember feeling, even as a boy, that the diary must have made Crusoe feel less alone.

By writing their diaries and being able to believe in the interest in their experience held by those imaginary others to whom they wrote, Crusoe and the shrinking man created partners in thought, imaginary others with whom to share life. We all create partners in thought, all the time. In most of life, though, real flesh-and-blood others are so ubiquitous, and the stories of our lives fall together in such an unnoticed way that it is much harder to appreciate both the significance of narrative and the role of witnesses in its creation. The ongoing reciprocal process by which we quite implicitly offer one another the reassurance that we understand well enough to continue to serve as witnesses generally goes unnoticed, just keeps on keeping on, like the Boston Change Process Study Group's (2002, 2005, 2007, 2008; D. N. Stern et al., 1998) "implicit relational knowing," unless or until misattunement interrupts the flow and forces us to attend to the break in our confidence in the other's responsive emotional presence. The very isolation of Crusoe and the shrinking man offers us the opportunity to grasp the role of their narrative creations in giving their lives meaning, and the conception of the witness allows us to understand why writing their diaries helped them as it did.

Although witnessing is mentioned often in the trauma literature, Sophia Richman's (2006) work on "transforming trauma into autobiographical narrative" contributes observations with more pinpoint relevance to what I am trying to say than others I have read. Remember what the shrinking man said about his diary ("I was telling the world about my life, and with the telling it became easier.") and compare it to Richman, who tells us this about autobiography and trauma: "By sharing the creation with the world, there is an opportunity to come out of hiding, to find witnesses to what had been suffered alone, and to begin to overcome the sense of alienation and isolation that are the legacy of trauma survivors" (p. 644). Richman also quotes Joan Didion's observation that writing can make experience coherent and real. Didion made the remark during a television interview with Charlie Rose in which she was talking about the memoir she wrote

about the death of her husband: "What helped me to survive was writing this book, because otherwise I wouldn't have been able to understand what I was going through" (p. 648). And finally, Richman agrees that the witness may be imaginary. Here is what she writes about her father's memoir of life in a concentration camp: "I believe that in order to write what he did, he had to conjure up a reader who had an interest in his story and could function as his witness" (p. 646).

Narrative Freedom and Continuous Productive Unfolding

It is as true in the clinical situation as it is anywhere else that, by the time our best stories are spoken, they just seem right, convincing generations of psychoanalysts that it was the content of what they said to their patients—that is, clinical interpretation—that was mutative. I share the view of those who see the matter otherwise. The real work has already been done by the time a new story falls into place.[1] Because they and I are tackling the same problem, I appreciate the work of the many writers who understand the therapeutic action of interpretations as relational. Mitchell (1997), for example, writes, "[I]nterpretations work, when they do, … [because] the patient experiences them as something new and different, something not encountered before" (p. 52). But that is not the position I am taking here. I am arguing that the appearance in the treatment of mutually accepted new content or newly organized content, which is generally narrative in form, is not usually the instrument of change at all; it is rather the sign that change has taken place. It is true that a new understanding is the fulfillment of possibility; but it is to *the creation of that possibility, not the shape of its fulfillment,* that we must look for the source of change. The important thing about a new understanding—and this applies no matter whether it is the analyst or the patient who offers it—is less its novel content than the new freedom revealed by its appearance in the analytic space, a freedom to feel, relate, see, and say differently than before. This is the likely explanation for the widely recognized observation that former analysands, even those who credit their treatments with saving or renewing their lives, remember few of the interpretations their analysts made. It was not the interpretations, per se, that helped, but the freedom that made

[1] For example, Boston Change Process Study Group (2002, 2005, 2007, 2008); Bromberg (1998, 2006); Ghent (1995); Pizer (1998); Russell (1991); 2007, 2008; D. N. Stern (2004); D. N. Stern et al. (1998). See also this volume, Chapters 3, 4, 6 and 8.

the interpretations possible in the first place. What *is* remembered from a successful treatment, as a matter of fact, is much less the analyst's words or ideas than something about the appearance of that freedom, something about what particular important moments *felt* like, something sensory, perceptual, and affective. The new story, then, is not the engine of change but the mark change leaves behind. Or perhaps this is better: The new story does not create change, but shapes the way we represent it to ourselves.

But as much as I agree with that statement, it is also a bit of an overstatement. In the attempt to acknowledge that claims for the mutative effects of narrative interpretations have been overstated, we could find ourselves throwing out the baby with the bathwater. We must admit that each new story along the way is not only the mark of change, but also helps to provoke the next round of curiosity, and thus to open new narrative freedom and the stories that follow. Each new story is simultaneously what change leaves behind and part of what brings about the next generation of clinical events. In fact, we can say this in a stronger form: Each new story *belongs to* the next generation of clinical events.[1]

And so when we observe that patients may not remember the events of their treatments primarily in narrative terms, we must also acknowledge that memory for narrative is not necessarily the best index of narrative's influence. The affective changes that take place in treatment, and that are memorialized in the new narratives that fall into place there, are reflected in our ways of remembering the past, creating the present, and imagining the future. It is in these effects that we see the most profound influence of new stories. Narratives are the architecture of experience, the ever changing structure that gives it form. Without narrative, affect would be chaotic and rudderless, as shapeless as a collapsed tent; and without affect, narrative would be dry and meaningless.

We see in new narrative freedom a deepened capacity of the patient and the analyst to dwell in each other's minds, to collaborate in the analytic task, to serve as each other's partners in thought. Any new understanding in the clinical situation is testimony that these two people have become better able to "tell" each other their stories and to "listen" to their own

[1] This emphasis on the creation of new narrative freedom is not meant to suggest that either character or any of the other kinds of continuity in the personality are unimportant. But looking at character in Relational terms does require us to conceive it as multiple, not singular. That is, character must be defined in context: Under thus-and-such circumstances, a particular person's conduct and experience are liable to be defined in a particular way that is at least partly predictable. But we cannot guess what anyone will do or experience if we do not know something about the nature of the interpersonal field in which that person is participating.

tellings through the ears of the other. I mean "tell" and "listen" in the special way that goes on in imagination and that depends both on being able to believe that you have an unshakeable existence for the other and on recognizing yourself in your imagination of the other's picture of you.

The freedom to create a new narrative in the clinical situation, or to find value in a new narrative that has been created by the other, is a specific instance of the general case of narrative freedom. Most of this new grasp of things emerges without conscious effort, unbidden, like implicit relational knowing, from the ongoing relatedness between patient and analyst. As long as there is no obstruction of the capacity of each person to serve as witness to the other, narrative freedom is the expectable state of affairs, and the capacity of analyst and patient to reveal new experience through an ever-renewed curiosity deepens over time as their intimacy grows. There is a sense of continuous productive unfolding. Under these conditions, there is a more or less uninterrupted flow of new affective experience and understanding for both patient and analyst. Old stories hove into view, are destabilized, and dissolve; new stories fall into place. The process is often smooth and pleasurable. This kind of clinical work goes on much of the time with many patients, more often with some patients than others. Although the process may be punctuated with minor difficulties—hesitations, bumps, and snags—the overall nature of the work is an ever richer and more thorough exploration and experience of the tolerable part of both the patient's experience and the analyst's. The analyst generally feels (and is) valued, skilled, and useful, and the patient feels helped. The analyst's unconscious involvement with the patient is present, but seldom problematic. It serves as a contribution, not an obstacle, allowing the analyst to offer a different take on the patient's experience from the one the patient started with, a novel view that is generally experienced as helpful by the patient. There is the satisfying sense of a job well done. Continuous productive unfolding is, in the analyst's mind, what Hoffman (1998) would refer to as the unconstricted interplay of ritual and spontaneity, what Knoblauch (2000) and Ringstrom (2001, 2007) would call improvisation in therapeutic relatedness, and what Winnicott (1971), the font of such thinking, would call play.

Not-Me

This relatively smooth and productive clinical process lasts as long as experience feels tolerable. But a very different, more troubling, and sometimes

even destructive kind of relatedness takes place when the experience evoked in the mind of either patient or analyst, or of both, is *not* tolerable—that is, when the state that threatens to emerge into the foreground and shape consciousness is not recognizable as oneself. Such a state of being is *not-me* (Bromberg, 1998, 2006; D. B. Stern, 2003, 2004; Sullivan, 1953/1940), and in ordinary life it exists only in dissociation, apart from what feels like *me*.[1] Not-me has never had access to consciousness, and in its dissociated state it has never been symbolized: It is unformulated (D. B. Stern, 1997), a vaguely defined organization of experience, a primitive, global, nonideational affective state. It does not exist within the self because it has never been allowed to congeal into one of self's states. We can say it this way: Not-me *would be* a self-state if it were to move into the foreground of experience. But if that were to happen, not-me would not *feel* like me. The experience would be intolerable; and so not-me remains dissociated. I *must* not, *cannot* be not-me. The threatened eruption of not-me into awareness jeopardizes my sense of being the person I am. In both my own work on dissociation and the work of Philip Bromberg (1998, 2006), not-me has never been formulated; dissociated experience has that quality in common with conceptions such as Bion's (1962, 1963) *beta* functioning and *beta* elements and Green's (2000) nonrepresentation.[2]

Not-me originates as a response to unbearable fear or humiliation, the experience of having been the object of a powerful other's sadism. It is the sense that one is once again that stricken person: terrorized and terrified, sometimes to the point of immobility or helpless, destructive rage; contemptible, sometimes to the point of a self-loathing that yearns for the destruction of self or other; shamed and horrified, sometimes to the point of losing the desire to live or creating the desire to kill; weak, sometimes to the point of a shameful and utterly helpless surrender that feels as if it can

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[1] "Me" and "not-me" are ideas more substantial than their colloquial names might suggest to those unfamiliar with their long history in the literature of Interpersonal psychoanalysis. The terms were devised by Harry Stack Sullivan (1940) as a means of representing the parts of the personality that exist within the boundaries of what is accepted as self ("me") and what is dissociated from self ("not-me"). The contemporary literature of dissociation, primarily the last twenty years of work by Philip Bromberg (collected in volumes published in 1998 and 2006; see also Chefetz and Bromberg, 2004), has lent the ideas new life. Recently they have also played a central role in my own thinking. See also this book, Chapters 3, 4, 6–8.

[2] As in the case of beta elements and nonrepresentation, dissociated material cannot be addressed by traditional defensive operations because the dissociated has not attained symbolic form: "Unformulated material is experience which has never been articulated clearly enough to allow application of the traditional defensive operations. One can forget or distort only those experiences which are formed with a certain degree of clarity in the first place. The unformulated has not yet reached the level of differentiation at which terms like memory and distortion are meaningful" (D. B. Stern, 1983, p. 73).

be prevented only by suicide or held at bay only by committing mayhem. One *will* not, *cannot* be this person, because when one was, life was not bearable; and yet, if not-me enters consciousness, one *is* that person.

Every personality harbors not-me, although of course the degree of trauma that has been suffered by different people varies enormously. The impact it would have for not-me to emerge into awareness and become "real" depends on the severity of trauma and the consequent degree to which not-me is vicious, loathsome, terrifying, terrified, or abject, and the degree to which the whole personality is unstable and vulnerable. For those who have suffered severe trauma and whose vulnerability is therefore unmanageable, the eruption of not-me can be catastrophic, provoking massive affective dysregulation or psychotic decompensation. For those who are less troubled, the consequence is nevertheless awful enough to be avoided.

Enactment: An Illustration

When not-me is evoked by the events of clinical process, continuous unfolding is replaced by some variety of enactment. In the following example, for heuristic purposes I describe more about both my own experience and the patient's than I knew as the interaction was taking place.

My patient was late, and I was taking advantage of the extra minutes to have a snack. When the patient arrived, I was enjoying what I was eating and wanted to finish it, and it therefore took me a few seconds longer to get to the waiting room than it would have if I had simply been waiting in my chair. The patient was standing there, waiting for me, when I got to the waiting room. He had not sat down, which I took as a sign that he was eager to come in. Perhaps I should not have allowed myself my little delay. I was faced with a small incident of my selfishness. In a defensive attempt to avoid self-criticism (an insight available only in retrospect), I said implicitly to myself, without words, "Well, for heaven's sake, the patient was late. What's wrong with using the time as I see fit?" But I was aware of greeting the patient without my customary warmth.

The patient, because of his relationship with his demanding and easily disappointed father, has an intense vulnerability to humiliation. The experience of being snubbed (my lackluster reception) made him worry (*sub rosa*) that he was a burden or a disappointment to me, thereby threatening the eruption into awareness of not-me. In the patient's mind, my greeting confirmed what he feared: My contempt was leaking; I had tolerated him up to now only because he paid me. The secret was out. He had always had

to contend with the danger of being a loathsome, contemptible boy, and he must not, could not, be that boy.

What happens at such a juncture? My patient had to do whatever was possible to avoid the eruption of contemptible not-me in awareness. His usual defensive maneuvers were of no use now; the danger was upon him. In our prior work, I had been quite careful to respect his vulnerabilities, but I had momentarily failed in that respect in greeting him as I had. In the past, the patient had also defended himself by (unconsciously) influencing the relatedness with me, making sure never to disappoint or provoke me, and thereby avoiding any possibility of facing this kind of stark "evidence" of my contempt for him. But his usual ways could not help him now.

The last-ditch defense, when not-me is imminent, is the interpersonalization of the dissociation, or enactment: "*I* am not contemptible, *you* are contemptible." The patient now claimed that most of the time, when I seemed authentically interested, I had been merely pretending. I hadn't really cared—that was now clear for the first time. Other therapists didn't pretend as I had; they really did get to know and care about their patients. My patient began to cite moments from the past that he now believed lent credence to the interpretation that I just was not very good at my job, that I should have chosen a field in which my limitations would not have hurt those I served.

I struggled with my affective response to being the object of contempt, feeling unhappy, hurt, and on the verge of anger. I was feeling the very shame that the patient was so eager to avoid. But I was nowhere near such understanding at this moment, and I said something (I don't remember exactly what it was) that protested my innocence. I knew that I sounded defensive.

This situation could have moved in either of two directions at this point. In one scenario, I come to terms with my own affective reaction to the patient and tolerate it. Under those circumstances, following my defensive reaction, I would grope toward a therapeutically facilitative response to the patient, although such a response probably would not occur immediately after the patient's provocation, because anyone's initial response to an accusation is likely to be defensive. This is actually what happened in this case, and I will tell that part of the story just below. But it is also common in this kind of situation, when the analyst is seriously threatened, for the patient's enactment of a dissociated state to call out a dissociated, or not-me, state *in the analyst*. A *mutual* enactment ensues. With my patient, such a scenario might have looked like this: In the same way the patient has begun to feel that it is not *he* who is contemptible but *I*, I now succumb (even if I "know better," which of course I usually do) to the strongly felt

sense that *I* am not doing anything problematic—it's just that *the patient* is impossibly sadistic. I will almost undoubtedly feel uncomfortable in this position, probably guilty about being a bad analyst, but I will see no way out of it for the time being. Mutual enactments, which are not as uncommon as the traditional psychoanalytic literature might be read to suggest, may go on over significant periods and often pose a genuine threat to the treatment (D. B. Stern, 2003, 2004, 2008).

Enactment, Witnessing, and Narrative

Thinking in narrative terms reveals that enactment of either kind—that is, either with or without the dissociative participation of the analyst—is even more than the unconsciously motivated inability of the patient or analyst to see each other clearly and fully. As enactment rigidifies the clinical relatedness, it also interrupts each person's capacity to serve as witness for the other. Even if the analyst does not respond with a reciprocal dissociation, in other words, the patient loses, at least temporarily, the capacity to allow the analyst to be his partner in thought. The patient also temporarily loses the desire, and probably the capacity, to be the analyst's partner. When the analyst *does* respond with a reciprocal dissociation, of course, the situation is both more troubled and more difficult to remedy. In either case, the effortless, unbidden creation of narrative that went on during continuous productive unfolding now grinds to a halt.

One way to define states of self is as narratives: Each state is an ever-changing story. Or rather, as I have already suggested, because self-states are not simply experiences or memories, but aspects of identity, each state is an aspect of self defined by the stories that can be told from within it. Our freedom to tell many self-stories at once—in other words, our freedom to inhabit multiple states of being simultaneously—is what gives to the stories that express the ways we know ourselves and others the plasticity to change with circumstances. The many states that compose "me" not only participate in shaping the circumstances of my life, but are, in the process, themselves reshaped. This continuous interchange and renewal is the hallmark of the self-states that make up "me."

But not-me cannot be told. Not-me remains insistently, stubbornly, defensively unformulated; not yet shaped or storied at all, isolated, existing in dissociation and thereby rendered mute. This is the situation within enactments, both solitary and mutual: neither analyst nor patient knows how to narrate the significance of what is transpiring; neither knows the

meaning of the transaction nor the feelings and perceptions that make it up. And so those events remain coded only in procedural terms, in action. If not-me is to come within our capacity to tell, then me, the self of the dissociator, must somehow expand to accommodate or contact it.

I continue now with the events that actually took place with my patient. I felt defensive and ashamed in reaction to the patient's accusations. My defensiveness was apparent to me and, I told myself, probably to my patient; but I did not respond with a reciprocal dissociation of my own. I pulled myself together and said something on this order: "I was taken by surprise by what you said [the patient's accusations against me]—I didn't know where that was coming from. But now I'm asking myself if the way you felt might have to do with something you sensed during the last session, or when you came in today. Did you notice something I said or did? Because I did. This may not be the important thing, but I did notice that I didn't greet you as I usually do." Despite my reaction to the patient's accusations, in other words, I was able to consider the possibility that I might have played a role in setting the patient's complaints in motion. In this context, at least, I was able to conduct an inquiry without succumbing to an answering dissociation and enactment. I did not shut down the narrative possibilities, in other words, as the patient had no choice but to do from within his own dissociative process, but instead returned to being curious, relatively open to whatever emerged in my mind.

Neither the patient's dissociation nor his enactment was particularly rigid as these things go, although the situation certainly might have moved in that direction if I had failed to gain a perspective on my own reaction and remained defensive. But I was fortunate in this case, because, sensing that I was no longer threatened, the patient showed some interest in my foray. But he was still suspicious, and he said, "Well, but then why did you get defensive?" referring to what I said in response to his accusations. I answered, again from within my relocated stability, that I did believe that I had been defensive, and that it is often hard for anyone not to be defensive in the face of strong criticism.

The patient softened and (to my surprise, to tell the truth) seemed to begin to search himself for something that might be responsive to what I had said. He eventually was able to say that my greeting had indeed stung him. The atmosphere cooled further. The patient had little difficulty now in seeing that my defensiveness could be understood, from within my perspective, as a response to his own critical remarks. More important, the patient had now lived through an episode in which his brief certainty that he was a burden to me, and that my caring was inauthentic, was

disconfirmed. This was not primarily a cognitive signification for him. The patient could *feel* or *sense* what it was like for me to be with him through the course of his accusations. That was important; but more important yet was that the patient felt for one of the first times the confidence that I had felt hurt or angry with him without losing track of my warm feelings about him (or losing track of them only very temporarily). In a small but crucial way, the patient was now someone other than he had been. Over the following months, other new experiences of this kind opened in front of him because his growing confidence in my openness to his experience and my own made it possible for him to begin to listen imaginatively through my ears to his own feelings of being a burden; and in the process, those experiences gained substance and reality for him, on the one hand, and became less shameful and more bearable, on the other. Stories about these things emerged in his mind with increasing frequency, some of them articulate and others implicit. Over time, not-me became me. For my part, through my experience of my reaction to his stinging criticism, I also became more able to witness the patient; and beyond that, I came to depend in a new way on the patient's capacity to witness me—the way, for example, he eventually accepted my reactions to his criticisms.

Dissociations are not breached by insight, nor are enactments dissolved through verbal understanding. Interpretation is not the analyst's key intervention. Enactments end as a result of a change in affect and relatedness, which provokes a change in each participant's perceptions (and stories) of the other and himself (See Chapters 3, 4, 6, and 8). Insight into this changed state of affairs, when it plays a role, comes later. Historical reconstruction often does take place after the appearance of the new story, and it can be quite helpful. But therapeutic action lies in becoming a different person, usually in a small way, in the here and now. The expansion of the self takes place in the present, in small increments. As enactment recedes, the treatment moves back into continuous productive unfolding, and new narratives once again begin to appear unbidden in the analytic space. The new stories my patient and I have told as the treatment has moved on have been more and more often about the contemptible little boy.

Returning to the Castaways

But if the analyst is so crucial to the patient, how do we understand Robinson Crusoe and the shrinking man? They had no analytic relationship, no relationships of any kind. (Crusoe did eventually have Friday, but

that was years into his saga.) Now it may be clearer why I claimed earlier that enforced isolation makes these characters such good illustrations of my thesis. Their creators' suggestion that the characters grew and changed despite their circumstances is not mistaken, nor is it by any means a refutation of the point that we are profoundly social beings. On the contrary, such stories could not demonstrate the necessity of witnessing more clearly than they do. It seems likely, actually, that some kind of imaginary witness is invoked in all tales of enforced isolation, real and imaginary.

In the movie *Cast Away*, the character played by Tom Hanks, alone and shipwrecked on an island, finds a soccer ball floating in the surf, paints a face on it, and begins to talk to it, using the conversation as a kind of ironic commentary to himself on the matter of his own loneliness. He calls the ball "Wilson," after the name of the sporting goods company that made it. But as the years pass, irony turns delusionally earnest, and Wilson eventually becomes the castaway's dear friend, continuous companion, and confidant. Years after that, the shipwrecked man escapes from the island on board a raft he has made himself. In the calm that comes after a storm at sea, and dying of thirst and exposure, he sees that Wilson, whom he had tethered to the mast for protection, has fallen off and is drifting away from him across the swells. The movie's one truly devastating moment comes when the castaway sees that in his weakened state he cannot rescue his "friend" without losing the raft and drowning, and he calls out piteously after the swiftly disappearing Wilson, pleading for forgiveness.

Let me offer one last example, just to put it on the record that factuality reflects castaways' need for a witness just as well as fiction does. I recently read a dreadful story in the *New York Times* (Onishi, 2007) about a man in Tokyo so poor that he had not eaten in weeks and so alone that no one either knew or cared. In his last days he kept a diary. Among the last entries before his death from starvation was his expression of the wish for a rice ball, a snack sold in convenience stores across Japan for about a dollar: "3 a.m. This human being hasn't eaten in 10 days but is still alive. I want to eat rice. I want to eat a rice ball." The very fact that the diarist wrote at all testifies to his imagination of an audience. But note also that he speaks of himself in the third person. Is it credible that he would have done that if he really imagined that he was addressing only himself? Could there be a more eloquent expression of the need to listen through the ears of the other? It was preserved even as this man was dying.

To know what our experience is, to think and feel, we need to tell the stories of our lives, and we need to tell them to someone to whom they matter, listening to ourselves as we do the telling. If we have to make up

our audience, so be it. Our need for a witness goes so deep that imaginary witnesses must sometimes suffice.

Witnessing One's Self

We are familiar with the idea of internal conversation between parts of ourselves. If we can hold an internal conversation, can one part of ourselves serve as a witness for another? We have seen that Richman (2006) believes so. Laub (1992a, 1992b, 2005; Laub & Auerhahn, 1989) does too. He suggests that massive psychic trauma, because it damages the processes of association, symbolization, and narrative formation, also leads to an absence of inner dialogue, curiosity, reflection, and self-reflection. And what does Laub believe is responsible for this inner devastation? He says it is the annihilation of the internal good object, the "internal empathic other" (Laub & Auerhahn, 1989), partner in inner dialogue and narrative construction. Laub (1992b) tells the story of Menachem S., a castaway of sorts, a little boy placed in a labor camp who somehow managed to survive the Holocaust and, miraculously, to find his parents afterward. He had spent the war talking and praying to a photograph of his mother that he kept with him. "Mother indeed had promised to come and take him back after the war, and not for a moment did he doubt that promise" (p. 87). But the mother and father he refound, "haggard and emaciated, in striped uniforms, with teeth hanging loose in their gums" (p. 88), were not the parents he had maintained in his memory. Mother was "different, disfigured, not identical to herself" (p. 91). Having survived the war, the boy now fell apart. Laub writes, "I read this story to mean that in regaining his real mother, he inevitably loses the internal witness he had found in her image" (p. 88).

Richman's (2006) experience is once again germane. Here she describes the inner presence to whom she wrote during the time she was working on her own memoir (2002) of her childhood as a hidden child during the Holocaust:

> The internalized other (the projected reader) was an amorphous presence without distinguishing characteristics, but seemed to be an interested observer, a witness, someone who wanted to know more about me and my life. Perhaps the amorphous presence represented my mother, my first reader-listener, who lived to hear my school papers and received my writing with unwavering admiration. (p. 645)

Something on this order is what happened for the castaways I have cited, for the toddlers in their cribs, for all of us, much of the time, day to day. And so we see that the experience of the castaways is hardly unique; it is what we all do routinely. It is the castaways' enforced isolation, as a matter of fact, that throws the process of witnessing into high relief.

But just as Laub's internal empathic other can be destroyed by trauma, we cease to be able to invoke the imaginary internal witness as soon as the experience we must witness touches on parts of us that hurt or scare us too badly to acknowledge, or that are injured in a way so central to our makeup that awareness of them threatens the remainder of the personality. The imaginary internal witness becomes unavailable, in other words, when the one who must be witnessed is not-me. And yet this is precisely the part of us that, if we are to grow, we must somehow learn to bear and to know. In such cases it is crucial to have a witness outside our own minds. In such cases we not only profit from seeing a psychoanalyst, we need one.

Final Thoughts

The psychoanalytic accounts of narrative with which we are most familiar (Schafer, 1983, 1992; Spence, 1982) are written as if the stories themselves are what matter. Problems in living are portrayed as the outcome of telling defensively motivated stories of our lives that deaden or distort experience, or of skewing experience by rigidly selecting one particular account. Therapeutic action revolves around the creation, through objective interpretation based on the analyst's preferred theory, of new and better stories—more inclusive, more coherent, more suited to their purpose. In the accounts of narrative by Schafer and Spence, while there is room for a good deal of flexibility in the way the analyst works, clinical psychoanalysis is defined by its technique, and its technique, in one way or another, is defined by the way interpretation is employed.

Schafer (1992) believes that psychoanalytic clinical work is very much like text interpretation. This "text" is both "interpenetrated" and "cohabited" by patient and analyst. But it remains a text. Consider what the analyst does with the patient who "talks back" (i.e., the patient who tells the analyst what he thinks of the analyst's interpretive offerings):

> [T]he analyst treats the analysand in the same manner that many literary critics treat authors—with interest in what the analysand says about the aims of his or

her utterances and choices, but with an overall attitude of autonomous critical command rather than submission or conventional politeness, and with a readiness to view these explanatory comments as just so much more prose to be both heard as such *and* interpreted. (p. 176)

It is hardly controversial for a psychoanalyst to claim that what the patient says often has meanings that the patient does not know. But there now exists a substantial body of literature that does take issue with the claim that an analyst can *ever* adopt "an overall attitude of autonomous critical command" (e.g., Bromberg, 1998, 2006; Hoffman, 1998; Mitchell, 1993, 1997; Pizer, 1998; Renik, 1993; D. B. Stern, 1997). This large group of writers, most of whom identify themselves as Relational or Interpersonal analysts, takes the position that the relationship of patient and analyst is one of continuous, mutual unconscious influence. Neither the patient *nor* the analyst has privileged access to the meanings of his or her own experience.

This is the broad perspective within which the view developed in this chapter belongs. Although it remains undeniable that refashioned narratives change lives, the source of this change is the patient's newfound freedom to experience, an expansion of the self, created through events of the clinical interaction that are only partially under our conscious control. It is not so much that we learn the truth, but that we become more than we were. Our greatest clinical accomplishments are neither interpretations nor the stories they convey, but the broadening of the range within which analyst and patient become able to serve as each other's witnesses. This new recognition of each by the other is a product of the resolution of enactments and the dissociations that underlie them, and the resulting capacity of analyst and patient to inhabit more fully each other's experience, to listen more frequently through each other's ears. As dissociation and enactment recede, patient and analyst once again become partners in thought, and now the breadth of their partnering has grown.

Instead of thinking of narrative as a consciously purposeful construction, we should recast it as something on the order of a self-organizing system, in which outcomes are unpredictable and nonlinear (e.g., Galatzer-Levy, 2004; Thelen & Smith, 1994). Clinical process is the medium—or to use the language of nonlinear systems theory, the event space—within which narrative stagnates, grows, and changes: The destabilization of old narratives and the emergence of new ones are the outcomes of unpredictable relational events. I hope I have explained my perspective well enough by now to substantiate the claim I made at the beginning: New narratives

in psychoanalysis are the emergent, co-constructed, and unbidden products of clinical process.

Without denying for an instant the necessity for careful conceptualization or clinical discipline, I intend what I have said to serve as an argument against the claim that clinical psychoanalysis can be defined by any specification of technique. Psychoanalysis is, rather, a very particular way that one person can be of use to another, a way that depends on our possession of common practices but also on our awareness that those practices are often inadequate to the experience that makes up our immersion in clinical process. For the analyst who believes that the recognition and resolution of enactments is central to clinical psychoanalysis, the personal is unavoidably linked with the professional, a point that reinforces something we have known at least since the work of Racker (1968): If the patient is to change, the analyst must change as well. In the end we find, as is so often the case, that when the mind is locked, relationship is the key.

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