DON’T YOU KNOW ME? MUTUAL RECOGNITION IN A CASE OF MISTAKEN IDENTITY

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Contemporary relational theories in psychoanalysis recognize the fully two-person nature of the clinical process. Both patient and therapist bring to the encounter their internal worlds in equal measure, each exerting constant influence on the other, to create a highly complex relational field. From this perspective, clinical vignettes should provide the same level of description of the therapist’s as of the patient’s contributions to the treatment process. It is argued that the body of clinical relational literature, in general, has not kept up with its rich theoretical contributions. This case vignette and discussion, both in structure and content, is an in-depth illustration of the mutual construction of the clinical process. Clinical material is offered from an extended phase of analytic treatment during which the therapeutic relationship and so the patient’s possibilities for growth and change shifted from seeming stasis and impasse into new realms of experience of self and others. The author’s intent is to demonstrate with specificity the ways in which the experiential worlds of patient and therapist collide and influence each other to create the intersubjective field that is the locus of therapeutic action and analysis. The phase of work described in this paper was challenging and ultimately successful due both to the severe and pervasive nature of the patient’s struggles along with his underlying courage to persevere in the face of them, and to the ways in which the therapist’s life experiences and capacities inescapably contributed to the shape, limitations and possibilities of the therapeutic process.

KEY WORDS: clinical writing; relational psychoanalysis; enactments; mutual influence.

INTRODUCTION

The purpose of this paper is to offer an extended clinical vignette from a psychoanalytic treatment of a man with a schizoid character whose life and early years of therapy were characterized by pervasive dissociation and sadomasochistic enactments of both a sexual and non-sexual nature. I will illustrate the contributions of patient and therapist to an entrenched relational dynamic in the treatment, and suggest some of the reasons both for its tenacity and for the loosening of its hold over a particular period of time. The generally subtle and gradual, and occasionally powerful transformation of areas of dissociated and unformulated experience (Stern,
1997) into knowable, felt and convincing experiences of self and other could occur in the space that opened up as the repetitive relational dynamic started to change.

Stern’s (1997) description of the nature of the interpersonal field that develops in a psychoanalytic treatment serves as an apt introduction to this material. In exploring the ways in which each dyad both permits and turns away from potential experience, he writes:

It takes time... for analyst and patient to influence each other deeply and subtly enough to “have a relationship,” to be in each other’s presence in such a characteristic way that something can be said about it. The field must be created before it can be understood; it must be put together before it can be taken apart. Out of all the unformulated possibilities, two people come to a way of being together in which certain behaviors and experiences are allowed and others are prohibited, and in which the degree of recognition of, or enforced blindness to, various aspects of experience is prescribed. They make a history, complete with prejudices, and then they try to disconfirm them... At the beginning, analyst and patient have yet to establish their characteristic relatedness, and there is little reason for the analyst not to use all his observational powers. As time passes, however, he is caught in the grip of the interpersonal field constructed by the patient and himself, and it is only when the relevant issues can be analyzed that the analyst is again free to see... in psychoanalysis, to see what the other means requires that one unveil the other’s preconceptions of oneself, the preconceptions that interlock with one’s own and contribute to maintaining one’s blindness. [pp. 218–219]

For an extended period of time in this treatment, both therapist and patient were actors in a timeless drama that seemed to go nowhere, neither person able to throw away the script and speak from the heart.

RELATIONAL LITERATURE

Much of the contemporary relational analytic literature offers case vignettes and discussions which neither adequately support nor reflect some of the most significant and shared theoretical contributions of those perspectives. If one believes that “Our countertransference is the air that our patients breathe” (Greenberg, 2001, p. 363); that “any psychological constellation can be grasped only in terms of its unique intersubjective history, the relational systems in which it originated and is continuing to be maintained” (Stolorow, 1997, p. 340); if “observing-participation” and “mutual enactment” are of increasing interest and relevance to a growing number of Freudian analysts (e.g., Renik, 1993(a), 1993(b); see Hirsch, 1996, 1998) as well as to those who have long seen the analytic process...