Shrinking the Tsunami
Affect-Regulation, Dissociation, and the Shadow of the Flood

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I'm going to begin with something personal – my mother's favorite story about me. It's a one-liner that took place when I was four years old. Even back then I was given to reverie states, and I was sitting next to her, silently lost in thought. I suddenly "woke up" and asked, "Mommy, when I was born how did you know my name was Philip?"

I'm still trying to figure it out. At four, the concept of non-existence had begun to interest me, but I was still young enough to not worry about it. I simply knew I existed before I was born but was trying to figure out the details. There was no such thing as "non-being," much less the shadow of an abyss or a thing that grownups called "death." It was unthinkable because non-being had no personal meaning, much less having so much personal meaning that it triggered the unbearable shadow of a tsunami.

Where was I before I was born? Wherever I was, Mommy must have been with me. No discontinuity in self-experience. Self continuity had not yet been subjected to developmental trauma serious enough to tamper with it. Is that possible? Sure, but only to a degree, and only if we look at trauma not as a special situation but as a continuum, which comes to our attention when it does disrupt or threatens to disrupt, continuity of self-experience.
If one accepts that developmental trauma is a core phenomenon in the shaping of personality, then one also accepts that it exists for everyone and is always a matter of degree. If that is so, then the stability achieved by even secure attachment is also a matter of degree, and the limits of its ability to successfully perform its developmental function is variable. That is to say, everyone is vulnerable to the experience of having to face something that is “more than his mind can deal with;” and the differences between people in how much is too much, is what we work with in the large grey area we call “developmental trauma” or "relational trauma."

Robert Burns (1786/1974, p. 44), the Scottish poet, wrote “Oh wad some Power the giftie gie us/ To see oursels as ither see us,” but the truth is, it's not easy to accept an image of oneself as seen through the eyes of an "other" (that is, someone other than the Mommy of your early childhood), and is especially hard when that image contains what for you is a "not-me" experience (that is, a dissociated part of self). So whenever I hear the line “Oh would some power the giftie gie us/ To see ourselves as others see us,” there's a part of me that feels like telling Burns to do you know what with his "giftie" and to be careful what he prays for.

Nevertheless, the giftie to which Burns refers is undeniably a developmental achievement even though it involves a lifelong internal struggle with using it, a struggle that includes times you would like to return the giftie to the store for an exchange.
But, irony aside, it may be the most valuable gift that any human being will ever receive—the gift of intersubjectivity.

When you are able to "see yourself as others see you" while not abandoning the experience of how you see yourself, you are relating intersubjectively. The problem, is that a human being's ability to relate intersubjectively is variable, uneven, and requires what feels sometimes like having to stare at sunspots. Self-other experience can become so stressful to anyone's mental functioning that it is unable be held as a state of internal conflict, and when such is the case, the mind is geared to ease such stress by the defensive use of a normal brain process—dissociation. Overly disjunctive self-experiences are adaptationally held in separate self-states that don't communicate with each other, at least for a while.

With some people, "for a while" means for a very long while, and with others it means permanently. For such people, dissociation is not just a mental process to deal with the stress of a given moment, but a structure that rules their life and narrows the way it is lived. The mind-brain organizes its self-states as an anticipatory protective system that tries, proactively, to shut down experiential access to self-states that are disjunctive with the dissociatively limited range of the one that is experienced as "me" at a given moment. This rigid sequestering of self-states by means of dissociative mental structure is so central to the personality of some people that it virtually shapes all mental functioning, while for others its range is more limited. But regardless of degree, its evolutionary
function assures "survival of self" by limiting reflective function to a minor role, if any. The mind/brain, by severely limiting the participation of reflective cognitive judgment, leaves the limbic system more or less free to use itself as a 'dedicated line" that functions as a "smoke detector." It is designed to proactively "detect" potentially unanticipated events that could trigger affect dysregulation.

But because it is a proactive solution, the indefinitely diminished capacity for cognitive self-reflection on behalf of safety comes with a price. It requires the person to at best "smuggle-in" a life that is secondary to a process of constant vigilance – a vigilance that, ironically, produces mostly what information theory calls "false positives." It might seem that if such is the case, the person would sooner or later figure out that there's a connection between something being wrong with his life and the fact that he spends most of it waiting for something bad to happen. The reason a person tends not to make that connection is that the dissociative structure is itself designed operate out of cognitive awareness. Each state holds its own, relatively non-negotiable affective "truth" that is supported by its self-selected array of cognitive "evidence" designed to bolster its own insulated version of reality.

If the person tries to reflect on the question, "Why am I living my life this way?" the potential for an internally destabilizing affective collision between incompatible versions of personal reality is triggered. Even to formulate such a question is a threat to the integrity of the mental structure
that, to the mind-brain, is the only reliable safeguard against affective chaos. Nevertheless, the question is asked at least indirectly, often out of desperation. Sometimes it leads the person to seek out a therapist, albeit with certain parts of the self denouncing the idea so ferociously that by the time he arrives at your office he often can't tell you why he is there.

Once in treatment, the fact that your patient is "of more than one mind" about being there leads to the enacted emergence of another question—and the ongoing struggle over allowing it to be put into words, might be said to shape the entire course of the therapy. Implicitly, this question might be seen as: "To what extent is the protection against potential trauma worth the price paid for it?" Initially, it is played out in the form of an internal dispute among a patient's panoply of self-states, some of which champion affective safety while others endorse what is life enhancing even if it involves risk. This self-state war, because it is dissociated, pulls the therapist/patient relationship into it, which gives them a chance to participate enactively in a here-and-now externalization of the patient's fraught relationship with his own internal objects.

Enactment is a shared dissociative event. It is an unconscious communication process that addresses those areas of the patient's self-experience where trauma, (whether developmental or adult-onset), has to one degree or another compromised the development of affect regulation in a relational context, and thus compromised self-development at the level of symbolic processing by thought and language. Therefore, a core dimension
of using enactment therapeutically is to increase competency in regulating affective states, which requires that the analytic relationship become a place that SUPPORTS RISK AND SAFETY SIMULTANEOUSLY—a relationship that allows within it the painful reliving of early trauma, without being just a blind repetition of the past. It is, optimally, a relationship that I have termed "safe but not too safe," by which I mean that the analyst is communicating BOTH his ongoing concern with his patient's affective safety as well as his commitment to the inevitably painful process of reliving. "Safe but not too safe!" Easy for me to say! I'm not the patient.

I titled my talk "Shrinking the Tsunami," but I'm pretty sure that if I had personally experienced an actual tsunami, close up, I would not have been able to use that word metaphorically even though my paper was needing a good title. It would have hit too close to home. Language itself holds the potential to trigger an affective reliving of dissociated traumatic affect, but I was as free to "PLAY" with the word tsunami as I was to PLAY with the word shrink. In therapy, the growing capacity to safely "play" with something that has existed only as a dissociated shadow of past trauma is what I mean by "shrinking the tsunami" and is what my talk is mainly about.

I'm going to be speaking about the transformation in analytic treatment of unthinkable "not-me" self-states that can only be enacted—into here-and-now events that can safely be experienced as "me," thought about with another person, and played with interpersonally. I'm going to try to describe how,
through interactions that I call "safe surprises," a patient's ability to safely distinguish non-traumatic spontaneity from potential trauma (the shadow of the flood) is increased.

I will be proposing that the transformative process of "shrinking the tsunami" leads not only to a greater capacity for affect regulation, but is fundamental to the core of the growth process in psychotherapy, which for me has never been better described than by what Ronald Laing (1967, p. 53) called "an obstinate attempt of two people to recover the wholeness of being human through the relationship between them."

The therapeutic process I will be describing depends on the analytic situation permitting collisions between subjectivities to be negotiated through the creation of a shared mental state—a channel of implicit communication that supports what Allan Schore calls right-brain to right-brain conversation—the cocreation of "an interpersonal unconscious" that belongs to both people but to neither alone. When this takes place, the patient/analyst relationship becomes itself a therapeutic environment because the boundary between self and other becomes permeable, and very similar to what Jessica Benjamin (1988, 1995, 1998) calls the creation of a "third."

I speak about the patient's traumatic past being played out. The concept of "play" as I use it here is similar to what Philip Ringstrom in a series of papers published during the past six years) calls "improvisation." It is a form of play in which mutual recognition of each other's subjectivity is, in Ringstrom's words, more "implicitly played with than explicitly
enunciated." His point overlaps with my concept of collision and negotiation and with Allan's concept of state-sharing, but Ringstrom underlines something additional that, though said by others, is worth repeating. He states (presented paper, 2007) that "improvisation often entails playing with the other as an "object" [because] when the two parties can play with one another as "objects" they intrinsically reveal something about themselves as subjects." This is especially important because the collision part of what I call "the process of collision and negotiation" is indeed all about the developing capacity of patient and analyst to each move from experiencing the other as an object who is trying to control him to being able to "PLAY" with each other as objects. I believe it is this meaning of "play" that then allows the next phase—negotiation—to be possible.

For instance: I am committed to the value of the analyst's sharing with his patient his subjective experience of the relationship itself—including the details of his states of mind and the shifts that take place in them. In my writing I've made a big point of the importance while doing this, to communicate to your patient your personal involvement with the impact on her of what you are doing, so that your patient knows you are thinking about her affective safety while you are "doing your job." Do I always remember to do that? No. Do I hear about it when I don't? Oh yeah. Do I like hearing about it? Not especially. But the upside is that the more I am able to hear about my failings, the easier it becomes for my patient to experience me not as an object to be controlled but as a person
with his own subjectivity who is recognizing her subjectivity as
legitimate even when I'm doing it badly.

I'm thinking of a session with a patient in which such a
transitional moment was particularly vivid—a moment of
playfulness that, for the first time, originated with my patient.
Over the course of our work her self-state coherence had
increased so dramatically that without realizing it I had come to
take it for granted and got lazy; As I had done many times
before during enactments, I shared with her what was going on
inside of me, but this time I did not check with her different
self-states about the felt impact of my sharing. To be completely
honest, I suspect it wasn't just laziness but that that I had
been longing for such a moment. When I finished my "self-
revelation" she looked at me with a twinkle in one eye and a
glare in the other, and said, "I think you are starting to have
delusions of candor."

Okay. If this such a great treatment model, why is the
balance between safety and risk so difficult to achieve and what
makes it so unstable WITHIN the process? For the patient, the
dissociated horror of the past fills the present with affective
meaning so powerful that no matter how "obviously" safe a given
situation may be to others, a patient’s OWN perceptual awareness
that he is safe entails a risk that is felt as dangerous to her
felt stability of selfhood. The risk is due to the fact that that
the safer she feels in the relationship the more hope she starts
to feel, and the more hope she starts to feel the less she will
automatically rely on her dissociative mental structure to assure
hypervigilance as a "fail-safe" protection against affective
dysregulation. Because of this, the parts of self dedicated to
preserving affective safety will monitor and oppose the
therapist's efforts to access the very experience that most needs
to develop self-reflective capacity and mental representation.

A dissociative mental structure is specifically designed to
prevent knowing what may be too much for the mind to bear but
still be able to communicate it to another person through what
Allan calls "right-brain to right-brain state-sharing. Through
enactment, the dissociated experience is communicated but remains
"not-me" until increased affect tolerance allows it to be
cognitively symbolized through relational negotiation

In the early phase of an enactment patient and therapist are
in a shared dissociative cocoon (Bromberg, 1998) that supports
implicit communication without mental representation. Within this
cocoon, when the patient's self-state that is organizing the
immediate relationship switches, the therapist's right brain also
switches, equally dissociatively, to a matching state that can
receive and react to the affective communication from the
patient.

Because Mental representation is compromised by trauma, it
is worth reflecting again on Laub and Auerhahn's (1993) famous
observation that "it is the nature of trauma to elude our
knowledge because of both defence and deficit. . . . trauma
overwhelms and defeats our capacity to organize it" [p. 288, italics
added]. Traumatic experience is stored episodically — either
somatically or as visual images that can return as physical
symptoms or as flashbacks without cognitive meaning. The sensory imprints of the experience are held in affective memory and continue to remain isolated images and body sensations that feel cut off from the rest of self. This is why the dissociative processes that keep the affect unconscious have a life of their own, a relational life that is interpersonal as well as intrapsychic, a life that is played out between patient and analyst in the dyadic dissociative phenomenon that we term enactment.

The analyst's job is to use the enactment in a way that allows the patient's dissociated affect to enter the here-and-now implicitly—as a perceivable event taking place in each of their subjectivities that can be given representational meaning as a shared phenomenon—enabling a link to be made in WORKING MEMORY between a mental representation of the event and a mental representation of the self as the agent or experiencer.

Why do enactments take place over and over, each time being processed a bit more? The answer I would give is that episodic representations of trauma are the only kind of representation a traumatized person is likely to have at first, and these reside in short term or working memory. Each enactment can be considered an effort to further symbolize an episodic perceptual memory that slowly becomes representable in long-term memory. The more intense the unsymbolized affect, the more active are the dissociated states trying to prevent access to it, and the stronger the force preventing communication between these isolated islands of selfhood.
In other words, for working memory to represent the perceptual nature of the trauma during its dissociated reliving in an enactment, the analytic relationship must contain an interaction between TWO essential qualities – SAFETY AND RISK: THE PATIENT'S EXPERIENCE OF THE ENACTMENT MUST BE ONE IN WHICH THE DANGEROUS AFFECT IS STRONG ENOUGH TO BE FELT BUT NOT STRONG ENOUGH TO AUTOMATICALLY INCREASE THE USE OF DISSOCIATION. This quality of the analytic relationship, which I have termed "safe but not too-safe," has been conceptualized by Wilma Bucci (2002) as pivoting around what she terms “emotion schemas” – specific types of memory schemas dominated by sensory and somatic representations that can be changed only to the extent that experiences in the present and memories of the past are held in working memory simultaneously with the pulses of core consciousness that depend on activation of the bodily components of the schema.

The activation of the dissociated painful experience in the session itself is central to the therapeutic process. This is a very different perspective from the metapsychological principle that structure depends on the inhibition of drive or desire [Bucci, 2002, p. 787].

What is especially important to keep in mind is that the analytic relationship can be affectively non-traumatic while still permitting the creation of anxiety. Anxiety and traumatic affect (what Sullivan called "severe anxiety") are not the same. As Sullivan (1953) put it, routine anxiety allows learning from experience because dissociation is not needed, but
severe anxiety probably contributes no information. The effect of severe anxiety reminds one in some ways of a blow on the head, in that it simply wipes out what is immediately proximal to its occurrence. . . . Less severe anxiety does permit gradual realization of the situation in which it occurs [p. 152].

Sullivan used the term severe anxiety rather than the word trauma, but what he had in mind were experiences that are, in current terms, distinguished as being traumatic in nature. The affect evoked by trauma is not merely unpleasant but a disorganizing hyperarousal that threatens to overwhelm the mind’s ability to think, reflect, and process experience cognitively. Affective dysregulation so great that it threatens to carry the person to the edge of self-fragmentation and sometimes self-annihilation is not describable by the term anxiety. Continuity of selfhood is at stake. This is why shame, horrible unassimilable shame, contributes its own terrible coloring. Shame is the signal that the self is or is about to be violated, and it demands emergency action. It is the threat of shame, a threat equal to that of fear, that necessitates the early warning system designed to prevent a recurrence of the affective flooding originally created by trauma—a horrifyingly unanticipated sense of exposure of oneself to oneself. As Helen Lynd (1958, p. 50) put it, "I am ashamed of what I am. Because of this over-all character, an experience of shame can be altered or transcended only in so far as there is some change in the whole self."
A patient's attempt to communicate the relived experience to a therapist in language is painfully difficult because of what Lynd (1958) calls a "double shame. She writes:

Because of the outwardly small occasion that has precipitated shame, the intense emotion seems inappropriate, incongruous, disproportionate to the incident that has aroused it. *Hence a double shame is involved;* we are ashamed because of the original episode and ashamed because we feel so deeply about something so slight that a sensible person would not pay any attention to it [p. 42].

A core aspect of the analyst's job is in searching out the shame that is evoked by the therapeutic process itself, so that it can be addressed in a relational context. I use the phrase "searching-out" rather than being "attuned" because the shame being created by the analytic relationship will most often be dissociated because of shame ABOUT the shame. The analyst is thus highly unlikely to notice it if he is attending to the patient's words. When working in areas where the reliving of trauma is taking place, the manifest absence of shame is a cue to search out its whereabouts. Shame as part of the process cannot be avoided. The heart of the work is for the patient to know you are thinking about it, so that, with you, she can make it back from the edge of the abyss and be aware she was not alone in having done so. Anxiety and annihilation dread are not the same, and one goal of the process is for her to recognize the difference between being scared and being scarred.
Our work as analysts involves enabling restoration of the links among sequestered aspects of self to take place so that the CONDITIONS for intrapsychic conflict and its resolution can be present. The use of interpretation in psychoanalysis depends on these conditions' being there, because repression cannot always be assumed to exist as an available dynamic. The process of interpretation, in other words, must contend always with the presence of affect dysregulation and dissociation.

Clinically and neurobiologically, I believe the evidence is strong that therapy decreases affect-dysregulation only if intersubjectivity is increased by affective communication between the right brains of patient and therapist, not by one person trying to help the other to access the original trauma in the form it was laid down in the brain. I believe that amygdalar memory is recoverable only relationally, and when the patient's original trauma is relived in therapy, its intensity as well as its context is a RECONSTRUCTION that is tailored by the person's personality over many years, as memory theorists since Bartlett (1932) have argued.

Watters (2007), in a recent article about the cultural specificity of what American Psychiatry calls PTSD, writes that "the simple but surprising truth appears to be that symptoms of psychological trauma can be both culturally created and utterly real to the individual at the same time." Which is to say, that the enactment of past trauma as part of the psychoanalytic process can be considered a creation, the culture being the interpersonal environment that we call "the psychoanalytic
relationship" —and that (Bromberg, 2006, p. 92) except for highly unusual occasions, the therapeutic reliving and processing of past trauma is not actually traumatic even though patient and analyst both feel at times close to the edge of the abyss.

The scenario of trauma is enacted over and over with the therapist, as if the patient were back in the original trauma, which one part of the self indeed is. But this time there are other parts of the self "on call," watching to make sure they know what is going on so that no surprises occur and ready to deal with the betrayal they know will happen. Through this enacted scenario the patient relives miniversions of the original trauma with a hidden vigilance that protects her from having it hit without warning. But for a seriously traumatized patient the experience is often one of being dangerously "on the edge."

Some of the most rewarding experiences I have in my work are moments when a patient becomes aware, in the here-and-now, of his own dissociative processes and the function they serve. Such moments are almost inevitably unanticipated and I believe this is because change always precedes insight. I want to share an example of such a moment that I think may give greater meaning to the range of therapeutic action afforded by recognizing its nonlinearity.

Mario had been extremely dissociative to the point that he was virtually unable to be in the here-and-now with another human being. He had no idea of what it meant to engage with another person intersubjectively —to know the other through how he is experiencing the person experiencing him, and vice versa. He
used his extraordinary ability to "size-up" people and relate to
them through what he observed from outside the relationship, but
he was basically "mind-blind." In sessions when Mario felt
himself beginning to feel hopeful, he would regale me with his
"mantra" about his grotesqueness—a state he entered in which he
was an ugly, misshapen, forbidding presence. We looked at this as
a transferential response to my challenging his protection
against taking risks in a world of people and being overwhelmed
with shame if he had to behave with spontaneity, but I was not
privy to how he used this mantra when he was alone.

This vignette took place many years into his treatment, at a
point where he was hardly dissociative anymore and had developed
a capacity for penetrating self-reflection, spontaneity, and
intersubjective relating. In this session, as though it was no
big deal to him, Mario reported that he had an insight into his
mantra and that it came to the previous night as he got ready for
bed.

It is especially noteworthy that he suddenly remembered it
as an association to my comment that his current difficulty with
a woman he was developing a friendship with, was a sign that he
no longer had the "same old" problems, but that he was relating
to her in a way that was very different and that the kind of
difficulty he was now having is part of the normal angst that
everyone feels when they are trying to negotiate a new
relationship. I told him that his presence when he was with her
was very related, and that regardless of what ultimately happens
with this particular woman, I could feel that he had inside
himself an ability to make the experience of dating a part of his life that, despite some anxiety, is not fraught with dread. Coming from me, a celebratory speech like that would typically have evoked his self-state mantra of being so grotesque and so ugly that no one would ever want him as part of a couple. I knew this but wasn't feeling wary of triggering it. It was as if we were sharing a new piece of turf that didn't yet have words —just a shared ability to take a risk.

He replied, after a silence, by telling me the insight he had the night before. He had been thinking about this girl and whether to call her, and as he was about to get into bed he found himself starting to repeat his mantra and realized that he didn’t want to do it. He suddenly realized that he was anxious about calling her and that the effect of the mantra was to put him into a trance state, which soothed him enough to let him no longer experience the anxiety, a necessity if he was going to be able to fall asleep. In other words, through the mantra his self-image of grotesqueness became more and more horrible the more he repeated it, until he dissociated in order to escape it. Once he dissociated he could then fall asleep without the anxiety around a potential phone conversation keeping him up all night.

It is equivalent to someone who stares at a spot on the wall until his eyes glaze over and he goes into a “safe place” inside himself. Rarely had I heard so clearly, a formerly dissociative patient identify this particular use of what seemed self-abuse as a means of self-soothing by triggering a dissociative trance state. THOUGH IT HAS OBVIOUS SIMILARITIES TO BINGEING & PURGING,
SELF-MUTILATION, ETC., I think it is more difficult for a therapist to recognize this form of it as a means of self-soothing because it is easy to look at it as simply obsessive-compulsive.

Allan Schore (2003b, p. 144a, citing Buck, 1994) argues (as do I) that "the sharing of mental states that are essentially private is what psychotherapy is all about," and I think that our shared ability to take a risk at that moment is a really nice example of it. The relationship between dissociation and right-brain to right-brain state-sharing is such a central dimension of the patient/therapist relationship that in Affect Regulation and the Repair of the Self (2003b, p. 132) Allan writes that "dissociation, the last resort defensive strategy, may represent the greatest counterforce to effective psychotherapeutic treatment of personality disorders." I completely agree, but I want to simultaneously emphasize something that Allan also writes about, but is not included in that quote: that dissociation as a communication process in right-brain to right-brain state-sharing is the pathway to facilitating the very therapeutic process in which as a defensive strategy it represents a counterforce.

Within a shared mental state, the frozen attachment patterns that helped a patient adapt to early developmental trauma are processed cognitively and linguistically. They are enacted through self-state collisions between patient and analyst, and as the nonlinear cycles of collision and negotiation continue, a patient's capacity for intersubjectivity increases in those areas where it had been foreclosed or compromised. The potential for
coexistence of selfhood and otherness becomes not only more possible, but begins to take place with greater spontaneity, with less shame, and without affective destabilization.

The complimentarity is obvious between Allan's formulations and mine. This includes our mutual emphasis on the discontinuity between states, the non-linearity of state changes, and the all important fact that, as Allan puts it in Affect Dysregulation and Disorders of the Self (2003a, p. 96), "discontinuous states are experienced as affective responses. . .". He writes:

Dynamically fluctuating moment-to-moment state-sharing represents an organized dialogue occurring within milliseconds, and acts as an interactive matrix in which both partners match states and then simultaneously adjust their social attention, stimulation, and accelerating arousal in response to their partner's signals. . . .

Minor changes, occurring at the right moment, can be amplified in the system, thus launching it into a qualitatively different state.

In his recent review of my new book in Psychoanalytic Dialogues, Schore (2007) comments on Hesse and Main's (1999) observation that

the disorganization and disorientation of type "D" attachment associated with abuse and neglect phenotypically resembles dissociative states. . . . During episodes of the intergenerational transmission of attachment trauma the infant is matching the rhythmic structures of the mother’s
dysregulated arousal states. (Schore, 2007, pp. pp. xxx-xxx, emphasis added)

Matching the rhythmic structure of the other (synchrony) has long been a basic technique of hypnotic induction. I discovered this first hand while working with a patient who, in the course of her long history of searching for the "right" therapist, had studied with Milton Erickson. She had for some time been one of my "favorite" patients — someone with whom I felt so wonderfully tranquil and at ease that I wasn't aware of anything amiss until one session when I was uncomfortably conscious that I didn't feel like asking her about something I knew I should be addressing. I also became conscious that it was something I knew she would not want to think about. At that point I began to emerge from the dissociative cocoon in which we had jointly been held and for the first time became aware, perceptually, of something else — right in front of my eyes: that whenever I changed my body posture she changed hers to mirror it.

One might ask the important question of why I didn't know it sooner. This patient was someone whose way of life was characterized by doing things for other people and who seemed so powerfully attuned to the other with total satisfaction that she appeared to be without self-interest. Her pleasurable adaptation to others appeared to be so seamlessly characterological that it was a hollow intellectual exercise to consider the possibility of it being at least in part defensive, and that self-interest might be lurking somewhere not yet visible.
In this session, however, it was the very pleasure I felt in her synchronizing her rhythmic structure to mine that began to feel oddly uncomfortable. This type of discomfort has been beautifully described by Donnel Stern (2004, p. 208) as an "emotional 'chafing' or tension, an unbidden 'hint' or 'sense' that something more than one has suspected is going on in the clinical interaction." Once an analyst starts feeling this, something new becomes perceptually noticeable that had been dissociated, and he finds himself thinking about the patient along certain lines that had before felt forced but no longer feel inauthentic even though not well formulated. In the case of my patient, what finally came into focus for me was that she more often than not wasn't able to feel satisfied that she had done enough for the other, nor was she able to quite appreciate her own generosity. What had seemed to me like simply dedication to the needs of others now began to include a compulsive element that rebalanced the self/other dynamic. I began to look differently at the fact that the other person's needs were all that was relevant and all that seemingly mattered.

I’m going to end with a clinical vignette—well, actually kind of clinical. It's a scene from Shakespeare's Hamlet (1599-1601) that I believe wonderfully illustrates Allan's concept of state-matching as portrayed by the relationship between Hamlet and his friend Horatio. Let yourselves IMAGINE that this vignette is called “Saving Hamlet’s Butt.”
Hamlet, in the final act of the play, (Act V, Sc. 2) revealed a secret that most of us who spend time at the gym would prefer stayed a secret — that no matter how much we work out, eventually your butt is going to drop anyhow. Shakespeare, of course, put it more poetically: There’s a divinity that shapes our ends, rough-hew them how we will.”

In this scene Hamlet had reached the end of his rope and was explaining to his friend Horatio that the reason he hadn't yet killed his uncle wasn't his fault. What he in essence said was that we don’t always succeed in doing what’s right, even though we’re sure it’s right, because there’s a higher power —a divinity— with a different agenda. At that moment, Hamlet was to me more recognizably human than at any point before or after. It doesn’t have to do with whether I do or don't believe in a divinity the way Hamlet put it. It has to do with the great timing of his spiritual awakening, and with the old saw that there are no atheists in foxholes.

By the time the Fifth Act got underway Hamlet was a guy under a lot of stress. And why not? The play was almost over, he still hadn't taken action, and his ruminating about it was bringing him closer to the edge of madness. What to do? He had no prescription for Paxil and everyone around him had personal axes to grind except for Horatio. Horatio took him seriously, but was so even-handed that it is not easy to see exactly what good Horatio was doing him. The answer to that question is not obvious because Horatio's role invites him to be looked at the way a therapist without a treatment plan is looked at by a managed-care
company. To take action, Hamlet needed to free himself from the obsessing that robbed his desire of what Hamlet called "resolve." Horatio definitely had no treatment plan.

But Shakespeare, as most of us know, found him a nifty solution—an insight into God that came to him at just the right time. Sullivan used to call those kinds of user-friendly insights "happy thoughts" because they solve the most painful dilemmas with astounding ease. Hamlet could now suspend his self-recrimination long enough to act. He had an external explanation—a "not-me" explanation—for the disturbing fact that no matter how much we sweat, our "ends" seem to have a will of their own. Maybe the "bottom" line, argued Hamlet, is that it's God's will—it's surely not mine!

"Yeah, says Hamlet" It’s not me that’s the problem. It's "NOT-ME. " I want to kill Claudius. It’s 'not ME' that gets in the way." In this case, “not-me” was a divinity with an agenda of its own. So now—freed by "not-me" from the tormenting impossibility of trying to turn an affective tsunami into something "thinkable"—internal conflict—Hamlet feels a "rightness” about his wish to kill Claudius that it had lacked. His formerly pale desire is now felt in color. What he calls its "native hue of resolution" has returned, and lends an unquestioned purity of purpose to his taking action.

If you think about it, Hamlet’s tendency to find “not-me” solutions was there right from the beginning. Who’s idea was it to kill Claudius in the first place? Not Hamlet’s; it came from the ghost of his father—and his misgivings about it aren't his
either—they came from the agenda of another spirit—a "not-me" divinity with MORE clout than his father’s ghost.

FACED WITH A SHADOW THAT HOLDS THE POTENTIAL TO BECOME A FLOOD, THE MIND RECRUITS ITS SELF-STATES INTO A COVERT SURVIVAL TEAM. ITS MEMBERS ARE AWARE OF ONE ANOTHER ONLY ON A "NEED TO KNOW" BASIS AND THEY EXERCISE THEIR SURVIVAL SKILLS THROUGH THE USE OF DISSOCIATION. Each self-state, which has its own task and is dedicated to upholding its own version of "truth," is a piece of a "larger-than-life" enterprise—to sequester the part of self that already knows the horror of a tsunami and then to obscure the existence of the dissociation itself. A hypnoid brain process takes over whereby, in Ronald Laing's (1969) brilliantly convoluted language, we are unaware there is anything of which we needed to be unaware, and then unaware that we needed to be unaware of needing to be unaware.

Hamlet was no different in that regard. What was felt as "me" at one moment was "not-me" when a different self-state took over. To each "me" there were no other parts of self, so the states that could not find a place in "me" for their own voices and desires, haunted him. Hamlet had no place to hide. His torment had no resolution because his mother and his uncle were, as we say, always in his face, and the disharmony of voices in his head wouldn't leave him alone, even in bed at night.

Shakespeare's choice of words in Hamlet's incredibly contemporary description of "the war inside my head" that we hear from trauma sufferers, echoes loudly for any therapist:

"SIR, IN MY HEART THERE WAS A KIND OF FIGHTING
THAT WOULD NOT LET ME SLEEP." (Act V, Sc. II, lines 5-6, emphasis added)

In spite of all his self-reproach, Hamlet was unable to experience internal conflict about any of it, and in this regard his mental functioning was not unusual when self-state collisions are too much for the mind to bear and cannot be contained in a single state of mind. But I want to make it clear that I'm not suggesting we are all just versions of Hamlet. Difficult self-state collisions are inherent to routine mental functioning and we are all vulnerable to affect-dysregulation that has the potential to increase under certain circumstances, but I see Hamlet's situation as an example of the power of early developmental trauma to make adult-onset trauma especially "massive."

What I mean is that the murder of Hamlet's father was what we could reasonably call an "adult-onset trauma" that became affectively "massive" because it triggered earlier and ongoing developmental trauma involving his relationship with his mother. Hamlet's plan to kill Claudius was doomed to be no more than a temporary stop-gap because, like all one-sided dissociative solutions, there was another internal voice—a "not-me" that gave him no peace, and there was nothing to weaken the power of the "dissociative gap between the voices."

So here's the main point, and I argue that it is true for all of us. IT IS IMPOSSIBLE TO PERMANENTLY AVOID AN INTERNAL WAR BETWEEN ADVERSARIAL PARTS OF THE SELF SIMPLY BY TRYING TO INCREASE THE DEGREE OF POWER HELD BY ONLY ONE PART.
For everyone, there is always a downside to dissociation when it is enlisted as a defense. Its evolutionary defensive function is to anticipate the arrival of a tsunami—and it does, but at a huge cost. The person is able to more or less survive, but is also more or less UNABLE to LIVE, AND THIS IS ESPECIALLY TRUE FOR SOMEONE SUFFERING THE KIND OF EMOTIONAL OVERLOAD THAT HAMLET WAS FACING WHILE TRYING TO KEEP INTACT THE THIN MEMBRANE SEPARATING DEVELOPMENTAL FROM ADULT-ONSET TRAUMA.

Was Hamlet crazy? Was he psychotic? Opinions vary, and most of the play's main characters were pretty sure he was. My own view is that he was not, despite the fact that he enlisted a group of actors to create a "more real" reality for him. I would say that he was close to the edge, but that Shakespeare "saved his butt" by giving him someone to talk to who LISTENED—Horatio!

Horatio, if nothing else, was a good listener. Though he did not say anything like, "This must be awful for you" he was fully listening and was intersubjectively very responsive to Hamlet's state of mind. Hamlet and Horatio probably wouldn't be allowed additional sessions by a "managed-care" company, but to me they are a good fit for Allan's concept of state-sharing as the foundation for therapeutically addressing affect dysregulation. Even at an earlier point in the play, when Hamlet was confronted by his father's ghost, Horatio didn't say anything like "His GHOST? I'm afraid I didn't see it. Perhaps we might look at what it might mean that you saw it." Nor in Act V did he suggest that Hamlet's sudden turn to religiosity might be questionable. In
fact, Horatio didn't talk a lot, and in one way it is possible to view what he said when he did talk did as no more than a caricature of "That's interesting; tell me more about it!" From my reading of the dialogue between them, I would argue that it went far deeper, and I suggest that Hamlet's relationship with Horatio was the main thing that kept the shadow of the Tsunami from overwhelming his mind even though he could not ultimately avoid death. Horatio's consistent ability to match Hamlet's state with a reciprocal state of his own was calming enough to Hamlet's hyperaroused affect for him to use his mind in thinking out a plan that was actually quite brilliant despite its unforseen tragic turns when it was put into action.

So that's about it; and thanks for listening.
REFERENCES


