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Alone Together: The Case of Judy and Ann

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This case describes the treatment of a middle-aged woman with a history of extreme physical and sexual abuse seen in psychoanalytic psychotherapy two and three sessions per week. Dissociation and enactment are two salient features of the therapy. Detailed clinical vignettes that occurred over the eight-year period of treatment highlight co-created sequences involving intensified affective moments experienced by the analyst as often challenging, perplexing, and surprising.

I have Never Worked with a Patient as Denigrated, as Humiliated, as falsely blamed, and as sexually and physically abused as Ann. We are still working together, so you are hearing work in progress. This is not only Ann's story as I understand it, but it is also my story of experiences that Ann and I have co-created together. Naturally, Ann would have her own version.

Presenting Problem and Brief History

I began working face to face with Ann, a 42-year-old, robust-looking woman, twice weekly, eight years ago. Ann was depressed, describing dissociated fugue states accompanied by an intense need to run away. She

would drive somewhere, not remembering how she got there, or she would “come to” finding cuts on herself and things in the house destroyed. She was afraid to sleep and slept very little due to intrusive, frightening nightmares from which she awakened screaming, even running out of the house. Hence, she was chronically sleep deprived, which exacerbated her many somatic symptoms, including migraines and body aches. During the day when her husband was at work, Ann lived a frenetic life to avoid raw feelings, describing these states as “having the bottom drop out” or feeling that she just “wanted out.” She felt like “an alien, an outsider who didn't belong.” In addition, she couldn't stand being touched and felt dirty when having sex, at which times her feelings of shame and self-loathing increased.

Ann lived in two realities, both of which were vitally important to her. Her exterior presentation was as an energetic, competent, and loving wife, parent, grandparent, and friend—a state at times accompanied by an intense feeling that she was “a fraud.” She often experienced herself as the good, compliant, and pleasing person that she felt others required of her. However, this largely obligatory stance kept hidden alternate organizations of her experience that emerged from the unspeakable traumas that she had endured as a child, adolescent, and adult at the hands of her father up until he died several years prior to beginning treatment with me.

Initially, Ann made little eye contact with me. She would say to me, “I exist only because I have to. Nobody can touch my world.” I began to picture Ann as living in a deeply sequestered world of experience with a powerful prohibition against sharing this world and against seeing herself as a good and lovable person worthy of enjoying more for herself. Her story began to unfold.

Thirty-two years ago, at age eighteen, Ann married her husband, Rick, with whom she raised three children. She ran her own business for several years and is currently involved with her several grandchildren. Her husband, a successful businessman, provided the family with a comfortable lifestyle, while Ann, the family's center of gravity, competently and industriously choreographed the home front, made herself available to the needs of her family, including her extended family, and maintained several long-term friendships. However, Ann attended to her family's needs in ways that seemed sacrificial to me, not only out of feeling unentitled to have limits, but even more out of her wish to parent and grandparent in ways that she herself as a child had not experienced with her caregivers. In this way, she attempted to prove to herself that she was not a bad person.

However, she would often say to me, “No matter how much I do that is good, it will never be enough to make up for all the bad.”

Ann's mother died three minutes before her birth. Although her father had held Ann responsible for her mother's death, Ann looked up her mother's medical records a few years prior to beginning treatment and discovered that her mother had actually died from an allergic reaction to the anesthesia. Still, Ann often felt convinced that she was responsible and that she should not have lived.

During the school year, Ann lived with her paternal grandparents, her grandmother's daughter, Alice, and her father. During summers, Ann lived with her maternal grandparents, who offered a respite from her father's abuse as well as a more child-friendly environment, with camping, shooting fireworks, tending the garden, and sleeping with lots of kids in a tent. However, Ann saw this grandmother as an emotional child who cried whenever Ann referred to her “other home.” In contrast, her paternal grandmother, although adult and intelligent, was suspicious, critical, and quick to blame Ann for whatever went wrong. This grandmother valued education, reading, cleanliness, and being quiet. She expected Ann to be a perfect little girl and not burden anyone with her needs or problems. Ann brought home straight A's from school. Her paternal grandfather, who had abused Ann's father, had little involvement in raising her.

The grandmothers competed for Ann's love and vied to be the most important to her. Further, Ann's birthday never belonged to her because her maternal grandmother would cry and bemoan the loss of Ann's mother on that day. The day was more about her mother's death than Ann's birth. Ann and I have often thought that living in two very different family systems allowed her to gain reflective perspective on each, so that she was able to see both families' strengths and limitations—a protective factor, I think, that facilitated her resilience in the face of intense abuse and emotional neglect. When Ann turned 10, her paternal grandmother withdrew from people and kept Ann, too, confined to the house, forbidding her to contact her friends. Ann thought that her father's abuse of her began at this time. However, this story was shattered a year ago when she discovered that the abuse had begun much earlier.

Her father's abuse of her was not only physically and sexually brutal but also psychologically cruel. When Ann protested or cried out, her father would use her pain or protest as the reason for needing to torture her further, telling her that she required punishment for being so bad, thus undermining Ann's confidence in her own perceptions and affective reactions

through a form of “gas lighting.” He threatened to kill her if she ever told anyone about the abuse. Ann has maintained that silence for her entire life, telling only two friends, her husband, and now me. Her silence protected the extended family from humiliating exposure and protected her from what she believed would be their potential disbelief and uproar.

Because Ann is allergic to many antibiotics and anesthetics, her surgeries are life threatening. Two of 15 surgeries that she had endured were reconstructive efforts to remove the disfiguring scars left by her father's mutilations. She voiced her frequent thought: “To die in surgery would be an easy way out.”

Opening Process

Initially, Ann was not sure that she could talk about any of her abusive experiences because she felt herself to be so disgusting and was so ashamed. Agreeing with her father's attribution, Ann often referred to herself as “a piece of garbage.” As we began to develop a sense of trust and mutual connection, Ann and I began to explore her memories of abuse. Early in the therapy, I reflected back to Ann my version of her story. What follows summarizes interpretations I had made over a period of several weeks during this opening phase.

“You were made to experience unbearable abuse, torture, and degrading shame, humiliation, and blame. I think that your feelings of self-loathing and dirtiness are not because you are disgusting but because you were treated as though you were disgusting and forced repeatedly to experience degrading acts. Your father and grandmother blamed you for their own mistreatment of you. Your father exploited you, and your grandmother turned away from you, leaving you all alone to fend for yourself. Your suffering must have been nearly unbearable.”

At first, Ann seemed to make use of this line of interpretation by bringing forth more about her experiences. However, I sensed that she still felt quite guarded. When I asked her how easy or difficult it was to trust me, she replied, “I've always had my walls up. I don't know if I can let them down with you.” Then the next time that I took my usual interpretive stance, she declared, “But it happened to me, even if it wasn't my fault,” emphasizing her experience of what happened, adding her belief that “it wouldn't have happened if I weren't bad.” She sometimes felt that

I was trying to “talk her out of her experience.” My attempt to enable her by offering my view threatened to repeat the trauma of usurping her experience of agency. I changed. I dropped my interpretive stance, relaxed, and waited for her cues to when she could hear me talk with more reflective distance. In retrospect, I think that, in part, I was using interpretation to regulate my own horror at what she had withstood. Feeling more freedom, I told her, “I want to hear the details of all your experiences, all that you felt, all that you endured. As you feel ready, you can bring it all in here.” I became able to resonate with her more in the emotionally charged moment.

It is difficult to convey the change in ambiance. Everything slowed down. The silence was heavy, and full of inchoate feeling. Our work took place in bits and pieces, as she gradually let down her walls. I felt myself more present with her in moments of simply “being with” her in largely nonverbal dialog when she could not talk, punctuated by my inquiry about what she was experiencing or how she feared that I might respond when her protective walls went up again. At times she experienced my inquiry as “pouncing on her,” and I learned to tolerate not knowing, simultaneously attempting to connect with her experience in the moment when I felt an opening. Over time moments occurred of Ann's agonizing and humiliating disclosures. Fragments of her experience taking the form of flashbacks became more accessible between us and more coherent. I found this period very difficult as I bore witness to incredible crimes of torture in which Ann, in intense states of helplessness and suffering, experienced the gross cruelty of physical and sexual abuse.

During her descriptions, I became aware that we both entered semi-dissociated states. At times I would forget the details, requesting Ann to repeat them. She suffered, and I suffered with her as we lived through these memories together. Ann said, “You can never know how it was for me because you have never been there.” I agreed wholeheartedly acknowledging, “I can only imagine what your experiences were like. You are helping me to imagine and know by telling me how it was then and how it is now.”

As Ann's trust in herself and in me grew, she allowed feelings to emerge in my presence while telling me what happened. Her shame was visceral and palpable. While I responded at times with my own sense of outrage at how she had been mistreated and unprotected, at how alone she had been, she rarely shared anger or outrage of her own. Her fate seemed sealed to her, holding primacy over her sense of authorship (**Strenger, 1998**).

“I'm Full of Semen”

One powerful theme that runs across this narrative is the link between blood and semen. Ann experiences a felt conviction, though she cognitively knows it cannot be true, that her blood is still mixed with her father's semen. Her father had told her repeatedly that she was full of semen, that sex was all she was good for, making her repeat these statements. He would demonstrate that she was full of semen by ejaculating into her every orifice, cutting her, and then ejaculating into the bloody cut. Only in this past year was she able to face, and to tell me, while tolerating her sense of shame, that she was forced to eat a peanut butter and “jelly” (semen) sandwich after being starved and forced to extract the semen from her father through oral sex. When taking a shower, Ann was often overcome with the smells associated with her father's abuse of her and vomited. During blood tests she saw semen instead of blood, and throughout her life she cut herself, attempting to see if her blood was still full of semen. In response to these stories that occurred over time, I struggled to find words to match her experience.

Defiance, Refusal to Cry, and Proving her Father Wrong

Ann told me that at times she had maintained a defiant stance with her father, refusing to cry when he tied her down, burned her with his cigarette, poked holes in her, put safety pins through her nipples, or cut her. She had refused to give him the satisfaction of her crying but would dissociate adaptively, becoming “a crack in the ceiling or dust-bunnies under the bed.” Through this defiance she held onto some semblance of her own sense of agency and survived emotionally. She said, “I was able to survive by refusing to let my father win.” Her strength served her well; proving her father wrong was a powerful organizing theme that allowed her to use her resources to go forward with her life.

After Ann married at 18, she and her husband left the area. Her father did not know where they lived. Ann was happy, especially when she was pregnant at 21 with Jenny. But when her father found Ann and discovered her pregnant, he threatened to abuse the baby. Then after Jenny was born, when

he straddled her, Ann submitted to anything her father wanted of her to protect her child. She said, "Thank god he died!"

With this as background, I'll now get into some significant clinical episodes.

Episode 1

During an intense period of describing her memories of abuse, Ann for the first time during treatment became actively suicidal. She told me she had a plan to end her life by driving 80 mph into a certain tree that she passes on the way home. She refused to let me contact anyone and found the idea of hospitalization intolerable. She insisted that no one could know.

Feeling worried, I said, "At moments like this, I think you are tempted to agree with your father's view of you as worthless garbage. I understand how powerful those experiences with him are right now, but I don't experience you as a disgusting bad person and I don't want you to kill yourself."

When she did not respond, I grew more alarmed.

Ann mumbled, "I'm afraid. I'm afraid I can't trust myself."

"Can you tell me more about the part of you that is afraid and can't trust yourself?"

She shook her head, "No."

"I'd like to understand better that part of you."

As she met me with silence, I was aware of leaning forward in my seat, feeling tense and anxious, trying to contain myself. After a pause, I said, "I'm wondering now, how we can best protect you."

With a sense of futility, she said, "I don't know." Ann was slumped over, head in her hands, and slowed down. With thinly disguised desperation, I laid out alternatives. I said, "We could call Rick (her husband) or ask Sue (her friend) to stay with you [pause]. I know you object to my bringing this up again, yet I do think it would help to ask your physician to prescribe antidepressant medication, and we can also consider hospitalization." She refused any of these ideas, insisting that no one could know, and added, "It wouldn't do any good anyway." At this point, we had three minutes left in the hour. I was feeling quietly frantic. When I asked in the last moment that she agree not to hurt herself, that we check in with each other on the phone, she said, "I can't make any promises." Ann stood up and silently headed for the door.

My heart was racing. I felt caught in an impossible dilemma of wanting to protect Ann from her potentially lethal behavior, while feeling that my hands were tied behind my back. Feeling both responsible and helpless, I stood up and blurted out,

“I cannot work this way, Ann. You and I are in this together. I care about you, and I don't want to see you hurt yourself in a vulnerable moment!”

I struggled to slow myself down to gain some reflective capacity. I found myself alternating between an empathic listening stance, from within Ann's perspective, and then listening and responding from my own perspective, searching to make sense of this drama that we were in.

I carefully said, “I wonder if the way that I'm feeling, helpless and hostage to your refusal to allow us to draw on outside protective resources, is similar to how you felt helpless and hostage to your father and grandmother when you couldn't turn to anyone inside or outside the family for help or for protection? I also think that it is difficult for you to feel entitled to help and protection. [Pause] I wonder too, if you feel that I'm trying to take over for you.”

She seemed to soften and after a long pause, said reluctantly, “OK, I'll call you this afternoon, and I'll ask Sue to stay with me.”

As we continued to negotiate this crisis by phone over the next several days, much to my relief we were able to hammer out some form of resolution.

Ann insisted, “You need to talk with me first, before you ever call the police or anyone else. I need you to live with my choice, with my right to live or to kill myself, without co-opting my choices or coercing me through medication, hospitalization, calling Rick or the police. Otherwise, I won't be able to do this therapy with you.”

I responded, “I don't want to co-opt you. That isn't my intent, although I realize that in my worry, I probably come across that way to you. I do need to tolerate and live with your choices. At the same time, I want to align with the part of you that's in the background at these moments, which hopes for better times and for less torment and suffering, that hopes for a shot at more enjoyment, which I think is possible for you.”

In response, she agreed to call me before she ever did anything to hurt herself. She said, “I know you can't always respond immediately when I call, but if I know that you will call, I'll wait until we talk.”

My relief was profound. I felt we had squeaked through for the moment, but as it turned out, this resolution and increased mutual trust has served us well in many subsequent times of despair. Later, she did talk with her physician, who prescribed Prozac.

Episode 2

This episode deals with Ann's belief that she is contaminated with semen. It took place in the context of Ann's telling me over several sessions how she was made to perform oral sex repeatedly with her father and forced to swallow semen from a young age. During this time, Ann had let me know of her shameful longing to call me and tell me from within her little girl state that she was hurt.

On this occasion, I picked up the phone between sessions and heard Ann speaking in a frightened little girl voice, saying "The car is filling up with semen; I'm going to drown in semen!"

I talk her through getting off the freeway and shifting her state until she is oriented to her surroundings in the present and able to safely drive home.

Episode 3

About a year ago, Ann found several packages wrapped in newspaper in an old trunk in her attic, which she herself had hidden many years ago. They were vestiges from the early days of her father's abuse, containing her father's personal instruments of torture, which Ann had tucked inside her childhood stuffed animals. As Ann unpacked her worn stuffed animals in my office, she pulled out a razor, cigarette lighter, ice pick, needle, clamps, her bloodstained panties, and pictures of her tied down with blood running from her clamped nipples, stomach, and pubic area. I was stunned. All I could manage to say was "Oh my god!" The explicitness was overwhelming for both of us, and later she referred to the horror she saw on my face at that moment and how important it was for her to see my candid reaction. Not only was there a picture of her father's male accomplice in crime, his "pal" as Ann referred to him, but also pictures of Ann's father sexually molesting her. Ann had no idea how she was able to stow away these items because if her father had discovered them, she was certain that he would have killed her.

The most difficult part for Ann of this rediscovery was her age at the time that these pictures were taken. They spanned from what looked like age 4 or 5 to 14. The abuse had begun much earlier than Ann had thought. She was devastated. When I inquired into the meaning of this change in age for Ann, she imagined that I thought the age revision should be no big deal to her. It took several weeks for me to understand more fully, with her help,

that the pictures were devastating proof to her that her view of herself and of her history was wrong. The earliness of the abuse convinced her that it happened because she was bad. This new development shook her world. She said, "May be I'm wrong about everything. I feel stupid to have believed my story all these years. As bad as my childhood was, at least I had the illusion that there were people who loved me, even if it weren't true." Then she challenged, "Why should I believe your story? You tell me that it wasn't something about me, that I wasn't bad and didn't cause my father to abuse me, that I didn't deserve it, but rather that they let me down, exploited me, and didn't protect me. You're telling me how I should think and feel just like everyone else in my life."

Surprised, I asked, "How do you mean? What am I saying and doing that leads you to see me as wanting to tell you how to think and feel?"

"I don't want to talk about it."

"Well you don't have to, but I think you must be very disappointed when I don't 'get' how profoundly this change affects you. I need to better understand how you feel about my reactions to you. Maybe you worry that I'll require you to submit to my views, instead of my understanding yours."

She later wrote me a letter explaining the difficulty in facing this revision of her life story.

Episode 4

Two weeks prior to the Christmas holiday, Ann called to ask if I would be seeing my sons over the holiday. She intended to bring the candies and breads that she and her daughter make together every year, which she knows my sons and I had previously enjoyed. Her call raised in my mind the possibility that she may feel required to bring these gifts to me since she had done so in the past. Further, she had told me at our last session that she felt burdened by holiday preparations this year. I called her back with my concern. She was in a good mood and said, "You're too worried; besides they're already done, and we had fun making them." I appreciatively accepted her gifts at the next session. She was still in a good mood and I enjoyed her vitality and energy. She brought pictures of herself with her children and grandchildren, saying, "I want you to see me in a way that you don't often see me." The pictures showed Ann engaged and happy with her grandchildren who obviously were engaged with her.

Later that afternoon, I received a message from Ann. She asked, “Did you notice that I wrapped myself in a bow for you by being in a good mood? I wanted to give you a vacation without worry about me. But after the first of the year,” she warned, “I’ll get into it.”

I was surprised. My experience of her had felt genuine in that state. There had been times when she tried to put on a happy face, but I have sensed that in the past.

That night she went into a fugue state. When she “came to,” she found broken windows, mirrors, and picture frames. The pictures she had brought to her session were torn up, she had cut herself, and a razor was in her hand. I felt confused, and I wondered to myself if this sequence of events served as one possible context for her fugue state.

Later, after Ann had read a draft of this paper, she told me that she did not remember making that phone call about wrapping herself in a bow for me. She did remember that after that session, she had gone to the grocery store where she saw a man who looked like her father and had run out of the store in a panic. She thought maybe she had called me after that, but did not remember. She, too, had felt pleased with how we were together that day. Ann didn't think her “rage attack” that night was related to what happened with us during the hour. But she does not know what sets them off. The day after her destructive fugue state, Ann wrote me a letter:

There had to be something about me that wasn't good enough or unlovable or something because if there wasn't, then why did it all have to happen? Why wasn't I worth protecting? ... Why, no matter what I did, was it never enough for her? I gave her everything she wanted, the grades, demeanor, the smile, never showing anger or disrespect. I'm not sure that I can give you what you want from me anymore than I could ever make my grandmother happy. You are asking me to give up what my whole being has been about ever since I was born, do you realize that? If I believe you and your point of view, all my life and all the paying back that I have done for years because of killing my mother, being bad, all the beatings and perversions, all the mutilations, all the fear, pain, the abortion, what am I supposed to do about all of that? Just shrug it off and say, oh well, it happened??? It's not really about coming around to your point of view; it is giving up almost my whole life, what I have been about forever. Will there be anything left?? If I take the path you want me to follow, it is unbearable, and if I stay on the one I have been on, that too is unbearable.

Episode 5

This sequence, involving Ann's relationship with her husband, takes place over several months. I am including it to show ways in which our work is reflected in important relational contexts in her life outside of our therapy.

Shortly after finding the packages in the attic, Ann was scheduled to have an elective surgery to remove scarring from her abuse. The two previous surgeries to remove such scars had been very painful. Her husband was urging her to do the next phase of the reconstructive surgery. It seemed to me, as Ann told me the details, that her husband thought that Ann wanted the surgery and that he was attempting to facilitate it. However, Ann thought at this moment that he just wanted her to have the surgery so she would look normal for his own gratification. In the few months preceding her operation, Ann and her husband had engaged in more frequent sexual involvement. It was my impression that Ann was actually pleased by her husband's attentions. Although she still experienced a sense of obligation and disgust, to cover up the scars through surgery felt to her like a denial, once again, of her abuse, leaving her to act as if everything was OK. With me, Ann spoke strongly against the surgery. When I explored the possibility of her expressing her reluctance to her husband, she first contemplated doing so, but after leaving the session, she went through with it without voicing her concerns, either to her husband or to her doctor. Then after the surgery, she withdrew from her husband because she felt that he and the surgeon had railroaded her into the operation.

I said, "I wonder if there might be a misunderstanding between you and Rick: Everything you told me implies that he actually was trying to do what he thought you wanted. Since you hadn't told him otherwise, he probably didn't know that you had mixed feelings about the surgery. I wonder if in his mind, and partly in yours, too, the surgery was in the service of your feeling more attractive, feeling good together, and enjoying yourselves sexually, even though, I know, the surgery itself took on the quality for you of repeating the trauma of abuse and cover-up."

Ann had little response and did not want to explore it. Weeks later, she let me know that she had talked with Rick about his motives and that she felt better about him.

Several weeks later, after her husband's holiday work party, which Ann did not attend, Ann's husband told her that a woman at the party asked him

how long he had been married and if he had his life to live over, would he do anything differently? Rick told the woman that he would not change a thing, except to work less so that he and Ann could have had more fun together. She ended the hour with “I love him.”

To Present or not Present our Work: Perturbing The System, for Better or for Worse

When I was invited to present a case for this conference, I immediately thought of Ann. I had learned a lot with her and I saw this as a potential growth experience for us both. I would not have even considered going public with our work together even one year ago. Maintaining confidentiality was vitally important, even lifesaving to Ann then. I realized in retrospect that my understanding of her extended even to my being unwilling to share this process with a supervisor. I had only sought consultation twice, both times in the first three months of working with Ann. We were alone together and remained alone together. But the more current changes in her and in our mutual trust made it possible, even desirable, perhaps, for me to consider Ann for this conference for a number of reasons.

First, I knew that Ann was curious and eager to understand herself actively in our process. Naturally psychologically minded, she had majored in psychology when she was in college. Moreover, her many poems and letters to me had revealed her as self-reflective and avid to review our work. She would think over our session and write to me about it. In the session following my receiving a letter from her, I would read parts of it with her, using it as a springboard to further dialog about her concerns. Something in all of this knowledge and experience with her had led me to think that working collaboratively on this project could open up new possibilities for her and for us. I realized that were she to participate with me I would be challenging her central and lifelong pattern of silence about her abuse, perhaps a good thing, and that we would no longer be alone together. But I remained in conflict about the process.

I was well aware that she could experience my asking her to participate in this venture as an unwelcome impingement, an intrusion into her therapy, as well as an offer she could not refuse. She would feel exploited if she were convinced that this endeavor was more for my benefit than for hers. At the same time I sensed intuitively that we could both benefit

from this venture and that our relationship and sense of mutual connection, as well as her already solidified sense of self, could withstand this process and might be strengthened from our shared participation. I decided that the potential for risk was worth the potential for gain, and I candidly laid out this opportunity with an open-ended invitation for her participation, aware that my excitement about this proposal was obvious to her.

I was relieved when she responded with her reservations, pointed questions, and insights, probing my motivations and scoping out the details of what was involved. She wanted to think about it and not just automatically say “yes” or “no,” which I encouraged.

As we had agreed, I called her a few days later. Our conversation felt to me to be one of the most mutual, emotionally engaged, and insightful conversations we had ever had. We were person to person, subject to subject. She was candid and so was I. I was vitally engaged with her and she with me. I felt excited, and I could tell by the rich overtones in her voice and the rhythm of our immediate responsiveness to one another that the vigor and energy of our emotional states matched.

Sounding animated, she asked, “Why me? Who are these people on the panel and at the conference? Why even tell me to begin with, why not just go do it? How will this affect our relationship? And what if I read what you write and I never come back?”

I addressed these relevant and challenging questions as best I could, tell her the thoughts I had had when thinking about whether to present this opportunity to her, as I have described them above. I added, “I would never present our work without your consent.”

She pointed out the down side. “Now I have to worry, especially since it's easy to see that you want to do this. I wouldn't want to say no. If you just went and did the presentation without telling me, I wouldn't have to deal with it.”

“I see your point; I didn't think of that possibility at all, because I wouldn't be comfortable going ahead without your having a choice.”

As I said this, I realized that it seemed as though I had potentially sacrificed her comfort in order to achieve my own. But I also sensed that not only was she implicitly assessing how earnest I was about taking her seriously and respecting her opinion, but she also was assessing how I would withstand her challenge. She seemed to enjoy the opportunity to be freely feisty. She persisted, asking,

“Why would you tell me and not just do it?”

“Because this is making public, even though disguised, that which you have kept mostly secret your whole life. In addition, I would know that I was doing it, and that might change how I am with you.”

Playfully, she said, “So you bring it to me to deal with your guilt!” We both laughed.

We explored her discomfort in saying “no” to me if she did not really want to agree and her worry that I would be disappointed if she did say “no.”

“So I'd be disappointed! Maybe you worry that I'd be devastated rather than just disappointed if you said no, tempted to blame yourself for my reaction, worrying that our relationship might be disrupted if you didn't agree. It seems to me that going ahead with this project would only make sense if you and I both thought that the risk of doing so held out some possibility of being useful to our work together.” I added, “Although my intuition is that it might open things up in a new way, neither of us knows for sure how it would impact our work together. What are your thoughts about it?”

She said, “You must have a lot of confidence in yourself and in me.” I sensed that she was pleased as well as wary about this idea.

I asked, “What do you fear that I might write that would lead you to ‘never come back again?’” I inferred from our conversation that she was worried that in my case report I would pathologize her, blame her, or see her as a failure, and thus humiliate her, and therefore she would never want to come back.

In the process of our next conversation, she said, “I rarely admit this, but I know my life is better because of our work.”

“What's your reluctance about admitting it?”

“That I'll feel that I have to live up to it continually, and I'm not sure I can.”

“Like feeling you'd have to be a perfect patient for me and for this project?”

“Yes, I worry that you'll be disappointed if I have bad times again, or that you'll be upset that I'm not being what I should be, whatever that is.”

“We have a lot more work to do, and it's very possible that you might have some, even many, difficult moments. I assume that you will have ups and downs, and I'll want to be with you through all of them, through thick and thin.”

“I needed to hear you say that. I still don't feel real at times. I want to bleed blood like everyone else, instead of seeing semen. There are all these new sexual feelings which are confusing now that I have increased sensation after the last surgery. I'm confused by the change in age of when my father's

abuse began. I still hate myself and I hate any part of me that seems like my father.”

“Tell me more about that.”

“Anger, rage, and sex are forbidden, because it puts me on my father's level. My worst fear is that I might turn that destructiveness onto someone else. My attitude is that it's better to have my rage attacks aimed at myself than risk it being directed toward others.”

She seemed worried about her initial assertive, bold, and insightful reactions to my proposal. She left me a message, apologizing, saying that she hoped that I wasn't angry or upset. I called back and said, “Not only was I not upset; I welcomed your forthright responses. I sensed that something changed for us in our last conversation.”

She said, “You're still my doctor, but we seem more on equal footing. It's easier for us to talk more openly.”

“I noticed that too. What are your thoughts about that?”

“It's because you are initiating this conference presentation, not me. I can give you something and not just the other way around. It's different than when I walk through your office door and feel my walls go up, dreading the focus on me and feeling embarrassed and self-conscious. With you initiating this project, I'm off the hook and feel freer.”

When I gave her a draft of this paper to read and before she had read it, she said, “Well, we'll see if I come back or not.” She left a message that afternoon. “All I can say is, ‘Wow! Let's talk soon.’”

When I called her that evening, she said, “I'm deeply touched. You didn't humiliate me and you're more human than I thought. I realized that there is as much of you in this as there is of me, and I'm not so scared to really trust you now. I never realized that you were so deeply affected by me.”

She amended and elaborated various points in the paper, including clarifying how when I make certain interpretations that do not fit her experience, she feels I am “pouncing on her.” I appreciated her clarifications and coaching. Then I asked her, “What makes the most difference for you in our work together?”

“When you are simply human, I relish those moments, even little things, like when you told me that you had the same obstetrician as I had, and that he was late for the delivery of your first child. We were just woman to woman.”

The following week, she wrote me another letter and read it to me over the phone before sending it. She said, “I met a part of you in this process that I've never known before, and you met a part of me that you have never

experienced before and hopefully will experience more often from now on. I wish that you had let me in on who you are as a person earlier. I should have written fewer letters, and you should have written to me more. I think that this project has already served its purpose.”

However, in response to the anticipated exposure of her story, she did have nightmares about her father killing her, me, and those she loved. She said, “I know what you'll say!”

“What?”

“That by going public with my secret life, I'm standing up to my father, refusing to be intimidated by his threats, and then expecting punishments.”

I laughed and said, “You know me well.”

The next day she called and left the following message: “I'm amazed at what's happening. Last night I talked with Rick (her husband) all the way home about this project and how my feelings are changing. Then this morning, I told Jenny (her daughter) about my abuse who, by the way, was not surprised. I've opened the can of worms and so far it's been interesting!”

She had a question: “What happens the next time I have a bad time, or throw up my walls or retreat, flake out, or get suicidal? Am I going to feel horrible because I screwed up again or caused you a problem, or am I going to be able to tell you more easily than before, and really listen to what you say back?”

Turning to the present, I will summarize the last two months of work with Ann, which began with my telling her about this conference and my wish to present our process. To preserve her therapy, Ann and I had agreed to keep our conversation involving her reactions to this project separate from her therapy sessions. (She thought it was not fair to use her session time to discuss the project, which was my deal). To permit this, we had arranged to talk by phone for 20 to 30 minutes each week at no extra fee in addition to and separate from her scheduled sessions. A few weeks later, we discussed the difficulty we were both having in separating out what of our talk together belonged to the conference project because the issues raised as a consequence became infused with all aspects of our relationship.

I took from that talk that we had agreed to go back to the way things were, limiting ourselves to our regularly scheduled times. I discovered, however, that we were not in agreement on this point when she wrote me a searing letter expressing her anger. As she saw it, I had gotten what I wanted, that is, her consent, and so in my mind, that was that! She was furious that I had initiated this whole project. I had agreed to keep it out of her sessions as much as possible, and now that wasn't what was happening.

She felt that I was taking advantage of her, and she objected to using her time and her money to talk about her responses to what I had instigated! (As I read her letter I pictured being called before the Board of Psychology on ethics charges.)

In my call responding to her letter, I acknowledged that I had misunderstood her. I asked her to tell me more about how she felt. Ann expanded on what she had expressed in her letter. She referred to my comment that “the process that we had co-constructed had become very complex.” She exclaimed, “Co-constructed, my eye! You initiated this project and I have to deal with it!” I agreed that I did start the ball rolling, that I could tell that she felt I was not taking enough responsibility for initiating this process. I also told her that if I thought that in the long run she would end up feeling exploited, taken advantage of by me, I would far rather withdraw now from presenting our work at the conference. Her therapy came first, I said. She was touched that I would go that far. She said she did not want me to withdraw from the conference.

I had a vague background feeling that by taking a position of moral high ground, I was simultaneously sidestepping the full brunt of her anger and dodging our differences. But at that moment I could not think very clearly nor articulate and focus our conflict of interest. I felt caught in a tunnel with her, struggling against my thought, “Guilty as charged.” I knew that my guilty response would not be helpful to her, since she had been unable to hold onto her self-interests with her critical grandmother and abusive father, and I would be failing to set a better example for her if I simply gave in. At the same time, I felt I needed to validate her response.

I said, “I really don't know how to separate out what belongs in your regular sessions and what belongs to the project because the themes are so interwoven now.” I asked her if she would let me know at the time, if she could, when we were talking about something that she thought belonged to the project and therefore outside her session. She thought she could, and then added that she felt that we were just about finished with the fallout from the project, anyway. (I worried that she was compliantly backing off now, but I still felt too muddled to pursue this possibility. Besides, the truth was I wanted to present this case!)

I reviewed with her that although I had been able to keep our regularly scheduled sessions, I had not been available for extra time to talk about the project over the past two weeks in any case, as she knew, as I had been out of town for long weekends. I wondered how that felt to her. She said she understood that I could not always be available and wanted me to continue to

tell her, as I had, when I was out of town because then, if she left me a message, she would not wait for a return call. She did not want to take advantage of me either. But she wanted me to understand and respect her differences from me in point of view.

I said, “No wonder you were upset, because I didn't acknowledge our differences clearly. I was trying to keep a promise to you that I couldn't comfortably continue to keep, but I didn't directly acknowledge that fact.”

She was visibly relieved. Laughing, she said, “Yeah, you were trying to weasel out of it!”

The following week she said, “I never thought it would be possible to tell you that I was angry with you, as well as accuse you of taking advantage of me!” She acknowledged that she feels scared about how deeply she trusts me.

The next day Ann left me a message, saying that she was being bold. She had made reservations at a hotel for Rick's birthday surprise, had bought sheer lingerie, and their time together had gone well. In the following weeks, Ann then turned to explore her confusions about her sexual feelings, both her newly discovered pleasures and her fear that she was being her “father's daughter.” Our work continues and deepens ...

References

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