

Chapter 4: Treatment of Domestic Violence

Abstract.

The psychodynamic treatment of survivors of domestic violence has to navigate a delicate course between the risks of retraumatization and the impasse of interminable entitlement to corrective emotional experience. This chapter begins with a review of Freud's position on boundary violations – called “seductions” in his day – and his account of trauma. It continues with a briefing on the distinctions required to engage with the difficult matter of domestic violence – also called “gender violence.” This includes questions that are asked and questions that are not asked, but need to be asked. Why do men abuse? What to do about it? What does a healthy relationship look like? What is the value of sensitivity training and leadership training? Although the phases in the psychotherapeutic treatment and recovery of domestic violence are simultaneous, they are engaged in sequence: establishing safety; distinguishing between acknowledgement of what happened and what the survivor made it mean; work with boundaries and the confrontation with shame, guilt, rage, and negative emotions; expectations (realistic or otherwise) of compensation for suffering; abuse survived that has been worked through and becomes a resource; access to emotional equilibrium, aspirations, ambitions, and ideals; reengaging with development and access to a productive future and relationships; risks of retraumatization, stuckness, endless looping, and isolation. Domestic violence is concisely situated in relationship to psychodynamic methods and clinical examples are engaged. Most families have a skeleton in the closet, but in this vignette, the closet is getting crowded.

Prelude

Domestic violence is a subset of trauma. We may usefully engage with Freud's approach to trauma, though this inquiry will not be limited to it.

Freud's first eighteen patients experienced boundary violations – in those days, euphemistically called “seductions” – as one of the determining causes of the neuroses. Those recovering from domestic violence do not report symptoms of classic hysteria. Yet the consequence of abuse are diverse, and often mixed in complex ways with hypochondria, somatization, diffuse anxiety, and classic conversion symptoms. The downstream sequelae can form a toxic amalgamation with the more typical features of post traumatic stress disorder (PTSD) such as intrusive thoughts, nightmares, panic attacks, hyper-vigilance, etc. The relevance of Freud's initial work with boundary violations needs to be better appreciated, though his scientific hypothesis of an invariant seduction was ultimately discarded. Freud had scientific ambitions to discover a single cause of hysteria analogous to the *tubercule bacillus* as the cause of tuberculosis. A single condition contrary to fact cause, enabling a definitive cure: “If there had been no X (bacillus / sexual trauma), then there would have been no resulting Y (tuberculosis / hysteria); whereby the removal of the X, also causes the Y to disappear.” Freud initially argued that a sexual trauma, and indeed one perpetrated by the father, was the cause of *all* cases of hysteria. Freud subsequently had to give up the account of a single cause in the face of compelling evidence that there were counter-examples. Sometimes the bait of falsehood catches a carp of truth. In some cases at least, the trauma was imaginary, fictional, and a part of the standard development of the moral conscience (i.e., superego). Multiple variables confounded one another – and confounded the hope of a single curative treatment. We saw above how Freud's position evolved in the direction of studied

ambiguity (see “A Rumor of Empathy in Freud” (Freud 1917: 370)) while allowing room for both real world abuse as well as pathogenic fantasies.

Freud’s second decisive engagement with trauma as a source of neurosis occurred in a different context. World War I invented new horrors for civilians and soldiers alike. Individual soldiers were overcome with “shell shock,” an early version of World War II’s “battle fatigue” and today’s “post traumatic stress disorder” (PTSD). The “treatment” of choice by the military, including army doctors, was to assume that the soldier was malingering and to threaten (and apply) punishments to enforce conformity to duty. In yet another compelling example of retroactive redescription (and an appalling breakdown of justice), we know that World War I soldiers suffering from PTSD were court-martialed and executed by firing squad as an example to others not to shirk their duty to die for their country in the trenches (see Hacking 1995: 241). In contrast, a psychoanalytically inspired psychiatrist in the German Army, Ernest Simmel, found that talking to the shell-shocked soldier using psychoanalytic methods was effective in returning the soldier to duty with integrity and restored well-being. A conference was held in September 1918 with Freud and key psychoanalysts such as Ernest Jones, Karl Abraham, and Sándor Ferenczi at which government representatives from the German and Austrian governments were present. An ambitious project was envisioned at which clinics and hospitals would be set up using psychoanalytic methods for treating war neuroses. A real prospect emerged that psychoanalysis would “break out” to the general public. The collapse of these governments and the post-WW I political and economic chaos thwarted this vision. Freud went on to publish *Beyond the Pleasure Principle* (1921) in which the mastery of trauma through the repetition compulsion was on the critical path to dealing with aggression and overcoming neurotic suffering. Given that here in the

USA in the year 2014 our community is dealing with the return of veterans from two wars, the use of psychoanalytic methods with “shell shock” – i.e., trauma – are more important than they have ever been before. However, it is not necessary to confront hostile foreign powers in the trenches to become a survivor of traumatic violence (PTSD). Sometimes the “foreign power” is one’s own intimate partner – a family member, a husband, a boy friend.

Thus, psychoanalytic therapy has engaged in an inquiry into the pathogenic effects of trauma at its beginning and in its mature theory (Freud 1921). Kohut has engaged with the traumatic effects of emotional deprivation on the development of the self – strictly speaking, *not* domestic violence. Kohut hypothesized that non-traumatic failures of empathy were the mechanism of standard development by which the self structure required for affect equilibrium and regulation is acquired, developed, and restored. The “non-traumatic failures” are “the optimal frustrations” (Kohut 1971: 64, 172, 197-199), in turn, invoking empathic responsiveness, explicitly entailed in the process of restoring empathic relatedness. More problematic is how the trauma relates to the inevitable psychic conflicts that emerge in the development of the individual. Virtually every survivor asks: “What did I do wrong? Why me?”

Like any survivor, the survivor of domestic violence has an unconscious fantasy of causation and solution (e.g., Busch 2005: 27). The fantasy alternates between two distortions: blaming oneself for something that one did *not* do and blaming another for something that one did indeed do or intended to do. Even if the survivor does not have a particularly egocentric view of the world, it seems to be a design flaw in the human psyche to take responsibility for one’s own pain and suffering in an attempt to master one’s situation when it is out of control. Thus, the survivor of

domestic violence imagines (in so many words): “If only I had dinner ready on time, he would not have hit me. I am to blame.” The value of making such an absurd fantasy explicit is that it is so nonsensical as to evaporate immediately, leaving the responsibility where it properly lies, i.e., with the perpetrator. Yet even after having escaped physically from an abusive environment, the abuse lives on intra-psychically. One survivor’s sense of being special at having survived and escaped was such that a series of minor miscommunications in relationships or at work would occur provocatively when she did not get what she believed she deserved. The minor misunderstandings eventually escalated to a big breakdown in which the other person was almost inevitably redescribed as an abuser, whereas he was more properly described as a struggling, clumsy fellow worker or boss. In the workplace, the further escalation to corporate human resources would result in the survivor getting a short term victory prior to the elimination of her job – of both her complaint and her. More abuse? It does give one pause. Yet the survivor needs a job, not an interminable legal case. One must be careful not to blame the victim, and the number of variables makes it hard to say when suffering becomes one’s comfort zone simply because it is a familiar pattern. Habitual patterns are persistent, suffering is sticky, and survivors continue to fight their way through life, even after having escaped from danger, because fighting was so effective in surviving. Both extremes occur at one time or another in the treatment. The psychotherapist is challenged to navigate between the extremes of self-blame and projection.

The short, initial version of the unconscious fantasy is of the form “I am to blame – I am not lovable” until enough of the capacity to reclaim feelings has occurred in psychotherapy. The tendency to flight diminishes. The inclination to fight expands. Then the latent rage kicks in, at which point the fantasy spontaneously flips and becomes “I am entitled. You are to blame, you

abuser.” The treatment method and recommendation is to allow empathic breakdowns to be redescribed as micro-traumas that open the way for working through. The trauma survivor typically has additional issues besides the trauma. The trauma gets amalgamated with existing psychic conflicts. We saw one example above of an individual whose life prior to being mugged was characterized by a noticeable absence of trauma and an abundance of “normality” (see “Clinical Vignette: Redescribing a Noticeable Absence of Trauma”). Yet further inquiry showed that there were subtle stressors and a pervasive requirement of perfectionism that set the stage for the mugging to have a disproportionate impact. When a mugging is inserted into a conflict between perfectionism and fragile self-esteem, the mugging may be associated with the perfectionist self-reproach “I should have worn gym shoes to run away, instead of high heels.” Overlooked is that high heels do not justify muggings. Once the trauma gets amalgamated with the psychic conflict around self-esteem, self-confidence, etc., then any attempt to discuss the fantasy “I am to blame” can make the inquiry seem like the therapist is doubting the reality of the trauma as such. We are not on the slippery slope to blaming the victim, we are at the bottom of it. The trauma may itself be fuzzy and not fully delimited, though no less upsetting for all that. This only increases the patient’s vulnerability. The therapist may feel like a bull in a China shop, clumsy.

In engaging with such survivors, the therapist’s empathy looks a lot like learning to live with ambiguity. Though rarely are survivors explicitly blamed in a psychotherapeutic context for what happened to them, language that unwittingly implies they contributed to their own suffering occurs. This is where the kid gloves are out. In the initial report of a boundary violation, perpetration, or abuse, almost any request for clarification that the psychotherapist issues can land

like a cross-examination. I have found it useful to limit initial responses to recognition and acknowledgement that engaging with such difficult material is challenging. This often elicits further details spontaneously. Character and courage are required to talk about such material. “How did you feel about it?” is a ready response. And it can be instructive to discover that the more horrendous the events, the more likely the individual felt a noticeable absence of feeling – numbness.

Patients can be deeply wounded when they accurately perceive that they are not believed or examined skeptically. The therapist’s head may nod up and down agreeably. But when it comes to the patient’s own authentic self-interest, even supposedly out-of-touch patients can be exquisitely sensitive to the nuances and leanings of the therapist’s affective states, especially doubt and skepticism. Nor is the therapist necessarily bad or wrong for wondering to himself, after listening to a patient vent her anger about someone or something, perhaps including the therapist himself: “Is there a single fact here?” The therapist’s task of being empathic correlates closely with learning to live with ambiguity and letting the patient’s narrative live in the space of the therapeutic encounter as a welcome presentation of the patient’s experiences in the here-and-now. In the absence of a single reliable fact, the therapist is accustomed to learning to live in a disquieting uncertainty (Spinelli 2005: 114) – bracketing reality, quarantining his initial opinion for future reference, and investigating the meaning. The survivor has had to live with ambiguity, and continues to do so, even in insisting on a certain canonical interpretation of what happened. Such ambiguity is an empathic opportunity for the therapist, too.

This discussion focuses on the psychoanalytically-oriented therapy with survivors of domestic violence where the survivors are women and the perpetrators are men. While not exclusively a man-on-woman problem, that is the most common demographic subset and it shall engage us here. Perpetrators are primarily, though not exclusively, men (Centers for Disease Control, *National Intimate Partner Sexual Violence Survey* 2010). The main approach to remediation in the State of Illinois, where this author writes, stresses a legal, and not necessarily psychotherapeutic, approach. Thus, perpetrators end up being constrained to undergo treatment after they have been held to account by the criminal justice system. Numerous issues of secondary gain, second guessing, moral evasion, and gaming the legal system to avoid punishment, make psychodynamic therapy with the perpetrator a problematic approach, though one well worth trying. As a result of these complexities, group processes are currently in vogue with a group leader, who, frankly, often resembles the Drill Sergeant from central casting. There is nothing wrong with such an approach, but many debate its value as psychotherapy. It comes to resemble August Aichhorn's work with wayward young people (1925), though the target is the child in the man, in some cases in the body of a big scary man. The paradigm of "tough love" and "scared straight" is applied, and, absent significant additional resources, such an approach seems to be the model favored by funding agencies for the foreseeable future. With that in mind, I do *not* report on one-on-one work with perpetrators here, as important as such work is. The irony is that the survivors – usually women – are often more ready and open to the approach of dynamic psychotherapy, though it is the abusers – usually men – who present the more troubling attitudes and ways of relating. Nevertheless, an account of why men abuse is reviewed concisely, whether or not they are ready to take responsibility for their actions individually or as a group. When the men request it, help will be available. Until then, get ready for boot camp.

Why Do Men Abuse and What to Do About It

We will not review in detail all the correlations that are *not* causation in relation to domestic violence (e.g., Wilson 1996/2007). As is often the case, it is easier to say what is *not* the cause than what is. Domestic violence is not caused by alcohol, drugs, religion, bad upbringing, mental illness, lack of civil rights, education or lack thereof, or criminality, though it can be correlated with all these. It is not even caused by lack of impulse control, though it is correlated with that too. Positively expressed, domestic violence is a maladaptive method of seeking power and control. It is about power and control.

Hannah Arendt (1968) pointed out that power and violence are inversely related in any given community. The more power, the less violence. The less power, the more violence. The remarkable thing is that Arendt was referring to the politics of governmental organizations but her analysis applies remarkably well to domestic violence. When an individual (or organization) is experiencing loss of power, the risk is to resort to violence in order to regain power and control. The risk is of an escalating use of force. So, for example, as a woman is getting ready to leave an abusive relationship, and the man is experiencing a loss of power, this is the dangerous time for the would-be survivor, a time in which people get hurt or even killed. Even if an escalation to violence is ultimately self-defeating, the abuser tries to get the power back by means of force (violence). In no way does this mean accommodating some ideology of machismo or manliness. The violence erupts as the individual experiences a loss of power.

The equation “power up, violence down” applies remarkably well even in therapy. When one of the participants experiences a loss of power or control, the risk of acting out increases. “Acting

out” includes risky enactments of diverse kinds, including violence. Tactically, an experience of authentic, legitimate power reduces the risk of violence. If such an experience can be provided while maintaining respect for persons and integrity of boundaries, then all participants are likely to benefit. This is easier said than done, and it is where structured men’s psychodynamic and encounter groups can make a difference, in which men who have mastered such dynamics can present them to men who have not.

For purposes of this discussion, it is useful to take a position as to why men abuse, acknowledging that, in spite of the above-cited correlation of violence with loss of power, no easy explanation is available as to the cause of domestic violence. A one size fits all approach is not workable.

Although the focus in this chapter is on work with the survivors of domestic violence, we cannot allow the men who cause the problem to fall out of the equation and the debate, even if they rarely end up in psychotherapy.

Why do men abuse? The reason why men abuse is because they can. The probable future is that a given abusive man will continue to relate abusively as long as men (and women) do not stop him. The optimal solution is when a man takes responsibility for his way of relating, seeks help, and changes. This rarely happens without intervention.

One prominent micro-narrative is that the abuser lacks impulse control. I have my doubts. Rather the violent acting out is strategic and manipulative. Rarely is the violent way of relating a mere matter of lack of impulse control. This story is regarded with increasing skepticism, though after long practice, rehearsed lack of impulse control can become habitual. If the abuser’s mother or

grandmother walked into the room as he was about to hit his intimate partner, he would stop. He would stop of his own accord and as an exercise of his freedom and power. Alas, matters often do not happen that way. By the time domestic violence has become a pattern, it has also, unfortunately, become a strategic way of relating. Even if not premeditated, the abusive behavior had become a preconscious way of relating that has a defined payoff – getting one’s way by throwing a temper tantrum. The lack of impulse control is a pretext, and well-rehearsed. Acting out violently is an effect, a consequence, a symptom, of defective self-regulation, not the cause of it. Sufficient impulse control is usually available, and the acting out is not an isolated behavior but a pattern of overall affective disequilibrium that manifests itself pervasively in relatedness (or lack thereof) across multiple situations in the family, at work, and in everyday life. Rarely, a man may abuse out of a sense of guilt because he wants to be caught. It is a way of asking for help – the wrong way. One can indeed get criminality out of a sense of guilt as in Freud’s penetrating article of the same name where the guilt precedes the acting out and is the cause, not the effect (Freud 1916a: 332). But this is a much less common scenario.

Men abuse because they can. This may sound like a provocative and confronting statement. It is. What it means is that men who abuse have a choice. They are autonomous and accountable and are able to choose otherwise if they decide to do so. Men are responsible. The opportunity is for other men to confront men who abuse with a compelling case of their own responsibility in the matter – with reasons and motives not to do so.

Providing the answer is deceptively simple. As usual, the devil is in the details. One proposal that has traction is that men abuse because of a failure of leadership – on the part of men. Not only the

abusers, but all men. This is a bold statement. It needs to be better known. Explanation is required. Responsible men with power need to engage with – talk to, counsel with, empathize with, and confront – other men about proper, responsible, civilized behavior. Not just when they witness abuse ongoing in the moment (though obviously that too), but when men are together in situations in men’s culture and community not frequented by women. Empathize with the perpetrators? A high bar indeed, Yet empathy does not mean “agree with,” “condone,” or “excuse.” Empathy may mean withholding judgment long enough to identify the triggers specific to a given individual and intervene in such a way as to empower the individual to make the responsible choice in his words and actions. Empathy is all about firm but semipermeable boundaries between the self and other; and empathy works best where firm boundaries are maintained, even amidst a communicability of affect. Empathy means surfacing the fear that gets transformed into rage; surfacing the rage that leads to violence. Leadership has been missing, but fortunately is finally starting to emerge – admittedly all-too-slowly – as powerful men step up, speak up, man up, and address the issues.

From the community perspective, a turning point is at hand. The conversation is ripped from the headlines. In an attempted honor killing of a young girl, Malala Yousafzai is shot in the head by the Taliban for advocating women’s education (Dhume 2012). The bullet reportedly travels around the side of the skull without penetrating it, damaging her hearing on one side. She survives to address the UN General Assembly. However, before getting too self-righteous about the atrocities perpetrated in foreign lands, we may usefully clean up our own mess. This mess includes the scandals erupting in major institutions such as the Catholic Church (Pashman 2014), the football program at Penn State under Sandusky and Paterno (Wikipedia 2014), the Boy Scouts

of American (McGrael 2010). Why do so many men rape boys and girls? The same system that results in men abusing women also produces abusers of boys. What about the boys and young men who have been traumatized by the violence perpetrated by men against their mothers and sisters? This is not changing the subject. It *is* the subject. It is a sobering fact that most victims of violence – of both genders – are victims of violence by a man. This is something that men and women have in common – both demographics are victims of male violence. That must give us pause.

Jackson Katz (2013) has provided significant leadership in addressing gender violence (as he prefers to describe the set of issues), engaging with predominantly male communities such as major sports franchises, branches of the US Armed Forces, and selected major corporations. I rely on his contribution in the following. Note that while Katz prefers the distinction “gender violence,” much of what he has to say about the issues apply directly to “domestic violence.”

According to Katz, gender violence has been seen as a woman’s issue with which some good men help out. It is fair to say that woman have provided the leadership in standing up and confronting parts of men’s culture and men’s communities that ignored or reacted hostilely to trying to discuss gender violence. Woman have been doing the work for a long time and have built momentum and movements. These movements have benefited women and children, including boys, who have been the victims of men’s violence. Yet gender violence is not seen as a men’s issue. It is. A paradigm shift is occurring.

Defining and calling gender violence merely a “woman’s issue” is part of the problem (though it is indeed also a woman’s issue). Calling gender violence a “woman’s issue” gives men a pretext not to pay attention to it – as if “man” is not a gender. Under one redescription, the prevailing system of domination operates as if men do not have a gender, enabling the dominating group in power to remain invisible. Remarkably men fall out of an equation that is basically about men. The really appalling thing is that the group that dominates – has the power – gets deleted from the equation – and does not get attention. Attempts are made to shout down the woman who has been bold enough to raise the issue, thus, in effect shooting the messenger. That is not to say that we may not also ask about women, and, for example, why suffering is sticky, and, some survivors keep returning to the abuser? This too does give one pause. Yet we need to ask first and foremost about the men.

Hence, the value of – and need for – a paradigm shift. Men can go places in men’s culture that women cannot go. The stereotypes of the men’s locker rooms, poker games, sports events, and “man caves,” are the occasions for men-with-men conversations. There are locations and occasions – and they are pervasive – where men can say things to men and be heard that women cannot say and be heard. This is because locations and occasions exist where men are together and women are simply not granted access to the physical location or the community. Therefore, the men are responsible for stepping up and making a difference.

The paradigm shift is from those involved in a dyad of abuse – perpetrator or victim – to the previously uninvolved bystander who speaks up and challenges the “business as usual” of devaluing talk (and devaluing ways of behaving) in relation to women. This has been considered

a matter of men's sensitivity. When men have been insensitive, further sensitivity training has been required. While there is nothing wrong with sensitivity training, it is not the main issue. The issue is leadership. The responsibility for interrupting devaluing ways of relating to women rests with adult men with power – leaders. Not boys. The men who were in responsible roles as the scandals were unfolding, were not so much insensitive, they were inadequate, failed leaders. Their silence was not due to a lack of sensitivity. Their silence was due to lack of leadership. Their silence was accurately redescribed to their disadvantage and legal peril as aiding and abetting the boundary violations.

Silence is particularly delicate where the proper approach of neutrality, anonymity, and abstinence can sometime lead to silence. Under the above-cited interpretation, this can be redescribed as consent in the face of injustice and unfairness. Such would be a mis-description. Nor does this imply going to the other extreme, requiring the psychotherapist to issue an angry denunciation of social injustice whenever it rears its ugly head. What then is the guidance? Neutrality is different than lack of commitment. Neutrality is distinct from lack of psychological engagement. Neutrality is remaining equidistant from the id, superego, ego, and reality. The guidance is to set and adhere to firm boundaries. Just as the psychotherapist would not be expected to be non-committal upon learning that the patient's home was robbed, so too he would not be uninvolved upon learning that the patient had survived assault and battery at the hands of an intimate partner. A crime is a crime. "Did you fill out a police report?" Kohut exemplified average expectable humane responsiveness (1971: 89ftnt): "To remain silent when one is asked a question, for example, is not neutral but rude." If the therapist is authentically shocked, there is little value in trying to disguise it, though one may usefully moderate any inclination to exaggerated response. "Betrayal oozes at every

pore” (Freud 1905) applies not only to patients. Value exists in distinguishing between “what actually happened” and “what did the survivor make it mean” (to which we shall return in the like-named section).

Under one redescription, silence is not neutral. Silence is a form of consent. The shift is to inspire men who are not abusive to challenge those who are. The shift is for men to challenge men, who, for any reason, use language and ways of relating that is devaluing of women, thus creating a context for violence. Martin Luther King said: “In the end we will remember not so much the words of our enemies as the silence of our friends.” The silence is the most hurtful. The goal is to create a peer culture of men where the abusive language and behavior is unacceptable and explicitly challenged so that the man is motivated to seek therapy. Those acting out devaluing agendas about women lose standing and status. If a son is present with the father, this shifts the socialization of boys in the direction of integrity and respect for women.

Preventing abuse is a work in progress in institutions such as schools, community organizations, and the military. Progress with such work requires increased velocity. We know how interrupt and deal with abuse if it does occur. These are the mother of all teachable moments. What has been missing is the leadership to take a stand and make a difference. Men as leaders need to break the silence of a complicity that gives permission for devaluing behavior. Men need to challenge one another. Yes, men owe it to women, but men also owe it to their sons and all the children, and, men are emerging as leaders as the battle is joined against domestic violence. With the definitions of trauma and of leadership in hand, we now turn to a framework for the treatment of domestic violence in the context of psychodynamic psychotherapy.

Escape

“Escape” is defined as “one no longer physically lives with the perpetrator (and the perpetrator does not have access to the living space) such that the use of force against her (or the children) is no longer an option.” The risk of financial manipulation also exists – a different kind of “force” – and other attempts at emotionally controlling, dominating, or manipulating. Psychotherapy can make a difference in the latter instances, too, though results will be conditioned and qualified by the specific parameters of the situation. The point is that in the examples where the domestic violence is ongoing or immanent, psychotherapy is strictly limited in its effect as psychotherapy as such and is reduced to a set of related actions – taking steps to be or become safe, summoning emergency services to protect life and limb, planning for such contingencies, etc., and to reestablish boundaries by escaping. After the survivor has escaped from the physical abuse and is no longer in immediate danger, engaging with psychotherapy to address the emotional and psychic issues makes sense. Once escape has occurred the battle for the recovery of emotional well-being can be joined in earnest.

Having stated such a position, I hasten to add that the celebrity psychologist, Nancy McWilliams, the study of whose work is always a good use of one’s effort, provides an example of a case involving abuse where dynamic psychotherapy made a difference and was instrumental in promoting escape (McWilliams 2004: 197). Still, words of caution are appropriate: doing psychotherapy is not consistent with a situation of active, ongoing, or immanent abuse. After the individual has physically escaped from the abusive environment, then it makes sense to address the psychic and psychological challenges that the individual inevitably carries with her in leaving behind the physical abuse.

One can escape the abusive environment physically, but the internal demons, the hostile introjects, the inward conflict, the stickiness of the suffering, are carried by the survivor with her (or him) to whatever geographic place of refuge is found. Having escaped physical danger, which is itself not a trivial matter, it makes sense to engage and accelerate the process of recovery through dynamic psychotherapy.

Notwithstanding the caution that psychotherapy is not the best initial intervention (a safety plan is), if a victim or survivor reporting on-going intimate partner violence shows up at the door of a psychotherapist that does not mean turning them away. Depending on the details (and every individual case is different), it means understanding that the would-be therapist is going to be working on a safety plan, an escape plan, or related referral instead of doing psychotherapy in the narrow sense. Depending on the level of severity of abuse and the potential for escalating abuse, a safety plan consists in the would-be survivor having her government photo id, wallet, purse, bank/credit card, money, other essential documents such as passports and the children's birth certificates and immunization history for school ready to go (this list is not complete) if she needs to exit her residence immediately to escape from an immanent threat of abuse. Similarly, when an individual decides that she or he has had enough abuse and finally wants to escape by moving out, then it is useful to network with family and friends whose confidentiality can be trusted to find a place to live temporarily while marshaling further resources. Picking up the phone and dialing the police, emergency services, or 911 is an option in the face of immediate danger or concern. Best to err on the side of caution – first responders are receiving expanded training and the leadership required to engage this difficult situation, especially in large metropolitan areas such as Chicago

where this work is occurring. Tactics and responses that require the legal system such as orders of protection are a vast topic in themselves, not covered here. Since this is not a tutorial on escaping domestic violence as such, the reader is urged to consult the growing literature (see Wilson 1997/2006, which is a comprehensive start).

Once escape occurs, the recovery process can be engaged. The tasks as depicted in Figure 2 (The Recovery Cloud: Transforming Domestic Violence) are decidedly *not* sequential. They are all simultaneously present on day one. They are all potentially engaged in parallel. Without exception, the relations are many-to-many. For example, there should be an arrow from the upper right, “confrontation with shame guilt, rage” to the lower left, “access to aspirations, ambitions, ideals,” but it would be too hard to read with so many connectors. Hence, the binary arrows. Even such relatively advanced aspects as reengaging the process of development are present on day one. To be sure, it is rare to have a breakthrough in such an area on day one, yet hints and possibilities – slender tendrils of new development – the forward edge – are present and are usefully engaged if they show up.

<4.1: Recovery Cloud: Transforming Domestic Violence HERE>

Safety

One survivor reported in psychotherapy that she would study the behavior of the abuser with whom she lived as a child. She would study him to make sure she was not alone with him and that there was someone else nearby. She would study him to assess his mood. She would take other measures to promote her safety. Being a thin twelve year old, she would put on multiple layers of

leisure wear, multiple tops, and an assortment of clothes that were hard to untie. This was more effective than one might think, though not a perfect defense, as it actually provided time to escape or fight back in critical situations. Yet the fact that such measures were needed shows how difficult, how amiss, how fraught, how totally unacceptable, was the entire situation. Finally, having escaped and become self-supporting, when under stress due to school or the job, this person would feel that she was being watched, though no one else was on the street. In a word, she would feel – unsafe. Small wonder. Much of the initial work in psychotherapy consisted in introspectively identifying the triggers to the feeling of unsafety. Typically it would consist of encountering someone who reminded the survivor of the abuser in some detail, setting off a chain of associations, culminating in a hyper-vigilant sense of being watched. The triggers consisted in heightened stress in life due to job or school or relationships – or a pending vacation of the therapist – which would unleash an acerbation of the symptom. The symptom began to shrink as the working through process continued, until it was barely distinguishable from looking over one's shoulder as one approached one's car on an isolated urban street.

In a short but significant article Sandler (1960: 355) makes the nice point that the mechanisms of defense (Anna Freud 1936) contribute to the person's feeling of safety in that they potentially protect the ego against anxiety. Defense is self-protection against being overwhelmed by anxiety in its various forms – from the external world, from internal desires or aggression, and from the conscience or community.

Without safety nothing works. Without safety the ego is overwhelmed. At the level of perception, perceptual filters are required to reduce the stimulation to a level that is manageable by secondary

processing of input and without which we would indeed be overwhelmed by a tumultuous influx of confusing data. We know the specific feeling of safety when we lose it. One is walking through a dark room and stumbles over an obstacle in the path. One is driving the auto and suddenly hits a deep pot hole that had not been perceived. One transfers to a new high school and the kids are not exactly welcoming. The rush of adrenaline tells us that we are in a “fight or flight” moment. The “amygdala hijack” tells us that momentarily we are no longer in charge of our organism, which has automatically activated bodily reaction. After the tornado in *The Wizard of Oz*, Dorothy expresses a famous micro-narrative to Toto: “We’re not in Kansas anymore.” Indeed not.

A developmental narrative is available here too in which a definition of trauma is implied as sudden or persisting lack of safety. Hyper-vigilance – scanning the environment for early warning signs of danger – is the order of the day. Such hyper-sensitivity can be useful as protection against a dangerous world. But it can also be mal-adaptive when it leads the survivor to engage in elaboration and over-reaction against the small discourtesies of everyday life according to a template of protection against abuse. Never was it truer that our strengths become our weaknesses.

It bears repeating: without safety nothing works. The same can be said of trust and integrity. If the process of psychotherapy works, the psychotherapist becomes a special kind of intimate partner in the matter of the patient’s deepest thoughts and emotions, albeit with conditions and qualification about the therapist’s boundaries. Since abusers and would-be predators typically start by saying things like “Trust me,” the value of such explicit assurances on the part of the therapist is

doubtful. In the listening of someone whose trust has been violated by an intimate partner such assurances can sound like a false pretense if not a setup for a perpetration. One of the reasons the patient is in therapy is precisely that her safety has been betrayed with traumatic results. The therapist has to earn the trust of the patient. Such trust initially looks like being firm about the therapeutic framework and agreement. Schedule, fee, and attentive listening are important to all patients, but they are especially critical path with survivors who may be hyper-vigilant about details of the process. This applies to the patient's inclinations to test the boundaries of the process by bringing her (or his) own storm of emotional confusion and distress to the scheduling dynamic. In no way should the therapist be moralizing or punitive, yet requests for exceptions may usefully be made the subject of mutual understanding. In order to get the benefit of the process of psychotherapy, one must honor one's word rigorously about scheduling, fee, and engaging in the work at hand. Thus, when transportation breakdowns, illness, and scheduling challenges arise, as they inevitably do, the response may usefully be: "I know that I said I would be there by now And I am stuck, etc." The value of repairing breakdowns in communication – and empathy – is high. That is what the work itself looks like on a day-to-day basis.

The Facts are Fragile

People who present themselves seeking psychotherapy as survivors of sexual or physical trauma – or indeed as struggling from something less dramatic but equally painful – have to deal with distortions of the historical facts in addition to the pain and suffering. The alleged perpetrator frequently says: "It never happened." "It wasn't like that." Such situations are fraught with uncertainty because, in addition to the boundary violation, the perpetrator often insists on a narrative of what happened at odds with alternative accounts of the facts. "There was no abuse. You must be dreaming" (e.g., Noël et al. 1992).

Where the victim is in a position of dependence on the abuser – due to age, finances, or emotional vulnerability – the emotional and physical damage escalates rapidly. The psychotherapist initially encountering such a situation associates to the white elephant sitting in the middle of the living room that is visible to all, but unacknowledged. Moreover, even when there are no boundary violations that rise to the level of abuse, human beings in a state of emotional upset are susceptible to processes of distortion. They seriously maintain “It is raining cats and dogs” even when the sun is shining outside. This capacity for self-deception is taken to a high art in the cases of self-interest – and self-interest has a disturbing way of occasioning self-deception. Here description and redescription are not so innocent.

In anticipation of the next section on “Acknowledgement of What Happened,” we may usefully work on the empathic dimension of learning to live with ambiguity. Not necessarily on the part of the patient who was present at the trauma and experienced what happened even if in a way that is hard to formulate, rather on the part of the psychotherapist. History is clinically relevant here.

Facts are much more fragile than truths of reason. If all the copies of Euclid’s *Geometry* had been burned in the destruction of the library at Alexandria, mathematicians would still have been able to recreate the truths of geometry out of the *a priori* forms of space and time, spatial relations and the definitions of point, line, and plane. However, knowledge of a contingent, transitory facts such as that a person named “Trotsky” existed – or that a death camp near Auschwitz existed – are much more at risk of oblivion. For example, after Stalin succeeded in having Leon Trotsky assassinated, Trotsky’s picture and all references to him simply vanished from historical accounts

of the history of the Soviet Union. Trotsky never happened. Vanished in a puff of editorial deletion in history books and archives. In spite of being the architect of the Russian Revolution and a famous revolutionary, Trotsky became a non-person. This is parallel to the abuser's: "you must be dreaming – no abuse occurred." This is a speech act to try to construct a fact, not an assertion of a fact.

The Rat Man quotes Nietzsche to Freud: "My pride says 'it happened'; my memory says 'it did not.' Memory yields." Hannah Arendt (1954) makes a similar point that "Belgium invaded Germany" is above all a speech act to persuade, not inquiring into a fact. "Belgium invaded Germany" attempts to construct a fact, even in the face of a condition contrary to fact. If a compelling enough psychic reality is created, historical truth yields. A stern warning to all. A similar warning can be made about the challenges faced by survivors of abuse that seek help in psychotherapy and the psychotherapists committed to making a difference for them.

Thus, it is tempting to speculate that every therapist must walk the path trodden by Freud as he advanced from his initial, so-called seduction theory to that of the entanglement of psychic reality and fact – and back again. Having abandoned the idea that an actual, factual boundary violation ("seduction") was the sole cause of hysteria, Freud explicitly acknowledged fantasy alone is not the sole cause either – that children are misused sexually and that is a problem: "You must not supposed, however, that sexual misuse of a child by its nearest male relative belongs entirely to the realm of phantasy" (Freud 1917: 370). This over-determination lacked the elegance of providing a single cause for hysteria that would guarantee the fame that Freud fervently desired, but it was what the data showed, and Freud's fame came through other means.

This is all very well when we are dealing with relatively simple and straightforward historical events. The mother really did wear a gas mask, which looked extremely scary to the child, according to Niederland 's patient (1965). The analyst really did schedule a vacation (Spence 1982). Waelder's patient really did have a stillborn sibling, who was mourned deeply by his mother (Guttman 1988). Viderman's patient's father really was dying of liver disease – the six roses (or cirrhosis) of the dream (Viderman 1979). There is a form of development – chronology – that is satisfied with the plain recitation of the sequence of historical events in time. But what about the majority of cases where the events that happened are not nearly so definite or clear? Clinical psychoanalysis engages with phenomena that closely resemble that in which post-modern historians are really interested. Motivation. Intention. Desire. Grandiosity. Self-deception. Disruption of the canonical metanarrative. A person's beliefs are not nearly so available as we imagine, even in the person's written journal; and the psychodynamic investigations of these beliefs are a thorough preparation for writing a dramatically gripping historical account. The network of beliefs, desires, and intentions forms a background against which historical facts take on human significance and relevance. This is also the case in any psychodynamically-relevant clinical inquiry. Acknowledgement of what happened and what the survivor made it mean are inextricably intertwined. We now try to disentangle them.

Acknowledgement of What Happened

If the survivor can feel safe enough to express what happened into an empathic receptivity in the context of a trusting environment that does not retraumatize by skepticism and cross-examination, then the abuse, the boundary violations, and the perpetrations, begin to lose their force. Even if accompanied initially by strong emotions, as the survivor expresses her feelings and thoughts into

the empathic listening of the therapist, the upsets begin to shrink. They start to shrink, and continue to do so with each iteration. The events begin to morph and change into something less confronting, monstrous, or compulsive. Even though language does not create what happened, language allows access to what happened. Language allows the speakers to capture the experience. And if the person can capture the experiences, including imaginary and psychic ones, the person can eventually release and lose them too. This is because describing and redescribing the event itself uses language that is semantically rich and ambiguous – inherently structuring and creating distances and distinctions. Though the violations may never entirely disappear, they become less menacing, intrusive, and disruptive. This section focuses on what happened, and the issues of “what the survivor made it mean” will be engaged in the next section.

Cognitive scientists have observed that selected mental pathologies – traumas, including related psychic conflicts – can be broken up by making explicit the complex of context and attitude through a process of introspection, usually undertaken in the context of psychotherapy (Metzinger 2003: 33): “...[B]y introspectively attending to ‘conflict generating’ (i.e., functionally incoherent) parts of one’s internal self-representation, additional processing resources are automatically allocated to this part and may thereby support a positive (i.e., integrative) development...” Allocating additional attention – both primary and secondary processing resources – to a problem allows for integrating the functionally incoherent aspects of the individual’s experience into a coherent whole. Paying attention to something causes it to shift, especially if one feels empathically held by a gracious listening. Possibilities open up for regaining equilibrium and self-soothing. This is a corollary to Freud’s (1910: 148) observation that the process of making explicit what was unconscious occasions its disappearance like the evil spirit in the fairy tale

when you call out its name.

Thus, the survivor comes in and has a story to tell – a narrative to relate. The presenting issue, symptom, or problem is described. Sometimes the survivor can relate exactly and precisely what happened. Sometimes the person knows well enough that something happened but the words are hard to formulate. Nevertheless, the abuse is often in the nature of the two ton elephant sitting in the middle of the living room. Family members know about it, but no one talks about it. In other instances, the survivor and the perpetrator knew about it. The survivor was there, and, was subjectively certain that she knew what happened. But then she tried to tell someone and was invalidated. She was betrayed by a person she trusted. She was shouted down by another parental figure – in one case, a beloved grandmother: “Stop telling such lies!” An atmosphere of denial, invalidation, and disbelief was laid on top of the survivor’s attempt to tell about it. Such cases are prognostically good only in the sense that once the survivor realizes that a nonjudgmental, empathic listening is available, the events often come pouring out in a torrent, usually accompanied by powerful affect. Typically, there will be a test – of the psychotherapist. The survivor may report on the abuse in the most improbable and amazing descriptions. What to do about it? Acknowledgement is useful on the part of the listener that it is not easy for the speaker to engage such difficult material. Acknowledgement that courage is required to talk about such shame, guilt, and rage-inspiring material is a form of empathic interpretation.

Frequently the abuse is available to the patient’s recollection and able to be described in detail. However, not always; and even when the abuse is readily available, it may get emotionally entangled and telescoped with genetic upsets from childhood, regardless of whether or not that

latter rise to the level of abuse. The debate on recovered memories of childhood molestation (a form of abuse) is a difficult issue for any psychodynamic engagement with the topic. The work already done on “Narrative Truth and Historical Truth Revisited” and “The Facts are Fragile” may usefully be reviewed at this point.

Suffice to say that abuse takes many forms. Recovered memories do occur (e.g. Viederman 1995; Hacking 1995), albeit more rarely than some previously believed.

M. Viederman’s (1995) case is exemplary. The patient and Viederman were not looking for molestation, but a trail of metaphorical breadcrumbs starts showing up, culminating in significant images and words in context. Something = x emerges on its own in the course of the work of free association. The patient provides the leadership. The patient was the primary actor in the reconstruction which was accompanied by powerful affects and a re-experiencing that was of a different quality than intellectualization (1995: 1187). In the case of Viederman’s patient, an incident of molestation, reportedly occurring twice, is a source of suffering and becomes the source of additional suffering as the adults to whom the child turns for help – the nanny, the beloved grandmother, the father – all “circle the wagons,” so to speak, to protect the feelings of the mother against the information that her own dear brother was a child molester. Everyone was privy to the information – everyone except the mother. The child was told: “Stop all the ridiculousness. Pull yourself together” (Viederman 1995: 1184). Other clues emerge. Being offered ice cream is innocent enough. But being offered ice cream by the Uncle not to tell. Tell what? It could be an innocent misdemeanor – but it isn’t. The atmosphere of disbelief, betrayal by the beloved grandmother – and requirement that the mother remain ignorant – becomes as significant as the two episodes of molestation – and more damaging in its traumatic consequences

to the patient's self-esteem and self-confidence. Viederman's patient has a rare opportunity to test the recovered memory against a measure of reality provided by one of the adults present at the time: "Years after the analysis, a conversation with a now dying, extremely aged friend of the grandmother, confirmed that she knew of the event that had occurred years before" (1995: 1185). Though this conversation arguably provided evidence of the truth of the molestation, the friend's report presented "the same problem as the truth value of memory and is theoretically unresolvable in the psychoanalytic situation" (1995 1192). There is no guaranteed outcome. The patient might have become the bitter victim, the narcissistic exception, or the accuser of now long deceased relatives. However, she had a usable psychoanalyst. She recovered and flourished.

There is no one else who can make the "tough call" except the person who is in the presence of the patient's transference relationship and the narrative. Viederman addresses the issue:

Each of the reviewers of this article commented on this issue but in markedly divergent ways. The first indicated that my supportive behavior manifest by touching the patient [on the shoulder], asking her to sit up, giving her my telephone numbers, checking on her in the waiting room, and my direct reassurance, were puzzling and required a discussion of their rationale and impact [...] The second reviewer believed that I was too apologetic about this behavior and that I was "backing away from a fuller exploration and possible reappraisal of traditional concepts of neutrality and abstinence in working with patients who have suffered sexual abuse," a view with which I concur. The third viewed these behaviors as parameters and wondered whether they were subjected to analytic scrutiny. It is clear from these contradictory views that psychoanalytic technique is changing and is the subject of vigorous debate [...] (1995: 1180ftnt.)

Naturally, this is only one pattern. Just as forms of abuse are many, so are the patterns of responsiveness. When the abuse takes on expanded emotional and physical damage – violent penetration, accompanied by physical injury, occurring repeatedly and over a long period of time, in an environment of constant or intermittent threat – then the abuse may well be less likely to be forgotten, though not necessarily less vertically split off or less confusing in its details or meaning. That is why trying to give an account of what the survivor believes happened is critical path. If one can say exactly what happened, the meaning and impact of the events start to transform. Affect is constellated and released. Catharsis does occur. Abreaction has value. But catharsis and abreaction are not the only value and perhaps not even the main one. The value lies in saying what happened in order to engage the process of integrating what happened into the personality (i.e., the self or ego, depending on one's perspective). Painful as it may be, when the abuse is confronted with reality and acknowledged – acknowledged as unacceptable and as bad and wrong – then it starts to lose its power. It starts to lose its power to cause intrusive thoughts, repetitive traumatic state dreams, hyper-vigilance, and related symptoms. As noted above, it is a useful rule of thumb that if one can say exactly what happened from the perspective of a safe place and a non-re-traumatizing relatedness, then the traumatic material spontaneously begins to morph, shrink, and lose its toxic force, even if it does not ever entirely disappear. Stating exactly what happened as factually and accurately as humanly possible is like bringing up a strange sea creature in the ocean from 12,000 feet below sea level. You do not ever really get to see what it looks like in its original form. The pressure differential is too great. It ceases to be what it previously was. It explodes.

Survivors suffer from not being believed. For years. There is the abuse – the slap, the molestation, the violation, the beating. Then there is the on-going secondary abuse of invalidating the survivor’s experience by describing the individual as “exaggerating,” “making it up,” “out of touch,” accusations of what would psychodynamically be called a failure of “reality testing.” Nor does this mean that all the details of what the survivor recounts have a privileged accuracy just because the survivor has come through the refiner’s fire of abuse.

Inevitably the issues migrate into the room – into the transference. But now they relate to the person of the psychotherapist. According to the patient, the therapist does not get it – does not believe it – cannot relate to the extent and depth of the patient’s suffering. This is where the filtering power of empathy works to deliver to the therapist a sample of the patient’s suffering, a signal affect, not the entire mass merger of suffering. This enables the therapist’s empathic responsiveness to rise to the occasion in meeting the patient where she or he is at. “I was late, and it was momentarily similar to being abandoned again to the perpetrator.” Rarely are matters so direct, but do not overlook the obvious – the patterns can be disarmingly simple.

Not being believed by the other, non-abusing friends, relatives, or would-be helpers is a function of the bystander (friend, etc.) being stubbornly defended against what is occurring. The bystander has her or his own self-interest in actively knowing and not knowing at the same time – maintaining a split in place in which the bystander literally does not experience what is before his eyes (see “A Rumor of Empathy in Freud” (Freud 1893a: 117)). Otherwise, she or he would have to do something about it such as breaking up the unhappy home or filling out a police report and risk being abused herself. The latter in particular should not be forgotten. There is

indeed a “should” here – or at least a recommendation. Psychotherapists should not second guess the tough decisions that survivors and bystanders had to make as they were in complex situations of danger and as these situations unfolded. Courageously fighting back does occur – and sometimes it works. The prognosis for a therapeutic outcome is significantly enhanced if the survivor fights back (and survives). However, sometime courageously fighting back just increases the body count. Sometimes we are left to infer the courageous fight, because the victim does not survive. That the individual is sitting there, narrating her or his story, probably means that at some point, the individual prudently decided to placate, pretend to cooperate, go along, with the perpetrator in order to live to fight another day.

This is where the psychotherapist’s acknowledgement and recognition can provide a balanced, even-handed response: “I acknowledge you for engaging with such difficult material, events, recollections. This is not easy work.” The patient’s fear is a powerful motivator – to courageous action in spite of fear, but also to do nothing – to freeze – to become “the deer in the headlights.” The deer usually does not survive. It is tempting to say, “Well, psychic reality can be just as good as factual reality for purposes of therapeutic working through.” And given that victims and survivors of abuse often suffer from the intentional or unwitting collusion of family and friends not to acknowledge the abuse, to deny it for their own defensive purposes, the prudent therapist allows an expansive listening to the survivor’s narrative of events. Psychotherapists are often literally shut up in their response to reports of abuse because the one thing they do *not* want to risk is blaming the victim. While learning to live with ambiguity, the empathic therapist distinguishes himself from the non-involved, uncommitted bystander by acknowledging the effort needed to do the work of engaging with such challenging material. However, there is the small,

quiet, barely audible voice of those who just are gripped by an authentic spirit of rigorous inquiry and want to know: “Psspt. What happened – *really*?”

The dynamic psychotherapist usually does not have to provide expert testimony in a forensic process. Compelling inquiries that meaningfully engage the suffering of the survivors and the suffering of those righteously and falsely accused are available in Hacking (1995) and Rabinowitz (2003). The example of the literary hoax of Benjamin Wilkomirski (*Fragments: A Childhood in Auschwitz* in Maechler 2001) is a cautionary tale. Wilkomirski had a seriously disturbed mother (herself a survivor of abuse), spent years in unempathic foster care, including being in an asylum with Jewish child survivors of the Holocaust, and arguably had an overactive psychotherapist. This individual, Benjamin Wilkomirski, was not a liar. He fooled a lot of people, including himself. His emotional distress was long and deep. He suffered greatly. However, he was *never* in Auschwitz (as he claimed to be). Winner of the Israeli National Book Award (later withdrawn), he was not even Jewish (see Maechler 2001). A cautionary tale indeed.

Once again, facts are fragile. For example, a Holocaust survivor of the uprising at Auschwitz testifies: “All of a sudden we saw four chimneys going up in flames, exploding...” (cited in Felman and Laub 1992: 59). At an interdisciplinary conference on the Holocaust years later, historians point out that the testimony was not accurate – only one chimney was destroyed (1992: 59). The correction stands, but is it relevant? The historians point out that it *is* relevant to be accurate and precise so as not to give Holocaust deniers a pretext to generalize that the entire genocide was itself a fiction. This is yet another compelling example of the fragility of historical facts. Therefore, the integrity of the witnessing must be beyond reproach. Nor should this be

taken as criticism in any way devaluing the testimony of the survivor, for whom the key event was the uprising itself – that the prisoner’s managed to fight back against all odds. Point taken. This is yet another powerful example of the entanglement of historic fact and psychic reality. The initial dose of historical fact is susceptible to psychic elaboration; and psychic elaboration is capable of bringing forth initiatives that impact history as when the prisoners imagined, planned, and executed the actual uprising that made history.

Now shift this discussion in the direction of psychodynamic transference. Memories do get repressed; and, yes, the repressed does return. However, the return of repressed memories is far rarer – and this is a position not the truth with a capital “T” – than the most enthusiastic proponents of recovered memories asserted during their most influential time. Wilkomirski was arguably a survivor, but not of what he factually claimed to survive as he elaborated his narrative in working with his psychotherapist. Just “talking about it” is effective, but not enough, because the unexpressed, unacknowledged abuse lives in a context of meaning of which the survivor is both aware and unaware. Like with the chimney, whether Uncle Jim said “Don’t tell and I’ll give you ice cream” or “Don’t tell or I’ll kill you” on a given occasion may not be critical path outside of a forensic process. Yet the subtext of the promise of ice cream may be a threat of bodily harm. That something was said and how it was heard by the survivor is what is significant. Thus, this already points towards the important distinction – What happened versus what did the survivor make it mean? To that we now turn.

Acknowledgement of What the Survivor Made it Mean

At this phase, the therapy consists in the steady drum beat of distinguishing between “what the survivor believes actually happened” and “what the survivor made it mean.” The distinction between “what happened” and “what the survivor made it mean” is exemplified in the following clinical vignette. One abuser, who periodically exploded in “temper tantrums” of hitting and verbal abuse, had his eight year old son persuaded of the idea that the boy had to “get his act together and behave.” As the abuser’s rage cycled down, he would talk nicely to the boy about the boy’s behaving himself, though the required behavior was indistinguishable from not committing the narcissistic slight that caused the father to explode in the first place. Walking on egg shells – tip toeing around hyper-vigilantly – being solicitous in the extreme are “meaning making” results that attempt quasi-magically to ward off the next explosion and round of abuse. Here the damage done was to self-esteem, self-confidence, and by internalizing the hostile introject. Much work in therapy was required to surface and shift the low self-esteem: “I made it mean – I was to blame for what happened. I caused it.” Not so. Recurring phases of psychotherapy consisted in the steady drum beat of descriptions of physical and emotional upsets, traumas, and empathic interpretations the punch line of which is the statement: “You know, one of the things that survivors tend to do is blame themselves for the abuse to which they were subjected even if they did not cause it.”

Remarkably enough, today’s survivors of diverse forms of abuse may be in the position of the entire community prior to 1962. Yes, they know the shocking statistics about abuse displayed in public service announcements. Yet they do not appreciate that it applies to them. The survivor thinks, “This is simply the way all families live.” The child in the adult thinks, “This is the way

my family was – get over it.” But she or he does not. One can take the child out of the abusive environment; but one cannot take the abuse out of the child (or grown up child). After a certain amount of habituation, the abuse lives on in the individual. The hostile introject has been interiorized and endures. The fragile, vulnerable self survives, but sometimes just barely.

Thus, the psychodynamic treatment of survivors of domestic violence has to navigate a delicate course between the risks of retraumatization and the impasse of interminable entitlement to corrective emotional experience. Empathy directly addresses the first. Being well listened to by someone (the therapist) can itself be a deeply satisfying, if not corrective, emotional experience. Yet empathy has its risks – and resistances. It can unwittingly increase the patient’s sense of entitlement. The exploration of this resistance confronts the obstacles to owning negative affect, and the power of such affects and beliefs in engendering intrapsychic conflict, including the distorted beliefs that the survivor was an accomplice in the abuse, deserved the abuse, or is now entitled to compensation from a third party (such as the therapist).

If the survivor believes that she or he has been complicit in the abuse, because the survivor was threatened with grave bodily harm and decided to cooperate (or because the individual momentarily enjoyed the experience), then the survivor may feel that she has made a deal with the devil. Yet paradoxically if the survivor tries to eliminate this darkness from her psyche, as one survivor reported, by “having only pure and noble thoughts” in a kind of obsessional ritual of repetition of mental meditative self cleansing, then the abuse seems to continue to come at her from the outside as shady characters whose behavior invites being described as provocative if not abusive. She really is that suffering, authentically and all the way down. She really is that

impurity. She did not do anything to deserve it, but that is what got encoded in the neurons and transcribed in her psyche. When she accepts it in all its messiness, repossessing the projections, then they start to lose their power and force. The upsetting feelings becomes less intrusive. The images and memories become less forceful. The conflict due to vain struggles and attempts to force oneself *not* to think about something – which only increases the intensity of the obsessive thought – starts to remit. The upset shrinks. She must own the darkness in order to overcome it, and move from survival to flourishing. At the same time, the conflict between who one is and what one might have been requires mourning one's losses – that one does not have the wonderful partner or parent that everyone deserves.

In another clinical vignette, the perpetrator made a credible threat that the survivor, in her mid teens at the time, would be sent back to the homeland and an “honor killing” arranged. Apparently this survivor had been living with this information for years as a twenty-something adult. It was definitely *not* a recovered memory. The events had always been available in memory. This survivor had been torturing herself with guilt that she had done things that made her feel impure (though she had done them under duress to save her own life). Finally she thoughtfully reflected on the obvious fact that a person may decide that she wants to go on living – that the every person is entitled to have a life – and the person does whatever the person has to do to survive (even under duress). It was as if an enormous burden of guilt was lifted from the shoulders. It was perhaps an obvious point, but a relationship with the therapist of mutual trust and communication about the abuse had to be in place for the recollection of the threat to “surface” from the preconscious and become available for discussion.

Human beings and the human psyche are “meaning making machines.” Empathic understanding and empathic interpretation are on the critical path for distinguishing near delusional elaboration from a validly and accurately perceived trauma. That one survivor decided to fight back against the violence and threats of violence means that he or she is fighter. That another person decided to cooperate to preserve their life and limb means that he or she is a survivor.

Other times, it is as if the survivor is “cursed” with the tendency to blame herself or himself for the abuse that occurred. This is not an occult process. It is a process of owning one’s projections and projective identifications. Intuitions, educated guesses, and elaborations are replaced with empathy and openness to relatedness in the here and now. The forward edge of the patient’s experience replaces the intuition of elaborating in fantasy about what others might be thinking or intending with empathic receptivity to what the other’s are experiencing in the moment, including what was actually said and done. This is an capability that requires practice. Even introspective survivors, who display significant self understanding, after engaging in thoughtful reflections on how they know – really appreciate – that they are not to blame, will end up saying: “I wonder what I did wrong?” They go on to express the views: “I am broken – in need of fixing. I am defective. I am morally corrupt. My sex organs are misshapen or a source of shame. My appearance is shameful. My nose is too big, my ears stick out too much. My hair is the wrong color. I am the wrong color. I am just plain wrong.” A modest dose of “normalization” of the dark impulses we all harbor is useful. “You known, given your father’s actions, no one would blame you for occasionally thinking you were cursed.” Nevertheless, the feelings of impurity were “burned into” the psychic by repeated perpetrations and it took much work for that to start to shrink. A first step was taken at that moment that she realized she had acted “under duress.”

If domestic violence started in childhood, the adult may take over from the child the goal that she must try to fix the parent so that the parent can do his or her job – be a parent and take care of the child, who after all needs the parent in order to survive. At this point, insert almost every imaginable unconscious fantasy. “I caused Mom/Dad to act this [upsetting] way.” “If I were smarter/dumber, more good looking/less good looking, shorter/taller, then this never would have happened.” Even people who were not abused have such fantasies about causing the behavior of significant others in the environment. Treatment consists in surfacing and watching such fantasies blow up.

Clinical Vignette: Redescribing the Skeleton in the Closet: It’s Crowded in There

Ms S was a thirty-something woman, who spent the first twelve years of her life being raised by her maternal Aunt in a relatively safe and secure, if unconventional, setting in a foreign country along with a cognitively challenged sister and her own mother, who suffered from debilitating PTSD. Hard working, outgoing, even extroverted and of an overall cheerful disposition, Ms S was subject to periodic “breakdowns” of an empty lethargic (“depressive”) nature in which, as she said, “it took all the energy I had even to drag myself into bed” where she would stay for a couple of days. Also, behind the scenes was a smoldering rage about what had happened, an intermittent sense of entitlement, hyper-vigilance, and suspiciousness of other people that reflected a home life that included significant abuse.

Ms S initially came to therapy with a “situation” in her place of employment involving on-the-job conflict with a fellow worker. She was hungry for strong role models, preferably but not exclusively female, but there had not been many of those in recent memory. The prospective

models that had shown up, turned out to disappoint – severely. When a would-be role model disappointed her, a series of small misunderstandings added up to a large, dramatic upset and rupture. The rupture included accusations that the other person was behaving abusively, like her father and brother, and that she (Ms S) was surrounded by emotional “leeches.”

Ms S initially communicated that she was struggling with relationships with her coworkers. She spoke of these co-workers in devaluing ways. After hearing the details, my own associations were to a work cohort of immature coworkers behaving like “mean girl” teenagers at the local junior high school. However, initial, tentative attempts to explore what Ms S’s unwitting or unintentional contribution to her own difficulties were rebuffed. Tentative suggestions that “her meaning machine might be working over time” were not useful. Speculations that people were sometimes common and petty but, with notable exceptions, not really abusers, were not appreciated. This was likewise rebuffed with protests: “You don’t get it.” Indeed I did not.

Weeks of long, patient listening to the narratives of injustice that were being perpetrated at the work place were needed to attain a measure of calm that enabled recognition of the underlying pattern of struggle in defining and navigating boundaries – boundaries in the workplace and in relationships. Furthermore, a pattern emerges that when Ms S was made to feel humiliated – narcissistic slights often related to boundary issues at work or lack of immediate, empathic understanding on the part of the therapist – then she escalates into angry and aggressive verbal denunciations, nor is she shy about the use of profanity. In the meantime, background data pointed to a dramatic and moving struggle at home for freedom, self-expression, and contribution.

Typically the patient would escalate towards angry denunciations of the way she had been treated at various of her work assignments where she ended up becoming entangled in boundary issues. In one instance, she tried to engage in an office romance, the very definition of which is a lack of clarity about boundaries. Perhaps a risk worth taking if one has the necessary skills in dealing with boundary issues, but in this case the result was a chronic upset. In another, she engaged in an intense personal relationship with the supervisor outside the job, not romantic, but yet another boundary issue, this time involving an idealization of a supposedly successful professional woman with whom identification occurred. This woman was herself struggling with boundary issues that made it impossible for her to respond appropriately. The result was not just disappointment but conflict as the patient responded ragefully to the de-idealization.

Empathy is a competence that requires significant navigation of boundaries. One must be open to the other in empathic receptivity, yet distinct from the other in empathic responsiveness. A definite step forward occurred when the I interpreted a breakdown in my own empathic relatedness. After acknowledging how badly the patient had been treated at the job for the umpteenth time, I wondered aloud again whether the patient had thought about how she might be contributing to the difficult situation. While perhaps accurate enough as an inquiry, this question was not the optimal nurturing response. This triggered an angry tirade, displaced onto “the losers and leeches” who surrounded the patient. (I wondered, was I not one of those, too?) I reflected how there was more going on than met the eye. “This is really about us – you and me. A lot of energy is being aroused by my not being nurturing in my response. When you do not get the nurturing – one might also say ‘empathy’ – you feel you deserve, then you get a lot of energy – a lot of angry energy.” The patient’s response was to reflect on how her Mom had never been able

to be there for her. The patient reflected on how her Mom had been abused and was often not fully present. She broke down and cried, reflecting on how she had wanted to help her Mom but that both of them needed rescuing. The patient reflected on how she wished for someone to show her how to manage the boundaries at the job. To myself I thought that one thing that was missing was the affect regulation that mothers provide. This also points to an alternative forward edge redescription of the therapeutic transference as not limited to reenacting abuse but also providing guidance around mentoring and boundary setting going into the future.

In the period that followed, I ventured to respond to the patient that she had a kind of “mother hunger” that caused her to look for powerful women in the work environment from whom she might get recognition, mentoring, and approval. Unfortunately, a couple of the figures on whom she had pinned her hopes, turned out to be disappointments. This only increased the patient’s rage at the unfairness of life, which had already been so unfair. When people are not nurturing – where “nurturing” became another way of saying “empathy” – then the disappointment soon escalated into anger and rage.

The next session Ms S came in furiously enraged about the treatment she has received, including the treatment from her me in asking how she might have contributed to her own difficulties.

“Well, that was a clumsy moment. Not my most empathic one, to say the least. However, there is good news – I think we have found your energy.” Ms S continued reflecting on the annoying things a prospective, new woman friend, Maria, had done. Not exactly confirmation, but not refutation either. Maria had criticized a fellow worker, behaving like a bully. Ms S felt compelled to come to the rescue of the fellow worker against the perceived “bullying.” We are getting

warmer. I try again. “There is nothing wrong in sticking up for a friend. However, this back-and-forth will be less of an energy drain when you own your own critical tendencies instead of discovering them outside yourself.” Own the critic within, and it will have less of a tendency to be projected and come at one from without.

Another challenging question is why did we seemed to fall through a time warp, back into second year of high school? Ms S is engaged – one might say “fixated” in a technical sense of arrested at a stage of development – upon the kind of competition that one sees in junior high school. Boys might throw a punch, but girls tend rather to channel their aggression into devaluing talk, hurtful gossip, and cliquish behavior that arbitrarily excludes the one designated as shy or socially awkward. If empathy is used, it is only used by the bully the better to control or dominate the would-be competitor. The literature on the competitiveness of “mean girls” is eye opening and disturbing (e.g., Piper 1994; Simmons 2002; Kulish and Holtzman 2008). This is not to say that Ms S is in any way mean or ill-tempered. Far from it. She is kind, considerate, even self sacrificing to a degree only possible if one is motivated by a self-protective, defensive reaction formation against meanness. The relationship with me alternates between my being one of the gossip girls (with whom to share confidences) and one of the bullies, maybe even an abuser. The distinction between “what happened” and “what the survivor made it mean” is ready to hand and gets frequent use. I try to substitute empathy for intuition and inference. The results are mixed.

The results are that Ms S is vulnerable to the kind of competitiveness that has girls gossiping about one another in devaluing terms. Ms S senses that such a thing is going on at work and wounds her deeply when she senses, occasionally accurately, that she is the target of it. In a sense,

she is a “clearing for it,” since she wears her heart on her sleeve, yet is hyper-vigilant about devaluing or critical comments. What is meant by saying “a clearing for it” is as if she had a sign on her backside, as in the sadistic high school prank, that said “kick me” – or, in this case, gossip about me in a devaluing way. The problem is that the reference of the gossip is invariably that everyone else knows that she was abused – abused in the most humiliating and degrading way. The problem is taken up a level in that Ms S cannot say for sure whether or not the gossipers had met a member of her extended family – the nephew of a cousin, and something about one of the many skeletons in her closet got out in that way. At this point, Ms S’s “meaning making machine” is working overtime. The ambivalence is deep. She is proud of having come through the refiner’s fire and survived; yet she does not want to be perceived as “broken.” She credibly denies having discussed the darkest aspects of her personal history with anyone but me, yet acknowledges that she has let it be known that she has certificates of completion in training as a rape advocate and domestic violence advocate. People may draw their own inferences.

The result is a near delusional narrative about who knows what about Ms S and when did they know it. Narrative truth and historical truth are entangled. Disentangling the narrative is challenging. This causes Ms S to shut down interpersonally and isolate herself. Interactions are too messy. Isolation seems like an increasingly attractive alternative. People disclose to Ms S that they, too, had suffered abuse. This happens without any initial “confession” on Ms S’s part. Every family seems to have a skeleton in the closet, but Ms S’s family is so large that it is getting crowded in there. As noted, in an attempt to understand her own experience, she takes training as a Domestic Violence Advocate. She just seems to be a “clearing” for the conversation about it. Ms S offers to refer them to counseling, but she has not yet transformed her own abuse into a

resource, and her guidance is not always appreciated by the survivor to whom it seems dismissive. Repeated conversations about boundary setting, navigating boundaries, boundary issues occur as Ms S engages relationships with halting but increasing competence. The work goes on.

Boundaries: Confrontation with Shame, Guilt, Rage, Negative Emotions

Empathy is all about boundaries. Empathy fails by not maintaining firm boundaries between self and other. Empathy fails in the form of merger – over-identification with the other, emotional flooding, or excessive intervention. Empathy fails by maintaining too rigid and inflexible boundaries between the self and other in the form of emotional distance – lack of relatedness to the other, lack of identification, or over-intellectualization. Empathy is all about keeping one's emotional balance. Once you get the hang of it, you never forget. But riding the bike “hands free” is reserved for the circus – most practitioners still need to keep both hands on the handle bars to maintain equilibrium and balance.

The power of Kohut's definition of empathy as data gathering through vicarious introspection lies in importing a certain “distanced relatedness” into the heart of the process. The “distanced relatedness” that such a formulation implements creates a significant distinction between empathy (as receptivity, understanding, interpretation, and responsiveness) and merger-like phenomena that become a source of compassion fatigue, emotional burnout, or mystical over-identification with suffering. If one experiences the latter, one is doing it wrong. One is over-identifying or over-intellectualizing. Thus, the multi-dimensional process of empathy forms a protection – one might say “defense” – against such burnout and compassion fatigue because empathy takes a *sample* of the suffering of the other without over-identifying or merging with the other's suffering.

As a form of relatedness to the other individual, empathy provides a trace affect of the other's experience. Yes, the empathy is open to the negative experience that the other individual is enduring, but as a trace and a sample, not the full weight of the suffering. Yes, one suffers; but, unconventional as it may sound, one suffers only a little bit.

Survivors of domestic violence want to be known for who they authentically are – courageous survivors of difficult trials and tribulations. They want to be known for having come through the “refiner’s fire” of the difficult ordeals they have survived. They want to make a contribution, realizing their own aspirations and contributing to the well being of others. This segues with the “what I made it [the abuse] mean” moment, but in a positive way. It is a “what does not kill you makes you stronger” moment, where “stronger” means “more human,” “more resilient,” “more empathic,” “better able to make a difference.” Survivors are proud, or, at least, are willing to consider being proud. But there is a “but.” They are proud, but they are also not proud. What happened – the abuse – is a source of ambivalence. How could it be otherwise? It is a source of shame that the survivor often would prefer to forget. For the survivor what happened is a bottomless pit of negative emotions, painful memories, and maladaptive patterns of relating. As soon as a survivor considers sharing her experiences with a fellow traveler, she is confronted – confronted with ambivalence and shame. This is so even though the survivor knows she did nothing of which to be ashamed.

The abuse can be redescribed in a way that is devaluing to the survivor, and the abuser has often done just that. The survivor confronting being self-expressed about her experiences to therapists,

friends, etc., wonders: Will the other person get the wrong impression? What is the right impression? Will the other person wonder why I was treated so badly? “What did you do to deserve such treatment?” “You must have done something wrong.” Well, not really. Thus, the survivor is inhibited in her or his communications. All of a sudden, even the individual who has engaged in working through, integration, and transformation of their traumas can find herself momentarily back at square one wondering, “Maybe I really am to blame after all. There must be something wrong with me!?”

In this next clinical vignette, the survivor arrived to live with different members of her family, leaving a caring matriarchal milieu in a land geographically far away only to find herself in a dangerous situation of physical and sexual molestation. “How did it feel?” Numb. She felt emotionally numb. She still felt that way ten years after having escaped the physical environment. From the moment she entered the home where locks had curiously been removed from the bedroom and bathroom doors, she was in a near continuous state of quasi-trauma that started to shrink only with psychotherapy. Feelings started to return as she became accustomed to being in a safer milieu. Where empathy lives, can narcissistic rage be far behind (e.g., Kohut 1972)? Then explosive, stormy, confrontational sessions occurred. When things got too hot and the patient threatened to walk out the door, the response was: “Given what you have been through, it is to be expected, quite natural, that you would feel the way you feel.” “I acknowledge your commitment in engaging in the tough work that needs to be done.” Detailed accounts of what happened, and what the survivor made it mean came tumbling out.

The introduction of the distinction “boundary violation” to the survivor can unleash a flood of new emotional material about what happened. If this be education, make the most of it. A “boundary violation” is defined as a transgressing of limits that compromises the person’s physical, emotional, or moral integrity (see also McWilliams 2004: 101 on limit setting). Living in a community requires extensive negotiations, conversations, and interactions about setting and navigating limits and boundaries. Here the distinctions of description and redescription are clinically relevant. What seemed business as usual – locks are removed from the bedroom doors, walking on egg-shells so he does not “go off,” the smile that masks heartbreak – gets redescribed as what it was or really is – that is, a boundary violation, perpetration, criminal wrong doing – along with a challenging wealth of affects, emotions, and hyper-vigilance.

One survivor had compensated for confusion about boundaries caused by an abusive environment by developing a “Don’t you mess with me!” talk and way of relating. If narcissistically injured, the risk was that she would work herself up into a righteous indignation and “go off,” launching a verbal tirade of considerable energy and impact. I had a sense that she was rehearsing it on me, which was perhaps permissible enough within a formulation that some cathartic expression of rage had its uses in restoring and maintaining emotional equilibrium. Thus, venting had its uses; but sometimes venting is just venting. She would invoke it when she felt threatened by the ambiguities or assertiveness of coworkers – and my own intermittent empathic lapses. But there was a cost and an impact. It did not make friends, and it created a void around her and increased her painful loneliness and not being included. It established a boundary in the moment, and became visible when it migrated into the therapeutic relationship. Instances of correlating my

occasional empathic failures – which to her were not minor at all – with the “don’t you mess with me moment” were needed before her contribution to the dynamic began to be visible to her.

Even when the survivor of boundary violations – physical, emotional, sexual, all of the above – escapes and discovers some families are loving and non-abusive, the survivor may not believe the evidence of her or his senses. The family from which the survivor has escaped maintains a façade of normalcy in presenting itself to the “outside” community. This survivor found that any kind of hypocrisy, for example, on the part of coworkers, aroused a disgust in her so strong as to be transiently incapacitating. Even years after having escaped the violence and molestation of her father, the two-facedness and deception of the abuser, who was a respected pillar of the community in public but a monster with his own family, laid down a pattern hard to overcome. She suffered from a keen sense of hyper-vigilance in relation to double standards in the corporate world and among her twenty-something friends. The hyper-vigilance required engagement in therapy to recover a sense of normalcy about petty human failings by those who were in no way abusers. If the extended family still dwells in the same neighborhood or community, chance encounters on the street with the survivor can become a trigger for retraumatization, upset, and breakdowns in the feeling of being safe. Back to square one?

The role of empathy is to provide a non-judgmental context into which to speak the shameful and confronting perpetrations and meanings into which the survivor was forced. If one cannot help but blame oneself, empathy acknowledges that people initially tend to do that. The rush of emerging, erupting material can seem like a tidal wave. Throughout such a process of draining the emotional swamp, it is a valuable rule of thumb, previously stated but worth repeating, that if one can say

exactly what happened and what one made it mean from the perspective of a safe place and a non-re-traumatizing relatedness, then the traumatic material spontaneously begins to morph, shrink, and lose its power, even if it does not ever entirely disappear.

Clinical Vignette: Redescribing Honor

Ms S had significant energy tied up in reflecting on the agonizing task of ferreting out the hypocrisy of abuse in the world at large. She was finely tuned into double standards, and she would often attribute the least charitable intention to others whose way of relating was merely self-serving. One thinks of a Kohut-like genetic interpretation and phrase, saying “Well, given your difficult experiences with your family, it is quite natural that you would think [feel, behave] in that way. Nothing wrong with that. Meanwhile, what are the facts? What happened? What did he actually say?”

During the initial month of the unfolding story of abuse, perpetration, molestation, the psychotherapist’s main approach was acknowledging the patient’s commitment in sharing – narrating – the difficult material. The emotional pendulum swung back and forth between alternating cycles of loss and anger. It is questionable whether there is such a thing as a “baseline” against which such difficult experiences can be measured, but if there was a baseline, it was that the work was being courageously engaged. It was to be expected that the emotions aroused would be strong and upsetting, especially given that the main emotion experienced during the traumas themselves were the absence of emotion – pervasive numbness. The numbness was soon replaced by intermittent towering rages and fits of crying over the loss. All prognostically positive signs.

Ms S periodically raises her hands to the sky asking, “Why me? What did I do to deserve such a heartless brother and father?” She then speaks movingly about wanting to make a contribution as a doctor to serving women and children who do not have access to proper health care. What has sustained her through these challenges has been her aspiration to become a medical doctor, like her Cousin – at last a good object – and make a contribution at the Cousin’s Clinic for Women and Children back in country of origin.

Ms S’s father was teaching in the local school system and being a “martyr” who has to take care of his supposedly schizophrenic wife and his delinquent daughters who are “ungrateful bitches.” The wife’s condition may more accurately be redescribed as PTSD with psychotic features, and the so-called “delinquent” sisters may be redescribed as “acting out in self-defeating ways” and “in a towering rage.” One wonders, What might have happened to get them so angry? The father is grooming them to provide him with sexual services with a narrative all too familiar: “You know, I get nothing from your mother.” The three sisters plan an escape, though, ultimately, not quickly enough. The eldest sister rents a place. They secretly remove essential belongings out past the doorman, who is “bribed” by the father to keep tabs on them. Ms S writes a long angry letter denouncing father’s high crimes and misdemeanors, and, using the spiritual language that has helped her to survive, invoking the wrath of the Lord upon his soul in no uncertain terms, leaving it where he is sure to find it. The sisters escape. Disappear. The father discovers the letter. He bemoans the ingratitude of his delinquent daughters. In a turn of events that would not have been believed if it were fiction and that Ms S speculates was divine intervention – the father goes back to the homeland to marshal family and friends as allies. One cannot help but wonder – perhaps to arrange an honor killing? His trip occurs in the hottest part of the summer. He is drinking heavily.

He has an unscheduled cardiac event. He passes away before emergency services arrive. The brother accuses Ms S of killing their father with the letter. She does not believe it for an instant, yet she suffers greatly from the accusation, because at another level she believes it. Interpretations prove useful: molestation that occurs under duress – and is there any other kind? – the explicit threat of an honor killing – cause impure feeling and shame, but that is so only in taking the perpetrator's point of view. Empathic interpretations attempt to shift perspectives, showing just how readily the survivor unwittingly slips into taking the point of view of the abuser. The time spent in compulsive cleansing rituals – five showers a day – diminishes and returns rarely if the patient is under extreme pressure in school or work.

A single instance of a recovered memory occurs. Ms S experiences it after we discussed the threat of the honor killing and how the person does what she has to do to save her own life – to survive in the face of a death threat. (I hypothesize this reduced the guilt enough to allow the recollection to return.) Ms S remembers what happened the next day after she literally stabbed the father in the back with a small sharp tool that lay ready-to-hand. In the back, because he was on top of her trying to undo the tie on her trousers. The recovered recollection? Ms S was walking into the kitchen and out of nowhere her mother came at her with a large knife and cut her on the face. She recalls there being a lot of blood. She faints. She wakes up in the emergency room. She recalls the father was looking angry all the while. The brothers said that maybe it would be a good thing if she got cut more often.

As bad as all of this was, the final straw occurred when the father took Ms S out of school, reportedly for holding hands with a boy. But that was a pretext. The actual reason was for

threatening to tell a teacher what was going on at home. Being pulled out of school placed at risk Ms S's plan of using education to escape the abusive behavior of the men in the family. This precipitated the escape plan and the escape. Ms S planned, worked, networked with her sisters, and they literally ran away from home with the help of the drug dealer boyfriend of one of the sisters. Applying the principle of "any port in a storm," they get away.

In short, Ms S got a job; completed her GED; put herself through college, earning a bachelor's degree in business administration and credits towards an MBA. She has been self-supporting ever since seventeen, including contributing financially to the support of her sister's children, her Mom, and her mentally challenged older sister. Thanks to a well paying position at a Big Six consulting company, she was able to put aside money for her education, though she reports that she is "unfortunately not rich, except in spiritual blessings."

Upon reflection, Ms S believes that the threat of an honor killing was credible, though as a teenager she cannot say what it meant – just that she felt numb. At one point the father pinched her, called her a "bitch" in their native language, and said that he was sorry he had not yet arranged an "honor killing." Still, Ms S felt guilty, as do most victims, that she was coerced into becoming an accomplice to however limited a degree in the boundary violations that were enacted upon her. This gets telescoped with her brother's accusation that Ms S's angry letter of denunciation caused the father's death. These vulnerabilities are carried by the survivor intrapsychically even after physically escaping. One can take the survivor out of the abuse; but the abuse lives on in the survivor. The narrative of the threat provided an opening to push back against the many hostile introjects.

The description of the so-called father was not that of someone relating like a parent. Ms S used the word “monster” without any prompting. “Criminal” also occurred. Although there was nothing funny about the situation, and perhaps as a signal of my own vicarious suffering, brief comic relief was provided as I wagged my finger in the caricature of a parent saying “First do your homework; then go out to the mall.” This was so painfully at odds with the reality of the boundary violations that just how unsafe home had been was dramatically demonstrated.

After this encounter with reality testing, I saw a significant diminution in her feelings of guilt. She made fewer excuses for her father. She disassociated less. She quoted me back to myself that she had been making excuses for inexcusable behavior, but mainly as an attempt to understand why. She wondered aloud persistently, addressing God, “Why did you send such bad people to me? What did I do to deserve this?” No answer. I reflected aloud that as a certified domestic violence advocate she knew that victims and survivors regularly blame themselves as part of an attempt to understand and take control of an out-of-control, traumatic situation.

The traumatic events transpired before I met Ms S. She is now continuously employed, working hard, putting herself through school and earning two bachelors degrees – one in a business field and one in a science field. As noted, she periodically experiences a hit-the-wall, vegetative lethargy that prevents her from crawling out of bed for several days at a time. She consulted an energy healer – an individual who is some kind of “natural empath” with significant intuitive skills. Ms S was persuaded that a former boyfriend had used Black Magic to put a curse on her. Ms S later reports that she was putting on weight and losing energy because of the curse. She

turned to the energy healer for help. Ms S paid her hundreds of dollars to remove the curse, which coincidentally is the amount that the energy healer was in arrears on her rent. Ms S can only do things for herself by helping others. Ms S wished that she could take better care of her sisters and mother – the energy healer seemed like one of those. Ms S experienced relief (as the depression spontaneously remits) and got her energy back, though not her money. Her weight-gain does not come off. Given that Ms S is struggling to pay her psychotherapy bill, my countertransference is activated, even though the scam occurred in the past, prior to our meeting. Nor do I like the idea of her being taken advantage of by an “energy healer” who explained to Ms S that there were vulnerabilities in her aura. Yet I come around to thinking this “healer” had a certain talent – and was not totally off the mark. Yet I sense that Ms S was abused – financially, this time – again.

Using the admittedly unprofessional language of the natural empath, the problem is that the counter-magic was only partially successful. The counter-magic might have removed the Black Magic. But the larger part of the “curse” remained. Removing the curse did not work. It did not work on the shame, guilt, and rage. My countertransference is such that I tend to normalize to keep the patient in touch with everyday reality. I tend to agree that she was cursed – not by black magic but by what we might scientifically redescribe as enormous random bad luck in being born into her family of origin. The shame, guilt, and rage at the way the patient was treated by the men in her family lives on. To remove that part of the “curse” the recommended method of treatment is psychotherapy. At this point, the treatment of shame, guilt, and rage aligns with the standard practice of psychotherapy. The usual amount of hard work and working through of shame, guilt, and rage get the job done. That is not to say it is easy, but it is no longer an occult process, it is a psychotherapeutic one.

Expectation (realistic and otherwise) of Compensation for Suffering

At selected points in the process of recovery, any survivor confronts the realization that life is not fair. One survivor even said to me, “We all know that life is not fair. It is the purpose of society to create fairness where fairness would otherwise not exist.” In the USA, the “right to petition for redress of grievances” is guaranteed by the US Constitution. Now that can mean many things, but it can also mean extra therapeutic actions on the part of the patient such as filling out police reports, applying for orders of protection within the legal system, and filing legal complaints when financial abuse has occurred. Such is a legal process, not a psychodynamic one. That points to the possibility of retraumatization by an indifferent and unempathic legal system whose mission is definitely not to promote emotional healing. One must be cautious about too much early cross-examination about the details of the trauma to avoid retraumatization and an early flight out the door. The legal system knows no such caution. Cross examination occurs early and often. Retraumatization is ever present. Yet if a person is angry enough, diligent enough in marshaling the evidence of wrong doing, and – most importantly – committed enough to getting a hearing – the language is significant, “hearing” – principles of autonomy and neutrality counsel against any therapist ultimatums to proceed or not to proceed.

Psychodynamically this is the area of “enactments.” It may also mean a forward edge expansion of agency in a positive sense. Never was it truer that concerned inquiry is appropriate into the cost and impact of a legal process on the psychodynamic process (and vice versa). “Don’t hurt yourself” is a micro-narrative and a empathic response in the face of any risky undertaking such as trying to get justice for a financial inheritance that was unethically or illegally appropriated by an abuser. Yet the matter is fraught. Sexual and financial predators wear suits. One client would

send an email – a form of acting out – to a sexual predator, who had used a date rape drug to rape her on a date. The email asserted that he was going to pay, demanding financial compensation. This would happen when life's stresses became extreme for her. She was risking retraumatization by behaving in a way that might formally be redescribed as blackmail or extortion. The risk was that she would be the one who would hear from the authorities. A significant part of her low mood and energy – her depression – was tied up in fighting this battle. After a certain point – but who could say what that point was? - she could either continue trying to get justice or move on and engage with life. Yet who is to say that the therapist is supposed to be the “voice of reality”? One time when I asked “Did you fill out a police report?” it was not appreciated. I was not being “nurturing enough.” Indeed I was not. How clumsy of me. The alternative is the “college of hard knocks.” We both spent some time matriculating there, too.

Thus, the tough issue. What to do with the demand to recover a sense of justice? When the abuse is shrouded in the mists of the past and any statute of limitations is long expired, survivors still want to get their own back. Survivors still long for compensation for suffering. Survivors still want justice. Fortunate the survivor who is willing to accept acknowledgment as a form of repair and compensation. Fortunate the survivor who writes a short story, blog post, or poem to recover a sense of completeness. Fortunate the survivor who is able to find recognition in being known as someone who has “had one's mountains to climb,” and, whatever the confidential details, is known for having come through the “refiner's fire” as a whole and complete person. Truth be told, the survivor was never anything but whole and complete, yet it did not seem to be so as the abuse was occurring.

When the abuse is not shrouded in the mists of the past but is relatively better known yet still complex, entangled, and messy, then survivors (and therapists) have to choose their battles wisely. If the survivor is one of those who fought back and continues to battle her or his way through life, then the “suck of the game” is to continue the fight. It can be a breakthrough to realize that the battle is another form of the stickiness of suffering, another form of stuckness to the past, another form of the repetitive return of the incomplete in an attempt to master the upset. The battle is another form of “return to the abuser,” though not due to a micro-narrative about “love,” but one about “compensation,” i.e., getting one’s own back, revenge. We read above how survivors lapse into returning to the abuser because of a caricature of “love.” It needs to be better known and made the target of therapeutic inquiry that survivors also reestablish contact with abusers because the survivor harbors the fantasy – usually unconscious – of getting justice, whether as retribution, compensation, or out-and-out revenge.

One of the scenarios that drives to distraction the people who work with survivors is the enactment whereby the survivor proposes to return to the abuser – and then actually does so. The forces causing a return to the abuser are many. She needs a place to live. She needs a place for the children to live. It may be better than being homeless, even if not by much. Our empathy warns us not to be judgmental. Once again, suffering is sticky. The past is sticky. The emotional entanglements have not been dealt with or sufficiently dealt with. Nor should it be forgotten that some version of reality is often recruited to justify such a misguided course of action. Yes, “she loved him” is cited as a rationalization by the survivor as well as bystanders. As noted, do not underestimate the possibility that she maintains an unconscious fantasy of being compensated by the perpetrator for her suffering. She maintains a dimly sensed plan of “getting her own back,”

“getting revenge,” or “getting even.” That too is sticky. Empathic receptivity can give one access to these inclinations and barely sensed emotions. Empathic understanding recognizes the possibility of gain or loss, enabling one to rise above an initial impulse to blame or even intervene with prohibitions that imply blame. Empathic interpretation acknowledges that there is nothing wrong with wanting to be treated fairly. Empathic responsiveness asserts that two wrongs do not make a right.

The internal conversation in the survivor’s psyche becomes a conflict about what one should have done, might have done, did actually do, with the perpetrator. If one can “listen in” on the conversation in the survivor’s psyche as the conflict unfolds, one can learn a lot. This conflict is a significant drain on emotional energy and related personal resources. The conflict remits when the survivor struggles her way to an emotionally-laden: “The matter is complete.” This can indeed be a communication saying, “This is what happened [regardless of what happened] and I am owning my struggle and moving on with it.” Even if a survivor would be justified in pursuing a criminal or legal case and even if she has a case, an argument can be made for walking away from the emotional morass based on what one needs to do to get a good night’s sleep – the “gold standard” of peace of mind. If the survivor has the resources – emotional and financial – and can get by on a few hours of sleep, then autonomy dictates that the survivor is empowered to make the decision. This section is no discourse on forgiveness. But neither is it one on retributive justice. Emotional resources are needed to live life and have a future. Forgiving oneself makes sense, and is often the point aimed at by well-intentioned discourses on forgiveness. But unless it restores power to the survivor, forgiveness is over-rated. We are not operating a truth and reconciliation commission. But if we were, perpetrators would have to apply for forgiveness and be required to tell the truth

in all its horrendous detail so that the survivors can say whether the request is close enough to the truth for the survivor even to consider forgiveness (e.g., Tutu 1999). (See the above section on “The Fragility of Facts”.)

This approach lines up with Kohut’s recommendation that the psychoanalyst not be moralizing or try to be the voice of reality when presented with the unrealistic aspiration of the grandiose self. Rather the empathic approach acknowledges, given what you have been through, it is to be expected that one would want “to get one’s own back,” that one would want some kind of “compensation for suffering.” Indeed it makes perfect sense in its own way. Is this the retributive justice of the law of the talon of the five year old child or the justice of the categorical imperative that allows that the consequences of our autonomous actions sometimes escape us? For empathic responsiveness, a main concern is that one not hurt oneself or be retraumatized as one reaches out to a sexual predator, remote relative in denial, etc. Such empathic understanding of possibility engages unconscious fantasies as a part of “what the survivor is makes it mean” that she keeps sending emails, etc. to the perpetrator. An empathic interpretation can shift the therapeutic conversation from the trailing to the forward edge of the process by asking what she hopes to gain. If it is money for education or therapy, better ways are available to attain those. Notwithstanding the stickiness of the past, the survivor may find it more rewarding to engage with productive pursuits with career, relationships, or education.

Abuse Survived and Worked Through as a Resource

Working through abuse that has been survived is one of those processes that indicates a point on the horizon towards which infinite progress is possible. If the survivor is in the presence of the psychotherapist and communicating coherently, then, by definition, she or he has come through

the abuse in one physical piece, albeit psychically vulnerable. However, the confrontation with emotional consequences still awaits.

The patient's assertion, "You don't know the challenges I've faced. You don't know my life – you don't get what I am up against" is an assertion that every therapist has confronted. It is true by definition. Even if we are all connected thanks to mirror neurons, even if we all resonate together, even if we all share the same DNA that is now traceable back to a small hominid nicknamed "Lucy," living on the savannah in East Africa a half million years ago, still we do not have the direct experiences of the other person's experiences. We do not experience the other's suffering – except vicariously through empathic receptivity. We do not experience the other's possibility – except through empathic understanding. Yet the answer to the "you don't know..." is direct. "Okay, but I have had mountains to climb, too. It is true that all the details are different. Your suffering and whatever I have experienced are not identical or substitutable. And when one is hanging from a cliff, all mountains look pretty much alike up close. I have had mountains to climb too; and we will understand this challenge together." An example will facilitate what it means to transform abuse into a resource.

Clinical Vignette: Redescribing Emotional Balance

We have earlier engaged the example of Mr A's crashing the bike in the section of that title. Strictly speaking, this is an example of domestic violence, not gender violence. Here we go into more psychodynamic detail to show how abuse that has been survived can be transformed into an emotional resource, engaging the forward edge (Tolpin 2002). Mr A's career as a psychotherapist began, even though he did not realize it at the time, when he was eight years old. He had just gotten a new twenty four inch, two wheel bicycle. It was red and white with chrome trim; it was

cool; it was slightly too big for him. His feet did not quite touch the ground. His next door neighbor, Georgie, was his best friend and a tad older, though in the same grade as him. Georgie had gotten a two wheeler that was just the right size for him, twenty inches and he was having fun exhibiting his prowess riding assertively around the neighborhood. You see, feet touching the ground meant being able to stop, maneuver, and turn with considerable ease and in a tight situation – how shall one put it delicately? – not getting jammed in the crotch while trying to jump on or off as the bike slowed and losing momentum tipped over. Feet being able to touch the ground meant gravitational equilibrium. Feet being able to touch the ground meant equilibrium. Period. However, like many well meaning parents who saw the bike as both expensive and a potential risk that the boy was going to kill himself by riding into the street – “Watch out! You’re gonna kill yourself!” – the boy’s parents made a choice based on the logic “he will grow into it.” Duly noted. Quite true. The less empathic choice? Perhaps that too, though even with retrospective redescription, one cannot doubt the love. Nevertheless, it was harder to steer and navigate and maintain one’s balance, anticipating turns and starting and stopping. Balance – that is the key dynamic here – in both physics and psychodynamics – it is also the key metaphor for what the bike came to mean.

The problem was that A’s feet did not touch the ground while sitting firmly in the seat; and so he had trouble mastering starting and stopping. As a beginner, his control and balance were an issue. In short, he needed practice. As the young A and his Dad engaged in an activity on the weekend, while Mom worked retail, this was an opportunity. On this particular Saturday, father and son took the bike to the bike path near the “big hill” at Wilson Avenue near Lake Michigan. He got on, pushed off and was going well enough. Now the bike path divides into two roads prior to

going into an underpass that leads beneath the street. At that point, there was a pole with a street sign on it indicating the direction of the bike path. The boy was nervously biking along trying to figure out how to turn around. He fixed his gaze on the pole. Unfortunately, if one looks at a pole, one steers toward it. That is what happened. Even though he braked, he clipped the pole and “wiped out.”

No problem - except perhaps a bruised shin and scraped knee. But that was not the worse of it. There was something about the whole scene of the loss of control, the mechanically steering towards the pole due to inexperience, the appearance of being magnetically attracted to the obstacle, and comically clipping it and doing a clownish crash and fall. It might even have been funny – again except for the bruised shin and pride. But it was not. It meant something to Dad. It meant something = X. It meant something to which the boy did not have visibility and will never know. Perhaps Dad made it mean that he was not a good teacher. Perhaps he made it mean that the boy was not a good student. Perhaps he had no idea of the meaning himself, but was himself quasi-hypnotically drawn into a semi-altered state of consciousness based on the fact that he did not get a bike when he was boy. His parents, the boy’s Grandparents, were poor, struggling immigrants – no bike. Heck, the story in the family was that they could not even afford a tooth brush. However, that is doubtful. Grandma just did not have the distinction “dental hygiene,” and the Dad suffered from poor teeth his whole life long as a consequence.

However, back to the bike. The boy’s crash set Dad off. It enraged him. The boy was picking himself up and literally dusting himself off, feeling physically bruised and ashamed that he was so clumsy. Meanwhile, the Dad approached, but not with words of comfort or encouragement. He

flew into a rage and berated the patient for being so stupid as to run into the pole. Again, in retrospect, the boy allowed that crashing the bike was not one of his better moments. But that is what happens when one is learning. So instead of being comforted, the boy was insulted and punished by being slapped and spoken to in a devaluing way. It went on for awhile. The boy was ashamed, unhappy and embarrassed. Many of the details are quite clear to him. He was called names, made fun of, hit. It was pathetic – tears were streaming down his face. He was told to stop crying – or, you guessed it – he would be given something more to cry about. He couldn't help it. So he was. In retrospect, the boy concluded then and there that he was stupid. He decided that he could not do anything right. He believed that he was hopeless. That is what he made it mean. He also decided he would be smarter than everyone else. No surprise when he eventually graduates with a Ph.D. in philosophy – and a dissertation on empathy and interpretation (Agosta 1977). But as a youngster, he was surely disappointed in himself, since he wanted to master biking, but was obviously having trouble maintaining his balance. Balance is the key, and he did not have balance at this point.

Balance turns out to be the central symbol in the micro-narrative of crashing the bike. At another level, the boy was simply scared since the father was so angry at him, so harsh and punitive. The father actually slapped him and shook him. Finally, the boy must have begun to wonder what kind of a father is this person who treats a son so harshly. What makes a parent a parent is that the parent treats the child like a child who deserves parenting. Although the boy did not have the distinction “abuse” until years later, whatever it was, this was not proper parenting. This was the opposite of a good enough, much less optimal response. This was an example of antipathy, not empathy.

Years later in psychoanalytic therapy, this would come to symbolize for Mr A his father's ultimate unempathic moment. Instead of getting guidance in restoring his physical balance and emotional equilibrium, he was – for want of a better word – traumatized – spoken to harshly, called stupid, shaken, and slapped. Mr A repeats himself – but it happened repeatedly. And then made to get back on the bike and try and steer through his tears. Here Mr A, the boy, would greatly have benefited from friendly encouragement to get back on and keep at it. There was nothing friendly about the father's approach. It was strictly Drill Sergeant Dad, and the patient was an eight year old recruit. What kind of a father behaves in this way towards a son? The young Mr A learned to ride that bike just as soon as his feet could touch the ground while at rest still on the seat. He never again suggested going out with the bike and with Dad.

This was not the Dad's only tempter tantrum. He was a regular *enfant terrible*, not only towards the young Mr A, but towards other members of the family, too. Mr A spent years working through the details in psychoanalytic therapy. However, this single event – crashing the bike – came to symbolize the impact on Mr A and his task of gaining the psychic structure needed to maintain emotional equilibrium.

The symbolism of crashing the bike is even more significant when, years later, the seventeen year old hauls off and hits the Dad back. The young Mr A then leaves home and doesn't look back, except for years of psychodynamic therapy, working his way through college with a series of well-paying factory and constructions jobs, which were still available to students in those days. The father's psychological imbalance, lack of empathy (not to mention common courtesy), and

the function of psychoanalytic therapy for Mr A in providing a context for what had been missing – empathy – provide a powerful example of abuse worked through, brought forward, and transformed. The abuse had become a resource to Mr A in understanding himself, maintaining emotional equilibrium, and relating to others in an empathic way.

Access to Emotional Resources, Aspirations, Ambitions, Ideals

The confrontation with shame, rage, and other negative emotions provides an opening for regaining emotional equilibrium that has been lost. The confrontation with abuse survived and reclaimed as an emotional resource provides an opening for building self structures that regulate affect. This in turn opens the way to accessing emotional resources for productive, forward edge engagements (Tolpin 2002).

The other individual's empathy for oneself provides the possibility of self-soothing. When the other is aggressive, hostile, or violent, the capacity for self-soothing is inhibited. Without the other's empathic regard for the person, she or he cannot get back the emotional balance that has been disrupted. The person may, indeed must, "crash the bike" emotionally until he is able to comfort himself enough to regain his composure. The other's intervention in being open to the experience as a vicarious experience that hits one palpably, that makes the difference in recovering emotional composure. Step-by-step in growing up with an empathic parent or recovering one's capacity as an adult for self-soothing in a process of psychotherapy where empathic relatedness is available, the recovery of emotional equilibrium – self-soothing – is fundamental to an account of recovery from domestic violence.

Equilibrium is a dynamic process. In the clinical vignette above, the survivor endured by fighting back – reaching for the sharp instrument to defend herself, writing the “tell all” letter. The survivor continues the pattern, now fighting her way through life. She finds herself setting boundaries at work by enacting a “Don’t you mess with me!” moment with co-workers, bosses, and customers. This is similar to situations at home when the other was an abuser, not merely a clumsy and all-to-human coworker. Small misunderstandings add up to a complaint on the part of the survivor to corporate human resources (HR) about alleged mistreatment. HR then acts like all bureaucracies. After soothing over the ruffled feeling to avoid litigation, steps are taken to eliminate the complainer’s job – and the complainer. The survivor is now unemployed. That is a setback, noticeably lacking in equilibrium. Temporary fee adjustments in the psychotherapy process must be made with an intrusive reality in the background. The process of psychotherapy consists in introducing to the survivor the possibility that, even though she was not treated fairly, she may be contributing to her own challenges. The psychotherapist then risks becoming the “perpetrator” of further unfair treatment of the survivor – by billing for services. Yet the therapist knows the patient to be a person of integrity – at least one instance occurred where an insurance reimbursement came her way and might have been pocketed by the patient, but she turned it over to the one entitled to it. He calls out the act of integrity, reestablishing the forward edge of the transference. The arrears is remedied. She keeps her resume current while improving future job prospects by going back to school. She volunteers to work in a community organization. There she meets someone in class who is able to offer her a job, and thanks to working through her tendency to struggle with boundaries, she is able to navigate the job offer and first weeks at work well enough to sustain her commitment.

In the struggle to survive, aspirations and ambitions are among the first things to be discarded, thrown overboard as excess ballast, in the attempt to stay afloat – survive physically and emotionally. It can be a great comfort just to be left alone in peace and not abused. Nor is the value of basic security and safety to be underestimated. Yet the risk of isolation is significant. “Being left alone” is *not* what is meant by “flourishing.” It is not what is meant by contribution to community. It is not what is meant by a person’s experiencing satisfaction and rewarding activity in the direction of excellence. There is nothing wrong with survival as a goal. But ultimately, survival is just survival. Something is missing – flourishing as a human being among other human beings in the proper sense of the word. The reawakening of a survivor’s aspirations, ambitions, and ideals can be an indication that the process of recovery has traction and is moving forward. This is the empathic moment *par excellence*.

For veterans of the domestic violence struggle, a deeply cynical thought occurs: It would be useful to know what a healthy relationship between a man and a woman looks like just in case it were to show up. Less cynically, having the description of a healthy relationship represents a “forward edge” towards which to strive (Tolpin 2002).

Thus, what does a healthy relationship look like? A short description is at hand. A healthy relationship includes (1) keeping one’s word and acting with integrity; (2) respect for boundaries and asking and negotiating permission for crossing boundaries when applicable; (3) contributions from both individuals to the relationship; (4) treating the other person as a possibility and an end in her- or himself and not a mere means; (5) community and sharing, not isolation. In a marriage or other committed, intimate relationship, we also need to be able to say something about what

healthy sex looks like too. All the distinctions noted above – integrity, respect, permission, relatedness, sharing – apply to the sexual dimension, too. Especially in those relationships in which gray areas abound and which are merely problematic and do not rise to the level of criminal behavior from which escape is imperative, one should be on the lookout for such delicate, fragile tendrils of well-being and healthy relatedness as indication of a forward edge. Improving a troubled relationship versus abandoning an irretrievably broken one is a tough judgment call on which survivor and therapist need to collaborate. Sadly, some survivors of domestic violence may rarely or never have seen a healthy relationship.

Our aspirations and ideals are what sustain us in the face of setbacks in relationships and work. One survivor was sustained in the face of many trials and challenges by keeping alive the dream of becoming a medical doctor and helping women and children back in the homeland from which she had escaped. The example of an experienced cousin who was a medical doctor – the cousin was also a survivor of abuse – sustained this patient through the struggles of her own suffering until she was able to escape her toxic physical surroundings and start the process of recovery. This was neither simple nor straightforward. The intensity of the abuse was such that it left behind intrusive thoughts and negative fantasies that often erupted inconveniently as soon as she sat down to concentrate. As the working through process got traction and moved forward, these eruptions diminished in frequency and shrank in intensity as she necessarily decathected the ego in order to engage in the process of merging with the desk work at hand.

Survivors are drawn to work with and make a contribution to the recovery of those who have “had mountains to climb” that resemble the ones they have confronted. Such an approach becomes a

resource that shifts personal suffering in the direction of becoming a reservoir of positive emotional energy. However, access to aspirations and ideals is distinct from getting into action and re-engaging with the development process. To that we now turn.

Re-engage With the Developmental Process

Empathic understanding creates a opening for taking action and implementing possibilities of development where previously there had just been struggle with vulnerabilities of the self. By engaging and remediating vulnerabilities and fixations through empathic interpretations and empathic responsiveness to the survivor's humanity, the process development process interrupted by life's setbacks is able to be reengaged.

Marian Tolpin (2002) makes the case for engaging with delicate "healthy tendrils" of forward edge expressions of the patient. Tolpin presses the point with a near polemical intensity (that I consider justified) that many such positive expressions of well-being are redescribed by conservative conformists in such a way as to pathologize, devalue, and make them into trailing edge phenomena, expressing "suspiciousness towards health as resistance" (2002: 170). I dare ask: "Resistance to empathy?" The strivings of tendrils towards health are not recognized and valued for what they are in a therapeutic milieu that privileges "tough love" and debunking of naïve confidence over empathy and creation of possibility.

The encouraging thing is that, even amidst the worst abuse and violence, evidence is available that it is the strivings for well-being that make the decisive difference in treatment and recovery. For example, the abuser pulled the daughter out of school because she threatened to go to the authorities about the situation at home. Obtaining an education was on the critical path for the

survivor to escape from the situation at home. When this delicate tendril was thwarted, then and only then did the survivor take decisive action to escape, enlisting her sisters (who were also targets of abuse) in plans and actions that got them out of the physical milieu of abuse. It is a sobering thought that repeated acts of molestation, which were inexcusable, were insufficient to drive the survivor to act to escape. In no way does this excuse or account for what happened. Rather it points to the power of the forward edge. When the fragile tendril of well-being, the forward edge of education, was endangered, it is as if mountains were moved and with velocity to restore the possibility of having a future life. In short: the provocation inspired “reanimation and resurgence of what the patient unconsciously legitimately needs, strives for, seeks, and hopes” (Tolpin 2002: 188). To be sure, plenty of pathogenic material was available all around. However, the forward edge transference of mentoring and formal study as a means of pulling oneself up by one’s bootstraps was a source of sustaining engagement in the treatment though numerous challenges and setbacks. This also points to an alternative redescription of the therapeutic transference as not limited to reenacting abuse but also providing guidance around boundary setting and formal school attendance.

Under one description, human development unfolds naturally and spontaneously unless something interferes with it. Violence is a disruptive event that activates self-protective methods, fixations, and patterns that are appropriate to protecting the vulnerabilities of a core aspect of the would-be survivor’s self – and humanity. Having escaped physically from the abuse, some of these patterns of survival persist but, in a context of safety, they are less adaptive. They are maladaptive. Hyper-vigilance, conformity, overly-placating or overly-aggressive patterns, are examples of templates of relating that invite attention and transformation. By removing the

sedimented obstacles and resistances, development restarts. At least that is the theory and paradigm. Real life rarely corresponds exactly to the theory. That is one reason why the relationships in the *Recovery Cloud: Transforming Domestic Violence* (Figure 4.1) are many-to-many, not sequential.

In another vignette, the survivor was recovered enough to be in action around concretely implementing her aspirations of becoming a doctor. One thing any would-be medical student needs are door-opening MCAT scores. She had good enough grades in biology, a compelling narrative of survival, which could be spun at a proper level of generality, and several powerful written recommendations from professors who saw value in her contribution. But due at least in part to intrusive and distracting thoughts, images, and feelings that continued to assail her with near hallucinatory intensity when she sat down to study, the MCAT score was disappointing – very disappointing. This disturbing images of angry faces of her father and brother had not remitted when engaged using methods of EMDR, CBT, or EBT – all attempted prior to psychoanalytic therapy. If ever there was a situation in which it made sense to lie back on the couch and describe the images that spontaneously emerged to distract the would-be student, this was it. Reminiscent of Freud’s case of Elizabeth von R (1893) where she was assailed by the angry face of her employer, the disturbing images of the survivor’s angry brother and father began to shrink and lose their power and force when the survivor was finally able to summon the courage to describe them in as much detail as she could. Though they never completely disappeared, they were no longer disruptive enough to interfere with studying and related cognitive functions that required loosening the grip – “decathecting” – of inhibitions on disturbing ideas in order to concentrate attention on one’s studies. Though multiple variables are in action

simultaneously, such improvement on the MCAT is a rare occurrence. The difference? One was the creation of an atmosphere of a gracious and generous listening – empathy – that enabled a breakthrough in undisturbed attention and concentration. This applied not only to the specific symptom, but to the survivor as a whole person whose well-being and emotional equilibrium were a vital concern.

Thus, while it might be too much to claim that empathy improves one's MCAT score, do not rule out the possibility that emotional equilibrium enables one to study, and that improves one's score. The alleged beneficial consequences of empathy has become a matter of controversy. Kohut famously reported that in one of the cases he was supervising the analysand complimented the analyst saying: being listened to by the empathic listening provided in the sessions was like sinking back into a warm bath. Relaxing. Soothing. Equilibrating. Stress reducing. The critic might object that, properly speaking, the benefit of empathy can be redescribed (and not altogether flatteringly) as a trip to the spa. Symptom relief? Escaping from the stresses and dynamics of the work-a-day world, one takes a relaxing bath, perhaps gets a massage, enjoys a specially prepared diet. The result? The person feels better. All well and good. But the symptom relief does not last. The cynic might say, "No good deed goes unpunished." That is because the punisher lives on and lives within.

I believe Kohut would agree with the critic up to a point. For someone who is suffering in emotional distress, symptom relief has its uses. A person is able to take distance from the issues and engage her problems in way that makes possible envisioning a long lasting solution. However, a permanent solution requires change in the structure of the self. Kohut was consistent

and definite that the effect of empathy on the function and structure of the self occurred (as Kohut expressed it) as a result of phase appropriate, nontraumatic failures in empathy that were then empathically repaired. These optimal frustrations provided opportunities for empathic interpretation and working through that enabled the analysand to take over empathic functions that were being provided temporarily by the analyst in the transference. Kohut aligned this process with normal development. For example, the toddler at play in the playground ventures forth to engage with the other child and slide set, returning to his or her Mom to get assurance and emotional recharge. Her caretaker functions as a part of the toddler's self, providing emotional balance and equilibrium, and personal validation that life is good. As the toddler grows up, he takes over this function of self-regulation and seeks out the caretaker less frequently or not at all. The teenager needs fewer reminders to turn off the TV and do his homework or pick up his stuff as he takes over the functions of organization that someone else has been performing for him. Likewise, the analysand has benefited from occasional symptom relief provided by the empathic relatedness of the analyst; but when the analyst is not available due to vacations, etc., or, even more importantly, due to breakdowns in understanding, then the opportunity is present for the analysand to take over the functions of empathic integration, regulation, and balance for himself. This enables him to perform for himself and going forward for others an entire set of empathic functions that were previously unavailable. The skilled analyst will provide a gracious empathic listening to provide symptom relief, knowing full well that the inevitable course of life will occasion phase-appropriate breakdowns in empathy on his part, in turn, offering opportunities for the kind of interpretation and working through on the part of the analysand that develops improved functional integration of the self and resilient self structure.

But even in Kohut, though the optimal frustration is the start of structure building, it is not the only method. In the end, Kohut marshals evidence that “empathy *per se*, the mere presence of empathy, has also a beneficial, in a broad sense, a therapeutic effect—both in the clinical setting and in human life, in general” (1982: 397). The Kohutian parent’s “gleam in the eye” is explicitly called out as inherently structure building and in a positive way (see above “From Empathic Narrative to Optimal Responsiveness” (and Bacal 1985: 17)). At another level, the toddler, adolescent, or patient who looks back to the other person (whether parent or analyst) and sees himself proudly mirrored in the gleam of the other’s eye building self structure directly without a preliminary breakdown by way of what Tolpin elaborates as the forward edge of development. Development in the self occurs naturally unless it is traumatically interrupted. Remove the obstacles and resistances. Get out of the way and let development occur. The same can be said of the development of empathy. Empathy assumes the function of the “gleam in the eye,” becoming synonymous with the work of psychoanalytic therapy at large as Kohut writes: “[...] [I]t is in the long run the task of the analysis to allow the analysand to become sufficiently empathic with himself [...]” (1977: 125). The self-soothing that expands in the well analyzed can be redescribed as a form of empathy with oneself. If empathy is “vicarious introspection,” then is introspection reciprocally describable as “vicarious empathy” and what would that be? Empathy for oneself is a way of relating to oneself as another. An example will be useful. The Shoe-Maker’s Daughter eventually came to the realization that she was collecting notches in the equivalent of her feminist *pistolè* with a series of slacker boy friends, who, as she eventually realized, “were just not good boy friend material.” Then the moment of empathy with “oneself as other” occurred as she applied the lesson to herself, painfully acknowledging: “Hey, I am just not good ‘girlfriend’ material in certain ways.” That was beginning of struggle and effort around taking responsibility

for relating in ways that created meaning and productive possibilities instead of dissatisfaction. For survivors of abuse, the moment of vicarious empathy comes in the form of acknowledging the narrative to which the individual is attached. That one is unworthy, broken, unfixable, beyond repair, in need of being returned, is often taken over by introjection of the abuser. But other times it seems to arise spontaneously out of a design defect of the psyche of human beings that we tend to blame ourselves when we are unwittingly caught up in painful circumstances that live on in spite of our conscious efforts. When psychotherapy works well the distinction between narrative and historical truth develops in the direction of the future, not the past. It unfolds in the direction of a “history” of the future. That is, the narrative of past abuse is rewritten as one of living into the future as possibility, productivity, and relatedness. Though the loss and suffering never completely disappear, they shrink and become less powerful as the constraints of the past fall away and possibilities call forth the initiatives of the self to reengage with life in a full and satisfying sense. But such initiatives are not without risks, which indeed have accompanied the entire process of recovery from the start. To those we now turn.

Risks: Retraumatization, Stuckness, Endless Looping, Isolation

The risks of retraumatization are pervasive. As noted in a previous clinical vignette, during times of stress in her life and in the therapy, one survivor repeatedly reached out to the perpetrator of a drug-facilitated date rape via email and social media. One might as well have said “acted out.” Yes, sexual predators wear suits and dine at fine restaurants. Her message? “You are going to pay. One way or another – you are going to pay.” Psychodynamically she expressed the need to get her own back. While there is value in emotionally completing any experience that leaves the survivor whole and complete emotionally, yet this approach was too risky. The rape occurred seven years ago. The statute of limitations was expiring. Though she did not “know” that, the unconscious was

tracking the calendar, even though the unconscious was “timeless.” “Did you fill out a police report?” I naively asked. This did not go well. “How can you be so insensitive? You don’t know what it is like to be raped. I would expect a psychotherapist to be more nurturing.” “Granted. I was not there. Granted, it was a clumsy question.” I had my mountains to climb, too, but perhaps I’d better not bring that up just now. Anyway, she had heard it already. It just landed too much like blaming the victim. The issue is that, due to the date rape drug, she wasn’t exactly there either. She had not fully grasped what had happened to her, as she said, “waking up from being unconscious in this guy’s bed with my pants off.” Then losing consciousness again. In order to get a handle on her experience, she took community training as a rape and domestic violence advocate. She realized what had happened to her – date rape.

I was concerned. More than concerned. My thoughts ran rampant: “You are at risk if you reach out to this perpetrator and ask for money. I am not saying whether you should fill out a police report or not. You got the rape advocate training. You know what the police woman behind the desk will say. She will probably take the report. What I am thinking is that ‘If you demand money from this guy, *you* will be the one at risk. Extortion or blackmail is not a valid revenue model. You know the word ‘retraumatize’? All of a sudden we will be having a conversation about this sexual predator making a counter-accusation of extortion. You will go from survivor to victim again.” I do not say any of this. I do not look anything like the police woman behind the desk, but I am willing to relate, willing to engage, willing to listen. Instead, I borrow a micro-narrative called out after me as a boy by my Mom as I go out to play, and I say three words: “Don’t hurt yourself!”

As I take a step back and examine my empathic receptivity, I experience the shame, guilt, and rage of walking into the police station and saying that I want to fill out a police report from seven years ago, and I can tell you the month and year, but not the exact date. The empathic understanding is engaged as the possibility of recovering the power of being an agent. Being an agent, a source of initiative, who acts on her own behalf, actively not passively, and, in that limited sense, getting her own back. The empathic interpretation is exact but incompletely expressed. “Don’t hurt yourself” is not a bad start but the prospect of acting out a return to the abuser – this time in order to demand money – is the source of an almost overwhelming therapeutic nihilism.

Nevertheless, “don’t hurt yourself” seems to work. Maybe the empathy was good enough, even if incompletely expressed. The survivor comes into the next session displaying an uncharacteristic light-heartedness. She seems somehow more together, more coherent, more articulate, more engaged, more up-to-something. It comes out at the end of the session – given the shellacking I had taken, I don’t ask – she has indeed filled out a police report. This entirely symbolic act – seven years later there is no evidence, no DNA, etc. – is a dramatically empowering gesture. I hypothesize that it has contributed to recovering a sense of agency, self-expression, and perhaps getting one’s own back, however tentatively. It is not a breakthrough – it is a first moment of a turning point at which shame, doubt, rage, do not rule the survivor’s life. She is at the point at which she says “I get to say...” She is at the point at which stuckness, the risk of retraumatization, and return to the abuser, are engaged and surmounted.

No one wants to risk blaming the victim. Therefore, the kid gloves are out. Absent an empathic stance, the risk of a retraumatization escalates. Still, the strength and resilience of survivors should not be underestimated. Neither should they be taken for granted. The ever present risk of retraumatization, even with the most delicate and empathic of approaches, is one that has to be carefully managed.

We circle back to the beginning of the process of recovery. While the question “Why didn’t she leave the abuser?” may result in taking the focus off of the perpetrator, it is still a significant question. The reasons given that the victim does not leave – escape – are as varied as the individuals. Yet suffering is sticky. Once again research that consists in talking to survivors anecdotally suggests that the top reasons actually expressed by survivors for not leaving the abuser include: (1) economic challenges – who is going to pay the rent? Her credit may already have been damaged by his financial misbehavior (another form of abuse); (2) fear of death – he threatens to kill her or her children or family or all of the above and seems crazy enough to do it – and even if not crazy, one does not want to find out otherwise; (3) language barriers since the survivor may be an immigrant from a foreign country and does not have sufficient command of the language (related to, but different than economic variables); (4) does not have knowledge of resources available to women in large urban areas such as a domestic violence shelter; (5) is so traumatized – numbed – by a pattern of abuse that she is chronically emotionally or psychically paralyzed; (6) rationalizes that he’s just like that or he gets that way only when he drinks or all men are like that; (7) unconscious or barely conscious hope that the relationship will “turn around” and fulfill a dream of satisfaction; and finally the top reason given that she did not leave the abuser – (8) love – she loves him. But wherever there is love can hatred be far behind? Under

the above section “(Un)realistic Expectations of Compensation for Suffering,” we also engaged with (9) the hope of getting one’s own back – of which there are many forms including a hope for revenge. In any given life situation, all of these are realistic reasons, capable of robust reality testing, as well as unconscious fantasies, capable of lurking behind the scenes are in need of surfacing and working through.

According to Freud, love is aim-inhibited sexuality; according to Eric Fromm, love is the overcoming of alienation and unfolding of personal possibilities in productive human relatedness; according to Saint Paul love (*agape*) is God’s concern for mankind in the Christian community; according to Carl Rogers, love is unconditional positive regard, i.e., empathy; according to Bob Dylan love is just another four letter word.

We struggle to understand why suffering is sticky, and survivors sometimes cause those around them to despair by returning to the abuser. Empathy is a high bar. I have already suggested that a micro-narrative that “she loves him” can mask a subtext that a less socially acceptable idea of enacting revenge lurks behind the manifest behavior. A description such as “masochism” is risky, politically out of fashion, and potentially devaluing and retraumatizing the survivor. The psyche is supposed to be governed by the tendency to find pleasure in discharging tension and returning to a pleasureable state of relaxed equilibrium. From the perspective of psychic equilibrium, classical psychoanalysis finds that the enjoyment of over-stimulation presents a significant problem. Into this dynamic play of forces, the distinction “sado-masochism” emerges as the enjoyment of pain and of inflicting pain. Given the basic economic principle that the discharge of tension is

pleasureable, the economic problem of masochism – also the title of a classic article by Freud (1924) – is the paradox that an increase in stimulation is experienced as pleasureable.

From another perspective, the experience of enjoyment when “a child is being beaten” – again echoing the title of Freud’s paper (1919) – becomes fundamental and is traced back to a basic, in born aggression – a “death drive” – that is as wide and as deep as the erotic drives. When aggression gets recruited by the conscience – the superego – then a culture of self punishment emerges. This is redescribed as “moral masochism” and encompasses the various forms of self-defeating behavior that typically show up in the offices of psychotherapists. The turning against the self of the aggression is what distinguishes a neurotic from the sadistic acting out in inflicting physical pain as part of the process of sexual climax. Thus, the famous maxim that neurosis is the negative of perversion (1905: 165). Those who act out their perverse sexual fantasies do not become neurotic. Those who repress the fantasies find that the fantasies live on beneath the threshold of awareness and then emerge symbolically as compromise formations – symptoms.

Until the abuse results in hospitalization or proves fatal, the cost to the victim of separating from the abuser often shows up to the would-be survivor as greater than the pain caused by the abuse. The risk of stickiness looms large. The temptation is strong for the therapist to over-identify with and take over the anxiety of the patient. When skillfully applied, the empathic stance is actually a defense against such a merger, since empathy discloses a trace affect, a sample of the other’s distress, not a full blown merger with it. Empathy enables the therapist to feel a sample of the other’s pain and upset as a vicarious experience – a signal affective, a trace sensation – without becoming submerged in it. Thus, the therapist is able to say with integrity, “I sense that what you

are going through is hard; and it must be extremely upsetting.” However, it also enables the therapist to keep enough distance to prevent taking on the patient’s distress and being emotionally flooded by it. The more the therapist’s over-identification expands, the less the patient is able to do anything about the situation, since the therapist is the one doing the suffering and worrying. If the therapist is worrying, feeling anxious, the patient does not have to do so, according a quasi-magical “conservation of anxiety.” Short-term relief is available in having displaced the distress onto the therapist, but it just results in spinning matters out until the next go around with the abuser. If the therapist can give back to the patient some of her own worry and distress in a modest and manageable amount, then it opens a wedge into the mutual, deep attachment of the would-be survivor to the abuser. The stuckness abates. At the moment, this wedge encapsulates the value of the entire therapeutic process. The patient experiences a new found intolerance of her own willingness to put up with suffering. Aim-inhibited energies, including anger, because available for productive endeavors.

The therapist may usefully inquire about a worst-case scenario, mixing confrontational with empathic methods. Nancy McWilliams (2004: 209) suggests that the therapist inquire whether the would-be survivor has a legally binding Last Will and Testament naming her children (if she has any) or other close relative rather than the abuser. The “misery loves company” of the emotionally wounded is not a position of power, and power is what is needed by the would-be survivor. The implication is that she is at risk of getting killed. In this context, safety planning (e.g., Wilson 1997/2006) is more likely to be heard receptively - practical suggestions about having one’s cell phone, wallet, keys, etc. readily available to make a quick escape.

The stickiness of the past redescribes the compulsion to repeat. Likewise, the stickiness of suffering. The suffering is not past but is aroused in such a way that, even if originally experienced in the past, it lives again in the present. When an upsetting experience is not integrated and tamed by being organized and structured into a coherent meaning, then something exists in the person's experience that inherently continues to call forth the upset in an attempt to master it. Although not an infantile wish (unless amalgamated with one), traumatic experiences share with unacknowledged wishes the distinct characteristic that they are aroused by resemblance to associations and contiguities to patterns acting as triggers in the present. As Freud notes, the force of the trauma is transferred to the present like the ghosts in the underworld of the *Odyssey* – “ghosts which awake to new life as soon as they tasted blood” (Freud 1900: 553n). This original meaning of “transference” is closely associated with the repetition compulsion and points the way to decoupling the person from the stickiness of the suffering by articulating and integrating the previously unformulated experience. To the extent that the suffering is owned, articulated, and integrated, it becomes less sticky. It loses power, becomes less forceful, less intrusive, diminished in its disruptiveness, and shrinks, even if the memory of it never completely disappears.

Each of the distinctions in the *Recovery Cloud: Transforming Domestic Violence* (Figure 4.1) is an opportunity to engage with the survivor in the context of empathy. Each of the distinctions is an opportunity to generate a breakthrough or risk a breakdown in empathy in relating individually to the survivor. Indeed a breakdown is often a precursor to a breakthrough, though seeing how is not easy when in the midst of the struggle. For example, empathic receptivity to the experience of the loss of power is a vicarious experience of fear, signaling the possibility of escalating violence.

Whenever there is a loss of power, then risk of violence goes up. This applies to scenarios of self harm and other harm in psychodynamic situations. Violence and authentic power are inversely related. Empathic receptivity also surfaces righteous indignation about domestic violence, a transformation of anger in the direction of relationally useful, aim-inhibited emotional energies to take action in the face of suffering. Empathic understanding engages breaking out of the perpetrator-victim cycle to engage the possibility for survivors to have power in relationships with the others in their lives. Empathic understanding grasps the possibilities of mutual respect and contribution to family and community. Empathic interpretation – distinguishing what happened from what the survivor made it mean – points towards the articulation of leadership in the matter of mutual cooperation, relatedness, and engagement with possibilities for satisfaction, meaning, and productivity. The empathic narrative that emerges is one of building community based on empathy.

Conclusion

The very idea of a rumor of empathy can be confronting, even anxiety inspiring. Maybe empathy is a *mere* rumor – *only* a rumor – and not a vital presence that makes an enlivening difference in one's relationships. Maybe the rumor is mistaken. Maybe a rumor is a scandal of empathy as when Strachey mistranslates “empathy” or Lipps substitutes “projection” or one person's empathy becomes another's countertransference. If empathy is missing, what then of the vitality, aliveness, and warmth that empathy brings forth in one's relatedness to others? If empathy is missing, what then of the humanness – the humanity – in one's relatedness to others? Yet from another perspective, a rumor of empathy restores power to empathy. The very rumor itself restores power. How so? It puts empathy in the foreground and at the foundation of relatedness.

The anxious reaction to the prospect that empathy is a mere rumor, not a reality, provides compelling evidence of the significance of empathy. It provides compelling evidence that empathy makes a difference, is sought after, even coveted. Its absence is felt. It is missed. If empathy is oxygen for the soul (self), then the pervasive shortness of breath abroad in the land is not only due to air pollution. Granted this is a provocative metaphor, but one that is of the essence. So many are short of breath. Positively expressed, if without empathy the psychic life of man (persons) is unthinkable (as Kohut asserted), then empathy is foundational, showing the way forward, enlivening, vitalizing, and inspiring – literally “in-spiring.” Without repeating in detail the argument of this work, connecting the dots between an initial situation of resistance to empathy and the natural unfolding of empathy requires removing the resistances to let empathy flourish, navigating the labyrinth of empathic receptivity, empathic understanding, empathic interpretation, and empathic responsiveness.

In spite of resistances to empathy – institutionally, individually, therapeutically – few would deny the value of empathy. Everyone endorses empathy with the possible exception of a few contrarians whose contribution is precisely perceiving the hypocrisies of the lip service to a superficial ersatz-empathy in the marketplace. Yet if empathy is so widely endorsed, why is it not more common? If empathy is so easy, why is it not more available? Why is there so little of it in the world? There is so little of it precisely because our naturally given empathic abilities are left undeveloped by educators, parents, therapists, peers, politicians, leaders, and the systems they govern – but most of all are left undeveloped by ourselves. There is so little of it because introspection and self-knowledge are hard, requiring confrontation with one’s own inauthenticities, blind spots, and limitations – and such confrontation arouses resistance.

To be empathic one must be other-centered, not self-centered. The resistance to empathy exists precisely because empathy is a transformation of narcissism that wounds one's narcissism. Freud points out the pattern in his article on difficulties in the path of psychoanalysis (1917a): Man's planet earth is not the center of the solar system, the sun is (Copernicus). Man is not the crowning creation of God, but the product of random variation and natural selection in evolution (Darwin). The ego is not master in its own consciousness, the unconscious is (Freud). While empathy perhaps falls short of the blows to narcissism of the discoveries of Copernicus, Darwin, and Freud, the dear self is wounded in its grandiosity and would prefer to receive empathy, not give it away. A rumor of empathy restores power to empathy because it proposes to undertake an open-minded inquiry into empathy. A rumor of empathy wonders that wonderful as empathy is, it is not more common. A rumor of empathy implies that one would know empathy if one encounters it, and proposes to go looking for it. This evokes the association of Diogenes' madman with a lit lantern at noon, looking in the marketplace for an honest man. Is it madness to speak of a rumor of empathy, of resistance to empathy, of developing empathy? Yet one has to wonder – so many are short of breath. A rumor of empathy restores power to empathy because it puts empathy in charge of the inquiry. To be sure, we honor and study the exact words of such great thinkers and enactors of empathy such as Socrates, Freud, Kohut, and others too numerous to list here; but we take our guidance from empathy, not Socrates; empathy, not Freud; empathy, not even Kohut. There is a rumor of empathy in one's relationships, community, training program, school, or psychotherapy practice, and one proposes to inquire into the rumor. One proposes to inquire into empathy's presence or absence, and say whether the rumor is valid or invalid. In fact, once one knows about the rumor, then it can be validated (or not) using the same

constructive methods identified by Freud (1937) for testing any construction or interpretation.

Does it yield additional analogous, confirming examples? Does it yield additional empathy? Is empathy advanced or constrained? Does empathy flourish or languish?

Deep is the well of human suffering. Who can plumb it? The motivation for another inquiry into empathy is to engage suffering and relieve it. Even if suffering is ultimately an illusion, it is a compelling one, and much work is required to overcome it. But is this realistic? Is this practical? Don't think too deeply about what is bothering you? Life is tough, and then you die. Get over it. Is this one of the consolations of the examined life? Is this back-sliding into the unexamined? Yet, empathy is a bridge over troubled waters.

This work is filled with “big ideas” and invites an equally large scale response; yet none is available here. Instead the invitation is to a rumor of empathy – “rumor” because, as an inquiry, empathy shows up as a possibility of relatedness in receptivity, understanding, interpretation, and responsiveness. Empathy takes place at the margin, at the boundary, at the limit. “Rumor” is that of which there is a faint sound – an echo – a trace – a mere possibility. As a rumor, empathy takes place just below the limits of consciousness. The rumor struggles to emerge as emotional contagion, synchronization of bodily postures, vicarious experience, communicability of affect, none of which rise to the level of full-blown, adult empathic receptivity. The rumor struggles to emerge as the possibility of a shift in a person's way of relating, shift in the person's way of engaging with her or his own character, or manner of engaging with other individuals. The rumor is that of a new possibility of empathic understanding that “gets” the other as who the other really is as a possibility. The rumor struggles to emerge as an empathic interpretation of the other

individual from a first person, second person, or third person perspective, none of which are commensurable with one another, but which converge on empathy as on a point of infinite progress towards the horizon of accomplishment and satisfaction. The rumor of empathy struggles to emerge as a responsiveness to the other that includes listening and responding, based on reciprocal humanity. This takes us back to the beginning and to an optimal response that demonstrates to the other that the other's humanness is acknowledged. The rumor is ultimately an inquiry into what it is to be human, and the inquiry itself humanizes.

Thus, a rumor of empathy is not psychotherapy, it is a clearing for human relatedness in the context of an inquiry into being human, engaging emotional disorder and transforms it into possibilities of productivity and relatedness; it is not psychoanalysis, it is a clearing for the possibility of finding meaning and self-knowledge amidst absurdity and significance amidst suffering; it is not humanism, it is a clearing for the possibility of being human; it is not existentialism, it is a clearing for the possibility of human possibility; it is not morals, it is a clearing for integrity, respect, and generosity; it is not community, it is a clearing for acknowledging one's neighbor and expanding community; it is not theory of beauty, it is a clearing for the communicability of affect; it is not narrative, it is a clearing for being optimally responsive through language and listening to the humanity of the other individual; it is not teaching, mentoring, or parenting, it is a clearing for the possibility of leadership in diverse roles in community. In short, the rumor of empathy is the initiative of lighting a single candle in the form of empathy against the darkness of human suffering.

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