Heaven and Hell:

The Phenomenology of Darkness and the Structuralization of Experience

April 18. 2012

"The pit is prepared, the fire is made ready, the furnace is now hot, ready to receive them; the flames do now rage and glow. The glittering sword is whet, and held over them, and the pit hath opened its mouth under them."

Jonathan Edwards (1741) "Sinners in the Hands of an Angry God"

"The gates of Hell open from the inside."

Dante "The Inferno"
Abstract: In response to emotional trauma, which gives rise to feelings of hurt, loneliness, and shame, a child may come to inhabit an experiential-emotional world of darkness that I have come to refer to as a Personal Hell. Over time, the ever-present fear of falling into this painful realm helps structuralize ongoing emotional experience by making safety the highest priority in life and by generating strategies designed to provide a certainty of it. One key safety strategy is the creation of a Personal Heaven, a longed-for world of bliss that is the affective opposite of Hell and that exists in dynamic tension with it.

In order to escape the limiting life of safety, the patient’s personal Hell must be experienced, tolerated, and ultimately, integrated. This process is best accomplished in the presence of a caring other, one who manifests sufficient courage and emotional tolerance to enable the patient to fully inhabit the painful emotions that arise in the encounter. To the extent that integration is successful, the need for safety strategies will subside, and the possibility of living a flawed but richer human existence can emerge.

Keywords: Hell, Heaven, transformation, transformational object, emotions, affect, integration, tolerance, imagery, safety, antidotes, darkness, hopelessness, hope,
Introduction

It might have been easier for all my therapists if I had known what exactly my problem was, but to be honest, I didn’t have a clue. All I knew was that I was bitter, angry, confused, and lost, and that I had been that way as long as I could remember. I hated myself and envied everyone else. Why were they so happy, when I lived in a continual emotional Hell? I blamed my childhood, my personality, my physical appearance. I bemoaned my lack of love. I tried drugs and sex and music. I threw myself into work, into play, into relationships, but I still felt locked in and lonely. I considered suicide. Eventually, someone suggested I try therapy.

And so I tried...four times. The first ended in an enactment of erotic countertransference, the second terminated prematurely in pseudo-health, and the third ground down into a stubborn impasse. None resolved, or even touched, my primary emotional issues. The fourth treatment, on the other hand, was an experiential encounter with Hell itself, and that was the one that did what the others did not: it put me in touch with my essential pain and taught me how to live with it. And it made an enormous difference in how I feel as I walk around the world.

In the aftermath, naturally, I became very curious as to why that treatment succeeded when the others had failed. I wondered further if understanding what had happened to me might allow me to utilize it to help
others. The thoughts in this paper form part of my attempt to reach that understanding.

Worlds of Darkness

As many theorists (e.g. Bromberg, 1998; Brothers, 2008, 2009; Davies and Frawley, 1994; Stolorow, 2007) have pointed out, trauma is capable of fracturing experience into separate domains that seem to exist as complete worlds unto themselves. As Stolorow describes it, “Experiences of trauma become freeze-framed into an eternal present in which one remains forever trapped, or to which one is condemned to be perpetually returned through the port keys supplied by life’s slings and arrows” (2007, p. 20).

One of the most important of these “eternal presents”, one normally created in childhood, is a realm of everlasting hurt and aloneness from which there is feared to be no possible escape. This is where the child, and later the adult, goes when he feels unloved and unlovable, alone with his hurt and pain. It is a cold, dark, silent domain of hopelessness, unlovability and despair. I call it a Personal Hell.

While theoretically there are is infinite number of personal Hells, each one an individual creation, there are two basic categories into which I believe they fall. The first is centered on the subjective experience of object-loss and is more or less isomorphic with clinical depression. The second is based on terrors and experiences of self-loss and is more related to psychotic states. Whichever the form, for many people, Hell impends
continually: a lethal emotional whirlpool that lurks in the depths of the mind, threatening permanent darkness. It is not an unknown darkness, however. On the contrary, it is deeply familiar, even if not consciously known. In Winnicott’s words “fear of breakdown is the fear of a breakdown that has already been experienced” (1974, p. 105). That is, Hell is not some make-believe realm of imaginary badness, it is the concrete recurrence of the worst emotional experience(s) of that person’s life.

I believe a Personal Hell to be a nearly universal emotional phenomenon. That assertion is not a given, of course. It is certainly true that, as individuals, no two people are alike, and therefore, experiences such as these (even if called by other names) may not exist for everyone. On the other hand, as Eigen (2006) opines, "I don't think any of us survives infancy or childhood fully alive" (p. 25); and later "We (all) carry around an annihilated self" (p. 28). Perhaps it is safest to say that the creation of a Personal Hell is extremely common, and in my own experience discussing this topic, I have rarely found individuals who do not endorse some version of this experience.

Through the terror of its unbearable agonies, Hell is capable of exerting enormous power over the shape of ongoing experience. Often, avoiding being devoured by its insatiable pull becomes a central organizing principle in psychological organization. More specifically, in the search for a felt sense of safety, people develop approaches designed to identify those
aspects of emotional life that might evoke a plunge into Hell and establish a protective *cordon sanitaire* around them. One such approach is the creation of an alternative world, a land of eternal joy from which there is hoped to be no release. I call this transcendent world a Personal Heaven, and while it is a dissociative fantasy, for many people it becomes the overarching goal of life. Moreover, it co-defines, along with Hell, worlds of binary opposition: all bad/all good, all miserable/all happy, all dark/all light, which can come to characterize the ongoing organization of an individual’s emotional world. Such a limited way of thinking reduces that person’s complexity, restricts his ways of being with himself and others, and ultimately, therefore, severely limits the joy and freedom of his life.

From the standpoint of clinical theory, the ideas I am describing are not new. In fact, Ellenberger (1970) ties Hell’s expression in contemporary industrial societies, where they are known by DSM-IV (APA, 1994) diagnostic labels such as depression and schizophrenia, to earlier Christian cultures, where they are held to be the work of demonic possession, and even to non-industrial societies, where they are understood as “soul loss” and “spirit possession” respectively. In psychoanalysis, many theorists have described the impact of depression and its antidotes, binary emotional organization, and dissociated worlds of experience. Among many others, I am thinking particularly of Freud’s (1917) “shadow of the object,” Klein’s (1934, 1943) paranoid-schizoid position, Fairbairn’s (1943) “return of repressed bad

However, despite the many compelling analytic formulations over so many years, specific descriptions of Hell are often quite meager. It is commonly portrayed as “black hole”, an “abyss”, or, diagnostically, as depression, terms that do not fully capture its experiential essence. To my mind, it is better understood as a kind of “dwelling within” a world apart, one that entails vivid sights and sounds, powerful somatic sensations, interacting emotional states, and crushing cognitive meanings. It is undergirded by rigid convictions, primitive understandings, and frightening expectations. Contradictory and confusing relations to one’s self and others add to the complexity of the experience. In this paper, I will elaborate a more complex and evocative phenomenology of this lived experience and demonstrate its clinical application.

As I have already demonstrated, in my descriptions of these worlds, I will utilize religious imagery, ideas, and language, which gives my descriptions the quality of metaphor. There is certainly something to that. The patient is not in Hell, literally, since it is a realm that does not exist (as far as I can tell). However, as Joseph Campbell (1949/1968), points out, (1)
many of the world’s religions include notions of an underworld of darkness and suffering and an upper world of light and joy; and (2) all religious narratives, as well as national epics and traditional stories, can be seen as deriving from enduring emotional themes in human psychology. In that sense, by utilizing religious language to describe affective worlds, I am returning the theologized concepts to their source in human emotional life. As such, the terms Heaven and Hell, rather than being pure metaphor, are names for experiences that don’t otherwise have them, at least not fully.

In the service of providing both an experiential foothold and also an analytic case illustration, I will be utilizing descriptions arising out of my own life, rather than a traditional case example, and I will be alternating that narrative with more straightforward theoretical formulations. I am hoping that the accounts of my experience both in and out of analysis will allow for easier access to the phenomenology of Hell and its alternatives. Let me begin with a brief vignette from my childhood.

Hell

A Very Bad Year

When I was six, it was a very bad year. Not that it had been so great before. My twin brother and I were rivals for my parents’ scarce emotional resources, and I, the less cute second-born, always lost the competition. In fact, years later, my mother told me, somehow without recognizing how this might have hurt me even then, that when friends and relatives came over to
see the twins, she brought out my brother and told her guests, "The other one looks just like this one."

Then, when I was six, my sister was born, and my mother, in her primary maternal preoccupation, became far less tolerant of my brother and me. We were just getting dirty or yelling - being boys - but suddenly, that wasn't acceptable any more. Every day there were new rules about how we were supposed to behave. Why couldn't I follow them?! Was I trying to make her angry?! Or was I just too stupid to get it?! And then she would beat me with a shoe, a belt, whatever came to hand, and I cried with pain and humiliation as she whaled away on my naked backside. How many times did she have to tell me?!

Afterwards, curled up tightly on my bed, my face turned to the wall, I felt the sting of my badness. I was unlovable, an untouchable, all alone in a world where no one could see me or even wanted to. I was in my very own personal Hell, and I was going to be there forever.

The Fate of Desire and the Creation of Hell

The creation of Hell is a relational process that begins at birth. Imagine an infant in the first few weeks of life, totally in the care of its mother. The infant cries, coos, smiles, frowns, and in other physical ways communicates with the mother; and every one of these elemental gestures represents a reaching out towards the mother for connection, as well as for
the mother's life-sustaining warmth, food, and love. As such, they all embed a kind of proto-hope, a primitive desire that the mother will recognize her baby's longing and meet it in an appropriate and loving way. When she does, the infant will have an experience of fulfillment, and the fate of his desire will be positive. By contrast, when a mother fails to recognize her baby’s gesture or rebuffs it, the infant will have the experience of frustration, and the fate of desire will be negative.

As a child grows older, and his experience of desire met or not met is repeated frequently over time, he begins to develop a set of expectancies about the world and his relationship to it. Positive meetings generate hopeful expectations and will most likely be continued; negative meetings, by contrast, will most likely evoke frustration and will most likely be stopped. They are often followed by an attempt to make sense of the problematic interaction. In line with Fairbairn’s (1943) Moral Defense, in which he famously stated “it is better to be a sinner in a world ruled by God than to live in a world ruled by the devil” (p.110), the child may come to hold himself responsible, on top of which, his attribution of guilt may be exacerbated by his parents, who, for their own emotional reasons, may overtly blame him as well.

Naturally, once the child has determined that he is the guilty party, he will most often attempt to repair the problem and "do better" the next time. His behavioral correction, however, even with emotional accommodation,
will probably only go so far towards ameliorating the situation, as his critically needed ties to his parents, along with the immaturity of his reasoning, can prevent his taking into account the critical role his parents play. As such, his new behaviors may not adequately address the complexity of the problem, and they may not elicit any more positive responses from his parents than his original choices did.

In the experience of ongoing failure, the child’s understanding of the problem may ultimately shift from “I need to change my behavior, because I am doing something bad” to “Nothing I do works, so therefore I am something bad.” This process of emotional decontextualization (Maduro, 2008), in which guilt gives way to shame, strips away the relational history of the pain and eradicates phenomenological perspective, in what Atwood (2011) calls "epistemological trauma." The child's feeling of badness that began as an emotional state has now become an irrefutable, unchangeable fact about his inherent nature. As many patients report, “It’s in my DNA.”

Once the child’s “special badness” is fully instantiated as a crushing organizing principle, it becomes more or less invariant and more or less impervious to disconfirmation from external sources. In fact, it may even become a central pillar of his identity, organizing his experience down to the level of perceptual input, heightening experiences of rejection, dismissal, invisibility, uncaring and threat. Moreover, the child's expectation that his
parents will not attune to his pain amplifies his sense of isolation and loneliness, along with despair about his fitting in with the rest of his family.

The end point of this painful process comes when ongoing negative interactions evoke powerful feelings of guilt and shame. Feeling alone and unloved, disconnected from others, he sinks into a world of his own darkness, a wounded, rejected, lonely child curled up in a ball on his bed, or in a closet, or off in some private place, sobbing softly to himself. He feels his essential aloneness and knows that no one will come to rescue him. At that point, for such a child, a new and terrifying world has taken shape: Hell. It is a world that will have a profound impact on his life.

Fire and Ice

A full fathoming of the experience of Hell requires, first, an understanding of it as a complex, dissociated affect state, characterized by a unique combination of thoughts, feelings, somatic sensations, unconscious activations, beliefs, expectations, assigned meanings, attitudes toward self and others, and motivational tendencies. As a state of traumatic dissociation, it also entails visual, auditory, temporal and spatial elements. Bromberg portrays such a world as “an internally coherent...self-state with its own narrative, its own memory configuration, its own perceptual reality, and its own style of relatedness to others” (1998, p. 245). Further, while from the analyst’s perspective, such a state always arises in a relational context (Mitchell, 1988; Stolorow and Atwood, 1992), from the patient’s
subjective point of view, all context has been lost in the process of becoming. Hell is an experience, in Maduro’s words, of “radical independence, atemporality, certainty, and solidity” (2008, p. 35). Stolorow et al describe it succinctly as a “personal universe” (2002).

Experientially, Hell feels like a hole in the mind that one can fall into at any time. Fittingly, many people describe Hell as being underground, arrived at by dropping through a flimsy floor or falling into a hole in the earth. It is always there, waiting. In The Golden Bough, Frazer describes it evocatively:

> We seem to move on a thin crust, which may at any moment be rent by the subterranean forces slumbering below. From time to time, a hollow murmur underground or a sudden spurt of flame into the air tells of what is going on beneath our feet (1922, cited in Parker, 2011)

As described above, there are two primary forms of Hell. They are not mutually exclusive; quite a few people have both experiences. Mostly, however, they do not manifest simultaneously, but exist as separate experiential-emotional worlds. The first of these worlds is based in profound feelings of rejection and abandonment. In this Hell, the smiling face of the world has turned away, and in its place is a vast indifference. Here, the individual finds himself completely alone, while off in their world of light and happiness, the others don't see him, care about him, or miss him. They don't even know he’s gone.
In the face of such profound subjective isolation, this Hell is barren, lifeless, and cold. Hell is often enclosed in some way. For some, it is an underground cavern, for others a dark hole. It is often lit in a sad, suffused grey. One patient described it as a dank room at the bottom of a well. Another saw herself sitting alone on an iceberg in a dense fog. There might be a salt lake, created by tears cried in isolation. In all cases, it is cold and deathly still...a living tomb.

Here, the individual has the feeling that he is bad or defective in some essential way: repulsive, ugly, toxic, rancid, worthless, a loser, possessed of a quality which necessarily renders him unlovable and unfit for all human company. As Stolorow et al conceive it, such a notion is directly tied to the patient’s history: “From recurring experiences of malattunement, the child acquires the unconscious conviction that unmet developmental yearnings and reactive feeling states are manifestations of a loathsome defect or of an inherent inner badness” (2002, p. 13). I strongly agree, with the addition that by adulthood, the conviction is often no longer unconscious. Almost every one of my patients has, at one time or other, admitted to a core belief of inherent defectiveness.

Further, it is this quality which the sufferer believes to be responsible for his having been cast down into this dark pit to begin with. That is, given his monstrousness, Hell is the only place he feels he truly belongs. As such, shame is a nearly universal experience, along with self-hatred, as the
sufferer takes on the total blame for his emotional fate. Moreover, his searing shame about his defectiveness and its consequences is amplified by the conviction that being in Hell both exposes and confirms his essential badness; that although his good qualities are completely invisible, his defects shine brightly for all to see, and he feels ashamed not only of the qualities that got him there, he feels shame as well simply for the fact of his being there.

Naturally, in such a place, the sufferer feels profoundly disheartened, discouraged, and, of course, hopeless and depressed. Exhaustion is common, as many people become aware of how hard they have been trying to stay out of Hell and how fruitless all their efforts have proven to be. This sense of futility also robs them of further motivation, as all efforts are imagined to be as pointless and unproductive as those they attempted before. They feel profoundly powerless to change their state.

For many people, then, their convictions of inherent defectiveness combine with their feelings of despair and powerlessness to create a powerful sense of permanence, an unshakeable conviction that there is no way out of this darkness...ever. A feeling of inevitability reigns. The permanent inescapability of these feelings may be what renders Hell most intolerable. A suffering soul, if he was certain the pain would end in time, could probably wait it out. But with no light at the end of the emotional tunnel, the hopelessness can be simply too much to bear. Doom prevails. It
is in this state of mind that suicide becomes a compelling alternative as the only conceivable form of release from the endlessness and the pain, and more than one person has succumbed to its fatal siren song.

The second Hell, which is related to self-loss, or personal annihilation, may be even worse than the first. It certainly can feel that way in the moment, because of its sense of dire immediacy. It is more characteristic of those whose childhood traumas were marked by extreme neglect, overt cruelty, or severe abuse, and it is virtually isomorphic with various forms of psychotic process. Although it is beyond the scope of this paper to describe the many different forms this Hell can take, but I will mention a few. Many people experience it as pitch-black and with voices commanding, taunting, crying, or shrieking. Maybe the voice is the individual’s own, screaming for help.

Here, the sufferer is overwhelmingly aware of a threat that can kill him instantly. He worries that he is vulnerable to being torn apart by wild animals, have rats take over his brain, fall forever, get buried alive, have his skin split open and his insides spill out, be taken over by rays from a distant machine, or be atomized into a million pieces. Moreover, unlike his experience of barren Hell, in which a depressing existence is a long-term fate, in this Hell, there is a sense of a dire and urgent threat, so that here, he isn't depressed or ashamed, only terrified, and the only thing on his mind is a desperate, panic-stricken scramble for survival.
It should be noted that these two experiential words are not mutually exclusive. That is, triggered by different interpersonal experiences, an individual can plunge into both realms at different times. One may be more syntonic and be used defensively to escape the more terrifying other. In addition, there may be a dynamic relation between the two Hells, as in the case of borderline states, in which fears of abandonment (object loss) lead to experiences of annihilation (self-loss), and the resulting desperation to “stay alive” can take many frantic forms. I had a patient whose emotional worlds had just such a connection, so that the threat of barren loneliness evoked experiences of falling backwards endlessly down into a black abyss while her skin disappeared and all her nerve endings were seared with fire. To protect herself, she formed a stubborn erotic attachment to me that did not remit for several years. We were only able to move past her sexualized transference and her terrifying experiences of psychotic terror by helping her to “land” in the barren and lonely world of abandonment and depression she had been trying to avoid in the first place.

The Holocaust Mantra and the Portkeys to Pain

In 1974, Ornstein introduced the idea that patients who may seem simply “compelled” to endlessly reprise maladaptive behaviors, as Freud had described (1920,) can, in fact, be motivated more by a “dread to repeat” painful and defensive experiences of the past. This notion seems apt with regard to the experience of a Personal Hell and its attendant fears of
retraumatization (Davies and Frawley, 1994; Stolorow et al, 2002). For many people, plunging into Hell can be such an excruciating experience that they vow to stay out of it forever, as expressed in the words of the Jewish Holocaust mantra, “Never Again”. This pledge can become a powerful ongoing organizing principle, one that works unconsciously and continually to make a subjective sense of safety the ultimate goal of a person’s life.

Never Again is not easy to achieve, however. For an affected person, the everyday world can be filled with hidden emotional dangers that serve as portkeys, capable of transporting him instantly down to the world of doom. These various portkeys are individual, having been developed in a childhood of suffering. For one person it may be experiences of deprivation, for another, enslavement, for a third, rejection. In all cases, the painful emotion is not only the experience itself, but also the shame associated with the failure to prevent one’s self from falling again. As a result, life can become a constant, nerve-wracking game of emotional Chutes and Ladders played blindfolded, and with all the chutes leading straight down into the black hole of Hell. In response, people develop large and small scale safety strategies, which I categorize in three ways: evasion, neutralization or transcendence.

Evasion, the first approach, involves an attempt to identify and steer a berth around the dangers of the world. This category would encompass schizoid withdrawal (cf. Guntrip, 1969), paranoid ideation, and avoidant behaviors of all kinds. People may refrain from romantic relationships for
fear of rejection, refuse promotions to escape greater responsibility, or avoid social events so as to protect themselves from disappointment, hurt, or anxiety. In addition to these forms of concrete avoidance, people use various mental processes to render dangerous affects temporarily or permanently unconscious, including repression, rationalization, denial, suppression - in fact, all the “mechanisms of defense” first outlined by Anna Freud (1936/1966) – as well as any relational process designed to achieve the same effect. In cases of trauma, a particularly common strategy for achieving safety is dissociation (Terr, 1994; Davies and Frawley, 1994; Van der Kolk and McFarlane, 1996; Bromberg, 1998).

The second category of safety strategies, neutralization, is grounded in the belief that portkey emotions can be controlled, rather than avoided. This approach can be seen clearly in the obsessional defenses, in which ruminative mental activity and compulsive personal rituals are utilized in an attempt to keep every danger in the world in check (Brandchaft, 2001; Stolorow, 2011, personal communication). Interpersonally, in line with Winnicott's (1960/65) true/false-self notion, an individual may hold back the aspects of his personality he believes will engender disapproval and present himself in a purified way so as to neutralize anticipated criticism and guarantee acceptance. Additional attempts at de-fanging "dangerous" others can take the form of hyper-controlling, dependent clinging or, at more extreme levels, cult-like worship on the one hand, and, at the other
dehumanization and even genocide. At the deepest level is the re-ordering of reality itself, a process best described by Brandchaft’s (Brandchaft et al, 2010) concept of pathological accommodation, in which a child adopts his parents’ alien agenda to preserve his tie with them and prevent the possible loss of their love.

In today’s world, an increasingly common means of neutralizing painful or dangerous emotions is through anesthesia. Anesthetic approaches include all forms of substance abuse, as well as compulsive exercise, work, television, video games, or other mind-numbing activities. The internet, of course, is a huge anesthetic distraction for many, while for others, one of the most effective anesthetics may be anti-depressant medication: Prozac as protection.

Heaven

The Damsel in Shining Armor

Once my Personal Hell was fully developed, I plunged often into its lonely depths. Powerless to escape it literally, I did it imaginatively: by creating a world of light, in which hatred and rage were replaced with love and adoration, and where I was smack dab in the very center of all loving eyes. At the age of eight, I created Heaven. Actually, Heaven was more than just a place, it was a movie plot, one in which I rescued a helpless young girl (the prettiest girl in my third grade class) from an army of evildoers living in
dark caverns underground. Grateful, she declared her undying love, and hand-in-hand, we walked off into the sunshine.

Even as a child, of course, I knew that my fantasies would never come true, but then I turned 16 and discovered girls. What a revelation! As long as I was in a woman’s loving arms, Heaven was achievable on Earth! I just needed to find the right one. So I looked, and one day, I found her. Her name was Rita, and just like in my fantasy, I rescued her from emotional demons – in this case, her insensitive boyfriend. She left him, we merged together, and in the words of Leonard Cohen (1984), “Every breath we drew was Hallelujah.” Now I was saved, too.

Then, one day, tired of the continual need to rescue, I put down my lance and revealed the painful truth: underneath my suit of shining armor, I, too, was a damsel in distress. Wrong! She didn’t like this one bit. This was definitely not in the script! I had betrayed her, she said. Reeling from shame, disappointment and confusion, I turned on her. No, she betrayed me! She was supposed to save me, but she didn’t! I was still me, the depressed and unlovable loser. I hated her! And obviously she couldn’t be The One. Feeling desperate to escape her clutches (or at least the hold she had on my heart), I bolted. Once out, I could finally breathe again, but of course, I was right where I started. Trying to claw my way up to Heaven just got me a one-way ticket back to Hell.

Deus Ex Machina
The final approach to achieving safety, transcendence, rests on the belief that Hell can be permanently avoided by entry into a Personal Heaven, which is the experiential opposite of Hell. Where Hell is dark and imprisoning, Heaven is light, warm, open, and free. If in Hell, the kind face of the world was turned away, in Heaven, all eyes are focused adoringly on the formerly suffering soul. All sense of badness is erased, and the individual now experiences himself as profoundly good in some way: lovable, desirable, wanted, or adored. In Heaven, there is no shame, no terror, no hopelessness, in fact, no negative emotions at all. The dominant emotional state is infinitely joyful and characterized by a profound sense of connection with a host of loving others, and the sounds of one’s own contentment fill the air.

Despite the extreme nature of Heaven, it is actually possible for people to concretely achieve the desired state of ecstasy for differing periods of time. For instance, they can attain it for minutes with orgasm, hours with opiates, days, weeks, and months in cases of psychotic mania, or even years in the early "honeymoon" stage of a romantic relationship. Heaven on Earth inevitably ends, of course, but the potent reinforcement of such ecstatic experiences, like the payoff of an emotionally exciting slot machine, makes the longing to re-find it tremendously difficult to give up. For many, it becomes a transformational narrative, one that serves, for many people, as an overarching blueprint for living.
In large and small ways, transformational fantasies may be nearly universal. As Bollas observes, “I think we have failed to take notice of the phenomenon...of the wide-ranging search for an object that is identified with the metamorphosis of the self” (1987, p. 15-16). He goes on to claim that transformational narratives, like my childhood movie script, are modeled on, and tied to, the earliest experiences of alteration: those created by the mother when she feeds the helpless, hungry infant and changes his state from emptiness to fullness, frustration to satisfaction. In his words, “to seek the transformational object is to recollect an early object experience, to remember not cognitively, but existentially – through intense affective experience – a relationship which was identified with cumulative transformational experiences of the self” (p. 17).

The plotline of transformational narratives generally begin with rejection and worthlessness and ends with triumph, adoration, and love. For a child, the means to get there might involve being exceptionally good at something, performing great deeds, or rescuing others. In adulthood, the individual may triumph over adversity, best a hated rival, create an astonishing work of art or overwhelm a rapt audience with a radiant performance. Bollas (1987) mentions religious experience, a new job or relationship, and other dearly held hopes. I agree, and I see them operating in the background of the mind like a constant, thrumming mantra: "If only I were 20 pounds lighter or a million dollars richer, wrote a famous novel, had
a better job or a fancier car.” We may also have more grandiose ambitions: the road of salvation, for example, a highway paved by faith and devotion to a religious order or to a social or political cause for which one would gladly lay down one’s life.

The final act in many transformational fantasies is that a beautiful or charismatic other (a “fantasy selfobject” [Bacal, 1981]) is inspired to love and adoration, thus providing access to an eternity of bliss, the ultimate goal. An excellent example of a complete transformational process by love is embedded in Shakespeare’s Sonnet #29 (1609/2011):

When, in disgrace with Fortune and men's eyes,
I all alone beweep my outcast state,
And trouble deaf heaven with my bootless cries,
And look upon myself and curse my fate,
Wishing me like to one more rich in hope,
Featured like him, like him with friends possessed,
Desiring this man's art, and that man's scope,
With what I most enjoy contented least,
Yet in these thoughts myself almost despising,
Haply I think on thee, and then my state,
Like to the lark at break of day arising
From sullen earth, sings hymns at heaven's gate

For thy sweet love remembered such wealth brings,
That then I scorn to change my state with kings.

It should be noted that on a process level, the act of fantasizing can work in much the same way as the fantasy’s story line: transformationally. As a result of the act of imagining a world of light, the individual's affect state is changed as well, from dark to light, doom to hope. In that sense, fantasizing functions as its own transforming agent and may serve as an
effective means of soothing while in the throes of rejection and shame. In fact, in certain situations - inescapable trauma, for instance - fantasy is virtually the only possible means of escape.

Of course, transformational fantasies manifest often in the clinical setting as well. The commonest is probably curative, in which the patient sees the doctor as a "magic helper" (Fromm, 1941/1994), whose transcendent skill and knowledge will allow the patient to be freed of his pain without effort on his own part. A related fantasy involves the doctor's imagined ability to get rid of bad feelings completely and forever. Erotic fantasies may emerge, resting on a belief that therapy can be dispensed with altogether and cure effected through intimate engagement with the person of the analyst himself. Finally, an extremely common fantasy is that therapy will "improve" the patient to perfection, so he will be good enough to win the love of the special other. In this case, analysis itself is being co-opted in the service of a larger transformational fantasy: a fantasy within a fantasy.

Whatever the form the fantasy takes in the transference-countertransference relationship, it is often manifested by a desperate clinging to the possibility of emotional rescue and an unwillingness to grieve the unavailability of the perfect transformational object. As Stark (2006) describes it: "The patient’s refusal to deal with the pain of her grief about the object (be it the infantile, a contemporary, or the transference object)
fuels the relentlessness with which she pursues it, both the relentlessness of her hope that she might yet be able to make the object over into what she would want it to be and the relentlessness of her rage in those dawning moments of recognition that, despite her best and most fervent desire, she might never be able to make that actually happen” (p. 1).

The strength of such hope can easily reach delusional levels, as a patient of mine recently demonstrated. Ms. X had been seeing me for more than two years, and from the beginning of treatment, she had manifested an eroticized transference that often took on a desperate intensity. Her feelings were fueled, I think, by my simultaneous presence as transformational other and also my concrete unavailability as a lover, so that the evocation of both the promise of salvation and the implied rejection by analytic abstinence was making Ms. X's analysis an excruciating experience of frustration, prostration, and shame. One day, however, she at long last surrendered into an experience of her own darkness. As I watched quietly, she sank down into a dark world of loneliness and silence. After the session, I felt elated, hopeful that we had turned a corner and could now focus on the painful feelings she had been trying so frantically to have me love away. The next day, however, I was startled to discover that, under pressure to escape her pain, she had transformed her experience of painful isolation into a romantic desert island fantasy, in which she and I were sitting dreamily together, under a shady tree.
Transformational fantasies, in and of themselves, are not necessarily bad; nor is there anything intrinsically wrong with the emotional longings they embed or the limited pleasure they provide. As a rule, they present problems primarily in two cases. The first is when they replace a significant percentage of living, as happens, for instance, in the schizoid compromise (Guntrip, 1969). In this case, as Guntrip describes it, “(e)xternal relationships seem to have been emptied by a massive withdrawal of the real libidinal self. Effective mental activity has disappeared into a hidden internal world” (p. 18). That is, in order to avoid the dangers engendered by full engagement with others, along with the loneliness that is the result of such emotional avoidance, the schizoid individual retreats into a world of fantasy, where there are no threats, no uncertainty, and no pain. Everything always works out perfectly.

A second, and more dangerous, way in which transformational fantasies present as a significant problem lies in their being positioned as a blueprint for living, in the mistaken belief that (1) they are deemed to be concretely achievable, and (2) that if achieved, they are capable of permanently altering one’s essential nature for the better. That is, the greatest trouble arises when the fantasy is imagined to undo all the wounds of the past and create everlasting Heaven on earth, so that it is rigidly positioned as the overriding goal of life. I imagine it was Freud’s (1900)
recognition of the futility of such unachievable notions that led him to postulate the relinquishing of infantile wishes as a key goal of the analytic process.

In being positioned as a road map to eternal bliss, transcendence often entails significant costs. In fact, the greatest likelihood is a life characterized by an endless search for a non-existent perfection that continually eventuates in frustration and failure. Repeated failures then confirm the individual’s sense of personal defectiveness and his belief that the world will inevitably betray him. As his crushing organizing principles (Stolorow and Atwood, 1992) are manifested concretely, his conviction in his own powerlessness to change his fate is corroborated and amplified. Now fully back in the darkness from which he so desperately wanted rescue, and with no means of escape on his own, he can only turn back to fantasies of magical transformation to rescue him from his fate. In other words, in a kind of vicious cycle of darkness and light, the likeliest outcome of the attempt to get to Heaven is that the individual will ultimately end up back in Hell.

For example, I know of a young woman, who in childhood developed a conviction that she was unattractive and unlovable. In order to ward off these feelings, she generated transformational fantasies revolving around love, but found them unrealizable or unsatisfying. Attempting to find emotional relief from their failure, she began using drugs and alcohol, which gave her a temporary feeling of bliss, but under their sway, she dropped out
of school and was in and out of rehab by the time she was 16. Without schooling, she couldn’t find a good job, and she wound up working in various positions – waitress, barmaid, occasional prostitute, each of which felt to her like a solution, but none of which provided her with a stable, dependable income. Her financial and other real-world problems only added to her depression, which increased the need for relief, which in turn made drugs and alcohol even more irresistible as an escape from the Hell her life had become. Sadly, the story has a tragic ending, as her inability to face her pain and her choice of methods for dealing with her suffering eventuated in a heroin overdose. She died alone in a cheap hotel room in a beach resort known for its parties and fun.

Earth, the Final Frontier

If Hell is a place of infinite pain and loneliness, and Heaven and other enacted strategies designed to ensure safety don’t really work, what is left? The answer, of course, is a flawed human existence on earth, one which requires the acceptance of the complexity of life, as well as our all-too-human limitations. In addition, Earth requires acceptance of the complete gamut of feelings, including some very painful ones. Conscious of such a requirement, Freud (1893) described life on Earth as embedding “common unhappiness” and Klein named her integrated state (1935, 1946) “the depressive position”.

For some people, an existence predicated on human limitations is simply not acceptable. They fear being "ordinary" or "boring" and thereby disappearing into the crowd, the imagined outcome of which will be abandonment by the rest of humanity and a plunge back into Hell. For other people, the idea that there will be no possibility of Heaven undermines their most fervent dreams and is therefore too big a sacrifice to make. Yet others cannot fathom making a shift as great as Earth might require, because Heaven and Hell have organized their ongoing emotional worlds, and Earth means restructuring their entire way of being. Finally, many people with strong experiences of Hell may have a hard time trusting that normal life could contain more or less equal percentages of good and bad and therefore are certain that any situation in which they are involved will necessarily devolve into its worst possible state. As a result, the anxiety evoked by life's uncertainties may simply make trust impossible.

To the extent that an individual can accept life as it is on Earth, however, important advantages accrue. Radical self-acceptance generates less self-hatred and shame. A sense that the world is not so dangerous, because Hell is more tolerable and portkeys less numerous, decreases anxiety and lowers the need for safety strategies, especially transformational rescue fantasies; and with less need to rely on the safety on rigid scripts and hyper-controlled ways of being in the world, there may emerge many greater degrees of freedom (Lear, 2009) and opportunities for excitement.
that did not exist in the past. Old ways of approaching situations can be held in abeyance while new pathways are explored. Sometimes surprises ensue.

Finally, along with freedom comes a sense of aliveness, as a fuller range of emotions is integrated into conscious experience and is allowed to serve as a more complex and vital basis for decisions and action. In these ways, the triumph of "ordinary" life replaces the vain search for transcendence. In a sense, it represents a true transcendence over Heaven and Hell's emotional deadness and their restrictive stranglehold on the human pursuit of happiness. The question is: how does one get there?

*The Dark at the End of the Tunnel*

*I don’t recall the day I realized my analyst and I were going in the wrong direction, I just know there was one, because instead of lifting my depression, like she was supposed to, she was encouraging me to feel it more. “What’s wrong with feeling depressed?” She asked me. “Are you kidding? It sucks,” I replied. “Yes, but what’s wrong with feeling it?” I didn’t really have an answer to that. I shifted. “And I, like, hate myself.” “What’s wrong with hating yourself?” I looked at her like she was out of her mind. Those were the stupidest questions I’d ever heard. Depression is horrible! Hating yourself is horrible! It’s exactly what I had been trying to escape all
my life! That's why I went into analysis in the first place! What was wrong with this woman?!

I confronted her about it, but she seemed reluctant to reassure me that we were on some positive path. So I tried to make sense of it on a rational basis. Maybe this was some magical process I hadn’t encountered yet in analytic training, but I might learn about in fourth year or something. That seemed silly, but I looked in the literature anyway. Nothing. I thought maybe it was some tricky technique she’d imported from another discipline, like maybe prison management. But what was its purpose? I couldn’t figure it out. Then I thought maybe she was trying to retraumatize me on purpose. That didn’t make any sense at all.

All I knew was that if I did what she suggested I do, my life was over, because it meant accepting that I was exactly what I believed I was all those many years before: a soggy, pathetic, ugly, unlovable loser, a shamefully defective monster unfit for human company. And that I would never change. So I would be in Hell forever. So I could never, ever, ever, ever do what my analyst was suggesting I do.

But then, one day, I did. I don’t know why, exactly. I can’t say I trusted her fully. I’m not sure I do even now. Maybe because it was the only thing left to do. But finally, one day, I gave up trying to fight it or even understand it, and I just said “Fuck it” and surrendered into my personal Hell.
And it was bad. But not as bad as I thought it would be, probably because I was no longer anxious. I didn’t need to be. The worst had already happened.

After that, it mostly felt weird, kind of like after someone has died. I found myself drifting through life, unmoored. I knew I was depressed, and so did everyone else, because I wasn’t trying to hide it. I fully expected everyone to turn their backs and walk away. I expected the same thing from my analyst. And yet I didn’t care. Whatever was going to happen was going to happen.

And what happened was that gradually, something in me began to shift. It was when I noticed that my analyst was not only not leaving me, she had somehow insinuated herself into my nightmare, my Personal Hell. That didn’t make sense, because Hell is where I was supposed to be left alone. She also didn’t seem to be repulsed by my repulsiveness. In fact, she reported feeling closer to me, now that I was not trying to hide what I imagined to be unacceptable to the world. I was bewildered.

But I stayed in Hell and didn’t try to get out, and over time, another strange thing happened: light appeared. It wasn’t the light at the end of the proverbial tunnel. It was just that it was a little less dark in the darkness. This was surprising to me; unexpected. And then I noticed that I wasn’t feeling quite so lonely either, or so defective. I was still in Hell - I knew that
- but through some process I didn’t really understand, Hell had become not quite so Hellish any more.

Going to Hell in an Analytic Handbasket

Space and time will not permit a full working through of the implications for treatment. One central idea emerges, however: in order for the patient to get out of Hell, he must go into it. There are two primary reasons for this. The first is that although it may be complex, painful, and frightening, Hell is still an affect state, one that can and must be experienced in order to be integrated (Socarides and Stolorow, 1985/1987; Pariser, 2010). In Krystal’s words, “It is a matter of clinical commonplace that the patients who present with the request to be free of certain feelings, e.g. depression, need to have the depression” (1988, p. 21). For Winnicott, “there is no end unless the bottom of the trough has been reached, unless the thing feared is experienced” (1974, p. 106). And Irwin Hoffman (personal communication, 2012) puts it succinctly: “The patient has to go through the tunnel of shame in order to get help.” In other words, the way out of Hell is to go into it with a caring other, an experience that is supported by Atwood’s (personal communication, 2011) essential belief in “the incomparable power of human understanding” as the fundamental source of change in psychotherapy.
The second reason to go into the patient’s darkness, rather than away, is that good things happen in Hell. These benefits derive from a series of paradoxes. Paradox is defined by Pizer (1998), who has written extensively on the topic, as “the reciprocally contradictory multiplicity that we are all challenged to bridge in managing our subjective and relational lives.” He adds, citing Winnicott (1971), that “it must be tolerated by bridging and bearing the unresolvable (p xii).” To the extent his views hold true for the analytic process in general, I believe they are even more so when exploring extreme emotional worlds, where powerful dichotomies reign.

The first paradox appears even before passing through the gates of Hell. For someone who has suffered major traumas in childhood, and whose motto is Never Again, the thought of revisiting his world of unbearable pain is a truly frightening prospect. As such, the analyst who wants the patient to move towards the darkness presents the patient with an apparently irreconcilable paradox: going to Hell will kill me, but my analyst wants me to go to Hell. What makes the paradox ultimately resolve in favor of tolerance is that the patient's experience of initial panic comes face to face with a (theoretically) calm analyst, one who is more or less confident that the treatment is on the right track, and that both patient and therapist will survive. Such confidence can never be total, of course, since results are never guaranteed. Treatments can and often do
derail for many different reasons, including the fact that sometimes patients and therapists cannot survive it, emotionally or, worse yet, physically. Nonetheless, the sight of an analyst who is calm in the face of the patient's panic will tend to inspire a sense in the patient that he, the patient, just may be in safe hands and moving in the right direction.

To the extent that the patient begins to trust the analyst, there will be a concomitant lowering of resistance and the beginning of a willingness to surrender into the analysis of darkness. At that point, the presence of the analyst confronts the patient with yet other apparently irresolvable paradoxes, such as: “No one else can be in Hell, because it is my realm of total isolation, but my analyst is here in Hell with me”; and: “My badness is an unalterable fact about me and renders me unlovable, but my analyst doesn't believe I am essentially bad and doesn’t find me unlovable;” with regard to affect: “No one can tolerate my painful feelings, but my analyst is tolerating my painful feelings; and, in a Winnicottian mode: “No one can survive in my Hell, but my analyst is not being destroyed.”

Patients often struggle to make sense of these paradoxes. They might start by rejecting the analyst outright: “You don’t know how bad I really am,” they might say, “and when you find out, you’ll leave.” Or “You don’t really care. You’re only here because you’re being paid.” Over time, they may move into a kind of dynamic tension around the contradictory
nature of the experience, which might be expressed as, “I trust you but I don’t trust you.” Eventually, living with these paradoxes for a significant time tends to evoke an emotional dissonance that cannot be resolved through a return to the *status quo ante*. Developmental accommodations must be made.

Perhaps the ultimate paradox involves hope and hopelessness. Patients have, as part of a personal Hell, a sense of hopelessness about their lives. At the same time they come to therapy hoping that their hopelessness can be taken away. Often, it is, in Stark’s (2006) formulation, “relentless hope”...a defense against “disappointment in the object” that is either unavailable or imperfect...“a defense ultimately against grieving” (p.1). In the face of such relentlessness, or in line with the analyst’s own hopes, they may try to move away from the patient’s hopelessness.

The key to success, however, lies in the patient’s full acceptance of his own hopelessness. This is the kind of surrender of which Ghent (1990) has written, and of which Zen practitioners speak, a surrender into the acceptance of whatever will be, including one’s own psychic death. It is only when the patient is capable of giving up hope – all his false hope - that real hope first appears. This is so because all the false hope was based on the patient’s getting rid of “unacceptable” aspects of his character and being something other than who he is. Real hope emerges
from the encounter between an authentic way of being and the reactions of the world around, which, as a rule, disconfirm long held fears and dire expectations. One note, however: clinging to fantasies prevents full engagement with the real, so the surrender must be total. The parachute doesn’t open until you’ve reconciled with the fact that you’re going to hit the ground.

As the patient finds greater acceptance of even those qualities he considered most shameful and unacceptable to the world, his experience of Hell will likely begin to change. It, too, can become accepted as an ongoing part of his emotional life, and his sense of defectiveness, which he had always experienced as a incontrovertible fact about him, may instead come to be seen as an emotional conviction that, like all psychological phenomena, "arises and recedes in response to events in the intersubjective field" (Stolorow and Atwood, 1987). As a consequence, he may be able to be more open to others about his darkness and depression, and that, in turn, will allow more people into his formerly private loneliness.

Once the patient begins to grasp the idea that experiences of depression and defectiveness both come and go, then Hell may become feared less as a permanent prison, and the patient will become less frightened of going into it, because he is more aware that sooner or later, he will get out. To the extent that this is so, he will also experience a
reduction in his need for antidotes and rescue strategies, especially transcendence strategies. This makes sense, because with Hell not requiring escape, Heaven begins to lose its appeal as a blueprint for living, especially as the awareness grows of its high costs and its inevitable frustrations.

The final change that may take place as the result of sitting in darkness is an acceptance of one's own flawed humanity, which, in the past, was seen as confirmation of essential defectiveness, signs of a damaged DNA. The patient's awareness that such human attributes as "negative" emotions and physical blemishes do not impact the analyst's level of care and concern allows him increasingly to accept himself the way he is. In this way, the paradoxical training he got from his family is reversed. There, in childhood, he expected to be loved for who he was, but he found himself rejected. As a result, he has come, in adulthood, to expect rejection, but with his analyst, he has finally found acceptance. As a result, he can begin to abandon the quest for Heaven, stop frantically fleeing from Hell, and join the rest of humble humanity on Earth.

References


   *SE II, 253-305*


Freud, S. (1920). Beyond the Pleasure Principle. *SE XVIII, 7-64*


   *Psychoanalytic Dialogues, 19:217-237*


Parker, J. Notes from the Underworld: How heavy metal has kept us sane for 40 years. *The Atlantic*, May 2011


