“Sudden Holes in Space and Time”: Trauma, Dissociation, and the Precariousness of Everyday Life

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In the close-woven stuff of relations between conspirator and police there occur unexpected solutions of continuity, *sudden holes in space and time*. A given anarchist may be watched inch by inch and minute by minute, but a moment always comes when somehow all sight and touch of him are lost for a few hours, during which something (generally an explosion) more or less deplorable does happen” (italics mine).

--Joseph Conrad, *The Secret Agent*

She had a perpetual sense . . . of being out, out, far out to sea and alone; she always had the feeling that it was very, very dangerous to live even one day.

--Virginia Woolf, *Mrs. Dalloway*

Famous early on for his tales of the sea and exotic adventure, Joseph Conrad, in the course of his literary career, became increasingly interested in the difficulties of domestic life—and he focuses on this topic in many works, notably *Nostromo* (1904), *The Secret Agent* (1907), *Chance* (1914), and *Victory* (1915). In none of his works, however, does Conrad so relentlessly expose the dangers and deficiencies of family life, particularly in its failure to protect women and children, as in his acidly satirical novel *The
Secret Agent. When he turns from exploring the dangers of life at sea to the hazards of life at home, he underlines and highlights in bold many of the problems that psychoanalysts encounter in current clinical practice. For this reason, the extremities of affect and trauma that Conrad presents in this novel may serve to illuminate the murkier and less extreme versions of trauma and consequent dissociation, as encountered in contemporary psychoanalytic treatment. Indeed, as I propose to show, Conrad’s examination of the underbelly of domestic relationships has helped me to understand the vicissitudes of family life and related experiences of trauma and dissociation suffered by several of my patients. In particular, I have become aware of the profound insecurity and fear of the unknown that these victims of childhood neglect and abuse experience in their adult lives.

Conrad himself was intimately familiar with trauma. Orphaned early in his Polish childhood by revolutionary parents, who placed their political cause above the welfare of their only child, he fared no better when he immigrated in young adulthood to England (Kaplan, 2010a). As a Polish exile, he was considered—and considered himself—an outsider to English culture (Najder, 2007). When, as a retired merchant seaman, he married late in life, he found the adjustment to family life difficult; and he became aware with startling clarity of the constraints and burdens of domesticity and fatherhood (2007). By the time he came to write The Secret Agent, the events and circumstances of his existence had provided him with abundant material for exploring trauma in the family.

In The Secret Agent, he examines, with an outsider’s eyes and an insider’s knowledge, the dangers of family life. In particular, he notes the insularity and isolation of the family. And he observes the dangers posed by the family’s seclusion from the outside world: the opportunity for parental abuse and violence that the nuclear family affords, coupled with protection from scrutiny and prosecution. He explores as well the psychological toll that childhood trauma exacts in adult life—especially the reduced
capacity of traumatized adults to experience any richness or range of affect. In its most extreme form, Conrad points out, the constriction of feeling that results from domestic violence is a central component of the generally rigid personality structure characteristic of pathological dissociation. And he illustrates this point in the emotional constriction and vulnerability to retraumatization and fragmentation of the novel’s female protagonist, Winnie Verloc, whose life is undermined by pathological dissociation stemming from early parental abuse and neglect.

Conrad’s conception of pathological dissociation as embodied in Winnie Verloc, I would suggest, prefigures the contemporary understanding of two psychoanalytic thinkers, Robert Stolorow and Philip M. Bromberg. According to Stolorow, the most unfortunate result of emotional trauma is the narrowing of life possibilities. As Stolorow (2007) points out, developmental trauma may constrict emotional life “so as to exclude whatever feels unacceptable, intolerable, or too dangerous in particular intersubjective contexts” (p. 4). In this way, childhood trauma has long term incapacitating effects: A child who lacks an empathically attuned caregiver cannot develop even a “rudimentary capacity to use affects as self-signals” and therefore has no means of learning to bear disruptive feelings when they emerge. Lacking this self-signaling capacity, the child fears that affects “herald traumatic states” (Krystal qtd. in Stolorow, 1987, p. 72)—and so, affects are “disavowed, dissociated, repressed, or encapsulated through concrete behavioral enactments, self-protective efforts that literally cut off whole sectors of the child’s affective life” (p. 72).

For a traumatized child, impending affect is not a signal but a threat (Stolorow, 1987, p. 72). To protect against retraumatization, the child develops “a propensity to dissociate or disavow affective reactions because they threaten the precarious structuralizations that have been achieved.” In the
absence of attuned responsiveness from caregivers, the child cannot integrate his affect states; and so, he or she develops defenses against affect in order to “preserve the integrity of a brittle self-structure” (p. 67). The traumatized child becomes, in turn, an emotionally constricted adult who views all affect as disregulating and menacing (p. 72). Further, “the emergence of affect often evokes painful experiences of shame and self-hatred, arising originally from the absence of positive, affirming responsiveness to the child’s feelings” (p. 72).

Philip Bromberg’s definition of trauma, in *Awakening the Dreamer: Clinical Journeys* (2006), transcends Stolorow’s in pointing out the ways in which dissociation is not merely one personality characteristic among many but, rather, pervades and defines the very being of the traumatized subject. Psychological trauma in childhood, as Bromberg defines it, is “the precipitous disruption of self-continuity through the invalidation of the patterns of meaning that define the experience of ‘who one is’” (2006, p. 33). As Bromberg points out, it is a child’s parents who tell the child who he or she may be or, put another way, what self-states he or she may have. It is they who provide the child with the patterns of meaning that he or she comes to recognize as “me.” If parents can accept only a very narrow range of self-states in the person they consider their child to be, the child is forced to dissociate many aspects of his or her potential self. As Bromberg observes, “The person’s present and future are plundered by an overly rigid sequestering of “me” and “not-me” self states that is the legacy of developmental trauma too relationally barren to allow cognitive symbolization and self-reflection” (2011, p. 5).

Not that dissociation is necessarily pathological. In fact, Bromberg (2006) maintains, dissociation is necessary and adaptive for normal functioning: “Self-states are what the mind comprises. Dissociation
is what the mind does. The relationship between self-states and dissociation is what the mind is” (p. 2). What enables a person to deal with the complexities and shifting realities of daily life is a flexibility or fluidity among self-states. This flexibility enables the individual “to stay the same while changing” (p. 2).

The mind, in its proper functioning, Bromberg notes, is comprised of a multitude of discontinuous self-states that are selectively elicited by the subject’s in-the-moment experience. These discrete self-states succeed each other so rapidly and fluidly that the subject does not notice that they are dissociated one from the other. All self-states co-exist, some in awareness, most out of awareness but accessible by the subject. To explain their fluidity, Bromberg likens the mind’s self-states to players in a large theater company: at any moment only a few players are on stage but many are in the wings and others are on call at short notice (2006, p. 3.)

The panoply of self-states that the child recognizes as “me” derives from the parents’ messages about who they perceive the child to be and, equally important, who they deny the child to be. In this way, over the course of childhood, parents “show” a child who he is and who he is not. “By relating to the child as though he is ‘such and such’ and ignoring other aspects of him as if they do not exist, the parents ‘disconfirm’ (Laing, 1962) the relational existence of those aspects of the child’s self that they ignore” (Bromberg, 2006, pp. 6-7). This disconfirmation is by its nature traumatic, and its effects are cumulative (p. 7).

When the subject, growing up, is allowed to recognize as “me” only a very narrow or limited range of self-states, the mind’s normally flexible process of dissociation becomes rigid and non-adaptive:

What was formerly a fluid and creative dialectic between self-states through the normal process of dissociation is slowly replaced by a rigid Balkanization of the various aspects
of self. The process of dissociation has now become enslaved to a dissociative structure that takes as its highest priority the preservation of self-continuity. . . . Self-states that were formerly parts of an overarching configuration able to alter its own patterning of ‘me-ness’ spontaneously, while simultaneously preserving overall coherence . . . become sequestered islands of ‘truth.’ (Bromberg, 2006, p. 5)

As Stolorow and Bromberg point out, pathological dissociation is a response to repeated trauma and a defense against retraumatization. In Bromberg’s words: “Posttraumatically, dissociation is enlisted by the mind to proactively assure that the destabilizing shock of the ‘tsunami’ [trauma] is never repeated” (2011 p. 49). Unfortunately this defense is a precarious one—a fortress that can be breached at any moment by a revisitation of past trauma, triggered by a current experience. Stolorow calls such experiences “portkeys to trauma” (2011, p. 55) -- that is, objects or events that transport a person instantaneously from a current experience to a previous traumatic experience:

Experiences of emotional 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 portkeys supplied by life’s slings and arrows. In the region of trauma, all duration or stretching along collapses; past becomes present, and future loses all meaning other than endless repetition” (p. 55).

From these observations, Stolorow concludes: “Dissociation just is traumatic temporality” (p. 61).

To Stolorow’s observation, I will add one of my own: namely, that dissociation is also traumatic spatiality. That is, to a traumatized person, the physical world seems an extremely dangerous place — one that threatens obliteration at any moment. If, to an untraumatized person, daily life is like a walk on
flat pavement that stretches smoothly and safely ahead, to a traumatized person the pavement may at any moment crack open, revealing “a sudden hole in space,” an unbridgeable chasm into which the walker may fall and disappear. A slightly less frightening version of this fear is a feeling of radical displacement, of belonging nowhere, of being irremediably homeless. Since it is impossible to take even a step forward with this outlook, one who suffers from traumatic spatiality spends a great deal of effort, outside of awareness, in search of a place of safety—a refuge, a haven, a home. Often, this preoccupation keeps the subject’s world very small: he or she avoids novelty, adventure, risk, and expansion; but rather clings to the known, the “safe,” the given or already attained. However imagined, the place of safety that is sought affords a security that the traumatized subject has never enjoyed.

*The Secret Agent* (Conrad, 1907) centers on a protagonist, Winnie Verloc, whose life is a reaction to traumatic spatiality: having suffered violence and abuse in childhood, she above all seeks safety for herself and her handicapped brother in a secure home and marriage (Kaplan, 1997). But, unfortunately for Winnie, her husband pursues a life course that is antithetical to hers. Winnie’s husband, Adolph Verloc, is a lazy, corpulent ne’er-do-well, who keeps a shop of “shady wares” as cover for his life as a double agent, employed by both the English police and the Russian embassy. When the Russian consul threatens to fire him unless he executes a violent incident to frighten the British government into political repression, Verloc hatches a desperate plot to blow up Greenwich Observatory and enlists the help of Winnie’s simple-minded brother, Stevie, who is blown up when the bomb he carries explodes.

Winnie, the daughter of a drunken tavern keeper and an ineffectual mother, grew up trying vainly to protect her brother and herself from their father’s violence. As a young woman, she fell in love with the poor son of a butcher, but rejected him in favor of Verloc, the apparently prosperous lodger in her mother’s “business house,” because Verloc’s marriage offer included support for her mother and
brother. Winnie lives with Verloc for seven years in a loveless marriage, content to have traded her happiness for the safety of those she loves. But when she discovers that Verloc, instead of protecting her brother, has led him to destruction, she goes mad with grief and rage, and murders Verloc. Seeking to escape abroad, she places her trust in her husband’s attractive but unscrupulous associate, who steals her money and abandons her, whereupon Winnie drowns herself in the Thames.

Of the two stories the novel tells, it is Winnie’s that enlists the writer’s sympathy, while Verloc’s dissolves in withering satire (Kaplan, 2009). In flashbacks to Winnie’s childhood, Conrad depicts the desperation of children who cannot escape parental abuse:

She remembered brushing the boy’s hair and tying his pinafores—herself in a pinafore still; the consolations administered to a small and badly scared creature by another creature nearly as small but not quite so badly scared; she had the vision of the blows intercepted (often with her own head), of a door held desperately shut against a man’s rage (not for very long); of a poker flung once (not very far), which stilled that particular storm into the dumb and awful silence which follows a thunder-clap. And all these scenes of violence came and went accompanied by the unrefined noise of deep vociferations proceeding from a man wounded in his paternal pride. (p. 183)

Not surprisingly, Winnie’s primary objective in adulthood is to find refuge from the danger and cruelty of her childhood (Kaplan, 2005a). Winnie tells herself that she has ensured her brother’s safety through her self-sacrifice: “Winnie after the death of her father found considerable consolation in the feeling that she need no longer tremble for poor Stevie. She could not bear to see the boy hurt. It maddened her” (Conrad, p. 34). Having chosen the apparently reliable and financially secure Verloc over
the impecunious suitor she loved but relinquished, “with peaceful pride she congratulated herself on a certain resolution she had taken a few years before. It had cost her some effort, and even a few tears” (p. 142).

What protects Winnie from retraumatization as well as makes possible Winnie’s tranquil cohabitation with the slothful and obese Verloc is her thoroughgoing defensive dissociation. The novel comments repeatedly on her determined imperturbability: her “impassive face” (p. 120), “fine, incurious eyes” (p. 151), and “impenetrable calmness” (143). Winnie is “a person disinclined to look under the surface of things” (p. 141), who operates on the “principle to ignore” “the inwardness of things” (p. 119). Winnie defends herself by her “distant and uninquiring acceptance of facts” (p. 119). “She felt profoundly that things do not stand much looking into” (p. 136)—an observation the novel repeats for emphasis: “She did not allow herself to fall into the idleness of barren speculation. She was rather confirmed in her belief that things did not stand being looked into” (p. 137).

Clearly, Winnie’s history of childhood abuse registers not only in her obsession with physical safety, but, more ominously, in her unwillingness or inability to look deeply into things. Even in advance of its tragic conclusion, the novel notes the danger posed by Winnie’s lack of curiosity: “Mrs. Verloc wasted no portion of this transient life in seeking for fundamental information. This is a sort of economy having all the appearances and some of the advantages of prudence” (p. 130). That this philosophy lacks some of the advantages of prudence becomes glaringly clear as the story unfolds. Although Winnie’s dissociation keeps at bay her distaste at living with the physically repellent Verloc, it also keeps her from understanding the motives of people she depends on and from recognizing actual danger when it threatens. In her dissociative blindness, Winnie never learns her husband’s questionable occupation or gains insight into the desperate frame of mind that prompts him to enlist Stevie’s help in his dangerous
enterprise. Thus Winnie comes to entrust her life and her brother’s to a man whose secrecy and insensitivity betray rather than protect them. Further, Winnie preserves her “unfathomable indifference” (10) at exorbitant cost to herself. Her life is emotionally barren as well as sexually unfulfilling. Sublimating her own needs to her desire to protect Stevie, “Winnie found an object of quasi-maternal affection in her brother” (pp. 12-13). And indeed Stevie is “the salt of passion” in Winnie’s otherwise “tasteless life” (p. 134). When Verloc’s betrayal robs Winnie of the one person she loves, her retraumatization leads to her fragmentation: “Her personality seemed to have been torn into two pieces, whose mental operations did not adjust themselves very well to each other” (p. 192).

Winnie’s fragmentation leads to two unresolvable and therefore lethal enactments. The first enactment—in which her husband blocks her escape with a wildly mistimed sexual overture—culminates in her murdering him. The second enactment—in which she mistakenly trusts and confides in Ossipon, who robs and deserts her—ends in her suicide. Winnie’s violent end reveals—and results from—her utter isolation. Throughout her life, she has had no one to confide in or turn to. In her final bewilderment and despair, she has no one able or willing to help her.

In every particular, Winnie’s story is extreme: the utter isolation of her entire life, the unremitting physical and verbal abuse that she suffers in childhood, the absolute dissociation that characterizes her adulthood, the unbroken loneliness of her marriage, the retraumatization she suffers upon learning of her brother’s gruesome death, and the fragmentation and psychic disintegration that lead her to murder and suicide. Like all works of fiction, The Secret Agent simplifies at the same time that it illuminates human character. Indeed it illuminates by simplifying. From a psychoanalytic perspective, such a literary narrative is more heightened, more selective, and more sensational than most personal narratives that emerge in clinical work. Yet in the very glaringness of its depiction of trauma and dissociation, Winnie’s
story sheds light on the generally messier and murkier complex of problems presented by a patient traumatized in childhood, who suffers from a dissociative personality structure in adulthood.

For me, Conrad’s portrait of Winnie, in addition to the ideas of Stolorow and Bromberg, has helped in understanding the difficulties of several of my psychoanalytic patients, whose lives bear the scars of childhood trauma. Similar to Winnie in their preoccupation with home and security, these patients likewise suffer from traumatic spatiality. With each of these patients, as the following vignettes show, dissociated material emerged in an enactment that initially disrupted but ultimately facilitated our work together.

Donna

Donna, an Italian-American woman in her mid-thirties, entered analysis complaining of long-term depression. Her lethargy and lack of motivation, from which she had been suffering for two years since the loss of her job, had greatly intensified after the recent unexpected death of her father. In addition, Donna expressed perplexity at never having been able to sustain a relationship with a man longer than a few months, despite her desire to marry and have children—both a personal goal and her family’s main criterion for a woman’s success.

The oldest of three children, Donna and her siblings had lived with their mother after her parents divorced when she was seven, following her mother’s discovery that her father was carrying on an affair. Her mother, an extremely anxious and insecure woman with a volatile temper, held a responsible job and sacrificed to send her children to Catholic schools. But, bitter at her husband’s betrayal, and beset by fears that she was incompetent as a mother, Donna’s mother largely left the children to their own devices. As the eldest, Donna felt responsible for her younger siblings but resentful at having to take
care of them, especially because her mother seemed to expect her to do so. As she saw her younger siblings enjoy a more carefree upbringing than she had had, she felt angry and deprived of a real childhood.

While Donna and her siblings were growing up, they were shuttled between their parents’ respective dwellings, but Donna did not consider either residence a true home: Her mother was a compulsive housekeeper, who would not allow the children to sit on the furniture; and her father shared his apartment with a demanding and immature second wife, who vied with the children for their father’s attention.

As a child, Donna tried repeatedly to gain her mother’s approval and positive attention, yet over and over again failed to do so. Unable to “get” from her mother emotionally, Donna settled for getting from her financially—but at great emotional cost. While growing up, she would frequently ask her mother to buy her something expensive, her mother would state they could not afford it, then buy it for her anyway and reproach Donna, thus making her feel guilty and ashamed. Over the years, Donna repeatedly got herself into debt, and repeatedly her mother bailed her out, each time reproaching and shaming her daughter, making clear that she considers Donna a loser, someone who repeatedly “messes up.”

Not surprisingly, given her fraught relationship with her mother, Donna kept her emotional distance from me. Her initial transference was highly idealized—she repeatedly told me how much more helpful she found our sessions than those she had had with her previous analyst, whom she had seen for five years. Yet for a long time Donna found self-reflection extremely difficult. To almost any question I asked, she would respond, “I don’t know.” And she would dismiss most comments I made with a shrug or
“You’ve said that before.” When I spoke, she would watch me very carefully; and from the edge in her voice—and her response to my questions about it—I knew that she thought I was being critical even when I made what I considered a neutral observation. So I found myself being more than usually cautious in my responses and careful in my word choice.

Generally, Donna spent a lot of time narrating the happenings of her daily life, which she described, with mordant humor, as a series of disappointments. She was outgoing and made friends readily. Yet each new acquaintance would become “my new best friend,” only to fall from grace with a thud. Since her descriptions of friends and family members were witheringly critical, if acidly funny, I kept waiting for the moment when I too would, in her mother’s words, “mess up.”

After a year in analysis, Donna became more hopeful, expansive, and adventurous in her undertakings. She decided to look for a more permanent home than the apartment she had occupied for five years in a semi-unpacked state, many of her belongings still in boxes. Responding to an advantageous housing market, she decided to put her inheritance from her father into a down payment on a house. No sooner had she bought it than she undertook a very costly redecorating project and guest house remodel, because she wanted her new home to look “perfect,” especially for the guests she planned to invite. In this way, she rapidly exceeded her budget but had no means of paying off this additional debt, since she was still unemployed.

Donna’s financial crisis led to a significant enactment in our work together. Only when she ran out of funds did Donna tell me that she had for some time had doubts about the project, but did not confide these to me because she did not want to “burden” me. As for me, I had played my own part in this
enactment: I did not question or explore with her for some time the basis of her decisions—not until she teetered on the brink of financial disaster.

At that point, I had to ask myself why I had been so oblivious to Donna’s disastrous financial trajectory. I was compelled to examine for the first time my own unresolved ambivalence about money—and I realized that some of that ambivalence stemmed from my work history, in particular my fairly recent transition from academia to clinical practice. My greatest problem in making the transition from professor to psychotherapist had been learning to charge patients for my services. Since a professor’s salary and the performance of her duties are entirely separate affairs, I rarely made the connection between receiving a salary and doing work I enjoyed. In fact I secretly believed that a focus on payment would suggest that I was insufficiently engaged with teaching and research.

As a tenured English professor, I had been paid a fixed monthly salary—and the amount did not vary with the number of students I taught or saw during office hours. From the beginning of my academic career, I had therefore dissociated my work with students from payment for that work.

Of course, my lack of familiarity with charging directly for my work does not explain why I felt embarrassed and guilty about doing so. As my enactment with Donna prompted me to think about it, I realized that my queasiness about money had come from my idealistic Socialist grandparents who largely raised me. They firmly believed that people’s needs should simply be provided for, although they did not seem to be clear as to how this would come about. Consequently, they gave money to charity, whether or not they had enough for their own family to live on. In particular, my grandfather, whom I adored, was notorious for his impracticality and excessive generosity: one family story relates his giving
his new overcoat, a much-needed and long-delayed purchase, to a homeless man because he felt the homeless man needed it more than he did.

I carried vestiges of his idealism and magical thinking about money into my early teaching career, when I would often forget to pick up my pay check, only to be reminded by my husband that we had bills to pay. So it is perhaps unsurprising that I neglected to help Donna to think through how she was going to pay for her expensive remodeling project—especially because, for the first time in our work together, the usually pessimistic Donna seemed happy.

Indeed, I felt so pleased that Donna’s purchase of a house was evoking in her a joy and hopefulness that I had not seen before that I did not pursue with her my initial qualms about the ambitiousness of the project she was undertaking. In answer to my questions, she was so confident that she knew what she was doing that I hesitated to appear critical or skeptical about her abilities, like her mother. As she related the progress of the remodel, she brimmed with plans and bubbled with enthusiasm—and I caught glimpses of the bright, creative little girl, whose glow had been eclipsed by a critical, shaming mother. Further, I gave myself some credit for Donna’s new-found hopefulness—and I basked in her newly appreciative attitude toward me. Certainly, I did not want to bring back the critical, dismissive Donna. And I wanted her to continue to experience me as the loving, approving mother she had always longed for.

At that point, it felt dangerous to me to express misgivings or demurral, so the practical, cautious part of me “checked out.” And the capable, fact-finding Donna, who had managed fund-raising campaigns for major charitable organizations, had also left “the room.” Our mutual dissociation held at bay early and painful self-states, in which we would feel selfish or incompetent and out of control. Out
of our awareness, a traumatic spatiality had invaded our work space, robbing it of its security: the room where we met no longer felt like a safe place in which to raise questions or express doubts.

In this way, Donna’s dissociation combined with my own to land us in a temporary “folie a deux”—and only her growing panic alerted me to the gravity of the crisis. As together we painfully and painstakingly thought through the steps necessary to extricate her from this predicament—steps that included Donna’s taking the first job she could get and my allowing Donna temporarily to run a tab for half my fee—we found ourselves growing new financial muscle and forging new skills that our individual discomforts with money had kept insufficiently developed.

As Donna and I for the first time thought through possible solutions to a problem together, we gradually emerged from our shame at failure, mine as a therapist and hers as a new homeowner. We began to move from “here,” a place of dissociation, to “there,” a place of greater freedom, in which we could both acknowledge our mistakes—hers, in overspending; mine, in remaining oblivious.

James

Friendly, handsome, self-possessed, and well-mannered, James was in his mid-thirties when he entered treatment with me, ostensibly because his girlfriend, who was a therapist, had urged him to do so, as a supplement to their conjoint therapy. Soon, however, it became clear that his dedication to their stormy relationship proceeded from his conviction that if he could not make it work he would never again find someone who would love him; and he would be left all alone. Before long, James began
to speak about the multiple abandonments he had experienced in childhood as the source of his conviction that he did not deserve to be loved.

An only child, James had a few happy memories of his early childhood, living with his parents in a house in which he had his own room. In fact, he recalled feeling special and important when his parents told him they planned to build him a larger room with private bathroom in the unfinished attic of the house. But when he was five, his parents divorced; and he lived in a series of apartments with his fearful, depressed mother, who constantly worried that they would be evicted for lack of money. So that his mother could take care of him physically, James assumed the job of taking care of her emotionally, reassuring her that things would work out, although he always felt frightened himself. When his mother told him she planned to remarry, he looked forward to having a new father, but as soon as they moved into his step-father’s house, his hopes of having a “real home” and family faded, as all his efforts to win acceptance from his “new Dad” were rejected. His mother’s new husband made clear that James was not welcome; and James grew up trying to be invisible. Even so, his step-father complained about him and threatened to throw him out, which he did as soon as James turned 18: One morning, James awoke to be told by his mother that he had to leave. A relative rented him a room, where he lived on TV dinners and put himself through college by working at a series of menial jobs.

After he graduated, James drifted. What became clear was that the experience of being thrown out of the house he grew up in—especially after “losing” his first home as well as the makeshift homes that followed—was the determining trauma of his life. He experienced the world as a frightening and unpredictable place, in which he felt irrevocably homeless; and he could not imagine a future for himself. As he explained, he saw his life as an aimless trek without a destination: “I keep walking and walking—and I’m getting really tired—but I never get anywhere.” Referring to the Bill Murray movie
Groundhog Day, in which the protagonist awakens to a series of days that are exactly the same, he commented: “In my life, every day is Groundhog Day.”

In analysis with me, he became aware of and dissatisfied with his lack of direction. He had worked at a series of jobs, each of which had been offered to him by someone who had befriended him. He had lived in a series of cities, each of which he had moved to because a friend or girlfriend had decided to move there. Although he earned a living at his current job, he always worried about money, afraid that when his bills came he would be unable to pay them, convinced that whatever money he earned would “never be enough.” Although he had previously managed to meet his financial obligations, he fell into debt for the first time during the second year of his analysis.

While I had always taken James’s money worries seriously—or so I had believed—his increasing financial difficulties led to a major enactment in our work together. From the beginning, James paid me in cash. Initially I asked him the reason, but he replied that he found it easiest to pay me by getting money from an ATM machine. That wasn’t really an explanation; yet, in my discomfort about focusing on money, I did not explore with him the relationship between his way of paying me and his unresolved money issues.

After we had been working together more than a year and a half, James began to pay me by check. I asked him the reason for the change—and once again I settled for a feeble explanation: “Most people pay their bills that way, so I decided I would, too.” Shortly thereafter one of his checks bounced. When I brought it to James’s attention, he was extremely surprised and puzzled as to how that had happened. He repeatedly asked me when the check had bounced, I repeatedly told him the date, and he kept insisting, as if to himself rather than me, “But I’m sure I made a deposit before that.” He looked
bewildered and embarrassed. For a moment, I too felt embarrassed and at a loss, as if I was the one who had made the mistake. I shared James’s confusion; and I regretted bringing the matter up. But when I recalled the unequivocal notice from the bank, I felt angry at James for not keeping track of his money and getting us into this mess.

Only in the interim between that session and the next did I begin to realize that my own unresolved problems with money had combined with James’s to land us in this enactment. As we struggled to acknowledge the dissociated self-states that had led us to this impasse, I felt some of the same feelings as James: confusion, anxiety, and shame. For James, having to pay bills evoked intolerable self-states in which he felt frightened, alone, ill-equipped to take care of himself, and longing to be taken care of. As for me, a relatively new psychotherapist, I felt overwhelmed and unequal to taking care of him. I recognized these painful feelings: I had experienced them years earlier as a new professor, afraid of being inadequate to the job and unable to help those I had undertaken to help.

As a new clinician, I had been seeking reassurance that I was doing a “good job” by looking for signs of my patients’ progress. When James started paying me by check, I chose to see it as a sign that he was feeling more “grown up” in handling money. Yet I hesitated to inquire the reason for his shift—or indeed to observe that it was a shift—lest I shame him by pointing out how young and unequal to providing for himself he had felt previously.

When the bounced check showed me how premature I had been to assume James’s money difficulties had lessened, I finally “got it.” My own sense of failure as his therapist and my shame at not knowing how to help him assisted me in understanding the shame he felt at not being able to handle his finances. I said to James, “I guess it was important that your money problems come in here—for me to
experience directly, for myself, the difficulty and frustration that you feel. “Yes,” he agreed; and he looked relieved. I felt relieved as well. When he thanked me for being so understanding, I told him, “That does not mean that a part of me is not annoyed with you.” He said he was glad to hear it, because it told him that he could “mess up” with me, yet not be thrown out, as he had been as a teenager.

I then told him I was also feeling annoyed at myself for not having explored with him what it meant to write a check rather than pay me in cash. My admission proved helpful in letting him know that I could also “mess up” and move on. In the months that followed, James was able to let go a bit of having to be a “good boy” with me. He was better able to let me know when something I said or did bothered him, without fearing—as he previously had—that I would either crumble (the way his fragile mother had) or get angry with him.

Later, when I asked myself how our enactment had come about, I realized that I had been dissociating feelings of guilt at taking money from someone who has little and who has difficulty paying for his everyday expenses. James’s shame at not being able to manage money intersected with my own shame at asking him to pay me for my work with him. I could see that the lesson I had taken in from my grandparents— that it is imperative to help others, even at your own expense—had been interfering with my acceptance of my job as a therapist, who deserves to be paid for her time and expertise.

This enactment was a turning point for James—and a turning point in our work together. Something had shifted to alleviate the traumatic spatiality that had been his life—and that had entered our previously sequestered work space. A short time after, he told me he was applying to a professional school—a possibility he had previously considered but rejected, as unattainable for him. Two months later, he started attending classes. In what he called “The State of My State Report,” he said he no
longer felt that, at any moment, he might fall into the abyss. Although he worried a bit that his belated professional schooling would temporarily circumscribe his life, he said, “It feels like I’m going into a tunnel, but I know I’ll come out the other side and the road will open out.”

Conclusion

In both these enactments, the traumatic spatiality that had remained out of awareness for both the patient and me surfaced to disrupt our analytic work—but ultimately helped to move it along. Unlike Winnie Verloc, whose isolation precluded the emergence of self-awareness, Donna, James, and I were not alone. Each dyad—whether Donna and I or James and I—provided the opportunity to work from dissociation through acknowledgment to greater understanding. Donna and James, by confronting their dissociated conviction that they were doomed to “mess up,” both found a way to stake a claim, to declare their right to a portion of the world. And I, by recognizing my dissociated queasiness about money, was able to move a step further in resolving my own issues over deserving and receiving. Thus I came to see that the financial side of the therapeutic relationship is not merely necessary but potentially illuminating for both analyst and patient.

As these vignettes suggest, therapeutic change can take place when an enactment precipitates “unanticipated relational events” or “safe surprises” (Bromberg, 2006, p. 12). Such enactments can prompt a coconstructed new reality between patient and analyst (Bass, 2003; Davies, 2004). Each of these enactments between me and a patient helped us to symbolize our own individual experiences in such a way that “the distinction between what is me and what is not-me” became, for both of us, “more and more permeable” (2006, p. 12).
Yet, as Louis Pasteur observed, chance favors the prepared mind. The heightened yet distanced encounter with trauma and dissociation afforded by Conrad’s novels, in particular *The Secret Agent*, enabled me to recognize the fainter traces of trauma, both mine and my patients’, when they surfaced in dissociative clinical enactments. Having connected Winnie’s childhood unhappiness with her adult dilemmas, I was better prepared to make similar connections in my life and in my work with patients. In his own work as a writer, Conrad (1897) saw his artistic mission as, “before all, to make you see.” From my perspective, he succeeded, both artistically and psychologically.
References


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