Heaven and Hell:
The Phenomenology of Darkness and the Structuralization of Experience

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"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"
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.
A Guide to Hell

As many theorists (e.g. Bromberg, 1998; Brothers, 2008, 2009; Davies and Frawley, 1994; Stolorow, 2007, 2011) have pointed out, trauma is capable of fracturing experience into separate affective 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” is a realm of everlasting darkness 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, silent domain of hopelessness and despair. I call it a Personal Hell.

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 Hell (even if called by other names) may not exist for everyone. On the other hand, it is strongly suggested by Fairbairn’s (1943) “return of repressed bad objects” and Klein’s (1935, 1946) paranoid schizoid positions. As Eigen (2006) opines, "I don't think any of us survives infancy or childhood fully alive...We (all) carry around an annihilated self" (p. 25-28). Further, a case could be made, based upon the ideas of Joseph Campbell
(1949/1968), that the proliferation of the concept of Hell in so many of the world’s religions reflects its universality in human psychology. In my clinical experience, I have yet to find a patient who did not endorse some version of this experience.

Part of what gives Hell such power is that 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). In other words, Hell is not some vague state only imagined to be bad, it is the repetition of the worst experience(s) of a person’s life. It can be thought of as the ultimate psychological catastrophe, and it impends continually, waiting to pull the sufferer down into the depths of a terrifying darkness.

To my mind, there are two basic forms of Personal Hell. The first is centered on the experience of object-loss: disconnection from all other people. The second is based on terrors of self-loss and is more related to psychotic states. In this paper, I will focus on the first Hell, that of disconnection and aloneness. There are good reasons to know its terrain in detail, since it appears so often in treatment. It is commonly described in the literature as “black hole”, an “abyss”, or, diagnostically, as depression. These terms, however, do not fully capture its experiential essence, which entails a kind of “dwelling within” a “personal universe” (Stolorow et al, 2002) of vivid, painful sights and sounds, debilitating emotional states, and crushing cognitive meanings.
As an introduction to the experience of Hell, try to recall when you were young and did something your parents found utterly unacceptable. Remember how you found yourself fleeing in shame and curling up on your bed or in your closet or out in the woods, feeling as if you would never deserve to rejoin your family again. Does this exist for you still in some form? As a feeling, say, or more: as an entirely separate world in which you are capable of dwelling? For many, it does, and it is always there, like a hole in the mind that one can fall into at any time: a Hellhole.

In this cold 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 even know he’s gone. In the face of such profound isolation, this Hell is barren and lifeless. For some, it is an underground cavern, for others a dark hole. There might be a salt lake, created by tears cried in isolation. It is often lit in a sad, suffused grey; perhaps the shadow of the object (Freud, 1917) has fallen here. 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. In all cases, it is cold and deathly still...a living tomb.

In Hell, the individual has the feeling that he is 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. Shame and self-hatred dominate, as the sufferer takes on the
total blame for his emotional fate. These feelings are 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. Given such monstrousness, Hell is the only place he feels he truly belongs.

Naturally, in such a place, hopelessness reigns eternal. Exhaustion and lack of motivation are common, as many people become painfully aware of how fruitless all life’s efforts have proven to be. A powerful sense of permanence takes over: an unshakeable conviction that there is no way out of this darkness...ever. This eternal inescapability 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. It is in this state of mind that suicide becomes a compelling alternative, and more than one person has succumbed to its fatal siren song.

Finally, while from a contemporary perspective, such a state always arises in a relational context (Mitchell, 1988; Stolorow and Atwood, 1992,) from the patient’s subjective point of view, context is irrelevant. Hell is an experience, in Maduro’s words, of radical "atemporality, certainty, and

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1 I believe such a personal attribution to be the source of Freud’s well-known (1917) formulation of depression as “anger turned against the self.” To my mind, however, that depression and self-hatred are not synonymous, nor does the anger cause the depression, but that depressed affect and self-hatred are both part of a larger constellation of subjective experience, the one I am calling Hell.
solidity” (2008, p. 35). In other words, for the patient, this is not just an affect state which arises and recedes in response to the ebb and flow of life. It is reality itself. Actually, it seems like something more: the essential truth about who and what one is, an agonizing super-reality.

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 took off my suit of shining armor and revealed the painful truth: underneath, I, too, was a damsel in distress. Whoa! This was definitely not in the script! I had betrayed her, she said. Reeling from 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. So I bolted. And 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.

The Holocaust Mantra and the Highway to Heaven

As opposed to Freud’s (1920) repetition compulsion, Ornstein (1974) emphasized the importance of the “dread to repeat” in shaping character and behavior. This notion seems apt with regard to the retraumatizing agonies of Hell. 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, so that life can become a constant, nerve-wracking game of emotional Chutes and Ladders played blindfolded,

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2 The term "portkey" derives from the Harry Potter series of books by E.J. Rowling and was used by Stolorow (2007) to indicate an experience that instantly transports an individual into another experiential world. Similar terms are "rabbit hole", "land mine", and "trip wire".
and with all the chutes leading straight down into the black hole of Hell. In terror of the fatal plunge, people 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 organizing principle, working to make a feeling of safety the ultimate goal of life. To achieve it, people develop various strategies, which I categorize in three ways: as evasion, neutralization and transcendence.

Evasion, the first approach, involves an attempt to identify and steer a wide berth around the dangers of the world. This can be accomplished consciously and concretely, as with avoidant behaviors of all kinds. It can also entail mental processes used to render dangerous affects unconscious: repression, rationalization, denial, in fact, all the “mechanisms of defense” (A. Freud, 1936/1966). In cases of trauma, a particularly common evasive strategy is dissociation (Terr, 1994; Bromberg, 1998; Davies and Frawley, 1994; Van der Kolk and McFarlane, 1996).

The second category of safety strategies, neutralization, is grounded in the belief that triggering emotions can be controlled, rather than avoided. This approach can be seen clearly in the obsessional defenses, in which rumination and compulsive rituals are utilized in an attempt to purify the world (Brandchaft, 2001; Stolorow, 2011, personal communication). Interpersonally, attempts to de-fang dangerous" others include false-self presentations (Winnicott, 1960/65), pathological accommodation
(Brandchaft et al., 2010), dependent clinging, or domination. In today’s world, an increasingly common means of neutralizing is through anesthetic approaches, include all forms of substance abuse, the internet, and, of course, anti-depressant medication: Prozac as protection.

The final approach to achieving safety is the one I want to focus on most. Transcendence rests on the belief that Hell can be permanently avoided by entry into a personal Heaven, 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, other than the nagging feeling that this is a fantasy, and it is all too good to be true.

Freud (1900) thought of attaining Heaven as an “infantile wish,” but I prefer the idea of a transformational fantasy (Bollas, 1987), one in which the individual is transmuted from worthless and unlovable to radiant and adored. According to Bollas, 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.
Like Hell, fantasies of entering Heaven may be nearly universal. Bollas (1987) mentions religious experience, a new job or relationship, and other dearly held hopes, which I see as 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." The ultimate payoff, most often, 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 Dysfunctional Marriage of Heaven and Hell

To my way of thinking, 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. Interestingly, on a process level, the act of fantasizing can work in much the same way as its 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.

It needs to be mentioned as well that it is actually possible to enter Heaven, at least temporarily. It can be attained for minutes with orgasm,
hours with opiates, weeks or months in cases of psychotic mania, or even a year or two in the early "honeymoon" stage of a romantic relationship. The ecstasy inevitably ends, but its potent reinforcement, like the payoff of a euphoric slot machine, can make the longing to re-find it almost irresistible. This is where the problems begin. There are probably many kinds. Three come to mind.

The first problem entails the structuralization of the world into a defensive, all-black/all-white mode, in which complexity, subtlety, and relationality are lost. In this kind of world, where only two positions exist, it can often become a matter of life and death to get into a Heavenly frame of mind, because the only alternative is Hell.

A second difficulty arises when reality becomes unbearable, and fantasy is used to replace a significant percentage of living, as happens, for instance, in 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).

The third problem rests on the fantasy being positioned as a blueprint for living, in the mistaken belief that (1) it is deemed to be concretely achievable, and (2) that if achieved, it is capable of permanently altering one’s essential nature for the better, when it is imagined to undo all the wounds of the past and create everlasting Heaven on earth.
In all cases, the search for Heaven entails significant costs. To begin with, a life characterized by an endless search for a non-existent perfection will inevitably eventuate 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 relieved her pain in the short term, 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 short-term positions – waitress, barmaid, hairdresser, occasionally prostitute – which prevented her from developing 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 a solution. Sadly, the story has a tragic ending, as her inability to face her pain eventuated in a heroin overdose. She died alone in a cheap hotel room in a beach resort known for its parties and fun.

Going to Hell in an Analytic Handbasket

Heaven and Hell, as complex affect states, manifest often in the clinical setting. The patient may fall into Hell regularly, for example, and not be able to get out (depression). He may see dangers of falling into it everywhere in the world (generalized anxiety). His safety strategies may have failed or have become too costly in terms of their impact on his personal, professional, or financial, life.

Once in treatment, the patient may organize the analyst in line with his overarching emotional themes, either as a manifestation of Hell, a vehicle to get to Heaven, or both. Such organization is especially true in the beginning of treatment, before the patient’s longings are subjected to analytic deconstruction. The commonest of these 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. In addition, erotic fantasies may emerge, resting on a belief that therapy can be dispensed with altogether and cure effected through intimate engagement with the analyst himself, a “relentless hope” (Stark, 2006) that can take over a treatment. 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, the analysis itself is being co-opted in the service of a larger transformational fantasy: a fantasy within a fantasy.

At the same time, the analyst’s own versions of Heaven and Hell are necessarily evoked in his work with the patient. It is by now a commonplace observation that many of us enter the field in order to provide ourselves with the opportunity for emotional restoration, and that we co-opt our patients in that endeavor. In other words, in curing others, we hope to cure ourselves. That points to another basic truth about us as analysts: none of us is perfectly analyzed, and we are therefore carrying around the potential to drop into our own personal Hells. In fact, I would suggest it is almost inevitable that we will do so.

Given the infinite intersubjective dynamics of the analytic encounter, it should not be surprising to find the patient’s and the analyst’s personal worlds of darkness and light interacting in complex ways. Perhaps most commonly, the patient’s and analyst’s Hells amplify each other, as, for
example, when the patient’s increasing vulnerability to experiences of unbearable agony is organized by the analyst as a failure of cure. This attribution of blame, in turn, can easily evoke anxiety that the analyst is driving the patient to termination, insanity, or suicide. In response, he may shift gears and move away from the patient’s pain, rather than towards it, through provision, gratification, and myriad other evasions. The result may be breezy superficial sessions or intractable treatments that last for decades.

The mirror image of the above is the conjunction of the patient’s and analyst’s Heavens. Here, jointly constructed transformational fantasies can entail mutual idealization; perfect mommy-perfect baby. In such a fantasy, the analyst will restore the patient not just to perfect emotional health, but also to a pristine state unblemished by the past. All wounds will be healed, all wrongs righted, and restitution made for all previous suffering. In the process of achieving this therapeutic miracle, the analyst will have his own emotional history rewritten as a narrative that points to this transcendent triumph and opens out into a future of unlimited possibilities. Of course, he will write up the great discoveries that lead to his unparalleled clinical success, speak to multitudes of awe-struck acolytes, and replace Freud at the pinnacle of psychoanalytic theory.

Conjunctions can also occur with mismatched states. A patient’s Hell and analyst’s Heaven can coincide, for instance, when the analyst holds to a treatment model that causes the patient pain, and the analyst organizes that
pain as a sign of progress. As Freud demonstrated in the Dora case (1905), for example, ignoring the patient’s pain in the service of proving a theory can be deadly to the treatment.

Another problematic pairing shows up often in cases where the patient’s fantasy of Heaven is played out concretely in a way that causes Hell for the analyst. This problem can happen, for example, in cases of intractable erotic transferences, where the patient wishes to have his antidotal longings met concretely, and the analyst for his part, wishes to analyze, rather than enact such wishes. Over time, the patient’s relentless assault on the analyst’s resistance can take on the character of a war, one in which the analyst can feel like anything but a caring, healing professional.

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.

In fact, nothing made sense. It was like she had just turned out the light at the end of the tunnel, and 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 and would have no hope left at all. 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. In fact, I very quickly experienced a stop to my looking for dangers in the world. Portkeys couldn’t scare me anymore, because the worst had already happened. Then, over time, another strange thing showed up: light. It wasn't the light at the end of the proverbial tunnel; it's 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.

The Way In Is the Way Out

As I believe most analysts hold, Hell, the patient’s experience of psychological catastrophe, must ultimately be faced for the patient be free of its terrors. (c.f. Socarides and Stolorow, 1987; Krystal, 1988; Pariser, 2010). In Winnicott’s words, “there is no end unless the bottom of the trough has been reached, unless the thing feared is experienced” (1974, p. 106). What is accepted theoretically, however, may be difficult to accomplish concretely. Intense, painful, and long-lasting affect states can make
therapeutic attunement challenging, if not downright impossible. As Maroda points out, “(n)othing quite prepares any therapist for the reality of sitting quietly in a room with another human being who is in intense emotional pain” (2010, p. 6).

In response, we may be left fumbling in the dark, so to speak, not knowing what to say or do that will contribute to real progress for the suffering patient. Our confusion may become especially pronounced as the patient moves closer to experiences of real psychological catastrophe, whether psychotic fragmentation or suicidal depression. Without the confidence that we are on a helpful path, we may fear are literally driving our patients over a cliff, and, incidentally, setting ourselves up for a whopping lawsuit in the bargain.

It is in this light that I believe a phenomenological understanding of Hell to be an aid to the analytic process. It can help patient and analyst co-create a linguistic idiom, one to which many patients can respond because it is imagistic, evocative, experience-near and resonates on symbolic verbal and non-verbal levels (Bucci, 1997). It can flesh out the overall picture, including the ways in which historical, imaginative, and transferential pieces fit together and tie to the patient’s overarching emotional themes: in Mitchell’s (1988) terms, where in the patient’s emotional tapestry the analyst is being woven, and vice versa. Third, it sends a message to the patient that the analyst is familiar with the territory, which can help increase
the patient’s confidence that with this particular analyst, successfully confronting and negotiating this previously terrifying realm of experience may finally be possible. In fact, the patient may come to believe, either because he intuits it or because he asks, that the analyst has had his own experience of Hell and has worked his way through at least some of it. That may give the patient hope that if his analyst can do it, so also can he (Oh, the power of an idealizing transference!).

All of these ameliorations can, in turn, provide the analyst with a spur to what I think of as an essential attitude in analytic work: courage. In this case, it is the courage to move toward the darkness, rather than away, to enter and remain within the patient’s painful experiences, to avoid rescuing the dyad from difficulty through provisioning and antidotes, to hold steady even in the face of powerful wishes to escape the pain.

To the extent that the analyst is successful in helping the patient into his personal Hell and remaining there with him, an emotional paradox is evoked in the patient involving the analyst’s presence in Hell, which, in the patient’s mind, is the place of fundamental disconnection from the rest of the world. A corollary to this paradox is, equally irreconcilable, the fact of the analyst as caring, when the basis of Hell is of being essentially defective and unable to be cared about. Patients often struggle to make sense of this. They might start by rejecting the analyst outright: “You don’t know how bad it will get,” they might say, “and when you do, 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 paradox, which might be expressed as, “I trust you, but I don’t trust you.” Eventually, living with this paradox for a significant time will evoke an emotional dissonance that cannot be resolved through a return to the status quo ante. A developmental accommodation must be made.

And what is that emotional adjustment? I think of it as emotional surrender (Ghent, 1990) into the darkness. It is not often easy. I once heard an interview with the movie director Steven Soderbergh, who put it this way: “the parachute won’t open until you’ve reconciled with the fact that you’re going to hit the ground”. When it does, however, when all hope is truly lost, then the process of mourning the lost past can begin, and real acceptance can finally emerge.

To the extent that an individual can accept himself as he is, 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.

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. The triumph of "ordinary" life – a flawed, human, but vital and vibrant existence on Earth – replaces the vain search for transcendence. In that sense, it represents a true transcendence over Heaven and Hell's defensive deadness and their restrictive stranglehold on the human pursuit of happiness.

References


