The Reconstruction of Early Nonverbal Relatedness in the Treatment of Difficult Patients
A Special Form of Empathy
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An interpretive strategy, based on current infant research, is described that facilitates engagement with emotionally constricted patients who appear to form little attachment to their analysts. Relevant research is reviewed and clinical material is presented to illustrate the presence of highly restrictive early modes of self- and mutual regulation organized in childhood and minimally transformed through later experience. These nonverbal presymbolic forms of relating constitute adult versions of the early interaction structures that protected the infant from trauma and continue to be used by patients to avoid retraumatization. How these configurations appear in the transference and can be reorganized in the analytic relationship is also detailed.

Interaction Structures

Contrary to early analytic thinking, current research suggests that infants are biologically prepared to relate to others from birth (Brazelton et al., 1979; Meltzoff, 1985; Stern, 1977, 1985). Entering the world with fine-tuned perceptual and affective capacities, they engage in social dialogues from the earliest months of life. Infants are, in short, natural participants in a split-second world of human social relations.
interaction and interpersonal engagement (Stern, 1977; Field, 1981; Cohn and Tronick, 1983; Cohn et al., 1986).

Beebe and Lachmann (1988) argue that these mutually regulated, bidirectional interactions between infant and caretaker provide the basis for an infant's presymbolic representations of self, other, and self-with-other. They term these patterns “interaction structures,” defined as “characteristic patterns of mutual influence which the infant comes to recognize and expect in his interplay with others” (p. 4). Stern (1985) has made a similar argument in his theory of RIGS (Representations of Interactions that have been Generalized). He believes that mother–infant interactive experiences are “averaged” and represented mentally. This dynamic process, according to Stern, occurs between the ages of two and seven months.

Beebe (1986; Beebe and Stern, 1977; Beebe and Lachmann, 1988) has suggested ways in which the infant’s expectations of characteristic interactions and the derived representations of self-with-other are based upon the individual’s earliest experience of relatedness to the object. She reasons that “interaction structures” provide a way of determining what “being in tune with” the mother might feel like to the infant as well as what being mismatched might feel like. She suggests that “interaction structures” contribute to the formation of internal schemas that represent interactions of self-with-other along the dimensions of affective stimulation, temporal patterns, spatial relationships, and an associated proprioceptive arousal. In this conceptual framework, the state of the other is perceived and expressed through moment-by-moment changes in time, space, affect, and arousal. Thus, the timing of communication between caretaker and child, the changing spatial relationship between the participants, and the degree of affective stimulation and proprioceptive arousal are the significant dimensions of early social exchange. To these aspects of relatedness the analyst must be particularly attuned when working with the “difficult” patient.

Examining ways in which infants regulate themselves in response to optimal and nonoptimal levels of interpersonal stimulation, Beebe and Stern (1977) found that infants engage in subtle, complex interpersonal maneuvers ranging from intense, prolonged mutual gaze to distressed avoidance. Clearly, gaze is of paramount importance in infancy in the regulation of internal and external stimulation.

These authors further delineated several “interaction structures” reflecting infant regulation, including the “chase and dodge” sequence described as follows:

Looking at a sample of approximately six minutes at the beginning of a videotape play session, we observed a complex and rapid sequence in which mother “chased” and infant “dodged.” The mother chased by following the infant’s head and body movements with her own head and body, pulling his arm, picking up to readjust his orientation or attempting to force his head in her direction. To every maternal overtone, the infant could move back, duck his head down, turn away, pull his hand from her grasp, or become limp or unresponsive. The infant exercised a virtual “veto power” over her attempts to engage him in a face-to-face encounter [p. 41].

Stern (1977) notes that this kind of massive motor inhibition can become a chronic means of dealing with overstimulation in some infants and may develop into adult motor inhibition or passivity as a reaction to interpersonal stress.

Understimulation can be equally problematic for early interaction and developing schemas of relatedness. Depressed, schizophrenic, or extremely insecure mothers may be unable to provide the necessary “envelopes of stimulus intensity and contour” (Stern, 1977) that are designed to influence the infant’s attention, excitement, and affect. Understimulated infants may never acquire a sense of mutuality and effectiveness in dyadic exchange. By six months, infants and their depressed mothers no longer participate in moment-by-moment, mutually regulated, facial-visual affective exchanges (Cohn and Tronick, 1983; Cohn et al., 1986).

A more common form of paradoxical stimulation is what Stern (1977) calls the “mutual approach-withdrawal dance.” He reports a caring mother who gave birth to twins, Mark and Fred. As often occurs, she experienced a greater rapport with one child than with the other. A characteristic play session with this mother and her twins proceeded as follows:

Mother sat on the floor with each infant placed in separate infant seats in front of her. The play, as usual, went effortlessly with Mark and got progressively worse with Fred until his fussiness terminated.
the period. I wanted to know what was so different about the two interactions... The first phenomenon the method made apparent was that mother and Fred tended to move almost exactly together, like two puppets on the same set of strings... When mother approached Fred, he withdrew, and when Fred approached mother, she withdrew... It turned out that Mark too was moving roughly synchronously with mother's movements but only when they were facing and looking at each other during an interaction... Fred, on the other hand, continued to move with mother, even when she was not looking at or interacting with him, and even when he was not looking directly at her [pp. 124–127].

Stern speculates that this mother is missing Fred's initial cue to back off when he averts gaze, and this may occur because he continues to monitor her peripherally. In any case, what is described here is a pattern of "missing." Stern notes that a striking component of this pattern is that mother and Fred never got together fully for long. They spent more time and effort failing to get together than Mark and mother spent actually interacting. One outcome of this interaction pattern was that, in the second year of life, Fred had more trouble establishing and maintaining mutual gaze with mother and others than Mark did and more trouble disengaging from mother and going off alone. Apparently, Fred remained less attached and less separated at the same time.

From these studies, it seems clear that the infant is an active partner in social interaction from the beginning of life, with self-protective capacities and the capacity to develop presymbolic interaction schemas. He is an individual with predictable, characteristic ways of relating to others prior to the development of language. It is likely that these early ways of relating provide one basis for later patterns of interpersonal interaction as these are transformed through symbolic elaboration and later experience.

Naturally, these early "interaction structures" undergo multiple transformations as each person develops, becoming more or less modified by subsequent experience. Adult behavior, however, will reflect, in some degree, aspects of these early modes of relatedness and their subsequent transformations. This is particularly true in the analytic situation where the patient is relating to the analyst about feelings and intimate experiences. In some instances, the nonverbal manifestations of early "interaction structures" remain important back-
significantly a long-standing sense of "not feeling" things and an inability to "stick with anything or anyone." She recalled little of growing up and spoke of her family in a detached way. She described a series of affairs with women that began with a degree of excitement but always "ran down" over time until she felt "exhausted" and wished to leave.

Kay came regularly to sessions but was often late. She would rush into the office carefully avoiding the analyst's gaze and report in a flat tone the most recent events in her life. She seemed uniquely disinterested in her own narrative and in any response. When her analyst commented on her apparent lack of interest, Kay agreed. She thought what might really help would be getting some hobbies, making herself go to the gym, or reading a book. She gave the impression of a young woman for whom words had little meaning and feeling states were completely pushed away.

Kay had little to say about her early life or feelings toward her family. Her mother, young when she married, discovered almost immediately that she was pregnant and that her husband had difficulty keeping jobs due to a drinking problem. Kay thought her mother had probably been overwhelmed. She had no memories of being with her mother or father in early years nor could she recall the emotional atmosphere in the home. She did remember problems at school from the start not finding interest, concentrating, and finishing things. In any case, she reported, her early experience had nothing to do with her current difficulties, which she was sure were due to laziness.

Since there was little information available about Kay's early life, her analyst focused on the nature of her current relationship. Apparently, after the initial period of interest, Kay had withdrawn from the woman who had brought her to the initial session. The woman then became anxious and began to press Kay for attention. As the woman pressed, Kay became less and less able to respond and had increasingly "taken to her bed" when not at work. The analyst commented how desperate she must feel to take to her bed in this way. She closed her eyes and responded: "Not really. Just tired." Noting to herself how often Kay closed her eyes when spoken to, the analyst asked her about it. She seemed surprised at the question but related that her lover had the same "complaint." There were moments, she explained, when she felt some interest in her partner, but she would close her eyes and it would immediately disappear. She did not know why. Her analyst then

observed that Kay never looked directly at her and inquired if something similar was occurring. Kay replied that she had not been aware of this, but perhaps she was "a little too much for her, too."

It became clear that Kay was regulating arousal and degree of contact through her pattern of avoiding gaze and closing her eyes at critical moments. The analyst suggested that they might try to understand this together. They discovered that Kay regulated a great deal of her experience through visual, temporal, and spatial dimensions of interaction, with a particularly central role played by seeing and being seen. Kay experienced complete loss of feeling or sense of connection to another at any moment that she closed her eyes. Various degrees of looking away and closing her eyes, as well as maintaining spatial distance and monologue-like rhythms of speech, regulated quantities of stimulation from within and without. This self-regulatory strategy had worked fairly well for her, except in close relationships, where lovers would eventually demand that she be more responsive. In these relationships, Kay would ultimately feel forced to "close her eyes"—for then, as she put it, "it's as though a curtain comes down and separates me from the rest of the world."

Kay's analyst imagined what might have happened to Kay early in life to produce this continuing reliance on such early forms of self- and interactive regulation, particularly her use of gaze. She imagined, and shared with Kay, a model scene (Lachmann and Lichtenberg, 1991) of an infant who, in the first months of life, was animated and responsive, reaching out to those around her but unable to engage a young, depressed mother in an unsatisfying marriage. She pictured an infant who struggled at first to make contact but, after repeated disappointments, became limp, frozen, and still. Curtained, in a real sense, in the absence of an interactive regulatory system, she relied on her own defensive capacities (primarily withdrawal) to calm herself and regulate experience. Kay was apparently an infant who, when her efforts to relate were not met, felt an intensification of needs that, in turn, was experienced as frightening and disorganizing. Kay and her analyst came to understand that, for Kay, closing her eyes was calming. Looking represented attachment and connection to others and evoked both a longing for deeper connection and a fear of indifference and nonresponsiveness. Why looking had come to be experienced in this way emerged only after specific memories and feelings were recovered.
Following these constructions, Kay began to recall aspects of her childhood and to be interested in them. She described a mother who was young and loving, though preoccupied with her own problems. Soon after she married, it became evident that Kay's father was a serious alcoholic who was withdrawn when sober and intrusive when drunk. Kay further remembered that her mother was given to depressions when Kay was older and might have had one following Kay's birth. She began to ask her mother about those early years, and would bring that information back to the session, and so helped to create an increasingly complex picture of Kay's early development. At the same time, Kay struggled in the treatment to stay in contact (including visual contact) with her analyst, though often feeling panic and mounting anxiety when she forced herself to do this. At these times, she could put into words her fear that she would become attached, even dependent and that the analyst would be indifferent or find her needs ridiculous. Her analyst's efforts to be "with her" without pushing her helped Kay regain equilibrium.

Eventually, it became clear that Kay's anxiety signaled her intense fear of attachment to an unresponsive, unavailable object or, alternatively, one who might turn suddenly and become impinging as her father had been. Several months after the beginning work on the "frozen baby" narrative, significant memories began to appear in sessions that paralleled structurally the narrative itself. That is, significant memories were recovered in which Kay attempted to engage an adult in a moment of need, the adult was unresponsive, and Kay was left to deal with the situation as best she could. For example, Kay remembered, when around five, crushing her left hand in the garage door and running to her mother, who was washing dishes in the kitchen. Frightened by the blood and pain, Kay had difficulty finding words and was simply moaning and holding her hand up for her mother to see. Her mother told her to make less noise and tell her father. In Kay's memory, her mother never looked up from the dishes.

Kay also recalled her father and mother's separating after the birth of her sister when Kay was about two. At this time, Kay's mother went to work to support the children and Kay became the child for whom there was little time for holding, talking, or playing. Vivid images of waiting for her mother to return from work and watching her as she would care for the newborn came in fragments.

Notably, Kay's central connection to her mother from age two to four was a visual one. She remembered watching her mother feed, wash, and calm the baby in the evenings, and if this became too painful to watch, she closed her eyes, just as she did in adult life in moments of emotional pain or feared lack of response. By the time her father returned home and life returned to "normal," Kay had, according to both her parents, developed an aversion to being picked up and would arch her back and pull away from anyone who tried to cuddle her. She would, however, linger around the adults and keep them within view but avoid physical contact. The family had always seen her pulling away from others as a unique part of her personality makeup. It was often laughed about at family gatherings.

Kay's way of organizing her subjective world seems best understood if we assume that in many ways she clung to an early form of protodfensive connection to others (Beebe and Stern, 1977). This is essentially a form of self and mutual regulation that is a complex compromise between relatedness and disengagement. Beebe and Stern argue that in the infant interaction structure, relatedness, in the sense of contingent responsiveness, is maintained. At the same time, disengagement is accomplished through minimal visual contact, and the infant's responsiveness is primarily organized by movements of withdrawal. This seems to have been Kay's ultimate solution in that she avoided being held or cuddled by the family (she responded by pulling away) but remained engaged through visual contact with the adults keeping them safely in view. This early "interaction structure" was utilized to help understand Kay's seeming lack of interest in her treatment and in the treatment relationship.

Kay's apparent avoidance of contact was actually an attempt to remain connected, while managing internal fears and conflicts. Such apparent lack of engagement can be overcome if it is understood not as a lack of capacity for attachment or transference but as part of the transference, providing valuable information about early experience. It is as though a fragment or dimension of an early interaction structure has been rigidly retained, delaying further symbollic elaboration and transformation. Clues to aspects of "early interaction structures" and their effect on Kay appeared in the transference in her gaze avoidance and limp, paralyzed quality. In addition, she felt no sense of agency and seemed hopeless about responsiveness from the analyst. Like the babies
Cohn and Tronick (1983) described in their relating to depressed mothers, Kay tended to protest, become wary, and then look away. These babies limited their involvement with others, just as Kay limited her involvement with those around her. Disruptions in early relationships had probably been transformed over time into the “frozen” quality that now limited her attempts to connect with others and created a fear of her own relational needs. These were now experienced as potentially dangerous and repugnant to others.

Understanding the specific nature of this infant “interaction structure” turned the analyst’s attention to Kay’s fear of engagement despite her apparent disinterest and provided an interpretive strategy that connected her disengagement to childhood trauma.

Mad in Love

Carter came to treatment because he felt “disconnected,” “outside of things,” and unfulfilled. Unlike Kay, he remembered his childhood well. The first of five boys, he had grown up in a strict household with working-class parents who had a terror of financial ruin and a strong need to be productive at all times. His “nervous” mother and “quiet” father showed particular concern for cleanliness and control. The boys were raised in a military fashion with rules governing every aspect of family life.

Though Carter had many memories of growing up, none were vivid, and there was little feeling evoked by them. Similarly, he showed little interest in the analytic relationship. Nevertheless, he came regularly, was on time, was careful of the furniture, and recited, as well as he could, every thought that entered his mind. In other words, he was a “good boy” and followed the rules. When his analyst commented on his compliance, he agreed that this was how he lived his life and that undoubtedly it was connected to the lack of freedom he felt. He could not imagine a truly spontaneous gesture or feeling arising in the treatment, nor could he imagine feeling anything toward the analyst other than that she was a “nice,” well-intentioned person. Over the first year of treatment, significant life events were reported, but with the detachment of someone who had happened on stage with no emotional investment in the play.

He described certain unusual experiences with his mother, with whom he was closely identified. She was an anxious woman who seemed always afraid one of the boys would slip outside her control. An avid cleaner, she made each boy contribute in this area. Carter remembered sometimes being awakened by her in the middle of the night, her face contorted with rage, while she pulled him out of bed and dragged him to the bathroom to be shown some part of the bathtub he had not cleaned to her satisfaction. He would, then, re scrub the entire room, regardless of the hour, and fall heavily into bed toward morning, and hope to catch some sleep before school. When asked what these sudden and seemingly frightening scenes with his mother were like for him, he replied: “I was used to them. I felt sorry for her, she was so out of control.” Empathy with how frightening and disorganizing these scenes must have been evoked no response from Carter. Interpretation of his need to protect himself from these memories brought agreement but no feeling.

The analysis moved in this way for the first two years, with Carter’s trying to say most of the thoughts that occurred to him and to understand why he found it impossible to step into experience in a deeper way. Interpretations related to his subjective experience of family life during childhood seemed quite logical to him but brought no particular feeling states into the therapy. Several nonverbal aspects of the analytic relationship, however, seemed important. For example, whenever his analyst opened the door that led to the waiting room, Carter seemed to experience something like a startle reaction. If he was seated, he would jump up to face the analyst, stepping back as she stepped forward. If he was standing, he would step back as she appeared at the door. He seemed always careful to maintain a very specific spatial relationship with her and consistently monitored her visually, from the periphery, in an indirect way. This unusual visual/spatial dance resembled the “chase and dodge” sequence Beebe and Stern (1977) described. With this in mind, his analyst tried to keep her movements to a minimum and adjust them carefully to Carter’s pace and spatial requirements. He seemed most tense when leaving the office, since the area to be negotiated was not large and he needed to cross fairly close to her to exit the room. He managed this each time quickly, holding his body rigid and looking straight ahead. She sensed
that any direct observation of this interaction would feel extremely intrusive to him and waited to see how she might interest him in it.

As her August vacation approached, Carter became less verbal and more withdrawn. He did not, however, mention the upcoming separation. Finally, two weeks before the vacation, the analyst asked if he had been thinking about it. He said "No, it hasn't really been on my mind and, after all, it's only a month." Following this statement, Carter looked toward the door of the office, closed his eyes for a moment, and shook his head as though shaking something away. When asked what he had been doing, he described the following experience: When his analyst mentioned her upcoming departure, he had experienced a perceptual event. The room had withdrawn from him suddenly, becoming small and far away as though it had literally moved a great distance from him. Then he had "forced" himself to bring it back—shaking the phenomenon out of his eyes.

At this moment, the analyst sensed the event as an opportunity to enter Carter's world in a more direct way. Bearing in mind the "chase and dodge" quality of Carter's nonverbal behavior in the transference, she reviewed Carter's history in her mind and imagined this event as a protodefensive attempt on the part of a child to self-regulate in the face of possible trauma. She pictured a child in a stream of interaction with a tense, intrusive mother who was unable to maintain meaningful boundaries between herself and her son. She saw this mother pulling at his arms and legs and impinging into his personal space in an overstimulating, misattuned manner, just as she had pulled him out of bed in adolescence in her "midnight rages." Here, in imagination, was a mother affectively unavailable or enraged over the child's inability to conform to her picture of him. The child had learned to remain relatively still, while subtly moving away to control the level of his arousal, and to watch his mother vigilantly in order to avoid sudden outbursts and frightening misattunements. He avoided prolonged mutual gazing and tried to maintain a significant distance from her physically and emotionally. At the same time, he needed to remain in contact with her, as evidenced by his visual monitoring. When Carter's ways of "being good" failed to achieve the needed contact with adequate distance, he was apparently able, perhaps in early childhood, to push her away perceptually and then to bring her back when things were less intense.

This image of a dodging baby or child pursued by a chasing, "out of control" mother was offered to Carter as a model scene, an imaginary narrative conceived from the nonverbal aspects of the treatment relationship. He then sighed deeply, paused for a few moments, and reported the following fantasy about the analyst, which he said flew into his mind from nowhere. He called it "Mad in Love." The fantasy confirmed both his fear of traumatic intrusion and his fear of loss:

I see myself plotting your murder for months. I have an image of my hands going around your neck. It's comforting but makes me think I might be insane. I think of a slow, lingering death, and it makes me smile. I want to see the look in your eyes, especially when you realize you're going to die. If I stared at your eyes, it would be incredible. My heart would flutter. I wouldn't be able to catch my breath if you were very near. I imagine you as not really attractive, but with this mystery that draws everyone to you. I am afraid of you. It shakes me. I feel like a small insect trapped in a spider's web. I feel on the brink of madness, and I decide to end your life, but it's really a decision to end my enslavement... I... fear losing you—losing myself. Now I imagine that we are lovers. One morning I take my pillow and cover your face. I imagine you waking with a start, gasping, kicking, pushing. I climb on top of you and stop you, pressing my knees against your arms. My weight holds you secure until you stop moving. Then I climb off and remove the pillow. If I have to lose you, I will do it myself. I realize I'm not insane... just mad in love.

A number of memories and feelings immediately followed the construction of Carter's earliest interactions with his mother. This fantasy confirmed his fear of the rage he felt toward her for her threatening intrusions. Carter dreaded full, affective involvement with anyone for fear he would lose control, as she had, and "kill" someone he loved and needed. He recalled that as a child he had often experienced the perceptual phenomenon just described, though he could not yet control it. These had occurred most often during the "midnight madness" with his mother. Her eyes would be bulging, the light would feel eerie, and he imagined her to be possessed. He also recalled feeling frightened and oddly excited—caught between a desire to cry and a desire to laugh. Carter felt his mother was never really available to him. In moments of closeness with her there was a kind of "lunatic intensity"
during which he fought to stay grounded in reality. By adolescence, he reported having learned to push perceptual reality away, having literally brought the phenomenon under his control. He could distance a room or person and bring them back at will. After college and moving away from home, he had lost his capacity. In fact, he had forgotten about it until the session in which it returned unbidden.

Following this session, Carter and his analyst gradually reconstructed together the understanding that he had avoided attachments because he believed that they could bring only complete dependence on an "irrational other." For Carter, there was no predictability or mutuality in relatedness. He had stopped feeling, except when completely alone, since he was six or seven years old. He felt he had treated his younger brothers growing up much as his mother had treated him. This was painful for him to recognize. He had controlled, bullied, and physically abused them in moments of jealousy and frustration. His ability to move things closer or farther away visually had ultimately become transformed into a capacity to move feelings nearer or farther away. This need became, for a while, the center of his analysis. Finally, it was understood as a self-regulation connected to a variety of feelings, memories, and fantasies that had been dissociated, out of a fear that they would be enacted toward another person. Sexuality, fear, and murderous rage had become connected for Carter during childhood. This led to sadomasochistic fantasies, which emerged in the analysis and could be worked through.

Clearly, the study of mutually regulated, nonoptimal interactions in infancy enabled the analyst to translate Carter's history more directly and use his perceptual distortion to move more deeply into his experience and build a bridge from childhood to his current feelings in the transference. This construction could not have been interpreted strictly from the history Carter himself had verbally provided.

**Twins**

Larrissa was 23 when she entered analysis. She was timid about seeing an analyst and spoke haltingly and with little emotion. Describing herself as "spacey," she related that her parents felt it was time for her to leave home and be on her own. Something about this seemed "difficult." This was "embarrassing" because her twin sister had successfully negotiated the separation earlier that year. Shortly after treatment began, she experienced an uncomfortable "pressure" wearing clothes and shoes. She attributed this to an allergy to chemicals and dyes in fabrics and leathers; she was extremely sensitive to noises and smells, as well. She dealt with the pressure by wearing sandals and large, tentlike clothing that gave her a bedraggled, disheveled look and hid any contour of her body. Her inability to wear attractive clothes made it almost impossible, she felt, to look for work. Her hope, professionally, was to become a writer, editor, potter, or "something." In the meantime, she sought work as a secretary.

Larrissa seemed unsure what therapy could do for her and hopeless about any real changes in her life. She never looked at her analyst directly but seemed extremely vigilant visually, as evidenced by her observations that the analyst was looking away for a moment or that she had worn the "same dress last Tuesday." She was unable or unwilling to explore her feelings or thoughts about the analyst's actions or clothes or why she was so observant. Her only comment was that the analyst seemed "so different" that she could not possibly understand her. This comment was expressed as another observation, however, not as a feeling or fear about the relationship.

The first months of treatment were difficult. After a sketchy description of growing up, Larrissa fell silent. She clenched her fists as though steeling herself against some terrible fate, and she seemed to be waiting for something to happen. Encouragement to speak freely met with silence or brief replies to direct questions. The only subjective states she could describe during the sessions were feelings of discomfort, "pressure," and what seemed to be intense tension. For the most part, she remained silent for 30 or 40 minutes without any communication at all. Attempts to explore the silence were experienced as demands. During these months of trying to break through what seemed to be a strong fear of closeness, her analyst tried to imagine what the experience of this situation could be like from Larrissa's point of view. Larrissa came regularly to sessions and was usually on time but avoided meeting other patients whenever possible. She apparently wanted to be in her analyst's presence but to control the amount of discourse between them. What she dreaded was impossible to determine from her communications.
Over time, something of Larrissa's history emerged. Her father was a successful art collector, her mother was an artist, and she was one of five children. She had three older brothers and an identical twin sister. She felt the boys had been valued over the girls while growing up but made no other comments on her sibling relationships. Larrissa felt her father was "brilliant but judgmental." She said little about her mother except that she believed that she was very "tired" by the time the twins were born.

Larrissa herself seemed chronically "tired." It was difficult to tell if she simply did not express inner feelings or if these were unavailable to her. During this early phase of treatment, she moved out of her family's home, took an apartment with a friend, got a secretarial job, and made steps toward independence. At the time of her analyst's first vacation, however, she experienced an upsurge of uncontrollable tension and felt that her head would "explode" off her body. By the time analysis resumed, she had given up her job, had taken an apartment alone, and was doing word processing at home to avoid dealing with people who "didn't want her there anyway."

Several things were striking about Larrissa. She was unable to regulate basic tension states; needed her analyst's "presence" to feel "centered"; relentlessly monitored the analyst visually; and, like Kay and Carter, seemed quite hopeless about responsiveness from others. Given these clearly early developmental difficulties, her analyst began to construct an image of an infant twin with a "tired" mother who unexpectedly found herself, in middle age, with two small babies, three school-age boys, and an extremely demanding husband. She imagined a child left often on her own who drew some comfort from the "presence" of another person, her identical twin. Periods of distress were inevitable, since it is impossible to feed, soothe, and play with two infants simultaneously. Larrissa's feeling that no one "wanted her there anyway" was pervasive. This feeling was given meaning, for the analyst, in an image or model scene of an infant often left to her own resources and unable to engage her mother consistently due to the various demands her mother was experiencing. It seemed that, at some point, Larrissa had literally given up attempts to engage other people in any direct way.

When these images were shared and Larrissa was asked about her sense of life as a "baby twin," she reported the following story. Her words, for the first time, were full of sadness. She related that it was often laughed about in the family that her mother could not tell one infant from the other. She was, in fact, often unsure which twin had been fed. Consequently, one was sometimes fed twice while the other not at all. This story led to some understanding of Larrissa's tension states and stomach problems. She had an inability to eat very much, alternating with a tendency to overeat and feel bloated and explosive. Various memories, sensations, and feelings emerged following these constructions. Larrissa was able to say that the analyst's vacation represented to her a clear sign that she was unimportant and that her needs were irrelevant. She imagined that the analyst went away because she was bored and exhausted by Larrissa's incessant needs and demands. She knew this feeling was "familiar" to her, and she felt it was like being held in someone's arms and then suddenly being put down or "dropped." This was easy to connect to her experience as a twin with a "tired," overwhelmed mother. She recalled a central feeling of childhood that she felt was still with her—that it was impossible to capture and hold another person's attention. It became clear, as these feelings and memories emerged, that Larrissa's intense focus on her analyst was an attempt to ensure that she would not be "forgotten." Ultimately, the theme that appeared and remained an important organizer of her subjective experience as late as the seventh year of analysis was of a child who felt "redundant"—simply a duplicate of an existing person. She was unnecessary and without uniqueness. This feeling had initially been organized at the level of the body as an infant and small child with a twin who was physically identical in every way. It was elaborated through subsequent childhood experiences in which she felt her parents were absorbed in each other and in their work. Little attention seemed left for her. Feeling redundant and unnecessary in the scheme of things, she felt no claim to special, even consistent, treatment from others. Once Larrissa, however, was able to empathize with an image of herself as an individual who needed, but did not experience, a consistent responsiveness while growing up, her profound desire to be unique and of value to another emerged, and clear transference configurations appeared for the first time.

In this case, delineation of early interaction structures in the regulation of tension, self-cohesion, and self-esteem provided an understanding of Larrissa's seemingly diverse and chaotic somatic complaints,
their upsurge in the transference, and their relation to early experiences with her mother.

Discussion

Three cases have been presented to demonstrate the usefulness of reconstructing early nonverbal relatedness in patients who are affectively constricted and seem unable to form an attachment to their analyst. The cases suggest that with patients who seem to feel little engagement in the analytic process and bring limited material, disengagement is often a protective measure, employed, out of awareness, to avoid the repetition of early trauma. These patients seem to rely heavily on rigidly retained, early modes of self-regulation and relatedness to others. These modes can be conceptualized as adult versions of "early interaction structures" described in the infant literature. Further, these presymbolic, nonverbal ways of relating are present, even dominant, in the treatment relationship and offer important clues to the patient's early experience, the transference, and the specific traumas themselves.

With Kay, they clarified her way of engaging her analyst without feeling overwhelmed. With Carter, they offered a more direct avenue into the transference by providing a way to translate a perceptual phenomenon into a current defense against transference feelings. With Larrissa, they provided an interpretive strategy with which to connect seemingly chaotic somatic symptoms to early experiences and current feelings.

In the reconstruction of early nonverbal relatedness, however, overcoming disengagement is only the beginning of the analytic work. The approach described here emphasizes "empathic imagination" and represents one way to bring some patients into a more affectively alive treatment relationship. Once a construction of the early mother–infant relationship was generated, significant feelings and memories entered the treatment. A variety of transference configurations ultimately emerged and could then be analyzed.

Why these constructions of "early interaction structures" were more compelling, at least to these patients, than interpretations of later developmental events, which are usually quite effective, is an important question. This may be so for a number of reasons. First, they are created from mobilized aspects of the transference and are, therefore, ongoing and immediate and create an "event" between patient and analyst that is authentic and difficult to push away. Second, they make comprehensible certain out-of-awareness ways of relating which have been confusing, even frightening, to patients in their current relationships. Once these unconscious forms of self- and mutual regulation are delineated and put into words, they can begin to be modified, little by little.

When these constructions were offered, patients felt understood, in a way they had not experienced before. This reaction was a consistent response to the work on the "narrative" as it was elaborated in the treatment. Feeling understood probably engendered greater trust in the analyst with these individuals, who had profound mistrust of exposing their inner experience to another person. Finally, the approach fosters a cooperative stance between analyst and patient that may be helpful for patients who are fearful, as a result of early trauma, of giving up any control to others.

Additional aspects of the approach can be therapeutic, and other populations could benefit from a similar conceptualization. Although this paper concerns verbal responsiveness with difficult patients, it is likely that, for most patients, when careful attention is paid to nonverbal aspects of the transference, a sharper nonverbal responsiveness is promoted between patient and therapist, as well. This responsiveness can be particularly helpful with difficult patients who had early derailments in mother–child interactions. The growing body of literature on infancy and attempts on the part of analysts to apply these findings to clinical work constitute a promising area for psychoanalytic research and techniques.

REFERENCES


Empathy
A Conceptual and Clinical Deconstruction

Gary E. Hayes, Ph.D.

Empathy has come to occupy a central place in much discourse on psychoanalytic theory and practice. Since empathy is fundamental to how data are obtained and interpreted within psychoanalysis, it is essential to understand its relationship to the assumptions underlying any psychoanalytic epistemology. This paper examines some of the epistemological issues involved in Kohut's view of empathy as a mode of inquiry. The Kohutian view of empathy is contrasted with the understanding of empathy employed by Harry Stack Sullivan and the epistemology of American pragmatism. The epistemology inherent in empathy as a mode of inquiry is then clarified in relation to hermeneutics, phenomenology, structuralism, and deconstruction. The paper concludes with a case example to illustrate the clinical implications of the particular meaning of empathy as a mode of inquiry.

Empathy, the commonly accepted translation for the German term Einfühlung, "feeling into," has come to occupy a central place in much discourse on psychoanalytic theory and practice. In doing so it has also taken on a wide and often confusing range of meanings within psychoanalysis. The importance and the diversity of meanings attached to the concept of empathy have generated substantial controversy.

Both the importance and the controversy surrounding empathy's appropriate role within psychoanalysis have been heightened by the emphasis placed on it in the writings of Heinz Kohut and the

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