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Yearning for Godot: Repetition and Vulnerability in Psychoanalysis

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This article finds resonance between psychoanalysis and Beckett’s landmark play, “Waiting for Godot.” In the play, both tramps await Godot; in analysis, participants await markedly different “Godots.” Analysands often begin in hope of a concretized or literal “cure” or “savior,” as analysts encounter strongly defended curative fantasies or desires (even demands) for antidotes, while analysts themselves hope for the mutual development of a new relational home for the patient, and empathic understanding of long-sequestered trauma-affect—the very affective experiencing many patients, in this author’s experience, have long needed to dissociate or repress via those same stubbornly entrenched defensive processes. The dyadic process is further complexified via the analyst’s own developmental hopes of providing “good enough” healing or empathic understanding, which may possibly disappoint an analysand hoping for “cure” or affective bypass—possibly provoking an analyst’s own fear of “failing” or disappointing others. The article suggests a way both may find analytic “traction” or relatedness within a fraught intersubjective field.

Keywords: accommodation; addiction; antidote; Atwood; Beckett; Brandchaft; compulsive; concretization; concretize; curative; defensive; developmental; existential; fantasy; finitude; Godot; intersubjective-systems; psychoanalysis; repetitive; ritual; Stolorow

Estragon: I am happy.
Vladimir: We are happy. ...
Estragon: What do we do, now that we are happy?
Vladimir: Wait for Godot.

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ately it seems to me that, within the psychoanalytic process, both patient and analyst find themselves, sooner or later, waiting for Godot.

The patient, especially when new to analysis or analytic therapy, comes with a long-held hope of transcending existential pain and struggle. This hope often, especially with patients struggling with addiction (the majority of my caseload), takes a literal or concretized form. Here a patient awaits a romantic partner or some actual caregiver-figure, possibly including the therapist, to literally transform or “rescue” them from misery, in a way that guarantees ongoing care and attunement, and detours around unspeakable or unnamable (Atwood, 2012) traumatic feeling-states, which “return one again and again to an [earlier] experience of traumatization … fracturing one’s sense of unitary selfhood” (Stolorow, 2015, p. 133).

We analysts recognize that such concretized yearnings on the part of the patient, for the reliable circumvention of such overwhelming states, might represent a curative fantasy (Ornstein, 1995) — implying the eventual disillusionment of a patient’s hopes when such fantasy fails to materialize. For some analysts, for reasons I shall explicate, this may lead to a dread or apprehension of “failing” or harming the patient, which in turn may foster repetitions, enactments, or ritualizations within the dyad.

We understand, intellectually at least, that if any actual self-expansiveness is to be found, it will likely involve the revisiting of the dreaded, painful affect which a patient has repetitively numbed or averted since an archaic environment demanded it. In fact, the need to repetitively numb such affect is often what fuels addiction in the first place.

It is easy to underestimate the potent persistence of an archaic “command” to maintain the sequestering of trauma-related affect. Such an affective amputation continues to trap the patient in the remains of a structural tie, to caregivers who initially demanded the blunting or segregation of “entire zones of [the patient’s] subjectivity” (Brandchaft, 2010, p. 199). With many if not most of my patients, some form of pathological accommodation is at issue, an underlying adhesion to archaic demands for affective riddance.

Brandchaft often noted how such rigid self-organizations sustain a terror of change, no matter how deeply such change is desired by the patient. An irreconcilable paradox: Godot is wanted or desperately needed, while such need itself must remain “offstage” — forbidden, a sign of shameful weakness. This can then lead to a seeking of concretized solutions, bypassing vulnerability.

Of course it is that very vulnerability which may be the “Godot” we analysts seek, awaiting the emergence of painful or shameful affect, for the sake of empathic inquiry and relational home-building (Stolorow, 2007). How or how long to sustain such inquiry remains an ongoing question, as we hope to cultivate an increased tolerance of a patient’s vulnerability, existential “permission” for fundamental differentiation while ensuring that current analytic ties remain intact. Some patients decide that this is too risky or “slow,” and would rather work with a life-coach, fitness trainer, or psychic reader. Many patients become dismayed at “how long this takes,” in a marketplace glutted with “quick fixes.”

Part of the challenge for patients trapped in rigidly accommodative self-organizations, is the struggle to safely exit “what has become a closed and noxious system” (Brandchaft, 1994, p. 63); such an exit is perceived, then and now, as stepping off an existential cliff. Thus, the patient waits for a Godot who guarantees freedom while preserving cohesion and aversion of
breakdown (Winnicott, 1974). An analyst’s fear of the latter can lead to the provision of antidotal (Stolorow, 1999) reassurances, affective detours.

Of course, some degree of “antidote” may be necessary, as the challenge with many such patients is that emotionality itself—especially including developmental desires—remains “a solitary and unacceptable state, a sign of loathsome defect ... that must be eliminated” (Stolorow and Stolorow, 1987, p. 72). This can mean that—depending on the acuity of a patient’s trauma, and self-protectiveness—a patient’s “Godot” is deemed ready to arrive when and only when an analyst has enabled them to bury “verboten” aspects of selfhood six feet under. Brandchaft (1994), ever prescient, observed that such “insidious defensive processes” ensure that “development on the basis of authenticity of experience ... is repetitively foreclosed” (pp. 62–63).

I am beginning to understand how impossibly paradoxical are such developmental yearnings, for patients seeking relief from terrifying affect which has not and cannot even be acknowledged intersubjectively. This in turn only underscores the furtive seeking of concretized or ritualized means of relief, which protect even as they foreclose authentic strivings. (Addictive behaviors, for instance, both fleetingly “satisfy” and exacerbate desires for relational expansiveness.)

Often a patient’s emotionality has been so devalued that its toxicity is beyond question, simply “how things are,” an “absolutized belief” (Brandchaft, 2010, p. 199), no matter what intellectualized lip service is given to “feelings”; vulnerable or vitalizing self-expression, seeking a more intimate relatedness, remains “an inarguable demonstration of ... stupidity and willfulness” (Brandchaft, 1994, p. 63).

Nothing to be done, as Estragon says in Godot.

Often a patient’s hopes for signs of analytic “progress,” guardrails against a terrifying plunge, imply the elimination of the analyst’s own uncertainties and limitations, what Stolorow (2007) calls “finitude”—our human imperfections, or being-with-uncertainty, an inability to foreclose a patient’s existential suffering or portkeys perceived as potentially “fatal.” As we shall see, the latter is no exaggeration, given some patients’ archaically unrecognized trauma. “It feels like it will never end,” some patients say after experiencing retraumatization, as the recurrence of such long-unacknowledged pain appears to attack their very going-on-being (Winnicott, 1965). Uncertainty is itself traumatic for many patients (Brothers, 2008)—and an inevitable aspect of analytic process.

In the meantime, dyadic glimpses of the very spirit which the analyst hopes to free are precisely what may frighten a patient into self-protective paralysis or retreat. Such self-protections are usually followed, in my experience, by a collapse into shame and self-loathing, as the patient feels he is disappointing a caregiver-figure yet again. Or we might sense implicit or overt demands that analysis “get somewhere,” especially when a patient has been pushed into therapy by a partner or family member demanding “progress.” We may become disappointed in ourselves if we sense we are disappointing the patient in this instance.

The patient might, in other words, begin to resemble Beckett’s Pozzo or Lucky, “Godot’s” master and servant, respectively—helpless or demanding in the extreme—rather than the sibling-in-darkness, or co-dweller within the relational home (Stolorow, 2007) we hope to provide.
We analysts are thus ourselves waiting: for signs of our own effectiveness, confirmation that patients understand, or recognize, in some part at least, our care or concern for them.

We may also be waiting for signs of enlivening relatedness, the fleeting appearance or exploration of developmental strivings, for emotionality to become valued rather than loathed; for opportunities to employ “spontaneous disciplined engagement” (Lichtenberg, 1999)—for some clues, so help us, that all this effort is “getting somewhere.” Repetition can be wearying, such as a patient’s epically-embedded ritualizations or self-protections, or other manifestations of an “exacerbated [transference] dilemma,” which puts the analyst in the grip “of a requirement to provide the patient with an unbroken … experience uncontaminated by painful repetitions of past childhood traumas” (Stolorow, 1993, p. 33), forestalling analytic traction.

Examples of such “grips” include, in my case, a patient’s seeking a “prescription” of how to stop “wanting” to drink or use drugs (often to please an impatient other); determining whether or not he has a frightful disease based on somaticized symptoms; or how to exit an abusive relationship in a way that ensures the other will not collapse. In such cases, a patient often becomes frustrated or deflated if I cannot detect or articulate their feelings from afar, conceptually perceived, that I am “forcing” them to dwell in pain rather than analyze or surgically remove such affect for the sake of “curing” or cleansing them, finally, of overwhelming, obtrusive, or even contemptible emotion.

Here too I may sense I am “failing” the patient in my inability to provide an assuredly safe prescription, as if my own analytic orientation, or fallible subjectivity (Orange, 2006) is shamefully at issue, that if I come up short or offer something “deficient,” the patient may become endangered, or exit—as they sometimes do.

Estragon: Use your intelligence, can’t you?

Vladimir uses his intelligence.

Vladimir: I remain in the dark. (p. 12)

Such situations—the Godot situation generally, with these specific variations—can be especially problematic for those of us who survived a “gifted child” (Miller, 1997) upbringing, resulting in a fraught intersubjective resonance when vulnerability becomes perceived, by patient and/or analyst, as dangerously or contemptuously “risky.” An eerie déjà vu ensues, as I once again appear required to provide an asymmetrically “perfect” responsiveness—lest I become a kind of “anti-Godot” to a person I hope to help. In my own childhood, not knowing or having answers to “obvious” questions asked by agitated or angry caregivers—in an attempt to prove that the feelings I was expressing were “immature” or “irrational”—marked me as inadequate, a longstanding killer-organizing principle (Stolorow, 1999) of my own.

Atwood (2015) describes this “gifted child” scenario as being a “traumatic condition” called “the situation of the lost childhood,” which “has developed early in the lives of almost every psychotherapist I have known,” especially those of us who treat acutely disordered or dissociated patients. In such histories, whenever the child or “little psychotherapist” dares to pursue vitalizing self-expression, “the parental response may be, ‘Why are you killing me?’” (all quotes p. 150).
Atwood describes how such a child becomes beholden to the needs of parents for whom differentiation produces “reactions of great distress … sometimes rage” (p. 150). Such a child may later, as an analyst, fear “killing” a patient by disappointing her in not “satisfying” subtly or overtly concretized pursuits. Thus, instead of becoming a kind of Godot for patients, we find ourselves turning into Godot’s assassin, threatening a patient’s initial hopes and, possibly, their ongoing participation (prompting an urgent visit to the psychic reader).

Yet eventually we do, of course, step on toes, by misinterpreting or becoming misattuned at a crucial moment, in a way reminiscent of a patient’s wounding caregivers—landing us in the Ferenczian (1932) hot water of an analyst symbolically (or literally, for some patients) repeating “with his own hands the act of murder previously perpetrated against the patient. In contrast to the original murderer, however, he is not allowed to deny his guilt” (p. 58).

Intellectually we know such “murder” is symbolic, transferential. But experientially (Coburn, 2002), in the analytic “trenches,” it is not so simple. Consider what transpired between a patient and a colleague of mine—a well-respected, seasoned analyst—nine months or so into treatment. His middle-aged patient, a survivor of extreme childhood neglect and abandonment, had since the beginning vacillated between trusting and not trusting the analyst; she had been callously abandoned over and over again by her caregivers, a torturous repetition never acknowledged, now appearing in the analysis as a persistent ambivalence.

My colleague awaited signs of traction and trust, as she continued to oscillate: hypervigilant she was, like many archaically abandoned patients. Eventually a vulnerable yearning stirred: a quiet hope, tentatively expressed, that she had perhaps found someone who cared about her, who might even be reliable, consistent. Had Godot arrived?

The following session she arrived in a rage, throwing tissue boxes, knocking books to the floor. She exclaimed, “I thought wrongly that you would understand and help with what was killing me … but instead I have found my enemy. And if you think you’ll get away with this you’re wrong, you son of a bitch!”

My colleague stood there, silently stunned, the patient fuming.

Nothing to be done.
Or is there?

*]

To ameliorate the occasional slog, even the loneliness of the work, I often seek kinship with both analytic and literary works which salve the kind of fraught situatedness I am describing: an articulation of existential angst, lyrical consolation for unmet longing and daily struggle, in and out of the consulting room. Beckett’s oeuvre provides a “relational home” for me in this regard, especially when analysis comes to feel “radically isolating” (Stolorow, 2011, p. 77).

In this article I discuss how Beckett’s landmark play offers not only a potential way of seeing and even helping with the “Godot” phenomenon in analysis, while pointing the way toward a kinship-in-finitude. Beckett’s biography, too, adds to my intersubjective
resonance with an author who describes life’s existential plodding with reliably deep pathos and wit.

It is Beckett’s illumination—poetic, empathic, humorous—of the darker corners of human relatedness and existence that inspires hope; his bleakly witty perspective becomes a tonic, for this analyst at least, especially when a dyadically foggy “nothing” or “nowhereness” settles in, and consolation is sorely needed.

* * *

Nothing is more real than nothing.
– Beckett (1958b), p. 186
* * *

For those who do not know or recall, the globally popular “Godot” has a “plot” which is simplicity itself: two forsaken tramps, Vladimir and Estragon (nicknamed Didi and Gogo, respectively)—physically ailing, in rags—linger beside a dusty road, under a spindly, leafless tree. They wait for Godot, apparently a respectable landowner, on whom our tramps pin all hopes of redemption. While waiting (and waiting), they amuse and torment each other, with witty asides about their predicament, the impossibility of giving up—while driven mad by fruitless repetition.

They also, and this is a point sometimes missed by critics, each struggle with the frightful prospect of being left behind by the other, should that other leave or kill himself, as is sometimes considered. This theme of abandonment perseverates throughout Beckett’s work, including in his other renowned play, Endgame (1958a).

As Gogo remarks, Wouldn’t it be better if we were to part? Didi: You wouldn’t go far. (p. 11)

They need each other, but resent each other for it, as “neediness” is itself organized—as with many of our patients—as confirmation of their lowly status. I recall one patient, for instance, who remarked early in treatment, “All my life I’ve been waiting for someone to tell me I’m okay.” Before I could respond to such poignancy, he collapsed into a pensive self-loathing which foreclosed further discussion.

Meanwhile our tramps “caper around the abyss” (Lahr, 2009) of despair or collapse, each of them occasionally threatening to exit. Such potential abandonment is actually more frightful than Godot’s absence, leading me to wonder if the key function of waiting is that even the “nothingness” of such circular activity gives them something to do together: a void-filling purpose.

Often I find this to be the case with patients in apparently “dead end” relationships; repetitively numbing or disappointing, yes, but at least someone is there. Sometimes in analyses as well, during difficult times when the patient is at least showing up—better than nothing, it would seem.

Death is also a common preoccupation in Beckett’s work; here it is desired almost eagerly by the tramps (another dry irony), as a relief from tedium. Early in act one, the enlivening prospect of suicide—Let’s hang ourselves immediately! exclaims Gogo—is dampened when they discover the skeletal tree can support only one noose, meaning one will be left behind, as the fortunate other enters eternal sleep. The idea is scotched, leaving a darkly comical resentment between them.
They continue to distract themselves, sustained engagement ever deflated by Godot’s absence. “I’d laugh if it weren’t prohibited,” says Vladimir, his bladder aching. Estragon’s feet are blistered; signs of a hobbled mobility. Another key theme emerges, related to traumatic aftermath: the “fusion” of the developmental and the repetitive dimensions of self-experiencing (Stolorow and Atwood, 1992), where no sooner does hope appear—of Godot’s possible appearance—than it is quashed immediately by disappointment, since Godot is (again) not coming.

Thus the play’s circular, self-canceling movement, where waiting defines our tramps; it is, again, better than nothingness. (Probably.)

In the meantime they quibble like a long-married couple, over stinky boots, flatulence, and garlicky breath, embodiments of a “fallen” destiny. Such tumble from grace is also only inferred; remarks Vladimir, “Hand in hand from the top of the Eiffel Tower … We were respectable in those days. Now it’s too late.” (p. 7)

In each of the play’s two acts, they are surprised by another wandering dyad, the blustering Pozzo and his man-servant, Lucky,¹ the latter continually insulted, degraded and, in act one, about to be sold at market. Yet to Pozzo’s exasperation and Lucky’s silent despair, they too cannot part: a more extreme version of the tramps’ interdependence and mutual prickliness.

The tramps wait for an offstage Godot for rescue; Pozzo and Lucky rely concretely on each other, an accommodative relationship in extremis. Each seeks to fulfill an absurdly rigid self-ideal of control (Pozzo) and dependence (Lucky) in the hope of foreclosing risk of abandonment completely: each reifies the other as absolutely possessive (Pozzo) or “owned” (Lucky), a riddance fantasy sprung to life. The impossibility of such fantasy’s fulfillment leads to increasingly chaotic repetition, illustrated by Beckett’s edgy slapstick. (In childhood Beckett loved the films of Chaplin, the Marx Brothers and so on. As did I.)

This second pair’s frantic, even violent attempts to enact such a fantasy, result in abuse, both verbal and physical (“Pleasant evening we’re having,” Estragon quips, in the midst of all this), and eventually maim the participants; in the middle of act two they reappear, now literally disabled in ways that manifest the unspoken psychological dilemma: Pozzo is blind, Lucky mute. Pozzo remarks wistfully, “The blind have no notion of time.” A poetically deft touch on Beckett’s part, as it not only points to the crippled reflectivity that comes with such rigidly repetitive circumvention of one’s own vulnerability or trauma-pain, but also shows the cost of compulsive aversion to such affective exposure or “weakness” while awaiting the other’s absolute provision. In a way, such Brandchaftian repetition is already a kind of “blindness,” a loss of continuous self-experiencing via a disembodied, obsessive focus on a (concretely) redeeming other.

An air of sadness descends as the second pair staggers away, leaving our original twosome, who likely see a reflection of their own somewhat “softer” emotional aversions and relational entanglements in the broken-down pair now hobbling off. Still, they cannot help but await salvation.

¹Beckett claimed to have chosen this name because “he is Lucky to have no more expectations” (Bair, 1990, p. 384).
Here they are again visited by a farmhand for Godot, the young brother of the boy who came earlier to deliver the same news: Godot is not coming, at least not today.

Vladimir (to the boy): You don’t know me? … It wasn’t you came yesterday? (p. 33)

Godot’s non-appearance again reflects their skeletal existence, a barely there-ness that, like Pozzo and Lucky (albeit not as extreme), obscures or collapses time—the stubborn return to a possibly pointless, unmet yearning. They fleetingly reconsider suicide, postponing again. Why not wait, since Godot may yet arrive … tomorrow.

Estragon’s ill-fitting trousers sag to his ankles while Vladimir struggles with his crumpled hat; destitute clowns in twilight.

The final curtain falls. They do not move.

* 

Vladimir: Tomorrow, when I wake, what shall I say of today? That with Estragon … until the fall of night, I waited for Godot? … Probably. But in all that what truth will there be? (p. 58)

* 

One of the ways which “Godot” parallels the clinical situation is its *befindlichkeit* (Heidegger, 1927/1962)—or the encompassing mood of a given context—which, in this case, signifies the flattening aftermath of unnamed trauma.

The tramps accept the inflicting of such violence with equanimity. “Did they beat you?” asks Vladimir early on. “Of course they beat me!” Estragon exclaims. This is merely “how things are.”

Meanwhile rescue or redemption remains in the wings: “He’ll save us,” remarks Vladimir, of the titular character, who will likely never appear (while just around the corner). A kind of dissociated uncanniness (Stolorow, 2015) prevails; they remain, like traumatized patients, “outside” of life, looking in: a skeletal affectivity. I recall a patient who responded quite sincerely, when I asked her early in treatment how she found meeting in person versus speaking on the phone, “Is there a difference?” An undoubtedly Beckettian response.

In uncanniness, time stands still; our tramps cannot agree on what day it is, how long they have waited. Similarly my patient, like many others, often forgot how long she had been in analysis, or waiting for her boyfriend to leave his unhappy marriage.

Yet such frustratingly circular movement is still preferable with another; someone, at least, bears witness, even if that someone is equally woesome. Another can, after all, share a fantasy, lending it some semblance of validity. In analysis too, we may doubt or even frown upon a patient’s fantasy of rescue, or riddance, while waiting for the right moment to address such notions; a “collusion” of sorts, sometimes inevitable.

Thus, the developmental strives neck in neck with the repetitive. Beckett, for example, implies Godot may not be benign, a brute instead of savior, much as abusive caregivers—and later analysts—are experienced by patients as having two or more “sides.”
In early drafts of the play it was implied Pozzo was Godot (Bair, 1990), until Beckett decided that he wanted the play to be “striving all the time to avoid definition” (Bair, 1990, p. 385), wary as he was of self-disclosure. Still, the tramps mistake Pozzo for Godot, and it is not clear they are mistaken. Of course they beat me!

Here change is hoped to be titrated, known, to some degree at least—while leaning too hard on certainty can lead to deflation, the collapse of hope. I see this when a patient’s partner is addicted; the only thing more frightening than the partner never getting sober is … their getting sober, since patients intuit their own strivings will likely remain unsatisfied, until the partner seeks more fundamental change beyond either party’s imaginings or experience. Thus, life with and without the partner is unimaginable. Wouldn’t it be better if we were to part?

We analysts too, in such situations, face uncomfortable uncertainty, including whether or not our patients are willing to remain through inevitable disappointment, or relational turbulence. We do not always know whether or how analysis will work, what uncovered and possibly shameful trauma of our own will affect the dyad, what a patient’s self-protections will look or feel like. We attempt to “walk the tightrope” (Stolorow and Atwood, 2016) between knowing and not knowing, since we need a “good enough” certainty in “the process” while unavoidably uncertain about “this” process.

Disillusionment, too, is often inevitable, since whatever “Godot” a patient starts out desiring will likely never arrive; our version may not, either, at least in the way we imagine, or how or when; this may provoke some of our own prereflective, archaically unvalidated (Stolorow and Atwood, 1992) feelings of neglect or devaluation.

Yet it seems all-too-human, as Beckett illustrates, to desire or chase the impossible: our quixotic quest for all-encompassing outcomes, subtle or dramatic … even as such pursuits or hopes cannot, in the end, evade finitude.

In this sense, then, both we and our patients will always be waiting.

*My resolutions were remarkable in this, that they were no sooner formed than something always happened to prevent their execution. (Beckett, 1958b, p. 27)*

We seek to help our patients survive existential crumbling, especially when it begins to sink in for them that any possible Godot will likely be symbolic rather than literal. Self-integration too, walks the tightrope, in being both liberating and painful. The latter, however, may seem impossible to patients enslaved to Brandchaftian relational ties.

In a sense, then, analysis—especially with patients who have relied on hope of a concretized Godot, ritualized self-protection, for years if not decades—begins at impasse. After all, subjective zones of self-experience, so historically terrifying to patients, are precisely what we analysts value, want to edge a patient towards and through rather than around: the “mortar” of relational home-building—and, a patient often intuits, the most unbearable experience on the face of the earth.

For it is “pain that has to be experienced alone” which becomes “lastingly traumatic” (Stolorow, 2015, p. 125, italics mine)—and dangerous to revisit, compounded by
compulsively repetitive numbing. But since trauma-affect “that is held in a context of human understanding can gradually become more bearable” (p. 125), the uncovering of such affect is our Godot, and the anti-Godot for patients, who may feel the new context is potentially fatal (and can be, in part, in cases of addiction or suicidal depression.) We too face risk, in attempting to guide a patient to safer ground, as we become invested, even as they oscillate towards and away from us.

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Estragon: I can’t go on like this. 
Vladimir: That’s what you think. (p. 60) 

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I cannot see how such struggle, foregrounded or otherwise, can fail to impact our vulnerabilities, and blind spots, meaning our own subjectivity remains “by no means [a] settled issue” (Brandchaft, 2010, p. 198). Most of us are dedicated and passionate about the work. Yet it can be a grueling process that requires us, too, to stretch and evolve, changing within the process and with the patient. No two relationships are alike, implying the brushing up against the unknown, the edgily prerreflective, in unforeseen ways, repeatedly.

Consider, as one example, the discomfort felt when we sense having to “step outside” our chosen theory (Haber, in press), potentially disappointing peers, mentors, or supervisors “watching from the wings”; their approval may be one of our Godots, their disapproval the frightful opposite. How to differentiate from such transferential figures is but one way an analyst “likely also [has] to undergo a painful process of realignment … in the focus of his interpretive activity” (Brandchaft, 1994, p. 60).

In some difficult instances, I find a patient’s defensive process manifesting as a riddance fantasy, or “affective purification” (Stolorow, 2015, p. 125), reflecting an archaically-derived contempt or devaluation of emotionality itself, which is after all the investigative center of my chosen theory! This, together with the asymmetry of analysis, parallels my earlier “gifted child” situation, possibly provoking a killer-organizing centered around my historic fear of inadequacy. Pig!

Such fear creates a heightened apprehension when the patient “exits,” literally if not affectively: the result of my shameful limitations. A mutually pervasive “shame-world” may take hold (Orange, 2008, p. 97.) A patient’s urgent need for certainty and “direction,” from “the professional,” becomes a dark attractor state (Thelen and Smith, 1994) pulling me into a kind of fraught non-relational home disconcertingly familiar.

Such “entrapment” often feels like a Pozzo/Lucky dynamic with no alternatives—as in feeling forced to accommodate a patient’s demanding, Pozzo-like other, who requires proof of “progress,” non-delivery of which is potentially fatal to the patient, who remains convinced he needs the other’s approval to survive. Such a fraught belief may be, again, intellectually “untrue,” while felt to be authentic, when the patient has no real memory of surviving archaic abandonments or annihilating attacks (Winnicott, 1974).
Pozzo (to tramps): You seem human, more or less. (p. 15)

It is sometimes a lonely business. Another reason I find inspiration in both Beckett’s work and his biography, as from the ashes of his own traumatic history he created a witty, lasting art, testament to the power of creativity itself—as we ourselves aspire to co-create a new relatedness from the ashes of both participants’ trauma, and from the “rubble” of enactments, impasses, or other dyadic implosions.

It is hard for me to not see Beckett as heroic for the mere fact of his resistance activity during the Nazi occupation of Paris, however humble he was about it later (if he mentioned it at all). His modesty was overstated; his secret translations and ferrying documents were enough to draw the suspicion of the Gestapo, forcing him to flee to the countryside. He returned after the war to a ghost-city purged of its best and brightest. (The enactment of one of history’s most notorious riddance fantasies.) He missed his friends terribly—some of whom were in hiding, while others had perished in the camps.

At the same time, this period marks the beginning of his arguably best writing, including “Godot.” His creativity, in fact, kept him from falling apart; while on the run, Beckett, along with his long-time companion Suzanne, remained in hiding in the countryside, where he forced himself to uphold a writing schedule to stay sane (Bair, 1990). The result was *Watt*, one of his more accessible novels.

During this period, he and his fellow “tramp” lacked basic provisions, often hungry or cold for days, until such basics arrived. It was, psychologically at least, a situation for which his upbringing had prepared him.

“Godot” brought Beckett fame and fortune, freeing him to write full-time. Yet this long-awaited fame was also disappointing, as the “Godot” he actually craved was not the one that arrived; he felt his fiction and later play, *Endgame*, were superior, and became dismissive of admiration of “Godot,” even calling it “a bad play” (Bair, 1990, p. 388). The recognition he awaited proved elusive, something those of us with authorial aspirations of our own may understand. Even winning the Nobel Prize led him to feel yet more, per the title of Knowlson’s (1996) biography, “damned to fame.” True to character, he gave away his prize money to struggling friends, especially artists and writers.

It all started, as always, at home. Beckett survived a tumultuous childhood in Foxrock, near Dublin, which he was all too happy to flee after college.² His mother, May, was what we might today call “bi-polar,” as strict and managerial as Beckett’s father was benignly anarchic. May’s moods swung unpredictably; Beckett and his older brother Frank used to hide from her beneath the dining room table, waiting for father Bill’s arrival. Once home, May berated him for any number of reasons; one imagines quite a few Pozzo-like tirades. Bair (1990) remarks that May’s temper caused young

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² He once remarked that he preferred wartime France to peace-time Ireland (Kenner, 1968).
Beckett nightmares and fear of the dark; much of his fiction attempts to illuminate such fraught and fearful darkness.

His father remained earthy and celebratory of “swearing, farting and belching” (Bair, 1990, pp. 23–24), before mother once again intruded. Is this childhood cycle of joy and terror the inspiration for the “infinitizing of finitude, the circular ordering of chaos” (Stolorow, 2011, p. 58) we encounter in Beckett’s writings? Wouldn’t it be better if we were to part? One of Beckett’s later novels, “The Unnamable” (1958), features a narrator trapped in a jar, the fractured musings of a vague “someone” who is not sure how to narrate his life story, if anyone including the narrator would even find it interesting. (Unlikely.) Beckett’s writing often carries the pensive air of a person staving off dread or despair, offering anecdotes and quips before gloom again sets in.

Like many of our patients, Beckett felt agonizingly torn between his parents:

... There was guilt for loving their father so much when their mother told them repeatedly how disgraceful was his behavior; there was shame that they loved him who was so bad and hated her who was so good.... These emotions ... became the source of severe mental anguish ... and found their way repeatedly into his writings. (Bair, 1990, p. 24)

Thus, the forging of an impossibly paradoxical tornness; even after fleeing to Paris, largely to escape his mother and find an expansive new life, he remained nagged by guilt about leaving his family behind.

In 1934 Beckett sought analysis with a young Wilfred Bion at the Tavistock Clinic (Knowlson, 1996). He claimed Bion’s most helpful intervention was an invitation to hear a talk by C. G. Jung; in this talk Jung mentioned a patient whose dreams revealed that “she was never born entirely” (Bair, 1990, p. 209).

Beckett seized on the remark as “the keystone to his entire analysis,” serving as explanation of his “womb fixation” and “all of his behavior,” including the bed-ridden depressions that followed “frequent visits to his mother” (all quotes p. 209).

The metaphor resonates for our purposes as well. Our tramps—like many of our patients, even ourselves—often appear “half-born,” or half-there, oscillating between hope and disappointment in equal measure. An addiction becomes but one compelling way of numbing such insidious subjective “tornness” (Atwood, 2012), a “companion” that makes waiting for redemption palatable, even as it postpones any actual, authentic growth.

An analyst’s “Godot,” in this context, becomes an empathic midwife of sorts, “delivering” a patient’s selfhood half-stuck in the womb. Anxiety results when inevitable “labor pains” such as enactments or impasses become repetitively protracted for uncertain reasons or duration—resulting in a terror of botching the job, leaving a patient’s hopes stillborn yet again. Let’s hang ourselves immediately!

I have had to ask myself what of my own subjectivity leads to these types of fears, or “grip” of a patient’s requirement to remain omni-attuned to, not only the patient, but the significant others in the patient’s relational system—where love is synonymous with accommodation, twinship ever nullified in favor of one’s being Lucky or Pozzo. What of my own prereflective anxiety co-creates such concretized or antidotal pressure?
Here Beckett’s biography is again instructive. For he never quite forgave himself for abandoning his family, especially brother Frank, who he used to protect from his mother’s blows. Shortly after “Godot” brought Beckett the freedom to write full-time, he lost his brother to a fast-metastasizing cancer. (His mother had died shortly before, his father before that.) The last of his immediate family was suddenly, traumatically gone, sending Beckett into one of his worst depressions; here he “railed at the unfairness of it all, and berated himself … as being somehow responsible…” (Bair, 1990, p. 445).

Like Beckett, I too had a younger sibling with whom I hid and played with, amidst perpetual emotional storms. My sister Andrea, two years my junior, was my original Estragon. Having her for twinship made childhood far more palatable. Even into adulthood we held onto our inside jokes and stories.

Except that she died from her escalating addiction several years ago (this is hard to write)—a loss I continue to mourn. Her own relentless addiction was a “Pozzo” long feared and loathed, and fully removed from my influential reach.

Such loss came, along with losing my father two years previously, after the arrival of long-awaited success, in starting my own practice. I occasionally wonder if I did enough to help her, considering my vocation—a complex grieving process ever unfolding, which I plan to explore further in subsequent writings. Suffice it to say for now that repetitive gloom once again closely shadowed forward movement, familiar yet newly, unnameably tragic.

*Pozzo: They give birth astride a grave, the light gleams an instant, then it’s night once more. (p. 57)*

*I can’t go on, I’ll go on.*

(Beckett, 1958c, p. 407)

*This is why I find it crucial to remain a patient as well as an analyst, as it is often the very things I dread—enactments or other painful repetitions—that show me precisely where I need to “stretch.” I am, after all, asking precisely this from my patients.

Earlier in my career, I imagined it necessary to keep the affective aftermath of my own historic trauma “out of the process,” lest I “project upon the patient,” as if I could somehow erase *aspects of my own subjectivity*: an absurd impossibility, no matter how vigilant I remained. Such self-imposed “erasure” reflects some of my own subjective demands to accommodate archaic Pozzos: it is the residue of their influence, in fact, that needs curbing! Understanding the persistence of such subjective influence cultivates compassion for patients’ Brandchaftian ties to archaic Pozzos of their own.

It is only human, furthermore, to find appealing those twinships with patients that come with a playfulness and humor akin to what I enjoyed with Andrea; finitude, it would seem, includes the acceptance of affective vulnerability, rather than viewing it as a “contaminant” within the dyad. Analytic alliances may or may not survive, though the yearning cannot and probably *should* not be “eliminated”; humility need not be
humiliation, in regard to self-awareness. Humor and playfulness can be healing, even expansive, for patients who too had to “grow up fast,” prematurely foreclosing transitional space (Winnicott, 1965).

In short, there is no escaping the distinctly existential vulnerabilities within our situatedness, the “own-ness” of our own traumatic history (Stolorow, 2007). The deeper and more empathically we understand such influence, in accepting our own finitude, the more fully we allow ourselves to be present with others, in our hope of helping them become more fully “born.” This, from where I stand now, is as close as I can come to defining but one type of dyadically discovered Godot.

In fact it is the acceptance of my own vulnerability to loss, and anxious anticipation of possible loss, that cultivates a kinship-in-mourning with patients who have lost irreplaceable others, even aspects of their own child-selves, forever unrecoverable; we analysts, good as we may be, cannot reverse time. However, acknowledging to patients the impact of my “mistakes” and ways in which I may have disappointed them, difficult as this can be, fosters analytic expansiveness, disconfirming the expectation that a patient’s self-experiencing will once again be invalidated (Stolorow and Atwood, 1992).

Important, too, that I continue to recognize the “threat” of the new alliance, where patients may sense (often shamefully) that in differentiating, they are abandoning those they were or are responsible for protecting, namely Pozzo-like caregivers—past or transferential—that I might perceive as abusive; such figures remain part of the tender own-ness of patients’ own histories, with the shame of loving those that others in their life frown upon.

* Pozzo: I woke up one fine day as blind as Fortune. (pause) I sometimes wonder if I’m not still asleep. (p. 57)

There is another way in which reflecting both on my sister’s death, and Beckett’s thematic explorations of death, has illuminated my own anxiety over the possible “death” of an analysis, when a patient affectively withdraws, temporarily or permanently, as one of my first analytic patients did not long ago, via the most cursory of texts.

The Atwoodian (2015) scenario of being prematurely responsible to care for our own caregivers, may have left us in a “half-born” state, always awaiting psychic completion, in any and all types of relatedness, analytic or otherwise.

To lose, in other words, a chance for our own expansiveness, in and out of our role as analyst, is a loss that can echo other losses: a kind of domino effect than can become overwhelming. Losing my sister, for instance, threw trauma from my childhood into starker relief, since it was my kinship with her that ameliorated unspeakable pain and isolation.

Some of us “little psychotherapists” have, like our patients, learned to do a lot with very little. I recall how, at the age of seven, after losing my grandfather, troubled by the violence I was exposed to in movies and television, I experienced a panicky terror of death, which I envisioned one awful night as a permanent, unalterable, and fully conscious isolation.
I could not discuss such terrors with my parents, for fear of being mocked or minimized: a bone-gripping terror of a symbolically unacknowledged death already occurring in the milieu; my nightmarish image of a disembodied consciousness was a concretization of the unbearable isolation ever present—an unacknowledged thirst for intersubjectively-thwarted understanding.

I am reminded of Kohut’s (1982) touching description of death as “the loss of an empathic milieu” (p. 397); in some “parentified child” scenarios, for patients and analysts alike, it may be more accurate to say “the loss of a potentially attuned or empathic milieu,” since “the child’s own development … has been interrupted and frozen” (Atwood, 2015, p. 151).

In other words, losing the other comes to signify a loss of selfhood, or potential for expansion, and ongoing non-recognition of developmental desire, repetitively foreclosed integration. We come to embody such an opportunity for patients, a restoratively expansive way of being-with, when we pursue such healing relatedness ourselves, passing it on as it were—another possible dyadic “Godot.”

In the case of my colleague and his angry client (“you son of a bitch!”) it was a matter of understanding how closely her yearning and trauma-pain were intertwined. As the patient’s trust of the analyst grew, so did her mistrust and the emergence of long-sequestered pain. (With the developmental comes the repetitive; whatever is expansive grows a shadow.) Eventually such pain, a long-averted psychic wound, exploded into expression.

What provoked this detonation was a change of footwear; my colleague had, prior to her outburst, worn sandals, a kind of “savior” or Christ-like allusion. His switch to loafers triggered rage in a patient whose emotional “reservoir” was already close to bursting; it signaled he would not be her savior, her tantalizing glimpse of Godot again foreclosed.

My colleague, too, suffered a lost childhood (Atwood, 2015); this “type” involves the sudden loss of a caregiver, which the “little psychotherapist” then replaces. In this case the analyst’s Godot was a rescue-fantasy based on his becoming and thus replacing the lost parent for his patient’s abandoned child-self. This analyst generally leaned more toward developmental, forward edge (Tolpin, 2002) interventions, in hope of facilitating a patient’s self-expansion. It was her nerve-rattling explosions that dramatically showed him a more affectively “inclusive” Godot was needed, requiring his accepting all of her, the sweet and the sour, as such primal self-experiencing had been long forbidden.

She needed him to witness, in other words, her existential howl of protest—provoked initially by a minor change in his appearance, a symbolic “abandonment” by the (symbolically) loving father—in order to know that he would indeed be able to facilitate a healing, for a selfhood gripped by demands for accommodation, the sequestering of existence-pain. In doing so he struggled, with the help of peer consultation and a few stiff drinks, to tolerate the fear of being an “anti-Godot,” as roughly 20 more explosions followed, over 10 years of treatment. Since then there has been a decade of self-consolidation, both of them settling in to a shared there-ness.

*Who am I to tell my private nightmares to if I can’t tell them to you?*
Not only does this story illuminate my colleague’s patience and commitment to understanding a patient’s subjectivity, it also reassures me that we never “graduate,” that we all need support from time to time, whether it be peers, analysts, martinis, or a dose of Beckettian vaudeville.

The great adventure of analysis, then, consists of the transformation and maintenance—for both participants, in ways overt and subtle—from Godot into “Godot,” from the literal to the symbolic/affective. Such clarity sometimes emerges only after participants survive a co-occurring enactment or impasse, overcast giving way to broadened clarity. It is as if patients need to know the relationship can survive an attack of intertwined killer organizing, in order to safely proceed.

It is also the case, for better and worse, that some patients need to leave treatment—more than once—even before they can truly begin. This is especially true for those coerced into analysis or therapy by an impatient other, where the desired change is mechanical or behavioral, rather than the genuine loosening of antidotal or ritualized numbing of painful affect, of Brandchaftean accommodation. Such patients are so accustomed to being Lucky that, in order to feel whole, a decision can only be theirs if they either “rebel” by fleeing, or treating others—often unwittingly—with Pozzo-like imperiousness, to (concretely) rebalance the psychological scales. Then they may return, a decision that is theirs. When or if they will do so remains, of course, an open question.

In the meantime, we wait.

* Vladimir: Well, shall we go?
  Estragon: Yes, let’s go.
  They do not move.
  CURTAIN (p. 60)

References

Psychoanal. Inq.


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