Who Tore the Web?: Thoughts on Psychoanalytic Authority and Response-ability

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Postmodern challenges to taken-for-granted ideas of objectivity, neutrality, truth, simple cause and effect, and reliable sequential stages of development have left psychoanalysts scrambling for solid ground. Practitioners are confused and bewildered by the myriad ways in which the complexity of the psychoanalytic situation can be understood and managed. In the vulnerability and frustration of embattled treatments and unyielding impasses, we are especially in need of guidelines to comfort us, certainties to direct us, and firm principles to reassure us. In a world devoid of "immaculate perception" (Stolorow, Atwood, and Orange, **1999**, p. **386**), concepts such as authority, responsibility, and correct technique have lost their traditional underpinnings.

As the idea of the analyst's objectivity is relinquished, we feel the need for new concepts and a different kind of language—a language of systems and processes rather than verities and entities—in order to talk about issues such as analytic authority and responsibility. This paper is the most recent in a series in which we have been pursuing the expansion of self-psychological concepts and language in keeping with this post-Cartesian thrust (Preston and Shumsky, **2000**, **2002**). These papers also reflect a desire to be part of the cross-fertilization process that is taking place between self psychology/intersubjective systems theory and other relational theories.

We became intrigued with the challenge of thinking further about issues of responsibility and authority in response to recent clinical presentations by Maroda **(1999)** and Davies **(2002)**. (These will be discussed later.)

As we pursued this interest, we became aware that these topics have not attracted much recent attention from the self psychology community. Donna Orange (2002, personal communication) commented to us that this may be the case because self psychology and intersubjective systems theory are phenomenologically based and therefore not concerned with authority and responsibility as "things in themselves," but rather in the *experience* of authority and of responsible participation. In this paper we offer some reflections on the experience of analysts and patients struggling to negotiate issues of responsibility and authority in a new paradigm of psychoanalysis.

Responsibility

Buber **(1985)** writes, "The idea of responsibility is to be brought back from the province of specialized ethics, of an 'ought' that swings free in the air, into that of lived life. Genuine responsibility exists only where there is real responding" (p. 16).

This quote addresses shifting understandings of the nature of responsibility. Responsibility has traditionally been defined as accountability—as being able to answer for one's conduct, or to fulfill one's obligations. In the realm of moral responsibility it is

generally acknowledged that "we are not responsible for what we were forced to do or were unable to avoid no matter how hard we tried" (Audi, **1995**, p. 280). Accepting responsibility from this perspective is related to whether it is within the individual's control to act in such a way as to avoid a problematic outcome. We experience the legalistic tone of this dictionary terminology as typifying a more Cartesian way of thinking somewhat like Buber's reference to "specialized ethics, [of] an 'ought' that swings free in the air." It seems to us that these "specialized ethics" are predicated on positivist assumptions of simple cause and effect, objective reality, separate self, and bifurcation of right and wrong. Buber appears to be pointing in the direction of the idea of contextualism, in which he turns away from a prescribed "ought," and looks to the complexities of "lived life" which press for "real responding." Of real responding, Buber **(1985)** speaks of

> entering upon this situation … which has at this moment stepped up to us, whose appearance we did not and could not know, for its like has not yet been.… A newly-created

concrete reality has been laid in our arms; we answer for it. A dog has looked at you, you answer its glance, a child has clutched your hand, you answer its touch, a host of men moves about you, you answer for their need [p. 18]. field:

In other words, real responding is a spontaneous answering to the message of the moment. As psychoanalysis relinquishes its positivist foundational cornerstones—the solidity of objective truth, the autonomy of isolated mind, and the predictability of causal sequences—the concept of responsibility takes on a different shape and tone, perhaps more in keeping with Buber's understanding. We can no longer simply pinpoint who is doing what to whom. We are instead tossed into the complexities, ambiguities, and paradoxes of "lived life," in which we experience ourselves as shaping and being shaped by each moment. In this milieu of microadaptations and mutual influence, considerations of responsibility seek to understand the complex, often contradictory impact that people have on each other as they touch and engage, like ripples on a pond in the rain. Taking responsibility no longer points to individuals' having created a situation, or being able to avoid or fix it, but suggests instead a commitment to attend to the complex threads of circumstance, personality, and the psychological vicissitudes that have shaped the interaction. Stern **(1997)** writes about:

> looking for a degree of responsibility … suspended between undiluted personal agency and absolute destiny.… We do not move or purposively "stride" in and out of self-states, nor are we simply transported. It is the interactive combination of … ourselves and the influence on us of each person we encounter that calls out a particular interpersonal field [p. 156].

A systems view of the idea of responsibility shifts discourse from a focus on "whose fault is it?" to "how did we get here?" or "what is the meaning of this?" It assumes a web of connection in which the question "who tore the web?" (i.e., which one of us is responsible for this rupture?) is impossible to answer. It is like asking the question, "What is the sound of one hand clapping?" The web metaphor includes as a given that all

of us in some way contribute to the creation and to

the destruction of the web. The question of responsibility then becomes, how did each of us participate in the tearing and how can we mend it? In assuming that life processes emerge out of and create systems and subsystems of human interaction, responsibility is embedded in initiating, facilitating, and pursuing a commitment to mutually regulated personal responsiveness.

The issue of psychoanalytic responsibility is rendered yet more complex by the asymmetrical nature of the analytic engagement. It is very different to be a responsible analyst than to be a responsible patient. Stephen Mitchell **(2000)** eloquently describes the different role responsibilities of analyst and patient:

> One of the most important distinctions between the role of the analysand and the role of the analyst pertains to the claims on each to be responsible.… It is the analysand's job in some very important ways to be irresponsible. That is, we ask analysands to surrender to their experience, to show up and discover what they find themselves feeling and thinking. We ask analysands to renounce all other conscious intents.… The analyst is trying to be responsibly analytic, trying to do the "right thing" [p. 131].

Self psychology, with its developmental underpinnings, is particularly sensitive to issues of asymmetry in the analytic relationship. Self psychologists, embracing a conceptual framework that assumes the centrality of selfobject transferences, have traditionally approached the issue of responsible analytic participation by attempting to decenter from their own needs for validation and shared responsibility. They tend to deal with problematic interactions through a model of rupture and repair. In this approach, which wears the clear stamp of a self psychological sensibility, the analyst takes responsibility for initiating and facilitating a repair by deeply understanding the meanings of the difficulty for the patient.

Shame and Blame

It was more than ten years ago that Morrison **(1989)** brought into the psychoanalytic dialogue, the central importance of shame as a primary motivating affect experience. He pointed out that "shame is, by its

very nature, confounding" (p. 180). The immediacy of the bodily grip of shame fills one with paralyzing dread, unmitigated badness, withering inadequacy, and a conviction of unlovability. This annihilation of selfesteem, self-cohesion, and connection stands in sharp contrast to the vitalization, consolidation, and sense of secure belonging associated with selfobject experience. Shame is the antithesis of selfobject experience. Bacal and Thompson **(1996)** point out that the analyst's shame is as potentially lethal to an analytic selfobject connection as the patient's shame.

An analytic investigation of responsibility is exquisitely balanced on the cusp of agency and shame. Therapists often try to tease apart interpersonal conflicts and impasses by investigating the question "who is doing what to whom?" When this approach is framed

as an attempt to decipher some objective reality, it is but a breath away from the slippery slope of fault with its overtones of demoralizing shame and blame. The attempt at a broadened perspective of expanded awareness and sense of agency that could be gained by the illumination of individual contributions to a problematic interaction may just as easily disrupt as enhance forward movement. Consideration of one's contribution may lead to a greater sense of self awareness, agency, and intimacy, but in a fragile, narcissistically vulnerable system where there is sensitivity to feeling judged and criticized, it can as easily lead to feelings of defensiveness, blame, shame, or being left holding the bag of badness and inadequacy. For those who can accept their participation in the creation of a disruption, an exploration of a problematic interaction may feel like a way to engage and connect. But if it is experienced as the attribution of "fault," with its implication of culpability and badness, it may instead lead to feelings of condemned isolation because a sense of fault implies that, if one were good, developed, or smart enough, the ruptures, glitches, disappointments, and disconnections would not have happened. (This point will be illuminated further in the case presentation that follows.) It is for this reason that self psychologists have tended to approach the tearing of the web through a lens of rupture and repair.

One way of attempting to minimize the pitfalls of shame and move a stuck interaction in the direction of nonjudgmental meaningmaking is to pursue "we" questions such as, "How did we get here?" "What does this mean to us"? "What are its impact, precursors, antecedents, implications?" These questions are less about "reality"

and more about personal and dyadic subjectivity. This effort to link responsibility with personal meanings has the potential to embed the discussion in "no-fault" assurance which can consolidate selfobject experience and minimize shame-prone self-protective defensiveness. The therapist's ability to negotiate her own shame is crucial here. Atwood, Stolorow, and Trop **(1989)** speak of impasses in the psychoanalytic process as a "royal road": "Whether these intersubjective situations facilitate or obstruct the progress of therapy depends in large part on the extent of the therapists capacity to become reflectively aware of the organizing principles of his own world" (p. **555**). In other words, the therapist and patient have cocreated the stalemate, and an exploration of the difficulty must include the therapist's serious self-reflection. Such an introspective capacity rests on a sturdy sense of self-acceptance.

There are some patients for whom the experience of a nonblaming therapist lends permission to be blaming in a way that offers a developmental opportunity. Freedom to blame assumes one's entitlement to belonging, care, and respect: "I have a secure membership in this family, deserve love and appreciation, and can protest when it is not forthcoming." It suggests that the relational other is big enough and strong enough to tolerate challenges to selfesteem without collapsing or retaliating. For patients who grew up taking responsibility for their parents and for the mutual regulation of the family, and for patients who are trauma survivors, finally being able to blame the analyst/parent/perpetrator is a developmental achievement. To foster such a corrective experience, the analyst needs to be able to be blamed without falling into states of shame

that press for blaming back. An analyst who can manage to shoulder blame facilitates the creation of a more flexible, resilient, and resourceful analytic dyad. Bacal and Thompson **(1996)** point out that analysts need a professional milieu of nonjudgmental, open discourse to be able to perform this counterintuitive task.

The arena of greatest debate between self psychologists and other relationalists is perhaps in understanding and managing aversive reactions in embattled treatments. Self psychologists, assuming the reactive nature of aggression, view aggression as a defense against shame. Other relationalists, who think of aggression as spontaneous and central to human motivation, think of shame as a derivative of

aggression. This difference informs the analyst's approach to responsible analytic participation. In contrasting Mitchell with Kohut, Lachmann **(2001)** says,

field:quotes Mitchell emphasizes engaging the patient interpersonally to mobilize relational patterns in the transference and thereby to help the patient move beyond them.… Kohut places greater emphasis on the analyst's affective resonance with, communication of, empathic understanding of the patient's experience [p. 199]. field:

Relationalists such as Bromberg **(1989)** consider adherence to an empathic stance to be a straitjacket, whereas Teichholz **(1999)**, a self psychologist, criticizes interpersonalists for losing sight of the patient's needs for empathic attunement. Both traditions can lose touch with what is commonly taken for granted outside the realm of psychoanalysis—namely that "I" and "we" statements are an essential component of taking responsibility in a conflict. Speaking in the first person can allow us, as analysts, to stick up for ourselves and the analysis without sticking it *to* the patient.

Davies **(2002)**, in a gripping case presentation, described a session in which she was feeling sick, vulnerable, and barely able to manage her challenging patient's angry demand for a schedule change. The patient accused Davies of being an "icy bitch" who never went out of her way for her. Davies both resented the patient and went into a state of self-recrimination about her own feelings of punitive withholdingness. Davies and her patient stared at each other in icy silence until the patient finally said, "You hate me don't you?" Davies pulled herself together and managed to reply, "Sometimes we hate each other. We'll have to see where we get to from here." In the next session, surprisingly, the patient brought hot tea, and as Jody drank in the "hot milky goodness" she struggled with whether and how to reintroduce the disruption of the previous session. She asked, "Can we be the same people who hated each other yesterday?" The patient said, "That was awful wasn't it." Davies then went further by telling her patient that the worst part for her had been her own feelings of self-hatred. The patient was amazed and intrigued and wanted to know more about Davies' experience of self-hate. The atmosphere changed

to one of confiding trust, and the patient admitted that her states of self-hatred were only ameliorated in moments of vehemently hating her therapist.

Davies embeds this case in an object relations framework (a comparison of this framework with our own is beyond the scope of this paper). But, from a self-psychological perspective, what is striking to us is that Davies was able to decenter from

a polarized position with her patient by introducing the idea of an "us"—"we sometimes hate each other." In other words, she took responsibility by including herself in the stalemate. It empowered the patient "to respond" with a caring offer of tea. The therapist took another step of responsibility by reintroducing the couple that had hated each other the day before. She went further still by sharing her vulnerability and telling her patient that the worst part for her was hating herself. This offering moved the dyad into a twinship in which the patient, feeling the weight of a "shame and blame" deadlock lift, could take the risk of describing her own experiences of self-hate. The patient/analyst system opened into a state of intimacy and aliveness.

Authority

Issues of authority and power are closely linked with responsibility. Responsibility is an acceptance of the obligation to respond. Authority, which includes elements of expertise, leadership, and the power to influence others, is a vehicle for the impactfulness of a response. Authority used to reside in a belief that the patient was ill and the properly analyzed analyst was healthy. The trained and theoretically informed psychoanalyst was an expert on human psychological dynamics. Mitchell **(1993)** has pointed out that, in these postmodern times, "the realm of psychoanalytic debate entails a fundamental redefinition of the very nature of psychoanalytic thought and of psychoanalysis as a discipline" (p. 42). He says that this philosophical upheaval has caused a crisis of confidence in the underpinnings of analytic authority. Relational theorists (**Aron, 1996**; **Benjamin, 1997**; **Hoffman, 1998**) have been struggling with new understandings of analytic authority and responsibility. They pose the question, if authority does not reside in claims on truth, where does it reside?

Karen Maroda **(1999)**, another relational psychoanalyst struggling with the issue of authority, wants to believe there is still

something positive about positivism. She says she is uncomfortable with "the philosophy that we cannot be sure of anything, that our opinions and judgments are so subjective that everything we say and think should be questioned and scrutinized" (p. 161). Although we share Maroda's concerns about the lack of spontaneity that accompanies scrutinizing everything one thinks and does, we would submit that, just as one cannot be a "little bit pregnant," one cannot be a little bit subjective. Kohut **(1977)** insisted that psychoanalysis is delimited by the scope of empathy and vicarious introspection (p. 303). In other words, all we as analysts have is our subjectivity. Anything else is outside the realm of psychoanalysis. Maroda wants to give the analyst her due in terms of expertise, authority and power. Referring to her treatment with a challenging and dismissive patient she says, "I told her that if I was going to continue to treat her she had to be willing to acknowledge that all the money she was paying me was for a professional service that I did, indeed, know how to provide" (p. 166). Maroda's confidence in her ability to work with this patient seems to be based on her belief in her superior grasp of reality: "Without my own convictions regarding 'reality' and my willingness to take many stands regarding my authority in the relationship, this treatment would most certainly have failed" (p. 167).

Maroda believes her authority is based on her ability to keep her feet firmly planted on the solid foundation of her relational objectivity. While we acknowledge that Maroda's authoritative stance may have been helpful, even crucial, for this treatment at this particular juncture, we think there are other interpretations as to why her positivism turned out to be so positive. For example, it is equally plausible that, in "laying down the law" to her patient, the service she was providing was that of facilitating a needed idealizing selfobject experience.

The question Mitchell voices is, if we do not have a greater grasp of objective reality, on what do we base our authority? The following are some tentative directions we have been investigating.

Relational Process Skills

As we see it, a reformulation of the basis of analytic authority within a relativist paradigm is a shift in focus from content to process. We cannot rely on the ultimate truth of what we know, but we depend on our commitment to the process of opening ourselves to multiple layers

of both subjectively and intersubjectively acquired understandings. Not only can we not be sure of the correctness of our interpretations of the patient and the analytic relationship, we also cannot know whether those interpretations will be useful or not. We rely on the process of intimate dialogue, self-reflection, making ourselves more comfortable with not knowing, and negotiating the tension between spontaneous participation and thoughtful, considered responsiveness. We no longer believe ourselves to be antiseptic scientists with a bead on reality, healthier than our patients. We are more like skilled artisans crafting our trade in an impactful type of conversation. Mitchell **(2000)**, in exploring concerns about analytic process, is pointing to what may be thought of as an analytical skill when he cites Loewald. Loewald refers to the analyst's expertise as "the capacity to navigate among and bridge different developmental and organizational levels … primary and secondary process, self and other, past and present, reality and fantasy" (p. 51). This kind of versatility can be thought of as a particular analytic conversational skill. In our previous paper (**Preston and Shumsky, 2002**), we spoke about analytic expertise as centrally involving the capacity to navigate the tension between the poles of empathy and authenticity. These empathic, relational, and interpretive capabilities certainly do not save us from narcissistic vulnerabilities, blind spots, or self-limiting emotional convictions. But they become well-worn, trustworthy tools that both analyst and patient can rely on in times of desert barrenness, torrential floods, dangerous mountain passes, and erupting earthquakes.

The Therapeutic Power of Idealization

Hoffman **(1998)** believes, and we are inclined to agree, that the analyst's authority is part and parcel of the ritual asymmetry of the analytic relationship. "The analyst's personal involvement in the analytic situation has, potentially, a particular kind of concentrated power because it is embedded in a ritual in which the analyst is set up to be a special kind of authority" (p. 84). This ritual asymmetry promotes an element of idealization.

Hoffman refers to the “magical power of the analyst's relative anonymity” that invites the patient's longings for a wise, knowing, loving parent (p. 234).
This “magical power” and the longings it invites may also be understood as an idealizing selfobject transference experience. In this

transference the patient invests the analyst with comforting or reverential authority. It is in keeping with the nature of a selfobject transference attribution that the analyst accepts and wears the mantle of awesome power in a kind of transitional space. She is a representative of authority that derives from a role that the analytic situation has constructed. The therapist might say, “It was not right that you were blamed for that as a child,” which is an important validation of the child's suffering, but the analyst cannot really believe that she knows what was right or wrong. In working with idealization, the therapist accepts the patient's authorization of her in order to ultimately give the authority back to the patient's inner experience.
Mitchell **(1993)** challenges the idea that the patient's inner experience is any more authoritative than the analyst's knowledge of him or her. He asserts that human experience is fundamentally ambiguous (p. 52). We would submit that the authority of the patient's inner experience rests not on some ultimate correctness—the uncovering of a singular, pristine, unambiguous self—but rather on the power of the unambiguous *experience* of a ring of truth, a sense of emotional conviction that is at the core of agency. Kohut's **(1984)** famous statement that his rightness was superficial and his patient's rightness was profound (p. 94) speaks to the wisdom of staying close to the patient's felt experience of the moment. It is not that the analyst or the patient has a truth which by its absoluteness can set the patient free but that, through the enlivening power of the sense of freedom in the analytic micro-moment, we recognize the authority of the patient's subjective truth.

Clinical Example

Carol, a gifted, creative, and accomplished musician, was being seen by me (E. S.) for both individual and group therapy. She was the newest member of the group, quiet at first as she tentatively felt her way into the new experience. Walking home from the group session one night with another member, Louise, Carol mentioned that before the next meeting she was going into the hospital for a surgical procedure. The following week, in group, Carol thanked the members for their concerned messages. Louise then explained that, after hearing about Carol's surgery, She had taken it upon herself to call all the group members and leave a message informing each of them of Carol's health

crisis. She told each one that she thought it would be nice if they called Carol to wish her well. Myrna, another group member, took great issue with Louise's message. In fact, she was furious and said she felt manipulated by Louise. A very uncharacteristically raw, angry exchange erupted between the two women and I, with some anxiety, moved in to try to manage it.
At the next group meeting Carol said that she had felt hurt in the previous session and

had said so. She went on angrily, “I don't understand why nobody responded to me.” The group members and I reacted to Carol's challenge by explaining that we had been so swept up by the explosion of anger that, although with hindsight many of us could recall hearing Carol express hurt, her voice had been so small relative to the intensity of the storm of fury that it had not fully registered.

Carol was devastated. She felt that not only had she been painfully ignored by the group when she was taking the risk, for the very first time, of expressing a vulnerable feeling; but additionally, she was being blamed by everyone for having created, with her small voice, her traumatic experience of painful inconsequence and invisibility. This event was processed and reprocessed in Carol's individual therapy, and, when it felt safe enough to do so, with the group. Most group members understood why Carol was upset that her expression of vulnerability had been ignored, but they wanted her to understand how, by approaching them with the statement, “I don't understand,” she was inviting the very explanations that then felt blaming and invalidating.

Throughout this process, I heard the group members struggling with a complex array of feelings that included their defensiveness along with identification and empathic understanding; their annoyance and frustration about Carol's tenacious refusal to let go of the experience along with apologies, expressions of regret, and a new awareness of and sensitivity to her. From my perspective, there was a rich evolving tapestry of connections, affects, and behaviors. Carol, however, continued to hear only defensiveness, blame, and invalidation. In her individual sessions she expressed herself in a logical style which had the effect on me of limiting our discourse to legalistic arguments about the “facts” of what had happened. I could not seem to find a way to move the discussion into an arena in which I could wholeheartedly empathize with her feelings of hurt and betrayal. I tried to share with

her my perceptions of the group process, including my own participation, but this as well was experienced by Carol as blame for having created her own pain. I was struggling to understand, through Carol's condemning eyes, her traumatic experience with the group and with my leadership. Were we so heartless and unconcerned? I wanted Carol to see the complexity of what “really” happened and for her to own her part in this multidimensional drama.

As Carol and I continued to explore and attempt to deconstruct the situation, she became increasingly silent and hopeless. She reported recurrent, terrifying nightmares of her home being invaded and her property and person being mutilated and destroyed. She began to consider leaving the group, and I began to fear that this might be necessary because she seemed traumatized at being required to handle the multiperson perspective necessitated by group interaction.

During yet another exploration with Carol of the traumatic group experience that was now beginning to focus more closely on my participation in it, I explained to her that I had missed her small, hurt cry in the group because I had been feeling anxious about managing the unusual (for this group) explosive anger. The result was dramatic. Her whole demeanor changed. Her urgent tone disappeared as she expressed immense relief

at knowing that I had culpability. The problem was no longer her muted affect but my anxiety. The blame was no longer with Carol but with me. At this point, her dream imagery began to include the presence of police who were called to rescue her but who ended up rendered impotent by the audacious nefariousness of the perpetrators. Carol associated the impotent police with me, because I was, from her vantage point, helpless in getting the group members, including myself, to shift the blame for her violation from Carol to ourselves. I had been feeling deeply troubled by Carol's spiraling anguish and fragmentation, and I was immensely relieved finally to understand and accept the attributions of passivity and impotence symbolized by the dream. I was then able to acknowledge how greatly I had failed her. I began to grasp how my offered perception of complexity in the group process was slipping through the filters of her organizing grid, which included only victim and victimizer. In her world there was only a blaming one and a blamed one.

Carol, from birth, had been cared for by a nurse whose attitude— which she imparted to Carol's anxious, inexperienced mother—was that children should be taught that they could not control their

caregivers. Carol's cries were never answered, and the family story, told by Carol's mother with a sense of considerable pride and accomplishment, was that by the age of six weeks Carol had stopped crying and never cried again. For 50 years Carol had been disavowing her pain. From her perspective, she had finally been feeling safe enough in group, because of her tie to me and because of Louise's protective concern, to resume a cry—"I'm hurt." For the group, who knew nothing of Carol's childhood, this was a peep that hardly registered. For me, anxious about anger management, it was also hardly discernable. For Carol, silent for 50 years, it was a life-affirming birth cry that carried the hope of resuming an early aborted aliveness. When it went unheard and she felt blamed for not making it heard, it was a devastating confirmation of her complete invisibility and disempowerment.

As I was able to decenter from my experience of the "complex reality" of the group event and take in the bare bones experience from Carol's perspective, I could feel along with her the traumatic repetition of the annihilation of her agency and understand her hopelessness about ever finding a responsive, validating other. As I relaxed into receiving her experience, she told and retold and retold again the story of the group trauma which now included my failure to make it safe for her. With each retelling I acknowledged my part in the creation of her nightmare experience. I did this both privately with Carol and also in the group. I spoke of how it was my "job" to learn how to read and respond to Carol's self-expression. In this phase of our relationship, I sometimes thought of Carol as a traumatized child replaying over and over again the horrific story of abuse so that she could work it through and integrate it.

I was also, however, working it through and integrating it. In the repeated retellings, the traumatic story and my participation in its creation were slowly and inexorably embedding themselves in my psyche. During this time, though sessions were less tense, Carol's nightmares continued unabated. One night after a group session, I recalled that,

out of the corner of my consciousness, I had been aware of her fidgeting in her seat. The image stayed with me and troubled me deeply, so much so that I followed an impulse to phone her at home to say that I was concerned. She said she had, in fact, been feeling very angry about something going on in the group and was pleased that I had noticed and felt upset enough to call her. That night, her nightmares ended. Carol had experienced a concrete

demonstration that her cry—in this case in the form of agitation— could be received and responded to by me. It disconfirmed her expectation of invisibility. Very slowly in the ensuing months tendrils of nuance and complexity started showing up in her narratives.

Discussion

I first replied literally to Carol's challenge—"I don't understand why nobody responded to my experession of hurt." I said "I didn't hear you because the anger was so loud and your voice was so small." Carol organized this as "I, with my small voice, am to blame for being unattended to." I had in effect, presented myself as a victim of circumstance with no culpability. Carol was in a bind: she had to accept blame and the ensuing shame in order to have a shared reality with me, but it was a reality in which she was the cause of her own difficulties and was unentitled to redress or legitimization. In Carol's inner world, she existed as a vessel holding all the blame for her mother's deprivation and shame. In such a world there was only blamer and blamed. Multidimensionality did not exist. A measure of her integrity, and perhaps of the effectiveness of her therapy experience, was that in this interaction she refused to play the role of vessel with me, even though she risked giving up connection. She was unwilling to be placated into carrying the blame and persisted in a refusal to let me off the hook. She pushed me to examine and speak from my inner experience ("I was anxious") to take personal responsibility for her trauma. Initially I thought that Carol was blaming other people and refusing responsibility for the way she had participated in creating her own suffering. Arguing about facts was, for me, an all-too-familiar early idiom, and I slipped into it with Carol as easily as an immigrant who, upon encountering a compatriot, starts speaking their common tongue. As the process unfolded I began to understand the impasse as a dense, complicated, roiling stew whose ingredients included Carol's hope for a caring place in the group; her traumatic group experience; her wish for a strong parent/analyst to care for and defend her; the group's defensiveness; their empathic strivings; their competitiveness about the special attention Carol sought from me; my empathic failure; my concern about being seen by the group as favoring Carol; my discomfort with confusion; and my shame-proneness about failing Carol. It was

a far cry from the clear soup of simple old-paradigm ownership of fault. I wanted Carol to join me in my project of deconstructing the co-created trauma and I was frustrated by her self-preserving intransigence. To make a bridge to her world, I had to join her in her organization of experience. I had to be the parent/analyst who could say, "I am to blame," and to translate my acceptance of responsibility into statements and actions that reached

Carol. “It is my job to learn how to make meaning of your self-expression.” “I called because I sensed and was concerned about your agitation.” In so doing, I discovered a shameless acceptance of responsibility that laid the groundwork for a new approach to relational repair.

How did I finally get to the place of being able to do this? I am not sure. With hindsight I can suggest the following plausible process: I think that, over time, Carol's tenacious, urgent, repeated refusals to accept my explanations, which were essentially defensive and unemotional, coupled with my genuine if often self-serving and misguided desire to understand and address her pain broke through my analytic reserve, pushing me into more direct, explicit, personal self-disclosure—“I was anxious!” At the time that I said this, I was not consciously aware that it was different from saying, “I didn't hear you because the anger was so loud.” It was only in experiencing her dramatic new response and reconstructing the conversation that led up to it that I realized I had at last brought something new, vital, and “response-able” to the impasse.

This case illustrates how, for patients like Carol, the potentially growth-producing exploration of the patient's contribution to the question of “who tore the web?” must be postponed until the dyad is able to avoid the pitfalls of demoralizing shame and blame. Navigating through the tumultuous waters of retraumatization, I was ultimately anchored by a framework of rupture and repair, fueled by *my* understanding of the shame-laden meaning for Carol of my empathic lapse and by my willingness to convey this understanding—not through interpretation, but through meaningful action.

Conclusion

In this paper we have considered the impact of postmodern contextualism on concepts of responsibility and analytic authority. It

is part of a series in which we are exploring the unique contributions of self psychology to the broader relational community of which it is a member. We have emphasized the empathically responsive nature of a self-psychological model of responsibility and we have sought to demonstrate the need to protect explorations of process that include the patient's participation in conflict or impasse from slipping into the clutches of culpability that collapses into shame. We have also explored the idea of analytic authority from a self-psychological vantage point in which the power of an idealizing selfobject transference is used to hand authority back to the patient's inner experience. The analyst's expertise shifts from content to process, residing in skills inherent in responding to the uniqueness of the moment and the specificity of the dyad.

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