

THE *NEW US*: THE DEVELOPING THERAPEUTIC SYSTEM

By Lynn Preston and Ellen Shumsky

"The trouble with me is that for a long time I have just been an *I* person. All people belong to a *We* except me. Not to belong to a *We* makes you lonesome.

(Carson McCullers)

INTRODUCTION

I remember, as a young woman, sitting in my neighborhood clinic nervously fingering my handbag. After months of carrying the phone number around with me in my coat pocket, I had finally made the call. I was in my early 20s and had just come to New York City from Long Island seeking Life with a capital L. Although I was exhilarated to be there, I was lonely, confused and lost in the shuffle. I didn't really know what therapy was, but I knew that I needed help. The administrator pointed to the young man who was approaching me and said: "Here he is. He will be your therapist." I experienced an enormous sense of relief as I felt that I didn't have to do it alone anymore. Now I "belonged" to someone. In a way, I felt like a child in an orphanage whose new adoptive parent was arriving. No matter who he was and who I was, a new partnership was being born. He and I were both very young and inexperienced and our therapeutic marriage was hard to "get off the ground," but I was no longer "single." I anticipated having a partner to help me navigate my inner world. I would be part of a new *Us* and something new would happen.

More recently, I was struck by the enthusiastic comments of my students and colleagues about Stolorow's work after he presented a summary of his ideas a few years ago (APSP, 2012). With-

out exception, what that stood out for all of them was the metaphor of psychotherapy as "a relational home". Stolorow had said that "emotional trauma can gradually become integrated when it finds a relational home in which it can be held."

The centrality of connectedness was the theme of last year's 2013 IAPSP conference. Geist began the opening plenary with his conceptualization of a "connectedness sensibility" that emphasizes the phenomenon of analyst and patient experiencing each other as "a deeply felt presence in one another's subjective world." His detailed intimate clinical process showed how having "permeable boundaries" enables him to enter the patient's subjective world, and also allows the patient into his own world. He suggested, "mutual empathic processes catalyze an evolving connectedness between the analytic couple."

These ideas of a "relational home," and of psychoanalytic "connectedness" speak to the larger concept of human belonging. They point to the psychotherapeutic endeavor as the creation of the kind of relatedness within which we are empowered to integrate our human suffering and to enter a collaborative process of growth. It is a new home that requires us to stretch and grow in new ways in order to find our way in living together.

The experience of belonging is not a separate individual one of "isolated mind" but that of feeling ourselves to be an essential part of a system, which would not exist in the same way without us. When we belong, we are emotionally and psychologically living with and toward the other. The experience of belonging implicitly references a system that we are in some way helping to develop and also want to be developed by. We have a felt identity as an "*Us*."

In this paper we want to highlight and unfold the process of a developing psychoanalytic system that we are calling a "new *Us*." This therapeutic relatedness is ever newly forming, never established once and for all, and changing from moment to moment. We want to explore the analytic couple's processes of coming to know, coming to understand, coming to appreciate and coming to belong in the intricate multi layered mesh of interconnectedness that forms an ever changing emotional home within which the individuals can become more and more their own unique selves. This paper is an extension of an essay *The Development of the Dyad* (Preston & Shumsky, 2000), that we wrote before complexity theory had become a meta-theoretical home base for many self psychologists. At that time we were fascinated with the new bidirectional lens offered to us by intersubjectivity theory.

Today, we want to look at the developmental unfolding of the therapeutic system in light of complexity theory. A complexity sensibility multidimensionalizes the vision of the analytic dyad from that of two intersecting experiential worlds to an infinitely inter-affecting web of systemic interplay. It includes unpredictable leaps and surprising turns that show up when we are least expecting them because of multiple, complex, indeterminate influences from systems within systems. From this point of view, therapeutic process is not only one person facilitating change for another, nor is it limited to the intersection of the organizing activity of two individuals. It is, rather, a reciprocal process in which change in the system generates change in the individuals, and individual change results in change in the whole. Considering that it is not just the person that changes, but the system that changes, we want to look at new emergent forms of relatedness that carry the partnership forward. We offer this perspective, not to supplant theoretical and clinical focus on individual growth or dyadic development, but as an additional dimen-

sion of therapeutic process that augments and expands our options for finding a helpful analytic platform.

THE PERSPECTIVE OF THE *US*

It can be as difficult for us to notice the analytic partnership in which we are embedded as it is for a fish to perceive the water in which it swims. However, regardless of our noticing the therapeutic system, it is, from the start a living organism that is in the process of self-organization and complexification. Through the lens of the *new Us*, we see our job as therapists from a different perspective - not as developing the patient, but as developing the therapeutic partnership. It is a vantage point from which we can track the evolution of, the "co adaptive and mutually organizing system" of the analytic couple" (Coburn, 2013)) in which every dyad is irreducibly itself. Its development is ordered but unpredictable; its challenges are specific; its creative unfolding is unique. Although the signposts of its journey may be written in the language of surprise and its trajectory may be unpredictable, its evolution can be tended and cultivated like a garden of wild flowers. When we see our task as developing the therapeutic system, rather than the patient, the obstacles we face are not attributed to the patient's resistances or deficits nor are they viewed as features of the analyst's limitations. Instead the difficulties are seen as challenges of the system, and responsibility for them is distributed throughout the system.

The qualities we attend to in the dimension of the *US* are not individual ones but systemic ones - phenomena like connectedness, attunement, dyadic resilience and resourcefulness, playfulness, trust, the abilities to take responsibility, to integrate loss, to take on difficult conversations, to collaborate, to feel empowered and empowering. From this perspective we attend to the immedi-

ate felt sense of our way of being together which may find expression in the language of "we statements", e.g.: "We seem to have a lot of trouble ending our sessions on time," or "We were able to talk about money in a much more open way today. How did we get there? Or "We don't have a satisfying direction yet." The ability to collaboratively articulate our process is a step in the expansion of the system.

With a complexity sensibility, we understand expanded empathy as more than entering the patient's world and allowing the patient to enter ours. It is also the formation of a joint world that we both enter from our own individual situatedness. This dyad, the *Us* is a complex system - an experiential world larger than the sum of its parts. We, the parts, have an inchoate feel of the larger whole. We can sense implicitly what the *Us* is reaching for, what is in the way, what might be a possible direction. Coburn (2013), refers to the analytic dyad as able "to sense and feel when their system is in flux and ready to change.

One of the primary advantages of taking a systems perspective is that it helps clinicians to pull back from a doomed effort focused on getting the patient to change. It suggests that just as a butterfly flapping its wings may result in a storm across the sea, a shift in the therapist's participation in a stuck dynamic can be the perturbation that may result in a new beginning. Bromberg elaborates on this idea. "When one person begins to emerge from the rigidity of a self state protecting her from "otherness," her partner becomes more able to do the same and each begins to feel the presence of the other as less alien."(2013, p.5)

CLINICAL EXAMPLE

Harry called me for a consultation, having gotten my name from a list of therapists. We knew nothing about each other. Thirty years before he had been diagnosed as manic-depressive and was on a complicated regimen of medications prescribed and monitored over the years, by a succession of psychiatrists. He was unemployed and had had half a dozen psychiatric hospitalizations since early adulthood. He was absolutely determined to avoid another such hospitalization. Although he had known many women, he had never been in a sustained relationship. And I had never worked with such a patient before in my private practice. But there was something about him that sparked my interest and we decided to work together. Thus began our unusual therapy partnership

Week after week, in great detail, he told me the story of his life. He seemed to have no interest in anything like exploration. It felt as if he just wanted a person to take him in, as a way of establishing connection. It is comfortable and easy for me to be a listener. Harry and I were close in age and culture of origin, and had both participated in the same counterculture events as young adults. A comfortable twinship emerged as I joined him in his trip, down memory lane.

However, a prolonged and vital struggle developed between us as Harry began to escalate his demands on me for out of session contact. This was something he had repeatedly done with his previous therapist, M. resulting in her eventual abrupt termination of the therapy. I tried to set limits about where and when he could call me. These limits were repeatedly tested. The issue of vacation and weekend contacts became critical. I did not want to do weekend phone calls except for emergencies. I told Harry that I needed to feel free on my time off. When he protested, I told

him that I intended to be a strict enforcer of these limits because one way that Harry and I had made sense of M's termination of his treatment was that she had not been able to establish and enforce the limits she needed. I said that I did not want the traumatic abandonment with M. to be repeated by me. I was trying to protect our relationship. Throughout his life, Harry had pushed and disrespected limits and responded to them with rageful attacking outbursts, with the result that many emotionally important people had cut off from him. In his increasing loneliness, he was experiencing the wreckage from this behavior. He truly did not want to experience more loss. He wasn't happy with limits and boundaries, but he reluctantly accepted them.

As we moved along in our being together we relaxed and expanded our repertoire of engagements. He shared his religious beliefs and practices with me and we recited together, in Hebrew, prayers we both knew. We discussed and argued politics. We sang together - songs we both knew including old nursery rhymes from our childhood. We talked about foods we liked, our favorite restaurants and what we had eaten for lunch. We began to joke and tease each other playfully. Our sessions, for the most part, were affectionate, warm and easy.

However, with his friends (the few that remained) Harry could launch into a fierce character assassination and denunciation whenever he felt disappointed or slighted. I expressed my surprise that he would turn on someone I knew he liked, even loved. I said it seemed that in those moments he needed to "black wash" them - see only their negative qualities. This term resonated for him and it became a handle for referring to this destructive pattern of behavior. Over time he began to take in the ways in which his black washing ravaged his relationships.

On one occasion, we were talking about the upcoming Chanukah holiday and I told him "I don't have a menorah, but am considering getting one." At the next session he showed up with a menorah for me. Before I opened the gift, he told me that he realized that people have very different tastes and that if I didn't care for it I could exchange it for the menorah of my choice. I told him that I was very touched by his gift and his thoughtfulness. At one time I had shared with him, and he remembered, that I suffered from a "gifting disorder." My mother could only give me what she liked, not what I liked. For me, receiving gifts was fraught.

Harry subsequently asked if I loved the menorah he gave me. Since we had promised that we would try to be honest with each other, I told him that I didn't love it because it was too modern for my taste, but I loved that he had given it to me. That weekend I received a flurry of enraged messages from him. He had gone to so much trouble to respond to my wish for a menorah and I didn't like it. He wanted me to give it back to him. Later, I received a much softer message - "My fear turns to anger and I destroy my relationships with my rage. You really should have a menorah that you love." I was touched by his struggle and his candor and I, uncharacteristically, called him. "Are you angry?" he asked. "No, I feel your pain and I'm very moved. Giving and receiving are complicated for us. But we'll talk and straighten it all out." In the end, we agreed that I would keep the menorah that had now become the carrier of an emotionally moving struggle for self-transcendence for each of us.

In 2007, Harry fell into a prolonged deep depression. (Only later, with hindsight, were we able to understand all the stressors that had contributed to this dark time). During those years, he hardly left his house. In our sessions, he mostly moaned about feeling exhausted and never wanting to

leave his bed. He sometimes expressed the wish to die and asked me to help him die. I told him, "I won't help you to die. I want to help you to live." He described recurrent violent nightmares. Surprisingly, he also spoke of getting in touch with loving feelings for his up-til-then hated, depressed mother. For all those years, Harry lay in a filthy bed surrounded by mountains of accumulating garbage. In our phone sessions he often did not want to focus on his painful empty life. He preferred to hear about my life. Although talking about the daily events of my life - going to a movie, meeting a friend for dinner, describing the charming behavior of my cats - sometimes seemed like fiddling while Rome was burning, I was learning to follow Harry's lead and bring my own life energy into the system.

Nevertheless, I was very troubled by Harry's prolonged depression. I often felt helpless and sometimes hopeless. I felt pained, deadened, sad, angry at Harry's passivity and refusal to fight, scared (I kept in touch with his MD throughout this time about potential suicidality). I felt desperate to make sense out of what was happening. I welcomed the respite of sharing about my life. But at some point from deep inside myself I began to feel convinced that he was in a prolonged "dark night of the soul"- preparing to be reborn. I shared this hope/belief with him, and he found it comforting too.

In the fourth year of his depression Harry fell into a helpless panic, as he was required by his co-op board to let people into his apartment for repairs. He was convinced that when they saw the filth and garbage he would be evicted. He was consumed with obsessive worry and gripped by paralysis. In my worst moments, I joined him in his sense impending doom. Then miraculously, just before the mandated inspection, an old friend with whom he had maintained (through many

ups and downs) a close, almost family like relationship, showed up at his door and with determination born of love, performed the Herculean task of cleaning up and removing dozens and dozens and dozens of bags of trash. This heroic rescue, overnight, restored Harry's will to live. He had been saved by love.

His energy returned and he began to reconstitute a life - reorganizing and refurbishing his apartment and wardrobe, making lunch and dinner dates with friends and neighbors, going to the movies, shopping for and preparing healthy food. It felt to me that he was modeling his new life on my life, as he had lived it vicariously during his depression. He was showing up for sessions again, and there was a close and celebratory feeling between us. We spontaneously slipped into a session-ending ritual in which first he, and then I would say, "I love you sooooooooooooooooooh much - competing to see who could draw out the sooooo.... the longest. We called ourselves "two peas in a pod" because of overlaps and similarities between us, and also joked about our differences. We played and teased.

Over the next year, he has continued a process of consolidating more and more of a life. Out of the blue, he was contacted by a woman who had known him thirty years earlier and they have been developing a deep, close and loving relationship by long distance telephone. He is using the relational skills he acquired through our years together to manage the ups and downs of this unprecedented new intimacy in his life

DISCUSSION OF THE CLINICAL NARRATIVE

A PERSPECTIVE THAT GAVE PERMISSION

One of the things that strikes us about this clinical narrative, is that were it not for a radical perspective of emergent "being with" as the healing force, it never could have taken place. The analyst, originally uncertain about the challenge of a "non-analytic" framework in private practice, was able to relax into the project of building a relational home as the vehicle of the therapy. The perspective of the *Us* enabled the "somewhat bounded" therapist to enter into an uncharacteristically informal, playful and intimate mode of living together with her patient, focused on what Geist calls a connectedness sensibility. This treatment was utterly improvisational, from negotiating acceptable boundaries (the ground rules) to playing the made up game of "I love you soooo much." Each step of the way was a new unprecedented engagement for patient and analyst.

THE CHALLENGES OF THIS PARTNERSHIP

Let's look briefly at some of the challenges that this partnership faced and how they negotiated the process of becoming a new *Us*.

In the initial phase of coming together these seemingly very different partners, formed a twinship bond by finding common ground on which to build their relational home. This dyad was made up of a bounded analyst and a patient whose life was characterized by defying all limits and boundaries. Negotiating a frame was tumultuous, delicate and foundationally important.

In what we might think of as the third phase of this treatment both of these partners (the bounded and the boundless) feel safe enough to share intimate, loving, playful give-and-take.

In this phase we can see the touching efforts of the partners to protect their relational home by reaching toward each other in the midst of wrenching collisions

Through four years of the Great Depression this couple had to stay alive with only the analyst's occasional glimmers of hope to sustain and hold them. The surprising perturbation of the cleanup rescue ushered in a much-needed new beginning.

PERTURBATIONS

There were myriad levels of perturbation in this clinical narrative. The menorah struggle can be seen as a perturbation in which the partners were stretched and expanded in their empathic grasp of each other and of their system and the giving/receiving capacities of their partnership. The analyst's receptivity to Harry's angry feelings was another perturbation that introduced a new and needed dynamic into the relationship. The out-of-the blue emergence of the friend/savior who cleaned up Harry's apartment was a dramatic perturbation that helped turn winter into spring, allowing seeds of growth lying dormant under the snow to burst into bloom.

There is no definitive narrative that explains what happened here. The dormant seeds that bloomed had been planted gradually through all the years of Harry's life - including all his relationships, his many therapies, this therapy, and all the infinite systems in which he has been, and is continually embedded.

AN EMPHASIS ON THE ENACTIVE REALM

This story is a striking example of how new relational possibilities and understandings arise out of a mutual corrective emotional experience. The co-construction of this relational home offered both Harry and I, new possibilities for relational participation. Harry developed a new sense of himself along with new relational skills that he was then able to implement with others. In his

own words about how his therapy helped him - "I learned how to be in a relationship and now I can have other relationships." I (the therapist) developed the confidence and skills to loosen up in my professional role, and enter into a more relaxed, personal, affectionate and playful adventure.

CONCLUSION

The experience of belonging, is basic to feeling secure enough and free enough to find oneself, be oneself, express oneself, and become more and more oneself. We have been looking at the phenomenon of "belongingness" itself - as it manifests in an unpredictable and relentlessly irreducible therapeutic partnership that is striving to build a relational home. We are suggesting that a focus on the therapeutic system, which we call the *NEW US*, helps us to inhabit the idea that it is not the individual, but the system that changes. Through this lens we can envision the therapeutic project as that of expanding the experiential world of the analytic dyad and thus the individuals within it.

How we participate in the therapeutic conversation proceeds from what we look for, what we notice, and what we welcome. Through the window of the *new Us* we can envision the organic living system of the relationship struggling for fittedness, safety and aliveness and come to recognize its little steps of growth. The partnership has a life of its own and by noticing its incremental developments we invite attention to how we are being together. We are involved in a mutual, meaning-making venture of cultivating an atmosphere of openness and resilience in which conflict, uncertainty and loss can be tolerated, trust can be expanded and risks can be taken. We

may chose to silently track these changes or to point to the small steps of development that we notice in the dyadic process of building a more and more livable and life-generating home.