

## Chapter 7

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# I-identity

## Is trusted love ever an option?

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רק אשר אבד לי, קנייני לעד  
— רחל המשוררת

Only that, which I had lost, is forever mine  
— Rachel Bluwstein

This chapter illustrates my work with a woman who came in after experiencing frightening events in which she felt out of control with rage, anxiety, and the underlying depression. I discuss the use of EMDR to access these current events alongside her early experiences and explicit memories from various developmental points in her life, as well as preverbal, visceral, and deeply embedded experiences that had been haunting her for much of her life, relationally depleting her to the extent that she had had only minimal personal and meaningful relationships. In addition, I discuss some modifications I made to the use of bilateral stimulation (BLS) while keeping the psychoanalytic approach in mind, for the sake of blending the two methods without diminishing the benefits of either approach. I show how the use of EMDR in accessing and clearing embodied relational trauma helps initiate the beginning of a mobilized mourning process, while revealing attachment to that which is lost, as a form of what I call *I-identity*, in the presence of limited actual relationships. I discuss how difficult it is for people who must launch their lives in the wake of their identification with the hollowness of real and meaningful human connection when that is all there is. Finally, through the use of EMDR and the development of the strong transference-countertransference bond that forms in this treatment, I describe the way some mental representations of loved objects as subjects form, so that gradually a transient intersubjectivity begins to emerge.

## Anxiety as an emotional skin

The shaking stops. Not only now, not only here. Everywhere, all the time. It is an eerie silence she notices for the first time, for as long as she can remember. Now that the constant buzz is gone, some relief can be felt. She no longer fears entering a room, any room. “You know,” she says, “I did not feel anxious coming in today. I think it is gone.” But with it a renewed sense of loneliness slips in. Lynn was feeling a longing for a connection that might take the place of the now lost buzz.

Before we parted following our previous analytic hour, Lynn said, “This was important.” She was referring to a discovery she had made. This discovery cut through decades of repulsion toward her mother and Lynn’s own obsession with hidden love and a more recognizable anger toward her mother, who was emotionally lost to her early in life. I am saying lost as opposed to the more common “unavailable” to highlight the depressive melancholia that resides within her. What Lynn has stored in memory are the moments of anger and rejection she had felt as a pre-teen, and even a vague memory as a toddler. She remembers crying for a mother that never showed up. She remembers calling, terrified, to a mother who stepped in to scold her for wanting. She also remembers feeling brokenhearted by a girlfriend who bullied her in middle school and approaching her mother with a rare request for a hug of comfort only to be pushed away coldly. But with all of these memories she never remembers *this* that she has discovered in the session. “Astonishing,” she thinks. It is astonishing that she doubts her own memory of things. Her feelings are of the magnitude of that earlier kind of a memory. But now, for the first time, there is a match.

She wonders why she feels so anxious. Rational understanding does not explain her lifelong companion of angst in every human interaction. She carries the sense that she cannot relax into a conversation, cannot be around others without a worry, and cannot feel comfortable with an intimate partner. “Yes,” she says, she knows it has something to do with her mother, but why can’t she shake it off, after all these years?

Of course I do not know the answer to this question. Something is folded up tightly in this Rubenesque body, in her coy smile, her discomfort in lying on the couch. Her moods shift, passing through with only the slightest change of expression or word. One moment she is soft, present, and wise, yet in another she is coiled and tensed up, unable to find a comfortable

position, her lips twitching, saying that she feels stupid. Every change gives her hidden desires and fears away, but with no specificity.

Lynn, a woman in her early fifties, who grew up in the south, is a professional musician who works with students studying at a conservatory. She is not only a talented musician herself, but also an admired teacher for scores of young musicians who have taken the main stage nationally. She was referred to me by her physician, who had concerns for her emotional well-being, particularly the depression that has hindered her ability to perform and teach. Lynn has not been able to play her instrument recently, and—worse—feels that she is about to fall apart. She finds herself angry at the conservatory director in ways that surprise her, and she is afraid that she will further harm this important working relationship. In short, Lynn feels that she is out of control in a way that is destructive to her personal and professional sense of integrity. She cannot imagine not voicing her difference, but it never comes out quite right. She feels humiliated and embarrassed by her behavior, yet she cannot stop. She thinks about unpleasant events incessantly and feels a compulsion to act even as she sees the effect of the potential destruction. It is that perplexity that has brought her into my office. Lynn talks often about what she sees as her mother's abuse of her older sister, turning her into a boy and a "homosexual."

In the preceding weeks in therapy, Lynn has struggled through a series of exposures that are emotionally exhausting. In her twenties, she started a decade-long therapy that gave her a virtual home, although not much of a sense of belonging. This affiliation took away the remainder of her trust in knowing who she was, and the awareness of her deep wishes. She talks about a failed marriage in which she could not reconcile her wish for closeness with a conviction that she does not deserve to have closeness, especially as she fears sexual intimacy. There is no known incident of molestation in her history, though she felt overstimulated by both parents' enactments as a child. As we explore her fantasies about both men and women, in which only women have contact with her, she is both ashamed about and helpless to stop the power of her sin. She is also confused. Now, Lynn reports that she feels angry at me, saying that she fears I want to make her be a lesbian (in a later session, she says her real fear is that I will make her find out that she is a lesbian). In my being a midwife who is allowing her to utter her fantasies, she can hear another voice announcing

how this shows her failure to be a decent citizen of this world. Through the exploration of her fantasy of what my motivation might be, she recognizes her own fear of not really knowing who she is, and that fluidity scares her (Harris, 1991). As Laplanche (1999) stated,

It is the adult who brings the breast, and not the milk, into the foreground—and does so due to her own desire, conscious and above all unconscious. For the breast is not only an organ for feeding children but a sexual organ, something which is *utterly overlooked by Freud and has been since Freud*. Not a single text, not even a single remark of Freud's takes account of the fact that the female breast is excitable, not only in feeding, but simply in the woman's sexual life. (p. 78; italics in original)

The normalization of the power of fantasy and exploration, which expands the range of what these options might mean to her rather than simply determining her sexual orientation, helps reduce the level of torment. Gradually opening the door for a discussion of her preconceived notions of sexual orientation as badness helps create a potential space in which ideas can be examined without becoming concrete. This is the first time that Lynn describes a wish to be contained, which she begins by recognizing that maintaining what she feels are our separate perspectives on who she is feels burdensome. She needs for me to stay in an *as-if* position, in which we are both on the same illusionary page. I am reminded of a patient who said, with disappointment in his voice, that he felt completely understood by me until I started talking, at which point he had to see that our subjectivities were separate, and he did not welcome that. As Slochower (2005) suggested, holding may be attained by way of not necessarily having to interpret. She wrote, "It seems clear that the holding process requires that both patient and analyst bracket their awareness of the illusory nature of absolute analytic attunement for a time" (p. 38).

### **The hardware and software of co-(I)laboration**

In this afternoon session, however, Lynn feels that she would like to work on why she is so anxious in most situations. She becomes teary, and when I acknowledge her distress she says that no one has ever taken care of her.

Suddenly she stops crying and says that perhaps her mother could see that she did not want her to come near her. “But why am I afraid of her? She is frail and can no longer hurt me, but I am afraid of her.” As she ponders this she says, “I have a feeling that something happened when I was young, but I do not have any memory of it. I just know.” Although I hear this distress as also pertaining to the transference, so that she is now afraid that she will not open up with me and will miss opportunities for closeness and change, I suggest we try an EMDR set, sensing that she needs to express something possibly preverbal that resides in her body and to which she has no access in her thinking as such.

I can tell when she begins lifting her shoulder toward her ear, her head turning away and her mouth twitching, that she is “there,” dissociated and haunted by the “it” that has no name. In this case, when she uses the tappers and sinks into her fear, the image changes. She is agitated and cannot find a comfortable position. She says that she is alone, playing in her crib, when she hears her mother come into the room. She feels her entire body tense up. She looks up and can hear the door. Her mother is entering. She is mortified. As we stop for a short debrief, Lynn says she does not know why, but she is certain her mother hurt her. She is not sure how exactly she was hurt, maybe in changing the diapers, perhaps sexually. She does not know why she feels this way, as she has no memory of anything like that occurring. We process the fear with that scene in mind. Her thought is of her mother finding her to be unworthy.

With a few sets of BLS, Lynn feels the anxiety begin to release. The next break we take as we check back in, Lynn is flabbergasted, but feels that something like that must have happened. I comment that the anxiety is an accumulation of her excitement about her mother’s entrance into the room and a deep dread of what her mother would bring, together with her presence that itself is terrifying to her.

Lynn takes a deep breath, her eyes wide open and says, “That sounds possible.” She stops breathing and then continues, saying that that explains so much about her relationships to others. Although she seems rattled, the color returns to her face. She feels guilty for her thoughts about her mother and we process some of these feelings, putting them in context. Following the conversation, I offer that her longing and shame for having a woman’s body might be triggered by being both over- and understimulated. She says, “Now I can see why I feel that I was abused.

That explains so much.” We part, each of us feeling the weight of what we have witnessed, a weight she has carried all along without sharing it until that moment.

With the example of Lynn’s experience of the integrated treatment modality we can begin to grasp what EMDR does for the benefit of the relational psychoanalytic inquiry. It is activating, through a subdued rattle to the body, and with the holding direction of the therapist, the hardwired strata of the patient’s anxiety, which is fixated in motion on pathways that were born in trauma, yet is also now inviting the possibility of gaining access to the yet unthinkable. We can liken the EMDR protocol to an intervention at the hardware level, allowing the mind to create new pathways in part by making possible access to the thus far unused software. In this example, following several sessions of EMDR, which are always combined with a more relationally oriented analytical process, Lynn begins to access feelings she did not know existed, and finds new layers of her psyche of which she could not be aware earlier. From this place of awareness, Lynn starts on a gentler path outside of therapy. She is able to see her attachment to old ways, begin to stand on the side of her own internal interests, and subtly change her attitude toward her right to consider her needs and wishes first. Some of these changes are unpleasant. She finds that instead of general fear of her mother, she can now feel anger at lost opportunities. Her anger is more focused and the fear does not disappear, but she feels that she has a beginning of clarity about the feelings that are triggered in her in certain situations. That clarity she can feel in her body. She knows it to be right and therefore trusts it more in real-life situations.

### **EMDR’s contribution to potentiating the analytic work**

Describing the depth and breadth of the permutations of EMDR and of relational psychoanalysis is beyond the scope of this chapter. However, EMDR opens access to a fountain of memories and emotions through which analysis can take place, and that are a far cry from the insidious grasp of depression. Now we had a mess, but it was one that we could see and work with. Lynn is able to recognize losses and can begin to mourn. Through EMDR and the analytic process she has come to recognize that

the losses she has known are not ephemeral occurrences, but experiences that have dictated the cadence of every choice she has ever made. You might expect an even greater depression, but in Lynn these now recognizable losses invite hope that things can be different. Walking home happy after a session in which she reveals her fear of the power of her fantasy Lynn finds herself feeling hopeful that perhaps one day she can be that open with others in her life. Now she is back on the path.

EMDR has offered access to an exploration of fundamental aspects of Lynn's self-perception, and has provided a glimpse into her interactions in both internal and external relationality. This has allowed a core internal structure to evolve in which the anxiety about new and renewed interactions feels both exciting and intrusive.

We must consider that wishing that no door would open is a form of protection against intrusion. Intimacy is hard to come by without the trial and error of intrusion. Lynn had chosen to shut the door completely lest a potential intimate partner in the form of a friend, family, or a lover might intrude and find her defenseless. Part of the difficulty is that Lynn is yearning for real human connection. Intelligent and warm, Lynn is a sensitive person who wishes to take care of others. Unlike some, whose narcissistic wounds leave them with little to no interest in connecting with others except for gratification, Lynn thrives on authentic interaction with others. Her fear has kept her away from potential intimate friendships and now she is beginning to have a glimpse into the complexity of the person she has been.

A poem by Mary Oliver comes to mind here, as she highlights the inevitability of interaction on the path to intimacy as well as the risk involved, both imagined and real:

*Meeting Wolf*

There are no words  
inside his mouth,  
inside his golden eyes.

So we stand, silent,  
both of us tense  
under the speechless but faithful trees.

And this is what I think:  
I have given him  
intrusion.

He has given me  
a glimpse into a better but now broken world.  
Not his doing, but ours. (2009, p. 59)

Up to this point Lynn has believed that there is something repulsive about her. She has believed that she is not attractive, and that no person would dare to get near her. She remembers high school and college experiences in which she had felt passed over or was invited only as a last resort. This conviction, which appears in many interactions she has had throughout her adult life, is a mechanism she has used as a way of finding the locus of any of her difficulties outside of herself. This situation has been made more complex through her notion that her outside is a separate internal entity. Lynn believes that her perceived lack of attraction causes others to be appalled by her appearance. She thus tended to find an external cause on which to hang her anxiety. However, in our work we have been able to articulate how internalizing the bad mother she in fact did have was then repeatedly funneled into translating all other experiences to mean that she is a person that terrible things can be done to. Yes, her mother seemed appalling to her, but she, by a double association of having the dangerous mother and being the person her mother damaged, is not only guilty but also appalling.

Following a later EMDR session, Lynn reports that for the first time she is unafraid as she is sitting in the waiting room. She is less angry about her mother's abuse of her sister and more focused and clear about what has happened to her. She is no longer afraid of doors opening and the sound of footsteps in the hallway.

What kind of change does she hope for? At this time, all she wants is to not forget what she has learned with clarity. She also wishes to understand how much of the past is still penetrating her relationships now. I reflect on the unforgettable nature of what is etched in our minds early on, and the power of having a recall not of the original memory but the accompanying anxiety at a point when the body can imagine something else that is more adaptive than the original cocktail of fear and self-doubt so common with trauma dissociation and its aftermath.

I find myself drifting, thinking of the conundrum of women who may be masters in their professional life, where they exude confidence, knowledge, and personal charm, yet who in their personal life may feel privately depleted, believing they do not deserve to be considered for a



space they wish to call their own. I am thinking about Lynn and her lost opportunities as I watch her cry over spending a life without an intimate partner, without an offspring she wishes she had, having sat on the train of trauma's ramifications until it is too late for certain changes. Now she is ready to disembark and look at what she can still want, and what it is not too late to ask for.

Lynn is kind enough to allow us to explore the span of her beliefs. We begin by using EMDR to define her preferred modus operandi of seeing herself as less than a full member of this world, somehow deserving little in the way of participation. She can imagine herself being a proxy. To give a few examples, she can embrace being a surrogate mother to her sister's sons, she can be a music teacher to stars in the making, or a good friend to the men she once loved but has been too afraid to approach openly. Taking something fully for herself, without feeling that she is stealing is too hard to imagine. When Lynn talks about the succession of men who she externally overlooked while feeling tormented by her longing for love, she breaks up as she counts the families that have been created in the wake of her lonely, fearful boat that has never anchored.

### **Creation of I-identity versus loyalty to a narcissistic love object**

The day after this particular EMDR session, Lynn reports that a question lingered in her mind when she had left my office. She asked, Why was she so loyal? We spent the next moments trying to understand the demand made by her needy mother that Lynn would be loyal to her alone. And that perhaps being close, first to her beloved father and then to young men of her age, was a threat to the emotionally fragile mother. The question we ponder is how to create an identity that puts Lynn at the center of her interest, developing an *I-identity* through a relationship, allowing Lynn to keep her curiosity, and have her fantasies accepted as part of her internal private life, rather than seeing herself as a sinful object that should be rejected. I comment that this challenge is here between us as well. In order to separate and find her own I-identity, she is bound to relate to me, a risk as great as the door that opens and closes with all its excitement and dread.

Since this metaphor has become a stronghold, Lynn finds herself eager to try to open emotional doors. They sometimes slam, and often gingerly open.

Lynn is no longer afraid to convey her wishes and fears for our work. She reports feeling happy at the end of a session when she conveys a burdensome transference secret and no longer has to carry it alone. She is free to roam her world, purposeful and calm. And as for the countertransference, you may be asking? Well that is another story of importance.

### **Relational psychoanalysis: Keeping in touch, without**

An element of relational psychoanalysis is keeping in touch, without touching. EMDR inadvertently challenges the notion of complete distance by allowing the practitioner to tap, for example, on the patient's knees as part of the protocol. I have found that working with analytic patients, either in formal psychoanalysis or in psychoanalytically informed psychotherapy, does not go hand in hand with actual tapping of that kind. Experimenting with several devices, such as eye movement, tapping, and following a light or sound, I have found that electronic tappers work best in providing the necessary brain stimulation without an actual or proxy of touch.

However, I have noticed, with Lynn and other patients, that using the tappers can be a subject of transference cathexis. The therapist's holding of the control box provides a proxy of touch by having the cord between the box and the tappers sway with the patient's or the therapist's slightest movement. I have come to think of it as a symbolic umbilical cord, the closest to the principle of keeping in touch, without touch. It represents a physical parallel to the psychological holding in psychoanalysis. There is also the aspect of transaction, similar to other transactions in therapy in which there is a close proximity, such as in handing a check, or holding the door at the beginning and ending of a session. This intimate encounter is more frequent with the use of EMDR, and—in a way that is similar to remarking on the ending of the hour (Winnicott, 1949, p. 71)—represents power, sometimes alongside aggression or hate, or regret at having to abide by the law of limitation.

Another patient said to me, as she elaborated on a disturbing image at the beginning of an EMDR session, “You know this [the tappers] is not on,” as if the power of turning on a mechanical device indeed ignited an internal process, a pulse that could not be otherwise attained. Perhaps this example may serve as a symbolic starter to an analytic process via the use

of EMDR above and beyond EMDR's multiple benefits through bilateral engagement of the brain.

To carry the idea of an umbilical cord further, the other side of the power of this process can be seen in the important temporary illusion that the combined apparatus of the EMDR protocol and psychoanalytic exploration of meaning provide a safe base for the movement toward healing of severed early attachment in a way that illuminates and encompasses all aspects of mental life. For Lynn, experiencing a significant improvement in the sense of self in her professional world, regaining her professional self, helps her trust our work with its mixed modality. Holding on to the tappers, scanning her body sensation for tension, having an image with negative self-perception and inviting plausible and desired positive views on that same image, followed by BLS sets, feeling a shoulder relax or finding a renewed regular breathing pattern, is encouraging enough for Lynn. These experiences increase her willingness to consider change in her state of mind as a possibility. And, in association, she is willing to suspend disbelief in the existence of a span of possible meanings specific to her.

After spending a major part of her life believing in one story of her being undesirable without ever considering there could be another version of that story, Lynn could see no outlet from her misery. When her professional self was threatening to follow that script, there was no outlet for Lynn's sensitive and caring self and her own need to love. If not in her personal life, at least she can imagine possibilities in her work. There is an element of humiliation for a highly intelligent woman in recognizing that she cannot figure herself out fully before entering therapy. Of course there is the consolation of improvement, yet for the patient, staying with her sense of having lived a life with unintentional self-deception can be quite daunting. It is here that I feel that the holding of *what is*, directly in the moment, could help ease the self-deprecation that is felt in accepting her survival blindness.

Another outcome of our work is the activation of her sense of badness. How could she burden me with her love? She is not worthy—not only of being considered, but also for wanting.

In one session in particular, there is a lull. Lynn says she feels uncomfortable. I am listening for her words, looking at her posture. Her head down, she says that she is afraid that in this silence she will let herself know that she might be falling in love. She is mortified to think that if the

silence grows, her mind will wander into sexual thoughts about me, and that she will get out of control and try to act on these feelings. She is fearful and gutsy. In the next weeks, we deconstruct the meaning of all the funneling of her grateful feelings for change in her life—her loneliness, her wish to show loyalty by attaching herself to the person she perceives to be in power—into our work. That is the last session of the week.

When she returns the following Monday, Lynn says that she felt very happy after leaving that hour last week. She does not know why, but she has not felt that way in a long time. She had found that she was invested in her environment with a calm and energy that was new. I wonder with her if leaving the secret with me, and of not having to carry her fear of her bad behavior alone, had released her to enjoy her activities without feeling burdened. Lynn thinks that that is possible and adds that her angst about keeping her “bad” thoughts with us had taken away the fear that she is stealing something from me that she wants and that I can never be interested in sharing with her. At least now she is honest, and the burden to somehow punish her for her fantasy is mine, no longer hers. I am struck by her sense that she cannot wish herself on anyone, that somehow I will be appalled by her presence or her fantasized wishes. When I say she is gutsy, I think I mean to say that, given her view of herself, she is prepared to lose everything in our working relationship—my respect, my care, my investment in her well-being. She had expected to be rejected by me for merely having a fantasy. She had not felt equal. Yet Lynn had taken a serious psychological risk and reaped the fruit of her effort. She had immediately felt relieved.

### **Timing interventions when integrating EMDR with relational psychoanalysis**

In using EMDR along with relational psychoanalysis, questions of timing change the frame. We often wonder if we should convey a thought or hold back, letting the process evolve and considering the reasons involved in making the choice. Using EMDR adds another element we must consider. The value of intrusion at a moment that can otherwise be used to hold a primary process and its exploration needs to be weighed against the possibility of focusing, in more concrete terms, on the image and thinking about it, before entering the primary process through sets of BLS. I find that both are rewarding to the analytic work, and I rarely

regret either staying with the analytic process or starting with EMDR, as inevitably they each lead to greater emotionality, instead decreasing anxiety while leaving a greater virtual playground for the patient and therapist's exploration.

## Summary

In this chapter, I explored, through the example of my work with Lynn, how the weaving in of EMDR can benefit the relational psychoanalytic process. I highlighted my work with the transference and countertransference, and showed how at times EMDR can help bring to the surface aspects of the transference that are otherwise buried. I also elaborated on the use of preverbal trauma, using the as-if of potential space to create a more coherent narrative, specifically in relation to embodied experience, while at the same time increasing the patient's capacity to tolerate the unknowable, paradoxical, and ambivalent.

## Note

The line of poetry in the epigraph is from "Metai/My dead," a poem written by Rachel Bluwstein in 1931.

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