Chapter 10

"It never entered my mind"[1]

Philip M. Bromberg

> Once you warned me that if you scorned me
> I'd sing the maiden's prayer again
> And wish that you were there again
> To get into my hair again.
> It never entered my mind.
>
> (Rodgers and Hart, 1940)

This chapter is about "secrets," so let me begin by telling one of mine. I've always felt an oddly satisfying self-contradiction in my having become a psychoanalyst, given how much I hate change. I was the last kid on my block to have a new bike because I felt such loyalty to my old one, and I was also the last kid on my analytic block to buy a computer, because I couldn't bear to part with my yellow pads and my typewriter. Even after I capitulated, my friends who couldn't easily open my attachments or who stumbled over my formatting, talked about the outdated version of my word processing program as if they had just run into Norman Bates's mother—I wouldn't admit she died and I was refusing to bury her. I'm not arguing that this is a good way to be; it's just the way I am. The most flattering account of it I've heard is from a patient from whom I can't seem to hide anything: She has referred to it as my "retro approach to modernity."

Attachment to what I know, even with its limitations, is part of my comfortable familiarity with my ways of being in the world. From one vantage point I'm talking about "procedural memory" (Bromberg, 2003b); from another, I'm talking about fidelity to my different selves as I live them.

The same attitude can inform my work. I remember an initial consultation with a man who came to me only because he was in a state of total desperation. His marriage was falling apart, and he couldn't "get" why none of the things he did to improve it seemed to help. But even as he was saying this, I could feel the presence of another part of him that was being dragged unwillingly into my office, a part that felt it was being required

to obliterate its existence for the sake of learning some "better" way of being—a way that it knew in advance would feel irrelevant. My heart went out to him and I found myself saying, "I want to share a secret. Even though I'm an analyst I hate change; so don't worry, you'll be the same when we end therapy." He didn't laugh, and I could see he didn't exactly know what I meant, but I could also see that his eyes were teary. I could see that a part of him could *feel* what I meant. He cried even though he had no conscious awareness of *why* he cried. That moment became a watershed that helped us during future moments when we were struggling to stand in the spaces between different self-states with different agendas. As the poet and scientist Diane Ackerman (2004), in *An Alchemy of Mind,* has put it, "consciousness is the great poem of matter." Conscious awareness, she writes, "isn't really a response to the world, it's more of an opinion about it" (p. 19).

> Life feels continuous, immediate, ever unfolding. In truth, we're always late to the party . . . Part of that delay [is] so that the world will feel logical and not jar the senses . . . All that happens offstage. It's too fussy, too confusing a task to impose on consciousness, which has other chores to do, other fish to fry . . . Instead, we feel like solo masters of our fate, captains of our souls, the stuff of homily and poetry.
>
> (2004, pp. 20–24)

What Ackerman is describing as the "stuff of homily and poetry" I have tried to capture in my concept of "staying the same while changing" (Bromberg, 1998), a phrase that itself contains a secret. The secret is that "staying the same while changing" is logically impossible. It embodies two phenomena that can't coexist, even though they do. Somehow, the process of "change" allows a negotiation between different internal voices, each dedicated to *not* changing, that is, dedicated to "staying the same" in order to preserve self-continuity. This impossible coexistence of staying the same and simultaneously changing is why trying to track "change" in psychoanalysis (Bromberg, 1996) calls to mind Gertrude Stein's (1937, p. 298) comment that when you finally get there, "there's no there, there." The direct experience of "self change" is indeed a secret that eludes conscious awareness. It seems to be gobbled up by the relatively seamless continuity of being oneself, which necessarily includes parts of the self that remain secret from what is "me" at any given moment.

Robert Frost (1942, p. 362) wrote: "We dance round in a ring and suppose, / But the Secret sits in the middle and knows." (Every therapist knows the truth of this, particularly when developmental trauma has been a significant issue in a patient's early life. The therapist can feel the inadequacy of words as a means of reaching his patient, and often experiences a growing sense of futility about "really" knowing her. This feeling of

futility is a small sample of the abysmal hopelessness felt by his patient at being unable to communicate in language from the place that Frost calls "the middle." Therapist and patient "dance round in a ring and suppose," but their dance of words does not unite them within the place of the secret because the secret that "sits in the middle and knows" is a subjective form of reality that is incommunicable through ordinary human discourse. It is organized by experience that Wilma Bucci (1997, 2001, 2003, 2010) has termed *subsymbolic*, and is communicated through enactment.

Enactment is a dyadic dissociative process—a cocoon within which the subsymbolic communication taking place is temporarily inaccessible because it is deadened to reflective functioning. In a human relationship, no person's capacity for aliveness can be sustained without an alive "other," so if the other is a therapist, and is for too long listening to the "material" without being alive to his own internal experience of the relationship itself, a dissociative process often begins to develop in the therapist that may have started in the patient but quickly becomes a cocoon that envelops both patient and therapist. Typically, the sequence of events is more felt than cognized by a therapist because the therapist's self-state almost always switches dissociatively so soon after the patient's that the switch is usually not perceived by the therapist until it becomes noticeably uncomfortable to him—what Donnel Stern (2004) calls "chafing." Until then, a clinical process that may have been experienced by the therapist as alive at the outset of a session subtly diminishes in aliveness, typically without the therapist's cognitive awareness. This change in the therapist's state of mind eventually compromises his ability to retain his focus on the "material." Why? Because when one's affective need for an alive partner is being disconfirmed by another mind that is dead to it, a therapist is no different than anyone else. Through dissociation, he escapes from the futility of needing from an "other" what is not possible to express in words. What begins as "material" evolves into empty words.

Because therapist and patient are sharing an interpersonal field that belongs equally to both of them, any unsignalled withdrawal from that field by either person will disrupt the other's state of mind. The disruption, however, is usually not processed cognitively by either person, at least at first. It becomes increasingly difficult for the therapist to concentrate, and only when this experience reaches the threshold of perceptual awareness by becoming distressing will the therapist's struggle to concentrate become the pathway to perceptually experiencing the deadening power of what is taking place between them in the here-and-now. Invariably, the therapist's own response to this (some might say lack of response) contributes, interactively, to the construction of a communication process that both acknowledges the recapitulation of the patient's past experience and establishes the context for a new form of experience at the same time.

Just a pebble in her shoe

The relationship between dissociation and enacted "secrets" is best grasped clinically, so I'm going to present a vignette from my work that shows me in the middle of an enactment as well as showing how I was thinking about it while in it.[2]

A bulimic patient, whose dissociated acts of purging were starting to become more emotionally recallable by her during therapy sessions, began to have flashbacks of abuse at the hands of her parents. At first, she couldn't let herself think clearly about these images, describing them as like "having a pebble in my shoe that I can't get rid of." But as she began to talk about what the pebble felt like, she recognized that the part of herself holding the memories of abuse was keeping them secret and that the pebble substituted for having to relive her actual emotions. Moreover, the experience during her sessions of feeling something so painful about her *vomiting* was making her past pain feel "real" rather than something she was never sure existed. Her pain was becoming increasingly complex and more intense the more she relived it with me. The more real the experience felt the more its existence threatened to betray those who had hurt her, and betray the parts of herself that identified with them. For all these reasons the possibility of ever talking about the abuse "never entered her mind." But the pebble, which was supposed to remain no more than a pebble, was starting to feel like a boulder.

The session I'm going to describe was in some ways the same as those that preceded it, but in other ways it was memorably different. "Why would I want to hurt the people I feel closest to just because I need someone to know?" she agonized. At that moment I began to feel some of her agony, and I also began to experience shame attached to my desire to help her reveal her secret. The shame was about inflicting what felt like needless pain upon a person to whom I felt close at that moment—I was hurting her just because I wanted to know. Until that moment I had been ignoring, *personally*, the extent to which she was vulnerable to dissociated pain inflicted upon her by another part of herself, for allowing "longing" (I *need* someone to know) to become "desire" (I *want* to tell you). The only part of her that had come to feel worthy of being loved existed by protecting the family secrets. By starting to remember and disclose them because she wanted to, she became vulnerable to internal attack by other parts of herself. I had not wanted to experience the degree to which she was being punished and denounced, internally, as evil. In this session, which followed a particularly violent night of purging, she screamed angrily at me, "You'll never get me to stop vomiting. I'll never spill the beans."

At that moment I became painfully in touch with my own dissociated feelings of shame about hurting her, and *I* decided to "spill the beans." I shared with her what I was in touch with, including my awareness and personal regret that I had been leaving her too alone with her pain because

I was so enthusiastic about our "progress." I then asked if she might be aware of feelings of her own about what I had just said to her, including feelings about my having said it. After a pause, she allowed that she was feeling two ways at the same time, and that they were giving her a headache to think about: She could feel herself furious at me but at the same time she knew she loved me and didn't want to hurt me. I said that it was only when she got openly angry at me and said, "You'll never get me to stop vomiting. I'll never spill the beans," that I woke up to what was there all along under her anger—her pain and shame in having to go through this so alone.

What I had been seeing as my therapeutic "success" in bringing about the reliving of her past had finally triggered within me an affective experience of her unmet longing for me to know, personally, what this was like for her, and to care. I had been dissociating the part of me that could feel it most personally. My "spilling the beans" and sharing the experience of how I awakened to her pain connected with her longing for me to know it personally. Her longing could not be put in words; it had not reached the level of cognitive awareness that would allow it to become conscious "desire." Yet, as longing, it remained operative; it remained true to that self-state. When dissociation is operating, each state of consciousness holds its own experientially encapsulated "truth," which is enacted over and over again. The secret that is being revealed through an enactment is that while your patient is telling you one thing in words, to which you are responding in some way, there is a second "conversation" going on between the two of you. Buck (1994, cited in Schore, 2003, p. 49) refers to this as "a conversation between limbic systems."

As my patient and I continued to put our dissociated states into words, her longing, a somatic affect that possessed her, began to be expressible as "hers," and evolved little by little from an affect into an emotion, an emotion we know as "desire." By sharing and comparing our respective experiences that took place during the enactment and finding words for them that had consensual meaning (Bromberg, 1980), she was able to move from *being* the secret to *knowing* the secret that had only been "supposed" by us until then. Until this moment we had, in Frost's words, been forced to "dance round in a ring and suppose." Now the doubly shameful secret was out and we could both "know."

Secrets and the corruption of desire

Secrets, such as my patient's, contain affective experience in the form of implicit memories of selves that became "not-me" because the subjective realities they held were "lost in translation." These self-states remain uncommunicable through words because they are denied symbolic meaning within the overarching canopy of a "me" that is allowed to exist in human relationships. My own clinical experience leads me to believe that these

self-states most frequently become dissociated when the person is quite young, but that regardless of age they occur in a context where self-continuity is threatened. I'm speaking of experiences that have been invalidated as "real" by the mind of some significant other who used language not to share these experiences but to "translate" them out of existence. When the original "other" is a primary attachment figure, a parent or an other whose significance is interpersonally similar to a parent's, that person holds the power to destabilize the child's mental state by rupturing a relational connection that organizes the child's sense of self-continuity. In order to preserve the attachment connection and protect mental stability, the mind triggers a survival solution, dissociation, that allows the person to bypass the mentally disorganizing struggle to self-reflect without hope of relieving the pain and fear caused by the destabilization of selfhood. Dissociation narrows one's range of perception so as to set up nonconflictual categories of self-experience as different parts of the self.

Inevitably, desire becomes corrupted. The child's healthy desire to communicate her subjective experience to a needed other is infused with shame because the needed other cannot or will not acknowledge the child's experience as something legitimately "thinkable." The attachment bond that organizes self-stability for the child is now in jeopardy. She feels, not that she *did* something wrong, but that there is something wrong with her *self*, that is, something wrong with her as a person. To survive this destabilization of selfhood, she sequesters the now "illegitimate" part of her subjective experience by dissociating the part of herself that knows it to be legitimate. She has dissociated a part of her subjectivity that originally felt real and thus "legitimate," and because it is dissociated the child starts to doubt her own legitimacy as a person. She is thereafter in doubt both as to her own legitimacy as a person and the reality of her internal experience. As an adult, she is left with a sense of something bad having happened to her but that sense is not organized as a cognition; she is left not with a memory that is felt as belonging to "me" (a declarative memory), but with its affective ghost in the form of an uncommunicable state of longing that shrouds the implicit memory. The longing is a "not-me" ghost that haunts her (Bromberg, 2003a) because her own desire to communicate it to her therapist from her internal place of "illegitimacy" becomes a source of shame in itself. Thus, her sense of shame is compounded: The first source of shame comes from her belief that what she feels will not be real to the other. The second source of shame derives from her fear that she will lose the other's attachment (and thus her core sense of self) because she believes the therapist will not attribute validity to her desperation that he know what she is feeling. This fear of attachment loss makes her even more desperate for evidence that the other has not indeed withdrawn his attachment, and the more evidence she seeks the greater is the shame she feels for seeking solace that is somehow tinged as illegitimate.

A patient's "longing" to communicate dissociated self-experience must be recognized by the analyst, but what must simultaneously be recognized is that she cannot mentally experience this longing as legitimate without being shamed by other parts of herself, leaving her feeling undeserving of consolation or solace. When she tries to tell you her secret, she is *always* "at a loss for words" because the real secret can't be told, at least not in words. The affective truth with which the patient lives becomes suspect by her as a "lie" or at least an exaggeration, and she is never sure a secret really exists or if she is making it up.

There are no thoughts that bridge past and present so as to link her subjective world of pain with the subjective world of another person. The patient, in this respect, lives in tortured isolation, and this experience becomes the patient's essential truth, her "secret," and words and ideas become empty "lies." What could not originally be said without traumatic pain could not come to be thought, and what cannot now be thought cannot come to be said.

As Masud Khan (1979) wrote about his patient Caroline in his famous paper "Secret as potential space": "Caroline's secret encapsulated her own absent self" (p. 265).

> The location of a secret of this type is that it is neither inside nor outside a person. A person cannot say: 'I have a secret inside me'. They *are* the secret, yet their ongoing life does not partake of it. Such a secret creates a gap in the person's psyche which is reactively screened with all sorts of bizarre events—intrapsychic and interpersonal.
>
> (pp. 267–268)

Khan makes it clear that what was important for Caroline in their work was not his interpreting the symbolic meaning of her secret, but that in making such an interpretation, his mind needed to be alive to what he called her "absent self" (see also Chefetz and Bromberg, 2004, pp. 445–455). Thereby he was relating to the part of her that *was* the secret in a way that became an act of mutuality.

I believe that what Khan accomplished, relationally, in Caroline's treatment must take place with every patient to one degree or another as part of every analysis in order to free the patient's capacity for self-reflection. In other words, in every treatment the *development* of self-reflection is part of what is achieved by the analytic process; it is not something that the analyst requires a patient to already possess as a prerequisite called an "observing ego." Because each of the patient's dissociated self-states holds its own agenda about the patient's "secrets," each must become available in its own terms to the analyst's range of self-states. This requires that as part of the clinical process, the analyst increasingly recognizes his own dissociative contribution to the enactments and becomes more and more able to reflect

upon and use this recognition, relationally, with each of the patient's selves or self-states. As this is taking place, the patient's dissociative subjectivity evolves, nonlinearly, into self-reflective subjectivity (and intersubjectivity). Through unfreezing the developmental process that Fonagy and his colleagues (2005) term *mentalization*, a patient becomes able, more freely and more safely, to experience another mind experiencing her mind experiencing their mind in those areas of mental functioning where dissociation had held intersubjectivity captive.

A final comment: As the reader may have deduced from my epigraph, the title of this chapter, "It never entered my mind," is borrowed from a song by Rodgers and Hart (1940) about the aching emptiness in a person's soul as he longs for an absent other he didn't think he would even miss. The song begins whimsically but ends poignantly. "It never entered my mind" isn't just a refrain. It is a low moan of anguish made all the more poignant because when, at last, the shock of loss does enter a person's mind it hits in a wave that floods the heart with pain. I'm sure that when Lorenz Hart wrote, "You have what I lack myself" he didn't have attachment trauma in mind, but more than a few people have told me they get goose pimples every time they listen to it.

Notes

1 An earlier version of this chapter, "'It never entered my mind': Some reflections on desire, dissociation, and disclosure," was published in J. Petrucelli (Ed.), *Longing: Psychoanalytic Musings on Desire* (London: Karnac, 2006, pp. 13–23). It was originally presented at a 2004 conference at Mount Sinai Medical Center in New York City, sponsored by the Eating Disorders, Compulsions and Addictions Service of the William Alanson White Institute.

2 An abbreviated description of this enactment can be found in *Awakening the Dreamer* (Bromberg, 2006, p. 89). My reason for returning to it in this chapter isn't just that I can't bear to let go of my old bicycle. I've chosen it because I feel it highlights especially dramatically a number of key issues relevant to the present discussion that were insufficiently elaborated earlier. One of these is the way in which the relationship between longing and desire exemplifies the broader relationship between implicit and declarative forms of mental experience.

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