

Retrieved from:

The European Journal of Psychoanalysis

Jun 24, 2024

<https://www.journal-psychoanalysis.eu/articles/the-join-and-distinction-union-a-resonant-and-complex-oneness/>

Adam Shechter

# The Join and Distinction-Union: A Resonant and Complex Oneness

## Summary:

Integrating Spotnitz's joining technique and Eigen's distinction-union structure deepens clinical understanding of preverbal communication. This assimilated formulation helps to organize and work with defensive expressions configured around the early catastrophic experience of the infant. Taking the narcissistic transference as a starting point for the clinical work, Spotnitz's and Eigen's constructs are explored and combined in order to augment each approach and shed light on intervening. The join and the distinction-union structure both point to a therapeutic process that is beyond the binary of self-other, and are shown to mutually function by the nature of their structural association.

## Introduction

Infinite.

Finite.

Union

Distinction

One investigates such opposing immeasurables in order to grasp how fundamental and elusive relations work. Going for a jog along the beach in the early morning highlights the contrast of a defined point of self in an unbound environment. Through feeling this smallness in relation to a vast largeness, one begins to infer the infant's diffuse comprehension of the early object.

Therapy challenges us to use our intellects to create a frame out of what seems like a natural geometry of the psyche, all the while staying more sensorially than cognitively connected to distinction and union

tendencies. Eigen (2004, 2011) asserts the two leanings are one and the same but our sensing equipment is not yet evolved enough to perceive their relationship as such. It is in this sensing but not-knowing state of togetherness and separateness that a therapeutic possibility arises. Spotnitz's joining technique (2004; Margolis, 1983/1994) dwells in this transitional place of polar tensions. Joins work with opposition to resolve resistance to progressive communication in the session. The intervention fosters a feeling of oneness. Eigen speculates that the psyche may be limited by the nature of how it mentally represents two or more, and so conjures the binary of distinction and union. The join relieves the cognitive apparatus and intuitively operationalizes this dualistic function.

The distinction-union structure helps to organize the connections between all that is said by a patient in a given session and the individual items of speech. When a patient is cooperating with the fundamental rule of psychoanalysis and each next thing that comes to mind is verbalized, self-consciousness over self-other binaries tends to disappear. Spotnitz calls this *saying everything*. Eigen (2011) sees "distinction-union tendencies as branches of a single trunk" (p.1). Spotnitz's image of everything-being-said visually construes as a composite act of speech that includes all the possibilities of language. To further give meaning to Eigen's metaphor of the tree, we can conceptualize the psyche as growing and growing with speech and yet all the while remaining an essential structure of word flow. As simple as an acknowledging grunt to more subtle and nuanced agreements with the patient's unconscious attitudes, a join from the therapist propels and contains this flow.

The theory of resistance factors into the distinction-union structure as it is applied to the joining technique. Most importantly, resistance to progress in therapy and life are seen as one and the same, and an expression of the ego using its defenses to protect the psyche against damaging stimuli. Joins support these vital resistances through fostering a union and the associated insulation needed to naturally strengthen the ego. Considering the contemporary anxieties around the construct of resistance, I would like to make clear that by resistance I am not accusing the patient of willfully (albeit unconsciously) interfering with the progress of the treatment. Here, resistance is taken as a structure just as indigenous to the life of the psyche, as is distinction-union. We can even theorize that it is resistance that drives the distinction-union structure. Or vice versa. Psychic life viewed as a state of ongoing adaptive changes that uses unions and distinctions to manage the ego's relationship to the object.

### **Joining and Being Born from Narcissus' Reflecting Pool**

Joins reflect the patient's preverbal functioning and express an agreement with the manifest content of what he is talking about and/or his unconscious attitude about the subject matter (Spotnitz, 2004). A join seeks to modify the patient's ego on an emotional and symbolic basis as opposed to an intellectual one. By joining a patient, their ego is spared the intrusion of a new idea via an interpretation or explanation. Instead of going against or in some way mentally exceeding the patient's conscious state, the therapist goes with the flow of the patient's psyche and defenses, protecting them from foreign infringement. On the developmental level, as will be explored below, the join primarily addresses the patient at the symbiotic phase with its inferred next phase of separation. The distinction-union structure reframes this early relational bond both inside the traditional analogy of the therapist as mother and the patient as infant, and all the while conceptualizes that mode of therapeutic relation as rooted and flowing from a primordial psychic essence that is both ineffable and tangible to clinical work.

To illustrate how the distinction-union structure illuminates joining, I will turn to the metaphor of weather as it is commonly used to communicate emotion in everyday speech. Such a comparison to climate is apropos of my introductory statements that drew a parallel between sensing the grandness of a beach in the morning to how the baby perceives the primal object of the mother. Weather may allude to the early mother, but also a "primordial other" (Elkin, 1991, p. 125) who is both primitively human-related yet mysteriously beyond that, and germane to wordless experiencing in therapy. The communication of rainy weather from the patient

can be met with a variety of uniting responses. A simple acknowledgment that it is in fact physically raining rings much differently than any hint that the mention of rain is representing a given moment in a gloomy light. An unusually strong agreement with the patient's statement about rain, may give him the feeling that his experience of the therapist and therapy is understood. In this case, a join promotes a union between patient and therapist expressive of a deeper despair that runs to the core of the patient's feeling for life. Eigen (2004) emphasizes that work with the distinction-union structure can help the patient give up false distinctions of the self, and enter more undifferentiated states so that "genuine distinctions" (p. 307) can be born. Seen this way, joins help to make a shared emotional experience between patient and therapist that function as a psychic womb. Such oneness can transform false distinctions; parse them, break them down and make them embryonic, so that the raw elements of the personality are accessible to new growth.

Eigen (2004) puts forth that therapeutic work is primarily done by the therapist functioning as an "open-ended container," who conveys that in "psychic life almost anything is possible, and at the same time that a sense of limits deepens and sharpens the search" (p.310). Joining views as a function of this analytic attitude. It conveys that the psyche is as open-ended as the patient needs it and experiences it to be. The analyst both nourishes this exploration by joining with its expansive perimeters, and then delimits this raw territory with borders that arise from a feel of the distinction-union structure. Like the baby going from symbiosis to individuation, the patient stimulates the therapist to say in essence, "Now that's enough of this infinite searching, you've gotten what you need from this particular moment of formlessness, and now it's time to put some form to it."

The framework of the narcissistic transference-countertransference (Spotnitz, 2004; Margolis, 1983/1994) houses a developmental continuum of the patient and therapist's object relations. This primitive range starts with total object-self undifferentiation, and moves to the patient experiencing the therapist as a part of the self, to the feeling that the therapist is exactly like him, and on to the feeling that the therapist is like but different than the patient. While the patient-therapist relationship doesn't necessarily reflect such a linear sequence, the primitive link can be seen through these various object configurations of distinction and union. Spotnitz (2004) speaks of peak moments in the narcissistic bond as being typified by the patient's fantasy that it would be the most wonderful thing in the world to go everywhere with the therapist, be together all the time, travel the world. The use of narcissistic here is close to Mahler's sense of the symbiotic phase, and the newborn's newly emergent being re-finding union with his mother in the outside world of her body. In this context, the union between patient and therapist is a chance to start again with early unmet needs.

It can be hard to pinpoint primitive transferences, precisely because they are from the time before words and so definitions easily elude words. The distinction-union construct repositions this confusing preverbal quality of symbiosis so that it can be viewed as inherently conjoined with the subsequent separation-individuation phase. In fact, seen from the distinction-union perspective the symbiotic and separation-individuation phases are parts of the same relational, developmental and psychic structure. We can sense how this is true through the experienced theory of our internal objects as being an ongoing part of ourselves, both mergers and separations that never fully occur. Eigen brings this elusive idea into bold relief by visualizing the distinction-union construct through Micheangelo's sculptures "'Slaves' or 'Prisoners' in Galleria dell'Accademia in Florence." He writes:

We see figures emerging from the rock they are being carved out of. They are partly formed, partly semi-formed, partly emerging, partly embedded in the unformed stone, a birth or semi-birth in progress, permanently embryonic as well as in process of formation (2011, p.14).

Micheangelo's sculptures situate the *join* in a larger picture of ever-changing birth forms. We can view the join as simultaneously uniting/dividing the patient and therapist, so that as one resistance is resolved, another resistance is immediately created by virtue of the former's resolution. As discussed above, Spotnitz (2004) emphasizes that the narcissistic transference-countertransference is a variable oneness. The primary job of this clinical double is to create a space that allows for the patient's innermost impulses to come out in words.

It's the loving and hating of the like-other that Spotnitz finds keenly expressed in the myth of Narcissus. For Spotnitz (1976), Narcissus' gaze into the reflective pool of water is not one that is motivated by the vanity of self-love. We are tipped off by the deleterious effect of Narcissus' gaze in that he remains transfixed by a watery mirror. We can speculate that an inner deprived self is being revealed through seeking such primitive attention from a substitute for the mother's early eyes. Narcissus is ultimately destroyed by so intensely losing himself in his reflection. He falls into the body of water and drowns.

Spotnitz (1976) derived his theory of the *narcissistic defense* from the above imagistic narrative, extrapolating a basic pattern of self-attack that runs the course of the human psyche. Instead of Narcissus expressing his murderous aggression toward the failed mother object, he unconsciously sacrifices himself to a substitute. This cruel turning inward begins with the birth of the psyche, and emphasizes mental life as over-collecting frustration-aggression and bottling it into myriad forms of self-hatred. The psychotherapy session comes to be a transformative location for the murderous forces of the mother-inside as she is externalized onto the therapist.

Eigen writes, "[t]endencies to link together and hold apart permeate our psychic field with variable antagonisms and complementarities" (2004, p. 211). Extending the analogy of Michelangelo's sculptures to the session, we can conceptualize regression in the transference field as softening the psyche's sculpting so that it becomes malleable enough to be worked with. By putting long rigidified tensions into words in relation to a new trusted object, the psyche achieves a clay-like atmosphere in which seedling beginnings of the patient's personality start to recover and grow.

### **Falling Apart/Coming Together and the Catastrophe of the Distinction-Union Structure**

Killick (2014) recapitulates Eigen's (1985) distillation of Bion's (1963) thoughts on the birth of the psyche "locating the core of the individuation process in its earliest phase in a rhythm of falling apart/coming together" (p. 859). She uses Eigen's summary to explore the analytic frame for working with psychotic anxieties, providing us with a relational bridge for the joining technique and the distinction-union structure. "Falling apart/coming together" (Killick, 2014, p. 859) prioritizes the join as a maturational agent for helping the patient to survive and grow from reenactments of early catastrophic experience. Important to note, "falling apart/coming together" (Killick, 2014, p. 859) also constitutes a theoretically focused observing ego (Greenson, 1967; Ormont, 2001) through which the therapist can sense and organize the fragmenting/cohering movements of the session. He is granted a developmental paradigm for a challenging back and forth motion.

Killick (2014) underscores that the most important function of the analytic frame is for the analyst to bear the patient's unconscious pain, until the patient can naturally allow their core anguish to unfold in the transference. Joins attend to this slow opening up, preserving the defensive needs of the ego. Joining in its syntonic form serves to neutrally build the support structure, though dystonic joins more directly address painful material tangled in the psyche's reversing capacities. Spotnitz (2004) states that ego-dystonic joining "is employed primarily to facilitate the discharge of negative affects" (p. 188). A sub-category of ego-dystonic joins that is of particular relevance is called "falling apart" (p. 188). This type of join is characterized by making fragmenting statements "whether faithfully or in a somewhat exaggerated manner" (p. 188) to a patient verbalizing an escalation of confused thoughts.

Killick (2014) highlights Bion's idea that during early psychical life, the unstructured instinctual pressures of the infant "emerge as 'signs of catastrophe'" (Killick, p.860). The prime example of this sign is the scream of the infant. Such metaphorical screams in the patient are to be taken both literally and figuratively in the sense that the unanswered cry of the infant continues to communicate through the defensive formations of the patient's character structure. In the case of joining with fragmenting symptoms, Spotnitz (2004) writes that the therapist can say that "he feels unreal and confused too" (p. 188) in response to the

patient's dissociative verbalizations. As the therapist "repetitively reflects the pattern blocking emotional release" (p.188) the degree of confusion the therapist puts across may oscillate in variable proportion of more and less than the patient's splintering statements. The therapist is tasked to make use of the pre-symbolic pressures underlying the patient's communications as they arise in the countertransference. Killick also emphasizes the importance Bion (1963) places on the therapist's capacity to evolve the patient's pre-symbolic functioning. It is through the "falling apart/coming together" (Killick, 2014, p. 859) that the therapist and patient do together that lets the patient be heard and felt understood in a way that the original object ignored or could not bear.

Later in this paper, I identify a depressive expression of the original cry in a patient I call Jack. Echoing back an exaggerated version of his hopelessness constitutes an emotional reception of his early screams. Setting the conditions for the original aggression behind the cries to be experienced and put into words makes room for a new and genuine hope. Similar to a mother soothing the infant who fears dying from his unbound impulses, the therapist can show the infant-as-patient that the agony of his unstructured instinctual pressures is survivable. Creatively participating in the patient's encounters with catastrophe sets a resilient tone. Through falling apart and surviving together, what were once chaotic seeming drives begins to metabolize into a new confidence for coping.

"Falling apart/coming together" (Killick, 2014, p. 859) mediates the distinction-union structure so that it can be used for the work of individuation. Joins help the patient to internalize the therapist under the transitional duress of overwhelming catastrophic feelings. By learning to fall apart and come together in therapy, flexibility toward the rigors of emotional life is increased. Life can be construed as a journey centered in the ongoing work of digesting and linking to the original distinction-union tendency. Viewed this way, the therapist stands in relation to Elkin's (1991) notion of the "primordial other" (p. 125). His theory locates an object preceding focalization in the mother's face and suggests a spiritual essence that the infant perceives in his earliest surroundings. Surviving the relational catastrophe of therapy shows the patient that a genuine connection to a developmental partner is possible, making a new opening for further nurturing figures. The distinction-union structure points to a principle underlying mental life that exceeds the mother as a resource for growth and yet is made available to the patient through the therapist functioning as a maternal container.

## **Phenomenology of the Transference and Resistance**

A join circumvents the intellectual smoke and mirrors of the psyche so that extremely painful material can be worked through in the transference. In other words, the intervention helps to make unthinkably awful feelings associated with an original way of relating into something tolerable via a new mode of connecting (Bion, 1963). An effective join links two disconnected elements in the psyche of the patient through a transitional oneness with the therapist. The outcome is a welcoming of the pre-symbolic level of early self and object into the maturational container of the therapy. The therapist identifies a nameless feeling sent through the projective pathways by the patient and then communicates back the underlying message of that feeling. The join fuses the unsaid emotion with its implied idea, and in so doing, resolves resistance to progressive feeling states. This refining of preverbal communication allows for more to be said, and so the join is like a complex probe that explores as it integrates. On the plane of symbol formation, the join structures preverbal cognitions in new language so that the associated internal object representation transforms in resonance with the real person of the therapist.

The transference distills down the infinite forms of resistance into the finite container of the patient's relationship with his therapist. Yet, what appears small, controllable and observable quickly becomes large, uncontrollable and imperceptible. The unruly life force of the defenses inevitably pushes back on this therapeutic union. In the distinction-union context, resistance redefines as what is 'not infinite.' More specifically, consciousness itself views as a rebellion against the infinity of unconsciousness and the ego is seen as coming into existence via the need to discharge and reverse the tension of its non-being (Eigen,

2020). The transference welcomes these psychic birth tendencies to play out within its field, or rather the therapist invites the resistance to pushback in relation to their person. Patient and therapist reenact the basic conflict of the finite and infinite. The transference-countertransference functions as a resistance to the awareness that there is an unknown potential for change in the session. The aim is to say everything and yet to do so is never entirely possible as the resistance of the transference-countertransference prohibits a purely conscious relation to the distinction-union structure.

Resistance protects the patient and therapist through the defensive function of the transference-countertransference. As the patient and therapist have a need to recreate what already was, they also work toward what has not yet been said nor occurred. In this way, they are unified in a joint ego struggle with time that pulls them back into the old as experienced as all there is, and pushes them forward into the future as *all that can be*. At a given nodal point of the treatment, the therapist may want the patient to move forward but the patient may feel he has to stay still. At another instance, the patient pushes forward and the therapist worries it's too soon and resists. And at other times, they both want to advance, and in yet other moments, they trade off in enforcing varying quantities of stillness, forwardness, backwardness.

On the interpersonal landscape of the transference-countertransference, patient and therapist speak within the delimiting range of their known biographical details. They only say to each other what they can comfortably say to themselves. The subtext of the communications will convey something like *I know this about him, and he knows that about me*. Such projected particulars provide uncanny proof that the past is true in the present. Still the therapist and patient have not come to therapy to infinitely repeat their assumed trajectory, regardless of the repetitively compulsive truths in their universe. At a given opening in time and somewhere inside of themselves, they will begin to say, *well, this I do not know about him, and that he does not know about me*. As the aperture widens, they will begin to ascribe to Bion's (1970) analytic attitude of "faith in the unknown, unknowable, formless infinite" (p.31). They will begin to feel that the session is more than just the sum of their current individualities. Their relationship will be permeated by an optimistic atmosphere and they will sense that how they have known themselves as individuals up to that point is becoming more than what they have ever known. In this union, what is rigidly distinct about their past selves will begin to metabolize in new and unknowable ways, and lead to novel distinctions.

## Jack

Jack entered treatment with me under what could be called a distinction-union crisis. A shapeless upheaval had been permeating his being since he could remember. Jack's feeling for life was characterized by an infinite number of half-starts and returns to the blank sea of his depression. A thirty-year-old poet, his initial complaint centered on the obsessive anxiety that his poetry writing was going nowhere. After sitting down to do the actual work, Jack's poems soon disintegrated in meaningless distraction, regardless of the initial inspiration. To numb the pain, he drank too much. Not a determined, biologically entranced drinking, but a troubling parody of one. Jack had been in therapy a number of times before, but to no real effect. His prior therapists seemed to keep Jack at a distance that left him feeling judged and just as out of reach. Girlfriends came and went as if they were never there, leaving him to reiterate his 'elevator pitch' for why he is an essentially defective person. Bosses would take chances on him based on his exceptional intelligence and sensitivity, but the job would soon end for one reason or another without any real accomplishment. Petering out patterns characterized the ebb and flow of his life, adding a continual supply of negativity to his reservoir of self-hatred.

Although a writer steeped in the classics, Jack found nothing poetically heroic about his struggle in life. His start and stop failures only offered more evidence for why he was an inherently flawed person who would never live a 'real life.' The territory of these flawed self-feelings became the initial area of our work together. I saw what he called flaws as creative wounds from which to generate meaningful connections to writing and living. I logged this good feeling, and entered his rhythm of "falling apart/coming together"

(Killick, 2014, p. 159) that appeared to go nowhere. Pretty quickly I found a place in this cycle of tormenting half-processes. The more he complained, the more I felt him burrowing into my psychic breast. Once he was solidly entrenched, I felt that I could listen to and slowly decode his cries, all the while, wondering about his early devastations.

Jack was quite adept at verbally painting the misfortunes of his everyday life into the room. He conveyed an unending hopelessness by reporting strings of vivid details that transported the listener into the world of his humiliating failures. Despite his expressing extreme torment about not making progress in life, I felt a deep comfort generated by the overall gestalt of his stagnation. This comforting stillness created in me the same warm feeling of oneness one gets from holding a napping baby. Union and distinction tendencies tore at each other. As the flow of primitive unity began to embrace us in an amniotic-like affection, a nameless anxiety soon interrupted the good feeling. Before long Jack would start helplessly shouting into the air that he was the worst sort of person there could be.

When Jack was a kid, his mother drank alcohol and self-righteously yelled. His father, a distinguished academic, intellectually diminished the family woes. As an adult, Jack struggled with finding the right words when faced with the object-audience of the blank page. He felt entirely unable to work with the displeasing mystery of himself. After years of wrestling with intellectualized idealizations of his parents and devaluations of himself, Jack and I have slowly made our way to basic psychodynamic causes and effects of how his mother's rage and alcoholism have had a burdening effect on him.

Jack came to the meaning of these realizations not by the deductive reasoning route. This reframing of relentless self-attack arose from addressing his deeper emotional attitude. Jack needed and needs a symbolic meeting with his depressive and anxious character at the place that it bogs him down in states of self-other confusion. One gets strong impressions of Jack's object pain being embedded at the deepest levels of psychosoma. These preverbal forms show through the exaggerated state of Jack's muscle size, the rigidity of his speech, and the tattoos of violent imagery that cover his skin. One gets the sense that Jack is speaking at the level of soma in a most primitive way. How to speak back? It is not verbal. The distinct expression of his suffering grows from the whole of his origins, as though sea life from the dark and formless depths, emergent at the two-plane surface.

Bion (1963) throws a strong light of clarity on why psychoanalytic explanations aren't necessarily helpful. Jack's internalization of his mother's hatred is not accurately represented by how interpretations use conscious reasoning and language. The thought-form of words that comprise an interpretation is like the language of elements that harmed him, but not emotionally enough like the original harming elements to be helpful. Bion likens this unhelpful aspect of psychoanalytic language to an ideogram that only signs a basic abstraction of what might have happened to Jack. All Jack knows is that he is lonely and wants more friends but can't stand to be around people. A person's slightest ethical inconsistency can throw Jack into a rage. The idea that he is still influenced by a mother who is overbearing and cannot tolerate him having much contact with others, shines a mental light and emotionally inflames him at the same time. Jack is together and alone at the same time. Lucky for him and I, we have formed a progressive relationship along this proposed system of original family misery.

In the early phases of treatment, joining was particularly resonant with Jack. One sensed that he was enlivened by the simplicity and directness of joins, and experienced a much needed emotional truth. Concurrently, their nourishment opened up an old craving. When Jack entered my office, his life was a syncopated rhythm of painful and numbing moments. He held the daily causes of this pain at an intellectual distance and consequently suffered from an overpressurized foreground. Joins had a neutralizing effect on the ache and throb of this distancing-pressurizing rhythm. Having had to run from his raging alcoholic mother and be pacified by a remote and literary father, the double layering found in ego dystonic joins landed finely with Jack. In fact, the line between syntonic and dystonic blurred—the agreeable and disagreeable harmonizing—allowing him to develop a taste for being accepted in his unacceptable state of being. Jack told me that the first time I agreed with his self-diagnosis of incurable despair and reiterated that

he was in fact a hopeless case, he experienced an immense relief. He could be as he was in therapy.

I felt Jack's communication of hopelessness to be an aggressive act in and of itself. His clever use of language hid this fact. Still, one could hear the angry essence permeating his phrases as a variation of crying, "You're not helping me! You're not helping me!" The attitude of being hopeless functioned as what Bion (1957) calls a *bizarre object*. The negative feelings toward the object were distorted into a depressed sense of his future, blurring the unsupportive object representation with an impoverished self-concept. Spontitz (2004) frames this as the egotization of the object field, and its de-egotization can take priority in the beginning stages of treatment. For the purposes of this paper and understanding how these defensive-developmental formations play out in the session, I will reify the underlying axis of reversal in order to show how the psyche blends ego and object. Eigen stresses this fusing tendency alongside its ripping apart counterpart as a function of the distinction-union structure. By virtue of the transference, the join has a paradoxical fission effect in that while it separates out the patient from the parent-object, it brings the patient and therapist closer together in the original dynamic. The warded off aggressive element and the associated early object spin apart, so that the ego emerges as though separated out in a centrifuge. Closer and closer to each other, disowned feelings of the ego come in clearer and in closer relation to the therapist. The obfuscating representation slowly transforms through a therapist who begins to hear what the ego cannot say. One soon hears, "Help me! Help me!" And spinning even faster, "You can't help me because I am attached to being un-helpable!" Cry! Cry! Underneath it all is the cacophonous cry symphony of the infant who was left alone far too long with his impulses. In the background is the original caregiver who just couldn't or wouldn't get it right. And like this first maternal figure, the therapist is experienced as an object who can handle distorted aggression only. One sees just how actual Jack's internal objects really are as they experience the passive aggressive complaints that leave him bottling up way too much.

The session following my first join of Jack's hopelessness, I upped the ante when he made a similar declaration of despair and replied, "Indeed, one of the most hopeless cases ever." Spontitz (2004) calls this style of ego dystonic joining, "echoing the ego" (p. 189). And to this cruel echo, Jack did not take so kindly. As his tone changed, I wondered what would come of his dormant object anger as it quickly pushed out of his ego, widening and strengthening his stance toward my person. I shoved my defensive urge to the side, and silently listened to his angry refutations of being the most hopeless case ever. One could almost taste a newly structured aggression blooming my way. *Was it me who was unable to help him? How come I hadn't been helpful yet? Did I have a plan? There wasn't time to waste. He wanted effective therapy right now.* Working with ego dystonic joins calls upon the therapist to stay emotionally present to the preverbal field, yet only submerge into the emotion enough so as to be able to make use of the induced feeling. Detecting and working with the atmospheric fluctuations in the session environment likens to painting the motions of a tree reflected in moving water, in order to glimpse concealed aspects of the actual tree (Bion, 1965). By learning to feel the variable intensities in a solidly receptive way, a working readiness emerges to join with the emotion that unconsciously moves the patient's psyche.

At the root of a syntonic join is the simple and easily digestible communication to the patient that the therapist agrees with him. The delicately textured agreement "informs the patient that it is acceptable to entertain both his resistant attitudes and the unneutralized aggressive and libidinal feelings which they defend against" (Margolis, 1983/1994, p. 214). In response to Jack's call for effective therapy, I asked how I could help. He paused and began to bitterly counter-argue that all was lost as too much time had passed. A feeling of intensive fragility shot through his words. After making a gentle concession, I joined him in a long solemn quiet.

We entered a paradoxical period of the treatment that I privately framed as *mobile timelessness*. A current of progress had opened that led him to make positive concrete actions in his professional and romantic life, as well as a stagnating counterpoint of getting more in touch with his lack of confidence. Jack and I swirled from session to session in an entropic-feeling of changelessness, tasting the omnipotent flavor of being trapped at the cozy depths of infantile depression. In his outside life, Jack began to push the boulder over the top of the hill and onward, while in the clinical realm, the Sisyphusian rock snowballed us backward into

one hopeless being. This mythical place was echoed in his actual studio apartment where he drank and mourned the perpetual gaining and losing of himself. The treatment proceeded to a syncopation of emotional impotence with agency, with the former decreasing and the latter growing stronger and stronger.

Eigen (2011) illustrates a variation of distinction-union through Winnicott's *primary aloneness* (1992). The paradox of separateness-togetherness is brought to life by the infant who begins to achieve a capacity to be alone from spending time with a mother who can indirectly support his sense of being. The world takes on a nourishing feel as the external perception of the object blends as environmentally present to the internal self. The outcome is a sense that one's surroundings are neutral and welcome the self to fill it. The patient wounded at this phase of relating to the world-as-self, develops a lack of psychic insulation around their personality's sensors. This primary wounding of the distinction-union structure manifests through the chronic and vague feeling that the world as a whole is hostile, and will either push the ego away or suck it into oblivion. Unity and distinctness are both experienced as equally dangerous.

Jack's initial sessions were frequently punctuated with outbursts of self-hatred. The lack of an early nurturing presence reconstituted in the consulting room and infused my being with a chaotic aloneness. His loud blasts of loneliness painted an isolated foreground on our meetings, invoking the feeling that I was nothing more than an aloof and obstinate background. Still, the inherent waiting and quiet openness of therapy allows for a "blank horizon that encompasses and subtends all psychic figures" (Eigen, 2004, p. 308), suggesting a new possibility for the background object. With Jack, I found myself paying particularly close attention to a bi-planar experiencing, helping me to sense and formulate his volatile emotions as they emerged. And most importantly, I noted his need for basic support that quietly floated behind the scenes. Foreground-background can be viewed as perceptual fields that are a function of the distinction-union structure. At the intervening level, the relational dynamic of these two planes of self and object correspond to an optimism embedded in the therapy dyad.

A poignant lonesomeness seemed to invite me into a closer relationship with Jack's blank horizon. While Jack presented with the nebulous impression of being chaotically alone and hopeless, I did not experience him cemented as such. In fact, I felt great hope in his willingness to tolerate this solitude with me and trust that whatever the coldly-aloof-I represented for him, was for a purpose, and was in fact part of a transitional period. By announcing his hopelessness back to him from the cradle of my therapist position, the background presence of absence seemed to rush forward to meet him in the foreground of his aloneness as a newly articulated intimacy. The tone of Jack's response was one of feeling reached on an emotional level that was finally tangible. His preceding therapist would ply him with sweet tea as she gave him spiritual advice on his drinking, as if to actively fill in the hole of this primary absence. Instead, I fed Jack the despairing sustenance of his origins in a finely granulated form. I had to build up this state of emotional resonance by slowly getting to know and process down all that his morose aggression stimulated in me. By listening over a course of many months, I became familiar enough with my internal desolate responses so that I felt at home with Jack's unbearable isolation. The reciprocal value of this aloneness eventually swapped the distinct experience of being abandoned for one of being unified and together in that abandonment. The *join* had inaugurated a oneness-aloneness.

While I did not feel an ameliorating saccharine urge toward Jack, I could understand how his previous therapist had wanted to pacify his antagonistic despondency with sweetness. Jack sounded a jarring music of complex and contradictory feelings. I felt a troubling love for his emptiness in the face of his loud-voiced righteousness, and an equally unsettling aggressiveness in response to his sadly weaponized muscles. I was particularly mystified by a carefree guilt that he assigned to my role as his helper. I felt that I could abruptly walk away from him and no one would care, and at the same time, a warm pulsation drew me into his maudlin neediness in such a way that I felt that there was no one more important than him. Regardless of these torrents of strong emotion, I knew that I had to contain any intense counter-reactions to fix his problems. Jack made it clear that advice was equivalent to a bulldozer and alcohol was the numbing agent he used to cover up his lack of self-confidence. What I could do, was simply to hold back any impulse to instantly repair, and instead make a psychic clearing for him to just be. I gave Jack the room to talk endlessly

about the terrifying stories that are the most twisted occurrences of human life and regularly made their way into his family's dinnertime discussions. It was as though he needed to vomit up the endless meals of poisoned horror that filled his childhood and that he continually fed himself on a nightly basis. He poured forth and I listened.

The unutterable haunted Jack precisely for the reason that he was raised with such a large amount of talk about the horrible things in life. Exploration of his shouts soon led to miserable tales of the latest exploits of his acting-out family members. I found myself joining him in the unbearable feelings of these narratives and reflecting his morbid intellectual attitude, but in a slightly higher optimistic register. A Spotnitzian join delivers what Bion (1963) calls a "dynamic relationship between container and contained" (p. 3). The patient is invited to process the painful feelings that lie underneath the defense, and do so within the comfort of knowing that the therapist is glimpsing what it is like to need to block a given painful feeling, but make room for it anyway. As one joins the patient, one can feel the harsh force of the patient's defensive frustration almost soften and dissolve atop the therapist's willingness to simultaneously feel and psychically attend to a defense giving way to raw emotion.

Jack's initial complaint in therapy was that he was wasting his life and couldn't do a thing about it. When Jack initially complained of his immobilizing agonies, I would feel a hopelessly stuck silence scream up inside of me. Asking him why I should help a hopeless case would elicit an aggressive challenge from him that would spark both of us into related attunement. The emptiness as it existed between us would fill with an energizing anger—that just seconds before—drained vital feeling from our shared space. The outcome was a transmuting of the emotional deafness of the object as it had been influencing us up to that point. The layered static of Jack's unheard feelings seemed to dissipate and I could hear what he was actually wanting and needing.

As Jack's shouts shoved through miserable family tales and then on to endless complaints of drowning in a bottle of alcohol, one could keenly hear the depressive's self-criticisms as indirect (albeit unconscious and so unknown) criticisms of the object (Freud, 1917). He seemed to be literally drinking alcohol as a weapon against his inner mother. We can wonder how his mother psychologically restrained Jack as an infant from directly expressing his aggression. Was it simply by virtue of not being able to receive the force and contain it, or was it a more active form of pushing back on his frustration? Also, why was Jack's mother unable to make use of his instinctual cries in order to help the pair develop a closer relationship? These questions entered the transference-countertransference as a touchstone of defensive and emotional transformation.

The join links patient and therapist at the most primitive level and invites the long ignored aggression to speak out into the world. Consequently, the intervention allows for attachment to a feeding and genuinely helpful object. The aggression is not merely mechanically released, but done so on terms sensitive to the patient's need to verbally bond with the therapist. Positive and negative aspects alternate from moment to moment. Spotnitz (2004) quotes Balint's (1959) feeling-image of a therapist "merging as completely as possible into the friendly expanses surrounding the patient" (p.143). It is this type of object-audience that speaks to the patient's deepest craving for love, and lets him "talk out his painful feelings with the least strain on his vulnerable ego" (Spotnitz, p. 143). Jack ranted and raved for hours, and I was there to link to it and help open up its flow. The fresh currents of language came across as an anti-alcohol of sorts. The narcissistic transference freed his rage and softened the drinking war against the void-mother inside.

A join is momentary yet its effects can contribute to a lasting therapeutic relationship. The intervention has helped Jack and I come into a "falling apart/coming together" (Killick, 2014, p. 859) growth tapestry. New distinctions and productive unions have been woven along the way. At present, the feeling that Jack has for wasting his life comes and goes in intensity. Its sensation of draining vital energy for living has found a transformational home in our therapy. Five years into the work, and Jack and I have learned to go through cycles of hope and hopelessness in progressively intimate ways. Rather than being an inarguable fact of reality, hopelessness is digested into a psychic experience that can be thought, felt and talked about.

Jack and I have become active partners in exploring what he does to sabotage his professional, social and romantic efforts. Mutually analyzing his behavior for efficacy currently fills our sessions. When I first met Jack, he was unable to speak about his feelings toward other people and would instead shout and endlessly complain. He is now learning to articulate his aggression toward me as he wrestles with his self-hatred in his more generalized transferences in work and love situations. We collaboratively sift through the distancing messages he sends to individuals and groups in question. More and more, he shares in the active roles of societal living. The distinction of his depressive isolation fades, as a varied communal unity enlivens his weekdays and weekends. And still there are further depths to probe, memories to dredge up, turn over, process through. His depressive anger still rises, inducing counter-impatience in me. By patiently sensing into these pulsations of irritation, I am able to utilize the induced tension as an awakening agent that slowly directs my attention to what is not being said. As I accompany Jack on the unfolding waves of his story, I have found it critical to honor the back and forth rhythm of his capacity for insight. Joins help to soften the returns to a needed baseline of self-dissonance.

In a recent session, the sound of Jack's speech came in louder than usual, making the non-meaning of his words unusually harsh to my ears. I wondered if a crucial opening was showing itself in the bitterness that came to him way too young. Had we reached the meeting point where hope and hopelessness split inside? Exploring the quality of his voice while steadying the reactive tension in mine, helped him to talk about his mother's early attitude of intolerance toward him. On the one hand, Jack wants more for himself, more of himself. He wants to do things that are effective and bring satisfaction. And he is doing so. His life is getting better and better. The freeing of old aggression is charging the life drive with a new passion for goal-directed tasks. And on the other hand, he is wedded to his internal mother who wants him to do nothing more than skirt by and be down on himself. The depressive aggression is plain. Still, an ever-emerging distinction struggles to be born in the wake of Jack's muted cries. Like Michelangelo's sculptures, we are constantly returning to the womb-stone of our preverbal love and hate.

*Joins* have cycled in and out of the session picture. But now when I join Jack's hopelessness, he may heartily laugh. This playful gush of life force is palpable and indicates a shifting at the depths of resistance. Jack and I are learning to breathe in and nourish from hope together, as though fresh air and food co-produced from our relationship's ambiance. By letting hopelessness just be a given, it tends to resolve into a good feeling for what the session may bring. Jack has started to entertain mourning the absence of support that permeated his childhood years. By acknowledging this lack, he can further delve into the verbal art of clarifying his feelings with me and do more than just push others away. We are aroused to a disruptive oneness. Waiting at a darkened crossroads, we are full of an anticipation that highlights how we have learned to usefully fall apart and come together. One suffers the need to fall apart to move forward, to come together again and then alight in new individuating form, and once more survive the hopeless fall.

## **Bibliography:**

Balint, M. (1959). Regression in the analytic situation. In *Thrills and regression*. International University Press.

Bion, W.F. (1963). *The elements of psychoanalysis*. William Heinemann Medical Books Limited.

Bion, W.F. (1957). Differentiation of the psychotic from the non-psychotic. *International Journal of Psychoanalysis*, 38, 206-275.

Bion, W.F. (1970). *Attention and interpretation*. Tavistock.

Eigen, M. (2020, Oct. 20). Bion's A Memoir of the Future Seminar, New York, Zoom.

Eigen, M. (2011). *Contact with the depths*. Karnac Books.

Eigen, M. (2004). *The psychotic core*. Karnac Books.

Eigen, M. (1985). Toward Bion's starting point: Between catastrophe and faith. *International Journal of Psycho-Analysis*, Vol. 66.

Elkin, H. & Stern, M. (1991). Toward a Freud-Jung reconciliation. In K. Gibson, D. Lathrop, & E.M. Stern (Eds.), *Carl Jung and soul psychology* (pp. 116-130). Routledge.

Freud, S. (1917). Mourning and melancholia. In *The standard edition of the complete psychological works of Sigmund Freud, volume XIV (1914 -1916): On the history of the psycho-analytic movement, papers on metapsychology and other works* (J. Strachey, Trans.). 243-258.

Greenson, R. (1967). *The technique and practice of psychoanalysis*. International University Press.

Killick, K. (2014). Soundless screaming: Psychotic anxiety and analytic containment. In E. Kiehl (Ed.), *In 100 years on: Origins, innovations and controversies. proceedings of the 19th congress of the international association for analytical psychology*. (pp 859-866). Daimon Verlag.

Margolis, B. (1994). Joining, mirroring, psychological reflection: Terminology, definitions, theoretical considerations. In Selected papers on modern psychoanalysis: Benjamin D. Margolis. *Modern Psychoanalysis*, 19(2), 211-225. (Original work published in 1983)

Ormont, L. (2001). Cultivating the observing ego in the group setting. (L.B. Furgeri Ed.) In *The technique of group treatment: The collected papers of Louis R. Ormont, Ph.D. Louis R. Ormont, Ph.D.* Create Space Publishing.

Spotnitz, H. (2004). *Modern psychoanalysis of the schizophrenic patient: Theory of the technique*. YBK Publishers.

Spotnitz, H. (1976). *Psychotherapy of preoedipal conditions: Schizophrenia and other severe character disorders*. Jason Aronson Inc.

Winnicott, D.W. (1992). *Psychoanalytic explorations*. Harvard University Press.

## **Bio:**

**Adam Shechter** is a psychotherapist and writer based in New York City. His current research focuses on the intersection of Modern Psychoanalysis and the work of Michael Eigen. Adam's paper "More than a Word: Reverberations between Eigen's Notions of Deadness/Aliveness and Bion's Grid," presented at the 2019 Annual Conference of the International Psychohistorical Association, was recently published in the book *Healing, Rebirth, and the work of Michael Eigen: Collected Essays on a Pioneer in Psychoanalysis* (Routledge, 2021). Adam's poetry appears in various journals including *Psychoanalytic Perspectives*, *The Minnesota Review*, and *Exquisite Corpse*. His interdisciplinary essay, "Notes on a Theoretical Script for Poetic Living in a Therapeutic Trance" (Free Associations, 2019) investigates the designation of Central Park as a fertile psychoanalytic locus. He works with individuals, couples and groups in private practice.

## **Publication Date:**

November 30, 2021