

# A Psychodynamic Train Wreck: The Natural History of a Counter-transference Enactment

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*(Bolstered by Soren Kirkegaard's lament that "ours is a paltry age because it lacks passion," Dr. Alan Karbelnig writes this regular column to provoke thoughtful reaction from his SGVPA colleagues. He has been a member of SGVPA since 1988, and served as its president in the early 1990s; he has chaired the SGVPA Ethics Committee for 14 years. Alan is a Training and Supervising psychoanalyst at the New Center for Psychoanalysis and the Newport Psychoanalytic Institute. He practices psychoanalytic psychotherapy and forensic psychology in South Pasadena.)*

Simply put, psychoanalytic psychotherapists enter into intimate but bounded relationships with the persons consulting them, become embroiled in their internal dramas, and then interpret rather than enact them. Ideally, the process unfolds with both emotion and containment, facilitating a helpful shift in personality. But this requires tremendous self-discipline. Much of the training, personal psychotherapy and continuing education of psychodynamic psychotherapists serves to help them manage these highly intense encounters.

Last Spring, I provided a brief course of psychotherapy during which this dramatic re-enactment process unhappily derailed. I offer this brief and fictionalized recounting in the hope that you can avoid a similar fate. At that time, a gay attorney named Joey consulted me weekly for help breaking a pattern of aborted intimate relationships. He was in his young 40s, and had been in three significant romantic relationships, each lasting more than five years, and each ending in the same way. He would begin the relationship highly idealizing his partners— usually for their occupational achievement as doctor, lawyer, or celebrity actor – and then end with a gradual devaluation of them leading to his termination of the relationship.

By the end of the first session, I was already wondering how and when this pattern would repeat itself in the transference relationship. I actually interpreted this early on. Joey initially rejected the possibility that this idealization-devaluation cycle could be repeated in our work, citing the "outward signs" of my occupational success.

Approximately three months later, and just as I was beginning to experience the excruciating back pain that ultimately led to my diagnosis of endocarditis, Joey left me an angry message immediately after a session. He felt criticized at my having mentioned that he appeared sad. He was furious that I'd made him so aware of his appearance. I had no hint of his having reacted this way during the session. My recollection was that I had offered the observation with great empathy and sensitivity.

Perhaps because of my own vulnerability, I reacted strongly, and with intense concern. I immediately called him, acknowledged that I'd received the message, and invited him to come in before his usual weekly appointment to discuss what had occurred. Over the next few days, as we exchanged messages looking for a suitable extra session time, I felt increasingly anxious myself. Could I have been too

aggressive in the way I pointed out the sad facial expression? Could I have been more critical than I remembered? I felt increasingly vulnerable and inadequate myself.

With each message that I left offering alternative meeting times, Joey's negative responses escalated. This set of interchanges culminated in his ending the brief course of treatment by voicemail message. I left a final message offering a termination session to at least review what had occurred. I never heard back from him.

Now having the benefit of more than six months of retrospection, I view the experience as a painful but enlightening example of transference-countertransference run amok. If I had it to do over again, I would have simply left one message of acknowledgment with an invitation to come in sooner to discuss what occurred. I believed instead – real or imagined – that Joey needed the contact, that he needed a more overt invitation from me. In doing so I may well have initiated the same cycle that had led to his seeking help in the first place. The more vulnerable I became, the more he devalued me, finally leading him to terminate the treatment in much the same way that he'd ended many romantic relationships in the past.

So what lessons can be taken from this sad tale? Never forget the power of the drama of the person consulting you or of your own personal vulnerability to become negatively embroiled in it. Perhaps most significantly, remember the crucial importance – more than maintaining an observing ego, more than carefully managing boundaries, more than remaining emotionally attuned – of this commonsensical trait: Patience.