Louis Breger and the Case Study of Yael:

The Drama of Hope – the parameters that influenced this case study with an emphasis on the intersubjective approach

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This case study is a testament to those rare and elusive moments from which "the Drama of Hope" is created.

These are the moments that I define as holy moments. When the therapist and the patient sway in "the theater of life", in opposite movements that slowly become synchronized. Something begins to meet and it becomes a theatrical dance in a number of languages. It is strange and amorphous and yet clear at the same time.

I would say that "the Drama of Hope" is made up of three central elements: internal and external movement of the soul, the ability to be aware of transitions between emotional and behavioral states, and the desire to integrate between the various parts of the self. This is a creation that contains tension and easing at the same time. Devastation and repair.

The main players are the therapist and the patient who leave their previously known roles and take on new ones where they can now perform on "the stage of the soul", and with them, they can appear on "the stage of life". An actor on the stage must be seen and heard. When we read about the "Emotional Theater" in this case study, I expect to hear the voice of the therapist, but also that of the patient. The voice is an expression of presence.

As I approached study of the therapeutic characteristics of this case study, for the first time I heard the voice of the patient. In almost every case study that we are familiar with in the psychological tome, the voice of the patient seems to be missing. But here in Louis Breger's case, the voice of the patient speaks to us and (at the request of her therapist) also identifies the parameters that will allow her to heal and change--and build her life anew. Louis Breger wanted us to hear her. Not only through the diagnostic facts, or objectively as it is usually done to describe such cases. Here he wants us to listen to her in such a way that allows the patient herself to tell the story of her therapy – through her subjective view.

In doing such, Breger is already saying a lot about the way in which he perceives psychotherapy. Just as Michael Eigen (2004) stated: this is the movement in and out, the internal movement of the soul internally and towards the other externally. And what Martin Buber(1980) called a meeting between two subjectives that will create the kind of link where one will feel himself present, true and real, facing the other. Breger the therapist and Yael the patient each wanting to influence the other and both being willing to be "here and now". They are both prepared to move forward in making the choice between a life that is creative or a death devoid of vitality--a choice we all should help ourselves to make.

Louis Breger The therapist

Louis Breger is a therapist who dares to be a quiet revolutionary in the service of psychotherapy. Like all quiet revolutionaries, he is a sensitive arbitrator of nuances. Breger does not abandon his origins, while at the same time he adopts a different approach then the norms and threatens the classic hegemony of therapists – especially Freudian analysts. Furthermore, he seems to have no intention of abandoning the

founding "fathers" of “one person psychology” Not the "big father" Freud or “two people’s psychology” whose founding "mother" is Melanie Klein. Indeed, he relies on them both out of respect and in the most basic sense. And it is from here that the path was paved for renewal; in the form of Winnicott's 'potential space' (1996), Kohut (2007) self-psychology, and Benjamin (2013) with the existential paradox between the need to be independent and the need to be recognized by the other.

The intersubjectives see therapy as relationship, which incorporates recognition and mutuality. This form of therapy is aligned with the perspective offered by Stephen Mitchel (2000), who was among the founders of the intersubjective theory. I will elaborate on this further on in this essay.

The ability to feel free of classic psychoanalysis, while also being very much a part of this perspective can only occur when one is in possession of mental strength rooted in a strong personal and professional ego. One that is paired with much professional experience. Above all, it requires a person who has internal freedom, allowing a sense of liberation from theory while at the same time being very much a part of this theoretical foundation. This person relates to his patient not as one who represents one or the other theoretical approaches, but as someone who is deemed worthy of her own inquiry. Breger is able to read his patient Yael’s" mental geography" and agrees to join her on a journey to her self-discovery--knowing that there are things he knows and there are those things that are not visible. But he is curious and open to discovery.

Breger understands his own limitations as an intellectual analyst and a decoder of the internal codes of the person in front of him. Not only according to the DSM, which is obviously in the back of his mind. He sees a woman who is like a leaf blowing in the wind that needs to be able to feel. She needs to first of all feel like a human being, like a woman and like someone who deserves a life she seems to lose. So many profound and basic emotional wounds. Breger brings back some of this loss together with or before the knowledge. He takes into account the person before the theory. This woman before his previous experiences, the woman who she is and what hurts her and what she needs.

Maybe he sees and believes beyond her performance. From here, the therapeutic journey begins and it is impressive, human, and successful. The description of the therapeutic event through the parameters that Yael described is threatening to the reader/therapist. It is threatening in that during this process the patient undergoes change. The therapist himself goes through a series of new choices and thus leaves his shell. In this short essay, I want to try to understand what really allows for a change in therapy, and in what way does the Introspective approach contribute to this. I wish to propose the following title, taken from Ogden**, “Intimacy in the realm of formality"** (Mitchell 2000 p. 173).

What I am asking is: how do we, the therapists, do this without falling into language confusion, role-reversal and even destruction in terms of keeping strict boundaries? This is complex and difficult work, but worth the effort and we should not recoil from it in the name of therapeutic conservatism and the threat of ethical deterioration. This complexity requires creativity in therapy as well as self-examination of boundaries and space. There will be those who prefer to avoid this kind of closeness. But I wish to remember and remind that there is a difference between a destructive breach of boundaries and expanding borders in a flexible and controlled manner. The responsibility of the therapist is first and foremost to differentiate between invasive intimacy that can be destructive, and a healthy closeness that allows healing in a space of honest dialogue with mutuality awareness. Yet and above all, this is not to contradict the fact that the responsibility of this kind of introspection and awareness is on the therapist's shoulders.

Development of the Intersubjctive Approach compared to Classical theories

The lesser known Freud can be seen as somewhat Intersubjective (from *About Narcissism* Freud 1914, *Mourning and Melancholy*, 1917 in Govrin, A, 2004). However, he perceived the subjective as a human constraint. He believed that it hurts our ability to recognize reality. From here, we can surmise, according to Freud, that healthy development is an act of reducing the subjective. This, in turn, leads to a subjective pathology that the individual forces upon himself. According to Freud, an individual with a narcissistic disorder sees himself in the other and acts towards the other as he wishes that others acted toward him. Freud made a distinction between the inner and the outer--between an internal experience of accepting the other as a separate entity outside of one's self.

Freud states that the more the external is influenced by the internal (the individual subject) then "there is no more separation – there is more pathology". According to Freud, reality needs to be more powerful than the internal world of the individual, so that one can be free of that which has been imposed upon him by the outside world. Freud identified depression as the internal truth of the patient, and not the real truth of the external world. There is actually another truth in addition to external reality. It is only the internal truth, according to Freud, that interferes with therapy.

The intersubjective approach and the relational theory that came after it developed in the US. According to Atwood (from Govrin. 2004a), human beings are complex constructs and pathologies: there is a reciprocal relationship between two worlds – that of the patient and that of the therapist. Objective reality is less important. Reality is a product of society and it is imperative to understand it. What matters is that internal reality tends to blur the border between the internal and external. Subjective reality is what matters. The therapist influences and is in turn influenced himself by all that is going on in the sessions.

With regard to the human suffering question, Mitchel and Aron (2013 p.10) claim that Freud related it to the conflict between impulse and unconscious wishes and the Superego. Conversely, those with a relational orientation understand suffering as dissociation between split and fragmented self.

In his interpretation of developmental theories about mother-child developments, Sandler (1985 in Govrin, 2004) proposes that self-establishment can only grow within the confines of a reciprocal parent-child relationship. The great developmental achievement of the child is to be able to experience himself as real by attacking his parents. The child develops a sense of reality through the attack: relationship-connection-approval from his parents is how he learns what is real. Therefore, in a sense, it is not the real event that determines the experience, but his parent's reaction, which either allows or destroys the experience. An empathetic reaction is the key.

As a therapist, Louis Breger introduced the tenacity to revive a relationship that had the following principles: believe the subjective truth, empathy, approval and devotion. He translated these principles into listening, providing multiple interpretations as well as positive confrontation. He allowed for an experience that brought back emotional materials that were" lost" to Yael, in terms of her early experiences and her sense of herself as a present and surviving woman. He helped create an existential experience that needed to be recovered because of trauma caused by what I call Attachment "wounds"

How do intersubjective therapists define trauma?

Schneider (2005) defines trauma as events in which there is both loss and fear. An occurrence in which the individual loses the ability for internal order and this confusion leads to the sort of primitive understandings that might have been effective before the trauma. He claims that the more the cognitive emotional system is reduced, the better it can take on stress.

And thus the differences in the various reactions that people have to the very same occurrences. Traumatic effects will reveal these sort of responses: Kahan (1963, in Schneider 2005) states that trauma caused in childhood, one that has traumatic effects, is the result of a mother who failed in her role to defend or create a shield in the developmental process of her child. These effects will not be revealed or seen. They will develop silently and invisibly. Kahan claims that a lack of protection from the mother creates an on-going trauma in her children – emotional as well as on an interpersonal level.

In his article about trauma, Haim Weinberg (Weinberg, Nuttman-Shwartz and Gilmore, 2005) explains what the symptoms are that develop as a result of trauma (what is known as PTSD: post traumatic stress disorder). According to Klein and Shermer (Weinberg, Nuttman-Shwartz, and Gilmore, 2005) the symptoms are:

- Recreation of the traumatic experience (nightmares, stress). Avoidance, detachment and hypersensitivity.
- Changes in the basic assumptions of the world which means: erosion of the belief in the "significant other". A feeling of helplessness, shame and guilt. Taking on the role of "the victim".
- Changes in the internal self object. Dependency, over use of disassociation. Projection and identification. Lack of cohesiveness of the self. False-self and loss of self-esteem.

The intersubjectives claim that trauma is not pathology, but the lack of empathy, not enough listening to the pain and what might be causing the trauma (Govrin, 2004). The way one relates to the trauma is more important than processing the contents of the trauma itself. Jessica Benjamin, Stephen Mitchell, Louis Aaron, James Poshak and Philip Bromberg all claim that connection and relationship are in the center, and not desire. This group is thus called the "Center Group": those who are between the psychology of me and that of the interpersonal. Those who belong to the introspective approach identify projection and empathy as very important in the therapeutic relationship. Both the therapist and the patient are influenced by one another and the whole question of influence is most significant in this approach.

The therapist is not neutral and not a blank slate. He is more modest and more confident, less willing or interested in discovering or being discovered. The therapist finds himself on the thin line between bringing himself to the process and making space for the patient. According to Rucker [Govrin, 2004], the interaction between the two is such that each one puts pressure on the id and the super ego. Each one of them is like a child with introverted parents. The feelings of the therapist and the patient are vulnerable to the mutual influence, and according to Ogden (from Govrin, 2004), this creates a third subjective. Something new is created between them. Breger, in my opinion, create this third dimension space. This space contains also paradox.

Hoffman (2004) is the more radical of the intersubjective theorists, positing that human beings are in tension between the two poles of meaning and death. The dialectic between them is one of destruction and construction, doubt and determination, and finally hope and despair. According to Hoffman,

authenticity is central to the therapeutic relationship: giving preference to the human principle based on other codes of behavior. The therapist, as Hoffman describes, does not reveal his unknown to the patient. Rather he is present at the juncture where two people share discovery of a feeling and move from the state where the experience is not articulated and does not have a shape, unlike the situation where there is language and the experience is shaped. Hoffman suggests that the therapist may be, and should probably be, authoritative and yet human.

The client may even be hypnotized under the therapist's influence, creating an illusion of omnificence. Along with that, however, the therapist and patient are both aware of the dialectic between spontaneity and formality. There is a framework of rules and regulations that is well-kept and discussed. At the same time, the patient is exposed, deviates from the rules and says what is in his heart. That is what happened to Yael. She could bear and carry the tension between Breger the therapist, and Breger the person. It seemed to have confused her, but she acknowledged it and she gained from it. As she said about the Breger's self-disclosure: when she wanted to know personal things about him he allowed it and when she didn't he respect it.

The question of Attics

In his book *Rationality: From Attachment to Intersubjectivity* (2000, p. 167), Stephen Mitchell proposes that we live in a psychoanalytic time where many basic assumptions of the classic model of the soul and theories about the state of analytics were found to be unacceptable. The main upheaval which left its mark was the realization that it is impossible to see analytic relationships as a sterile operating room, as Freud believed. Against Freud's wishes, analytic relationships turn out to be much different from other human relationships. Mitchell relates to the components of human relationships without taking out the central and important concept of professional ethics.

In my opinion, ethics are not merely principles of what is allowed and what is forbidden. Ethics are first and foremost a call for a relationship, according to Epstein(2015) [an Israeli philosopher who builds on the ideas of Emmanuel Levinas (1968)]. Ethics is the interpretation of the human story connected to the human question to find not only the differences between us but also and especially what is common. Knowing the common is accepting the different types of human beings. Ethics is a place between two or more people where they can meet with the freedom to define themselves and to create themselves anew: giving our stories a meaning, recognizing the special voice and needs of the other and ourselves in front of the other. Analytic relationships can be formed along with these elements that make up professional ethics a home and not only walls.

Did Louis Breger act ethically in terms of his treatment of Yael? Does this ethical behavior stand up to the ethical criteria determined by Freud? (He himself was said to be very personable, warm, with his patients) Does the fear of non-ethical relations even cross Breger's mind? Would questions such as these even come up? Had I not been trained as a therapist who is under threat that any ethical deviation is some sort of exploitation?

Mitchell (p.167) repeatedly states that engagement between the patient and the intersubjective analyst is more and more being perceived as an agent for deep change. Those relationships that are studied include the relationship between the therapist and patient. The strong feelings that emerge from the therapeutic process become most significant in the analytic understanding of transference and counter-transference. Mitchell underlines the point that neutrality restraint encompasses all; anonymity and

abstinence are among the hallmarks of classical analytic therapy. These are basically negative principle .I would say that they are not negative in the therapeutic sense, but by definition. They describe what not to do where there is doubt. He claims that it implemented like this: "Do not answer, do not talk, do not express yourself, and do not expose yourself. Quiet and shallow emotions are allowed for a sort of release"(p.167)

Mitchell adds that these changes opened up the possibility for the analysts to be more honest with themselves and with others, in terms of what really happened. According to Mitchell, the analyst “is no longer a screen". The feelings of the analyst, including self-exposure, are invariably a part of the process. The criticism about this approach is the fear of abandonment in principle and a disregard for the classic approach, which is more conservative. I believe that the classic approach should not be rejected as irrelevant and that personal disclosure can be a slippery slope without any stop signs or warning signals. It is understandable that this creates a sense of danger for the classic therapist. The breaking down of borders can be seen by the relativist and the intersubjectives as necessary, liberating and empowering. And who can determine that this is not so? Is it really the road upon which you will travel and from which the relativist and intersubjective must deviate?

As an analyst, Louis Breger agrees to go on a journey in which he is not protected from the topics and processes that are about to occur. Yet one thing seems to have been clear to him--the attachment. His patient is clearly in need of a healing "Attachment wounds” means that therapeutic space should be based on the relationship between him and his patient. Is the therapeutic relationship between himself and his patient Yael without boundaries? Is it without ethical rules of what is allowed and what is forbidden?

Mitchell (2000) mentions the “everything goes” feeling that can result from such attitudes as everything is permissible. He writes honestly, saying that relational analysts might come off as wild therapists who do and say whatever comes into their head without inhibition. In opposing this superficial point of view, Mitchell clearly recommends that relativist therapists tend toward caution, reason and restraint – and especially towards meticulous self-observation. Along with that, Mitchell vehemently opposes those therapists who adhere to “over-authenticity” which requires them to say it all. How does one create both expressivity and restraint? This is the sort of thought process that intersubjectives and relativists must learn to develop.

Healing Elements

In this case study by Louis Breger, Yael describes the elements which in her opinion allowed her to get better and create change. One of the components which contributed to the success is intentionality. Yael states that intentionality in the relationship with her therapist was expressed in his vital presence. He possessed an urgency which validated her. And she wrote: “I always thought that my intensity was off-putting to others, but to you I did not seem too intense”. She adds that actually in terms of the therapist’s presence: “you did not miss a thing about my life story and you gave me the stamp of approval that I am not a bad person and that I am someone who is worthy of a normal life. And you said this in a straightforward manner without distortion - something that no other therapist would do in a million years…” When I read it, again I feel that in the therapist's room were fragments of love.

Love and Hate in clinical Intersubjective relationships

In my opinion, Yael felt that her therapist not only appreciated her as a human being and as a woman, but also loved her. And with this affection he was able to neutralize both the sexuality and negative intimacy that could have put their relationship in danger of mistreatment. That can lead the therapy to an experience of emotional and sexual abuse. But what they had here was love in the sense of empathy, caring and encouraging structural changes of the interpersonal.

According to Mitchell (2000), the classic model placed love and hate outside of the analytic relationship and this is a fear we can all comprehend. The possibility of this relationship drifting towards improper, destructive--and unethical--relations is always present and can eventually lead to role-reversal where the patient becomes the therapist, the friend, or the partner.

The love and hate that the therapist feels, Mitchell states, are unavoidable in transference, as patients do things that bring up both love and hate. The analyst therefore must develop a deep emotional connection to his work, regardless of his level of maturity or the degree of stability in his personal life. Love and hate are a central theme in the analytic relationship and they do not just pop up in the way they do in other interpersonal relationships. As Mitchell says, they become augmented in the confines of the relationship and over a period of time. I will add to this and say that this occurs also when the patient has a history of emotional intensity of both love and hate.

Yael continues and specifically mentions the attunement she felt that was manifest in listening and empathy, in mirroring and interpretation through which she was able to receive acknowledgement of the suffering she had gone through in a family that had secrecy and denial. I would add that Louis Breger had an intuitive understanding, and not just clinical wisdom. Yael required, what Winnicott (1996) called: “a good mirror, good maintenance and a good face”. Kohot (2007, p.130-131) wrote of “the narcissistic imago idealistic self” the loving face of a mother, reflecting the face of her baby and emphasized the need for an ideal image leading to imitation and inspiration in order to rebuild virtuous internal objects. Through the therapy, Yael's internal dialogue within herself becomes less critical-threatening (the critical and guilty attacks in herself). She could modulate her impulse and be more forgiving.

Louis Breger was able to create an experience of healing for Yael's relationship with her internalized mother, and for Yael's demons that later turned into obsessive thoughts. He allowed for a relationship that has love and resistance individuation -separation, and above all faith. He believes her and believes in the power of change and recovery that she had--paired with a space that allows for fears, self-doubt, criticism and anxiety. All of this has a space in the room and these forces swapped themselves from destructive to creative powers.

As I read Yael’s words about her therapy, I was concerned about Breger’s over-involvement in her life. I was anxious about a closeness that creates dependence and does not allow distance. Instead, what I found was that both Louis Breger and Yael had introspection and mutual awareness in terms of their relationship. Louis Breger created modeling for a beneficial conversation that allows for tuned and awakens hope in Yael. She can now copy this model to implement in her internal psychological life as well as her external one. Using Jewish psychological terminology, I would say that what the therapist in this case introduced was the soul.

The Soul and Psychotherapy: Personal Reduction and Expansion

According to the Jewish Hassidic terminology in KABBALA (Jewish mysticism), the soul is that part of God above from which humans are created. The soul here is different from the psychological definition, which is reliant on life circumstances and is conflictual in its essence. The mystical Jewish Kabalistic tradition proclaims that the soul is directly connected to the process of human creation. In Kabalistic terms, the soul is one unity not dialectical. The process by which the therapist brings elements of hope into the therapeutic practice is called reduction and expansion.

The Hassidic Kabalistic approach to the human soul is different from that of the Freudian one, which is perceived as conflictual, as opposed to that of the mind-soul \spirit that is one and united and therefore not in conflict. As the Torah says, “A bit of God from above”. During a lifetime, there is tension between the psychological soul, the body (bodily needs) and the spirit. They yearn for unification and discovery of the light of good in the world. The quality of the light appears – and its quality is to have positive influence. Psychological problems occur when the light of a human being (which is located in the soul\spirit) cannot appear.

Prof. Rotenberg (1990), who originated Jewish Hassidic psychology, says that according to the Lurian Kabbalah, in order for God to create the world, which was filled with God, God needed to reduce himself so that there would be space for humans to be at the center of creation. The infinite light of God was broken. And it is this reaction that is the cause of suffering in life. From this, we understand that all human actions, from the moment of birth, are done in order to create a space within which two essential actions will occur: personal and interpersonal reduction and expansion.

Given this approach, the soul is not in conflict. It was created by the endless light of the Creator. This light was broken in order to create a space for additional beings, not only God. This breaking created pain, disease, Sufism borders, and death – which is imminent in our lives. In the therapeutic process between caregiver and patient there is a reference to the internal light which demands to be revealed and preform in person’s life in order to recover from this essential" break" and to continue creating.

Jewish psychology sees humans as moving between places of crises and a space for repair ("Angels stand, people move" Rabbi Menachem Mendel of Kotzek 1859-1787) - and the creation of hope in action (not only as an ideal). There are elements of intersubjectivity in the therapeutic process that allow both destruction and recreation. This affects the therapist and exposes him to his own pain, needs and vulnerability in transference and countertransference. Yet these do not pose a threat to the therapist. Quite the contrary. They serve as tools, which allow the light of both souls to be contained and performed in a vivid way. This emphasizes the power of life, which exists within a relationship of healthy dialogue.

Louis Breger recognized and believed in the light that was within Yael. It was hidden by her distorted and incorrect approach to herself, which were the result of her problematic primary relationships. This caused her great difficulty, especially in her intimate life – including her relationship with her body and her obsession with negative feelings towards pregnancy. He helped her not only understand the distorted circumstances of her life, but allow this hidden light to be revealed. In Jewish psychological terminology, he allowed for repair, Tikkun to exist.

In Breger’s and Yael’s voice it sounds like this: she thought that she must be punished this way by not having a real life of her own and by not being able to be a mother--all this because of her overwhelming

guilty feelings. Yael's getting married and having a baby become their Victory. Being able to be her supportive unique and "significant-other" for her started also Breger's own needs for Redemption.

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