

The Case of Yael by Louis Breger, Ph.D.

Case and Commentary: William Bergquist, Ph.D.

Louis Breger is a prominent psychoanalyst and psychologist who co-founded the Institute of Contemporary Psychoanalysis in Los Angeles, while also serving as a professor of psychoanalytic studies at the California Institute of Technology. The author of many books and articles -- including the acclaimed biography, *Freud: Darkness in the Midst of Vision* -- Lou Breger published a book recently that offers a unique perspective on the processes and outcomes of psychodynamic therapy. In *Psychotherapy: Lives Intersecting*, Breger contacts men and women with whom he has conducted both short term and long term psychotherapy over a fifty year span of time. Thirty former clients offer candid appraisals of their work with Lou -- sometimes laudatory and other times quite critical. Lou Breger openly shares all of these appraisals and offers quite candid comments about his own thoughts, feelings and actions while working with these thirty clients.

In this essay, we present one of the cases from *Psychotherapy: Lives Intersecting* and then provide our own comments regarding this case, exploring the inter-subjectivity perspective that underlies Lou Breger's work, while also exploring implications for understanding the dynamics underlying this case from a perspective offered by those in the emerging field of social neurobiology.

The case presented by Breger consists of three elements. Breger first offers a brief overview of the case. The assessment provided by the client ("Yael") is then offered in her own words. Lou Breger occasionally inserts his own comments [placed in brackets] in the midst of Yael's statement. Lou Breger concludes the case with an update about Yael and offers a few closing comments.

The Case Study

"Yael" was just a year or two out of college when she first came to see me many years ago. We met five times a week, initially face to face, and then with her lying on the couch and then, again, sitting up. The frequency of sessions tapered down over the years and we now speak every other week on the telephone. When she began her therapy she was still reeling from the death of her mother that occurred during her sophomore year in college. She was extremely anxious, suffered enormous guilt focused on her mother's death-she was not "allowed" to have a reallife of her own-had many fears about her health

and body, and tried to manage all of this with a variety of obsessions and compulsions. Her account covers almost all the features of analytic psychotherapy.

Here are some thoughts about what I have found to be most healing about my work with you. Let me first say that all of it's been healing. Absolutely all. There is nothing I would change.

Compassion: *I could see it in your eyes from the moment I met you in your office. Maybe that's why I had my troubles with eye contact [for a long time she could not look directly at me and no attempts to understand this seemed to have any effect.] It was too good to be true. I sensed that you were bigger than my despair and could handle it. I felt that I was in excellent hands.*

Attunement: *I have always felt that you got me, that you could really understand why my particular life experience was difficult for me. That was a completely new experience for me, having grown up in a family full of denial and secrets and illusions to uphold.*

Listening: *You listen carefully and intently. You respond to what I need to share and where I need to go and don't make assumptions or lead me in another direction.*

Insight: *Over the years you will say things that unlock some old mystery and set me free.*

Intensity: *I sensed your intensity from the start, too. And it reassured me. I had sometimes gotten the message that I was too intense, but I wasn't too intense for you.*

Equanimity: *I could tell you what I thought were the most awful things about me and about my life and you never seemed to miss a beat. You reassure me that I'm not a bad person and that I deserve to have a life. And it is extremely helpful when you just come out and say that, which I know that some analysts/therapists would never do in a million years.*

Non-Defensiveness: *I've been able to tell you the few times I have been angry with you and you have never gotten reactive. It felt very, very respectful. You let me really process my transference issues over your divorce and it was enormously helpful to me [She had had a strong reaction to her own parents' divorce when she was eight, which was re-aroused by my divorce in 1987.]*

Time: *You've given me all the time in the world. As you've heard many many times I used to follow Mom around and try to get her to spend time with me and hear my stories and I could never get her to stop and listen and attend. I have really needed it and benefited from it.*

Self-Disclosure/Intuition: *In the beginning of my work with you I couldn't handle knowing much about your life and you completely honored that. Over time I wanted to know more and you honored that. Everything you've ever shared about your personal life has meant a tremendous amount to me and has deepened my work with you.*

Normalizing: *You let me know that I'm not alone, that other people think and feel and go through some of the same things, too, things that I have tormented myself about needlessly. You've helped me to discover what it means to be a human being.*

Conscientiousness: *You have been reliable to a fault. Even when you've had very serious medical issues to deal with you have been quicker to get back to work than seems humanly possible. [The old workaholicism has its beneficial side, at least for patients.]*

Friendship: *As the years have gone on the friendship aspect of my relationship with you has grown and has made me feel like a more worthy person. It meant so much to me that you were at our wedding. I wanted you and your wife to come to my son's Bar Mitzvah and was so sorry that your medical situation at the time prevented it. These days I've appreciated it when you congratulate my husband on his...projects.*

Music: *You may not see this as therapy but it has meant so much to me when you have shared your music. [I sent her a couple of CDs when she mentioned being a fan of a musician I also liked.] I treasure everything you've sent. And it is truly therapeutic for me when I listen to it.*

Support: *You reassured me that I should go ahead and have a child. You got me through those very difficult last three months of my pregnancy. You were very happy for us when my son was born and very sweet to him when we bumped into you at the bookstore; he was about three and I told him that you were the guy who "helps me with my feelings: "*

Forgiveness: *Because of you I have forgiven myself and come to accept myself in ways that I never could have predicted. In the early days I was such a crazy mixed-up kid, so distraught and fearful and full of guilt. I am not absolutely all the way there, but I am moving in the direction of letting myself be.*

I began Yael's treatment when I was starting my own psychoanalytic training and more under Freud's influence than I later became; she and I changed and evolved together. One of her prominent obsessive fears was that her reproductive organs would be damaged, preventing her from having children. This was part of a larger system of ideas related to her mother's death, which occurred just when she was

leaving home to begin her own independent life. In her mind, she was to be punished by not being allowed to have her own life, and certainly not to become a mother, because of her overwhelming guilt. We worked and reworked this complicated set of beliefs, seeking to disconfirm them, and, eventually, she permitted herself to get pregnant. By chance—or fate—the birth of her child was accompanied by a number of medical complications, although she and the baby survived. She and her husband have successfully raised this son, not without a fair amount of anxiety that she was able to contain thanks, I like to believe, to all our therapeutic work, and he has turned out to be a talented and happy young man, about to finish college.

Inter-subjectivity and the Therapeutic Process

In the analysis of this case study we will focus first on the narratives for both Yael and Lou Breger at the time of the therapy. What is happening for Yael in the therapy sessions? What was going on in Yael's mind while doing therapy with Lou Breger? What is her "construction" of their interaction? This is one third of the inter-subjectivity in this therapeutic process. The second element is Lou Breger's own construction and the third element is the shared narrative between the two of them. We have reflected on what we think Lou's narrative would be and what would be their shared narrative.

First, we will consider the narrative that Yael might construct about her work with Lou. This is not a very difficult task, given that the request made by Lou for Yael to share her perception of the therapeutic engagement produces a summary narrative. While Yael might be distorting (or even lying) about her relationship with Lou, we can assume that she was being candid. She writes about compassion, attunement, active listening, insightful observations, equanimity, non-defensiveness, allocation of time, self-disclosure (and intuition), normalization, conscientiousness, friendship, shared love of music, support and forgiveness. No wonder that some people might conclude that the transference hasn't been resolved—Lou sounds like a saint. There is an alternative approach that we might take in describing Yael's probable narrative. She might have seen Lou initially as a caring father (or lover), but came later in her therapy sessions to see him more as a caring mentor (or grandfather figure). The loosening of boundaries seemed to have occurred at a later point in the long therapeutic engagement, when Yael was able to see Lou in a more "realistic" (or at least less libidinous) light. She had withdrawn some of her projections from Lou and was able to evolve into a caring wife and mother.

Perhaps the most important of the characteristics identified by Yael is "forgiveness." The long history of Yael's work with Lou seems to be anchored in her slowly-won ability to forgive herself for events that were actually outside of her control. The other characteristics identified by Yael would seem to provide the conditions for trust in Lou and in his own acceptance of her and his full appreciation of her life history.

What about Lou's narrative? We know from his own comments that Lou was himself going through some personal and professional transitions. He was engaged in a rigorous psychoanalytic training program while raising a family--a very difficult balancing act (in terms of time management as well as emotional management). He admits to "workaholism" -- which may have contributed to struggles in his own life. Lou also went through the battlefield of divorce and later remarried. One might suppose through all of this that a client such as Yael who is consistently appreciative of his work would be a real comfort (and a potential well-spring of powerful counter-transferential dynamics). This might also have been a "safe" place for Lou to evolve as a therapist: to what extent is the shift from face-to-face to the couch and then back to face-to-face the result not of Yael's preferences, but instead of Lou's exploration of alternative psychotherapeutic methods and strategies. This shift might very well have been a joint decision--a part of the inter-subjective, shared narrative of Yael and Lou.

To what extent is Lou's narrative also concerned with Yael's own articulate appreciation of his work? She not only indicates that she likes what Lou has done as a therapist, but provides a long list of specific therapeutic strategies, values and outcomes. Her list is much longer than that offered by other patients who wrote in Lou's book about their work with him. How often do any of us get articulate, discerning feedback from those we serve? It is like the artist who is complimented by someone who really knows their work and can identify with precision particular positive (and negative) attributes in the artist's work. Did Lou get this kind of feedback from Yael throughout the years in which he was working with her or did she become more articulate and more of an "expert" about therapy as she matured in her relationship with Lou. Did both of them grow older and wiser -- and more entranced with one another -- as the therapy progressed over many years (and even beyond the end of therapy). This mutual entrancement might be part of their joint narrative.

As we turn to the joint narrative, it is important to re-emphasize that inter-subjectivity requires a third party in the therapeutic process--this third party being the relationship itself. The resulting third narrative is co-constructed by the therapist and patient. While we don't have an explicit third narrative for Lou and Yael, we can speculate on what this narrative might be. It is certainly a story about mutual respect and shifting relationships. They begin with a face-to-face engagement, then move to the couch (the more traditional psychoanalytic mode of engagement) and then back to face-to-face. They also continue to relate to one another (though sporadically) even after the therapeutic engagement has formally come to an end.

Some psychoanalytically-oriented therapists would undoubtedly propose that the transference (and counter-transference) issues were never fully resolved in this case. They would probably also suggest that Lou's disclosure (about his divorce) and his providing gifts to Yael (e.g. the CD of music they both liked) reduced the chances of a successful resolution of the transference relationship. They would suggest that boundaries had been violated (or at least stretched) and would offer as evidence Yael's invitation to Lou that he and his wife might attend her son's bar mitzvah.

Is there an inevitable tension between those psychoanalytically-oriented therapists who support an inter-subjective perspective and those who subscribe to a model of transference and countertransference. The traditional model seems embedded in an assumption of only two parties engaged in the therapeutic process. Each party holds a unique perception of and reaction to this process based on their own past (often infantile) experiences. Conversely, the inter-subjective perspective would seem to require that the transference and counter-transference never be fully resolved--because these perceptions and emotional reactions are embedded not just in the two individual psyches, but also in the third party (the relationship). There is nothing inherently pathological about a rich, complex and sustained relationship - - be it forged in a therapeutic engagement or continuously enacted in a friendship or enduring intimate relationship.

Social Neurobiology and the Therapeutic Process

From a social neurobiological perspective, we can ask what is doing on in Yael's brain and body during the therapy sessions. Given what we are beginning to understand the brain and body's

reactions to intense social interactions, we can now ask: what are the possible physical dynamics operating in Yael's brain and body during the therapy sessions (and perhaps what is happening in Lou's brain and body at the same time)?

One of the proposals arising from social neurobiological research is that the brains of therapists and clients in a long term, psychodynamic relationship light up in a manner and pattern that is similar to that of the brains of lovers. Conversely, the brains of those who are working with counselors, consultants, or executive coaches light up as if they were interacting with a friend rather than a lover -- and the brains of their counselor, consultant or coach lights up in a similar manner (replicating the manner and pattern of friendship-based relationships). Thus, when we talk about the transferential and counter-transferential dynamics operating in psychodynamic therapy, we should recognize that the neuro-biologically based challenges for both therapist and client are great. Their brains are telling them that this is love and that they should both act accordingly (shattering all of the prescribed boundaries in the therapeutic alliance).

We might imagine that the brains of both Yael and Lou are lighting up as if they were lovers. It is only the relationship (third entity) created by Yael and Lou that is establishing and reestablishing the boundaries. While the therapeutic alliance is intended as a foundation for the establishment of a warm and nurturing relationship, it is also intended as a foundation for the establishment of shared trust and the safe container (in which the client's anxiety can be experienced and expressed, yet also bounded).

The social neurobiologists might suggest that a related neuro-biological process is evoked in the relationship established between Yael and Lou. We know that human beings (more than any other organism) have a high concentration of a neurotransmitter called "oxytocin" that is coursing through their veins (and brains). Oxytocin is known as a "bonding" agent, which promotes the inclination of human beings to be with one another in a nurturing relationship. From an evolutionary standpoint, this bonding inclination makes sense, since the new-born human infant is less able to cope with the world than virtually any other neonate. This highly vulnerable organism is very much in need of attention and protection from a caring adult. And it is not a bad idea to have several adults around who consistently are there to nurture the new-born child. Hence, there is a need for committed relationships and communities of care.

To what extent is Lou providing some of this care (in an appropriate manner) in his ongoing relationship with Yael? To what extent is Lou receiving a dose of oxytocin when he works with Yael? Is Yael's early dependency on Lou a source of even greater "addiction" on Lou's part to his work with Yael (and other patients he is seeing as a "workaholic")? Perhaps, as their relationship matures, there is less of a need for (and less of a potential for) an oxytocin "fix" on Lou's part. There might have even been a tempering of the "fix" when Lou was being supervised during his psychoanalytic training. Is a monitoring of the oxytocin fix, one of the reasons for the supervision of newly-minted psychoanalysts? While this monitoring of the fix might not be in handbooks on psychoanalytic training, it might reside "unconsciously" (or at least unacknowledged) in the actual training and supervision procedures of many psychoanalytic institutes.

Finally, we can turn to an even more controversial area of social neurobiology--the so-called "mirror neurons." There is considerable evidence suggesting that there are a set of neurons in each of us that fires when we are observing another person engaged in a particular activity (such as playing tennis) or even experiencing a specific emotion (such as grief). These neurons, furthermore, tend to reside nearby the neurons that would fire if we would ourselves be engaged in this activity or would be experiencing this specific emotion. Some social neurobiologists go so far as to suggest that the human capacity for empathy requires the reciprocal firing of mirror neurons when we are with someone (about whom we care) that is experiencing a specific emotion. To what extent are mirror neurons in Lou firing when he is working with Yael--given that Yael describes Lou as "compassionate" (the very first characteristic on her list)? Furthermore, when Lou is disclosing something about his own divorce, would we find mirror neurons firing in Yael? Does she gain a new level of empathy when Lou does some disclosing? Could this empathy, in turn, help prepare Yael for her own future life as a partner and parent?

We might find that inter-subjectivity and the reality of a third entity in the therapeutic relationship is enforced by the mutual firing of mirror neurons. Mirror neurons might be providing a helpful hand in the establishment of a vital therapeutic alliance. Hopefully, we will know more in the coming years about this complex and often subtle interplay between brain, mind and interpersonal relationships. Thank you Lou and Yael for offering us some grist for the

mill in our speculations about this interplay. We might be moving a bit closer to the truth about effective and caring psychotherapy.

Louis Breger (2012) *Psychotherapy: Lives Intersecting*. New Brunswick, New Jersey: Transaction Publishers, pp. 97-100.