The Intimate Edge in Therapeutic Relatedness

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I

A CLEAR CONCEPTUALIZATION of the therapeutic process and of what in a relationship contributes to therapeutic outcome, remains somewhat elusive and certainly controversial in the psychoanalytic literature. Despite Sullivan's note that interpersonal acts are "reciprocal" and "transformative" (Mullahy, 1945), Laing, Phillipson, and Lee (1966) remark that "Psychoanalytic theory has no constructs for the dyad as such" and despite its importance, "the relationship *between* persons is undeveloped theoretically."

Though his main focus was not on the psychoanalytic situation, a notable effort to grapple with these questions is reflected in the work of Martin Buber (1957a), (1958), who wrote

Distance provides the human situation, relation provides man's becoming in that situation.

Buber believed that "Human life and humanity come into being in genuine meetings" and that the "inmost growth of the self" can be accomplished "between the one and the other, between men." For him the most profound growth and change in the treatment situation can only occur in the context of this kind of "personal relation." This involves what he labels an "I—Thou" relation in contrast to an "I—It" relation. It requires mutual confrontation, and he calls its unfolding the "dialogical": that condition of genuine dialogue which involves bringing oneself fully into it, without reduction or shifting ground and without holding back relevant thoughts or withdrawing. In Buber's framework the meaning of the "interhuman" is

to be found neither in one of the two partners, nor in both together, but only in the dialogue itself, in this "between" which they live together (my italics).

As in art, he states, it is the "realm of the between" which has become a form. Yet the processes of this "between, " particularly as they must occur in the psychoanalytic situation, to facilitate the specific kinds of work that psychoanalysis requires, have never been clearly articulated.

The importance of this "between" and an effort to delineate its dimensions is also reflected in the seminal work of Winnicott. Winnicott (1971) writes of a " *potential space* " which is

at the interplay between there being nothing but me and there being objects and phenomena outside omnipotent control.

He comments about the "place where it can be said that *continuity* is giving place to *contiguity* " in the potential space "which initially both joins and separates the baby and the mother." He states, further,

this potential space is a highly variable factor (from individual to individual), whereas the two other locations — personal or psychic reality and the actual world — are relatively constant, one being biologically determined and the other being common property.

and adds that this potential space

depends on experience which leads to trust. It can be looked upon as sacred to the individual in that it is here that the individual experiences creative living.

Winnicott cautions that the psychoanalyst should not clutter up this space even as he helps enlarge or create it, by filling it with interpretations which in effect are from the analyst's own creative imagination and *not* the patient's. He is less explicit about the processes that maximize the therapeutic possibilities of what goes on in this potential space.

In my own struggle to conceptualize the therapeutic *process*, and how the therapeutic relationship can be used to facilitate maximum growth, I have arrived at a concept which I call the "intimate edge" in relatedness. This paper is directed toward an elucidation of this concept and an elaboration of the therapeutic possibilities I believe aiming for this "intimate edge" generates in the psychoanalytic situation.

By "intimate edge" I mean *that point of maximum and acknowledged contact at any given moment in a relationship without fusion, without violation* of the separateness and integrity of each participant. This point is not static, and may fluctuate from one moment to the next, so that being able to relate at this point requires ceaseless sensitivity to inner changes in oneself and in the other, and to changes at the interface of the interaction, as these occur in the context of the spiral of reciprocal impact. (My concept thus encompasses spatial as well as temporal dimensions.) More often than not this optimal point is over- or under-shot so that there is some kind of intrusion or else overcautiousness. In either case there is a failure on the part of psychoanalyst and patient to meet at the "intimate edge."

The concept is similar to what Winnicott (1971) refers to as the "continuity—contiguity moment" in relatedness. What distinguishes my conceptualization is the *necessity for acknowledgment* and explicitness since I believe the process of acknowledgment increases its dimensions, and changes the nature of one's experiences of it. Ideally the "intimate edge" thus becomes a point of maximum self expression and maximum awareness of the individuality and boundaries of self and other for each participant. It is the point where each participant becomes acutely aware of his own active participation in a particular interaction, the choices he makes, and of where he ends and the other begins. The "intimate edge, " over time, thus becomes the trace of a constantly moving locus, for each time this is identified it is also changed; as it is reidentified, it changes again. In a sense I am speaking of a kind of engagement in which *both* individuals are "observing participants" (in contrast to Sullivan's concept of the *therapist* as "participant observer") with a particular point of focus.

In the analytic situation studying moment by moment shifts in the quality of relatedness and experience between analyst and patient, permits exploration of individual patterns of reaction and particular sensitivities. Decisions to become increasingly involved, or to withdraw, can be studied in process. The feelings and associations surrounding these can be examined and can be used as the basis for fantasies and associations, and responded to by the analyst as he (or she) might respond to a patient's dream. The patient's associations to the immediate experience indeed become the metaphoric articulation of his unconscious hopes, fears, expectations, including the elucidation of the transference.

Actually even when the "intimate edge" is missed the *process* of aiming for it, the mutual focus on the difficulties involved in achieving a meeting, can facilitate such a meeting. The effort to study the quality of mutual experience in a relationship, the interlocking of both participants, as distinct from examining either participant separately, including a mutual focus on the failure to touch or on in authenticity or collusion, can become the bridge to a more intimate encounter.

Such an engagement permits distortions in the perceptions of self and other, which result from false projections, 1 to be corrected through a dialectical interaction process in which clearer perceptions of the other force clearer perceptions of the self, and vice versa. Both percepts become more veridical. The necessity to engage in such distortions becomes available for analytic exploration once they cannot be successfully acted upon in the transference, and can be integrated into the self percept as one's own need to distort rather than accepted as an accurate view of reality. This kind of shift encourages clearer perception of the "interpersonal space" and simultaneously allows for clarification of the structure and dimensions of "inner space"; and for a shift from feeling victimized or helpless, stuck without any options, to the fresh experience of one's power and responsibility in relation to multiple choices. This also encourages the discovery of untapped individual potentialities, and the emergence of clearer self definition in consciousness.

For example: One patient who had difficulty defining where she ended and the other began was invariably in a constant state of anger with others for what she perceived as "their not allowing her her feelings." When she realized that no one could control her feelings it became clear that her own inordinate need for approval by others was what was controlling her. In a sense it was her need to control the other, to control the other's reaction to her, that was tying her up. This realization allowed her to begin to deal analytically with the unconscious dynamics of her needs for approval and for control. And although the whole effort involved new experiences of intense anxiety it also proved to be exhilarating and self-affirming.

Guntrip (1969) states that

what is therapeutic when it is achieved, is "the moment of real meeting" of two persons as a new transforming experience for one of them

and that

Transference analysis is the slow and painful experience of clearing the ground of left-overs from past experience, both in transference and countertransference, so that therapist and patient can at last meet "mentally face to face" and know that they know each other as two human beings.

What I am suggesting is that Guntrip's idea of a "moment of real meeting" is not the end, but is itself an important starting point, and of continuing leverage in the analytic process.

Focusing on the interface of the analyst—patient interaction is not the same as focusing on the transference or countertransference. Rather, the focus is on the nature of the integration, the dialogue, and the quality of contact. Associations to the moments of contact are as useful as associations to the moments when this kind of meeting is not achieved. Analytic work does not stop when contact is made, it takes on new dimensions. I believe that an effort for a sustained and enduring, increasingly developing intimacy over time, not isolated somewhat discrete moments of meeting, ultimately becomes the condition for maximum growth; and that the "intimate edge" is the point from which such intimacy can develop. Guntrip remarks that

Psychotherapy is a progress out of fantasy into reality, a process of transcending the transference

and

All this cannot go on unless the therapist is a "real" person himself, giving the possibility of a "real" relationship in the treatment situation, over and above the transference relations.

However, it is not simply a matter of enlarging, but also of analyzing this, so that ultimately each participant learns to know himself better through the immediate interactive experience. Focusing on this "real" interaction is analytically crucial. Wolstein (1959), (1971) stresses the importance of making this field of "shared experience" the focus of psychoanalytic inquiry. I am suggesting a particular way of focusing on this "shared experience."

In aiming toward the "intimate edge" instead of focusing on the content of distortions, projections, or transference, one must focus on the patterns of distorting. For example, if a patient drifts into a fantasy that figuratively takes him out of the room, the content of the fantasy may indeed be meaningful, but the wish to be out of the room cannot be neglected. In fact, helping to identify what triggered the fantasy (and the content of the fantasy can provide useful clues) may be significant in helping the patient grasp the patterns of his own experience. Guntrip writes of the

sense of a gulf which the patient cannot cross but which perhaps the therapist can and does if he shows the patient that he knows about it

as being of the highest importance in treatment. I agree, and further suggest that the process of mutual and explicit focus on the very gulf between is exactly what transforms it into an "intimate edge." This involves a reversal of figure and ground, in which the space between becomes the focus, rather than the two individual participants or either of them or their fantasies separately. As in art, one can treat the "ground" or the "between" as a form that can be negotiated in its own right. The process of articulating this ground simultaneously defines more clearly the figures that shape it and makes vivid the fact that both participants in an interaction do *actively* shape the space between them. Winnicott (1971) refers to a conversation with Marion Milner in which she conveyed to him

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[1]Or false introjections.

the tremendous significance that there can be in the interplay of the edges of two curtains, or of the surface of a jug that is placed in front of another jug.

In the case of two individuals, where each makes active choices at every moment, the situation becomes infinitely more complex.

The articulation of the "intimate edge, " particularly when the quality of contact is minimal, validates the fact that each participant does make choices about how involved he wants to be. Winnicott (1965) points out that there are healthy uses of noncommunication in the developing child. In his words, the development of the self may involve "a sophisticated game of hide and seek in which it is a joy to be hidden but a disaster not to be found." I believe that in the therapeutic situation it is important for the patient to consciously realize he is playing hide and seek if this be the case. Often the whole process is out of awareness. Making this explicit permits the recognition that one makes choices about what to hide and what to seek, and this helps define and sharpen the individual's sense of his own power and his own separateness in a relationship.

This approach is different from those of Greenson (1965), Greenson and Wexler (1969), Melanie Klein (1957), Myerson (1973), and others who have emphasized the importance of the "real relationship" between analyst and patient as a facilitating condition for successful analysis, but do not see it as the medium of the analytic work.

I believe the therapeutic potentiality of meeting at this "intimate edge" is heightened if the analyst is willing to be open about his own reactions to the mutual experience. Wolstein (1959) states

If the method with the widest reach in the patient's experience is most desirable, then wider dimensions of the analyst's experience will also become involved in a therapeutic situation that is genuinely personal.

Levenson (1972) remarks that if the therapist uses himself as an instrument, examining his own anxieties about what the patient calls out in him, and presents these to the patient, he demonstrates most directly what it feels like to be engaged in the patient's world.

If the analyst is willing to be open about his own reactions these can be therapeutically useful in that they provide validation of the patient's impact, and serve to clarify exactly what this impact is, as Levenson suggests (1972). In addition, openness on the part of the analyst encourages the patient to deal with his reactions to the analyst's reactions explicitly, and to validate his own experience, as well as to draw his own conclusions in this regard. If the analyst openly acknowledges the limits of his capacities he generates a more intimate encounter so that studying explicitly the patient's reactions to the analyst's limitations is possible. As the patient is confronted with the analyst's fallibility he is also confronted with the necessity for his own thoughtful participation in the analytic endeavor, which is also useful. At the same time this helps focus the common human dilemmas instead of leaving the patient with some vague sense that the analyst has reached some superior state of being that he, the patient, can never attain. Indeed, it can expose a patient's need to idealize the analyst, instead of perpetuate the idealization.

II[2]

The following clinical example highlights the *process* of working toward the "intimate edge":

At one point in the course of treatment, a patient talked for a considerable length of time about how miserable he felt and how hopeless he believed he was. Despite the presumable pain this might imply, my experience was that it sounded like some kind of recording and that it felt more as though he were trying to put me off than trying to communicate to me what his feelings were. I pointed this out to him. He reflected on it and came up with the realization that he preferred to keep a distance between us, and he formulated that what he had been involved in with me was actually a "pretense" of a relationship. I asked for his associations to his insights and he produced memories of experiences of humiliation as a child when he did allow others close to him, particularly his mother. When asked to elaborate he said he did not see the point of all this but if it would make me happy he would try. I then asked what he meant by "if it would make you happy." He replied that he was willing to go along with my

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[2]The Editors plan to republish this clinical material as the basis for a case conference discussion in a future issue. Readers are invited to respond.

suggestion, even though it seemed a waste of time to him — "how could it help him with his current misery? It was all hopeless anyway" — to avoid a hassle and make things simpler for himself. He also stated that this was the way he usually "kept people off his back." I said it was more important he be honest than pretend and go through motions so as to "humor" me. He said he did not think it was a "big deal." I commented I thought it was important and suggested he consider it. He then elaborated on some experiences with his mother that had been extremely painful. As he spoke about these experiences he began to show a degree of emotion he had never displayed before. I thought I had at this moment a better understanding of his pain and of his struggle than ever before and related this to him. He indicated he was surprised and touched by this and responded by elaborating with a great deal of feeling how lonely and isolated he felt. Then suddenly he reverted to his former attitude, acting extremely indifferent and saying "what's the point of all this anyway, it's all hopeless." I questioned the shift. He had no explanation and said it was not important anyway. I said I thought it was very important and suggested we try to pinpoint what triggered this sudden change. As we examined what had just gone on between us in minute detail, I realized I had just glanced at the clock. I mentioned this to him, and we were able to unravel a sequence in which I had looked at the clock as we were talking, he had experienced this as evidence of my lack of interest, felt hurt, and automatically pulled back. It thus became exquisitely clear to both of us and we were able to make explicit the fact that his surface indifference really masked a deep sensitivity and a great deal of feeling. At this point he began to cry. This was followed by his concern that I would experience his tearfulness as childish and weak. I indicated on the contrary I now experienced him as stronger and more human and that I now felt closer to him. His response to this was one of surprise and "feeling good."

In the next session he was considerably more open than usual and began to share some important details about his past and present life, details that he had been withholding. I stated that I was glad to learn about these and thought it was important to our work together, but at the same time pointed out that although he had always questioned *my* trustworthiness in relation to him, I felt it was important for him to see that *he* had not been trustworthy in relation to me in the sense of being totally honest in his participation in our work. For example even if there were things he felt he could not discuss, he might have mentioned that this was the case and not pretended otherwise. He objected and said he had never actually lied but had simply withheld certain details. He also said that he had been more honest with me than with anyone in his life and hastened to assure me not to take it personally. I questioned his "reassurance, " whereupon he said he was only trying to be "nice." I said I thought it would be better if he would be honest. He became distressed and asked whether this meant I did not want to work with him anymore since he had lied. I questioned this expectation indicating that on the contrary it now seemed we had a sounder basis for working together than before. Nevertheless, I examined my own reaction to see what he might be responding to and realized I was becoming irritated with myself for having let myself be "taken in, " for not being more perceptive about his withholding. I told him this. His response was to express a great deal of surprise that I should have any feelings about it at all, and to state that he suddenly saw me as more "human" than he ever had, and that he now felt "more equal" than he ever imagined he could feel.

The work that followed included the exploration of feelings that had not been accessible before, and by continuing to aim for the "intimate edge" it was possible to continue to intensify our relationship and deepen our understanding of his inner dynamics, as well as for each of us to more sharply define ourselves. This permitted him to get more of a sense of his own manoevers in the situation and served to highlight the issue of his responsibility in our relationship. Despite periods of doubt and ambivalence, and returns to his "affectless" posture, he began to speak of experiencing more "choices" and of feeling less "helpless" and began to take a more active role in relation to his own experience, in and out of the treatment situation.

Another patient had great difficulty defining her own boundaries and would repetitively set up situations in which she would try to get other people to make decisions for her. Then she would become angry at them for trying to control her. She was expert at setting up triangles where two people would be arguing over what she should do. She would take the aloof position of awaiting the decision of the "winner, " assuming no responsibility herself. Invariably she would get angry at both parties and play them off against each other. She got them to express to each other her own negative feelings to each of them which she then could innocently leave unacknowledged. This obscured the basic dilemma of her own inability to make her own decisions and be responsible for herself, and of her manipulativeness with regard to others as well as to herself. We had made some slight headway in facing this situation. Nevertheless, in one session even as she was talking about herself with some degree of awareness, she tried to set up an interaction in which I was to be the advocate of her taking responsibility for her own life, for making her own decisions, while she argued the case for not doing so. I told her that it was her conflict and thus it

was her choice to make. I also pointed out that trying to structure this kind of debate between us was another example of how she managed to slip out of dealing with her own conflict, avoiding even recognizing it as her own conflict. She responded by becoming silent. Then she elaborated about her own awareness of this pattern, trying to develop some perspective on it on her own. I remained silent as she did this, only occasionally pointing out instances where she seemed to gloss over the emotional significance or seriousness of the dilemma, even as she described examples of the ways in which it recurred in her life. She then reported a dream in which her leg was shot but since people around her seemed to ignore it, she did too; corroborating the pattern of ignoring the seriousness to her of her own dilemma, and not using her own resources to deal with it, as she let her responses be defined by the responses of others.

At the end of the session she tearfully expressed that the fact that I had listened and let her struggle with her own conflict made her feel listened to and closer to me. However, at the same time it was extremely painful for her and she resented me because it made her feel separate and aware of the boundaries between us, which made her feel lonely and lost. She said that if I had argued with her, even if it was her own inner conflict that was being projected and which became the basis for our argument, the act of arguing would permit her to feel involved and connected. She said this would be less difficult and painful for her to experience than the state of separateness with which my not arguing confronted her. I replied that the latter kind of relatedness had an illusory quality to it and that giving it up might suggest a more genuine kind of involvement. Her response to this was that a "deeper" involvement would be frightening because she feared she might "lose" herself. It was ironic because as the dream poignantly showed her line of "defense" was actually bringing about the state of affairs she seemed most to fear.

While this was not a totally new insight, the situation of having to confront the boundaries helped focus the issue and spell it out for analytic exploration. It helped sharpen our understanding of the functional structure of the pattern of her relatedness and its phenomenological dimensions and was a step towards working out the unconscious dynamics analytically instead of letting them be acted "in" our relationship.

III

In the preceding examples the analytic task seemed to be to identify the covert failures of contact, those that involved a false sense of more intimate connection than did in fact exist, or a relation to a projected part of the self rather than to the other. Farber (1966) alludes to this when he cautions that an illusory posture of intimacy is

a more deadly disability for the patient than any symptom that might have disappeared in the process

for to maintain this state of "pseudograce" no fact may be admitted which challenges it and the possibility of genuine intimacy diminishes. In another context, Wynne, Ryckoff, Day, and Hirsch (1958) discuss families that are characterized by "pseudomutuality, " which is a phenomenon involving a

predominant absorption in fitting together at the expense of the differentiation of the identities of the persons in the relation.

They state that

what outside observers might regard as coercive or manipulative negative aspects are interpreted within the relation as simply part of the effort to dovetail more fully with one another.

This makes growth of the relation impossible. Schachtel (1959) goes even farther and suggests such a mode of interaction, that involves a subtle kind of dehumanizing and distancing operation that avoids discovering the uniqueness of the other through a form of seeming familiarity and equality, is actually destructive. He suggests this form of "not venturing into the familiar, " not allowing oneself to perceive the unknown in it, which involves the kind of perception that cuts off aspects of the object, becomes an act of subtle violation of the other. Others have focused on the operation of such processes in the specific context of psychoanalysis. Feiner (1970), in an attempt to define the inner experience of inauthenticity and its relationship to psychoanalysis, details inauthentic communication and relatedness, and surveys the literature on the subject. Levenson (1972) describes the "reductio ad absurdum" of a false sense of understanding as an unproductive, growth inhibiting, symbiosis.

I believe that whenever such kinds of perceptual or communicative violation occur in relation to another, violation of the self is also involved. For example, to need to see oneself as controlled by another, requires seeing the other as having the power to control and seeing oneself as helpless to resist. I also believe that the pattern of

"not venturing in the familiar" occurs in relation to the self as well as in relation to the other, so that one is often as out of touch with oneself as one might be with another, and can relate to *oneself* in violating ways just as one can to another. Feiner (1970) describes how the act of reification, treating the other as a thing, is ultimately turned on the self.

The process of aiming for the "intimate edge" in the therapeutic relation helps expose the false assumptions about both self and other and makes for the beginning of more veridical perception of both self and other. Thus it facilitates the possibility of more intimate and more authentic therapeutic encounter.

As Buber (1957b) states

The chief presupposition for the rise of genuine dialogue is that each should regard his partner as the very one he is.

I believe this must also apply to the self, and that each must recognize and present himself as the very one he is himself in addition to recognizing who the other is, for such a "genuine dialogue" to occur, as Buber also suggests.

This process of focusing on the interface of the analyst—patient relationship both requires and makes it possible to identify what Laing calls "mystifications" (Laing, 1965), and permits them to be demystified in the immediate situation as the collusion involved in *both* mystifying (oneself or the other) and in the participation in being mystified is made apparent. The increasing illumination of the fact that each participant has an important role in the creation of what occurs between them stimulates each to see more clearly the nature of his own participation. This contributes to making the relationship a medium in which *both* participants expand and develop individuality. Indeed the opportunity for the patient to experience the fact that he can contribute to the analyst's growth and that treatment is not a one-way process, itself can become a major stimulus for change (Wolstein, 1959), (1971) ; (Singer, 1971). The possibility of a creative dialogue thus becomes a goal of treatment, and the medium in which it takes place as well.

Implicit in all of this is the conviction that the experience of intimacy must be *actively* created, and requires that both participants take responsibility for what goes on between them. It does not evolve simply through time spent together, but requires an active effort on the part of both participants to achieve. It is always the result of a collaborative3 effort, a mutual willingness to adventure into the unknown. The mutual focus on the difficulties involved in this collaborative effort becomes the medium of the therapeutic process. And also implicit is the assumption that as the necessary shifts from a passive to an active involvement are made in the context of the analytic relationship, and through the medium of that relationship, corresponding shifts relating to an individual's view of himself and his role in all relationships become increasingly possible.

A meeting at the "intimate edge" is not simply intellectual, in which case either participant would be involved in an exercise of his own cleverness rather than in a more personally profound exchange. Nor is it simply affective, since it is quite possible for either participant to be emotional without ever being touched by the other. Nor is it simply personal, since sharing intimate details about oneself might be no different than a recorded speech in which the words act as barriers not bridges. The essential qualities of the kind of engagement I am describing are *reciprocity* and *expanded awareness through authentic relation*. Finding and making explicit the point of optimal closeness and distance in the relationship, a point which is constantly changing from moment to moment, provides the kind of experience in which the participants' awareness expands via the relationship as they clarify what they evoke and what they respond to in each other. This can only move in the direction of new experiences of mutuality and intimacy, and towards increasing self knowledge and individuality.

It is commonly acknowledged that there is usually a discrepancy between how analysts work and how they think they work. I believe this is often a function of different levels of conceptualization, and that the level of the processes in the "between" is usually omitted from theoretical discussions of technique. I believe that more extensive articulation of the dimensions and processes that bridge interpersonal space is vital if a theory of psychoanalytic technique is to illuminate what it is in the therapeutic interaction that makes for growth and change.

3Sullivan (1956, *Clinical Studies in Psychiatry*. New York: W. W. Norton) distinguishes between collaboration and cooperation. He sees collaboration as involving a strong interest in a mutual achievement. In contrast he sees cooperation as more "juvenile, " involving a strong interest in the other person's achieving as well as one's own, but easily subject to disruption and parting of the ways to avoid anxiety that either may arouse in the other. It seems therefore that in his framework collaboration involves a deep commitment to a mutual task, even if difficult, whereas cooperation is seen as a sympathetic side by side functioning that lasts only as long as it is comfortable.

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