



Psychoanalytic Inquiry

A Topical Journal for Mental Health Professionals

ISSN: 0735-1690 (Print) 1940-9133 (Online) Journal homepage: <https://www.tandfonline.com/loi/hpsi20>

Wrongness: Social Side-Effects in Psychotherapy

Adriano Bugliani

To cite this article: Adriano Bugliani (2020) Wrongness: Social Side-Effects in Psychotherapy, Psychoanalytic Inquiry, 40:4, 253-261, DOI: [10.1080/07351690.2020.1742539](https://doi.org/10.1080/07351690.2020.1742539)

To link to this article: <https://doi.org/10.1080/07351690.2020.1742539>



Published online: 19 May 2020.



Submit your article to this journal [↗](#)



Article views: 36



View related articles [↗](#)



View Crossmark data [↗](#)



Wrongness: Social Side-Effects in Psychotherapy

Adriano Bugliani, Ph.D. 

ABSTRACT

To help people own who they are, to get to their emotional basics, hold what they feel and be able to think even under the heaviest interpersonal pressure—this is my first and main therapeutic goal. The social consequences are that emotionally skillful people stop ignoring the inconsistencies they perceive in relationships; they ask for clarification once they no longer accept that their signaling is dismissed as “wrong” behavior. Their asking gives rise to fair conflicts, but a fair conflict is disrupting, because it involves a lot of bilateral exploration about established assumptions: relationships constantly exceed reached conclusions, if people have the courage to look at them with a fresh eye. This rupture-repair process is in turn based upon a degree of incongruence in human interactions as a source of endemic conflict: the mind is growing through its bridging of interactive gaps. Bearing the impact of full-range emotions arising from rupture-and-repair is anything but a comfortable societal ritual.

When it comes to grief the normal rules of exchange do not apply, because grief transcends value. A man would give entire nations to lift grief off his heart and yet, you cannot buy anything with grief. Because grief is worthless.

The Counselor, directed by R. Scott

At the root of ruling health lies death.

T.W. Adorno, *Minima Moralia*, § 36

Side effects

Therapists work according to an idea of human nature, wellbeing, and health. If philosophy taught me anything, it is that the most technical intervention is founded on background assumptions – ultimate principles – of a non-technical nature (Feyerabend, 1987; Kant, 2004; Rorty, 1979; Strawson, 2003). Therefore, adhering to whatever therapeutic orientation I espouse without knowing the postulates upon which my work is based – and, especially, that by means of having an orientation, I have in fact *chosen* some founding principles – means that as a clinician I am just a link in the chain of meanings and actions that I don’t dare to question, confining myself to mechanically carry out my job. Administering treatment is the choice of a framework; a fundamental investment in what human beings are and should become. I am responsible for the values I transmit through my work, and therefore I constantly reflect about the philosophy of my practice (Hofmann & Hayes, 2018), because what I am doing with people is way more complex than just applying protocols.

A way to enhance principles’ awareness is to realize that different principles have different consequences for clients. Today’s psychotherapy pays utmost attention to treatment outcomes and, even if the ways to define outcomes are incommensurable (Rønnestad, 2018), so that some orientations do not even define their impact in terms of “effectiveness”, any orientation will have its impact. (The impact has to be compared with the idea that there are “normal”, “functioning” and “healthy” individuals who enjoy

“wellbeing”, in opposition to “wrong” or “broken” or “ill” ones who experience “distress”, because these notions characterize the social, political, and historical context to which psychotherapy is accountable). For instance, much of current psychotherapy is concerned that “plateaus” in treatments mean there is no client improvement. On the contrary, psychoanalysis has been historically unconcerned about long periods in treatment where nothing is apparently happening. A plateau can even characterize a supporting and exploring relationship akin to a friendship (Hallam, 2015): as Messer writes, “I find that as I have aged, more of my referrals are older patients with whom I enjoy working” (Messer, 2015, pp. 1112–1113). That different treatments have different consequences is quite obvious, and as far as I’m concerned there’s no problem if client and therapist discuss the pros and cons and jointly establish the treatment goals. If client and therapist agreed about circumscribed outcomes, such as problems to solve and symptomatic relief, it’s time to change the pace or to say goodbye; if they agreed about the ongoing exploration of the unconscious or about therapeutic companionship, they may keep going as long as they want. One can have meditation or Yoga sessions for life. Moreover, some clients could think that “effectiveness”, “outcomes”, and “improvement” are missing the meaning of their involvement, at least partially. It could be argued that the notions themselves of effectiveness and outcomes are rooted into a capitalistic production model, that revolves around profit (Davies, 2016). A break-even company with no profit or loss is doomed to failure, therefore a plateau is a business nonsense. Output has always to exceed input. You need something to measure. Money, as Marx wrote, is the perfect basis because everyone is in agreement about it. Hallam suggests that only symptoms may be the universal psychotherapy “currency”, but claims that this is a too narrow basis upon which to evaluate psychotherapy’s meaning (Hallam, 2018).

So, there is no shared paradigm about psychotherapy (Hallam, 2015; Rønnestad, 2018). Nonetheless, the well-known excesses highlight the ordinary, less harmful side-effects that are inherent in all orientations. For example, psychoanalysis excessively played down clients’ symptomatic improvement and wellbeing (Renik, 2006; see Solms, 2018, about psychoanalysis and symptom improvement). Recent diagnosis-based, “quasi-medical” CBT excessively played down peoples’ search for meaning (Binnie & Spada, 2018; Frankl, 1963; Hallam, 2012; Hallam interviewed by E. R. Meisel, 2016). Furthermore, both traditional psychoanalysis and recent CBT eschew client feedback (Bacal, 2017, p. 4; Binnie & Spada, 2018; Hallam, 2015).

Psychotherapy integration¹ might mitigate side-effects, and the current trend toward outcome prediction and client feedback technology² could be a way out of this dilemma too. If the client is in the driver’s seat (Miller, 2004) there is the twin advantage of allowing the therapist’s orientation and monitoring of unintended consequences with clients as “primary teachers” (Rønnestad, 2018). Improvement is assessed by clients and not by meeting the orientation’s criteria. In my opinion, therapists “who are rejecting the potential wisdom that may reside in theoretical orientations outside of their primary interest” and who don’t practice “the continual incorporation of new knowledge and skills” (Rønnestad, 2018) are particularly at risk of underplaying their orientation’s side-effects. But even a global integrative therapeutic community that is not plagued by turf wars and competition for market (Allen, 2015; Wachtel, 2014, 2018), which is far from existing, would administer treatment within some kind of framework, however less unilateral than others.

And client feedback is received through standardized assessment, that is, through a certain framework, however broad and well-designed. Using a framework means an orientation to looking in a precise direction, and less in any other. We privilege some facts, and we attach less importance to others. I believe that *omnis determinatio est negatio* – every determination is negation; that is, everything existing is the negation of something else (this idea goes back at least to Plato, through Hegel and Spinoza). Being implies loss: that nothing in this world is perfect and everything has contraindications, so I find it hard to *think* of a treatment without side effects (one of which, for instance, is that we need money).

¹The Society for the Exploration of Psychotherapy Integration, SEPI.

²Allen (2015); Rønnestad (2018); see The International Center for Clinical Excellence, ICCE.

Undesirable effects are evidence of a genuine choice. Frameworks aimed at outcomes assessment and professional improvement (deliberate practice) stem from anglophone pragmatic optimism, and might overshadow the tragic aspect of life (Messer, 2015): maybe your client's suicide is not a treatment failure but her choice to put an end to desperation (Rousmaniere, 2017, p. ix). Conversely, "continental" existential pessimism may overshadow the best we can do even amidst the worst circumstances: "I had become a therapist because I wanted to help my clients, not watch them die" (Rousmaniere, 2017, p. ix). I posit that no framework is neutral, but rather it is a form that conveys a content whose characteristics one never stops realizing (Bugliani, 2004; McLuhan, 1994; White, 1987). Any framework will be challenged by our clients' individual, free involvement in therapy (Anchin et al., 2016).

Given that it is not just a technical process psychotherapy can end up making people suffer the underlying ideology of psychotherapy orientations, communities, and institutions. By ideology I mean an idealization of the framework that risks making treatment a sort of conditioning, especially since most of clients have no understanding of the difference between treatments (Hallam, 2015). Side effects are *welcome* because they are sobering facts and even if they are *side* effects, they point at the treatment's core features showing its intrinsic limitations: psychoanalysis is an exploring endeavor, but it could excessively extend treatment length (Hirsch, 2008); focused treatments are quickly effective, but they can reject everything but the work on "the broken piece to be replaced." Wide-ranging length and quick focusing are in themselves good, but if they are not jointly evaluated they backfire on the whole process. The more therapists are able to clarify that the treatment's outcomes are connected to a universe of values, the better clients can choose the treatment they judge is apt for them. Seen close up, outcomes are not that simple: transparency clarifies their complex nature and implications.

My framework

My practice is rooted in an ancient tradition, expressed for instance, by Heraclitus: human soul is elusive and bottomless (Bugliani, 2011). This view "rejects certainty and precision in the prediction of human experience and behavior" (Rønnestad, 2018). Furthermore, conflict and pain are intrinsic to people. The defining quality of the individual is bottom-up aliveness matched by top-down meanings; and aliveness is an intertwining of positive and negative experiences during a life trajectory (Hegel, 2003). Wellbeing and happiness aren't simple states and they are never experienced only on the positive emotional spectrum (Lomas & Ivtzan, 2016). My framework is particularly sensitive to grief and because I don't think that grief has to be constantly reduced, some clients experience this as a negative side effect of my practice. My view is "tragic" (Messer, 2015): pain is not only unavoidable but also developmentally necessary (Hegel, 2003). From an evolutionary standpoint, we are paying a price for higher-level thinking (Lorenz, 2002): happiness is at odds with the neocortex. So, firstly, I guess that disposing of "all of the variables" (Hofmann & Hayes, 2018) about human existence would miss something fundamentally human that cannot be put in terms of variables. I doubt that working on dreams or on artistic expression, for instance, could be ever translated in "causal and functional accounts" (Hofmann & Hayes, 2018), despite the fact that dreams and art are not nebulous areas of work.

Secondly, even if "taking care of the soul" (Plato [2017], *Apology*, 29d–30a) is broader than curing it, something is cured nonetheless. The problem is the kind of outcomes clients are reporting. I encourage people in managing their pain more than getting rid of it because I think that the way people live *with* pain has a critical role in human balance (Adshead, 2015), while other colleagues might be more inclined to suggest that clients look ahead and think positive (Lomas & Ivtzan, 2016). This is especially clear with complex trauma, where people rebuild the painful narrative (Grossman et al., 2017) and "acknowledge, experience, and bear the reality of life" (Van der Kolk, 2014, p. 25). Taking note of pain means to stop, although stops do not mean resignation but rather "bearing emotional pain skillfully" (Linehan et al., 2007). If someone comes to see me because of a separation,

I will focus on relief, but never only on relief, because I believe that if people do not mourn fully, their overall aliveness will be compromised.³ I guess that my clients stay longer with pain, and this is not easy for them since they're afraid they're doing something strange and wrong. They are afraid of the intensity of their affect, which is what makes it feel strange and wrong. They "should" be able to "get over it" and "cheer up" as others would have them do.

The wider background of the attachment, emotional (micro-)interactions-based model that I hold as a therapist fosters a psychosomatic awareness that leads to a *responsive* personal set up. My clients learn not to hide their pain, and they articulate it head-on and this can cause discomfort in their day to day social worlds. Human beings develop or degenerate through countless emotional interactions with others (The Boston Change Study Process Group [BCSPG], 2010; Beebe, 2014; Beebe et al., 2016; Crastnopol, 2015; Schore, 2003; Siegel, 2012; Stern, 2004). Despite their complex interplay, affective interactions are simple. Take, for instance, "maternal chase – infant dodge": an infant looks away in the face of a maternal intrusive behavior, both looming and chasing (Beebe et al., 2016, pp. 143–161). This affect-regulation framework relies on emotionally congruent interactions (entailing an amount of mismatch as an essential sub-component, BCSPG, 2010). Contact with one's own affective states and not having them overridden by (nor overriding) the self-states of the other, does not develop into an unchangingly positive, happy condition of the individual – instead it promotes a more meaningful future life because there are so many life circumstances that elicit painful responses. Not having those emotional responses would mean that some critical part of our perception has been silenced. This mindfulness-based, self-agency set up doesn't lead to total calm and serenity. It leads to a capacity to hold more than one affective response/set of feelings at the same time – for them to co-exist – become integrated into a more "whole" person.

I'm not sure that everyone is aware of the social consequences of this "social microscope" (Beebe, 2014). People wither in constricted and manipulative interactions but they flourish in articulated and open ones; but the latter are not contributing to a simple, reassuring, joyful happiness. Emotionally skillful people stop ignoring the inconsistencies they perceive in relationships; they ask for clarification once they no longer accept that their signaling is dismissed as "wrong" behavior. Or they are just no longer available to be forced to give mechanical answers. They slow down interactions, and this is jeopardizing the social unquestioned pathways. Making one's own stance *exist* starts on the small, everyday scale (Crastnopol, 2015): by looking away in front of the mother's intrusiveness, the infant's body discomfort is the first foundation of self agency (Knox, 2011), it is a "no!" that comes before any thought. A fair conflict is disrupting, because it involves a lot of bilateral exploration about established assumptions: relationships constantly exceed reached conclusions, if people have the courage to look at them with a fresh eye. The attachment development model is based on the rupture-repair process, which is in turn based upon a degree of incongruence in human interactions as a source of endemic conflict: the mind is growing through its bridging of interactive gaps. Bearing the impact of full-range emotions arising from rupture-and-repair is anything but a comfortable societal ritual.

For instance, the parents of a sad adolescent might quickly resort to fixing her "depression", or on the contrary they might engage in tactful exploration through which sadness could turn out to be an appropriate reaction. Maybe the girl is being ostracized by her classmates, maybe she is worried about her body changes. Sadness is not a dysfunction to be alleviated (Lomas & Ivztan, 2016) and a positive worldview misses this on both sides of a very difficult life phase in which acquiescent teenagers would make social dynamics much easier for everyone! The full-range emotions model reinforces a way of being human that doesn't fit society's worldview, given that "Western cultures tend to value high arousal positive states (such as excitement)" and given the "creeping medicalization of existence, where ordinary aspects of being human are treated as disease to be medicated away" (Lomas & Ivztan, 2016). In this sense, psychological work is at odds with society, since psychology is validating emotions, while society is validating *some* emotions, but only in sanctioned circumstances and intensity range (the fans cheer for their favorite player), and it is oriented toward performance more than expression. It seems that society

³Even with PTSD, mere dampening down has been proven inappropriate, Yehuda et al. (2016).

and psychologists have different conceptions about health. My clients will be at odds with people who have little tolerance for someone owning negative feelings as *natural* reactions to a troubling world.

Mourning is obvious for psychoanalysts: the depressive position. But it is not obvious for people who seek treatment. At the beginning, many of my clients think they simply “broke down”, have little respect for their negative feelings, nor are they used to bearing them. Therefore, to assume that introducing clients to negative feelings is an unquestionable process is missing the point that the depressive position is a *proposal* about how people can organize and re-orient to their experience (Orange et al., 1997). This re-structuring will backfire in the same way in which Socrates realized that the simple act of encouraging people to think – which he considered a universal value – was causing a disconcerting wave of hate against him amongst the Athenians, and not just in a few accusers, “perceiving with pain and fear that I was becoming hated” (Plato, *Apology*, 21e). Socrates was killed because he was putting ordinary people in crisis with the specific mankind he was promoting. Socrates encouraged people to scrutinize their habits, which didn’t mean that the scrutinized habit had to be abandoned. He was just searching for the habits’ foundations. But the very act of questioning, however respectful, threatened the Athenians’ group-cohesion. What if young people start wondering about the religious City happenings they regularly have to join? Socrates challenged peoples’ fear of free thought and peoples’ need of unquestioned routines (Fromm, 1994), both particularly strong when people group together.⁴

But what I was saying earlier – that I have incurred much hatred, and among many men – know well that this is true. And this is what will convict me, if it does convict me: not Meletus or Anytus, but the slander and envy of the many. This has convicted many other good men too, and I suppose it will also convict me. And there is no danger that it will stop with me. [Plato, *Apology*, 28a–b]

Nature can be oriented in different directions by both culture and by therapists steering clients according to their professional and personal values (Orange et al., 1997, pp. 26–27). Even EBP clinicians are calling for philosophical accountability (Hofmann & Hayes, 2018; Rønnestad, 2018). As for me, I guess that my individualistic, anarchist worldview stretches the above-mentioned model toward a challenging version that may make my clients feel the fear of isolation (Jung, 1934) in being someone who thinks and feels for herself. It’s not only about the method, but also about the way therapists apply it. One thing that feels rewarding is that I’m helping my clients being outspoken people. One thing I’m afraid of is that they may have to face a sense of loneliness that I have chosen for myself, but that they did not choose when they started treatment.

Healthy but socially unfit: Alexandra

Alexandra and I have worked for five years; two sessions then once a week then intermittently, including long pauses. At the beginning her current partner, Rudolph, her former husband, and even her daughter, were glad that she was doing therapy, since they all expected that I would repair her “malfunctioning”. According to her partner, she was “hysterical”, by which he meant, for instance, that she was extremely jealous and anxious. Alexandra perceived herself as confused, and she behaved as a submissive, uncertain person, someone who felt she had no right to her views, given her “wrongness”. I agreed that her jealousy was too much (but not groundless) and I perceived her anxiety and a subtle, pervasive dissociation that showed itself also through various parts of her body through alternately stiffening, freezing and shivering (Schimmenti & Caretti, 2014). She was not able to articulately express herself in front of me, using a coherent but stereotypical kind of speech that told me nothing specific or vivid about her.⁵

After some years of jointly exploring her mind and body states, where she became gradually highly able to stand in her spaces and make them fully exist (Bromberg, 2011), Alexandra is now calmer and far

⁴To the point that Bion (2004) could think that group therapy was useless given groups’ pressure to conform; see also Jung (1934).

⁵Alexithymia has been linked to dissociation, Schimmenti and Caretti (2014).

less jealous about her handsome and seductive partner, since she has realized that “him cheating/her being jealous” was just the hyperaroused tip of the iceberg of an otherwise sparse relationship: they are united by a powerful passion, but not (yet?) by the ability to grow together. Her speech has become straightforward and affective. During relational “hiccups”, she gets to her point with a few clear words and allows others the time to draw their conclusions. She’s surprisingly good at that – way better than me. So therapy “fixed” her on the basis upon which everyone initially agreed (ie: her “malfunctioning”).

However, she has perturbed the family system, and father, mother, sister, brother, and partner have been knocked off balance by this new self-assertive Alexandra, and they become aggressive, despite the fact that no emotion of hers is particularly lasting, nor out of context. Sadness above all makes them alarmed, as if it was the first sign of “depression” which terrifies them. They seem to believe that once someone becomes sad (or even tired), an unstoppable descent into the abyss will follow. She was appropriately shocked and sad when her sister was diagnosed with serious breast cancer, while nobody in the family had the slightest reaction; not even the “official events” sadness is allowed. Paradoxically, it was Alexandra with her “wrong” emotions who supported her sister during the awful first phase, so the wrong one was the most functioning human and empathic one at the same time.

Alexandra’s family reflects a social set up. You have to be “positive”: “cultural pressures turn happiness into something approaching a social norm ... the tyranny of positive thinking” (Davies, 2016; Lomas & Ivztan, 2016), “the violence of positivity” (Han, 2015). Alexandra lives amongst people who do not question the social norm through their individuality. On the contrary, our work is making her aware of the very specific and contextual nature of her feeling states. Feelings do not arise hapazardly – especially not the negatives ones – but are context or experience specific. Emotion-based motivational systems are essential to animal adaptive design (Cortina & Liotti, 2014; Panksepp, 1998). As animals, feelings and body-awareness guide us quickly to the basics of a situation before the cortical framing, and sometimes against it. Animals have an ongoing bottom-up reactivity to environment, a subjective “comment” to objective facts. In the midst of an apparently calm wood a deer smells the upcoming, dangerous fire, and flees in alarm. A sense of inexplicable uneasiness prevents it from taking a dangerous swim. The “comment” isn’t a byproduct of having a mind; it’s an internal monitoring. Without emotions we not only lose our environmental compass, but over the long haul we build our balance in limited and stiff emotional directions, that imply no-fly, dangerous zones of the self (because they are never used). However, since motivational systems operate contextually in a highly nuanced way (this corpse doesn’t smell healthy for the predator anymore, but it was good food until just before), the very confidence in what I’m specifically feeling introduces a slight but neat unpredictability and misalignment in my behavior: a socially disquieting factor. At the end of a rough work day, Alexandra is tired despite the fact that she and Rudolph are in a beautiful restaurant on Friday evening; Alexandra’s flatness of mood disappoints Rudolph’s romantic expectations about their planned soirée. His expectation is that Alexandra should be brilliant and carefree at their dinner, but she is, in accord with her internal signals, tired and not hungry. The value of feelings is that we can trust them, whatever we might *think* about them. At the very least, we can take note of them.

There’s a long list of Alexandra’s self-states that are perceived as out of place. Sadness: is your analyst against meds!? (1/3 of my clients are on medication). Shame, anxiety, and helplessness fall within “weakness”. Weakness (“aka normal human complexity”, Wachtel, 2017, p. 339) is no doubt the worst flaw ever. Being angry is “exaggeration”. To have doubts is “intellectual wank”. People should be proactive, in motion, productive, performative: “At no time have the active, that is to say the restless, counted for more” (Han, 2015, p. 15, is quoting Friedrich Nietzsche). (Alexandra financially supplied Rudolph for years). People should have fun. (But the real, ordinary life Rudolph is a susceptible pain in the ass who wants attention and who arranges every detail of the household to avoid his bad moods). Grief is worthless. The usual reaction to grief is “now stop it, it’s enough, it’s over, you have to look ahead.” Consequently, only in treatment was Alexandra able to mourn the whole year she lived in terror at 18, when at night she was attacked with a knife by a mate wanting sex in her car, and no one in her family attributed the slightest importance to that. The subsequent years she lived with alternating panic

attacks and a sense of not being there. Nonetheless, in her family system she's judged to be wasting her time if she dwells on past events. Slowing down is not welcome in the functioning ones' world of problems *solved* and tireless busy-ness and this has been Alexandra's reality.

Not to function in order to function

According to the way I use the above mentioned model, no psychophysical state is ever wrong. As a therapist, I still don't know how much I have to be explicit about my own "socially unfit" worldview with clients, but I know that I have to be very aware of its impact upon them. Being a kind of misfit, I have to remember that people need a community, even if they pay a price for belonging. As a father, the full list of my adolescent daughters' "wrongnesses" are reduced to, at most, feeling annoying to *me* and they experience my *reactions*, but not my blaming. But, I also take painfully into account that my daughters already live in today's high-functioning world where their emotional openness can be unwelcome. On my older daughter's teenager planet, no one ever dares to say: "I'm ashamed," as she says quite often and her most popular classmate is always on the positive spectrum.

Alexandra is still afraid that being true to herself is "self-indulgence". Like many complex trauma survivors her hyperarousal is not easy to regulate and she's prone to self-loathing. This is her emotional truth – and also her woe. We're still exploring the planet in which she will *not* get "depressed" *precisely because* she will be able to be angry and sad for long as her system will need it. On this planet, people function because they also do *not*. And the way they function is influenced by the way they do not. Their average functioning is paradoxically good I suspect, quite constant, although probably with few performance peaks. Alexandra functions by owning her frequent stops in functioning: crying, having bleak days, being heartbroken when her daughter gets dumped. When she's facing circumstances that she cannot immediately overcome, she's not compelled to overload the "action software" as she used to do, given that, unlike most functioning ones, she's able to shift to the "waiting-mourning software". She can *flexibly* use both processing systems.

Alexandra is now more successful in her job than she's ever been. Formerly working in her family's business, she has now started a freelance business into which she's pouring creativity, fun and desire. She gets much more satisfaction, and more income. It took courage to undertake this step and there were doubts, fears and setbacks. I have the impression that her entrepreneurial self was born from enduring negative conditions, as when she was working under the pressure of an arrogant (and stimulating) boss, waiting to feel ready to leave.

For a philosopher like Hegel (2003), that the "positive" takes its energies from the "negative" was a fundamental dialectic. According to his theory, there is an implication between negative and positive in particular if one embraces the negative instead of avoiding it. In Hegel's terms, Alexandra is now more functioning than ever *because she's able not to function* better than ever. She experiences more negative self-states than she ever did. But she has less psychic and physical chronic stress than she ever experienced and her tremor is gone. Her relationship with her daughter is better because Alexandra doesn't collapse when her daughter goes on the attack, but is more able to stay near to her own and her daughter's experience. The affection, involvement and honesty budget in their relationship is much higher than the time in which Alexandra was a "perfect" mother.

Her daughter has had to survive mom's loss of glamor, but I guess that she's beginning to appreciate her own gain. Emotional openness might make you lose a community, but may make you gain individuals. Perhaps sooner or later Rudolph will be able to appreciate that wrongness too.

A dream

Protracted treatment is considered a "dependence", like she couldn't re-negotiate the nature of our work.⁶ Fostering her dependence, I'm making her "weak". "The social milieu, in addition to much of the

⁶She's way beyond my average treatment length, which is close to Renik's (2006) or Yalom's (2011) one.

professional literature ... [submits] that dependency is generally a negative, pathological, and undesirable state in an adult individual” (Steele et al., 2001). I ask Alexandra: “Why do you think your folks are angry with me?” “Because now I rebel.” As I often do, I wonder if she’s compliant with *me*. At the end of the same session she describes a dream. “I’m telling you I like the red. You tell me there are actually many degrees and colors I like. I answer: NO! I like only red!” She’s a little bit afraid about the dream (being angry with me), and her old submissive state pops up. Maybe I could point at her unconscious regressive resistance in accepting compromises and nuances of adult life. I prefer to read the dream at a more surface level: her self-agency toward those who would subjugate her (Shaw, 2014). Me included. Developmentally, I think “No!” comes first. If you are not able to have your point of view you can’t even start negotiations.

Acknowledgments

I am grateful to my friend and colleague Brenda Rowlandson for her editing work on this paper, to my friend and colleague Les Lenoff for inviting me to contribute to this issue, and to Richard Hallam and Kimberly Gladman for their useful comments. Thank you “Alexandra” for having read the paper.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Adriano Bugliani, Ph.D., is in private practice as a psychodynamic integrative therapist in Florence. He is also assistant professor in the history of philosophy at the University of Florence.

ORCID

Adriano Bugliani  <http://orcid.org/0000-0002-1795-4615>

References

- Adshead, G. (2015). Security and the social mind: Attachment and therapeutic communities. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 36(1), 12–20. <https://doi.org/10.1108/TC-02-2015-0009>
- Allen, J. G. (2015). Why we need plain old therapy. *New Therapist*, 100 (Nov./Dec.), 18–21.
- Anchin, J. C., Fernández-Alvarez, H., Botella, L., & Iwakabe, S. (2016). Training new therapists around the world: Making the implicit explicit. *The Integrative Therapist*, 2(2), 19–22.
- Bacal, H. (2017). Credo: My Psychoanalytic Adventure—A quest to conceptualize therapeutic efficacy. *Psychoanalytic Dialogues*, 27(1), 1–19. <https://doi.org/10.1080/10481885.2017.1260939>
- BCSPG – The Boston Change Study Process Group. (2010). *Change in psychotherapy. A unifying paradigm*. Norton.
- Beebe, B. (2014). My Journey in infant research and psychoanalysis: Microanalysis, a social microscope. *Psychoanalytic Psychology*, 31(1), 4–25. <https://doi.org/10.1037/a0035575>
- Beebe, B., Cohen, P., & Lachmann, F. (2016). *The mother-infant interaction picture book. Origins of attachment*. Norton.
- Binnie, J., & Spada, M. M. (2018). Let’s Put the “T” back into CBT. *Mental Health Review Journal*, 23(4), 240–245. in press. <https://doi.org/10.1108/MHRJ-02-2018-0002>
- Bion, W. R. (2004). *Experiences in Groups*. Routledge. (Original work published 1961).
- Bromberg, P. (2011). *The shadow of the Tsunami and the growth of the relational mind*. Routledge.
- Bugliani, A. (2004). The temptation of content. The philosophy of history poised between psychoanalysis and hermeneutics. *Rethinking History*, 8(1), 69–88. <https://doi.org/10.1080/13642520410001649732>
- Bugliani, A. (2011). From soul to mind. In Bottici, C. & Challand, B. (Eds.), *The politics of imagination* (pp. 73–85). Birkbeck Law Press.
- Cortina, M., & Liotti, G. (2014). An evolutionary outlook on motivation: Implications for the clinical dialogue. *Psychoanalytic Inquiry*, 34(8), 864–899. <https://doi.org/10.1080/07351690.2014.968060>
- Crastnopol, M. (2015). *Micro-trauma. A psychoanalytic understanding of cumulative psychic injury*. Routledge.

- Davies, W. (2016). *The happiness industry: How the government and big business sold us well-being*. Verso.
- Feyerabend, P. (1987). *Farewell to reason*. Verso.
- Frankl, V. E. (1963). *Man's search for meaning*. Washington Square Press.
- Fromm, E. (1994). *Escape from Freedom*. Henry Holt. (Original work published 1941).
- Grossman, F. K., Spinazzola, J., Zucker, M., & Hopper, E. (2017). Treating adult survivors of childhood emotional abuse and neglect: A new framework. *American Journal of Orthopsychiatry*, 87(1), 86–93. <https://doi.org/10.1037/ort0000225>
- Hallam, R. (2012). One on one with Richard Hallam. *The Psychologist*, 25(6), 480. <https://thepsychologist.bps.org.uk/volume-25/edition-6/one-one-richard-hallam>
- Hallam, R. (2015). *The therapy relationship: A special kind of friendship*. Routledge.
- Hallam, R. interviewed by E.R. Meisel. (2016). On schema-focused cognitive therapy. *Psychology Today*. <https://www.psychologytoday.com/us>
- Hallam, R. (2018). *Abolishing the concept of mental illness: Rethinking the nature of our woes*. Routledge.
- Han, B.-C. (2015). *The Burnout society*. Stanford University Press.
- Hegel, G. F. W. (2003). *The phenomenology of mind*. Dover. (Original work published 1807)
- Hirsch, I. (2008). *Coasting in the countertransference: Conflicts of self-interest between analyst and patient*. Routledge.
- Hofmann, S. G., & Hayes, S. C. (2018). The future of intervention science: Process based therapy. *Clinical Psychological Science*, 7(1), 37–50. <https://doi.org/10.1177/2167702618772296>
- Jung, C. G. (1934). The development of personality. In Jung, C. G. (Ed.), *The collected works* (Vol. 17, pp. 165–186). Princeton University Press.
- Kant, I. (2004). *Critique of Pure Reason*. Barnes & Noble. (Original work published 1781).
- Knox, J. (2011). *Self-Agency in psychotherapy*. Norton.
- Linehan, M. M., Bohus, M., & Lynch, T. R. (2007). Dialectical behavioral therapy for pervasive emotion dysregulation. In Gross, J. (Ed.), *Handbook of emotion regulation* (pp. 585–605). Guilford Press.
- Lomas, T., & Ivtzan, I. (2016). Second wave positive psychology: Exploring the positive–negative dialectics of wellbeing. *Journal of Happiness Studies*, 17(4), 1753–1768. <https://doi.org/10.1007/s10902-015-9668-y>
- Lorenz, K. (2002). *On aggression*. Routledge. (Original work published 1963).
- McLuhan, M. (1994). *Understanding media: The extensions of man*. MIT Press, 1994. (Original work published 1964).
- Messer, S. B. (2015). How I have changed over time as a psychotherapist. *Journal of Clinical Psychology: In Session*, 71(11), 1104–1114. <https://doi.org/10.1002/jclp.2015.71.issue-11>
- Miller, S. D. (2004). Losing faith: arguing for a new way to think about therapy. *Psychotherapy in Australia*, 10(2), 44–51. <https://search.informit.com.au/documentSummary;dn=547331565542521;res=IELHEA>
- Orange, D. M., Atwood, G. E., & Stolorow, R. D. (1997). *Working intersubjectively*. The Analytic Press.
- Panksepp, J. (1998). *Affective neuroscience. The foundations of human and animal emotions*. Oxford University Press.
- Plato. (2017). *The apology of Socrates*. Cambridge, MA: Harvard University Press.
- Renik, O. (2006). *Practical psychoanalysis for therapists and patients*. Other Press.
- Rønnestad, M. H. (2018). On expertise in psychotherapy. *The Integrative Therapist*, 4(2), 17–26.
- Rorty, R. (1979). *Philosophy and the mirror of nature*. Princeton University Press.
- Rousmaniere, T. (2017). *Deliberate practice for psychotherapists. A guide to improving clinical effectiveness*. Routledge.
- Schimmenti, A., & Caretti, V. (2014). Linking the overwhelming with the unbearable: Developmental trauma, dissociation, and the disconnected self. *Psychoanalytic Psychology*, 33(1), 106–128. <https://doi.org/10.1037/a0038019>
- Schore, A. (2003). *Affect regulation and the repair of the self*. Norton.
- Shaw, D. (2014). *Traumatic narcissism. Relational systems of subjugation*. Routledge.
- Siegel, D. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). The Guilford Press.
- Solms, M. (2018). The scientific standing of psychoanalysis. *British Journal of Psychiatry International*, 15(1), 5–8. <https://doi.org/10.1192/bji.2017.4>
- Steele, K., van der Hart, O., & Nijenhuis, E. R. S. (2001). Dependency in the treatment of complex posttraumatic stress disorder and dissociative disorders. *Journal of Trauma & Dissociation*, 2(4), 79–116. https://doi.org/10.1300/J229v02n04_05
- Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. Norton.
- Strawson, P. F. (2003). *Individuals. An essay in descriptive metaphysics*. Routledge. (Original work published 1959)
- Van der Kolk, B. (2014). *The body keeps the score*. Viking.
- Wachtel, P. L. (2014). An integrative relational point of view. *Psychotherapy*, 51(3), 342–349. <https://doi.org/10.1037/a0037219>
- Wachtel, P. L. (2017). Attachment theory and clinical practice: A cyclical psychodynamic vantage point. *Psychoanalytic Inquiry*, 37(5), 332–342. <https://doi.org/10.1080/07351690.2017.1322431>
- Wachtel, P. L. (2018). Pathways to progress for integrative psychotherapy: Perspectives on practice and research. *Journal of Psychotherapy Integration*, 28(2), 202–212. <https://doi.org/10.1037/int0000089>
- White, H. (1987). *The content of form. Narrative discourse and historical representation*. The Johns Hopkins University Press.
- Yalom, I. (2011). *The gift of therapy* (Revised and Updated Edition). Hachette.
- Yehuda, R., Spiegel, D., Southwick, S., Davis, L. L., Neylan, T. C., & Krystal, J. H. (2016). What I have changed my mind about and why. *European Journal of Psychotraumatology*, 7(1), 33768. <https://doi.org/10.3402/ejpt.v7.33768>