

**“TO BE HONEST, RAPHAEL, I DON’T [LIKE YOU]!”: INTERSUBJECTIVE
AFFIRMATION AND ANALYTIC NEGOTIATION; DISCUSSION OF ALAN
SIROTE’S PAPER**

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In discussing Sirote’s compelling, intimately candid, thoughtful, and provocative paper, I focus on three issues: the centrality of negotiation in therapeutic process, the clinical impact of affirmation versus mystification when the intersubjective field is saturated with negative affect, and a set of questions that seek to contextualize Sirote’s notion of expanding the frame. I consider as well the larger existential frame within which the therapeutic frame is negotiated and lived within the heartbeats of a human relationship.

Keywords: negotiation, cocreation, affective communication, intersubjective affirmation, mystification, frame, generous involvement, enactment, existential impingement.

I appreciate the opportunity to discuss this compelling, clinically alive, and evocative paper by Alan Sirote. The “case” here is so experience-near, as open and personal as Sirote lived it, and he is generously candid about his subjectivity. Sirote’s paper also exemplifies the existential contingencies that face us all and will inescapably impinge on some. Here is a reminder that an analysis is something two *people* are doing together in the midst of their lives, and when Reality knocks hard, declaring a life-and-death emergency, elemental responsibilities inherent to human connection trump all “frame” definitions.

Sirote’s paper raises many compelling issues as he and Raphael journey from mutual defensive disdain and dislike toward genuine affection, collaboration, and ultimately a powerful and fundamental connection and attachment. I focus my discussion around three issues: negotiation, intersubjective affirmation, and expansion of the frame. First, I want to state my appreciation of Sirote’s perspective on clinical process and how much the messages in my writing resonate with what Sirote writes here. Next, I want to express my admiration and respect that Sirote was able to offer his patient a risky candor that in a “similar” treatment years ago I was unable to offer my patient, consequentially. And finally, I want to open dialogue with questions about the expansion of the frame and its relationship to involvement, enactment, and negotiation.

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First, negotiation. In the aria that follows, I hope to indicate that Sirote and I are members of a quite harmonious chorus, our voices joined in common themes of mutual influence, collaborative coconstruction, and mutative negotiation.

Sirote's several references to negotiation indicate to me that it is, for him, a central organizer of analytic process. Already in his abstract Sirote (this issue) places negotiation at the heart of therapeutic action. He declares that "the capacity of the dyad to confront each other and negotiate out of these impasses" and "the therapist's willingness to grapple with her . . . more profound dissociations, while struggling and negotiating with her patient's," promote the emergence of a "spirited collaboration" that may co-architect the therapy itself. In his emphasis on cocreation, he asserts, "We are two players in a Winnicottian squiggle game, striking each other's chords . . . and exposing our unique soul prints to each other." And, he declares, "if the process goes well, we will mature from dyad to duet." Adopting, as he does, a model of a multiply constituted self and the challenging ubiquity of dissociations on both sides of the couch, he notes the problems of negotiation as "emotional struggles ensue when these entrenched and rigid selves isolate into 'narcissistic islands' (Bromberg, 2009) that are incommunicado from others (Bromberg 1998, 2009; Davies, 2004, 2005; Mitchell 1993)." Yet, describing the larger arc of an analysis over time, Sirote (this issue) writes, "Safety in this negotiation is crucial for mutative change. I am suggesting here that in some instances, profound mutual influence and spirited, enlivening collaboration within the dyad can be significant outcomes as well."

Negotiation has been the keel of my writing since 1990, when few writers had used the term as a core concept, and the importance of negotiation in development and in analytic process had, to my knowledge, been articulated only by Goldberg (1987), Mitchell (1993), and concurrently by Slavin and Kriegman (1998). In 1990 I delivered a paper at a Division 39 spring meeting titled "The Negotiation of Paradox in the Analytic Process" (this paper was subsequently published in *Psychoanalytic Dialogues*, 1992, and became the first chapter in my 1998 book). In this 1992 paper, I referred to the "process of negotiation as an intrinsic vehicle of the therapeutic action of psychoanalysis" (p. 215). And I elaborated that "I believe the transference-countertransference tapestry is woven through a process of intersubjective negotiation," entailing "mutual adjustments that occur largely out of awareness in both parties" (p. 217). Invoking a Winnicottian metaphor, I wrote,

As I see it, the process of psychoanalysis may be conceived as an exchange of "squiggles" between adults without paper and pencil. By such an exchange of marks and "remarks" offered in evocative and resonant sequence, analyst and patient become co-creators of a relational construction (pp. 220-221).

Summarizing the heart of my thesis, I stated, "The crucial function of negotiation in psychoanalysis is that it constitutes the intersubjective process that delivers

the therapeutic action. While engaged in the process of analytic negotiation, the patient experiences his participation in a kind of duet" (pp. 238–239).

As I developed a model of the interweaving of intersubjective and intrasubjective negotiation, I, too, embraced a model of multiple self-states—indeed, contradictory and paradoxically coexisting self-states. I wrote that "entire subsystems of the self, attached to . . . jarringly contradictory dimensions of . . . abusive relationships, remain dissociatively out of communication" (Pizer, 1998, p. 120). Indebted to the contributions of Davies and Frawley (1994) and Bromberg (1993, 1994, 1995, 1996), and most particularly to the as yet unpublished contributions of Paul Russell, I ventured to articulate a theory for "negotiating the nonnegotiable," through which "an intrapsychic bridging of contradiction may become negotiable, and split-off, compartmentalized subselves may begin to exist in paradoxical relationship" (p. 120), and "in this way, bridges extend between islands that could not exist from the perspectives of each other's core" (p. 90). Seeking to represent my tacit sense of the significance in clinical process of the analyst's spontaneous acts of recognition, or what Ringstrom (2001) would cogently describe as improvisation, I further emphasized the patient's important experience of "the quality of the analyst's yielding to some subtlety of being in the patient, some subtlety of their relatedness over time, which allows for a freshly discovered play in the analytic framework" (p. 218). Also, I located and described a specific realm of negotiation that I termed "frame negotiation."

I turn now to the issue of intersubjective affirmation and its crucial place in what strikes me as the turning point in Sirote's work with Raphael. I am referring to that critical moment when Sirote (this issue) replied to Raphael's raw statement, "You know, I get the feeling that you just don't like me. Am I right?" Sirote's risk of disclosing "To be honest, Raphael, I really don't" constitutes what I refer to here as intersubjective affirmation. Such a negative feeling to disclose, such a risk of shocking the patient—and such an essential affirmation of implicit experience! I heartily applaud Sirote's difficult clinical choice under pressure. And I contrast what I regard as their vitally enacted turning point with what I suspect may have been a curdling point in my own treatment of Everett (Pizer, 1998).

Introducing in my book the concept of the "nonnegotiable," I illustrated it with the case of Everett. I described some of this man's unkind and unethical actions at work and home, and what I experienced as his determined efforts to take me apart as a therapist through recurrent attacks on me, a swarming of contradictory complaints, haughty challenges, and disdainful assaults. I described my tense and angry feelings when I faced his venom and my tender feelings for him whenever his more baleful self-state emerged between us. Our final crunch was delivered when Everett ratcheted up his outside activities to the extreme of a more socially and personally destructive venture. I confronted him with my request—entreaty—to hit the pause button on his misadventure and give us time to consider what all this meant. He had always resisted what he considered to

be my campaign to "clean up his act." But this time he exploded at me with a barrage of outrage and disgust. When I had strained my tolerance of being his target, I told him I would, as I consistently had, bear his anger and try to work with it in the hope of some understanding and moving forward, but that "I would not take shit" from him! Everett reacted to this with shock, and for the weeks that followed all we could talk about was his requirement that I admit that I had really lost it as a therapist. He declared his experience this way: "Either what I say is just shit, or you really have stopped being a therapist. Either I'm crazy, or you really lost it. Admit it. You lost it!" My recurrent reply to this was various forms of saying, "I'm trying to work with what you bring me. Yes, I feared for what you were about to do. Yes, I got angry at your assaults on me. I do get angry when you go too far. But I'm also trying to keep our work going." We never got out of this polarized standoff. I sent him for a consultation, and the consultant told me, "I think this man would destroy anything that might be good for him." I tried to take comfort in this perspective. Everett left treatment and never returned.

That is the story I narrated in my book. But subsequently, I have wondered what else filled intersubjective space between Everett and me. In particular, I have thought a lot in the intervening years about the power and specificity in any clinical dyad of implicit intersubjective sensing of the state and feelings of the other, and the relational implications when we deny, or dissociate, our own affect state or self-state. I have explored (Pizer, 2006, 2009) how the analyst's unspoken, and unspeakable, subjective state can leave the patient swirling in mystification. Denied and dissociated feelings render a disconnect. When they remain unaddressed and unaddressable, relationship is ruptured, or the other is kept hostage to a gaslighting. This is what I mean by a curdling point, which I contrast with the turning point in Sirote's work with Raphael.

Perhaps the treatment dyad of Everett and me was indeed nonnegotiable, doomed from our start and ultimately irretrievable. But for years since publishing my book, I have returned to my awakened awareness that I disliked Everett. And Everett sat in the atmosphere of my dislike for him. Is this intersubjective atmosphere what he was groping to articulate when he asked if everything he said was just "shit"? What if he had not been facing the position I took with him: that I was "just trying to do my work" with him; that I got angry *in response* to his provocations? By denying—first to myself and then to him—that I had come to dislike Everett, I was coconstructor of a good guy/bad guy interlock. Perhaps he would have left anyway, aborting any process that might have led to more regression to dependence. But why should he stay to inhale my *dislike*!

Our growing relational literature has been catching up with the impact, for good and ill, of the analyst's subjectivity and the place of affective transparency in clinical process. Ehrenberg (1992) was an early pioneer in opening dialogue at "the intimate edge" by telling a patient she was feeling an unwonted absence

of sympathy, or a relief that they were taking a break, or a sense of threat. Aron (1991) has asked his patients to conjecture on what they may be picking up of his unconsciously disclosed state. Davies (1994, 2004) has sought to bring the reciprocally dissociated selves of patient and analyst into therapeutic contact by disclosing erotic feelings, or moments of dislike that make the "bad object" a hot potato in the room. Levenkron (2006) reported on the therapeutic importance of "affective honesty." B. Pizer (2003) described the ways an analyst, finding herself caught in a patient's "relational (k)not," may step outside the repetitive choreography within a crimped dialogue space and open fresh channels of exchange. Stern (2010) has explored the ways out of reciprocally enacted, and thereby fixed, dissociative states of "single-mindedness."

But I think it's one thing to share a feeling in the interactive moment. It's quite another thing to inform someone that you do not like him. No longer the disclosure of a feeling, this functions more like the pronouncement of a relational position or lasting attitude, perhaps making a patient feel like what Othello called "a fixed figure for the time of scorn to point his slow unmoving finger at" (Shakespeare, 1604/1936, *Othello*, IV, ii, 56–57). Yet when Sirote acknowledged to Raphael that, to be honest, he did not like him, he seems to have set them both free of a malignantly calcified pattern of enactment. A turning point, indeed!

I ask myself, why was I able to tell another patient, Donald, albeit with heart in mouth, that I was distracted by my efforts to tolerate his body odor (Pizer, 1992) *and yet* unable to tell Everett that I did not like him. And I arrive at this distinction: I believe my message to Donald (in the first weeks of meeting!) was, "I like you. I want to work with you. But I can't tolerate your body odor, and it interferes with my focusing. Can something be done about it so we can engage our work together?" In contrast, I believe my message to Everett, which I did not speak but radiated, was, "I don't like you. And I don't want to work with you." At that time, I was incapable of accepting the immensity of this message, for both of us, and hence incapable of formulating it in consciousness. Instead, Everett was faced with what I exuded and hence given no opening to address it. I can speculate whether my wording, "I won't take shit from you because I've had it with you. I don't like you and I don't want to work with you," might have made a difference. I'll never know.

I want to make clear here that I am not extolling, as a principle of technique, that we tell our patients we don't like them. I mean, how dumb can you get? But, as illustrated in this case between Sirote and Raphael, the painful, scary, and potentially harmful disclosure served as a compelling intersubjective affirmation of what Raphael needed to have acknowledged in words. As Sirote (this issue) describes what follows, Raphael was shocked, hurt, crushed, . . . and relieved. "This is the first time in 18 years I've ever heard that from any therapist." Not every treatment needs a machete attack, a stroke, a parent's death, and the ways in which such crisis moments are lived together, but I think that all that followed in

the forward movement of Raphael's therapy was made possible by Sirote's straight answer and their dyadic mutual use of this relational turning point.

Finally, I want to make some comments on Sirote's notion of expanding the frame to make therapeutic use of the patient's wider context. Sirote proposes that within a relational perspective that views the individual always in context, a reaching out to the patient's wider contexts of relationships, affiliations, networks, and life circumstances may serve therapeutic purpose. But, I ask, in a relational perspective that values negotiation, when might the analyst's participation in his patient's wider life contexts push the frame unilaterally to its functional vanishing point as an analytic frame? When does the analyst's wider participation in the patient's larger circle of life—or, for that matter, the patient's participation in the analyst's wider context—constitute an unrecognized enactment of frame disappearance? And when does the analyst's involvement on the larger stage of the patient's life constitute an action consistent with, and usable within, the analytic frame? When is the analyst's active participation outside the office a gesture of involvement that may benefit therapeutic movement without having been negotiated? Is the preservation of a useful analytic frame contingent on analyst and patient talking about and shaping together what action might occur, or reviewing what has already occurred? Is that pre- or post hoc exploration enough to maintain the frame, but on a wider scale? I don't think Sirote is suggesting that anything goes as long as you talk about it.

So how do we begin to conceptualize dimensions of an expanding analytic frame? At this point, I can offer only a scatter of ideas about specific moments in the work between Sirote and Raphael. For example, when they arranged for a scheduling of family sessions interpolated into their individual process, they seem to have negotiated or, in Sirote's terms, participated together in architecting the therapy. Indeed, such an arrangement of interspersed modalities is not a rare practice. When Sirote attended an AA meeting with Raphael and drove him there, this action seems to have been offered by Sirote and then developed together as a planned venture to incorporate into their work. On the other hand, when Sirote appeared at the funeral parlor and sat with Raphael holding hands where Raphael's father lay dead, had this been negotiated or architected collaboratively? Was there opportunity for Sirote to ask Raphael if he wanted him to come? Sirote's visit strikes me as a gesture of involvement, even what I have termed "generous involvement" (Pizer, 2014). But does it lie within the frame? How was this experience registered by each? Who else was present, and how did they relate to this intensely connected pair? How did Sirote and Raphael peel away the layers of meaning in subsequent analytic sessions? Does it matter in their analytic process if Sirote's visit came as a surprise to Raphael? What may have been enacted in this gesture, and when and how might they have brought into focus potential intrapsychic or field influences or implications of this moment?

From my perspective, two events stand apart from any issues of defining an analytically useful broadening of the frame. When Raphael was violently attacked and Sirote called the ambulance, the police, and Raphael's mother, he acted as any person must for another person. Likewise, when Raphael witnessed Sirote's stroke and called an ambulance and Sirote's wife, this was not a broadening frame but an immediate action of responsibility within the elemental human frame that abides in the background. Each of them engaged in what we might view from the perspective of a Levinasian ethics as a manifestation of the overarching responsibility of each person toward the other in the dire contingencies of life. It was, simply, the thing to do. Did these shared emergencies carry transference-countertransference implications? Of course. We could imagine several: what was the impact on Raphael of experiencing his analyst's taking charge of his safety and care? Or making him the priority over the patient still in the office? How did Raphael psychically represent this dramatic contrast to his noninvolved parents? And what was it like for Raphael to take such competent charge of his analyst's critical care? What did it mean to him to meet, and sit with, Sirote's wife, perhaps even, in some ways, on equal par for the moment? And what bond of comrades may have followed naturally from such critical mobilization when each of their lives was threatened? How was the frame relevant in the midst of emergency? How might the frame still have been tacitly represented in subtleties of their relating (as in Sirote's turning away his bare back)?

When Reality trumps the frame, it does not necessarily broaden it as an analytic frame, which may just not be the relevant thing in such emergencies. Yet, when and how, then, do analyst and patient find themselves again within a shared analytic frame? How is it forever changed, for better or worse, by this intimately shared involvement as active agents in the heartbeats of each other's lives, in a state that may be shock but not what we consider a dissociated enactment, nor a flexible frame negotiation (although, again, subtle and tacit negotiations may indeed have been involved)? I look forward to Sirote's further thoughts.

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