

Introduction

If there is one topic that comes up above all others in psychotherapy, it is the topic of relationships. Relationality is one of the defining features of our humanity, and yet also seems to bedevil most of us. Your average person who is sitting in one of my office chairs is most probably, though certainly not exclusively, talking about how they are affected, or think they are affected, or fear that others think they should be affected, or how they feel ashamed they are or aren't affected as compared to some way they believe they should or shouldn't be affected...deep breath...I know, crazy when you write it out, but people are like this...due to some relational conundrum. As part of the conundrum...not infrequently...the person feels that sex, and/or intimacy, and/or relationality, may somehow be connected to their confusion, or alternatively, their therapist thinks so, and we wind up exploring the difference, or lack of difference, between sex, sexuality, intimacy, etc. Though the particulars are always unique to the individual and vary infinitely, the basic conundrum is similar for everyone I have worked with so far. The conundrum boils down to, how do I remain myself while in relationship with other selves, and what do I need to be happy in those relationships? And then for the spiritually curious in the group let's add, what is this I that wants to be happy anyway and do I even need it?

I write this essay to address this common relational confusion, but also because this fundamental confusion seems especially bedeviling to the "spiritual but not religious" folks I work with. These folks usually have some meditation experience, sometimes even extensive experience, and yet also have quite a few "spiritual" beliefs that just don't hold water, and which then wind up blocking them from both spiritual attainment, and everyday happiness in relationship to others. These beliefs often lie hidden in the unconscious and cannot be easily found without specialized methods, or specialized help. Such folks often assume that meditation will bring them all of the insight and information they need, but this has not appeared to be true in my dialogues with them. Meditation, as a technique, is very hit-or-miss when it comes to personal insight. What we actually need for personality transformation is some kind of relational help in most cases. This should not be surprising, that the solution to a relational problem should involve relational help, and yet many people have never thought about this.

I would suggest that there is no special "spiritual" intimacy apart from normal, mature human intimacy. We are all in the same boat as humans. We are mammals who need each other to survive and thrive and who, at best, will die in less than a hundred and twenty years. Spirituality, at absolute best, gives us a broader frame of reference from which to live this life compassionately and passionately. At best. But spiritual ideas of transcendence and bliss and powers and whatever else can become a spiritual bypass that cuts us off from our true selves as easily as lead us to some higher form of Self. And so spiritualists in many ways have greater problems inquiring into the relational level of their humanity than an average psychotherapy client, because they have stumbled on teachings that can easily be misapplied. Teachings of equanimity become teachings of emotional distance. Teachings of non-dual unity become

teachings of inhuman transcendence or perfection. The Bodhisattva Vow, as Zen teacher Barry Magid likes to say, becomes a vow to save all beings but for one, the one doing the vowing (Magid, 2014). Many spiritual practitioners are so caught up with improving themselves or transcending themselves that they have a massive blindspot for the normal, inevitable mess that is a long term relationship, and therefore miss one of the primary drivers of personal development, the other people in our lives. For such people relationships become something to either be avoided or suffered through while the "real" work of enlightenment goes on in parallel on the cushions, and never the twain shall meet. Which is sad, because as messy as relationships can be, the mess is a beautiful, life affirming and consciousness promoting mess. The everyday work of marriage and parenting (not to promote one form of relationship over another but rather to give an example) where we are, essentially, constantly repairing relational misunderstandings in one way or another, is the very work of enlightenment. At least on the relational level. As I find myself often repeating to clients interested in non-duality, I shall repeat again here in hopes it helps the reader: non-duality is ultimately inclusive, not at all exclusive. Non-dual realization includes your humanity, includes relationality, includes intimacy down to the very core of intimacy with all things and your self as part of that whole...who ever instructed you to exclude anything?

In very broad strokes (very, very broad), relationality is one of the primary reasons hominids survived and eventually evolved into homo sapiens. Before we started farming on a large scale and urban centers began to emerge about ten to fifteen thousand years ago, we were hunter gatherers. Relatively slow, relatively weak, relatively puny -- at least as compared to our favored prey -- hunter gatherers. The only way to reliably feed ourselves was to develop tools and to have a band or tribe of others with whom we could cooperatively hunt and gather in strategic and tactical ways. But adapting strategy or changing tactics due to changing circumstances requires symbolic communication. Therefore, from an evolutionary perspective, the development of complex symbolic and emotional communication was an adaptive advantage and would have been selected for just as much as the capacity to conceptualize and make tools. To put it simply, if I must rely on a small group for my survival, then I must be very good at understanding people, their motivations and their various ways of relating to me and others, because my ability to thrive literally depends on my capacity to do so. What this evolutionary backdrop means for us as modern day humans is that the evolutionary forces that eventually gave rise to the ability to create smartphones, are also the forces that created a limbic system finely attuned to our social environment. Our clever symbol using and tool inventing brains are also clever relational brains, and all of these qualities evolved together because they were all key for our survival. This is why attachment is a need for babies coeval with food and water¹. We are situated, at least in post-industrial countries, in a never before seen modernity of convenience and distraction. Our hunter-gatherer minds -- evolved to live in small cooperative bands -- are spinning. Our biological evolution has not caught up to our technological and cultural innovation, nor can it (unless our innovation should suddenly stop due to some catastrophe) and so we must come to understand what it means to be human, evolved for intimate connection with other humans (and all of nature and the whole universe), in a disconnected time and place. The heart of this

work, or at least the place where problems emerge most clearly, is in the relational field...but then we are back to all of those relational questions. Let's see if we can clear some of them up...

Sensuality and Sexuality

As already mentioned, if we are in psychotherapy then almost inevitably we are speaking about our intimate relationships to one degree or another, and sex and sexuality are naturally part of that broader field of intimacy and relationality. Talking about sex in psychotherapy often follows a sort of progression depending on where the person is starting from. The first foundation for an understanding of how all the terms in the title actually fit together is straightforward education about the biology and physiology of sex. We need to get comfortable with the basic names and locations of genitalia, how those parts function, where the nerve clusters are that are pleasurable to stimulate, and how people typically go about stimulating those areas. Many people want to understand if their personal sex drive and preferences are "normal." This is a loaded term, and as we will see as the essay progresses, sex drive is quite a bit more complicated than other drives like thirst, but basic information is often appreciated and useful at this level of understanding. Because, even in this supposedly modern time of sex education in schools and women's right to choose, many people have very little basic knowledge about sex. At least in my practice, many supposedly sexually active adults are deeply uncomfortable with the functioning of bodies, theirs and that of others. If you are in this category please go to the library, go to therapy, get online, take a class, or otherwise do whatever you are comfortable with to gain basic information. Since the early studies of Kinsey, and Masters and Johnson, there have been many studies on the actual (rather than proscribed) sexual practices of average people. There is a whole academic field called Sexology. The information is there and a quick search on Google Scholar will give you more academic abstracts than you can read in an hour².

After basic factual education on physiology, the second foundation has to do with education on the variability of mood, emotion and feeling. This is what is referred to as affect theory, and there are several current versions, but they all have to do with framing the interaction of the limbic system and our cognitive centers. This is just a fancy way of saying that affect theory is our most current attempt to explain to ourselves why we feel what we feel. To put it simply, if there are six basic emotions: sadness, anger, happiness or joy, anxiety, surprise and disgust, then feelings are the mixture of those emotions. Much as we can have a vast array of colors and tones based on the mixture of a few primary colors, so we can have infinite seeming degrees of subtlety in our feeling tones. These feeling tones are the underlying foundation of our subjective experience of our lives. When our limbic centers and cognitive centers are balanced and working smoothly, we have an accurate sense of ourselves as existing in our environment.

An extreme example to make things clear: if a bear walks out of the woods right in front of us it is natural to be afraid. Our feelings are very accurately reading and reflecting the environment. If, on the other hand, we are afraid simply because we are sitting behind the wheel of a car, something that we have driven many times before with no accident or misfortune, then there is something completely out of whack about our emotional response and the environment. In such

a case, we can only explain the emotional tone by virtue of the internal environment, our feelings, our unconscious, etc.

Luckily, most of us do not have to face into such large imbalances between our affect and the outside environment, however we all have subtle variability of affect that colours our experience of the world. Both in psychotherapy and in spirituality one of our goals is to become very finely attuned to these often unconscious currents within us. As we attune we become both more accurate in our reading of ourselves, others, and the environment generally, but we also come to feel more alive. We are more available, more present, but also better bounded by being in touch with our own unique proclivities.

Again, where this stuff really plays out and we can see if there is any proof in the pudding is when we are in relationship to others. In couples for example, someone can be physically healthy, be well versed in the physical demands of sex as an activity or sport, and yet not be particularly enlivened by the act. Many people in my practice experience versions of this sort of variability, but do not understand what is happening to them. At this level we need to come to understand how our own feelings and the communication of feelings with others works. This is the level at which a lot of couples therapy occurs. As many couples know, sex can take the place of true intimacy, or can disappear as intimacy decreases in the relationship. For example, the wife or husband or partner who does not really feel listened to and understood, also not surprisingly may not feel very sexy towards the other person. Many couples find themselves in a temporary backwater where they must renew and reinvigorate the relationship as a whole in order to also reinvigorate their sex life (rather than the other way around, which can also be helpful, but only if both people in the couple are up for the experiment and don't leave it at just the physical). In any case, the variability of our sex drive within a dyadic relationship serves as a fairly familiar example of how sex drive is clearly part of a larger field of intimacy and relationality.

Sexuality and Intimacy

Moving from the relatively obvious variability in sexual feelings in long term relationships towards a more general psychodynamic understanding, it is important to understand that sexual feelings can also be seen as a defense. From a psychodynamic perspective, sexuality is not understood as simply a biological drive, although it is that, but also as an energy which can be transformed in a multitude of ways by forces both within the person and within the broader relational field that the person inhabits. For example, sexual feelings can be used (unconsciously now) as a distraction, to block out or replace other feelings that the person has more trouble tolerating. We can overemphasize our sexuality as a way of unconsciously compensating for poor self esteem. We can become sexually aroused as a way of trying to cope with anxiety, or anger, or any feeling state. We can focus on sexual gratification as a way of avoiding mastering more subtle forms of gratification, the student who consistently prefers to party than study for example. Sex can become an addiction, pornography can become an addiction, pornography can become a way to avoid intimacy while simultaneously longing for intimacy in real relationships.

In other words, sexuality as a force in our life, goes far beyond the simple drive to procreate and we must inquire into it with care. There is a lot of conceptual subtleties we could get into and debate, but the key to all of this is our own internal contact with ourselves. As we deepen in contact we discern our true feelings and interests and motivations and we come to need defensive organizations less and less. Gradually the person comes to feel more attuned to and appreciative of their personal proclivities, no longer needing to defensively spend energy on questions of how they compare to others or questions of shoulds. As defensiveness decreases, the capacity for deep contact with the other(s) in the relationship increases, and promotes healing and growth all around. By degrees and with skillful effort, the degree of subtle contact increases and eventually folds into our spiritual path in a natural way. It is beautiful to watch this process unfold.

In spiritual circles, in contrast, at least the ones I have experienced directly or heard about from clients that I work with, intimacy tends to get glossed over in favor of an emphasis on meditation practice and awakening. There may be a code of ethical behavior, but there is very rarely any direct teaching on the place of human sexual feelings in awakening, and certainly not anything similar to the sort of breakdown I just gave above. That is not to say that such teachings do not exist, we are essentially talking about the Tantric path and there are many versions of Tantra after all, but I do not hear of complex and nuanced teachings about sexuality in the American spiritual scene very often. The only exception I can think of is one of my own favored teachers, Judith Blackstone, who has written on spiritual relationality specifically and eloquently. Rather, the student is left to assume whatever they assume about the role of human intimacy on their path and to apply what they are learning from non-dual teachings in the various areas of their life to the best of their ability and judgment. However, in this scenario, the student will most likely keep whatever pre-existing biases they happen to have. The assumptions of the individual are left unchallenged and somehow intimacy with Reality fails to include intimacy with one's life partner or neighbor except as a vaguely sketched aspiration or as a longed for, never to be fully reached ideal.

The whole situation is part of a larger dilemma that is one of the most common dilemmas faced by meditation practitioners, which is, how do I bring this practice into day to day life?

Because non-duality is not a particular thing we must use metaphor, parable, or rigorous logic to try to point towards it, but we can never simply describe what it is. The door for misinterpretation is thus always wide open. When it comes to sex, one tendency is to unconsciously color sex with the broad brush of whatever our cultural and familial upbringing was, or to overcompensate in reaction to that same upbringing and move towards the polar opposite end of the spectrum. Thus teachings which emphasize the mirror-like quality of Awareness, for example, can be taken as cold and impersonal by the student who tends to defensively avoid emotionality, and can equally be taken as a directive to try to merge completely with others by the student who already tends towards merger as their type of defensive organization. Like most unconscious tendencies this can be hard to see because simultaneously our conscious intent is often to be very aware of our history and try to work

skillfully with it. We may think and genuinely feel upon deep reflection that it is best for us to engage in abstinence, for example, and yet really be avoiding sexuality because of all of the uncomfortable things sex represents for us. We may believe, after much genuine effort at reflection, that it is best to only have a partner who follows the same path we do so that we can have a “right” relationship, and yet be blind to the many potentially good relationships around us. This is not to suggest there is some right or wrong way to go about things. Obviously abstinence, or partnership or whatever configuration of relationships you can imagine can be a right choice for some and a poor choice for others, but equally obviously given all of the notorious problems around sex in spiritual communities of all sorts, there might be something unconscious happening. In some (infamous and certainly not the norm) cases spiritual communities even become entangled with the oddities of the teacher, harshly suppressive if the teacher is straight laced and wildly orgiastic if the teacher is a swinger. In the worst of these (again thankfully rare) cases, the community essentially becomes a cult devoted to the persona of a “guru.” As in some of my other essays I would propose that guru worship is unnecessary and also probably best avoided for most westerners due to its unique cultural origins which we do not share. In the case of relationality and sexuality specifically I am simply pointing out that there are extant physiological and psychological models of human functioning that allow us to understand relational intimacy without the need for giving over our own autonomy in guru worship. These models help us find our own unique intimacy while making sure we are being honest with ourselves and thereby avoiding some of the spiritual backwaters that discomfort with sexuality may lead to.

So, in other words, the topic of sexuality and relationality more broadly is essentially bypassed in most spiritual communities and groups, “bypassing” being the term coined by John Wellwood to describe the unconscious use of spiritual practice to avoid uncomfortable aspects of life. The term is essentially Wellwood’s contribution to the list of defenses mapped out by Anna Freud many years ago, and must be understood like other psychodynamic defenses. The basic idea is that there is something within us that we are unaware of that will play havoc with our conscious intentions as long as we are unaware of it. Just like any other unconscious defense we are at risk of maintaining blindspots or some form of symptomaticity as long as the buried conflict remains, and we are more at risk the bigger the conflict is. Another basic idea is that it is through therapy, a unique form of dyadic relating to another human being, that we may discover such unconscious contents. Although sudden insight can and does occur about any number of things through practicing meditation alone, meditation does not typically reveal us to ourselves in a predictable manner, and as already mentioned, it is often unclear to a practitioner how to employ insights they have been granted in their day to day lives. Thus, peculiarities of our personalities can lie hidden our whole lives of practice and/or can coexist with deep insight without seeming to translate into action. Relationships fail to be mined for the growth promoting factors they inherently possess, and the years fly by.

Intimacy and Relationality

Meanwhile, in psychotherapy we have a paradigm that encourages exploration in the context of a peculiar form of relationship, including exploration of aspects of life that are typically taboo. Through that process the client is often able to come to distinguish for themselves what they actually appreciate as opposed to what they once automatically accepted. The therapist is present for support and education and the like, but mostly the therapist is present in order to be related to, and to be skilled at noticing how they are being related to. As the therapist and client relate to each other in the carefully controlled crucible of therapy, various conundrums of the client's unique personality get worked through via "insight," a term that refers to the sudden emergence of a new way of understanding oneself (as opposed to the "insight" of Vipassana, which means some glimpse into fundamental reality). What needs to be understood however, is that psychological insight often involves a great deal of emotional discomfort, the psychological equivalent of the sort of pain we feel with deep stretching or deep tissue massage. Somehow it hurts but feels health promoting at the same time. The person both wants it and doesn't want it at the same time. Thus, some sessions will be harder working than others as the patient naturally finds their own rhythm of pushing and resourcing, trying and resting.

Now, for the therapist, when the client is taking their time for some reason, it can be felt by the therapist in a variety of ways. Most therapists give their clients plenty of latitude, but after a while, if the client seems particularly fixated on a single issue, they may start to wonder. If the issue that appears to be most on the client's mind in session is taking longer than average to resolve, perhaps it is a particularly sticky issue for this particular client at this time. Many possibilities exist, but one of the main tools the therapist has to inquire into what is going on, is his or her counter-transference. Whatever the feelings, sensations and thoughts are that the therapist is experiencing while relating to the client, that is what we call the therapist's counter-transference. They are experiencing that there is some kind of blockage in the flow of the therapeutic endeavor, and they mine their own feelings and associations to understand what that block is so that they may help remove it, again usually through insight.

But take a look, we have a relational problem here called an impasse. The client is trying and the therapist is trying, but one or both of them feel that something is not quite right. Often clients are asking themselves questions in private because they also feel that the therapy is somehow stalled. However, the client is not likely to frame the situation from a clinical perspective, but rather from their personal perspective. Both people are naturally asking themselves some version of the question, "what is going on here?", because something doesn't feel right, but they are asking it from different perspectives. Generally, but certainly not always, the therapist will be better equipped to ask and answer this question because the therapist is maintaining a professional, clinical perspective rather than a personal one. But does the client trust this as a reality, or have they started to lose faith in their healer? They may wonder. Perhaps this particular therapist is not a good fit for us. Perhaps they are stressed? Perhaps *they* are crazy?

As a general rule of thumb, the closer we get to something heavily defended, or something highly traumatic, the more likely we are to fall into an impasse. One person (at least, and possibly both) is feeling much more resistance than interest, but much of the resistance is unconscious. The pain, it is felt, would be too much, but we can't really articulate why. I may start to feel and maybe even act a little "crazy" because something I am terrified of is right around the psychological/emotional corner. It can be anything: I really like sex even though I internalized a sense that is it dirty; I really like sex but it terrifies me because it was done *to* me as a child and thus I could not develop a healthy relationship to my own sexuality; I really don't like sex but I feel obliged to be sexual when others desire it; the possibilities are endless. And depending on the relative health of the individual, things can get quite scary. Although it is exceptionally rare to witness a true de-repression or de-dissociation of material, it can happen. So, especially for those who have especially difficult backgrounds, we are really playing with fire in therapy in many ways.

Most of us can think of particular circumstances in our lives that have made us a bit crazy. Under the stressors that brought them in to work with me in couples therapy, many people report wondering whether their partner is crazy, they are crazy, or both. This kind of discomfort often comes up in intimate relationships, and may even be an inevitable part of long-term intimate relationships, *but not necessarily*. The line between a little crazy sometimes and that's how relationships go on the one hand, and too darn crazy to keep trying on the other, can be an ambiguous line for many. One of my main questions is, what do you do when stuff like what I am describing starts to happen between you and your spiritual teacher, or you and your guru, or you and your spiritual friend, or you and your neighbor, or you and your therapist, or you and anyone.

My thesis is that mature relationality looks about the same for someone on a spiritual path and someone not, that it will involve felt impasse from time to time, but that such experiences of impasse often do not fit into the average seeker's ideas about how a relationship with a teacher or guru is supposed to feel, and thus they are likely to retreat from relational impasse into their psychological defenses or a brittle version of transcendence. It seems to me that emotionally scary material can easily become part of the teacher/student relationship if they are trying to do deep work, and so I believe that this is an instance of psychology having quite a bit more to offer spirituality than the other way around (although there are many reverse instances as well, of course).

Psychodynamically Informed Relationality

The dyadic relational crucible of therapy is referred to as the transference/counter-transference matrix in modern psychoanalytically oriented therapies. This is just a fancy way of saying that therapists, at least those trained in psychodynamic therapies, are supposed to be able to keep their seats and observe the ebb and flow of what is going on in the consulting room even when things get emotionally hot. This is not a place of detachment that the therapist maintains, but rather a place of non-judgmental compassion from which the therapist relates. The therapist is,

imperfectly (because they are also human), attempting to stand in a very particular type of relational configuration with their client in which the needs of the client always come first, but in which the therapist simultaneously maintains their own clinical view of what is going on, and also simultaneously remains an authentic human being. In most psychotherapy cases the transference/counter-transference relational matrix simply exists in the background. The therapist is mostly holding the space and facilitating the client's work in subtle ways. The client "gets" what the therapist is doing even if they occasionally wonder about a stray comment, because they understand and accept the basic premise that the therapist is attempting to serve their growth and that it is they who are bringing the material of the session into the room. For the therapist, working with such clients is an exercise in careful attention to subtle variations in the relational matrix (see Thomas Ogden's later writings for eloquent and masterful examples³) wherein they use their counter-transferential experience to amplify the client's exploration. For the client, it is an experience that is simultaneously arduous and gratifying. The work they are doing is extremely hard for them, but they feel supported in their work by the therapist and implicitly understand that they are engaged in a process that, though complicated, has been successfully navigated by many before them. The feeling for both parties is often a sense that things are working themselves out for non-specific reasons.

Because these are very subtle relational currents though, let us turn again to a more extreme example where relational impasse will be more clear. Fair warning, this example will become a bit bogged down in technical language but clients often tell me they like to learn this sort of thing, so here we go:

Let us say I am working with someone who could be classified as having a personality disorder. By definition they are at what is referred to as the "borderline level" of personality structure as opposed to a healthier neurotic level of structure or a very unhealthy psychotic level of structure (think psychodynamic, not DSM. Psychoanalytic terms like borderline, as well as terms referring to personality styles, were often adopted into the DSM or ICD system. However, the meaning of terms like borderline in psychodynamic parlance versus the meaning of the term in DSM parlance is radically different. Please understand that I'm only speaking in psychodynamic terms in this essay). Let us also say they are histrionically organized. The term histrionic, and the other personality types (narcissistic, depressive, schizoid, etc., again all to be understood in a purely psychodynamic context for the moment) refers to certain clusters of defensive styles, presumed object-relational configurations, presumed self-object relations, preferred cognitives styles, etc. (the technical reader will please see the PDM for further elucidation. I also highly recommend two books by Nancy McWilliams, "Psychoanalytic Diagnosis," and "Psychoanalytic Case Formulation." These books contain excellent graduate level explanation of psychoanalytic concepts with copious references for those who would like to read even more deeply into analytic theory⁴). So anyway I am sitting with someone who is histrionically organized, and who happens to have that organization at the borderline level such that they are unable to relate in a healthy, flexible way. Their subjective experience may be that I am kind, or mean, or wise, or idiotic...and under stress they may well be thinking and experiencing in nearly binary ways...and I am experiencing their experience of me, but I am simultaneously none of those things. I am simply existing in my own subjective experience of the

relational space which is, again, imperfectly but generally, one of non-judgemental compassionate presence. The borderline level client will typically be exquisitely attuned to the relational space, but in a way distorted by their particular personality type plus whatever individual idiosyncrasies there happen to be, and the distortions of the client are the primary driver of what becomes one impasse after another (see Phillip Bromberg's excellent and very experience-near descriptions of working with various types of borderline level structure; he also weaves in trauma theory in a unique and useful way⁵). I, as the therapist, try to use my own subjectivity to tune in, but not get caught up in, the client's waves of experience, and to translate my own experience into (hopefully) helpful descriptions of what I think is going on, but I inevitably fail. When I can arrive at a description that is experience near enough to the client's perspective that they can hear it and take it in, an utterance that is probably quite different than how they would describe what is going on but which is still heard as true for them, I have made a successful "interpretation." An interpretation in this case being a relational negotiation of the felt impasse between the two of us where I (finally) say something that makes sense of both individual perspectives from a meta-perspective that is common to each. That new perspective is still a long way from where I want to go as the clinician, but it brings the client one step closer to a more consensual feeling relational reality. And that is the work with borderline level clients, quite uncertain and often long and arduous.

As a concrete example of an interchange in the case of a borderline histrionic client, let us say that he or she is relating something emotionally important to them but becomes concerned that I do not understand what they are saying (another common example might be that the client becomes suddenly concerned for my emotional well-being, because apparently, I'm the upset one at the moment, or, any number of other behaviors that you can find listed in the DSM. The important thing is not the behaviors, but rather the relational perspective from which the behaviors are coming). Meanwhile, in my own subjective experience, having worked with them for some time and having heard similar sentiments from them repeatedly, I was feeling quite certain that I did understand what they were saying and now feel perplexed by why they are not experiencing being understood. It is not unusual in such cases that we may even have discussed the very same issue a few days prior and had a very beneficial feeling (I thought) session, a circumstance adding to my own confusion. Meanwhile, in *their* subjective experience, my confused and concerned demeanor is being read and felt as, who knows, let us say critical. We are, suddenly and without obvious external cause (to me), at an impasse. I am confused and they are angry and feeling insulted. Simple protestations that I do feel I understand will be felt as further insult, but so will silence. What to do? Often, there is some grain of truth in what the client is saying, not just in terms of their own history, but also about me. The truth about me is (usually) a grossly distorted and inflated truth, but a truth nonetheless. If I am quick enough on my feet to realize we have stumbled into an impasse and that naive protestations of clinical concern will be disastrous, and if some part of the client can hang on to our past work where I was experienced as caring, then we have a shot at resolution. Something that might come to me is that I have a tendency towards intellectualism (no doubt a shocking revelation to the reader at this point in the essay), and this trait can certainly be felt as critical. Perhaps there is something about me that has contributed to the impasse after all? I perhaps reflected to my client what I

was hearing from them in some way that, though very clear to me, might have been overly clever? I used a word that felt synonymous to me but not to them? Not to suggest that the therapist must always use self-disclosure in such impasses, the main driver is the client's distortion after all, but the critical point is that I take the client's protests seriously enough to introspect, while not losing sight of the larger picture. I have to be genuine in other words. Genuine, human and professional all at the same time. This is all much easier said than done, but with serious effort by the client on their side of things, we work it through and start to see some of the distortions that the client brought to the interchange⁶.

Relationality and Intimacy

Now again, I use a borderline level situation for effect, because it is different in degree of confusion from the average relationship. I am hoping my description of relatively extreme impasse will throw the more common relational impasses that we are all familiar with from our own lives into relief, because the essence of the relational negotiation of these impasses is the same at any level of psychological structure. That method is openness, honesty, and meta-communication. As psychological structure decreases the amount of patience required to arrive at a meta-communication increases, but the basic stance is always the same. Now, it seems obvious to me but let me state it for the reader, that couples cannot be therapists to each other even if they happen to be professional therapists. Please understand that I speak from some personal experience here. We, as therapists, can maintain a degree of neutrality because of our very clear role, which is to try to promote the psychological health of our client. In therapy it is always the client's health which comes first. Although the client may sometimes question this when they are being pushed, the therapist, as long as they are operating from the appropriate counter-transferential position of compassion, is *attempting* to help, and this intention is part of the relational field as well. I hope it is obvious to the reader that this cannot be true of other relationships in their lives. We cannot have such extreme patience for our friends and partners because we are invested in the relationship in a very different way. We *need* them, and we *need* them to *need* us. We also need them to *accept* us, and generally can't help but wish for them to accept *all of us*, even though we may simultaneously realize that we have several parts that aren't all that healthy.

For example, when I say I need my wife, I need her in a particular way both unique to that relationship, but also understandable as a type of relationship. In other words, marriage is one of many possible examples of a type of relationship in which I make myself vulnerable to emotional pain, because *vulnerability is the natural and inevitable corollary to trusting someone*. If I truly trust you, then I will be truly hurt if I feel the trust is bent or broken in some way. In my marriage I need my wife to show me signs that she loves me, and the signs that I'm looking for may be quite idiosyncratic to me and my personal history. Further, my perception of the reception or lack of reception of those idiosyncratic signs are probably crucial to my own sense of well-being. If they are not crucial to my well-being, then as a sort of tautology, I can't really be in deep relationship with her. However, these same idiosyncrasies are what are most likely to lead to my own distorted experience of an interaction. However and yet again however,

she has her own distortions, so it is never immediately obvious who is distorting what and to what degree.

The spiritual types will please re-read the previous two paragraphs now, because what I am saying is true of awakened people as well.

As a therapist, I don't really need anything emotionally from my client. I am emotionally invested in them in the sense that I very much wish them to get better, and I am doing my utmost to facilitate their health, and I want them and need them to be invested in the therapy overall, and I care about them because I know so much about their lives, but I do not need them to feel any particular way about *me*. I much prefer it when they seem to like me. I feel better about myself when my clients seem to like me and seem to be helped by what I am doing. My own self esteem does rest, partly, on my perception of how well I'm performing my job. However, on the occasions when my clients feel negatively disposed towards me, I am not likely to become emotionally activated in the way that I would if my wife tells me that she is negatively disposed towards me. It is a different form of relationship. However, it is also not a teaching relationship where I, as the teacher, may be tempted to take an authoritarian position of holding the truth, or at least more truth than you.

This is neither to say that therapeutic dyads cannot become enmeshed, nor that couples cannot be exceptionally health-promoting for each other, nor that teacher-student dyads are somehow limited. Only to point out that there is something unique about the therapeutic relationship compared to other forms of relationship, and that we may learn from the therapeutic relationship something applicable to the other forms. What all dyads can do is metacommunicate, but only if there is trust and a commitment to honest inquiry.

I will not go on at length about meta-communication because John Gottman has already done that for us (I recommend to the interested reader a quick search of Gottman's offerings. He, at this point in time, has transitioned from his academic career to teaching his perspective and has written many books intended for the lay public. We owe him a great debt for his truly groundbreaking research but it is too vast to summarize here)⁷. I will just say that I have already given examples of meta communication in this essay and the term can be easily researched online. The essence of meta-communication is what the Greek root meta implies, which is a broader perspective from which to see. When a dyad (or triad, etc.) is at loggerheads, truly at loggerheads, and the usual attempt to find some logical solution has failed and failed again, then the only solution is to find a meta perspective. Most frequently, and again I am speaking from the perspective of 13 years of couples work, the real problem is that both people are right, but only from their perspective, and they have lost sight of the many, many, other possible and equally good perspectives. The reason this has happened to them, to bring us full circle now, is because they are in the grips of some kind of psychological complex that is probably based on their childhood experience. These complexes are so emotionally powerful that the person cannot see anything but their own perspective, and that perspective has clouded their perceptions and thus their judgment. We could say that they are in the grips of a type of bias, a term that has

gotten a lot of press in recent years because of police enforcement issues and also because of behavioral economics. Bias, by definition, is an unconscious predilection of some sort that distorts what we perceive before we are even aware of the process of perceiving and thinking we usually refer to as consciousness.

Consciousness is of course another subtle topic, the word can be used in a wide variety of ways, but for the moment I simply mean that what a person is aware of feeling, thinking, perceiving and deciding, is something that is founded on many, many, many other processes that happened in about a third of a second⁸ *before* the person was aware of anything. Those processes are also too complex to go into at the moment, but the salient point is that there are aspects of ourselves, even what we feel to be conscious decision making aspects, that are almost entirely based on unconscious and unperceivable neurophysiological currents. This fact, based on a now overwhelming number of studies, is highly relevant for us if we want to truly understand ourselves and grow beyond our current perspective because the fact implies that we cannot directly develop some parts of ourselves, even with advanced attentional skills based on decades of meditation training. *Not directly*. But indirectly, through attention to the kind of relational currents and processes I have been describing, you can, *if* you have at least one trusted other to go through the healing of impasse with. Sadly, at least one half of married couples appear to not be able to manage this feat, and I would guess that relatively few spiritual teachers are up to the task with their students. Most spiritual teachers I have observed, and certainly the ones I have read of, by and large seem not to know what to do with their students' emotions. Few seem to have any understanding of group dynamics, and I have not yet found anyone who works skillfully with both group dynamics and non-duality simultaneously. I, of course, am only speaking from my own limited experience. There are, I am sure, also many wise teachers who either through training or gifted intuition manage the transference/counter-transference matrix with great skill, but there are obviously plenty who don't.

To be as explicit as I can be with my point, all humans, regardless of their position on the various developmental continuums I have referred to in this paper, are subject to relational forces. We can usefully judge what kind of help to offer or to ask for by being aware of these continuums. Some people will have had traumas or traumatic circumstances in their pasts that make it more likely they will need professional help, some will not need their interlocutors to have a high level of training. Many coupled relationships, friend relationships, teacher-student relationships, mentor-mentee relationships, etc. will be miraculous, utterly miraculous, but many will be damaging. Some people will be lucky enough to find a compassionate other, or even several others, to partner with in some fashion, who will be capable of co-healing with the person, but many will find such relationships to be hard to find. We can vastly improve our chances of relational satisfaction and spiritual awakening by understanding these relational forces.

Most relationships, in my opinion, have the potential to be healing for all parties involved, but only if all parties involved are willing to look at their own potential distortions and have some basic way to meta-communicate. These are learnable skills. I have tried to give actionable

suggestions in this paper. Please write to me with questions or comments and I will be happy to respond and/or work your ideas into a newer version of this essay.

Conclusion

Non-duality is the ultimate meta-perspective, but it also includes *everything* and is thus not very useful sometimes. Having the experience of a partner (teacher, member(s) of a polyamorous web, lover, friend) trying to take the high road of non-dual “transcendence” in the context of a relational impasse is one of the most annoying and useless experiences possible (“I don’t know why you are upset, I am not upset at all. Perhaps you have further work to do”). Such people should be defenestrated. Yet, poor handling of relational impasse is legion in all possible categories of relationship, marriage, teacher/student, what have you. Those with emotional damage or some kind of trauma in their lives will likely need teachers and/or therapists to be skilled in relational therapy because they will likely hit scary aspects of themselves, and they will likely feel some form of relational impasse. I strongly suggest that the psychotherapeutic relationship, while only one type of healing relationship, is still one of the most likely types of relationship to be healing, if relational healing is what is really needed.

Notes

1.

In one of the saddest natural experiments imaginable, Spitz carefully documented infants who had been abandoned by their parents and were then cared for in modern institutions of the day. The thinking of the time placed great emphasis on nutrition and sanitation, but there was not yet any conceptualization of attachment. Orphaned infants were given plenty of food and water, and were kept very clean, but were mostly left alone in cribs. Many of these infants died after developing symptoms that, many years later, would come to be grouped under the category of autism. It was a mystery at the time, the harm completely unintended, but serves as proof of the inherent power of relationality for humans and mammals more generally.

Spitz, R.A. (1945). Hospitalism—An Inquiry Into the Genesis of Psychiatric Conditions in Early Childhood. *Psychoanalytic Study of the Child*, 1, 53-74.

Spitz, R.A. (1946). Hospitalism; A follow-up report on investigation described in volume I, 1945. *The Psychoanalytic Study of the Child*, 2, 113-117.

2.

If you just “google” “google scholar” you will get a link to the search engine devoted to academic abstracts. Although many of the full papers will be behind a pay wall, you can often contact the researcher(s) directly and request their paper for free. Many academics are thrilled to have members of the public read their research and are exceptionally helpful when asked questions.

With regard to basic physiology and the physiology of the sexual act, this information is so old as to be part of the public domain. There are plenty of online resources that will come to your attention if

you simply do some digging. Keep in mind that .edu and .gov sites are generally more trustworthy than .org sites, and .org sites generally more trustworthy than .com sites, but these are only rules of thumb and not so important with this topic. Other than sites with strong bias, straightforward information on sex is easy to find if you look. Searching on Amazon will give you plenty of options for purchase.

3.

Ogden is a towering figure within modern relational analysis. He has been active for many decades now, so it is far beyond the scope of this paper to summarize his work, but his conceptualization of the “analytic third” is as good an intersubjective stance as any, and his writing is truly masterful both for his deep theoretical knowledge, but also for his unique clinical perspective. Ogden, somewhat like Winnicott who many readers will be more familiar with, has the remarkable ability to induce the states he is writing about through his artful use of language. In many of his essays, reading Ogden is both a clinical and theoretical treat, while also being a literary experience. I have read his work up through 2012, but I see on Wikipedia that he has written some novels, so I will have to read those now.

A list of his published books taken from Wikipedia on 1/31/2020:

- 2016 - Reclaiming Unlived Life: Experiences in Psychoanalysis
- 2016 - The Hands of Gravity and Chance: A Novel
- 2014 - The Parts Left Out: A Novel
- 2013 - The Analyst's Ear and the Critic's Eye: Rethinking Psychoanalysis and Literature (co-authored with Benjamin Ogden)
- 2012 - Creative Readings: Essays on Seminal Analytic Works
- 2012 - On Not Being Able to Dream: Essays 1994-2005
- 2009 - Rediscovering Psychoanalysis: Thinking and Dreaming, Learning and Forgetting
- 2005 - This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries
- 2001 - Conversations at the Frontier of Dreaming
- 1997 - Reverie and Interpretation: Sensing Something Human
- 1994 - Subjects of Analysis
- 1989 - The Primitive Edge of Experience
- 1986 - The Matrix of the Mind: Object Relations and the Psychoanalytic Dialogue
- 1982 - Projective Identification and Psychotherapeutic Technique

4.

Nancy McWilliams is brilliant in her ability to synthesize the sometimes bewildering array of psychoanalytic sub-schools of thought. She manages to take everyone from Freud to Klein to Bion to Kohut to Kernberg, and balance their opposing viewpoints in a way that is understandable. Copious references provide the interested reader with clear trails to follow, or one can leave the details to the

scholars and take away a solid understanding of psychoanalytically informed psychotherapy. I consider her books “Psychoanalytic Diagnosis” and “Psychoanalytic Case Formulation” to be graduate level texts, and to constitute a solid graduate level course in the theoretical underpinnings of a psychodynamic approach. A more introductory text might be: Mitchel, Stephen. (1996). *Freud and Beyond: A history of modern psychoanalytic thought*. Basic Books. Dated now, but still one of the most readable introductions to psychoanalysis I have come across. McWilliams also wrote a third book, “Psychoanalytic Psychotherapy: A Practitioners Guide,” that many graduate students have reported finding helpful as they turn their attention to setting up their practice.

5.

Phillip Bromberg is another brilliant clinician and writer. I appreciate him most especially for his clinical sensitivity and honesty. I feel like he is one of the few writers to accurately represent the drama and confusion that therapists undergo when treating under-structured clients. All of his writings are worth reading but his last two books are especially valuable contributions to working with severely traumatized individuals. Here are the books of his I base my knowledge on:

- Bromberg, P.M. (1998). *Standing in the spaces: Essays on clinical process, trauma, and dissociation*. New Jersey: Analytic Press.
- Bromberg, P.M. (2006). *Awakening the dreamer: Clinical journeys*. New Jersey: Analytic Press.
- Bromberg, P.M. (2011). *The shadow of the tsunami: and the growth of the relational mind*. New York: Routledge.

6. I wish to express my respect for the many, many forms of therapy out in the world, both those created and conducted by professionals and those created and conducted by non-professionals. Though I use psychoanalytic concepts predominantly, this is simply an artifact of my educational opportunities and interests over the years I have been alive. I find analytic authors to be some of the most thoughtful in terms of the seriousness with which they treat both clinical technique and theory, especially when it comes to the most difficult types of clients. It is predominantly analytic authors who treat conditions like Schizophrenia, Bipolar Disorder, or Borderline Personality Disorder, as conditions of a whole person rather than medical oddities. There are a few other traditions, most notably and obviously the Humanistic Therapies, that also attempt to think of the whole person, but they lack the sophistication of psychoanalysis. Psychoanalysis also brings a similar seriousness to other parts of life than the therapeutic endeavor. It considers art, aesthetics, meaning making and ethics as foundational. Most other forms of therapy lack this depth.

On the other hand, psychoanalysis generally has been poor at offering empirical support for their sometimes outlandish seeming ideas and seems to have aged poorly, at least in the United States with its tradition of excluding all but M.D.'s until the 1970s. I do not find as many young clinicians being drawn to analysis as in the past, and I have met multiple analysts who seem mired in antiquated notions, disinterested in things like, oh I don't know, neuroscience. I think there is a fine line to walk between creativity and empirical grounding. Klein, in the psychoanalytic tradition, stands out to me as someone almost completely ungrounded and yet tremendously creative. Mark Solms, as a counter-example, is due to publish a re-edited version of Freud's Unabridged writings. A

job for which he was picked in large part because of his expertise in neuroscience, soperhaps analysis will be updated for the new century after all. We shall see.

Empirically speaking, I would have to say DBT is the best supported therapy for under-structured clients. DBT is far better supported than psychodynamic therapies or cognitive-behavioral therapies at any rate. I also see that there is growing empirical support for somatic therapies. Meanwhile, there is a whole galaxy of “alternative therapies,” some of which strike me as brilliant and others of which strike me as crazy. As I found myself saying to a client recently when she asked me to look at an alternative therapy she had become aware of, the advantage of licensure is that you know there is a minimum bar the person passed and you know there is oversight by the state, but the disadvantage is that you don’t know if the therapist exceeded the bar or is just resting there. The advantage to the “alternative” world is that you can be creative or even ground-breaking, but the disadvantage is that you can also be damaging to clients and get away with it for a long time.

7.

John Gottman. Too many references to list. Look him up.

8.

Dahaene, Stanislas. (2014). *Consciousness and the Brain: Deciphering How the Brain Codes Our Thoughts*. Penguin.