

**Vitalizations in Psychoanalysis**  
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Book Notes

**Chapter 2 – An Allegiance To Absence – Rachel Sopher**

*“I am a hole. Like there is a pit, an indentation, a negative space in the place where I am supposed to be.”*

There is a hole in my client, and in me, an emptiness that suffuses the heart of the intersubjective space between us, hollowing out our interactions at their core.

Some of our patients are suffused with feelings of deadness and lack, a void in internal experience.

Because this black hole is an unformulated internal state defined by what is not there rather than what is, both patients and therapists lack adequate ways of communicating about this experience of early, traumatic absence and its consequences.

- *One goal is to elaborate the language for the presence and absence of treatment, both in the internal worlds of patient and therapist, and in the intersubjective overlap created in the relationship between them.*
- *There is a libidinal investment in the original black hole in the early care-taking environment, creating an allegiance to absence, an emotional investment in a state of nothingness that actively impedes experiences of vitality and growth, and shuts down elaboration of the generative unconscious.*

The absence is a zone of deadness or emptiness that pervades psychic space.

Trauma implies that the baby has experienced a break in life's continuity, so that primitive defenses now become organized to defend against a repetition of 'unthinkable anxiety'.  
(Winnicott)

When a child experiences the loss of the mother that is too sudden, too early, or too long, it brings up the 'nameless dread' (Bion) of catastrophic abandonment.

From the child's perspective, there is a time when the mother is dead but can come back to life, and past that, a point where she is felt to be dead forever.

The new reality of the mother's indelible absence takes hold of the baby's psyche. There are thus dual dangers looming – there is the menace of catastrophic aloneness threatening

breakdown from without, and the unexperienced violent reaction to the original separation threatening fragmentation from within. (Winnicott)

Internal absence forms from the structural impact of the neglectful environment of the original parenting relationship on the dependent child and the way this manifests internally. He foregrounds the passively experienced consequences of early abandonment and their sequelae later in life.

*“The negative of the other is more real than the positive of you.”*

The result is that one’s internal world is such that absence and loss serve as the nucleus around which the person organizes their self-experiences.

The long ranging impact of early neglect on the patient, which led her to feel that what was unavailable was more real than the immediately available objects around her.

The non-existence will become, at some point, the only thing that is real. (Green)

These clients privilege the encapsulated experience of early infancy and the long-ranging consequences of being the passive object of neglect.

The child forms an identification with the absent non-object and the subsequent attachment to and investment in the experience of emptiness.

The originally traumatic absence becomes introjected as a libidinally invested attachment to lack, the tie to the non-present object bringing about a sense of futility and cynicism about the power of available human bonds in favor of an internal relationship to absence.

*“All I have got is what I have not got.”*

The nothingness is their everything, which maintain the connection with the primary objects which were defined by their non-presence through absence and neglect.

At an early stage in development, the child needs the mother’s presence in order to symbolize, and digest his experiences, to make them meaningful.

The child makes a secret pact with the absent mother, promising to cut off his own needs to fulfill her desire for absence; this in exchange for his continued existence.

The need to maintain this meaning, that the mother wanted the child to experience abandonment, creates a string bond with the absent object, and inhibits other experiences with present objects that might threaten this important primary link.

The neglectful parent is not only taken in, becoming the source of the internal absence, but also libidinally invested, such that there is an emotional attachment to what wasn't there.

This is a powerful devotion to absence, an allegiance to the lack that exemplified the child's early primary relationships.

This allegiance to absence is a bond with nothing, a fidelity to nothingness that fills up all the internal space so that no novel experience may take root and grow.

To break the bond with the absent object would mean suffering the original disorganizing catastrophe of her absence.

Patients with this type of 'negative environment' are eternally drawn to what is not there, the absence haunting with a powerful hold that pervades all psychic space. The ensuing disavowal of early need leads to a state of suspended animation.

There is a menacing danger perceived in the intersubjective space, one that threatens to break the bond with absence, such that the original breakdown and its resulting overwhelming affect are re-experienced.

The original catastrophic abandonment becomes encapsulated, avoided as the affect it encases is indigestible; there is no way to symbolize what was not there, making it impossible to mourn.

### **An Unarticulated Non-Presence**

The allegiance to absence is a relationship to a state of lack.

This results in a connection to an object that is defined by a state of non-generativity, a cathexis to the blanking out of the possibility of creative expansion, in order to maintain loyalty to the absent object and protect oneself from the painful knowledge of what has been lost.

The absent objects must be protected by keeping the natural development of the generative unconscious in a rigid, stagnant state.

There is a necessary withdrawal of investment in others to maintain the link with the original absent object.

This early habituation to withdrawal of investment leads to difficulty creating and maintaining internal representations later in life, often leaving only affect and impulse as surrogates for meaningful object relations.

This illustrates the way the allegiance to absence, rather than a passively experienced lack of internal structure, is an active and ongoing process of divestment from external reality that inhibits the path to mourning deemed too painful to approach, let alone bear.

This allegiance to absence, rather than a passive refusal, is more often an unremitting, active process of deadening potential affective links; a withdrawal from the possibility of what might be new and enlivening, a continuous negation of the potential to create new objects that requires a measure of energy to maintain.

Because of all the intensity of fear that separateness evokes, there is no structure, or experience of internal space with which to hold the absence. Without this framework, one cannot do the psychic work of *imagining* what is absent.

- *If the patient cannot conceive of the emptiness, then she cannot imagine, contain, or give shape to it, so she remains consumed by an undifferentiated state of internal emptiness.*

The absent object paradoxically fills up all the psychic space pervading all so that nothing new can take root.

- *The goal of treatment is to begin to give shape to the patient's uniquely experienced internal absence, to symbolize it so that it may be thought about. This allows the beginnings of generative emptiness to be experienced in the center of the nothingness.*

### **Absence In Treatment**

There are no words nor any meaningful actions available to the patient with which to represent what is missing.

- *Because of the unformulated, preverbal nature of the absent object, language is an often inadequate vehicle for the communication of meaning between patient and therapist.*

The ability to utilize language meaningfully is predicated upon the capacity to both experience and symbolize the absence of the object. For this, one must be able to tolerate separation.

For people who experienced preverbal, catastrophic neglect, experiences of the object primarily occur at the level of sensory experience.

Patients who remain encapsulated or dissociated experiences of early absence are caught in a 'closed, bodily world without room in which to create a distinction between symbol and symbolized' (Ogden).

- *At this level of object relating, words are experienced as things, sensations that soothe or intrude on the emergent sense of self.*

The demand on the therapy relationship is thus either one of total non-engagement or of merger. It requires the work of two psyches, two bodies and minds in communication with each other to 'dream up' an absence within the analytic third of the therapy process.

What is missing must first be experienced on a sensory level.

Then it can be represented in the therapy so that a deep, primary knowledge of the absence can be symbolized, accepted, and integrated in an organic way that does not call up defenses related to traumatic intrusion.

A client cannot simply be told with words that he or she is holding an absence.

For an integration to occur, the piece that is missing must be accessed from a more basic register of sensory experience.

- *The primary attachment to absence must be brought to life in the here and now of the therapy relationship, where it can be experienced and transformed.*

Not only does absence become lived out between therapist and client, but so too does the wish for merger, for the reparative *total presence* of the mother, an impossible longing for the missing experience of maternal figure, and a wish for surrender into the fantasy of completeness.

The primary link that has been missing can never be returned, but the integrative psychic work of suffering the pain of this absence can be made possible through the process of reflection, symbolization, and meaning making.

Asking a question of the client that pointed to a separateness, that fact that the therapist cannot read the client's mind, can cause the client to feel ripped apart into a state of two-ness - which can feel like total absence.

This, in turn, can cause the client to retreat into the safety of absence by defensively erasing themselves.

- *This fidelity to a dissociated internal absence can be repeatedly enacted by the client.*

The theme of absence will then tend to persistently appear and then disappear.

### **The Case of Jennie**

She seemed to have never been asked about her internal experience before, and never had paid much attention to it herself.

Her most prevalent childhood memory was of spending hours and hours alone in her room.

Jenny sought therapy because she felt that people seemed to lost interest in her quickly and reasoned that this was because she was boring.

In her attempts to fit in with others, she emptied herself, 'erased' herself, becoming like a chameleon, as she drained herself of her own desires.

She hid a part of her she didn't want anyone to see – the absent part in her, that was despairing, terrified, and desperate for help.

Jennie can across as utterly impassive, showing no feeling or emotion. She talked about things that *seemed* to matter, and she *seemed* to be doing good work in therapy, but she felt far away and detached.

Jennie was indifferent to her therapist's presence and was exquisitely sensitive to any intrusion. At times, even her therapist's gestures and way of breathing seemed to impinge on her ability to think.

What seemed confounding and unique about her process was that, though she could make genuine contact in powerful or painful moments, and that these experiences seemed to erase all distance, a sense of connection seemed to dissolve in the very moment Jennie left her therapist's office.

The experiences of deep connection being had in the therapy room were 'encapsulated pockets of aliveness', surrounded by long stretches of deadness in which the bulk of their meetings lacked affective intensity.

The only thing binding them together seemed to be their mutual sense of duty to one another.

The therapist started to realize that her *own* dissociated needs were being activated by this absence and began to reflect upon that awareness.

She began to wonder about what else was missing in their work – what aggression, fears, desires, etc., were being erased?

- *A potential space then opened up where it had previously been collapsed, allowing 'reverie' to start to emerge as a symbolizing process between them.*

It became clear to the therapist that she had been thinking of Jennie's withdrawal as a defense against loss, rather than as a representation of a specific form of object relationship – *as a tie to an absent mother*.

This allowed the therapist to be reinvigorated in the work, and she could wonder more actively about what might be happening inside of Jennie, and to keep Jennie's internal experience more in mind.

She could now better wonder about the inner workings of Jennie as a separate subject, with a center of gravity, an intelligence, and an internal spark of her own.

It was clear that Jennie needed something from her therapist, but this remained out of reach, and her therapist often felt paralyzed, and unable to think, and unsure about what to say.

Seeking consultation, her therapist could see more clearly how she was keeping herself from being too involved in Jennie's internal states, for fear of intruding or hurting her.

- *She also came to realize that she had been unconsciously invested in keeping something dead between them, that they were both invested in keeping something absent, something immobilized and frozen in themselves, and in their relationship.*

The therapist could reflect on the fact, due to her own allegiance to her internalized absences, she had been avoiding stirring up and experiencing certain feelings in their work together.

The therapist was unconsciously playing out an early attachment to absence that she had also known and was somehow committed to trying to enliven a 'dead other' – dedicated to an impossible task – and this dynamic formed the basis of their bond and was never meant to be changed.

This is an example of how both therapist and client share in an enactment in which both maintain an allegiance to an absence from the past, holding on to an archaic fear that something alive and spontaneous between them could rupture the strong attachment to the non-present primary object.

- *The therapist could now see she was unconsciously enacting the role of the absent mother, participating in keeping the deadness alive, to guard both of them from the overwhelming affect that felt certain to arise, should the tie to the absent object be challenged.*
- *This new awareness of the internal resonances between them freed the therapist to engage in a more lively way with Jennie.*

The therapist had left her alone by not stepping in more with Jennie, and this was a way of also erasing her. She could share this awareness with Jennie, and she told her so.

Jennie could now see that being alone was a foundational assumption that she brought into every relationship, and this aloneness was what felt most true.

*“Maybe that is what being mothered feels like to you. Like being in a room with the door shut, all by yourself, and maybe when you start to feel your needs, that is the kind of place you return to.”*

*“But now I wonder what it would have felt like to have someone to come knocking on the door back then, or for me to come knocking on your door now.”*

## **Discussion**

This case illustrates the powerful hold and central place an early bond with absence can take up in the psyche.

Jennie and her therapist took turns absenting themselves from each other throughout their work together, taking on the task of maintaining the presence of the absent object in the therapy relationship.

- *They unconsciously entered a pact in which they both pledged an allegiance to absence, placing the safety of non-interaction above the possibilities of the dreaded unknown that constantly threatened to take place between them.*

The therapist could eventually see the ways she was participating in not allowing anything new to grow in the therapy relationship.

- *The therapist had been blind to the presence of the absent object.*

She could begin to see that not only was there an absence between them, but that they were each invested in maintaining this absence in a loyalty to their respective absent or dead objects.

The profound dread experienced by the therapist, felt during a reverie she had while sitting with Jennie, revealed the fear of breaking this primal bond to the absent object.

- *It is the force of this deep fear, and the attendant feelings of disorganizing abandonment and overwhelming loss, that keeps vitality from manifesting interpersonally in an allegiance to absence.*

As the therapist was more able to symbolize the unfolding process between them, new types of feelings could arise, and the therapist’s creative process could re-emerge in the space between them.

Jennie was fearful of allowing anything new to happen between them and she remained loyal to the interpersonal nothingness they had both been nursing.

- *Now her therapist could start to challenge the absence by coming to life more herself.*

The split between the articulate adult and the non-verbal child in Jennie made it difficult to access such early emotional states through verbal communication.

Experiences of merger and fusion that blur the boundary between self and other create opportunities to non-intrusively reach split off parts of the self, so that a wordless or absent state can be understood from *within* that position – while also being moved into a transformative interpersonal relatedness.

This describes Winnicott's notion that a mother and child "*live an experience together*".

When two people meet in a moment in which each of their desires temporarily coincide, they create an illusion that blurs the line between internal and external worlds.

Treating an allegiance to absence requires that the story of the black hole in the early caretaking environment be told in a medium that does not require the client's self-definition.

One medium in which this can occur is through the registering of an enactment through bodily experience, a recreation of what is missing within the dream-like space of the transferential field.

The therapist must focus their attention on the unknown and unknowable, and in this place, the therapist cannot merely be identified with it, he or she must *be* it.

In Jennie's case, both she and her therapist had to both *be* the absent mother, and *be* the absented child, through their work together.

In this way, Jennie's early object history could begin to be told between them in the enacted dimension, without words.

Through this process, lost parts of Jennie could be linked up, recognized, and given significance.

- *This kind of recognition cannot come in externally, by persuasion, force, or coercion; it is conjured organically in the overlap of two lives lived together.*

This requires the therapist to allow herself to be used in the service of creating the environment in which the client's early object relationship can come to life.

The 'concentrated focus and energy' on sensory activity is the very condition for the existence of psychic life, since it is the very condition for the emergence of 'representation'.

Connecting to our senses, and the modes of communication that comes from sensing, is then used to make meaning, which gives us access to the most basic building blocks for creating an internal life.

An allegiance to absence is an intense, pervasive bond to a non-present caretaker, whose lack leaves a void in her wake.

It is important that the process of recognizing, formulating, and giving shape to this newly emerging experience of absence takes place in the therapy, so that the powerful ties to the absence itself can be addressed.

The different manifestations of absence that arise in the therapy relationship can be linked up to tell the story of each person's unique bond with absence, so that the allegiance that exerts a tight grip on the internal world can be loosened.

In this way, what once felt like nothingness can become the generative emptiness from which the internal world can be allowed to expand and grow into a universe filled with possibility.