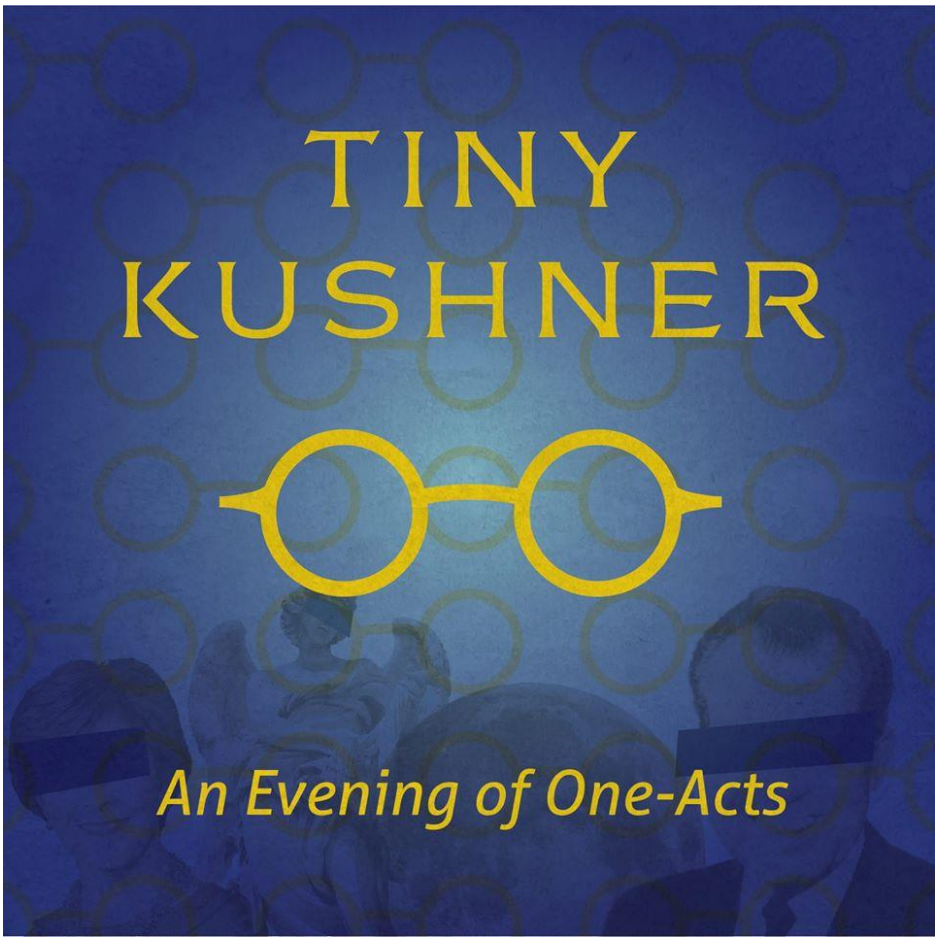
TERMINATING, or SONNET LXXV, or LASS MEINE SCHMERZEN NICHT VERLOREN SEIN, or AMBIVALENCE



Tiny Kushner Dramaturge Guide

complied by Lindsay Kujawa

LASS MEINE SCHMERZEN NICHT VERLOREN SEIN

translation: Let my pain not be in vain

AMBIVALENCE

The state of having mixed feelings or contradictory ideas about something or someone.

SONNET 75:

So are you to my thoughts as food to life,
Or as sweet seasoned show'rs are to the ground;
And for the peace of you I hold such strife
As 'twixt a miser and his wealth is found;
Now proud as an enjoyer, and anon
Doubting the filching age will steal his treasure;
Now counting best to be with you alone,
Then bettered that the world may see my pleasure;
Sometime all full with feasting on your sight
And by and by clean starvèd for a look;
Possessing or pursuing no delight,
Save what is had or must from you be took.
Thus do I pine and surfeit day by day,
Or gluttoning on all, or all away

I need you the way living things need food or the grass needs rain, and to attain the peace that only you can give me, I fight with myself the way a miser struggles with his wealth. One moment he enjoys his wealth proudly, and the next he's worried that someone from these thieving times will steal his treasure. One moment I think it's best to be alone with you, but then I think it would be better if the rest of the world could see my pleasure. At times I feel over satisfied from looking at you excessively, but a little later I'm starving to get a look at you. I can't experience or pursue any enjoyment except what you can give me or I can take from you. That's why I suffer and feel hungry day after day, because I either get too much of you or none at all.

PSYCHIATRIC APPROACHES:

Psychiatrist

A psychiatrist is a physician who deals with mentally ill patients. Psychiatrists are MDs, so they can prescribe medication. As a result, they usually deal with clinical issues such as schizophrenia and manic-depression whose treatments tend to require medication.

Psychologist

Psychologists, unlike psychiatrists, are not MDs, and they tend to deal more with emotional issues than with clinical issues. For example, a person experiencing low self-esteem would visit a psychologist rather than a psychiatrist because they do not have anything physically wrong with them; they just need to talk things out. A person with schizophrenia would visit a psychiatrist because they would need medication to correct the chemical imbalance in their brain.

Psychoanalysts

Psychoanalysts follow Freud's theories that painful childhood memories contained in the subconscious are the cause of mental illness. Psychoanalysts are like psychologists in that they usually deal with emotional issues and do not prescribe medication. However, their approach is different from that of conventional psychologists. Psychoanalysis is a method of searching through a person's subconscious memories for the source of their current difficulties, rather than focusing on conscious memories. Psychoanalysts also tend to meet much more often with their clients. Rather than meeting only once a week (as is common with psychologists), they usually prefer to meet as often as three to five times a week.

IN-DEPTH LOOK AT PSYCHOANALYSIS

Psychoanalysis is based on the observation that individuals are often unaware of the factors that determine their emotions and behavior. Because these factors are unconscious, the advice of friends and family, the reading of self-help books, or even the most determined efforts will often fail to provide enough relief. Psychoanalytic treatment explores how these unconscious factors affect current relationships and patterns of thought, emotion and behavior. Treatment traces theses patterns back to their historical origins, considers how they have changed and developed over time, and helps the individual to cope better with the realities of their current life situation. Analysis can be viewed as an intimate partnership, in the course of which the patient becomes aware of the underlying sources of his or her difficulties, not simply intellectually but emotionally as well – in part by re-experiencing them with the analyst. From the beginning of therapy, patient and analyst work together to build up a safe and trusting relationship that enables the patient to experience aspects of his or her inner life that have been hidden because they are painful, embarrassing, or guilt-provoking.

The basic tenets of psychoanalysis include the following:

1. besides the inherited constitution of personality, a person's development is determined by events in early childhood;
2. human attitude, mannerism, experience, and thought is largely influenced by irrational drives;
3. irrational drives are unconscious;
4. attempts to bring these drives into awareness meet psychological resistance in the form of defense mechanisms;
5. conflicts between conscious and unconscious, or repressed, material can materialise in the form of mental or emotional disturbances, for example: neurosis, neurotic traits, anxiety, depression etc.;
6. the liberation from the effects of the unconscious material is achieved through bringing this material into the conscious mind (via e.g. skilled guidance, i.e. therapeutic intervention).

Under the broad umbrella of psychoanalysis there are at least 22 theoretical orientations regarding human mental development. The various approaches in treatment called "psychoanalysis" vary as much as the theories do. The term also refers to a method of analysing child development.

Treatment

In psychoanalysis, the patient typically comes four times a week, lies on a couch, and attempts to communicate as openly and freely as possible, saying whatever comes to mind. These conditions create the analytic setting, which enables you to become more aware of aspects of your internal experience previously hidden. As you speak, hints of the roots of current difficulties that have been out of your awareness gradually begin to appear – in certain repetitive patterns of behavior, thought and emotion, in the subjects which you find hard to talk about, in the ways you relate to the analyst. The analyst helps to identify these patterns, and together you and the analyst refine your understanding of the patterns that limit you or cause you pain, and help you elaborate new and more productive ways of feeling, thinking and behaving. During the years that an analysis takes place, you wrestle with these insights, going over them again and again with the analyst and experiencing them in your daily life, fantasies, and dreams. You and the analyst join in efforts not only to modify crippling life patterns and remove incapacitating symptoms, but also to expand your freedom to enjoy intimate relationships and professional and personal pursuits. Gradually, you will change in deep and meaningful ways; you may notice changes in your behavior, relationships and sense of self.

Before beginning psychoanalytic treatment, many people find it helpful to learn about some of the specific kinds of experiences that people often have when they start in analysis. You may find that your analyst will talk less once the treatment begins. He or she will listen carefully to what you have to say, let you structure the sessions and set an agenda, allowing you to take the lead. He or she will speak when he or she has something to add to what you are saying. This may feel strange at first – people quite naturally expect their analyst to tell them what to talk about or to give them advice about how to solve their problems. But learning to watch where your thoughts and associations take you, without undue interference, is a vital part of the analytic process. Also, psychoanalysts understand that even the best direction and advice is limited in its potential to help you make meaningful and lasting changes in ingrained patterns of behavior and emotion. Instead of providing more advice, your analyst will help you develop a greater understanding of the internal forces that are behind the difficulties that lead you to seek help, to help you understand why you think and feel and do things the way you do. In the end, this will enable you to change patterns that no longer work for you. One of the key goals of analysis is freedom, including the freedom of your mind to range freely in thought and feeling.

Reasons for Treatment

It is very likely that problems in relationships are a part of the reason why you originally sought treatment. Relationships are often a source of conflict, and they are an important source of information in psychotherapy. It will be important to discuss your intimate thoughts and feelings about significant people in your life, both negative and positive, with your analyst—including any thoughts and feelings you have about your analyst. In contrast to a friend, a relative or a boss, your analyst is prepared to help you understand your experience – even if what you have to say is uncomfortable or seems inappropriate or rude. For example, if

you think your analyst is condescending, clueless, intelligent, overprotective, attractive or unkind – whatever you are thinking or feeling at the moment – it is wise to share it with him or her. You will find that with your analyst you will be able to talk about anything that comes to your mind. Your analyst won't have any preconceived notions about what is right or what is wrong for you or what the best solution would be, and rather than repeating with you the sort

of patterns you may encounter in life, he or she will help provide you with a new understanding.

At first, you may find it difficult to talk about how you are experiencing your analyst. So, just like the important issues that brought you into treatment, your analyst will encourage you to share your thoughts and feelings regarding your relationship with him or her. One way the analyst does this is by encouraging you to speak as openly and freely as possible, sharing everything in your experience – whatever thoughts and feelings come to mind at the moment in session. Ordinarily, people edit many of their thoughts and feelings, or may have never even put them into words before, because they feel what they have to say is too personal, or trivial, may hurt other people's feelings, or is simply absurd. Whatever the concern – it doesn't matter – it is important to share it with your analyst. What you think is too personal, trivial, hurtful, or absurd is often the key to something very important.

Your analyst will facilitate the therapeutic process by offering you use of the couch. Analysis is the only treatment in which the patient lies on a couch and does not look at the analyst. Lying on the couch and not looking at the analyst may seem strange at first but in most cases enables patients to think and feel more freely and spontaneously about their internal experience – and to express themselves without excessive concern about the analyst’s reaction. Most patients actually prefer to work this way and become quite comfortable once they get accustomed to lying down. Before long, you will find that you are able to talk freely and openly and you and your analyst will be able to collaborate in useful and unexpected ways that will help you grow.

While analysis is productive and useful in a number of ways, you will encounter apparent roadblocks along the way. Real lasting change does not come easy and is often accompanied by unexpected discomforts, diversions, and delays. For some, this means feelings of anxiety or depression or crying episodes which may make you worry that you are getting worse. Or the opposite may be true. You may feel all your difficulties have vanished and you are ready to move on. For some, it means periods of silence, or spinning ones wheels, or boredom, or excitement, or a sense that nothing therapeutic is being accomplished. Sometimes you may even not want to come to sessions. You can be assured that such negative thoughts are completely to be expected, and they are typically a good indication that you are working on important issues.

To promote the kind of growth and change that analysis aims to accomplish requires time and energy, therefore, analytic treatment is open-ended. The treatment typically lasts for a number of years, a period to be mutually determined over the course of time by you and your analyst. Together, you and your analyst will decide when to end your treatment, and will spend some time processing the decision. It is important for you to talk about leaving treatment with your

analyst before you stop coming. This period can be a most productive period of work, when you and your analyst review and organize your understanding of the work you have done together, and when you process your experience of ending this period of working together.

[Adapted from a piece written by Eve Caligor, M.D. and Lisa Piazza, M.D., Columbia University Center for Psychoanalytic Training and Research.]

AMBIVALENCE IN PSYCOANALYSIS

In psychoanalysis, ambivalence is used to understand and analyze Love-Hate relationships. Ambivalence was used by Freud to indicate the simultaneous presence of love and hate towards the same object. During the oral stage the main object the child relates to is the mother's breasts. During the first sub-stage of this stage, there is no ambivalence at all towards the mother's breast, since the only concern of the child is oral incorporation. In the second sub-stage, named oral-sadistic, the biting activity emerges and the phenomenon of ambivalence appears for the first time. The child is interested in both libidinal and aggressive gratifications, and the mother's breast is at the same time loved and hated. It is being loved when it is a source of nutrition and pleasure, and it is being hated when it is a source of frustration. By the mechanism of projection, the baby fears similar aggression in others, mainly in powerful adults. Thus, the experience of biting can take an aspect of destructiveness. The more the child bites with anger, the more he attributes the same impulses to others. Since the oral activity is still the main source of pleasure, and the mother's breast is genuinely loved, the addition of a sadistic component now turns in real ambivalence.

During the pre-oedipal stages ambivalent feelings are expressed in a dyadic relationship between the mother and the child. In the oedipal phase, ambivalence is experienced for the first time within a triangular context which involves the child, the mother and the father. In this stage, both the boy and the girl develop negative feelings of jealousy, hostility and rivalry toward the parent of the same sex, but with different mechanisms for the two sexes. The boy's attachment to his mother becomes stronger, and he starts developing negative feelings of rivalry and hostility toward the father. The boy wishes to destroy the father so that he can become his mother's unique love object. On the other hand, the girl starts a love relationship with her father. The mother is seen by the girl as a competitor for the father's love and so the girl starts feeling hostility and jealousy towards her. The negative feelings which arise in this phase coexist with love and affection toward the parent of the same sex and result in an ambivalence which is expressed in feelings, behavior and fantasies. The negative feelings are a source of anxiety for the child who is afraid that the parent of the same sex would take revenge on him/her. In order to lessen the anxiety, the child activates the defense mechanism of identification, and identifies with the parent of the same sex. This process leads to the formation of the Super-Ego.

According to Freud, ambivalence is the precondition for melancholia, together with loss of a loved object, oral regression and discharge of the aggression toward the self. In this condition, the ambivalently loved object is introjected, and the libido is withdrawn into the self in order to establish identification with the loved object. The object loss then turns into an ego loss and the conflict between the Ego and the Super-Ego becomes manifested. The same ambivalence

occurs in the obsessional neurosis, but there it remains related to the outside object.

COUNTERTRANSFERENCE:

In a therapy context, transference refers to redirection of a patient's feelings for a significant person to the therapist. Transference is often manifested as an erotic attraction towards a therapist, but can be seen in many other forms such as rage, hatred, mistrust, parentification, extreme dependence, or even placing the therapist in a god-like or guru status.

The contemporary understanding of countertransference is thus generally to regard countertransference as a “jointly created” phenomenon between the treater and the patient. The patient pressures the treater through transference into playing a role congruent with the patient’s internal world. However, the specific dimensions of that role are colored by treater’s own personality. Countertransference can be a therapeutic tool when examined by the treater to sort out who is doing what, and the meaning behind those interpersonal roles (The differentiation of the object’s interpersonal world between self and other). Nothing in the new understanding alters of course the need for continuing awareness of the dangers in the narrow perspective - of 'serious risks of unresolved countertransference difficulties being acted out within what is meant to be a therapeutic relationship'; but 'from that point on, transference and countertransference were looked upon as an inseparable couple..."total situation"

TRANSFERENCE

Transference is a concept that refers to our natural tendency to respond to certain situations in unique, predetermined ways--predetermined by much earlier, formative experiences usually within the context of the primary attachment relationship. These patterns, deeply ingrained, arise sometimes unexpectedly and unhelpfully--in psychoanalysis, we would say that old reactions constitute the core of a person's problem, and that he or she needs to understand them well in order to be able to make more useful choices. Transference is what is transferred to new situations from previous situations.

As a result, a person’s relationship to lovers and friends, as well as any other relationship, including his psychoanalyst, includes elements from his or her earliest relationships. Freud coined the word "transference" to refer to this ubiquitous psychological phenomenon, and it remains one of the most powerful explanatory tools in psychoanalysis today—both in the clinical setting and when psychoanalysts use their theory to explain human behavior.

Transference describes the tendency for a person to base some of her perceptions and expectations in present day relationships on his or her earlier attachments, especially to parents, siblings, and significant others. Because of transference, we do not see others entirely objectively but rather "transfer" onto them qualities of other important figures our earlier life. Thus transference leads to distortions in interpersonal relationships, as well as nuances of intensity and fantasy.

The psychoanalytic treatment setting is designed to magnify transference phenomena so that they can be examined and untangled from present day relationships. In a sense, psychoanalyst and patient create a relationship where all the patient's transference experiences are brought into the psychoanalytic setting and can be understood. These experiences can range from a fear of abandonment to anger at not being given to fear of being smothered and feelings of dependency or excessive idealization, and on and on.

CONSCIOUS vs. UNCONSCIOUS vs. SUBCONSCIOUS

The Consciousness Mind
Your awareness at the present moment. You are aware of something on the outside as well as some specific mental functions happening on the inside. For example, you are ware of your environment, your breathing, or the chair that you are sitting on.

The Subconscious Mind
(aka the preconscious mind) Accessible information. You can become aware of this information once your direct your attention to it. Think of this as memory recall. You walk down the street to your house without consciously needing to be alert to your surroundings. You can talk on the cell phone and still arrive home safely. You can easily bring to consciousness the subconscious information about the path to your home. You can also easily remember phone numbers that you frequently use.

It is possible that some of what might be perceived to be unconscious becomes subconscious, and then conscious (e.g. a long-forgotten childhood memory suddenly emerges after decades). We can assume that some unconscious memories need a strong, specific trigger to bring them to consciousness; whereas, a subconscious memory can be brought to consciousness more easily.

The unconscious mind
The primitive, instinctual wishes as well as the information that we cannot access. Although our behaviors might indicate the unconscious forces that drive them, we don't have easy access to the information stored in the unconscious mind. During our childhood, we acquired countless memories and experiences that formed who we are today. However, we cannot recall most of those memories. They are unconscious forces (beliefs, patterns, subjective maps of reality) that drive our behaviors.

SATYR

One of a class of lustful, drunken woodland gods. In Greek art they were represented as a man with a horse's ears and tail, but in Roman representations as a man with a goat's ears, tail, legs, and horns. Also can be referred to as man who has strong sexual desires.

DYMPHNA

Patron Saint of those suffering nervous and mental afflictions

Dymphna was fourteen when her mother died. Damon is said to have been afflicted with a mental illness, brought on by his grief. He sent messengers throughout his town and other lands to find some woman of noble birth, resembling his wife, who would be willing to marry him. When none could be found, his eviladvisers told him to marry his own daughter. Dymphna fled from her castle together with St. Gerebran, her confessor and two other friends. Damon found them in Belgium. He gave orders that the priest's head be cut off. Then Damon tried to persuade his daughter to return to Ireland with him. When she refused, he drew his sword and struck off her head. She was then only fifteen years of age. Dymphna received the crown of martyrdom in defense of her purity about the year 620. She is the patron of those suffering from nervous and mental afflictions. Many miracles have taken place at her shrine, built on the spot where she was buried in Gheel, Belgium.

Prayer: Hear us, O God, Our Saviour, as we honor St. Dymphna, patron of those afflicted with mental and emotional illness. Help us to be inspired by her example and comforted by her merciful help. Amen.