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SILENCING OF SADNESS: FINDING THE STORY IN THE BODY

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The silencing of sadness, embedded in our cultural zeitgeist, is often linked to a radical form of dissociation that bypasses the *lived* body: "It is through my body that I understand other people" (Merleau-Ponty, 1945/1962, p. 295). Sadly, radical dissociation separates us from the knowledge our bodies contain and the stories that are yet to be heard and told. This work continues my journey into the exploration of bodily emotion by extending my earlier formulation of a primordial sense of being that suggests a felt-sense of authenticity I have called *core affective experience* (2011) with a consideration of ending the silencing of sadness. Explored here is the importance of bringing embodied experience into the relational process using (a) an emotional phenomenological framework for investigating the *lived* body; and (b) an extralinguistic affective form of mutual influence in preparing the way for imbuing bodily emotion with linguistic experience. A specific focus concerns transmuting problems associated with "having a body" (depicted as the objectified body) into problems associated with "being a body" (viewed as the *lived* body). This process renders the silencing of sadness a perceptible phenomenon in the treatment of those suffering from radical dissociation.

Keywords: bodily emotion; lived experience; Merleau-Ponty; emotional phenomenology; extralinguistic interaffectivity

INTRODUCTION

> It is through my body that I understand other people. ~ Maurice Merleau-Ponty (1962, p. 295)

As a society, we inhabit a sociocultural world that leans heavily toward the censorship of sadness. From early childhood, we are encouraged to put on a "happy face" despite our true feelings. The popular song "Smile" (though your heart is

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aching) tells us "you'll get by if you smile through your fear and sorrow." Although we openly celebrate the creative artist and the ability to transform painful experience into an aesthetic that enlivens our emotional world, there exists a tendency to disparage those whose expressions of sadness persist. Seemingly, being sad is only acceptable if one moves beyond it, and, in essence, "gets over it." It is no wonder that those who live with profound feelings of sadness often suffer a despairing kind of aloneness.

While the notion that smiling defeats sadness is wrongheaded, it is embedded into our cultural zeitgeist. As a culture, we have learned to shrink back from entering the realm of the *lived* body, which is crucial to the constitution of our feelings (e.g., Frie, 2007; Jones, 1995; Krystal, 1988; Stolorow, 2015; Tomkins, 1968). Although dissociation comes to the rescue during dire times, radical forms of dissociation, such as "emotional numbing" and "psychic splitting," can be tragic: One does not simply disconnect from feelings of sadness, but from the rich experience our bodies provide. Sadly, radical dissociation separates us from the knowledge our bodies contain that connects us to a felt-sense of authenticity.

A major premise of this work (and my work as a whole) concerns the motivational primacy of emotion (e.g., Atwood & Stolorow, 2014; Izard, 1977; Magai & Hailand-Jones, 2002; Tomkins, 1995), and, specifically, my formulation of *primordial emotion* as *a bodily form of consciousness* (Cates, 2014, p. 37). For the sake of clarity, I use emotion and affect interchangeably, and emotion and feelings are seen as overlapping concepts. Several writers have influenced my overall view of emotion as *a central constituent of selfhood*; that is, a critical source of understanding, insight, and knowledge about who we are and our place in the world (e.g., Jones, 1995; Krystal, 1988; Socarides & Stolorow, 1984/85; Solomon, 2007; Stern, 2010; Stolorow & Atwood, 1992; Tomkins 1968). My contention is that the most primordial way emotion shows up is through the *lived* body, an idea I have previously expressed (2014).

When I refer to the body, I am essentially suggesting *bodily emotion*, which I delineate as "…a *way of knowing*, investigated phenomenologically as the *lived* body through which affect is uncovered" (2014, p.39). Fundamental to understanding the clinical usefulness of the phenomenological body is the work of the French philosopher Merleau-Ponty (1945/1962), whose concept of the lived body is understood as a mind-body presence always directed towards the world (otherness). His observation that "the body is our anchorage in the world" (p. 144) echoes his understanding that our world starts as an *embodied* experience.

In contrast with the Cartesian dualist ontology of mind and body stands Merleau-Ponty, who argues, from multiple perspectives, that the expression of thought is essentially embodied. His view of the human body is not merely that of a physical object, as Descartes would have us believe, but as a *perceiving subject* experiencing its world and thereby occupying the very basics of human subjectivity. According to a leading interpreter of Merleau-Ponty's phenomenology, one of the philosopher's most important ideas is that *the body is a form of consciousness* (Romdenh-Romluc, 2011)—a thesis reflected in his quote, "I am not in front of my body, I am in it or rather I am it" (Merleau-Ponty, 1945, p. 173). Frie (2007), claiming that Merleau-Ponty's concept of the lived body "demonstrates the way in which understanding, awareness,

and communication are all fundamentally embodied," suggests that the philosopher's ideas are "particularly relevant for helping psychoanalysts close the gap between intellect and soma" (p. 61).

This work continues to explore the importance of integrating into the psychoanalytic process an embodied *way of knowing* between patient and analyst. Because psychoanalytic treatment tends to primarily focus on language, the body, and its intimate interdependence with the social world, remains in the background. I argue that the lived body can provide insight into an often-overlooked, embodied dimension of the therapeutic encounter. Case examples illuminate the intersection of two central themes: One concerns emotional phenomenology as a framework for investigating the lived body; the other concerns extralinguistic interaffectivity as a pathway for bringing such experience into linguistic expression.

The first case [Ben] recounts how I unknowingly connected to his emotional phenomenology by simply responding to what I saw and felt in his presence. Ben's words and thoughts were lifeless, but his feelings that came through his body messaged a heightened emotional vulnerability—later to be disclosed as unnamed feelings of sadness. My work with Ben (Cates, 1995, 2011), foundational to my exploration of emotion, the body, and extralinguistic affectivity, led to the understanding of the importance of bringing bodily emotion into the therapeutic process. Sasha, the second case, also provides a clinical and theoretical context for demonstrating the clinical appeal of Merleau-Ponty's formulation of the phenomenology of the body as lived experience. In this instance, I bring into focus how the experiential, lived body (depicted as "being a body"), distinct and separate from the symbolic, objectified body (depicted as "having a body"), provides a pathway for transforming dissociated states of being into linguistic expression.

It is important to emphasize here that my overall reference to *sadness* is not meant to be mutually exclusive from other painful affect states. Indeed, sadness is usually associated with other states, such as anger, fear, and shame. The *silencing* of sadness, then, denotes the disavowal of emotional pain. I previously explained such disavowal as a consequence of repetitive emotional demonization across development, leaving the sufferer alone with "unthought unknown"[1] states that are imperceptible as emotional pain (Cates, 2014). Shame, a constituent of demonized emotionality, occupies a singularly unique role from other affect states. Shame itself is shameful, so demonized emotion, experienced in isolated aloneness and tinged with the vicious circling of "shame about shame," continually builds in traumatic intensity, an explanation I return to later in more depth in my discussion of *traumatic shame*.

Given the inexplicable nature of demonized emotional states, an investigation of the lived body, together with an extralinguistic affective form of mutual influence, serve an important clinical function—transmuting into worded meanings feelings that were never named yet implicitly communicated as shameful and forbidden. When all is said

[1] The term "unthought *un*known" is a play on Christopher Bollas' "unthought known" (1987), which implies prereflective thinking. Unlike Bollas' term, "unthought *un*known" refers to eviscerated feeling as a result of demonized emotion.

and done, the repetitive demonization of emotion creates an unyielding embeddedness of *sadness*. Because it is nearly impossible to bear sadness alone, it falls back upon itself, deeply entrenched in isolated aloneness where it quickly reaches traumatic intensity. Whereas the demonization of affect states such as fear and anger, in phenomenological terms, can usually find a socially acceptable relational context within which to breathe a bit, sadness, intensified by the vicious circling of shame, threatens the continuity of selfhood and tends to be blocked from emerging. Although other painful affect states such as fear, anger and shame are not exempt from dissociation and the kind of traumatic intensity I attribute to sadness, the *silencing of sadness by traumatic shame* is especially germane to the case examples that inform the intention of this work.

In the following pages, I continue my journey into the clinical usefulness of bodily emotion by extending my earlier formulation of a primordial sense of being, located in what I call *core affective experience* (Cates, 2011),[2] to that of working with the phenomenological body in consideration of ending the silencing of sadness.

BEN

My first reflection of the devastating impact brought about by unexpressed feelings of sadness was during my early years in practice while working with Ben, who was then a 20-year-old college dropout. From our first meeting, I was moved by his quiet, sad presence. To provide a context for how the *lived* body informed the treatment process, I will briefly sketch a description of our initial interchange.

Shortly before working together, Ben had embarked on a countrywide journey questing for what he called a "vision of a better world." When he entered treatment, he was in a dangerously debilitating state of dissociation. The traumatic impact of being alone with unknown, unnamed feelings of sadness erupted into a near psychosis when he approached his late teens. During the initial stage of treatment, he spoke of his vision in a manner totally devoid of affect and in a way that dangerously bordered on the messianic. In contrast to the monotonic way he spoke, the visible richness of his unarticulated emotional vulnerability was powerful. He came across like a lost, lonely orphan—his expressive eyes filled with the depth of his despair. Rather than responding to his thoughts, which were stripped of bodily affect, I unknowingly responded to what I felt and saw in his presence—Ben's emotional phenomenology.

Looking back on our initial contact, the experience of emotional vulnerability that came through his body awakened something familiar in my own body. I later came to understand that my own unarticulated, emotional vulnerability connected with Ben's as his connected with mine, igniting a back-and-forth chain reaction. Stirred by Ben's bodily expression of sadness, an *unnamed* revelation—our extralinguistic interchange—guided the unfolding treatment. Within that interchange, he expressed his experience through evocative literary references, metaphors, and images, while the constancy of my

[2] The term "core affective experience" refers to a form of lived experience that transcends words and provides "cohesion in space and continuity in time" (Kohut, 1984, p. 99).

emotional presence made it possible for him to gradually realize the powerful authenticity of the lived body.

The moment his linguistic expression became saturated with bodily affect was especially vivid. It happened when he looked at the large window before him and passionately called it a cold sheet of glass that separated him from the world. Although it happened decades ago, I can still capture the visual memory of the moment Ben's body became the subject of his experience. Abruptly standing up from his chair, his body, now charged with the emotional pain that had previously been stripped away, took on a consciousness that demanded full voice. It took many hours of treatment and many shifts within our mutually influencing relationship for Ben to name and integrate his feelings, especially those of sadness. My work with Ben, which has had a lasting imprint on me, initiated my interest in the therapeutic significance of extralinguistic interaffectivity and emotional phenomenology for investigating such experience.

EMOTIONAL PHENOMENOLOGY AND EXTRALINGUISTIC AFFECTIVITY

Rather than being concerned with the theoretical or moral meaning of things, phenomenology concerns itself with the meaning of *things themselves* and the immediate experience we have of those things. Applying a phenomenological approach to the clinical setting opens a pathway for working with embodied experience. Frie (1997/2000), in clarifying Merleau-Ponty's perspective, states that the aim of phenomenology is to "describe and identify essential forms of human experience, principally the experience of the body" (p. 58). Importantly, the body is a fundamental part or vehicle of *lived* experience. Phenomenology, then, plays an important role in understanding and working with bodily emotion because it describes experience as it is *lived*. Accordingly, lived experience may be thought of, as Frie postulates, "a continual interaction between language and the body" (p. 65).

With an emphasis on the motivational primacy of affectivity, emotional phenomenology debunks the prevailing myth of the isolated mind and brings close attention to the *lived* body and emotional experience, which is embedded in a constitutive context. As a form of phenomenological philosophy, emotional phenomenology, in particular, concerns itself with the investigation of the structures of meaning that prereflectively organize emotional experience (Stolorow, 2015). When applied to my work with bodily emotion, emotional phenomenology concerns itself with the investigation of the *extralinguistic* structures that prereflectively organize emotional experience (Cates, 2011).

Before I clearly understood the principles that underlie an emotional phenomenological perspective, I unknowingly responded to Ben's emotional phenomenology by simply reacting to what I experienced in his presence. Despite his inability to feel and communicate verbally the depth of his sadness, his presence was extraordinarily affective. Because I was so moved by his affective presence, rather than responding to his radically dissociated experience from a pathological perspective, I unknowingly reacted, instead, to the extralinguistic structures of Ben's experience. Tacitly adopting a phenomenological approach with Ben paved the way toward grasping the significance of

extralinguistic affectivity as a bodily form of knowing that exists beyond words. With Ben, I experienced firsthand how extralinguistic interaffectivity can move the therapeutic process forward.

In referencing Binswanger's phenomenological analysis, Frie (1997/2000) notes that the diversity of extralinguistic experience ranges from "the communication of love in silence and the expression of art and music, to the articulation of feelings, desires and needs through the *body*" (p. 190, italics added). When I refer to extralinguistic affectivity, I am talking about a primordial form of knowing that shows up through the *lived* body. It is worth noting that inasmuch as bodily emotion does not easily lend itself to a definition, the most primordial way it does show up is through lived experience. To understand the importance of the lived body is to understand what happens when confusion exists between embodied cognition (felt thinking) and disembodied cognition (thinking about feeling). I have observed that those who suffer from what is essentially a conflation of embodied and disembodied experience are not aware of the difference that exists between thinking that has been stripped of bodily affect and the unity of thinking and feeling that is expressed through *felt thinking* (Cates, 2011). As a consequence, lived emotional experience, the foundation from which an authentic sense of being emerges, is bypassed by this conflation.

My emphasis on the importance of bodily emotion is especially akin to Merleau-Ponty's expression of thought as being essentially embodied. He argued that we are one entity, an embodied perceptual being. For Merleau-Ponty, our own experience of phenomena comes to us through our sensitive, moving perceptive bodies: It is the lived body that is doing the perceiving.

THE DIFFERENTIATION BETWEEN "BEING A BODY" AND "HAVING A BODY"

An important consideration in grasping the meaning of the perceiving body pertains to the distinction between being a body (as the *lived* body) and having a body (as a symbolic, objectified body). The crucial difference between the two configurations lies in the difference between the first person and the third person. Specifically, being a body is a bodily form of an "I" experience, while the objectified body is an "It" experience. Being a body reveals affective states, while the objectified body masks such states. Crucially, the first-person designation situates the body as a *perceiving subject* that can be brought into the clinical process not merely as a physical body, but as a *locus of affective experience*. There also exists a distinction between problems involving the lived body and the objectified body.

The first set of problems, those related to being a body, is illustrated above with the vignette of Ben. Specifically, the case of Ben demonstrates that despite his inability to communicate feelings verbally, his palpable bodily presence, predominantly expressive of feelings of sadness, suggested an unnamed revelation. In a retrospective study (Cates, 2011), I was able to determine that the transformative element of the treatment stemmed from a special kind of affective interchange: namely, an extralinguistic one that prepared the way for imbuing bodily affect with linguistic expression.

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The second group of problems pertains to the body as a symbolic object: for example, when the body is taken as a concretization of perfection. In the case of Sasha (below), I explore how the illusory veil of the perfect body in the form of protective grandiosity can hide an ungrounded selfhood. Unlike problems related to being a body—such as the difficulty in formulating bodily experience, whereby feelings that do not have linguistic expression are palpably present—problems related to an objectified body tend to be imperceptible. To illustrate problems involving the objectified body, I offer an account of my work with Sasha.

SASHA

Two decades prior to seeing me, Sasha walked away from a flourishing career as a dancer and choreographer. It was well into a year of her treatment before I learned of her former career in the dance world. It is striking that this critical piece of Sasha's history remained absent from her narrative for as long as it did. With her help, I was able to piece together what had happened during her twenties, a period of time in which she experienced growing success as a dancer. Following a rejection from a company that she expected would welcome her both as a dancer and promising choreographer, her world changed significantly. The unanticipated rejection opened the floodgates to long-held feelings of sadness that remained dissociated while the defensive use of protective grandiosity was intact. Once punctured, the grandiosity failed in its defensive function, and her sadness, exacerbated by the vicious circling of shame, threatened an already precariously organized self-experience. Desperate to rid herself from the overwhelming sadness intensified by traumatic shame, she disengaged entirely from the world of dance and from her dreams of creating her own company.

This case illustrates several points about the censorship of sadness, traumatically intensified by shame, and the role defensive grandiosity[3] plays in the evasion of those feelings. Importantly, it demonstrates that underlying the narcissistic blow deflating the illusory perfectionism of the objectified body exist intense feelings of sadness that can be shattering to one's sense of self-continuity. Of consequence is the fact that although the unanticipated rejection severely punctured the grandiosity that covered over the traumatic intensity of Sasha's sadness, her pursuit of perfection remained fundamentally unchanged and was only redirected. Rather than the body being the symbolic object of perfection, the requirement of perfection transformed into the necessity to expunge from consciousness painful feelings, especially those of sadness. When feelings of sadness emerge, the next line of defense is self-admonition, self-blame, over what she perceives to be her failing in censoring painful feelings, which keeps the sadness unnamed.

The objectified body as a concretization of perfection slipping into another form—namely, a symbolic object purified of *lived* emotional experience—kept the continuity of selfhood, albeit an ungrounded one, intact. The defensive system, which remained

[3] Within this context, defensive grandiosity is understood as a form of protective perfectionism that serves to remove from consciousness *lived* emotional experience, thereby maintaining, albeit defensively, self-esteem and self-continuity.

imperceptible, gave Sasha a deceptive sense of "moving" in the "right" direction. For example, her departure from dance ushered in a part-time career as a freelance editor of children's books—a career she now views as unfulfilling and getting her "nowhere."

An experience that transpired between us dramatically opened the imperceptible part of her defensive system—specifically, the purification of lived emotional experience through her use of self-criticism/self-admonition. Following a session in which I had been impatient with her incessant self-criticism, she told me that she felt I was not helping her attain her goals. Although she couched her disappointment in terms of my failing to provide guidance in making concrete changes, she was able to let me know that my approach during the prior session was harsh. And indeed it was. I was utterly frustrated with her self-reproach and remembered feeling emotionally exhausted (and used) by the end of that session. Pausing deliberately to make sense of what I was feeling, I realized that I had been impatient with her obsessive rumination over her inability to overcome her feelings.

Clearly, I had not taken into consideration that her inability to emotionally engage with me was the product of her psychological organization—one that censors painful feelings because its eruption interrupts her sense of self-continuity. I further realized that feeling "used" is also consistent with her psychological organization—she is in a defensively narcissistic state because she cannot tolerate painful affect, especially that of sadness. If I attempt to help her grapple with her sadness when she needs to flee from those feelings, then, of course, I will feel used. When sadness surfaces, so does the need for Sasha to admonish herself. Self-criticism serves as a way station for fleeing to her intellect stripped of bodily emotion, and turning her focus to goals assures the stripping of lived emotional experience and, accordingly, the sadness.

I offer the following description of Sasha's early emotional life in an effort to provide a contextual understanding of how a developmental deficit, expressed here as the bypassing of bodily emotional experience, can serve as a needed survival strategy. The daughter of two Asian-American performance artists who turned their loft home into a performance theater replete with sexual escapades, Sasha became the parent to an explosive and increasingly frightening father and neglectful and self-absorbed mother who found everything about Sasha wrong (relentlessly critical, to which Sasha's self-admonition became heir). Unhappy and lonely throughout her childhood, a propensity to censor feelings of sadness began early on. She confided to me that in wanting to be seen as the product of a normal, stable home, she represented herself to others as being happy and agreeable—a persona that has remained in place.

As an unsupervised adolescent, she became sexually active with boys older than she. Often living with one or another boyfriend for weeks at a time, her absence from home was apparently unnoticed. I believe that her hypersexuality kept feelings, in general, at bay, particularly those of sadness. To manage her emotionality (one and the same as sexuality), she purposely married a man she did not find sexually attractive. Now in her 40s with three children, she is despairing over her life, her marriage, and the absence of a sexual and emotional connection.

For Sasha, as for many others, the impact of early parental abuse in the form of emotional demonization erodes the development of a critical function: that of

integrating bodily experience into linguistic expression. The only language Sasha learned stems from a defensively constructed "thinking about feeling" (disembodied cognition), resulting in a form of perfectionism that runs her life. Underlying the protective perfectionism are overwhelmingly intensified feelings of sadness that, until now, remained unsymbolized.

After I shared with Sasha that I had indeed been harsh and appreciated her letting me know how she felt and what she needed from me, the treatment took a decisive turn. The difficulty I experienced with Sasha's propensity for self-blame when unable to keep painful feelings at bay was mitigated by her expression of dissatisfaction with the treatment process and me. Despite the acute sense of endangerment Sasha experiences when she is challenging rather than agreeable, I believe she showed great courage in letting me know she felt I was failing her. Our interchange opened each of us to the other in significant ways. I pulled back from interrupting her disembodied narrative with the understanding that, at times, she needs to flee to a place where she can find relief from unnamed bodily feelings. In turn, Sasha began to absorb, in small doses, my interpretation about her propensity for self-blame. As a consequence, she began to share more about her dread over the emergence of what is essentially lived bodily emotion and her heightened concern over what are seemingly infrequent, yet full-blown panic attacks, which I believe are tied to extended visits with her rejecting mother. Although we haven't discussed the meaning of such attacks, it appears to me that underlying the panic state is the censorship of intense feelings of sadness by traumatic shame, which is then somatically expressed as *a body going out of control*.

TRAUMATIC SHAME

In exploring the genesis of what appears to be an epidemic of unexpressed feelings of sadness that pervade today's "quick fix" culture, it became clear that the censorship of sadness, in addition to depicting the underside of American optimism, also entails traumatic shame (Cates, 2015). The critical difference between traumatic shame and shame, as such, is the intensity of the experience. As opposed to a moderate range of shame, which is relatively easy to cover up, traumatic shame can be lethal because its two co-existing components, trauma and shame, strengthen each other. Specifically, when the *magnitude of the trauma* and the *magnitude of the shame* reinforce each other, each component urges the other into a vicious circle that energizes in both directions, creating an onslaught of unremitting shame. Such doubling of shame becomes overwhelmingly disruptive, resulting in severe affective destabilization, often felt by the sufferer like *a body going out of control*. Radical dissociation takes over, numbing out the body, and, with its numbing, lived experience.

In revisiting Sasha's experience from the perspective of traumatic shame, we can see that the existential terror she experiences whenever she connects to bodily affect is the result of the "big feelings" that emerge from the vicious circling of shame. The most endangering of the "big feelings" is the traumatic, overwhelming intensity of sadness. Whenever the *felt* experience of sadness emerges, her sobbing, which escalates to a near

uncontrollable degree, reconfirms her notion that such experience needs to be staved off.

In piecing together the sequence of events that followed her rejection from the coveted dance company 20 years earlier, within a month of this shattering blow, she attempted suicide by taking huge amounts of over-the-counter medication. It appears that the suicide attempt was motivated by the intensity of sadness exacerbated by traumatic shame, whereby she desperately needed to rid herself of all feelings. Through Sasha's story, we can glean how traumatic shame is a bedfellow of defensive grandiosity: What is exposed when the grandiosity is shattered is the sense of nothingness, the sense of "not being."

Once stripped of the overlay of defensive grandiosity that kept her sense of self-continuity intact, she turned to excessive drinking to escape from the traumatic shame that overwhelmed her. The fact that she called a friend during her attempt indicated that she clearly did not want to die; she simply wanted to rid herself of the unbearableness of feeling states in the only way that seemed available to her. When she did reveal her suicide attempt to me as "I unraveled and landed up in Belleview," the tremor in her voice belied the casualness of the words she used—words that were meant to minimize the severity of the act.

Inasmuch as Sasha is beginning to share her concerns and fears, it continues to be difficult for her to bear the depth of her sadness. The turn in the treatment process has led to us unraveling her history from a perspective that is beginning to incorporate bodily emotion. What is making the treatment process hopeful is her move away from the problems associated with the objectified body toward those associated with the *lived* body. Her comment—"It's the sadness that continues to dog me"—demonstrates how a move toward incorporating problems associated with being a body, such as the difficulty in formulating emotional experience, is beginning to make the silencing of sadness perceptible and sayable.

When working with individuals such as Sasha, individuals who feel endangered by the emergence of bodily affect, I make a distinction between affect states that do not threaten the sense of continuity of selfhood (such as self-blame/self-admonition), and those states that may put the continuity of selfhood at stake (such as sadness and loss). The crucial difference has to do with the absence or presence of traumatic overwhelming intensity. For example, feelings of sadness, intensified by demonized emotion and traumatic shame can often be more debilitating than those of self-admonition. As opposed to bodily feelings of intensified sadness, which are nearly impossible to dwell with alone (see p. 4), a move to self-admonition may enable the sufferer to keep the continuity of selfhood intact. In the case of Sasha, we can see that self-admonition, implicitly organized as a call to action, carries the illusory sense that feelings of distress can be overcome by achieving more so-called "perfection."

I would like to say something about the difficulty of working with patients who are psychologically organized around defensive grandiosity. When a disjunction occurs with such an individual, I often can pinpoint the source of the disjunction to my own discomfort, which I enacted within the treatment process. Keeping a therapeutic focus on an understanding of the protective role defensive grandiosity plays in maintaining a

sense of self-continuity can avert precipitous actions, such as an abrupt termination, which may be the result of a defensive flight from the therapeutic process. Defensive grandiosity can be one of the more challenging defenses to work with clinically because it can assume different forms.

Without applying an understanding of how defensive grandiosity slips into another form with ease, the sufferer could easily be caught in a revolving door of "nowhereness," which is exactly what happened to Sasha for over 20 years. To understand and respect its protective purpose is absolutely indispensable and critical to the treatment process. As I previously explained, Sasha's pursuit of perfection remained unchanged even after the defensive grandiosity that covered over the depth of her painful feelings had been severely punctured. Her pursuit of perfection was only redirected to the necessity to expunge from consciousness all painful thoughts and feelings, especially those of sadness. When feelings of sadness exacerbated by traumatic shame emerge, Sasha's next line of defense is self-admonition over her inability to silence such sadness.

To the extent that Sasha is emotionally engaged with me, silencing her sadness becomes difficult to manage. I've come to understand that a fuller relationship with me means she cannot keep the sadness at bay. As the bond thickens, disjunctions inevitably follow. The reparation of such disjunctions presents an opportunity for me to voice the feelings that have been silenced, and to provide, albeit only temporarily, an asylum of safety for the integration of lived experience. Through our work, Sasha has been able to incorporate dance and choreography, a critical source of self-expression and self-continuity, back into her life. Notwithstanding the inevitable flights to the intellect stripped of bodily emotion, change is always occurring. Her work in dance provides a critical pathway into bodily consciousness and the authenticity of her being-in-the-world. In Sasha's words: "The cloud has been lifted. I don't need to reinvent myself, I just need to be myself." Within the safety of the analytic bond, the sadness, rather than remaining silent, is beginning to inform the stories that are yet to be heard and told.

CONCLUDING COMMENTS

The topics of thinking and feeling play a huge role in the therapeutic encounter, and concerns about how to meaningfully integrate these topics into a theoretical position are not new. Although psychoanalytic clinicians may not intend to separate the mind/body experience into a dualistic ontology, a conception of body and mind as separate entities fails to take into account the importance of the body as a perceiving subject. As such, unformulated emotional structures that are lived with the body remain in the background. This work, based on Merleau-Ponty's philosophical phenomenology, which claims the body as the center of our experience, addresses the importance of the phenomenology of the body, and in accord with the case illustrations, as a vehicle for breaking the silencing of sadness. My belief is that the experiencing body can provide a consequential pathway for bringing into consciousness and linguistic meaning feelings that were not allowed expression during development. As opposed to the objectified body, which is a third-person phenomenon that I refer to in terms of "having a body," the lived body, depicted as "being a body," is a dimension of first-person existence.

Importantly, first-person designation places the body as a *perceiving subject* that can be brought into the clinical process not merely as a physical body, but as *the locus of affective experience*.

During Ben's treatment, the *body* became the subject and experiencer of the therapeutic process. Rather than responding to his quasi-messianic vision stripped of bodily affect from a pathological perspective, I unknowingly responded to what I felt and saw in his presence—the integrity of his emotional phenomenology. My response to the emotional expression of his body guided the unfolding treatment and served as the conduit through which Ben gradually integrated his long-held feelings of sadness. Two bodies in the room sharing a mutually influencing experience can be transformative for both participants. I didn't realize how alone I had been with my own sadness. As I look back, the constancy of my emotional presence, reflecting the quietness of his, was possibly the salient element that filled each of us with the sense of no longer being alone with our feelings.

Strikingly, the lived body (exemplified by the case of Ben) is distinct and separate from the symbolic, objectified body (illustrated through the case of Sasha). Unlike Ben, whose despair was palpable from the start, Sasha's quick-witted and self-deflecting humor shrouds her despair. Despite the difficulty of working with problems associated with the objectified body, such as those that stem from a protective use of grandiosity, the deepening of the bond between Sasha and myself is beginning to create a safe place for her to revisit the traumatic intensity of her sadness. This turn in the treatment process is a sometime shift from problems associated with the objectified body (the "It" experience) to those of the lived body (the "I" experience). At its optimum, this shift provides an occasional opening into her emotional experience. Sasha's return to dance and choreography is also assisting in bringing the silent authenticity of the lived body into the clinical process.

As an example, choreographing the complicated emotionality of Blanche Dubois (the protagonist in Tennessee Williams' 1947 play, "A Streetcar Named Desire") is enabling Sasha to inch closer into an exploration of her own complex feelings: "It is the work we are doing that is freeing me up to find my own emotional dance, through dance." Reimagining Blanche's "unraveling" at the end of the play as "liberation" from the tyranny of pretense (grandiosity) is not a bad metaphor for her own "unraveling" that took place twenty years earlier, the significance of which she is not yet ready to grasp.

My work with Sasha continues to deepen my understanding of the importance of transforming problems associated with the objectified body into problems associated with the experiencing body to create new possibilities for individuals suffering from radical forms of dissociation. In keeping with the intention of the article, I have emphasized the silencing of sadness by traumatic shame, and the therapeutic importance of extralinguistic forms of affect in bringing such silencing to an end.

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