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Blighted Phenomena: Learning to Work With the Dark

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Blighted phenomena are understood as derivatives of dark, lonely, injured experiences—those that are often difficult to put into words. These phenomena can manifest in innumerable configurations in patients' presentations and in the specificity of their developmental struggles and language. The present article aims to describe ways of working with the darkness of blighted experience, through three case studies. These vignettes are interwoven with temporally encountered theoretical concepts and language-research informing their approach in order to create an example of the kaleidoscopic, multidirectional ways dyadic encounters, theory, and research in training can inform one another and continue to expand approaches to patients' feelings of darkness.

Keywords: psychoanalysis, language research, development

An embryo that ceases to develop in early pregnancy is called a blighted ovum (Donald et al., 1972). The pregnant body may or may not recognize that this life arrestment—connoted only by a dark, empty space on an ultrasound screen—has occurred. The causes of the arrestment are often unknown (Regan & Rai, 2000); the reactions, likewise, span an endless spectrum of affect. Language seldom pierces this murky void. More often, the words get lost in it. But eventually, in order to move forward, the body that holds the blighted matter must find ways to work through the terrible experience.

The definition of the word "blighted" itself includes the terms *severe damage*, *the death of young*, and *stagnant* (Merriam-Webster, n.d.). This article seeks to reckon with the ways this blueprint of blighted life potential in its earliest stages demonstrates itself in nodal points of later psychic realities. Many developmental and psychoanalytic understandings have reckoned with the treatment of arrested psychic growth (Blum, 1977; Dewald, 1990; Freud, 1949). While importantly overlapping with possible symptomologies including depression, anxiety, grief, and traumatic disorders, the current examination is oriented transversely; it aims to recognize the boundless ways that threads of blighted phenomena can appear in the lives and language of individuals through clinical vignettes. The article will further interweave several theoretical and language-research concepts with these case examples to demonstrate the reciprocal roles each can play in learning to address darkness.

From Environment to Symbolization: A Winnicottian Approach to Blighted Language

Ari,[1] my second patient in my first year of graduate school, became my introduction to working with darkness that is difficult to speak. I remember meeting a bright, curious 8 year old who tended to "freeze" in conversation. He often seemed to rev up to speak his mind, linger on a word, and ultimately retreat into silence. Ari struggled with transitioning from one activity to the next, particularly from playing to a chore such as brushing his teeth. When asked to do so, he would become physically agitated with his parents and begin to cry. He was enrolled in an elite private school where his twin sibling had been performing at a much higher academic level. Despite completing all his schoolwork, Ari, who had been diagnosed with speech delays at the age of four, was described as "very quiet" in class.

In our early sessions, I found that I gravitated toward tiny Ari. He, however, gravitated toward playing Uno in silence. He smiled only occasionally at my organic failures and commentary on the game. Gradually, after many rounds of Uno (and its frequently overlooked sibling-game Dos), Ari took interest in building a Lego ship for rubber penguins I had laid out. In response to my inquiries about the lives of the penguins, he began to haltingly narrate the adventures, hopes, and failures of the crew onboard.

Our sessions took on a ritualistic urgency. Before Ari arrived, I would set out the games and toys from the first session in precisely the same location on the table: UNO, tiny rubber penguins of several colors, a plastic alligator, Legos. I recall scrambling to set up the room, frantically reconstructing whatever Lego ship Ari had assembled in the previous session.

I began to take note of a familiar trajectory in our penguin adventures. Ari sent his captain penguins away on long, exhilarating escapades. Only when these journeys reached a peak—along with our mounting investment in the tale—did some terrible, unforeseen event bring the whole ship crashing down, plunging the penguin crew into the choppy, uncertain waters of the threadbare carpet below. I began to imagine the demands of Ari's young life, the intensity of his academic environment and parental expectations, and the consuming anxiety that arose when needing to "shift gears" from one task to the next. New activities became an opportunity for

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[1] All names and identifying information have been changed.

This initial force is transmuted into experiential aliveness through the infant's vibrant joint experience with his caregiver, who must provide repeated experiences of a predictable, adaptive, and responsive environment in which the infant's needs are fulfilled (Winnicott, 1958). Only in this context—of a consistent holding and steady gaze absent of the need to react to external stimuli—can the infant begin to "discover his personal life" (p. 34).

In later development, Winnicott (1953) marked derivatives of this unintegrated, creative state of respite in the concept of transitional objects and transitional phenomena. He describes these phenomena as an experiencing of intermediate space—one that is constructed by threads of both internal and external reality, thus forming a unique "third" area (Winnicott, 1953, p. 2). These phenomena are types of multimodal experiencing that form the "drawing board" for the ability to symbolize (Tuber, 2019, p. 147). In this way, the child who has experienced the sucking of the thumb or the stroking of the stuffed animal as a replacement for the internal experience of the parent during moments of separation can eventually, with language, begin to develop the "abstract capacity to make X stand for Y" (p. 147). It is in this space of potentiality and hope that the child can avoid the despair of complete loss. For Ari, this entailed a third space for penguin maritime disasters and astronomical chalkboard implosions away from actual destruction. Such a space, Winnicott (1953) explained, is also the arena for play, or a place where the child can "engage the created object" (p. 181).

From this perspective, the analytic situation provides an opportunity to reignite earlier processes that have been abandoned by the former baby, now patient, reckoning with inhibited movement toward symbolization. The analyst provides a "holding environment" (Winnicott, 1956, p. 34) for the patient's experience of being (in whatever form, as unintegrated and fragmented as may be) in an attempt to allow for the patient to genuinely discover himself. Just as the baby is, for a time, absolved of the need to react to external stimuli (Winnicott, 1958), patients are momentarily freed from the demands of decorum and realities external to the consulting room. When I initially attempted to use verbal technique in narrating the play in session, I got the sense that Ari did not "hear" my words. Still, I came to feel that my speaking and prosody, the use of my voice in the environment, was a necessary part of its consistency and therefore of the treatment language.

As Ari began to share more direct observations about moments in his play, I listened to him use words to touch upon his gestures of growth leading to a feeling of devastating inadequacy. One day, Ari was rummaging through bins of toys when he came across a tiny toy piano. He tried out the keys: "This sounds weird. Not like a piano." He suddenly stopped playing. I wondered out loud whether it is trying to be a piano, but cannot quite do what a piano does. I thought of the conflicted feelings surrounding growing up and becoming powerful. I thought of an exhausted performer—"as if" in trying to keep up (with his daily tasks, with his twin, at school) but, inside, needy and afraid. And from this place, the words flail and stop. Once convinced he could be consistently met through the dark, Ari found a way to grow, to multiply, to use the continuity of language to keep from falling into the black holes alone.

Zooming Into Language: The Referential Process and Movement From the Dark

I thought of Ari's struggle toward language when I began working on a research project with the Referential Process (RP)

Ari to experience himself as helpless and inadequate in the face of new demands. I thought about how Ari, who is often told to "speak," might worry about what happens when he does so.

Ari slowly shared more of this pain. In one session, he noticed a piece of chalk and moved toward the chalkboard. "$10 \times 10 = 100$," he wrote. I read the equation out loud. He wrote another: "$100 \times 100 = 10,000$," prompting my echo, "One hundred times one hundred equals ten thousand … getting bigger and bigger." "$10,000 \times 10,000 = 100,000,000$," he raised the stakes even more. I recited the equation again, mimicking the urgency of his frantic chalk gestures with my voice. Ari then took a red chalk in one hand and a blue in the other and began to draw rapid, urgent circles with both. The circles were large and overlapping, creating a giant, chaotic universe. "It's a black hole," he said after much hesitation, before grabbing a stick of orange chalk to draw a face in the middle—a dead one with two X's for eyes. I felt overcome with sadness. I felt Ari's conflict about becoming capable, about movement, about growing and learning—an intoxicating wish that can easily veer out of control, ending in destruction and a deadened darkness where one's words, and oneself, cannot be found.

I wondered whether Ari's struggle to transition from one moment to the next—his freezing in place and in speech—were also echoes of an interrupted, blighted need to be held through the dark. Like an embryo requiring an inconceivably precise hormonal orchestra for its cells to multiply, the demands of growing up heightened the plea for meeting early, essential environmental needs in order to multiply 10,000 by itself to reach 100,000,000 without the seemingly inevitable destruction. I imagined that a way to meet this nodal point in development was to provide environmental consistency through his reckoning with his challenges. I hoped that this cocreated environment could break through the solitude of painful, dark, blighted phenomena.

Still, I wondered how to further conceptualize my work with Ari's "black hole" feelings in the context of his blighted language. At this early stage of my doctoral training, I was absorbing the environmental role of the therapeutic setting and its interconnectedness with the therapeutic dyad and dialogue. Winnicott (1945), a focal figure at that point of my studies, described the infant as possessing a "life-seeking force and vitality" (Tuber, 2019, p. 3).

Group at the New York Psychoanalytic Institute. The group focused on the RP, which describes the messy, nonlinear journey from a subsymbolic, noncategorical form of experience to a symbolized one that can be conveyed to others (Bucci, 2021).

Within the RP, the arousal function—in which subsymbolic activity is most dominant—is characterized by a grasping, a search, a murky attempt at finding words for feelings. The symbolizing function marks the organization of subsymbolic material into the accessible form of a fantasy, dream, or memory. Finally, the reflecting/reorganizing function involves relaying ideas about the meaning and significance of the material, and, together with another, the possibility of restructuring it.

In the context of psychodynamic psychotherapy, the previous work has suggested that the three functions of the RP serve as an indicator of how strongly a patient's narrative is connected to emotional experience (Bucci & Maskit, 2007; Kingsley, 2010) and have been shown to be associated with personality change in treatment (Mariani et al., 2013). Our research group began working on developing a preliminary computerized measure of the arousal function (Tocatly et al., 2019) when I began to notice these moments of apparent high arousal in patients and in myself. They often appeared both desperate and hopeful: an insistence on feelings on the precipice of coming alive through words, but stunted, blighted, hurt, alone, and struggling to be named. Through conversations with the research group, I began to think of the search for words as an attempt to grow beyond this moment of isolated darkness toward a creative destination that holds the potential to connect—both within and toward others.

During this time, at the height of the COVID-19 pandemic, I began seeing my 17-year-old patient, Elliana, in a remote treatment. Elliana signed onto our first call with her video camera turned off. I introduced myself and tried to gently inquire about it. She explained that for school, she was accustomed to keeping the camera off and just listening, remaining invisible. Elliana warned me that she did not like the way her hair looked before reluctantly turning the camera on in that first session. Even then, I could barely see her face. The poor lighting made her a shadow without visible features, although I could more clearly make out the posters of Korean pop stars in her background.

Elliana told me that she does not know what to say. "I'm feeling … b … um … well, bad I guess. I don't know." Her speech immediately brought to mind our group's research. However, unlike with my experience scrutinizing high arousal while reading transcripts, I felt in this moment the bodily pain of her struggle. Elliana alluded to having been bullied throughout middle school. She had only just begun forging friendships at her new high school when the pandemic hit. The school converted to remote education, and she slowly felt more and more isolated, anxious, and sad.

The friendships that once felt so promisingly alive could not hold—the gestation of adolescence interrupted. So Elliana shut off her camera and kept to herself. Her mother reported that she had begun sniffing rubbing alcohol and became increasingly reclusive in her room. As our sessions went on, Elliana often refused to turn on her camera, telling me she would prefer to "keep it off, if that's ok."

Elliana frequently missed sessions. I wondered how to become useful, how to facilitate the outgrowth of her stirring of difficult feelings. Once, when struggling to speak, she told me that she preferred to communicate with other teenagers online on a chat

function. This included her boyfriend, who was living in a different state. She explained how it felt safer when others could not see her, when they could not reject her "to [her] face." I understood then that Elliana's pain in struggling to speak with me touched upon the greater, darker pain that she felt entirely alone. I wished to see her, for her pain to feel seen by me, but I did not know how to translate my wish into intervention.

In the meantime, my dissertation—focused on therapist interventions in moments of high patient arousal—revealed several language features that were associated with facilitating patient movement from arousal to symbolizing (Tocatly, 2023). Of particular note, therapist interventions that scored higher in the RP function of reflecting/reorganizing were significantly more likely to be "effective" in leading into symbolizing. I wondered how to apply these findings to ongoing clinical work, and in particular to Elliana's apparent high arousal moments, corresponding with theoretical understandings of the deep "mechanics" and goals of interventions. Reflecting/reorganizing reflects an attempt to recognize or understand the emotional significance of matter (e.g., dream, memory, or event). It is therefore understood as high in affective aliveness, contemplation, excitement, and newness (Zhou et al., 2021). I considered that perhaps these qualities in a therapist's language provided a concurrent holding and opening for the patient to proceed through the RP; in other words, perhaps the patient's anxiety or protective struggle in heading toward a story, particularly one that activates dark, painful, or challenging material, could more easily take place when the therapist's language concurrently opens up possibilities and offers holding in the midst of difficulty.

In the dissertation study, interventions that fell in this particularly facilitative category ranged in form dramatically, from clarification questions (e.g., "what was it?") to interpretations (e.g., " … and right now you come back to your mother again, fighting with her? Or struggling?") to swift questions (e.g., "why?"). I then knew, in returning to my work with Elliana, that an imperfectly "useful" involvement with her high arousal moments could take on many different forms, including further iterations not fully captured in language research. I held my gaze steady through entire sessions in which Elliana refused to turn on the camera—staring instead at her first name blazoned in bold letters on the screen. When I spoke, I attempted to conceptualize my words as an invitation. Elliana seemed to respond to this invitation with sporadic attempts to form a narrative, a constant heartbeat, out of her struggles. One such example happened in a moment where Elliana's internet faltered and she switched to using a phone for the rest of the session. She turned on the camera.

E: *Oh, I need to find a place to put my. … I need to find a place to put my phone on. … Could be a funny angle.*

K: *If it's a funny angle, I'll sit with you in a funny angle too.*

E: *Ok! You can kind of see me. So, yeah, I was going to add on to what you were saying before. … I'm thinking about how like we've talked about the way I talk about my relationship with my friends sounds different, from, like, my relationship with my boyfriend a little bit. So I feel like it's a lot safer, like regarding like jokes and stuff like that. Like, I feel like whenever he like, makes fun of like something that I said then I feel a little bit*

safer around him and I feel like I actually laugh at it. But like when my friends, when they joke around about something I said, I feel a little bit hurt because I just feel like. … I guess the pattern is that my trust of friendships is a little bit different because of what happened before, because of the bullying. But whenever my boyfriend jokes around with me, it's, like, completely different from when I'm with my friends.

K: *It feels like being safe with him, but with your friends now it's still different because of how friends have hurt you in the past?*

E: *Yeah, because of the best. … I guess I now am comfortable with my sexuality. So, like, I feel like because of how the situation turned out in middle school, for a few months after it, I would say like "oh yeah I'm straight. I don't like girls" or something like that because, like you know—who knew me liking a girl would bring this much trouble, you know? But now, I kind of like I guess I feel a little bit more comfortable with my sexuality. Like it took me a while to, I guess, accept it a little bit, because I felt like … like a part of me was just afraid to, I guess, come to terms with it and stuff like that. But then I realized, like, I am like bisexual, because you know, I can't, like, I guess deny my romantic feelings I get for like a girl. So it's like. … The more I deny those feelings, the more hurt, I guess, I feel about myself. So I, I thought it would be best to like come out to my mom, stuff like that. … And I was afraid of her judging me but she didn't judge me, so. But I guess I am still more sensitive around friends and how they might hurt me, because of that past.*

By the end of this dialogue, Elliana seemed, for a moment, bold and steady in recognizing herself, even through her most painful moments. Not long after this session, she was accepted to college and began excitedly planning her move. While the treatment itself faltered from this point, moments such as the dialogue above marked in me a near-visceral sense of futurity (Loewald, 1962, 1972). I felt that I had borne witness to sparks of Elliana's capacity for growth and connection through a difficult period in her life. Having experienced these, I felt I could see Elliana's struggle a bit more clearly: The blighting of life potential in the hurt of her early adolescence, reiterated in the devastation of the pandemic, was reflected in her isolation. As she avoided direct communication with others, an unnamed struggle was expressed in her attitudes toward her body, halting speech, and an intolerable, murky sadness.

Moments in dialogue with Elliana demonstrated to me the useful potential of (re)organizing with another, together in the darkness. I realized that perhaps the therapist's use of language that invites meaning can introduce the patient to the interactional potential of both the current discombobulated moment and much beyond: " … to realize futures hitherto unknown and unexperienced" (Bollas, 2018, p. xiii). Leaving Elliana in her unknown, I imagined that she could find her new life potential as a young adult in college, alive in conjunction with her environment, no longer frozen in psychical blight.

When Language Will Not Do: Bionian and Relational Perspectives on Feeling Through

Despite my newfound hopefulness about finding language to be with patients in their pain, my words always seemed to fail with my long-term patient, Haley. A successful 35-year-old artist, Haley had recently broken off a 10-year relationship. Her ex-partner had resisted commitment, and she entered the treatment pronouncing her dual goals of processing this separation and moving toward a partnership that would develop into a shared life and family. For our first 2.5 years together, Haley outlined the cycles of longing, rejection, and dark loneliness from her isolated childhood that found repetitions in her relationship with her ex-partner. I attempted, with my language, to invite exploration of these links. Haley explored, elaborated and brought in vivid dreams and fantasies for our investigation of themes. We conceptualized these as moving toward her wished-for understanding of the past that might open up her future. Still, this seemingly creative joint endeavor left her feeling highly dissatisfied.

Haley ended most sessions smirking at me and shaking her head. When I inquired about these reactions in the context of broader transferential themes, Haley explained her experience in clear language: Session after session, I tease her with temporary togetherness, taunt her by my supposed possession of the kind of life she wants, and demand hope from her. Yet at the end of the hour, I leave her alone—just as she started. Haley proclaimed indignation at having always done "everything right." She worked hard, tried her best to be honest and good. Her mother had promised that doing the "right thing" would inevitably lead her to whatever she wanted in life. And somehow, after 35 years of following the rules, she felt further than ever from the marriage and family of her own that she longed for.

Now, in treatment, I was doing the same—seemingly reassuring her that as long as she did "the work," she would get what she wanted. "My mom promised, you promised!" She felt frustrated, hurt, and betrayed. In turn, I felt helpless: Our therapeutic environment was consistent, and Haley found language for her most painful feelings that interfered with her life development. And yet, she felt stuck. I knew I had no choice but to accept that I had been insisting on a hopeful shared narrative; I had been pushing toward language that made sense of her story. I realized that I was not helping Haley in the only way that mattered to her. Instead, she came to visit me in a dimly lit space to have intellectual, well-intentioned conversations. And, at the end of each session, I promptly abandoned her to deal with the pain on her own.

I wondered how to go beyond the environment, beyond language, and toward Haley. Referenced in the context of research on processes corresponding to the RP, I thought of Winnicott's contemporary, Bion, and his explanation of the role of the analyst as a container for inchoate mental activity originating from the patient (Bion, 1959). In this process, the patient's unspoken, disorganized experience becomes translated into actual experience for the analyst. In describing the origins of such projective identification, Bion conjures an image of an infant filled with disturbing sensations that cannot be metabolized or organized. This infant projects this messy content onto the mother, who acts as an organizing receptacle to metabolize and introject the experience in a more bearable form (Bion, 1965). A mother unable to receive this material, Bion explains, leaves her baby awash in disturbing, fragmentary experience—like Haley at the end of a session, alone. Bion's conceptualization of a role of the analyst is, in other words, to involve herself with the patient and use her own emotional experience to bear and to contain.

When I sat with Haley and resisted the immediate urge to make coherent sense of it all, I felt awash in a hopelessness far beyond

what I had previously absorbed from Haley through her eloquent words. I stayed in this emotional place with her for a bit, struggling with the unclear road ahead. She told me of another recent date who had suddenly stopped responding to her messages. She told me of how her mother beat and lectured her and left her alone at home. The aloneness repeated itself; every embryonic attempt at life was lost, a lifetime of serial blighted phenomena. I realized that I would have to involve myself even more. I thought of how in more recent decades, relational and other contemporary analysts have come to understand a patient's experience as heavily shaped by self-other configurations that are established in significant early relationships. These configurations are believed to permeate the analytic situation in transference–countertransference interactions (Aron, 1995; Mitchell, 1998). Thus, the heavy emphasis placed on countertransference, especially in the moment, is rooted in the understanding that these countertransferential experiences may be registering some of the patient's unspoken, unsymbolized experience as they pertain to their connections to others (Benjamin, 2010). Within the analytic situation, these feelings may or may not be shared with the patient in the form of a disclosure of experience. The emphasis thus shifts toward a collaborative, authentic disposition that allows the patient to form a new object relationship with the analyst and go "beyond the transference"—beyond the blighted repetitions.

In our dyad, Haley and I had shifted slightly away from neat narratives and reflecting. In struggling fits and starts, I sat closer to her both through her cumulative frustration with me, her rage at the world, and her felt lack of ability to bring to life her fantasy of the future. I sat with her through the urgency to "figure this out before it's too late" (for a child, for a family, for a life with a committed other), without knowing the solution. As the end of our treatment approached due to my departure for internship year, I was flooded with an added sense of urgency. I felt the impact of having surrendered my tidy original endeavor for our unknown odyssey, which might not progress toward life.

Toward the end of a week in which Haley had conveyed to me (with and without language) some of the darkest coves I have felt, she told me that I look "so sad." I told her that I indeed feel sad, and that I had felt this way all day. I looked at her honestly, with unshielded darkness. She looked surprised, then paused. She told me that she had not really believed that her emotional experience ever stayed with me, or anyone else. She paused again before proceeding. She explained that she felt, for a brief moment, convinced in her bones that it would be possible to have a life with someone—that she could be someone another person would stay with forever. I was, at first, puzzled. But as we talked and thought about our past, I gradually came to understand that in stubbornly maintaining my position of hope and futurity for so long, Haley had seen verification of my suspected otherness from her. She saw me as confirming my inherent difference from her pain and from knowing her darkness. No one had ever stayed staring at the darkness at the center of the womb with her. Over time, when I stopped insisting and lived in the pain with her—within and outside the session—it became possible for her to imagine a life not alone.

Conclusion

This article is an attempt to demonstrate one trajectory of learning ways to work with patients' blighted experience as it manifests in their lives and treatment presentation. It is not intended as a survey, even partial, of ways to do so, nor of the endless ways that blighted phenomena can present themselves. Instead, the specificity of the path described—involving patient encounters interwoven with the extra clinical educational endeavors of one therapist in training—merely represents one expanding, "interlocking network" (Aron, 1999) of psychoanalytic theory, concepts, and research. These can be used in developing technique to be differentially applied in the moment of each new interaction involving patients' deep pain.

Just like the approximate 50% of pregnancies that fail to develop (Zinaman et al., 1996), blighted moments are common and, although possibly challenging to recognize, dense with impact on one's development and life. Therapeutic attempts, too, may sometimes facilitate the growth of life from the dark void, and perhaps just as often fail in surprising ways. In this way, the article also serves as an ode to the endless, inevitable uniqueness of each meeting of therapist and patient as they attempt to meet in the dark. This underscores the broader impossibility of capturing one process or preemptively desired outcome of psychoanalytic treatment—which requires, for each case, a willingness to both use ongoing understandings, to abandon them in the face of the patient in front of us, and to move into the mysterious unknown. This sequence of encountering patients' blighted derivatives with different configurations in use of environment, language, and oneself is, hopefully, a reminder of the moving potential in this process through the darkest experiences we know. Through the echoes of painful injuries that hurt our life potential, there can be an ever-expansive, never-conclusive way to birth something new out of the dark, together.

摘要

枯萎现象被理解为黑暗、孤独、受伤体验的衍生物——这些体验往往难以用语言表达。这些现象可以显示在患者表现的无数种形态中，以及他们的发展性挣扎和语言的特殊性中。本文旨在通过三个案例研究来描述与枯萎体验的黑暗进行工作的方法。这些片段交织着暂时相遇的理论概念和语言研究，影响着他们的方法，以创造出一个千变万化的、多方向方式的二元相遇的范例，理论和训练研究可以相互影响，并继续扩展应对患者黑暗感受的方法。

关键词：精神分析，语言研究，发展

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