Liberation from Inner Emigration

As most of you by now have realized that my field of research has not being trauma; alas for any clinician among us psychic trauma has been and is a continous topic that is part and parcel of our daily clinical work. I title the topic of this lecture as „liberation from inner emigration“. Wikipedia informs us about the origin and meaning of the term:

Inner emigration is a controversial term used to describe the situation of German writers who were opposed to Nazism yet chose to remain in Germany after the Nazis seized power in 1933. The term was coined by Frank Thiess in his response to Thomas Mann's BBC broadcast on the subject of German guilt.

Living in exile in the United States in the 1940s, the German writer Thomas Mann was concerned with the issue of German responsibility for World War II and the Holocaust. He wrote several essays on the subject, including "Deutsche Schuld und Unschuld" ("German Guilt and Innocence") and "Über Schuld und Erziehung" ("On Guilt and Education". After reading about the liberation of the Nazi concentration camps in 1945, Mann said in a German-language BBC broadcast:

> Our disgrace lies before the world, in front of the foreign commissions before whom these incredible pictures are presented and who report home about this surpassing of all hideousness that men can imagine. "Our disgrace" German readers and listeners! For everything German, everyone that speaks German, writes German, has lived in Germany, has been implicated by this dishonorable unmasking.

Frank Thiess argued that only those who had experienced life in Nazi Germany had a right to speak for Germans about their guilt, and that, if anything, the "innere Emigranten" ("inner emigrants") had shown more

moral courage than those who had observed events from a safe remove. In response, Mann declared that all works published under Hitler stank of "Blut und Schande" ("blood and shame") and should be destroyed. As a result of this controversy, German literature of the period is still categorized in terms of the authors' moral status rather than the political content or aesthetic value of their writings.

The term's definition and the moral issues surrounding it have long been a subject of debate. Some argue that certain writers who stayed behind in Germany criticized the Nazi regime in subtle ways, allegorically or by implication, while others contend that such criticisms were "so subtle that they are invisible".The debate is further complicated by the varying degrees to which different writers were under threat, and the varying strength and nature of their protests. Some writers who claimed to be "inner emigrants" appear to have done quite well for themselves during the war, while others saw their works banned or were imprisoned.

The term is sometimes used more broadly to include others, such as visual artists, as well as writers. It can also be used in a more general or metaphorical sense, to mean a mental dissociation from one's country or surroundings.

I had encountered the term „inner emigration“ as a student in my years at gymnasium. I had read the diary of a then highly respected poet with the protestant church which was especially well known for his cntribution to new songs for the church service, Jochen Klepper[1]. His diary „In the

[1] Klepper was born in Beuthen an der Oder (Bytom Odrzański), Silesia, the son of a Lutheran minister. He originally studied theology at the University of Breslau, but dropped out to become a radio journalist in Berlin before being ostracized by the Nazi Party for his marriage to Johanna Stein, a Jewish widow with two daughters. He was fired from his work with *Berliner Funk* in June 1933, and was later fired from *Ullstein Publishing House* in September 1935. He had written favourably about a Prussian king and the stark differences to the current government. The book became very popular and by March 1937, he had lost his license to publish his largely Christian works from the state literary office. He appealed this with a letter to Joseph Goebbels, signing his protest with a *Heil Hitler*, and the case was ceded.

shadow of your wings“ details how he felt more and more pulled into a state of internal emigration which finally led him to the deep religious founded conviction that the only place where he and his family could emotionally „survive“ were in the lap of the „blessed Christ“.

On December 11, 1942, after Adolf Eichmann refused a visa for the couple's second daughter, the three of them committed suicide by turning on a gas valve - Jochen Klepper writing in his journal just before they died: *Tonight we die together. Over us stands in the last moments the image of the blessed Christ who surrounds us. With this view we end our lives*. After their death, the diary was given by Klepper's sister Hildegard, to the Allied trial against Adolf Eichmann where it was used as evidence against him (Session 51).

I encountered such a state of inner emigration again when we first visited young psychologists in Moscow in 1992 that for a number of years had formed a private discussion circle studying psychoanalytic texts. Not that they were in life endangered situation, but the retreat from public life and especially the retreat from material goals was obvious. The best way to survice psychologically was to be absorbed in inner personal spheres like poetry, or in this case psychoanalysis, as the representation of a world one wanted to live in.

My encounter with the expression „inner emigration“ was part oft he

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Since December 1935 he wrote for Karl Ludwig Freiherr von und zu Guttenbergs journal *White Papers*.

In December 1940, he was drafted by the German Army — perhaps a bureaucratic mistake since citizens married to Jews were not to be drafted. His wife however had been baptized and they had a church wedding ceremony in 1938. While Klepper did not see combat, he served in a supply unit for forces through Bulgaria, Poland and Russia before being discharged in 1942 to tend to his wife.

Diary

The book "In the Shadow of Your Wings", appeared in 1956, contains a selection from the diaries of Klepper. Klepper wrote many church songs and they are used in today's evangelical song books.

shared work with my colleague Anna Buchheim, who studied all my patients with the Adult Attachment Interview. One of these patients used the term to describe her situation as a lonely child.

The clinical material

This patient, a 50 year old female teacher working at a gymnasium, had asked for a consultation me as chief of the university psychotherapy department. Before the first appointment I received a carefully typed long letter describing not only her complaints but including also excerpts from psychoanalytic publications. The patient´s accompanying comments contained her self-diagnosed psychodynamic issues.

At the initial interview I met a clear thinking, politically well educated middle aged, good looking woman, who kept a watchful eye on me along with her demanding friendliness. She had selected me, she said, as an expert who was known to her by the Ulm textbook on psychoanalytic therapy. Her next move, however, was letting me know that the psychometric forms she had been asked to fill out before the interview were a disgrace. As all patients get a running number for archival reasons she had annotated the formal questionaire forms with wild out-off-the-mark devaluating remarks, such as “where are we - is this a concentration camp?“ She regarded filling out the forms as an “act of rape“. She thus made it clear that she was the person to run the show.

She then continued the interview by saying she would be looking for a therapist who would accompany her and be able to help her to master a „life problem“. With this she refers to an endangerment that had happened to her after a first uni-lateral break-off by a lover. „It really crashed me down, you know. The very moment I gave in to his seductive moves, I was on the needle and he let me drop“. She then was very

precise in specifying that such a vulnerability only would be possible in an intimate relationship. „You know, usually in work and everyday social relationship I can handle situations very well. We met as we shared a preference for a rare kind of musical instrumentation. Originally I was not inclined to get involved with this guy; but he kept trying, charming me and go so I finally gave in“.

The moment she gave in, meaning that she slept with him, he longer was really available. Not by phone, not be letters. What had started as a joint, shared artistic company had turned into a nightmare. Her desparate fights to get at least his voice on the phone left her feeling crazy. (Especially the therapist´s voice would turn out also to become an issue in the therapeutic encounter).

She then described how she developed a state of intractable psychic pain that started in the weeks after her desertion and continued since then speaking of by now ten years! She knows it is „unresolved anger“ but also sadness and sorrow about being caught in a sado-masochistic trap. „ I also critizise myself for not having been cautious enough. I should have known better“.

Her painful mental state and manifold somatic correlates had been slightly mitigated by a five year long oce a week supportive psychotherapy with a supportive elderly female therapist. This therapy had helped her to control her suicidal ideation. However from time to time she returned to stating that “if this feeling can´t be changed I´m going to kill myself. But when this happens I shall take two or three other persons with me.“ Her intense, easily activated anger was directed at her ex-lover and two chiefs of psychotherapeutic hospitals that had treated her. In her point of view both of them had maltreated her. Against one of them she had filed a law suit and achieved a reimbursement of 50% of the bill for his not doing his job properly. This was a rare clinical situation;

countertransference feelings are easy to imagine: The patient that menaces one with either including you in extended suicide or at least going to court.

My involvement in the initial interview quite soon contained a heroic mixture of scepticism and curiosity. She made me curious by her very emotional statements such as, “never use the term transference and never talk about my father or mother. Whenever when I hear those words, I get sick.“

On the other hand being attracted by the Ulm textbook and being a academic trained person she must have known what non-sensical demand she opted for. Coming to a psychoanalyst and not to talk about father or mother!! It was a power play; clearly she wanted to re-install the sado-masochistic interaction and she needed me as narcissistic extension to stabilize her grandiosity.

She accepted a twice weekly psychoanalytic therapy in a face-to-face setting – a more intensive treatment what I had wished for was out of question for her. The diagnosis of a narcissistic personality disorder with a borderline organisation structure was based on her intense angry responses to her intimate partners accompanied with intense states of inner emptiness. Situations of loss of control led to rapid interruptions of relationships – a capacity that in her late successful career as a local politician was of great use. Since childhood she suffered from a fear of darkness, a symptom I learned about later in treatment. Her positive resources consisted of a creative altruism and a capacity for adaption and work. Helping weak pupils in school, or poor female employees in the local government exposed her talent for identification with all vitimized people.

The dynamics of the initial interview so far reflected her written self-description as having been traumatised early in her life but having

managed well for a considerable period. Stemming from a small village where she and her parents were living with the motherly grand-parents she must have encountered substantial carelessness from her mother while the father working in the nearby city only coming home late in the evening. In many sessions she would detail what this meant. „We were poor but never so poor that a mother could not have cared for her little girl´s clothings“. Therefore no birthday parties were provided for her, nor was she invited to other girls´parties. The best moments she remembers as a child was her had being alone with a shepherd dog in the meadows[2]. To the school she had to walk quite a bit, but these log walks only strengthened her self-reliance. The role of a brother ten years older than she remained unclear for long stretches of our work; later she could clarify that at least the relationship with him improved when he met her husband with whom he could share private activities. A definite positive experience in these early years was her maternal grandfather who allowed her to use the old piano play children´s tunes. He would tell fairy stories to her.

Her development in puberty and adolescence was clearly dominated by her growing self-reliance and independence. More tom boy than girl she felt well and socially competent and always had excellent marks at school. In her own she decided to give up her church denomination – a option that is offered to all young people age 16 and gets involved in local politics; although she does not recount whether it was supported by her father or not. Only after his death she found out that he had been a member of the Social-Democratic Party. And was only then that she could remember that he took her to sunday morning political meeting as a little girl.

[2] See Akhtar S, Brown J (2005b) Animals in psychiatric symptomatology,. In: Akhtar S (Ed) In the mental zoo: animals in the human mind and its pathology. Int Univ Press, Madison, pp 3-38

She studied political science and German language and became a teacher in the regional town close to her home village. She had married while still a student a ten year older colleague that also taught at the school where she later also worked a teacher. How they got involved is a mowing story: they joined an excursion to the Berlin wall and when the bus stopped „we were the last two to leave it“. One version could have been that the two young persons already were engaging in some flirtatious actions, but her version was to comment that she and he were both deserted children: Emigrated to a nowhere land. Remembering the sad atmosphere in front of the wall this statement was truey telling.
The very fact that she was married did not seem to play an important role in the drama she offered to me. With her timid-anxious husband she shared musical talent but she developed to a level of semi-professional competence. For many years she and her husband lived in a relative social and intimate stability. They engaged in little sexual activity with her being always the initiating partner. Yet based on her growing dissatisfaction, their stability as couple was gradually undermined, and she began to engage successfully in local politics and in her live-changing affair.
The patient had paid for the supportive treatment privately in order to maintain an illusion of being a “non-patient“. Although for practical reasons, we all prefer private payment, I insisted on the formal procedure of insurance coverage to which she was entitled in order not to facilitate her disavowal of not being a patient. Reviewing this decision from now I might have allowed the patient this token of autonomy as she constantly sought and found ways of demonstrating her power in te relation to me.
The treatment was complicated right from the beginning. A stabile

therapeutic alliance or an observing and experiencing ego was hard to realize. Rapidly generated intense idealization of my “superb technical qualities“ would suddenly be ruptured by psychic depressive breakdowns stirred by comments she regarded as unsuitable. After such sessions she would send me a fax threatening never to come back. With the help of ensuing telephone conversations about what has happened we survived many crises and slowly achieved a more stabile therapeutic alliance. Ruptures of therapeuic alliances has recently become a prime topic in the field of psychotherapy research, and indeed I learned a lot of how to handle such ruptures[3].

The therapeutic process was characterized by up and downs, that resulted from rapid changes of identifications. Sudden primitive defenses of splitting all-good and all-bad from one moment to another caused a breakup of her psychic capacity for integration. The same process took place in her bodily complaints of intractable somatic pains that could disappear at once when the therapeutic relationship had been restabilised.

Therapeutic work - apart from time and again re-establishing the workig alliance - mainly focused on the current relationship to her mother. She was taking care of her 81 year old demanding mother who still could not find any positive feature in her daughter. By and by the biographical perspective on the mother-daughter relationship opened a way to help the patient work through her unconscious masochistic involvement in repeated efforts to get support and recognition from her mother.

Only after 18 months in treatment where we again and again had talked about the importance of her musical abilities and the support she had experienced by a female teacher later in her study time she was able to

[3] Safran J, Muran J,Shaker A (2014) Research on therapeutic impasses and ruptures in the therapeutic alliance. Contemporary Psychoanalysis 50: 211-232

bring in specific materials concerning abuse. As a child her father when returning from work often had terrified her in the dark which she connected always to her being very frightful until the present day when someone would approach her from behind. It seemed likely to assume some sort of rough paternal infringement although I could never substantiate it by any clincial material.

However she finally reported a situation with a musical teacher when she was twelve. Her mother had insisted to go to this church musician in a local village whereas she had preferred to attend lessons in the town of the gymnasium. She didn´t like him from the start. But when he sexually molested her she could not talk about it to her mother – let alone to the father.

After two years the patient´s state had considerably changed. Instead of continously searching out the badness of the world, and especially that of her mother, she had reached a sort of thoughtfulness, what may be looked at as an increase in self-reflective function. Now she could observe that whenever my words did not conform to her ideas, she would get furious and helpless. We could differentiate her and her mother´s part in the relationship, and she decided to accept the help of a geriatric service for the mother. She understood that some moments of self-caring – listening to music – before attendng her mother did alleviate te job of caring for the mother.

The concept of transference in terms of her life long experiences made it possible to understand her experience of – in her reading - my maltreating her. Her sense of powerlessness as her core experience became well identifiable. References to her father remained rare. In these first two years, she denied any connections with this unknown person, but then the denied father-imago entered the treatment via a troubleful transference enactment. She mentioned a dream in which a

strange person appeared looking like a fatherly figure. I tried a transference interpretation: maybe your father is alive in the presence. The patient snapped at me: „your are a traitor, you are the companion of Dr. Buchheim“ and quitted the treatment. What had happened?

After six months in treatment I had asked the patient to take part in an Adult Attachment Interview performed by my collegue Anna Buchheim as this was an newly established line of research at our department. Obviously the patient had experienced my working relationship with my female colleague as a threat to her phantasized relationship with me.

The Adult Attachment Interview of the Patient (A. Buchheim)
She was classified as preoccupied and additionally with an unresolved state of mind regarding loss and trauma. In the following we will give parts of the AAI-transcript to clarify the coding-procedure:

Transcript-example: Preoccupied state of mind

I: hmm hm how would you describe the relationship to your parents, your mother and father, when you were a child?

P: -- hm- this long silence says a lot (laughs), I couldn´t rely on them, I couldn´t rely on them, never.

I: hmhm

P: I still can´t, my mother needs to be cared for today, and other people have to coordinate with me all the time, the neighbours and the social institution, they have to check if it´s right what she is saying or is she lying, these are experiences with her, I would say „aggressive caregiving“, I was not able to be ill, and when I was ill, then, these teas, I

> didn´t like, that´s why I am not able to drink these herbal teas up to now, just without sugar, something like that, hm being ill was really a mess for me, hot potatoes around my neck, hm I would say aggressive caregiving, I tried to be healthy again as fast as possible, today I can be more generous with myself in that case very slowly, being ill, but that costed me many years, with my father I didn´t have a good relationship either, I can´t report something positive, very little, my mother always told my father what I did wrong, she did that probably also with my ten year older brother, she told my father, and when he came back in the evening he hit us, something like that, it just happened yesterday, two weeks ago I got frightened, he always scared me when I was a child, I still suffer of that, it happens often today that I get frightened when somebody is in the same room though I know who is present. I don´t have any feeling of security, and I always thought, some day we will have a break down and my father will be unemployed, he was popular in his job but as a child I always had that feeling that everything can fall apart very fast and I worked in early years, also in the holidays, and tried to earn some money, I always had the feeling there is no security, nothing to rely on.

This passage shows that the patient is still struggling with her past and she can´t present an objective picture of her childhood experiences. She accuses her mother in an angry manner and oscillates between past and today. She is scared by her father, and still suffers from a stable insecure feeling. She doesn´t provide a coherent speech, often looses track, and gives too much information. She violates the criteria of quantity and relevance.

According to Main & Goldwyn´s (1996) criteria, an individual should be classified as “unresolved“, when during discussions of loss or abuse,

he or she shows striking lapses in the monitoring of reasoning or discourse:

Loss:

- Indication of disbelief that the person is dead
- Indication of confusion between self and dead person
- Disorientation with respect to time and space
- Psychologically confused statements
- Extreme behavioral reaction to a loss

Abuse:

- Unsuccessful denial of the occurence or intensity of the abusive experience
- Feelings of being causal in the abuse and deserving it
- Disoriented speech

The patient shows two of these aspects in the AAI, which were an indicator of her unresolved state of mind: 1. she denied being abused (hitting) by her mother, 2. she forgot the day when her father was dying.

Transcript-example: Unresolved state of mind with respect to abuse

I: Have you ever felt being threatened by your parents when you were a child?

P: no, being threat, no I haven´t felt like that, I can remember that I always thought, when I feel too bad, I can commit suicide, hm this change, when my mother hit me, I thought she hits me to death, when I came home too late, I had a lot of anxiety, to be hit like that, but when it happened I thought I will survive, that was the feeling I told you before, this kind of inner emigration, death was never scary for me but a solution in a way.

She continues later

P: I really can´t say that I felt threatened, it wasn´t too closed for that, I could go out in the air, maybe there were some situations where I felt

threatened, I don´t know.

The patient shows a logical contradiction when being asked about any abuse in childhood. She oscillates between memories of having enormous anxiety, when her mother hit her, and a disbelief that she felt threatened by that. She is judging death simultanously as a solution and a terrifying event. A crucial criteria for the coding-procedure is, that she doesn´t remark on this contradiction by herself, which highlights the unresolved process.

The next passage shows her unresolved state of mind with respect to the loss of an important attachment figure. Also in this passage the patient doesn´t realize her lapses of thought and reasoning.

Transcript-example: Unresolved state of mind with respect to loss

After being asked about losses in childhood and later life, the patient remembers the loss of her grandfather, the loss of her singing teacher, and the loss of her brother´s son. She is talking about these several losses in detail and didn´t show any laspes. She then insisted on not having experienced another loss. So the interviewer came to the next questions in the AAI. When she was then asked about any changes of the relationship to her parents, she suddenly says:

P: now I don´t know, I don´t dare my feeling, that thing with my father is so new, this is something, I really don´t know when he died, is it 10 years 15 years but I haven´t cried when he died, that was a pretty neutral feeling, not to feel anything, when we came into the crematory, I didn´t have any methods to get in contact with him, with the interest, how does it happen that a human being changes after having died, one day to the other, how does the body change, such things, how are the feet, and so.

Here the crucial aspect for coding is that the patient first forgot her father´s death, when asked about all the important losses in her life cycle, which is an indication for her denial. Further she shows a disorientation in time while thinking about the year of death (10 years, 15 years). Characteristically she remembers a strange little detail, his feet, which implies an unresolved quality of speech.

Convergent and divergent aspects of attachment and psychoanalytic perspective

In summarizing the main characteristics of the patient in the AAI I will introduce some convergent and divergent aspects of the attachment and psychoanalytic perspective. The procedure followed was: the attachment researcher (AB) gave her "AAI-diagnosis" and I commented on these summaries from my clinical perspective:

AAI-Characteristics of the Patient

- She often accuses her mother in an angry manner "I couldn´t trust my mother, until now", "it was aggressive caregiving" , "I still suffer", "I could cry thinking about it".
- She remembers only negative adjectives with respect to the relationship to her parents in childhood "not understanding", "not honest", "torturing"

My Comments:

"As an analyst I am really not satisfied with this finding. Although it is true that exclusive focus on the negative aspects of relationships has been one of the patient´s main attitude towards specific objects, it is surprising

and calls attention to the need for the analyst to find where and how she hides her positive longings. She does it by vicarious identification, that is, by acting in a caregiving way to pupils or to the daughter of her brother. Hence, she unconsciously identifies with the objects of her benevolent treatment“.

- She often violates the criteria of coherence (quantity, quality)

My Comments:
“This feature of incoherence seems very dominant in the verbal exchange at times when our working alliance has been endangered. Then the sophisticated person she can be all of a sudden turns into a menacing angry women who talks too much and displays little logic“.

- She is often not able to find an adequate distance from the immediacy of her experiences; “I can´t make peace with my experiences, though I feel a change“

My Comments:
“My approach entails the question of the functional value of her not being able to make peace. As an analyst I ask myself: At the present moment is it good for her to confront me with my inability to help her to find peace?“

- She is oscillating between past and actual memories, with little differentiation between past and today

My Comments:
“The AAI finding made me more aware of this peculiarity of style of

discourse organization; maybe as clinicians we tend to downplay or disregard this, as it happens so often in our work. I have learned that colloquial style may be more indicative of pathology than has been usually assumed“.

- She is not really able to reflect or to mentalize in an objective or forgiving manner, rather she shows a pseudopsychological analysis of her childhood experiences, e g. with the term “inner emigration“

My Comments:

“The pseudopsychological style appears to me to be a feature of her long time struggle to accomodate to her early experience by using later devices, for example borrowing from her studies in politics where “inner emigration“ was an important expression. From my point of view it could be a capacity for use of metaphor that has helped to mentalize experiences in her way“.

- She speaks of a role-reversal: “my mother was a neglected child, I had to care for her. She abused me as a parent-like object“

My Comments:

“From my perspective these are products of “sub-optimal“ solutions the patient has found; it was part of my task to help her to undo the role reversal and to accept that she might want to be cared for too“.

- She denies being abused by her mother (hitting) and she forgets the death of her father (unresolved state of mind)

My Comments:

“The role of the father is still quite opaque. Here the AAI helps to understand the power of her denial concerning the father. By now I learned from her that only after her father´s death did she discover that he also had been politically active. Using this information in the treatment as a first step of clarifying that she might have something in common with him opened up a new phase in the yet open-ended treatment“.

Looking at the commentaries, I have a consistent *divergent approach* in treating the patient´s tendency to evaluate parental objects in a negative manner and in estimating her capacity to reflect. I give less weight to anger and aggression toward her mother. I focus more on her positive identifications, and interpret her inabilty to make peace with her mother in a functional context. In the clinical material I describe my difficulty “holding“ this preoccupied individual in treatment. Obviously my attitude in tolerating her aggressive states of mind, and in searching for her strengths and resources, had an important impact on establishing a secure base.

When AAI-criteria gave hints of the pseudopsychological style, that characterizes preoccupied subjects, I regarded her strategy of distancing as largely adaptive in the psychodynamic context. From an attachment perspective, persons are judged as “hyper-analytical“ when “the subject comes across as psychologically-minded but in studying the narrative his/her reflections are mostly irrelevant to the task ... the transcript reflects a state of affairs where the search for insight is quite compulsive, yet unproductive. This description fits the patient´s way of reflecting her experience in an “overproductive manner“. But this also shows that we have to assume that the semistructured interview situation produces

other tasks than the therapeutic one does, and moreover the criteria of coherence or self-reflective function might be “too strict“ for clinical subjects.

Nevertheless the advantage of the AAI-procedure lies in its careful analysis of single expressions, the focus on logical contradictions, and on the subject´s cooperation in producing and reflecting attachment relevant topics. In the AAI, the patient´s negative affects preoccupied her attention and “disturbed“ her capacity for cooperative principles. I agree that the patient showed unpredictable oscillations in the transference relationship as well. The AAI criteria confirmed my awareness of her sudden changes between all-good and all-bad, past and present. We believe that clinicans might learn from reading word by word transcripts of sessions that reveal defensive processes in a much more evident way.

In general the classification “unresolved state of mind“ and “preoccupation“ of this case seems to be a “classic combination“ of attachment-patterns in patients with borderline-pathology. For me the “observable“ recognition in the AAI of the patient´s repression of her father´s death and its significance to her is my strongest argument for the application of this measure in the beginning of the therapeutic process. This information validates the opaqueness of the patient´s father in the treatment. In correspondance with Bowlby´s thoughts about segregated systems as a crucial aspect in understanding psychopathology, here the patient´s breakdown of defense during the discussion of loss and also abuse, elicites further aspects for the observation of therapeutic change.

Coda

The patient – after a break of one year returned – not for a continuation of a conventional treatment, but for an enduring exchange of e-mails

lastting for fifteen years by now. She maintains a fixation unto me, denies any interpretation as a father transference, insists in informing me about her ongoing life. Meanwhile she is in the state of a pensionary, is productive as a journalist, take care of her ailing husband who has suffered two strokes, and is finishing a detective fictional story where her ex-lover is murdered. From inner emigration to a lively life based on the experience of a holding enacted paternal environment.