

My Daughter, My Self¹

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When I first met Andrea, I was a relatively inexperienced clinician and only about ten years older than she. She was 28 years old, a tall woman with dark, wide-set eyes that beamed lively intelligence, curiosity and kindness. She seemed confident and poised, with a clear mind and focused attention. As I came to know her, however, I learned that this was only partly true. I also came to understand that she was profoundly influenced by others' needs and demands, resulting in almost chronic emotional upset and intellectual confusion. Accordingly, I felt obliged to cautiously balance the necessity to be helpful to her against the equal necessity that change should arise out of her own self-understanding.

Andrea's History

Andrea sought my help with several problems: a troubling romantic relationship, her disappointment and confusion about her unfulfilling career, and longstanding, pervasive feelings of loneliness and unhappiness. Her wish was to be an actress but, except for a series of short-lived experiences in New York theatre, she had been unable to find work. She had recently moved to the West Coast, hoping for more success as an actress in television and film than she had had in the theatre.

I also came to learn that her parents and her siblings (she was the youngest of four) were continuously enmeshed in one another's lives. While Andrea enjoyed her parents' love and support, she also experienced its suffocating, interfering quality when they

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so often and so readily gave her advice about how she might live up to their high expectations.

At the beginning of treatment, she was living with her boyfriend, Rick, 42, who had given up an unsuccessful acting career in search of what was, so far, a similarly unsuccessful writing career. Rick drove his motorcycle fast and without a helmet, drank alcohol regularly to excess and argued with Andrea daily. He had been physically threatening to her on more than one occasion. Andrea saw their difficulties as primarily the result of her not being more understanding and supportive of Rick, a view he seemed to endorse.

Her first romantic and sexual relationship had began at age 14. She characterized it now as an emotionally intense, painful four years. According to Andrea, Dennis was an ingenious and troubled 16-year-old who had had a Svengali-like influence over her, which included severe physical and emotional brutality. However, she also felt deeply understood and loved by him, and she experienced a kind of romantic exultation which, even now, 14 years later, she remembered with both fondness and longing.

My Initial Impressions

I found Andrea to be appealing, and I was struck by her unusual imaginative capacity. I was concerned, however, that she regularly used alcohol as an emotional anesthetic, trusted indiscriminately in others, and did not respect her own perceptions and judgment.

As she recounted her history and her current situation to me, Andrea revealed a complex, naively benevolent attitude toward others and a wholly magical optimism about the world. This childlike faith contributed to her appeal by conveying her gentle, trusting kindness, also contributed to her problems by creating psychological fragility: Andrea was easily surprised and hurt by the reality of life's sharp edges, for which her childlike optimism did not prepare her.

Andrea's Clinical Problems

HER RELATIONSHIPS: Andrea's romantic relationship with Rick was an unsatisfying one and was her third abusive relationship. Common to each of these relationships was her deep feeling of responsibility for the other's happiness and the consequent submersion of her own needs.

HER SUGGESTIBILITY: Andrea's mind easily made real to her whatever she might imagine. Most people can, for instance, imagine an elephant when asked to do so; for Andrea, however, imagining the elephant would involve a vivid perceptual experience, almost indistinguishable from being in the presence of an actual elephant. When she engaged her imagination, there was little distinction between fantasy and reality.

The advantages for an actress of such a capacious imagination are obvious. The disadvantage for Andrea, however, was that this facility also made vividly real her doubts and fears. For example, if she merely imagined an emotionally troublesome encounter with someone, her perceptions and emotions developed as though she had actually experienced that encounter, and she could be painfully affected. Similarly, if Andrea merely assumed that someone was expressing a need or a demand of her, her experience was that this was actually so, with little capacity for reflection or consideration of alternate possibilities. While most of us have some imaginative ability, Andrea's was far more vivid, operated more instantaneously and seamlessly, and left her with far less observing ego than most of us have.

HER CAREER: Andrea felt deeply satisfied by previous acting experiences, particularly during college. The subsequent arduous struggle to find remunerative acting work made this a deeply frustrating and painful career choice. However, she persevered because of the satisfaction she felt when she did have the opportunity to act. Perhaps even more influential, however, was the need to satisfy her mother's own lost ambitions. Her mother had abandoned her own successful acting career in order to raise her family, and Andrea felt the burden of reclaiming that loss. A further source of trouble was Andrea's uncommon capacity to enter an acting role. For example, if the role involved expressing

unhappiness, confusion, or other unpleasant emotions, Andrea was likely to be troubled by these feelings for days thereafter.

HER FAMILY: Andrea was deeply and lovingly connected to her parents and her siblings, but she was also deeply troubled by the demands she felt from them. This became evident when Andrea had a panic attack soon after boarding an airplane to return home after a holiday visit to her family. In our exploration of this traumatic experience, Andrea became aware that leaving her family was fraught with the painful recognition that they needed her in ways she did not fully understand, and which troubled her because she felt unable to satisfy them. More, she began to realize that the family depended upon her entertaining them in order to distract from family problems. She began to express to me her deep ambivalence about all of this.

It was to be more than a year into treatment before Andrea felt sufficiently confident to reveal her father's chronic alcohol use. We focused our attention upon her experience of coping with her father. With her greater mental clarity and emotional strength, she subsequently inspired the rest of the family to confront the father, which ultimately led to his uneasy acceptance of treatment for himself. This confrontation was extremely confusing and painful for Andrea, since it risked her idealization of her father (and of the rest of her family, whom she came to understand had contributed to "the family secret).

In addition to the goal of establishing a trusting and safe alliance with Andrea, my initial intentions were:

- 1) to establish a safer living environment for her by facilitating her clear understanding of the harmful consequences of her relationship with Rick (for whom she acknowledged feeling sympathy and emotional dependence, but not love), and
- 2) to help her gain control of her excessive alcohol use.

Once these fundamental treatment goals were met, I intended to help Andrea develop a healthier, more fully realized sense of her self and to better tolerate unhappy

feelings. Subsequently, as the troublesome use of her imagination became clear to me, I planned to assist her better management of it.

At the beginning of our third meeting, Andrea and I discussed her MMPI profile, which had confirmed my impression of her vulnerability to alcohol abuse and to the demands expressed by others. The profile also emphasized her chaotic experience of life, as well as her substantial ego strength and capacity to deal effectively with problems if she were in a sufficiently stable environment. Her capacity for insight suggested the likely benefit from an interpersonally-based, psychodynamically-oriented psychotherapy.

Andrea was embarrassed by my discussion of her alcohol use and energetically tried to relieve my concerns, even while reporting that she became inebriated virtually every night. Nonetheless, she agreed to abstain from alcohol for one month and to begin keeping a daily journal of her thoughts and feelings about drinking—especially if she noticed occasions or circumstances when she particularly missed alcohol.

When I expressed my concern about her physical jeopardy from a violent confrontation with Rick, Andrea was surprised and saddened. When I asked what she was feeling, she began to cry softly. She said, “You don’t even know me. It’s so hard to believe you really care about what happens to me.”

At the sixth meeting, Andrea told me that she had had a fight with Rick a few days previously; she realized for the first time that she was afraid of being physically injured by him. I was relieved when she said that she no longer wanted to be a part of this relationship. (I was also concerned that her reaction might reflect her confluence with my point of view, rather than an independently formed judgment of her own.) She told Rick he would have to move out and he did, though he left many of his possessions in the apartment. Andrea felt great sympathy for his pain and confusion, and her sympathy reversed her insistence that he complete his move from her apartment.

Andrea's response to Rick was my first glimpse into her unusual capacity for empathy. Unfortunately, this empathic experience was untempered by thoughts about its meaning. This leap from thinking to affect usually occurred almost instantaneously for her and seriously impaired her judgment. I felt a growing concern as I came to realize how distorted her judgment could be. I also thought it likely that my relief at the breakup of their relationship reflected a paternal judgment—not merely a clinical one—that Rick was not good enough for her. I did not want her to be hurt.

A month after Andrea stopped drinking, she said that she was no longer missing alcohol, though she realized that it had been a comfort to her. Because she was now free of the daily stress of the conflict with Rick, however, she said she found little need for alcohol's balm. I was pleased when Andrea also reported how much clearer her mind was. She appreciated mornings free from hangovers, and her mood was brighter. She had also begun exercising regularly, which I believed was contributing to her improved sense of well-being.

Though Andrea's mood was generally improved, she was struggling with increasing disappointment after several months of painful lack of success at finding acting work. She began to discuss with me the possibility of giving up her career, a thought she had previously considered intermittently, though never seriously, over the years.

Andrea loved being able to make people feel what she felt, and she identified this experience as the primary source of her pleasure in acting. Also, she believed that acting was the only way to satisfy her mother's expectations, which substantially contributed to her ambivalence about acting. She felt confused about what to do about her career. However, as we explored the history and psychological foundation of her role as the family's "entertainer," Andrea grew to express less enthusiasm about her acting.

I was surprised to discover that, in addition to my empathy with Andrea's ambivalence about acting, I also felt disappointed at the possibility that Andrea would not find success as an actress. I now believe I was feeling a father's desire to see his daugh-

ter's happy attainment of her career goal. At the time, however, I was focused upon how liberating it would be for Andrea to find a career that did not necessarily involve so much rejection and pain. And one that might more closely fit her true self.

Andrea struggled with this dilemma for three months without yielding any clarity. After much discussion with me, she finally agreed to a deadline for making a decision about her acting career. She proposed a date one year in the future. Taken aback by the impracticality of her suggestion, I asked her if this might represent yet more denial of the need for a decision, rather than an actual deadline. She laughingly agreed, and said she would make her decision about acting three months from that day.

Soon, Andrea's demeanor in my office changed. Unlike her direct, contactful behavior during our previous meetings, Andrea now seemed shy and avoided eye contact with me. When I did occasionally catch her eye, she appeared discomfited, even embarrassed. Though I was not certain what it meant, I thought this discomfiture might be a result of her characteristic focus on others' needs and reactions to her. Maybe she resented my pressure for her to make a career decision. Maybe, too, she felt shame that she had been found out.

A week later, Andrea asked if she could lie down on the couch, saying that she might find it easier to talk to me if she were not looking at me, "...if I can forget who you are."

This suggestion seemed to me to reflect both her wish to be less aware of me and as well as an expression of her anger—and her shame and hurt that she had been exposed—toward me. However, I also thought this might present the opportunity to deepen the therapeutic work by accessing less conscious processes.

Lying on the couch with her eyes closed, her imagination readily blossomed. She lay quietly for a minute, and then I asked her what she saw in her mind's eye.

Her face became suddenly animated and her voice sounded childlike. "Oh, wow! It's so amazing that you ask me that! I hadn't realized what I'm seeing! I don't think I

can describe it....It's like having a kaleidoscope in my head. No, it's more like being *inside* a kaleidoscope! Weird....Do you know what I mean?"

"I think so." Wishing to help deepen her focus, I asked, "Can you tell me what you see in your mind's eye if you look to your left?"

"Oh! It's so beautiful!" She began to cry, softly at first, then gradually more fully, until finally, she was sobbing loudly.

After a while, Andrea described happy childhood scenes that then came to her, unbidden. She became quiet then, and I thought she might have fallen asleep.

Very softly I asked, "What is happening now?"

Without pausing, and without stirring, Andrea spoke, in a gentle and peaceful voice, "I'm drifting."

I let a few moments pass. Then I asked, "Andrea, is it pleasant or unpleasant to drift in this way?"

"Oh, yes," she said, "Pleasant. I'm a cloud, and I'm just drifting with other clouds, all around the earth. The earth is so beautiful!"

I was puzzled. On the one hand, I felt satisfied with Andrea's enjoyment of the moment. On the other, I was not at all sure that this was effective treatment; I did not understand what her experience meant. I continued to listen carefully, struggling to understand what was happening, when she suddenly interrupted the silence.

"I remember now. I had a dream last night."

Ah, now we were entering territory familiar to me. I felt clearer now and more confident. "Yes? What did you dream?"

She began to describe the dream, but then she stopped, saying she could not remember anything further. Then, "I'm feeling bored. I'm sorry, I know that sounds awful, but I'm just feeling bored right now." She laughed and I imagined her laughter might be in response to her thinking she was being rude. (But perhaps she was feeling anxious about the dream or about not remembering the dream, and feeling ashamed.)

“You’re feeling bored now,” I said, careful to not weight my response with any particular expectation. I believed that her boredom was a defense against the feelings evoked by the dream. (But perhaps she was still feeling embarrassed about what had transpired with me.)

“Well, not right now. Now, I’m feeling embarrassed.”

“Now you’re feeling embarrassed?”

“Yeah, I suddenly think, ‘Oh, this is dumb!’ You’re trying to help me, I can’t remember my dream, and now I tell you I’m bored, like some spoiled kid.” Her self-reproach sounded harsh to me.

“I’d like you to be free to feel whatever you feel and to express your experience in whatever way you feel inclined to do.” I wondered, then, if I might have overstated the case. Trying to clarify, I went on, “I mean, I’d prefer you don’t break the furniture, but I’d like you to feel as free as possible to just be yourself right here and now.”

“Oh, what a concept!” Andrea laughed, sharply, I thought. “You sound just like a shrink.”

I felt a sting. What had provoked her anger? I realized that, in my attempt to be reassuring, I had awkwardly misspoken. Should I comment on her anger, or let it pass? Would commenting on it distract us from this exploration of her freedom of mind, or was this comment an essential part of the process? As I puzzled with these thoughts, I became increasingly convinced that my need to reassure Andrea had resulted in distracting and insulting her.

She quickly apologized for “being snotty,” saying that I had hurt her feelings by suggesting that she might break the furniture. “Why did you say that?” she asked.

Why, indeed? My misstep had left me feeling awkward and doubtful about how best to see this through. I wanted to be honest and clear with her, yet I did not want to further hurt or confuse her. I heard myself rushing onward to explain myself, anxious to recover my balance. To be honest, I was more worried at that moment about my compe-

tence than I was about Andrea. I was overreacting to her misunderstanding of my intent and to her subsequent hurt feelings. I felt an inappropriate level of responsibility for her feelings, which was one way in which Andrea and I were similar—a similarity likely to heighten both transference and countertransference. As if in response to my now silent concern, her response sounded more like a reassurance to me than an understanding of what I had said. As she left my office a few minutes later, I wished that I had been less clumsy. In subsequent meetings, however, I did not observe further consequences of this troubling conversation.

At the sixteenth meeting, Andrea was still reporting fatigue from restless nights and anxious days. Thinking both that it might be prudent to help alleviate these symptoms and that now might be a good time for Andrea to begin learning to better manage her imagination, I decided this would be an appropriate juncture to more actively integrate hypnotic methods. I suggested to her that we could use her imagination to help her with these problems.

Andrea was enthusiastic. In the ensuing conversation, I noticed that her unusual comfort with the imaginative world was for me a source of pleasure and pride. I found her highly imaginative mind quite charming. In this instance, her imaginative capacities were clearly a strength for her.

I suggested to her that, just as her imagination could create unpleasant anxieties for her, so, too, this capacity could be used to focus on other, more pleasant thoughts and feelings. She responded quite readily to this intervention, which focused primarily on suggestions for comfort and relaxation. Afterward, she said that she greatly enjoyed the experience: It “felt familiar” to her and she felt pleasure in the experience of mental freedom it provided. Over the next several weeks, Andrea happily reported using the self-hypnotic methods I had taught her to improve her sleep, and she was proud of this new-found self-control.

Although Andrea continued to do well in a number of areas, I expected that, when the career decision deadline arrived, she would characteristically attempt to delay her decision. However, I was wrong. The week before the deadline, Andrea reported that she had applied for an administrative job. Further, she said, "If I get the job, I want to begin seeing you twice a week. There's a lot to talk about."

I was surprised at her enthusiasm for accelerating treatment; I hoped it reflected a greater interest in the psychotherapy. Andrea was not offered that job, but we arranged to meet twice a week, anyway.

Although she had wide-ranging job interests, Andrea pursued library work. To this end, she first volunteered her time at the city library; within a few weeks, she was hired as an administrative assistant. Although she thought of this job as a strategic step toward more challenging positions, she soon came to enjoy her work.

Over the next several months, Andrea's mood substantially improved. She no longer seemed anxious or depressed, she reported growing satisfaction with her new work, and she became more and more engaged in the process of exploring her self and in developing greater emotional independence.

It was soon after this that Andrea visited her family, carrying with her some newly acquired insights which had replaced her familiar, idealized sense of her family. It was on this visit that Andrea observed the seriousness of her father's chronic drinking. Conversation with her siblings led to their unanimous insistence that their father undertake treatment for his alcoholism and, with their mother's reluctant support, he did so. This confrontation also led to Andrea seeing her father as a somewhat pitiable man, overshadowed both intellectually and emotionally by his wife. Andrea felt less helplessly bound to her family after this visit, and for the first time in her many visits to her family, when it was time to leave, she felt ready to do so. She did not feel the familiar painful longing to stay with them. "I guess I'll really make the West Coast my home now," she told me.

When Andrea arrived in my office several weeks later, the smile on her face reflected good news.

Daniel was a struggling young architect, and the first man her own age to whom she had ever been attracted. She did not really know how Daniel felt about her, but she was delighted that he had accepted her invitation to dinner later in the week.

Andrea was to feel both thrilled and frightened by Daniel as they became better acquainted. She loved his gentle, mature masculinity, was excited by the intensity of his emotional response to her, and yet she felt frightened by the strength of her own response to him: She feared the pain of yet another romantic entanglement.

I, too, was both delighted and wary. Rather than express my feelings, however, I tried to facilitate her growing awareness of the meaning of the emotional reactions this relationship evoked within her. I felt confident of her developing self-awareness, but I wanted to protect her from becoming involved in another unhealthy relationship. However, I did not act on my impulse to suggest that she bring Daniel to the office so that I could meet him (as a good father might, I actually thought).

In my view, with Andrea's growing ability to deal more effectively with her family and, in particular, with her father (who remained sober following inpatient treatment and ongoing participation at Alcoholics Anonymous meetings), she developed a greater ability to deal more effectively with the rest of her life. Andrea was growing up. She spoke less about interpersonal difficulties which had previously been such an expected, routine part of her life, and more about her interest in her internal world. When I asked about particular work or social relationships, Andrea reported having substantially more satisfying interactions with co-workers and friends.

About four months after meeting Daniel, Andrea told me that they were discussing the possibility of buying a house together. She was excited about the potential for creating a happy home with Daniel, and less anxious about his growing importance in her life. My own delight correspondingly increased.

I asked her if this meant they had discussed the future of their relationship. Andrea blushed as she had those many months before. “I was just about to tell you. But I’m a little worried what you’ll think about it.”

This eventuality was not really a surprise to me; the quality and intensity of their relationship had seemed increasingly healthy and happy, and I was privately hoping that it would continue to develop. I invited her to tell me about her worry.

“I feel worried, I guess, that you might think we don’t know each other well enough yet. I feel worried that you might not want me to get married.”

Now, this was a startling idea. Did I not want this, or was this Andrea’s projection? “Have I said or done something that tells you I don’t want you to get married?”

“No, not exactly. But whenever I talk with you about Daniel, I feel like you’re searching for evidence that he’s a creep, or something.”

Perhaps this was not merely her projection. I was aware of concern for her, but I was not aware of wanting to find fault with Daniel. How could I best convey my concern for her without also implying that I did not want her to marry? I felt quite paternal as I considered this.

“Well, you’re certainly right, I always listen for anything that might be a source of trouble for you. This is true not only about Daniel, but about any other area of your life, I’m sure. Andrea, I do feel concerned for you, but I’m not worried about your relationship with Daniel.”

“I guess I’m glad that you’re concerned. I just wondered if there was something you knew about Daniel that I don’t know.”

“If there were something that you’d told me that made me worry about Daniel as a partner for you, I’d certainly tell you, but you haven’t. On the contrary, you’ve told me how gentle, loving and respectful he is toward you. You’ve told me how easily and quickly the two of you connected. What is it, four or five months now? You’ve told me about arguments you’ve had, and how the two of you were able to handle your hurt and

angry feelings. So far, from what you tell me, this sounds like a pretty terrific relationship.”

Andrea smiled, opened her eyes and turned her head to look at me as she continued to lie on the sofa. “You’re so sweet. You knew just what I needed to hear.”

Did I? Was I being manipulated here, like a father by a daughter? I hoped not, but I was not sure. “What are you feeling right now about what I’ve said?”

She spoke through tears. “I feel so lucky that you’ve helped me to be ready for meeting Daniel.”

I was touched, again, by Andrea’s openness and generosity of spirit. I did not know what to say, so I remained quiet, basking in the glow of her happiness.

A few months later, after she told me that she and Daniel were engaged, Andrea was trying to tell me something else, but was having difficulty finding the words. Finally, she said, “I really want to send you a wedding invitation, but I would feel really uncomfortable if you came. Oh, I feel so ungrateful! I mean...I’d like you to be there in spirit.”

I felt very much the same way. “Andrea, I will be so delighted to receive an invitation, and I can understand that my actually being at your wedding might feel very strange.”

She sighed deeply. “I’m so glad you understand. I mean, I’d really like you to be there, but when I imagine it, it seems so weird—I mean, to have *my shrink* at my wedding! Like I’m mentally ill, or something. Or worse—a Hollywood actress!”

We both laughed.

She went on, “At the same time, you’ve been such an important part of my life, and I feel like you’re part of my family. Oh, I don’t know how to say what I want to say.”

“Maybe you already have.”

I felt grateful and relieved. And I felt liberated by her acknowledging the feeling that I was part of her family. Of course, I was not Andrea's father, I was her psychologist. Her own father would be there—and sober—to be a part of her wedding.

Summary of My Personal Experience and Reactions

What was it about my experience with Andrea that stirred primitive feelings of paternal tenderness within me?

Upon first meeting Andrea, I had felt a normal human interest in her, and I had a professional interest in helping her solve her problems. As I began to know her, I also observed the colorful intricacies of her unusual mind and I felt both a fascination with her imaginal capacities and an admiration for her lack of defensiveness. I became concerned, as well, as I learned of the difficulties she sometimes experienced from being undefended against the harshness of the world.

Over time, I began to feel as if Andrea were a child, needing someone (me) to take care of her—as if she were my daughter. When she made progress, I felt fatherly pride toward her. Sometimes, I realize now, I felt too protective. I wanted to keep her safe from harm—as well as from sadness, loss and pain. At the same time, though, I recognized this was impossible and I knew she had to learn for herself how to handle life's challenges. This process meant I often had to come to grips with, recognize and accept my own paternal feelings, and yet despite their satisfying quality, moving beyond them to what was helpful to Andrea. Several times, over the months, I reminded myself that I was her psychologist, not her father.

Previous to treating Andrea, I had felt strong feelings of tenderness and affection for a patient, but not, I think, to this extent. Over time, I found I could tolerate and eventually even enjoy these feelings. I think it was, in part, Andrea's unusual openness and vulnerability that drew me further into this nurturing fashion than I was used to. As she settled into this, there was created a new acceptance in me. More and more, I could de-

light in the experience, too. It also helped me to see how much growth and change this nurturance produced in Andrea. While I tried to keep my overprotective impulses in check, I was not wholly successful in doing so. Andrea's concern about my feelings about her involvement with Daniel was just one of the indications that warned me to remain vigilant toward my motivations.

In addition, a kind of wish-identification with Andrea stimulated an even stronger set of paternal feelings. It is as if in growing to know Andrea, I was meeting, in some respects, an ideal, younger, female version of myself, and I felt, as we sometimes feel about our children: "Here is someone who carries the hopes I have had for who I might have become." Just as this wish carries great hazard for our children, so, too, my response to Andrea, while fostering potential therapeutic qualities in myself, was also fraught with potential difficulties.

I can identify four of Andrea's characteristics that evoked this wish-identification: 1. She came from a privileged background.

1. In particular, she had experienced an unusually fine undergraduate education. This was an opportunity I wished I had been given.
2. She had a rare and vivid imagination. Though I also have good imaginative capacities, I wished that mine were as unlimited as Andrea's.
3. Andrea's empathic ability was remarkable. While I think my own is ample, I wished mine were as substantial as hers.
4. Andrea's lack of defensiveness when confronting troublesome qualities of her self and her life was a characteristic I admired and wished for in myself.

As I would come to learn, my experience of treating Andrea was also an opportunity for growth in my own capacity for self-awareness and for greater comfort and familiarity with these particular, tender emotions and wishes as they emerged in treatment and as they continue still to develop.

Epilogue

In the years since they met, Andrea and Daniel have developed a happy and satisfying partnership. I feel pleased for them, and I also feel a pride for the courage Andrea demonstrated in her psychotherapy, with her family, in her initial struggles with Daniel, and for her enduring commitment to their partnership. I notice that this pride is not entirely unpaternal.

Even now, many years later, I sometimes find myself thinking about Andrea, wondering how she and Daniel and their children are faring. When I was her psychologist, I felt appropriately constrained from expressing my own paternal needs with her. Although I continue to refrain from intruding in her life, I enjoy responding (carefully) when she writes to me. So it was with special pleasure that I received a card from Andrea each year around holiday time for many years after our last meeting. And it is with some sadness that I no longer receive a card from her each year. I often think of her, with hope and affection, and, to be honest, some parental longing.

Before meeting Andrea, I had not experienced these paternal feelings with other patients. Subsequently, however, I have. My treatment of Andrea freed me to experience particular qualities of tenderness and uncritical affection which are both intrinsically rewarding and which foster easy interactions with patients, especially with those who will benefit from my nurturance. My experience with her has done more than broaden my capacity to nurture; it also taught me, like a father, when and how to let her go when she was ready to move more fully and independently into a healthy adult life.