

## Taken Over

BREAKING THE SPELL OF OBSESSION



**W**e all know that some clients affect us deeply and personally, but after having been a therapist for more than 25 years, I still find myself being blindsided by certain clients in ways that both humble and mystify me. I've learned that if I'm going to be helpful to these clients, I usually have to work through something difficult in myself. I've also learned that there aren't any shortcuts to this process.

Christina was one such client. I'd treated her 16 years before, when she was a graduate student

who was working too little, drinking too much, and sleeping with too many men. After two years of weekly therapy, she finished her PhD, adopted healthier habits, and met the man she'd eventually marry. When she called me years later, she told me that she loved her job, had been happily married to Ben for more than a decade, and had two young kids with him. Then she paused and added, "I'm having some trouble, but I'd rather explain it in person."

Sitting down in my office, she looked very much the same as before:

petite, expressive, tending toward nervousness. I was happy to see her. Gathering her breath, she said. "I guess I want to start by describing what happened." She told me that two months before, when her husband and daughter had been away visiting his parents, her five-year-old son, Ethan, had woken up one day with a high fever and seemed incoherent. When she'd called the doctor's office, they told her to bring him in right away.

"I was heading down the hill from our house on the way to the doctor, totally distracted, and I drove over a garbage-can top that had blown into the street," she recounted. "For some reason, it freaked me out so much that I stopped the car. My neighbor Michael came out of his garage, picked up the top, and gave me a big, warm smile. I felt shocked at how beautiful his smile suddenly seemed to me. I remember the words *bright spot* going through my mind. Looking into his eyes felt like some weird kind of otherworldly moment."

After several doctors' consultations, Ethan's full recovery was assured. But she kept returning to that "otherworldly" moment with the neighbor. During the hushed, long days when her son slept, she wandered around the house, unable to focus, replaying the memory of Michael and his smile.

"At first it felt like a harmless vacation in my mind. I'd think about Michael, and it'd feel comforting and exciting at the same time. But then, when Ethan got better and went back to school, I kept feeling this way. A few weeks later, when I ran into Michael at the supermarket,



I started *shaking*. The day was pretty much shot. I felt like I was going crazy,” Christina wept.

“Do you feel depressed?” I asked. It was something she’d struggled with during adolescence.

“I cry a lot, but I don’t feel depressed,” she said. “I feel anxious when I see Michael, but I don’t walk around anxious all day. Sometimes it’s like my body is being turned inside out by all this intensity, like I want to crawl out of my skin. And then I start feeling that I’ll die unless I can *do* something. I’m obviously here because I needed to tell someone.”

### Unbearable Longing

In the days after our session, I pondered the rawness of her feelings and tried to notice what arose in my mind. *Why now?* I wondered. *Why so intensely? Was she revisiting early emotional wounds? Was this 44-year-old woman being preyed on by a welter of confusing endocrine events? Was she, as she entered middle age, trying to recapture a younger version of herself, for whom new love was still in her future? Was there something amiss in her marriage that she wasn’t yet able to see or admit?*

We agreed to meet twice weekly for a time. I offered emotional support while we tried to figure out what was going on, and probed for factors that might’ve contributed to her abrupt romantic obsession. She didn’t meet the criteria for depression, and, according to her annual physical, she was healthy and had no hormonal changes. What about her marriage? As a clinician, I’ve seen my share of affairs, but Christina’s experience was different. She’d been pitched into an involuntary infatuation in the context of a good marital relationship. The episode was unexpected, and unwanted, which was why she felt so unhinged by it.

Although I’d never seen a case like Christina’s, I figured there had to be some clinical writings about what she was going through. It turns out that our field is rife with books about overt infidelity, and there’s

a lot written about erotic transference in therapy, but I could find next to nothing on lovesickness, uncontrollable crushes, and romantic obsessions. A lone 2009 article by a Canadian psychoanalyst discussed the vulnerability of some individuals to states of lovesickness based on various forms of parental loss or trauma. Other than that, there was nothing to orient or guide me.

Christina was a scientist by profession, and she had a systematic, practical attitude toward solving problems. So she read self-help books on willpower and mindfulness. She began to exercise regularly and tried to practice meditation. I supported her efforts at self-management and behavioral change, as we both believed that new habits could help her shift her attention.

After a few weeks, it seemed that Christina’s mood was lifting a bit. “Maybe the problem isn’t so much your feeling of attraction,” I offered, reacting to her more lighthearted mood. “Maybe it’s the sense of danger you attach to it. Perhaps you can let yourself be playful and enjoy a bit of harmless banter when you see him.” Apparently, this was exactly the wrong thing to say.

“It doesn’t feel like play!” she nearly shouted in response. “I still feel like I’m falling off a cliff.” On a typical workday, she’d try to be productive and find herself preoccupied with thoughts of Michael and on the brink of tears. If she ran into him when picking up the kids at school, she spent hours trying to right herself. Routine school functions triggered high anxiety as she anticipated making small talk with him and his wife and then dealing with the private emotional fallout. “I feel like I’m falling apart,” she said.

My hopes had been premature. Nothing had fundamentally changed. At each session, I listened as she described her sense of unbearable longing, and at each session she cried. We turned our efforts to trying to understand the underlying psychodynamic factors

that might explain her state, and came to believe that her fear, triggered by Ethan’s health scare in conjunction with her husband’s absence at the time, had lowered her normal defenses. Her mind had played the trick of dramatically intensifying the saving grace of Michael’s smile, and like a traumatic memory trace, it was seared into her psyche.

In addition, we explored family-of-origin themes, noting that her father had had an affair during her teen years. Although she hadn’t known what was happening at the time, she’d felt his attention was absorbed elsewhere. He’d been the “warm one,” and her mother, an artist, had been cooler. Christina admired and shared her mother’s seriousness and respected her prized solitude, but felt she’d been unable to consistently elicit her mother’s nurturing attention. She’d long felt conflicted about that yearning, hungry part of herself and was painfully shocked to find it was now running the show.

We also discussed telling her husband about what she was going through, how she might explain to him that she was absolutely committed to their marriage even while experiencing a yearning that continued to overpower and baffle her. How could she expect him to understand, she wondered, when neither she nor I seemed to have our heads fully around it? Not even the object of her yearning knew what she felt. Christina wanted to be honest with her husband, but decided it wasn’t the right time to share this with him.

While our exploration helped Christina contain her feelings, after several months of treatment, the problem hadn’t dissipated. She blurted to me one day, “I have this image of Michael confiding his marital troubles to me, and I can’t get it out of my mind.” I saw, yet again, the unnerving intrusiveness of her thoughts, the way they broke through her normal consciousness, and the effort it took to fight them.



She continued miserably, "I see us on a park bench somewhere, and we're both telling each other what we're going through. We're understanding each other and feeling so close. This whole thing seems like a dream, but also like the most real thing I've ever felt."

I felt a thud of recognition. Christina was preoccupied with Michael—and I was preoccupied with her. It was hard for me to pack away our therapy relationship between sessions. I'd find myself writing detailed process notes after each one, in an effort to get a handle on what was going on, in her and me. Of course, I knew intellectually that my ability to inhabit her experience was part of what made me an empathetic therapist, but there's always a delicate balancing act of getting involved but not too involved. I'd tipped over the edge.

I talked to my husband, also a therapist, and to my longstanding consultation group. They all knew me, both my vulnerabilities and my strengths. They didn't judge; after all, we'd all "been there" with certain clients in our own ways. They offered ideas, such as exploring Christina's experience in terms of the principles of addiction, and whether my sense of pressure to help "fix" her lovesick state was getting in the way. But mostly they helped me see that at times, my boundaries could feel too fluid.

I'd been an actress in my youth, a pursuit that depends on letting oneself be taken over by a character. Movies often haunt me for days. As my husband reminded me, when I was a mother of young children, I decided to stop reading novels for a time, worrying that I'd become too absorbed in them to attend to my kids. I was a person, in other words, who was highly susceptible to compelling emotional scenarios, and Christina's situation was nothing if not compelling. More and more, I felt depleted by its duration and intensity.

### Putting It to Rest

One day, Christina said, "It would be such a relief to acknowledge with Michael what we've 'been through' together. Hearing myself say that, though, I know how crazy it must sound. *We* haven't been through anything together."

"I want so much to help you with this," I responded, "but I don't know how. I wish I understood better. But I don't." I hadn't intended to say that. It erupted from some combination of pain and powerlessness. My throat felt tight and tears pricked my eyes. Christina's eyes looked wet but very clear. In that moment, looking at each other, I felt that we were together in a different way. We were counselor and client, but also two real people trying our best to find our way, and neither knowing what to do.

I left that session feeling extraordinarily heavy. Preparing for a flight to Phoenix later that night to visit my parents, I felt like I was trudging through a thick fog. Once on the plane, I couldn't even muster the will to distract myself through mindless entertainment. I realized that all I could do was just *sit* with the feelings I was having.

For the first time since I started treating Christina, I surrendered to being lost. As I stared at the carpeted aisle, I had neither the energy nor the will to control my thoughts. I felt myself pressing up against a feeling of having to let something go. As I stayed with the feeling, it was as if I was following it in a dark tunnel, and was surprised by an aching grief. I stayed with that too. I wasn't scrutinizing or reflecting. Rather, I was noticing and bearing witness.

Wisps of my own life came to the fore, but not in any coherent way. They were more like fragments of a song. I thought about times in my youth when falling in love had briefly rescued me from melancholy. I thought about my children growing up, and my parents growing old. Christina had a loving marriage, healthy children, and an engaging career. By her own

account, she had what she wanted. And yet she yearned.

I began to wonder if we'd been distracted by the notion that she yearned for a person. Perhaps the problem wasn't attachment to Michael, but to the yearning itself. How might she relinquish its tortured intensity and choose to let it go? Strange as it seemed, I began to realize that she'd have to grieve its loss. Her yearning was painful, and yet it meant so much to her. She hadn't brought it on herself, but she wasn't an unwitting victim in letting it persist. Whatever "it" was, grieving its loss felt like the necessary emotional step.

Sitting on the plane, I myself felt the wrenching pain of relinquishment, as if on her behalf. I gently said to Christina in my mind, *You have to let this go. Feeling this way isn't helping you.* I felt a strange softening in my body, like the aftermath of a childhood bout of tears. Over the weekend, tending to my parents, my own agitation started giving way to a sort of calm.

In our sessions that followed, I felt my own emotional position toward Christina subtly shift. I was less caught up in the details of her thoughts and feelings as potential clues to her problem. My attention centered on the magnetizing power of her yearning, and the emotional effort involved in detaching from it. My interventions shifted accordingly. Instead of asking how she'd coped in the past week, I'd comment, "It's painful to be in this state, and it's also painful to imagine putting it to rest."

One day, Christina came into our session and said, "I think I've finally stopped believing in this feeling. I think I'm letting it go." I remember that I felt the urge to cry. The image that came to my mind was that we'd been in a storm together, and we'd managed to swim ashore from the wrecked boat.



My bearing witness to Christina's confusion and shame with interest



and calm helped transform the storm inside her into something more tolerable. My role was to accept and contain her unbearable feelings by keeping my own mind when she felt she was losing hers. It wasn't easy. At times, it took all my fortitude. I needed help from others, and I needed to struggle within myself. Indeed, I believe that my internal work of experiencing her dilemma and facing the pain of relinquishment repositioned me in a way that emotionally shifted something in her.

Christina soon began to come out of it. Her mood gradually became more even-keeled. "I was dropping off some political flyers at Michael and Shauna's house," she told me one day, "and I happen to see a pile of books from the library on their table in the entryway. They looked like the kind of books Michael would read, socially conscious and a bit boring. Then it hit me, he's been having a regular, humdrum life, and enough peace of mind to read and pay attention to these books. I didn't feel any longing for him; I felt more of a hollow feeling, like the world wasn't as intense and stimulating a place as it had been when I'd imagined we were having a special connection."

The summer came, and with it the predictable scheduling complications of camps and vacations. Drawing on discussions we'd had over the months, Christina had told her husband of the difficulties she'd been through. They had many painful conversations, and she was surprised and moved by her husband's efforts to understand. It helped enormously, of course, that she'd never acted on her feelings. Our meetings slowed, then stopped, and I wondered whether Christina resisted formally ending our meetings out of some faint superstition that she'd be tempting fate. But when I saw her once more in the autumn, she seemed, despite a fresh crop of trials, to have reached the other side.

"My mother had surgery, and we've moved her here for the time being," Christina told me. "For now, the prognosis isn't clear, but I feel closer to her these days. Michael calls sometimes with a message about carpooling or something. It makes me happy to feel nothing when I hear his voice." She looked at me with a heartrending smile. "Thank you."

I was genuinely glad for her. Smiling back, I could feel us gently letting go of one another. We were both silent for some time. "It's like you've seen me naked," she said. "Now—finally—I've got my clothes on."

"The way I'd put it is that I've seen you human," I told her.

### CASE COMMENTARY


BY STEVEN STOSNY

In this case, Daphne de Marneffe confronts the challenge all therapists face—showing nonjudgmental care and compassion while maintaining sufficient objectivity to see what the client needs apart from our own needs and assumptions. Sometimes maintaining that balance feels like standing astride two galloping horses. When we fall, as we all do occasionally, we can feel, as de Marneffe puts it, lost and extraordinarily heavy. But her ability to help Christina ultimately arose from what I think is the best strategy with stuck clients: reflecting on what in us might be joining in their distress to the point where we're inadvertently reinforcing it, rather than helping them out of it.

When I supervised counseling interns, the most difficult task was getting them to strike a balance between *validation* of their clients' emotional states and *empowerment* to help clients change their thoughts, feelings, and behaviors in ways that promote their long-term best interests. This balance is necessary, because if we don't validate sufficiently, distressed clients will resist our best attempts to empower them.

But if we validate too much, they begin to identify with their pain or symptoms or the abuse they've suffered, eventually coming to feel like getting better and improving their lives would invalidate their experiences.

The validation-empowerment balance is also needed in a therapist's self-reflection. In other words, I have to validate the inadequacy, shame, guilt, sadness, or grief I feel when working with a stuck client, and then follow what I think are the natural motivations of those vulnerable emotions—to improve, appreciate, connect, and protect.

Sometimes our training causes us to focus too much on how clients may have gotten into the holes they're in, and not enough on climbing out of them. I find it helpful to visualize my clients in a literal hole and concentrate on the paths out of it, which are seldom the same paths that got them into it in the first place, and often not the path I'd take if I were in a similar hole. Lack of progress is a siren call for self-reflection. That's why I think every therapist can admire de Marneffe's courage. Her triumphant struggle was the kind that makes us better at what we do and provides the continual growth that gives our work meaning and purpose. 

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