



## Work that no one sees

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This note deals with a counter transference dream that came up in the course of a clinical supervision workshop I was facilitating. You will hear about the way the group and I worked through it. The team that was involved I've been meeting regularly—once or twice a year. It is a team of mental health care providers in a group home setting.

In the context of the increasingly pervasive trend toward “quality management”, the demand for documenting demonstrable, if not quantifiable outcomes produced by residential care was becoming an ever more urgent exigency in our work together. This served (and serves) to elevate measurable indicators and concrete outcomes to values in and of themselves. What we addressed in our workshops, however, was something else altogether: experiences that played themselves out in the intimate sphere of the imagination—things that generally are not even included in the standards for quality management.

The “work that no one sees”, as we used to call it, emerges from the tremendous wealth of deeply personal emotional engagement, from the counter transference experiences involved in providing residential care. These experiences can represent an enormous burden when there is no explicit training for dealing with them consciously and conscientiously, and all the more so when this work is not recognized *as work*. Of course, this kind of work has almost never been acknowledged as part of the job, and educational programs for therapists and mental health care professionals rarely do more than touch briefly on the subject of dealing with counter transference, if at all. In recent years, with the concentration on so-called “quality assurance”, the subject has been eliminated

altogether. Learning how to deal with fantasies and dreams is not considered a viable aspect of the care process. The internal workings of the caregiver, the counter transference that occurs in the course of providing care, is perpetually at risk of being relegated to the realm of personal weakness, even to being dismissed as a personal fault or a violation of professional rules.

Now let me report the dream

Renee, the woman who dreamed this dream and who provided this report of its content, is a mental health care provider and director of a group home for residents with mental disabilities. One of two Eves in the dream, Eve<sup>(a)</sup>, is a colleague, and the other, Eve<sup>(b)</sup>, is one of Renee's charges--a resident of the group home. All the other persons mentioned in the dream are group home residents.

Now let me quote the dream report:

The dream takes place in a strange house in a strange place. All the group home staff and residents are together on vacation. There are two adjacent rooms—in one of them, I'm unpacking, and in the other one, Anthony and Eve<sup>(a)</sup> are lying on a double bed. They are dressed in [East] Indian garb—their clothing indicates that they belong to a higher caste. Eve is telling Anthony that he's got to start taking care of himself. She explains that he'll later end up shining shoes up there on the street somewhere.

Suddenly, from the crack in the middle of my double bed, this huge flame ignites itself, then goes back out. It took me by surprise, I was taken aback and confused by what happened. Shortly, then, the foot of my bed starts burning. I am frantic.

Max comes in and places a home fitness trainer on my bed.

Eve<sup>(b)</sup> enters the room, rubbing her fingers together nonchalantly, indifferent, as she 'makes her rounds' (as we tend to say about her). Greta enters the room, sits down in a chair, smokes a cigarette, with the same degree of indifference toward what is happening in the room.

I can hear Teddy in the hallway, talking to himself about "taking care of business".

Finally, I grab a bucket and put out the fire myself, drenching everything and filling my suitcase with water.

The first formal impression indicates that this is an excursion from the everyday routine, and the dream takes place in a foreign or “strange” place; accordingly, something strangely alienating is happening in the dreamer’s room.

At issue here is “seeing and being seen”—what is being seen are the two lying on the double bed, through the lens of the dreamer; for the remaining characters in the dream, this manifests as a “not-seeing” or refusal to see.

Beyond that, the dream emphasizes the dyad. The word “strange” appears twice in the first sentence; later, two women are described as being “indifferent”; two rooms, double beds—one of which has two people lying together, talking; two men and two women turn up, two fires break out; the name “Eve” occurs twice.

Two distinct scenarios are depicted: in one, something takes place between two people; in the other, one person is unpacking, and “a huge flame ignites itself”, the bed catches fire, various people are coming and going. The two scenarios are connected through the gaze of the dreamer: a woman observes from one room an event taking place between two others in another room. The event presents itself as an unspectacular element of the pedagogical rigors of the daily routine, while in the observer’s bedroom, occurrences take place that have obvious sexual connotations.

The dream reads like a compendium of Freudian sexual symbols. According to the translations of symbols proposed in *The Interpretation of Dreams*, the dyad, the rooms, and the suitcase represent female genitals; the caste-specific clothing and upper –caste couple lying on the bed represent the primal scene (that is: the parents observed during intercourse by the child); the flame, the burning double bed, others coming and going to and from the dreamer’s bedroom represent sexual arousal and activity, and the suitcase full of water represents the apex of feminine creativity. According to this model, the dream—in rough outline—presents us with a scenario of witnessing the primal scene which leads to sexual arousal and sexual self-stimulation in the person observing the event in the dream.

Back to the theme of “seeing and being seen” along with its reversal in the “indifferent” not-seeing of the four people in the dreamer’s bedroom, that plays a prominent role in the dream. This already alludes to the notion that the dream’s impetus is the transference situation between the team and myself. In our group work, we had spoken repeatedly about the emotional aspects involved in providing mental health care, about the “work that no one sees” as it were. The fact that residents and staff have taken a trip together is also a reference to transference—it is not that the

dreamer is actually planning on taking a trip, but is rather anticipating my arrival to conduct the workshop.

Freud, however, warns against the swift interpretation of symbols instead of working through the associations of the dreamer. As he put it in *The Interpretation of Dreams*, “such a trick flatters the interpreter and impresses the dreamer”. This kind of dream interpretation runs the risk of becoming an act of exhibitionism. This corresponds with the dream content concerned with seeing and being seen. But what do voyeurism and exhibitionism have to do with all this? We’ll get to that in a minute.

But first, allow me to elaborate briefly on my theory of the “the institution of mental disability”, as I call it. The “normal”, “sane” and “of sound mind” subjects are juxtaposed against those persons whose existence is constructed on the phantasm of “mental disability”. The latter serve as a projection screen for all that is deficient, everything that contradicts the ideal of the “sane” subject who is “of sound mind”. This combination of the phantasmatic ideal with a projection screen I call the “institution of mental disability”. It is organized around social phantasms that are installed in the individual unconscious and whose effect develops from there. The constitutive role played by phantasms here is subtle and not evident at first blush. They form the basis for specific counter-transference moments masquerading as private reactions and fantasies that conceal the supra-individual configuration. As we now know, the conscious perception of counter transference can become an instrument of discovery in the psychoanalytic setting. But what many don’t realize is that reflecting upon affective reactions can also lead to significant discoveries *off* the couch. Counter transference is no more a strictly private affair than censorship in a dream. For this reason, I have coined the term “institutional counter transference”.

Institutional counter transference, especially as it manifests itself in the work with the mentally impaired, is driven by the phantasm of “mental disability”, and individual agency capitulates to its strictures. I would like to analyze our dream in the context of institutional counter transference.

The dreamer observes two people together in bed: actually, an unambiguous situation; however, any hint of arousal, of sexuality, is absent from the scene being observed. The interaction between the two lying on the bed involves day-to-day concerns of providing care. They are elegantly dressed in the garb of the Indian upper class and so clearly belong to a higher caste. The meaning of their presence together on the

bed is thus reversed in this situation and hence beyond the realm of perception—the issue here is not nudity, womb, primary drives; far more, we are concerned here with membership in the “higher caste”, with shining shoes “up there” on the street—whereby shoe shining is of course a menial service that is *provided* for the higher caste.

The excluded seems to have found its place *here* in the dreamer’s bedroom: there is bustling activity, the comings and goings of various individuals, a flame ignites from the crack in the middle of the bed—the foot of the bed itself starts to burn. So while the two people lying together on the bed relate in an asexual way, the sexual is displaced to the periphery, to the room next door, and makes the dreamer “frantic”.

But even here, the tendency to exclude anything that triggers arousal continues, and the events that take place are in turn explicitly disengaged from the “frantic” arousal, which clearly calls for a response. Disassociation is depicted here on multiple levels—in direct actions as if there were nothing wrong; in the home fitness trainer, an apparatus that is hardly suited to putting out a fire, while at the same time, it invites monotonous, mindless activity; in the “nonchalance” and “indifference” on the part of Eve and Greta; in Teddy’s talking to himself; and finally, in the fire, a symbolic representation of sexual arousal that erupts out of nowhere and which no one seems to have been responsible for initiating. Even at the linguistic level, this lack of relationship is tellingly underscored--(more clearly so in German than in English, I must say): the dreamer’s use of the intransitive form of “ignite”-- “a flame ignites”-- as opposed to the transitive (to ignite a fire/flame) is unusual, and implies that the flame ignites *itself*.

Based on careful consideration of the metaphorical meaning, the theme of a channeling through masturbation and alleviating sexual tensions is apparent in the first room. The manifest dream content places the figure of Anthony in a unique position. He and the caregiver Eve are the only ones who represent a relational aspect, lying as they are on the bed together. And, of course, in a reversal of the same, Anthony is encouraged to develop his autonomy by shining shoes, encouraged to “whack off” as it were—care giving depicted as a matter of “prescribing” mandatory masturbation. Overtly sexual symbolic representations are situated in the dreamer’s room. And these are anchored in phantasm as they present sexuality as an ossified, purely masturbatory act dislodged from any relationship: a home-trainer on the double bed, finger rubbing, smoking a cigarette, someone “talking to himself” in the hallway, that is to say, in the “entranceway”. In the dreamer’s bedroom, the relationship

aspect finds expression in the “indifferent” entrances and exits, in movement that leads nowhere, in a flame that “ignites itself”. It is as if the dream seeks to scream at the top of its lungs: “*it ignites*”, but “there’s nothing” between *us*.

Let me now come to the tie-in to the real-life context: in the course of exploring the dream during the workshop I am told, that part of the work of the team is to actually encourage Anthony to masturbate. Why?

- Anthony is a pedophile. For the team, his pedophilia is like a ticking time bomb. At the recommendation of the psychiatric administration, he is supposed to be encouraged to masturbate in the hope of exhausting any potential for detriment resulting from his drives.(not that the psychiatrist ever concerned himself with the question as to how this might affect the team members...) And Anthony complies, enthusiastically--just not in the privacy of his own room, but rather in flagrantly exhibitionist public displays. He parades around the house naked with an erection, leaves the door to his room wide open while he’s masturbating on the bed, or sets it slightly ajar and invites anyone who knocks at the door to come in.

This is one of the latent dream thoughts that we found in our work. It expresses the opposite of what is enacted in the manifest dream content: here, there is a de facto sexual act involved. If we are to defuse the time bomb that is Anthony, we must activate our voyeuristic tendencies and watch him closely. What we see elicits agitated horror. The “nothing” that is “between us” is this constant state of agitation that holds the team in its grip just below the surface of their work as caregivers. It is staged by Anthony as an exhibitionistic provocation, and channeled by the team into a defense against voyeuristic sexual arousal. When our group discussions turned to this subject, I suggested that the caregivers obviously feel a need to shut down their sex organs, as an inevitable consequence of their work.

Further exploration made clear that, personified not only by Anthony, but also by Max, Eve b, Greta and Teddy, a pandemonium of sexual fixations parades through the dream. In being reversed to “indifference” the dream serves the purpose of incapacitating the notion that “there is something between us”:

- Max: he has twice been tried and convicted of attempted sexual assault, but because of his mild mental disability and diminished capacity, has been placed in psychiatric treatment instead of prison. Since then, he has been subject to hormone therapy to curb and

channel his sex drive. Lately, though, with increasing frequency and insistence, he has been asking to be taken off the medication. He has also demanded that he be allowed to seek out the services of a prostitute.

- Eve b is severely mentally disabled. She spends her days playing the role of an ageing Lolita, dancing about, “making the rounds”, and “rubbing her fingers together”. On Eve’s regular weekend home visits, Eve’s mother used to dress her up in hideous outfits and hairdos, thus making sure that Eve’s appearance is unattractive and she is clearly marked as mentally disabled. The team has since been able to work toward lessening the severity of these enactments to some degree. Eve’s mother has repeatedly complained that she not only lost her *first* husband (Eve’s father) because of Eve, but also her subsequent partner, and has thus been robbed of her lust for life. In previous workshops, suspicions arose about whether the mother’s relationship to her boyfriend may have ended because Eve seduced him or because he had sexually abused her.
- Greta is psychotic, with a mild mental disability, and potentially violent. She lives in a small separate apartment on the upper level of the building, where she often retreats to be by herself, and when anyone tries to enter her room—which is a professional necessity—she may respond with serious threats and physical confrontation. She tries to overcome a permanent state of hyperarousal with an insatiable cigarette-smoking habit, which is clearly driven by libidinal instincts. The team has marching orders to strictly ration her cigarette consumption, denying her any surrogate satisfaction—which is not easy due to Greta’s latent violent tendencies they all fear.
- Next to Eve, Teddy is one of the more severely mentally disabled residents in the group. He speaks little, and when he does, it is in the squeaky, high-pitched voice of a castrato. Most of what he says while talking to himself is related to his penis, which he calls his “whistle”: “Don’t you touch my whistle!” He never before became the subject of any of our clinical supervision sessions because he “didn’t present any problems” (whereby it is more than apparent to the team that this is precisely his problem). Accordingly, in the dream, he remains “out of the picture”.

The phantasms of male and female sexuality are super-inscribed—in a grotesque way—in the images presented here: here the rapist man, there the ageing “Lolita-the-dumb-blonde” who “has more fun”; here the man-killing maenad, there the castrati-gone-gaga – ... demonization of sexuality versus sexual naiveté and “innocence”, each in a feminine and a masculine version.

The manifest content of the dream outlines the situational structure of a primal scene. Accordingly, there are situational aspects of a primal-scene event to be found in the associative material surrounding the way the dream was reported to the group. I'm reporting the most telling associations:

- One of the female residents, Rose, was not manifestly represented in the dream. During the associative work, however, her situation was described – as one of complaisantly tolerating abandonment and exclusion. The father who is separated from the mother, makes his obligatory phone calls on a fairly regular basis, and on one such occasion asks the young woman whether she knows that the mother is planning to remarry soon. She did not, in fact, know; only when she addressed the issue with her mother did she learn that her mother had deliberately not invited her to the wedding, telling her she is “too much of a moron to get anything out of it anyway”. The girl accepted that without raising any objections. A whole litany of guilt complexes is expressed by the parents—her father “excuses” his own disinterest by using the mother as a front; the mother “excuses” her rejection of the daughter by blaming the girl’s “innate” inability to so much as comprehend such a solemn occasion. The caregivers felt, that “everyone uses Rose as a door mat to wipe off their feelings of guilt”.
- One of the issues we had previously addressed was the potential for intimate relationships between the residents. As it turns out, there *was* a couple at the group home—two severely mentally disabled residents had entered into a relationship. The team was very concerned about this. They wondered whether the man was not bordering on molestation or abuse when he slapped the woman on the belly or breast with an open hand. They described the woman as someone who never fought back against anything, so you never could tell whether she was okay with anything or not. Staff members report that the woman has suffered nose bleeds from the nose rubbing the two engage in as an obvious substitute for kissing. She was covered in blood, which horrified the caregiver who was present and responsible for intervention at the time.

Both these scenes point toward a connection between the phantasm of mental disability and the primal scene at the center of the dream’s content. Let me provide a little more of my theoretical framework: Processing the primal scene is a crucial moment in the construction of the subject and is the foundation for the development of the capacity of thinking. In psychoanalysis we speak of the third position, from which the relationship between two people can be mentalized. This repeats the fundamental



pattern of the primal scene: the observation (or imagination) of some sexual interaction—usually between two people—off which the observer is excluded, while emotionally participating through identification.

Typically, in our culture, working through the primal scene leads to subject-object separation and the elaboration of discursive-logical thinking.

The incest taboo and threat of castration play a crucial role here inasmuch as the child's identification of itself as participant in the event is interpreted as a violation of the incest taboo and the threat of castration elicits an acceptance of the exclusion. The destructive element of the threat leaves unmistakable marks on the processing that results from it. As is typical, the "I-can-do-it-myself"-attitude (expressed in masturbation) translates metaphorically into the "third position"—an "I-think". Metaphorically speaking, the "cogito" works its way back into the scene by identifying itself as the grammatical subject or the object and allowing the predicate to determine their mutual relationship. The ecstatic is brought under control with anal-retentive grammatical precision.

The hegemony exerted by this paradigm for processing the primal scene in our culture leaves little room for perceiving the limitless power of ecstasy in any other terms than that of the coercive power of subject over object—in more graphic terms, a perpetrator-subject (usually male) forcing himself upon a victim-object, as exemplified here by the fantasies triggered in team members by the love affair between the two severely mentally disabled residents of the group home.

In its compulsion to identify with itself, the figure of the "autonomous subject" constitutes a figure of exclusion: anything and everything that does not conform to the commonly accepted standards of mental competence, of the subject that is under control, must be designated a deviation, a perversion, a deficiency, and be projected onto objects that have been constructed accordingly.

The dream presented here explicitly invites a reading that involves the problematic of the "autonomous subject". This compulsive figure of autonomy and of being under control, and the attendant figure of exclusion were thematized in various ways during the workshop. Against the backdrop of working through the primal scene in the specific context of our culture, the groundwork for this reading is already apparent in the manifest dream content: the dreamer observes from a neighboring room Eve and Anthony lying on a double bed, with Eve explaining to Anthony that he must start "taking care of himself", which is to say that he must become an "autonomous subject" who is "in control".

Inasmuch as the autonomy of the subject is grounded in intellectual control over the object, those persons who possess only limited intellectual faculties are necessarily excluded and become projection objects *par excellence* for the excluded. The dream demonstrates the way projections are channeled through phantasms by allowing these allegorical figures to parade through or pass by the dreamer's room: Max, the rapist; Eve, the Lolita; Greta, the Maenad, and Teddy the Castrato. The dream also underscores the opposing position of the phantasms of the "benign idiot" against the intractable monstrous, demonic sexuality. In the statement about "everyone using her as a door mat to wipe off their feelings of guilt", the Janus-faced nature of this projection figure is summarized: "I am a doormat for monstrous, demonic sexuality, but—stupid and castrated as I am—I don't even know what that is".

The dream thought embodied by Anthony lends itself to a variety of interpretations. In the first place, pedophilia represents absolute control over the sexual object, while at the same time this sexual object functions as an identification figure. This is doubly connoted in the dream: in the figure of Anthony himself, but also in the situation presented between Eve and Anthony on the double bed. Any real sexual interaction between the caregiver and the patient would entail semi-incestuous exploitation of the dependent relationship. In the context of phantasm, "illicit sexual relations with a dependent". But the perverse forms of interaction represented by Anthony in the dream—voyeurism and exhibitionism—are enlisted (as we have already seen) in petrifying the subject-object relationship inasmuch as they are applied to the purpose of anchoring sexualized self-assurance in vindictive projective identification.

In addition, there is a notable double meaning in the instructions Anthony receives from Eve: Anthony is told to "whack off", that is, to shine shoes "up there on the street", which is to say, perform menial services. The implication here is that "whacking off", in the fantasies of the caregivers, is not merely a solitary activity Anthony performs by himself, but that it has the effect of arousal—it "rubs off" on the "shoes" (which represent the female genitals here). Again, we see here an emphasis on top-bottom hierarchy that is constitutive of the subject-object relationship.

So both manifest and latent dream content present us with a compendium of techniques that lend themselves to foisting sexual motivations onto the virulent and threatening presence of sexuality in the work of providing mental health care. The sexual is disengaged from the context of relationship—as a home fitness trainer, as "whacking off", or

shutting down—as hormone therapy, as playing dumb. Sexualized self-assurance is presented in vindictive-projective voyeurism, and exhibitionism is also on display here, latently fueled by the exigencies of quality assurance as an imminent challenge that must be met.

The manifest dream presents us with the end result of all these measures taken to channel and concretize the boundary-breaking tendencies of the sexual in the pairing of Eve and Anthony: lying in elegant attire on the double bed, they enact a primal scene that has been robbed of its ecstatic momentum— so to say a bureaucratically regulated, “quality-assured” primal scene.

The dreamer is in a strange house in a strange place, unpacking her bags: the beginning of this dream points to the transference aspect in the context of the clinical supervision. But it is not the dreamer who is taking a trip, it is me—I am arriving from somewhere else, not for vacation, but to work with the team. This technique of reversal to the opposite appears multiple times in the dream.

The theme of “seeing and being seen” that plays such a central role in the manifest dream similarly points to transference relationship: I had asked the team about dreams, and, in general, when you ask someone to reveal the contents of a dream and thus reveal him- or herself, this can be taken as a voyeuristic demand and enticement toward exhibitionism. The dreamer, by sharing her dream in the context of the workshop, has placed herself in a precarious situation:

- As director of the group home, Renee often finds herself in the unpopular position of having to enforce administrative regulations and “quality assurance”-measures, irregardless of any personal objections she may have to these measures. The team’s appreciation of her work is necessarily laced with resentment over the administrative elements involved. So presenting her dream in this situation requires a great degree of courage.

What this pervasive “quality management” is designed to do is to manage the unpredictable, to manage whatever embodies the excluded, in such a way that it can document, prove, exhibit the results of that administrative act. In this way, attention is diverted from the hardships presented by this inherent unpredictability and thrust upon “effective” administrative work. To this end, a complete reversal must be enacted: the intense entanglement in physical hardship turns into its opposite—fastidiously controlled cataloguing and presentation. This in turn fosters a form of exhibitionism

that is stripped of its sexual origin and the scopophilia of the staff members instrumentalized in the process.

By providing this report of her dream, Renee runs the risk of exposing herself as someone who fails to uphold precisely those norms she is supposed to represent. It is only fitting, then, that the dream is interspersed with so many references to criminal acts and complicity. Unpacking—metaphorically, this means she is making a confession and committing betrayal. In the manifest content, two characters appear: Max, who has actually been convicted of an attempted crime and Anthony, who is obsessed with criminal sexual cravings. There is a fire. The dreamer does not get “cold feet”, but rather just the opposite—a fire at the foot of the bed: this is getting too hot for her. It is about being partially to blame, about a dangerous complicity.

Nor is it any coincidence that the dreamer’s colleague appears in the dream—the woman who is lying on the double bed with Anthony in the room next door:

- Eve, the mental health care provider, is a good friend of the dreamer. Both are very unhappy about the administrative constraints, and are currently hoping to join together to form an alternative group home where human interaction and working on relationships is paramount.

The most readily apparent theme represented by Eve’s appearance in the dream is the conscious desire informing the dreamer’s current experience: the desire to abandon the daily routine of carrying out unpopular administrative tasks and extricating herself from the strictures of hierarchy and authoritative powers. In fantasies, India as a destination for travel can stand for “flower power”, for the desire to break from the constraints of utilitarian rationality, a longing for the ecstatic transgression of boundaries. The frequency of allusions to criminality and complicity in the dream illustrate that this imagined departure from the routine into the idealized “strange place” is associated with fear and feelings of guilt.

A sort of primal scene developed as a transference event in the course of the same workshop session as the dream was reported. While the latent dream content was being processed by the group—all of whom had enthusiastically accepted the dream as their own—the dreamer finally felt confident enough to reveal the details of an incident that is easily deciphered as the day residue which triggered the dream.

- Renee explains how one day, as an exception to the rule because it is not her job as director of the group home, but an exception that arises often enough due to staffing shortages, she was giving one of the residents, Tina, a bath. Tina--a fragile, elderly, deaf woman--is enjoying the bath immensely. While Renee is washing her between the legs, Tina suddenly thrusts her whole lower abdomen at her in a burst of sexually charged ecstasy. Renee shudders in utter horror, shrinks back in shame and, ridden with guilt, abruptly terminates the situation.

This is what is being “unpacked”. It is here that we learn what is behind the image of the “flame” that suddenly ignites “from the crack”, then quickly “goes back out”. This primal scene between the dreamer and the deaf resident is anything but a politely platonic, restrained incident in which two members of the “upper class” are lounging together on a bed. Here we have an ecstatic moment that “ignites” briefly between the two of them, but which cannot find any mutual ecstatic resolution; instead, it leads to anxiety-ridden paralysis and severe feelings of guilt in Renee—the flame “goes back out”. Tina’s sexual desire must be put out.

The dreamer has taken advantage of the dream and the ensuing group discussion to “unpack” in the safety and shelter of my presence as facilitator. She needs this protection because the rest of the team is not in a position to acknowledge this slippage coming from the person affiliated with administration and thus acting in the service of the “higher powers” without some degree of gloating. The group transference onto Renee is also informed by fears on the part of the staff, as “menial servants”, about failing to live up to the quality control standards of the administration, so this reversal of roles in the situation offers them the opportunity for vindication. The work that Renee has to report is the kind of work no one is *supposed* to see; work which, according to the standards of quality management, is supposed to remain buried in the intimate secrecy of the situation. Everyone on the team has experienced similar situations, but here it is happening to the very person whose official responsibility is to guarantee that the caregivers’ greatest concerns are relegated to the realm of work that no one sees.

The interaction between Renee can be taken as paradigmatic for the Sword of Damocles that “illicit sexual relations” tacitly represents for all forms of mental health care. The necessity for constantly crossing the threshold of intimacy leads to sexual arousal in both parties, and this arousal “blazes away” in the moment depicted here. For this one brief moment, Renee and Tina are intricately engaged in an ecstatic event; but

the phantasm quickly takes hold—Renee is paralyzed by feelings of guilt. She reacts as if she were just caught red-handed in a crime, exposed as the one who is “shining shoes”, performing “menial service” up there on the street; it is as if she must be afraid everyone will start using her as a “doormat” for their feelings of guilt. She cannot acknowledge Tina’s sexual arousal and desire for what they are: the sexual delight of an elderly woman: far more, they come to signify unbearable guilt and thus trigger the stimulus-response-cycle inherent in the structure of the phantasm: sexual excitation leads to paralysis and the need to “numb up” their “private parts”.

In the workshop, this “unpacking”, this admittance of feelings of guilt ultimately led me to pose the question: “What is wrong with giving Tina sexual pleasure?” In formulating this seemingly rhetorical question, I was careful to point out that I did not have an answer. There is no answer, no recipe or prescription for what is proper in that situation. The work no one sees consists of learning to live with that ambiguity, and refusing to proscribe quality assurance regulations to enforce in these situations.

The dream’s manifest statement--“there’s nothing between us”--in its reversal, points to the latent meaning: oh, yes, there is something between us and that something is “drenching everything and filling our suitcases with water”. For all of its tragic, disheartening connotations, the dream’s spectacular closing image of voluptuously extravagant female sensuality reads like a utopia. I have described this sort of utopian environment for care-giving as “the cooperative play of parts in an ensemble”, whereby the mental health care relationship remains, of course, asymmetrical: the point is to make room (and allowances for) the myriad damaged and diminished subjective impulses of the patients receiving care—much in the same way the mammoth instrumental apparatus in an orchestral composition must make room for the vocal parts--the human voice which would otherwise have no chance of prevailing against the overpowering waves of sound, carrying it so that it may express the things only it can say. Where this attempt is successful—as it was, to some extent, in the team’s working through the dream—a world of being there with and for one another opens up to carry us far beyond the world of the “sane subject” who is “of sound mind”.