

CASE STUDY

Mindfulness Meets Enmeshment: Disentangling Without Detaching With Embodied Self-Empathy as a Guide

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An event in the author's personal life leads her to reflect on the impact of the physical dimension of mindfulness meditation on enmeshed relationships, those in which boundaries are porous and the expression of empathy is felt disproportionately by 1 person. The focus of this article is on mother–daughter enmeshment where the daughter's mind and body can feel inhabited by her mother's experience and an illusion of one-ness emerges. Through mindfulness meditation—the state of being fully attuned to present experience, observing, but not judging, thoughts and feelings that arise—bodily awareness deepens, self-empathy takes hold, and healthy psychic boundaries emerge, lessening the confusion that comes with fusion. The author's work with a female patient extends the use of relational mindfulness into the psychoanalytic consulting room. Here, as the patient's relationship with her embodied self expands, a new, more emotionally delineated way of relating to her mother emerges. This vignette, along with the author's own personal narrative, suggest that rooting oneself in the body helps disembody from entangled relationships, encouraging a balanced sharing of emotion and empathy.

Keywords: mindfulness, meditation, enmeshment, boundaries, embodied

Life presents you with different experiences. Every experience has infinite dimensions. Can you experience all of them without struggling against any of them? If you can, then suffering comes to an end.

—Ken McLeod (2013), *Reflections on Silver River*

On a snowy afternoon 6 years ago my 14-year-old daughter's friend, whom she had been inseparable from during several summers at a lakeside camp in Maine, was struck and killed by a car on her way to school. My daughter was inconsolable, seemingly begging me to tell her it was not true. I held her for minutes, which felt like years. I felt myself connect to her anguish so completely that I could almost imagine I was absorbing her pain. At a loss for words, I knew I had to get her through this loss.

Yet, in the ensuing days, I often went too far to try to minimize her pain, approaching the loss as if it were my own. Struggling to find meaningful ways to cope with her grief, I suggested she raise money for a memorial bench in her friend's honor. But my daughter rolled her eyes—a response that hit me like a slap in the face.

Why was this predictable push-back from a 14-year-old provoking such intense feelings of rejection on my part? My child felt so discrete from me at that moment, like a vessel far out to sea well beyond my reach. I felt the need to steer her reaction. A wave of anxiety flooded me, a feeling that something catastrophic was going to happen because we were not sharing a singular experience.

Regardless of my daughter's age, I needed to step back. She was seeking boundaries and I had to give them to her.

In retrospect, I realized that, even as her parent, I was losing awareness of her separateness and doing a poor job of tolerating my helplessness to take away her pain. The interplay of her grief and mine—embedded in my own unconscious relational context—interfered

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with my ability to experience her pain as more disconnected from mine and to trust her process more. In that moment, I was failing to separate her process from mine.

But what was my process? Having grown up with a mother who struggled with depression and intense shifts in affect—and who felt it was my responsibility, as her only daughter, to listen to and fix her—I was too involved. I was always on the lookout for the next depressive slump. She never told me to get out. I was too far in.

My task with my daughter was to find a way to identify with her pain while differentiating myself as existing “outside” her reality (Benjamin, 1998). I needed to survive, not inhabit her grief.

Enmeshment: The Narrowing of Relationship

Early in life a parent who harmonizes with the “moment-by-moment process of the other [the baby]” is optimal (Beebe et al., 2003). In this rhythm, a relationship exists between two minds with a great deal of correspondence and matching. As the baby grows, however, the space—physical and psychic—between the mother and child ideally should expand. If a child is lucky enough to have a parent who is self-aware, confident, and can “process the pain of separation between [herself] the mother and her child” (Benjamin, 1998, p. 28), then she is likely to develop securely in her attachments.

However, if the mother has her own unresolved dependency needs or unprocessed trauma she may fail to acknowledge her child’s experience as separate from her own, and an “illusion of oneness”—adaptive during infancy, but no longer so—ensues. When a mother does not recognize her baby’s or, later, child’s separateness and concurrent need to differentiate, psychological difficulties can emerge.

A mother’s fear of separation from or rejection by her child can lead the child to overidentify and internalize her mother’s wants and needs, even her overall shakiness, compromising the development of intersubjectivity—the psychological relationship between two people and an individual’s ability to differentiate herself from others (Benjamin, 1998). Later, as an adult, the child will be anxious in her attachments, lost without guidance or approval from others. She might lack a sense of her own power

and voice. She will struggle to know where she ends and her mother—which sometimes extends to others—begins.

Enmeshed relationships are thus those in which boundaries are poorly defined and the expression of empathy is felt disproportionately by one person. The flow of empathy is lopsided, perhaps reversed. Consider, for example, the daughter who is hyperconscious of, and unofficially tasked with, carrying and “fixing” her mother’s mood instability while her mother is oblivious of her impact. The relationship between the two people narrows with too much internal space in the enmeshed person, in this case the daughter, taken up by another person’s pain and suffering. How can a person loosen the preoccupation with (the suffering of) the other? Is it possible to expand the connection, disentangle without detaching? According to Mark Epstein (1995), when we are able to lean into the dissociated or disavowed parts of ourselves, “the force of compassion is automatically unleashed” (p. 19). If the enmeshed individual can discover self-compassion, self-empathy takes hold and a new, boundaryed way of empathizing is possible.

Getting Rooted in the Body: Awareness of Self From the Inside Out

The feeling that one must remain continuously connected to or “fix” another person can lead to a guilt of not being endlessly available. The resulting inability to separate can cause the body to feel physically gripped in such a way that restricts one’s freedom to move, think, and feel.

Repeated exposure to oppressive relationships such as enmeshed ones can prevent the developing child from becoming aware of and knowing herself physically as well as emotionally such that when a parent is depressed or suffering, a child learns to overidentify with the pain and, in a way, this child almost becomes the parent, unconsciously tuning out her own bodily awareness (Bertherat & Bernstein, 1989). She unwittingly imitates the pain (Sletvold, 2013), and the lines between empathizing (identifying with and understanding another person’s feelings or difficulties), and overidentifying (becoming enmeshed with another person) vanish. When enmeshment or overidentification occurs, one’s body can feel inhabited by

another person, which can take a toll on the ability to trust oneself. Feeling confident is a prerequisite to waking up and living authentically.

The body is the base in which our personhood is rooted. Its internal response makes for our unique sense of self. More than a century ago, Sigmund Freud articulated that body information with its attendant “intelligence” preceded psychic awareness. The body must find a way into interpersonal knowing (Sletvold, 2014). “To feel present you have to know where you are If the self-sensing system breaks down we need to find ways to reactivate it” (Van der Kolk, 2014).

When we are grounded in the body, we arrive in the immediacy of experience, and our senses not minds do the living. If a person is rooted in the body she can begin the process of digging herself out from old interpersonal habits and learn to live without fear of reprisal. Old, conditioned ways of responding recede, giving way to self-assured, more assertive behavior.

Mindfulness

A certain degree of disembedding is essential to establish a better connection to oneself and for healthy relationships to exist. To feel closer and have more loving ties to others, we need to first sharpen our focus on ourselves—especially if this was not the case earlier in life—to gain access to what’s happening to us as well as within us. In this, we become an “inner witness” (Nichol, 2006) to our own mental, emotional, and physical experience, the way we do when we meditate.

Mindfulness-based stress reduction (MBSR), founded by John Kabat-Zinn, is based on Eastern healing traditions such as meditation and yoga. Using breathing as a way to focus attention, you sit or lie comfortably and notice whatever comes up—thoughts, feelings, impulses, and sensations—without judgment. Rather than making the objects of thinking the focus of attention or scrutiny, you simply observe what is arising like you would clouds passing through the sky. Mindful meditation is about noticing internal experience with a certain *laissez faire* attitude. You do not try to regulate or oppose what emerges. It is more than just being conscious. As a result of the practice of mindfulness meditation we become cognizant of how

we perceive. For example, we may notice if we are approaching the objects of our attention gently, tenaciously, or violently. With repeated practice the mind unclenches, becomes more spacious, and becomes less active, allowing for an overall sense of calm to take hold. Over time the meditator becomes less hooked by internal as well as external events, allowing “the impermanent nature of all experiences to be discerned with finer and finer levels of perception” (Epstein, 1990, p. 162). Even if thoughts and feelings continuously resurface, one watches what manifests come and go.

To feel closer and have more loving ties to others, therefore, a person may need to first sharpen her focus on herself—especially if this was not the case earlier in life. Communing with our pain, according to Jack Kornfield, American author and meditation teacher, is comparable to “comforting a child, holding it all in a loving and soothing attention” (Kornfield, 1993, p. 57).

Becoming more receptive to one’s inner states inevitably means being less wrapped up in the experience—perceived or real—of others. Thus the practice of mindfulness meditation can benefit those who tend to be preoccupied or even absorbed in the inner lives of others.

Focusing on oneself for someone who is enmeshed not only yields greater self-empathy but also restores a healthy balance of interpersonal empathy. Through mindfulness, a process of de-identification can emerge and an internalized secure base takes hold (Wal-lin, 2007). One learns how to tolerate “those powerful energies that sweep over our bodies and minds like great breaking waves” (Goldstein, 2007). Perhaps for the first time one is able to bear the pain of someone else’s problem without getting swallowed up in it. It may still have an effect but the need to neutralize it lessens. The focus shifts from *doing* to simply *being with*, using the breath as anchor and guide.

The Case of Amanda

Just as children—as was the case with me—activate our own childhood experiences, each analytic patient may be considered to belong to an as-yet unexplored “province” of the analysts (Ferro & Basile, 2004). One of those patients is

Amanda,¹ a 34-year-old married woman who believes “the best kinds of relationships are the ones where there are no boundaries, no lines of demarcation.” Amanda has a complicated relationship with her mother—not unlike mine with my mother—but more complex. Amanda’s mother is a narcissist with a penchant for somaticizing both her and Amanda’s psychic problems and pain. A year into her treatment, Amanda had a dream that she and her mother were giving birth to babies at the same time but Amanda was tasked with taking care of them both. Her mother’s unprocessed trauma of incest was enacted in her relationship with her kids. She moved Amanda and her sister around precipitously as children fleeing threatening, at times violent, romantic relationships only to eventually find her way back to them. Amanda’s desire to grow, intellectually and romantically, was virtually forbidden. Her mother vilified her interest in boys and her flair for art. By the time Amanda was a teen she had turned to sex and drugs, as a way to shut out her mother, home life, and its attendant pain.

In session, I coast alongside Amanda’s dissociated rage with my own emotional disengagement. We are, together, not ourselves. Amanda is psychically stuck in her bond to her mother, me to Amanda through my hyperempathy. For Amanda, her rage surfaces when she is alone at home after hanging up the phone with her mother. She only talks to her during the day when her husband is at work when it is safe for her to recoil to a “very dark place.” Here, she can privately and “safely” indulge her anger, all self-directed, a fury for not being able to titrate her connection to her mother. She tries hard to get her mother to change, make better lifestyle and romantic choices. If her mother can grow to be the healthy parent she never had, Amanda never has to confront the conflicted feelings deep inside her that she fears would cause a permanent breach in their connection. So instead she blasts music and pops pills, thus further joining with her mother, albeit unconsciously, through the self-abuse.

Eventually, Amanda tells me she is tired of getting so pulled into the vortex of involvement and confrontation that is the very essence of their connection. Her vexation suggesting that the part of her self deeply affected by her mother’s psychopathology was awakening. Yet, Amanda cannot seem to extricate herself. I want

to help her get out of her own way but am trying to respect and accept her as exactly where she is and needs to be. Still, I want to open the door a little further for her and me to locate and find a new way of relating to her underlying pain in a deeper way.

With my mindfulness practice as my guide and securely in place, I suggest we do a guided meditation that I found useful in separating from my own mother.² I had completed coursework in Jon Kabat-Zinn’s mindfulness-based stress reduction (MBSR) taught by one of his protégés and my spiritual practice was really taking hold. I was meditating regularly, reading books by Pema Chodron, attending guided meditations and talks, and taken with the healthful effects of pranayama breathing in my yoga classes. I was more in my body than ever before and sensing Amanda needed to come more into hers to get out of her mother’s, the way I needed to with mine. Deepening her physical connection, I believed, would help her become more interested in her interior, cultivate a modicum of compassion for herself, and get underneath the defensive fusion she relied on so heavily. If I could help her carve out space between her overidentification with her mother’s pain and her own deep-seated suffering, a more authentic Amanda could emerge. In so doing we could disrupt our inclination for dissociation.

So, asking Amanda to close her eyes, I suggest she bring into awareness an unpleasant thought or sensation. I invite her to be with the discomfort as well as her awareness of how her mind wants to push away the unpleasant thought or feeling. We spend about 4 minutes working in this way as I gently but purposefully encourage her to notice the moment-to-moment shifts in her experience. When the meditation was over, we talked about her experience. She chose to focus on her maternal grandmother, a woman who sacrificed her life for others, aware of having done so, and later on aspired to do more with her life. The image of this strong woman stirred up a great deal of sadness for Amanda. Was Amanda identifying with her, I wondered? Amanda rode “waves of nausea,

¹ All the names in this article have been changed to protect privacy.

² “Opening Around Pain” meditation in Stephen and Ondrea Levine’s *Who Dies? An Investigation of Conscious Living and Conscious Dying*.

surges of sadness and tenderness.” I saw this as an entrée to feeling some self-compassion, and said as much.

Still, there was more to come. In the weeks that followed, Amanda’s fury with her mother surged but this time she resisted taking the rage to her mother to avoid repeating the cycle of unhealthy entanglement and self-abuse, bringing it to session instead. She was committed to “redefining the relationship,” even if her mother was not. “I felt so angry with her but I also did not want to cross boundaries or engage, which would only satisfy her,” Amanda confided. She tells me she wants to separate from her mother but the fear of cutting her off is immense. I listen and empathize with her frustration and dread, but feel the urge to do more.

My own dissociated fog too was starting to lift, thanks to my meditation practice and, I had to think, Amanda’s more embodied presence. Feelings within and between us were becoming more conscious. I was alert to my own bodily experience, which “can augment and enhance our clinical ‘hunches’ and enrich our interactive participation with our patients both verbally and nonverbally” (Sletvold, 2014). But I did not want to be reactive. As Amanda’s therapist, I have to decide how much direction I want to give. If I satisfy her plea for guidance in how to handle her mother, I feel I am stepping on her individuality and blurring the boundaries between her experience and mine—like her mother does; if I do not, I wonder if I am abandoning her emotionally. With her inability to extract herself from a harmful relationship and her identity at loose ends, how can I leave her drifting? I make my decision. At the risk of behaving like her mother and undermining Amanda’s independence, I suggest she abstain from any contact with her mother—no calls, texts, or e-mail—indefinitely. In hindsight I was assuming Amanda’s nonverbal posture, the one she could not approach without reinforcement.

My frustration with Amanda was tied to my exasperation with myself for not being able to assert boundaries with my own mother. In hindsight I realized it was not unlike my own daughter Sarah’s pushing back on me as a healthy response to my intrusion. For something to change I—like Sarah—had to access a part of myself to unearth my own emotional and physiologic experience in order to help Amanda through, and to connect to hers. I had to allow

myself to experience my own separateness from Amanda.

The key to Amanda’s disengaging from her mother—and also to shattering my overidentification with Amanda—was for each of us to be able to gain enough distance from the other to think and feel our way through our own experience. “With so much of the child’s orientation organized around satisfying the parent’s emotional life, the child learns how to deceive and lie to the parent as well as to himself . . . to better adapt to the parent” (Bonovitz, 2015, p. 63). Both of us needed to figure out and also get, with the help of mindfulness and a conscious connection to our bodies, who we were and what we needed. In my case, the marked sense of irritation was the vehicle for that: My frustration with Amanda’s complacency and complicity paved the way for a break in empathy. I also was outraged with her mother—as I know I had been with my own—for exploiting Amanda’s loyalty. In that moment, I was compelled to be blunt and almost harsh with Amanda in a way I might not otherwise have been. This led to her pulling back from her mother, and that distance helped Amanda realize what her mother demanded, and—perhaps more importantly—what she no longer wanted to give. Acting on my intense feelings felt both wise and mindful since I had been sitting with and considering my feelings for a number of weeks.

When I asked Amanda to disengage from her mother, I was aware that my intentions were good. I was trying to help her develop a better, more authentic relationship with herself—to figure out who she is and what she needs much the way my mindfulness meditation practice had been working for me. I believed those answers would come for her when she was not so involved with her mother and her focus and concentration shifted onto herself. Notable change was taking place. For the first time, Amanda began to focus on her own life goals and desires—finishing college, and trying to start a family of her own—and tells me, “My mother is *really sick*.” For the first time since I had known Amanda, the truth about her mother seems to strike deeply, and the impact was sobering for both of us.

It seemed that Amanda was finding herself able to synthesize her own subjectivity in our relationship, breaking free of the omniscient analyst-compliant patient roles we often found

ourselves inhabiting. For example, she decided to recommence contact, albeit limited, with her mother. What was it that enabled Amanda—and I—to make room for a new way of relating in each of our respective relationships: hers with her mother, mine with her, mine with my own mother, and mine with Sarah? I was curious. Could the mindfulness, even a short-guided meditation on pain, have been pivotal even if only one of many factors that explained the shift?

The spiritual practice that I was steeped in—outside the room that included near-daily mindfulness meditation, frequent body scans, and eventually a sangha with like-minded psychoanalysts who met weekly and which started as a class on contemplative listening—afforded a favorable holding environment that helped Amanda come more into her body both in and outside the room. The more I was in touch with my “authentic” self and the less buried I was in my “familiar” relationship with my mother, the more Amanda could make contact with her own authentic self as a result of our “shared experience of authenticity” (Porter, 2013, p. 25).

For Amanda, shutting out her mother enabled a more solid connection to her own mind and body, which by nature put her in union with herself. This, in turn, gave her the clear-headedness and emotional distance to more accurately assess her mother’s mental state. In this roomier place, despite her mother’s panic, Amanda began to envision a space inside of herself for a child of her own. An expanded form of self-empathy, a connection to the things she desired, surfaced; her life was moving forward as her intertwined relationship with her mother was unraveling. The meditation, which Amanda said was helpful, seemed to have played a role in loosening the ring around her pain, the pain of a girl who got buried under her mother’s traumatic past, attendant dissociation, and extreme self-absorption. I know it has helped me sort out my entanglements with my own mother.

Boundaried Empathy

Where do we begin and others end, as children and parents, or analysts and patients? In moving back and forth, I am learning to alternate between connecting to Sarah’s pain enough to offer empathy, and yet to distance myself

from all of it enough to be able to step back. Ultimately, I credit my meditation practice for helping me observe an intrapersonal process that typified my need to let go of an old interpersonal penchant for enmeshment. Reflexive habits—physical and psychological—linked to early patterns of relating are now disrupted. In this, I find more self-empathy—a feeling of sadness for the part of me that all too often gets buried under other people’s experience—which helps me acknowledge and appreciate my reality. I get to live more fully in my body and to connect what’s inside with what’s going on outside.

So, I wonder: Is a deeper connection to the embodied self, facilitated through mindfulness, a precursor to healthy empathy? When we are living consciously in our bodies, we are in union with ourselves, which paves the way for a boundaried way of relating to others with self-empathy as the foundation. In focusing on the breath—the key strategy in mindfulness meditation—we tune into the essence of our being and with an observer’s stance can be curious about “What am I experiencing now?” Knowing where we are in space helps delineate where we end and others begin. Self first, then others, not unlike when parents are told on airplanes to put their oxygen masks on first before assisting any children. When we strengthen our connection to ourselves through our bodies—by way of the breath—we cultivate healthier and more easeful relationships.

I believe we are unconsciously motivated to join with others through their pain, but we also need to be wary lest someone else’s experience or what we imagine is their experience overwhelms us. The ability to identify with others makes possible a priceless connection, a bonding that inspires my parenting. But when I am mindful of the envelope of my own experience I find a comfortable distance to empathize with my daughter.

The focus of this article is enmeshment with an emphasis on mother–daughter relationships. Writing and thinking about mother–daughter dynamics have illuminated what has and has not been working for me and for my patients, with Sarah and with my own mother. Forgiving myself for overidentifying with Sarah’s pain of losing Laura and reflecting on my mother’s depression and unmet dependency needs have been possible through an increase in self-

empathy borne out of my mindfulness meditation practice. Finding more compassion for oneself by sinking deeper into the physical body and knowing where one's tendency toward fusion comes from makes our relationships more honest, healthy, and real.

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