Chapter 2 The Many Meanings of Intersubjectivity and Their Implications for Analyst Self-Expression and Self-Disclosure

Judith Guss Teicholz, ED.D. ①

Theory

Probably not since Freud and Ferenczi parted ways because of their disagreement over Ferenczi's experiments with mutual analysis, have questions surrounding psychoanalytic intersubjectivity been as passionately debated as they are today. The controversy concerning whether psychoanalysis is better understood and practiced as a one- or a two-person process has been kept alive in various ways through the writings of Reich, Sullivan, Balint, Searles, Racker, Fairbairn, Guntrip, Winnicott, and others. But as interesting and important as these earlier contributions have been, the contemporary debate is so richly varied in its elements that I shall have to forego tracing its historical precedents in order simply to outline what today's authors mean by intersubjectivity and to explore how they see it as shaping either development or the analytic situation.

Current tensions center on divergent clinical recommendations devolving from multiple theories of intersubjectivity, with disagreements often centering on the quality and extent of the analyst's self-expression and self-disclosure. For instance, while both self psychology and relational theory recognize the analyst's subjectivity and neither theory ignores the two-person implications of the analytic situation, each of these two schools of thought would seem to place its emphasis on the experience of a different party to the relationship: self psychology, on the patient's subjectivity; relational theory, on the analyst's. In self psychology, not the free expression of the analyst's subjectivity, but her empathy and self-containment are understood to facilitate the fullest elaboration of the patient's subjectivity and to make possible the patient's use of the analyst's psychic functioning as needed selfobject experience; by contrast, relational theory encourages the analyst's more spontaneous self-expression and self-disclosure, seeing exposure to these manifestations of the analyst's distinctive subjectivity as crucial to furthering the patient's psychic growth (Benjamin, 1988, 1990; Renik, 1993, 1995; Mitchell, 1996, 1997).

Thus far, discussions across paradigms have tended to get polarized. Each theory is associated with a single analytic stance, and little effort is made to consider when, or with which patients, differing therapeutic approaches might be useful. While proponents of diverse clinical viewpoints agree that the analytic relationship is characterized by some degree of "intersubjectivity," the term is used quite differently from one theory to the next. For this reason it may make sense to review the many meanings of intersubjectivity as a first step toward clarifying some of the still unresolved issues, both theoretical and clinical. Although such a review may necessitate a tedious reiteration of familiar concepts, I pursue the task with a goal of linking each of the different meanings of intersubjectivity with specific clinical recommendations, some of which may actually run counter to the recommendations made by the various intersubjectivity theorists themselves. I may also reach for some degree of synthesis.

Definitions of Terms

The terms subjectivity and intersubjectivity will be presented throughout this paper as they are used variously by the following authors: Stolorow, Atwood, Brandchaft, and Orange (Stolorow and Atwood, 1979, 1992, 1997; Atwood and Stolorow, 1984; Stolorow, Brandchaft, and Atwood, 1987; Stolorow, 1995; Orange and Stolorow, 1998); Stern (1985; Stern et al., 1998); Ogden (1986, 1992a, b); Beebe and Lachmann (1988a, 1988b; Lachmann and Beebe, 1996a, b); and Benjamin (1988, 1990). In contrast to this extensive attribution of meaning to the terms subjectivity and intersubjectivity, the terms self-expression and self-disclosure have tended to be used in the psychoanalytic literature without definition. In this paper I have chosen to use them as follows: the term self-expression will refer to the analyst's

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

---

①
spontaneous, here-and-now, affective communication in the clinical situation, either verbal or nonverbal; it will include any direct manifestation—through words, vocal sounds, facial expression, postural changes, or gesture—of warmth, interest, humor, joy, surprise, sadness, disgust, anger, and other complex affective states. Because attunement and resonance involve the analyst's, as well as the patient's, affect, even these modes of interaction will be seen as forms of analyst self-expression, however tempered they may be by the analyst's wish to "match" the patient (Teicholz, 2000).

The term self-disclosure will refer to the analyst's conveyance of information to the patient about any aspect of the analyst's life experience, in or out of the treatment relationship. To the extent that self-disclosure may also include a greater or lesser affective component, it can be variously self-expressive as well. Both self-expression and self-disclosure are subject to either intentional or unwitting communication on the part of the analyst.

**Kohut's Commentary on the Analyst's Subjectivity**

In self psychology the patient's subjective experience is the primary focus of analytic attention. But Kohut also made frequent reference to the analyst's subjectivity, foreshadowing the intersubjective turn that psychoanalysis was to take in the final quarter of the 20th century (Teicholz, 1999). In this chapter Kohut's ideas will be reviewed with an eye to drawing out and highlighting their intersubjective potential, while the principles of self-psychological practice will be explored to suggest how they both overlap with and differ from the therapeutic recommendations devolving from other, more explicitly "intersubjective" theories.

When Kohut (1959) first defined empathy as "vicarious introspection," he moved the analyst from her classical position as objective observer to a position as participant in the affective relationship of treatment (Teicholz, 2000). In self psychology the analyst makes internal reference to her own affective experience for the purpose of better understanding what the patient might be feeling. In addition to sounding out her own immediate affect, the analyst may also take into consideration the complexities of the patient's current situation outside the analysis; the patient's developmental history, especially of selfobject experience; and the history of the analytic relationship itself. But the empathic sounding—as a process involving the affect of two persons—informs and shapes all other ways that the analyst might approach the patient.

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

**Psychoanalytic Intersubjectivity and its Meanings**

Along with several collaborators (Atwood, Brandchaft, Lachmann, Orange, and Trop), Stolorow has carried forward Kohut's innovations through a continued exploration of the analyst's subjectivity and its ubiquitous influence on psychoanalytic process and relationship. In their use of the term *intersubjective*, Stolorow and his colleagues refer to the broad sphere of mutual influence and contextualization in psychological life.

Infant researchers have also contributed importantly to our view of the analytic relationship as intersubjective, in the sense of mutual influence and regulation. Beebe and Lachmann (1988a, b), for instance, have reported on studies of mothers and infants in which gestures, facial expressions, mood, and length of interval between communications can actually be predicted from one participant's initiative to the next in the caretaking dyad. And Stern et al. (1998) have identified "the shared implicit relationship" (p. 916), which they see as an important carrier of affective and procedural learning, particularly in the laying down of expectations concerning behavioral/experiential sequences in the caretaking dyad. All of these studies suggest mutual influence and regulation between mother and child from birth onward, in which both partners contribute to the quality of the dyadic relationship and in which each influences the other's subsequent behaviors and affect.

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.
For Beebe and Lachmann (1988a, b), as well as for Stolorow et al., intersubjectivity refers to mutual influence, systemic regulation, or contextualization, all seen as naturally occurring qualities of relationship at birth. In contrast to this usage, Stern's (1985; Stern et al., 1998), Ogden's (1986, 1992a, b), and Benjamin's (1988, 1990) "intersubjectivity" refers to a developmental achievement of later infancy: namely, the child's first recognition of his own and the other's mind as separate centers of experience and initiative. Both Stern (1985) and Ogden (1992a, b) also include in their notions of intersubjectivity the creation of shared meaning between two individuals coincident with the first attainment of language. It is these three different meanings of intersubjectivity—of (1) mutual influence and regulation, (2) mutual recognition, and (3) the creation of shared meaning—that I shall single out for conceptual elaboration and for consideration of their clinical implications in comparison with Kohut's self psychology.

The Intersubjectivity Of Stolorow, Brandchaft, and Atwood: A Comparison with Traditional Self Psychology and Relational Theories

The primary focus of Stolorow and his colleagues has been on the inescapable, yet constitutive, context of all psychic development and experience, a point on which they are in agreement with Kohut. In fact, Stolorow and his colleagues (Atwood and Stolorow, 1984; Stolorow et al., 1987) set out with the stated intent of furthering Kohut's ideas. In so doing, however, they have shifted Kohut's terminology of the "self" and "selfobject" to a new psychoanalytic language of "subjectivity" and "intersubjectivity." This linguistic transformation was undertaken, in part, to prevent theoretical reification of Kohut's important concepts (Stolorow et al., 1987)—a reification against which Kohut (1984) himself had struggled. But Stolorow et al. also saw the term subjectivity as connoting greater openness and fluidity of experience than did the term self. Like Kohut, they wished to emphasize the contextual aspects of "selfhood" but believed they could better do so with the philosophically derived term intersubjectivity than with Kohut's perhaps more expressive and innovative (but for many outside of self psychology, somewhat off-putting) term selfobject. Atwood and Stolorow (1984) defined "subjectivity" as the individual's conscious and unconscious patterns of organizing experience, and Stolorow et al. (1987) suggested that because such patterns are always operable in patient and analyst alike, analysts must "continually strive to expand their reflective awareness of their own unconscious organizing principles..."

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

... so that the impact on the analytic process can be recognized and itself become the focus of analytic investigation” (p. 6).

In their explicit focus on the analyst's subjectivity, Stolorow et al. were laying the groundwork for contemporary relational psychoanalysis while continuing to think in ways largely compatible with Kohut's (1971, 1977, 1984) views: compatible, for instance, with Kohut's recommendations that analysts be consistent in the monitoring of their own narcissistic vulnerabilities or that they regularly encourage their patients to articulate aspects of the analyst's behavior that have contributed to fluctuations in the patient's experience of the analytic exchange. For Kohut the analyst's concern with his own contribution to the analytic process became especially important in the wake of disruptions to the analytic bond—always, in his view, triggered by the analyst's empathic failures.

But whereas in self psychology and its contemporary elaborations, the notion of intersubjectivity leads to the analyst's increased watchfulness concerning the impact of her own subjectivity and its unwitting expression on the patient's experience and behavior, in relational theory the concept of intersubjectivity leads beyond this attentiveness, to recommendations for the analyst's more open self-expression and self-disclosure (Aron, 1991, 1996; Hoffman, 1992, 1994, 1998; Mitchell, 1993, 1996; Renik, 1993, 1995, 1998). The close association in relational theory between notions of intersubjectivity, on the one hand, and the analyst's self-expression and self-disclosure, on the other, is based in part on the argument that, since there are two subjectivities impacting on the analytic relationship anyway, it is far better to bring mutual perceptions concerning both subjectivities into the open for analytic scrutiny than to allow the patient's perceptions of the analyst's experience to remain unanalyzed.

Both relational analysts and self psychologists search for ways to help the patient articulate the analyst's unwitting contribution to the process. But while a self psychologist might ask a patient what the analyst has just said or done to trigger an apparent shift in the patient's affect, relational analysts ask their patients what they imagine their analysts are thinking and feeling or what things they have noticed about the analyst (Aron, 1991, 1996). These are questions that constitute a more general invitation to the patient for commentary on the analyst's subjectivity, and it is in the context of exploring the responses to these questions that sometimes harrowing decisions about analyst self-disclosure must be made. Nevertheless, most relational and constructivist theorists feel that the potential for therapeutic gain makes these risks worth taking (Aron, 1996; Hoffman, 1998; Renik, 1998). One further rationale, offered in the relational literature for the analyst's..."
self-expression and self-disclosure, is that the analyst's more open and personal participation in the treatment relationship can provide a model for similar self-expression and self-disclosure on the patient's part (Renik, 1995). While this is a plausible premise, any blanket endorsement of the analyst's self-expression raises concern that some patients will be crowded out or overstimulated in ways that interfere with the articulation of their own subjectivities.

For neither Kohut nor Stolorow et al. does the analyst's recognition of her own subjectivity lead automatically to a freer articulation of her conscious subjective experience in the analytic encounter. Kohut wished to leave ample space for the fullest unfolding of the patient's experience and for the "blossoming" of the patient's selfobject transferences. To this end both he and Stolorow et al. (1987) placed their emphasis on the elucidation of the unintentional consequences of the analyst's subjectivity, rather than on a promotion of its deliberate expression. In both their views, what had traditionally been understood in terms of the patient's intrapsychic organization had to be reconfigured to include the influence that the analyst's subjectivity has had on the patient's experience and behavior, including the manifestations of transference.

As opposed to Kohut's and Stolorow et al.'s focus on mutual influence in the analytic dyad, several relational authors focus on interpersonal recognition instead (Bromberg, 1980, 1996; Ehrenberg, 1992; Mitchell, 1996). They advocate that the analyst convey information to the patient about the patient's impact on others, almost as if the analyst has had no influence on the patient's experience and behavior in the treatment relationship. This interpersonal feedback contains an implied objectivity that runs contrary to the relational theorists' own insistence on the analyst's irreducible subjectivity (Aron, 1991, 1992; Renik, 1993). Of course relational authors never use the term subjective in this regard. But it is assumed in their writings that the analyst's experience of the patient will be similar to experience engendered in other people by the patient in his life outside the treatment (Mitchell, 1992, 1997). This implicit reference to outside others, in the giving of interpersonal feedback, would seem to be used to give objective heft to the analyst's message, otherwise presented as singularly personal and subjective.

In frequent expositions on the limits of scientific objectivity, Kohut discussed the ongoing impact of the analyst's subjectivity on the treatment situation (Kohut, 1977, pp. 63-69; 1982, p. 400; 1984, pp. 34-46). But his recognition of the analyst's personal "presence" did not lead him to recommend that the analyst offer interpersonal feedback to the patient. For both Kohut and Stolorow et al., the giving of such feedback tended to be precluded by the analyst's wish to create a climate in which the patient might make unconscious use of the analyst's psychic function as needed selfobject experience or precluded by the analyst's ongoing struggle to increase her own awareness of the impact she might be having on the patient's experience and functioning in the analytic endeavor.

More recently, Stolorow and Atwood (1992) have defined subjectivity as any organization of experience, no matter how primitive. They see the infant and primary caretaker as constituting an intersubjective dyad from the start, because even a newborn possesses some degree of organization that enables her to participate in the give and take of mutual influence. The infant's nascent subjectivity is constantly being shaped by its intersubjective context while the context itself is being co-created by the infant/mother interactions. From this vantage point intersubjectivity is not at all a developmental achievement, but rather a fundamental and ongoing principal of human relationship from birth. This aspect of Stolorow et al.'s thinking brings it very close to Kohut's concept of the selfobject, and for neither Kohut nor Stolorow et al. is the self a viable entity outside of its constituting human milieu. Stolorow et al. (1987) eloquently captured the essence of both Kohut's selfobject concept and their own notion of intersubjectivity when they wrote that the analyst's "responsiveness can be experienced subjectively [by the patient] as a vital, functional component of a patient's self-organization" (p.

But while continuing to see Kohut's selfobject concept as closely aligned with their own notion of intersubjectivity, Orange and Stolorow (1998) have come to question the very idea of a bounded or "isolate" self. They perhaps fail to realize just how much they were preceded in this questioning by Kohut himself through his selfobject concept. In elucidating their theory of intersubjectivity, Stolorow and Atwood (1992, 1997) have contrasted it with Kohut's "self," which they associate with the myth of an isolated mind. But I think they are likely to find better contrast for their notion of intersubjectivity in Winnicott's (1963) concept of a private noncommunicating self that neither reaches out to nor lets anything in from the outside world than in any of Kohut's ideas. Kohut (1984) clearly distinguished his concept of "self" from Winnicott's when he made a metaphorical link between the functioning of the self in its self—selfobject milieu and the functioning of quantum particles: he claimed that observer and observed are as "indissoluble" in the psychoanalytic situation as they are in modern physics (p. 39). Kohut's selfobject concept rendered the "self" every bit as unfixed, unbounded, contextualized, and open to mutual influence—and every bit as incapable of attaining psychic autonomy—as is

http://www.pep-web.org/document.php?id=psp.017.0009a&type=hitlist...holz%7Ctitle%2Cmany%7Cviewperiod%2Cweek%7Csort%2Cauthor%2Ca#hit1
the "subject" in the intersubjectivity theory of Stolorow and his colleagues (Kohut, 1984, pp. 47, 52, 61, 63; see also Teicholz, 1999, 2000).

There are other concepts, however, around which Stolorow et al. (1987) have more clearly moved beyond Kohut's self psychology, even while building on his ideas. They suggest, for instance, that not every interaction between patient and analyst hinges on the patient's need for self-organization. The analyst must therefore attend to relational orientations in the patient that go beyond selfobject need, shifting back and forth between interactions attuned to the patient's needs for self-organization and cohesion and interactions in which the patient's self-organization can be taken more for granted with the expectation that "conflicts over loving, hating, desiring, and competing" will come to the fore (p. 41).

Stolorow et al. give the label of "oedipal" to this latter quality of experience and functioning, and presumably, the oedipal patient is more able to tolerate exposure to disjunctive aspects of the analyst's subjectivity than is the patient in a state of heightened selfobject need. In fact, although Stolorow et al.'s theory centers more on mutual influence than on recognition, they seem to be making a distinction here between a less cohesive state, in which the patient needs to use the analyst primarily as an archaic selfobject with the analyst's separate subjectivity not explicitly recognized, and a more highly organized state, in which greater self-cohesion enables the patient to recognize and make use of the analyst's distinctive subjectivity as it might be conveyed through interpersonal observation, interpretation, or authentic engagement.

Combining Stolorow et al.'s and Kohut's terms, we might say that the oedipal patient (Stolorow et al., 1987), or the patient with greater self-organization and self-cohesion, has been able to make the move from "archaic" to more "mature" selfobject relating (Kohut, 1984). Kohut made the following distinctions between archaic and mature selfobject relatedness: (1) Archaic relating tends to involve primarily a one-way movement of psychic function from parent to infant or from analyst to patient, while mature relating involves a mutual and two-way movement in simultaneous or alternating exchange, and (2) As opposed to mature selfobject experience, archaic relating involves a lack of awareness concerning the need for missing selfobject function. Not being aware that something is needed, the individual under the influence of archaic modes of experiencing will also be unaware that any selfobject function is being made available by an outside other. In fact, when awareness of "selfobject" provision is prematurely thrust on the individual in a state of archaic relatedness, the experience is

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

likely to precipitate a derailment of development and a disruption in the relational bond (Kohut, 1971, 1977). By contrast, in mature selfobject relating, recognition is more within reach: in this state, the "outside other" is able to be seen both as a provider of needed psychic function and as a separate center of experience and initiative.

If we accept Kohut's (1984) distinctions between archaic and mature selfobject relating, we might expect that the patient in an archaic mode of experiencing will require the analyst to respond in ways that will minimize separateness and difference. In response to this need in the patient, the analyst will try to limit her participation to empathic immersion in the patient's experience or to communication of affective attunement and understanding aimed at protecting the patient from premature confrontation with the analyst's unique subjectivity. By contrast, a patient who has been able to use her treatment to move from archaic into mature self—selfobject relating or who has achieved the greater self-cohesion of Stolorow et al.'s oedipal patient can conceivably engage in more mutual exchange with the analyst and make more constructive use of the analyst's differentiating interpretations, self-expressiveness, and self-disclosure. Arguing for a spectrum of selfobject experience from archaic to mature, Kohut (1984) viewed "the indivisible self—selfobject unit ... as the essence of psychological life from birth to death" (p. 213). He implied that differing modes of interaction on the part of the analyst will be needed, depending on where along that spectrum the patient's modes of experiencing and functioning happen to fall.

The fact that one of Kohut's greatest concerns was the failure of the analyst's responsiveness is, I would argue, a tribute to the importance of mutual influence and context in his thinking. He was quite explicit, for instance, in his suggestion that the analyst's failures could contribute to the nature and extent of the patient's psychopathology as it found expression in the treatment relationship. These ideas rendered him an "intersubjectivist" in the sense of Stolorow et al. In concert with both Stolorow et al. and the more "purely" relational theorists, Kohut (1984) recognized two subjectivities in the treatment room and emphasized the elucidation of the analyst's contribution to the therapeutic relationship. Yet unlike relational authors, both Kohut and Stolorow keep their clinical focus on the patient's inner life, the patient's needs, and the patient's experience of the analyst's subjectivity. Within the framework of either Kohut or Stolorow et al., any exploration of the analyst's subjectivity or any self-expression or self-disclosure on the analyst's part remains closely tied to the analyst's empathic grasp of the patient's specific needs, affects, self states, and functional capacities in the moment, while the analyst's understanding of the

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.
patient's developmental history and history of the psychoanalytic relationship enriches her here-and-now empathy and vice versa.

Case discussions from Trop and Stolorow (1992), Lachmann and Beebe (1996b), Stolorow and Atwood (1997), and Orange and Stolorow (1998) provide illustration of a clinical approach that is compatible with an intersubjectivity of mutual influence, regulation, and contextualization (Stolorow et al., 1987; Stolorow and Atwood, 1992; Stolorow, Atwood, and Brandchaft, 1994) and with a Kohutian stance as well. In a vignette from Orange and Stolorow, for example, the analyst's thoughtful and "experimental" (p. 535) self-disclosures to the patient Erica about the analyst's ordinary weekend activities were experienced by the patient as affirming her worthiness of trust and respect. The disclosures seem to have had the additional effect of providing "assurance" (p. 536) or containment of anxieties in the patient, especially concerning the analyst's intactness and idealizability following weekend disruptions. It is at least implied, then, that Erica was able to use the analyst's (quite limited and carefully thought-out) self-disclosures as self-object function, in the sense of mirroring (affirmation of worthiness), idealization (signaling the analyst's intactness), and omnipotent merger (assurance or soothing).

Assurance was thought to be needed by Erica because of her chronic childhood exposure to frightening emotional eruptions on the part of her parents. To the extent that the analyst's self-disclosures were intended to be "corrective" in relation to these earlier experiences, we can take note that Kohut (1984) advocated an acceptance of "corrective emotional experience" provided that it was conceived as "a single aspect of the multifaceted body of psychoanalytic cure" (p. 78). To render it curative rather than regressive, Kohut also thought that corrective experience had to take place in the context of a long-term treatment and to include interpretative and working-through processes (pp. 107-108): these criteria seemed to have been met in the work reported by Orange and Stolorow (1998).

In Orange and Stolorow's case material, none of the analyst's self-disclosures involved anything but benignly routine or pleasant activities, selected not to bring attention to the analyst's experience per se, but to meet earlier psychic needs in the patient reawakened by the analytic relationship itself. In Kohut's view such reawakening was essential to the therapeutic outcome of any analysis (Kohut, 1971, 1977; Kohut and Seitz, 1978). Until Erica's analyst initiated the "experiment" with self-disclosure, Erica's disavowal of need had been stymieing the treatment. But closely following the analyst's introduction of the disclosures, Erica became more open, enlivened, and engaged. This sequence of events suggests that what is critical to the curative potential

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

of any intervention is not whether it involves the analyst's self-containment or self-expression, but whether or not the patient can make use of it as a needed self-object experience.

### Stern's Intersubjectivity: Its Resonance with the Ideas of Kohut and Stolorow Et Al.

Whereas Stolorow et al.'s intersubjectivity is about mutual influence and contextualization starting at birth, Stern's (1985) is about recognition of mind in self and other, seen as a late-developing achievement. The infant's discovery, that he and his mother have separate psychological lives, requires extensive preparatory development along cognitive, linguistic, affective, and relational paths. In keeping with this complexity, Stern suggests that intersubjectivity emerges only toward the end of the first year of life, in a "quantum leap" that finally pulls together several ongoing processes of the earlier months into a subjective sense of self and intersubjective relatedness (p. 124). The delay in this achievement suggests that its successful establishment might also depend on certain sustained qualities of experience in the prior self- and mutual regulations between infant and primary caretakers.

Stern (1985) posits a "core" or physical sense of self (p. 125) initially established several months before the baby develops the "subjective" sense of self and long before he can recognize his own mind or the mind of any other. At earlier stages the infant can make concrete distinctions between actions that originate in her own body and those that originate in the separate body of another, but she does not yet recognize her own or the other's intentionality or that she or anyone else has a "mind" from which intentions might spring forth. In order to achieve the later capacity for recognition-of-mind, the infant's experiences with primary caretakers must be regulated well enough over time to yield some sense of predictability concerning what might emanate from self and what from others. Predictable-enough relational sequences early in life enable the infant to develop "Representations of Interactions That Have Been Generalized" (p. 97), contributing to an experiential cohesion that culminates in the establishment of a subjective or psychological sense of self between the ages of 7 and 9 months. The subjective self does not replace the core self but builds on it. And its first establishment is inextricably tied to the infant's simultaneous recognition that "the other" has a parallel, but separate and unique, inner life as well. It is to this latter recognition of the separate psychological life of the other that Stern assigns the inter-changeable...
terms *intersubjectivity* or *intersubjective relatedness*. The achievements of recognition can be exhilarating but also terrifying, because the discovery of the other's separate mind demands an acceptance that needs, desires, and interests between mother and infant can clash and that the mother can choose to leave.

Stern's view of subjectivity and intersubjectivity as developmental achievements, relying significantly for their establishment on certain qualities of prior interactions with the human environment, resonates with Kohut's notion of self-development in the self—selfobject milieu, as well as with Kohut's view of the earliest sense of “I-ness” moving toward cohesion during the second year of life. The differences in the views of Stern and Kohut have much to do with the differing languages in which they have chosen to write about their ideas and, of course, with the fact that Kohut's starting point was his empathic immersion in the experience of adult patients undergoing psychoanalytic treatment on the basis of which he developed retrospective hypotheses about childhood needs and experience, while Stern's starting point was the direct observation of infants with their mothers.

Stern's views also partially overlap with Stolorow's and his colleagues' to the extent that both sets of authors see mutual influence and regulation starting at birth, and both see human context as contributing to the structuring of individual experience. Although Stolorow and Atwood (1992) make a distinction between their own theory and those they see as “developmental,” I would say that at least some of the differences between theirs and others' theories reflect differing linguistic usages more than they do basic conceptual dissonances. For instance, when Stolorow and Atwood reject a “developmental” view of intersubjectivity, they refer not to recognition-of-mind, but to contextualization, a phenomenon agreed on by all intersubjectivity theorists to be universally operable from birth to death. And although Stolorow et al. (1987) do not include “recognition of mind” in their definition of intersubjectivity, in their clinical discussions (as noted earlier) they take the concept of recognition into account as an achievement of the oedipal stage, with which they contrast earlier states of heightened selfobject need.

My goal in pointing to areas of confluence along the views of Stern, Kohut, and Stolorow is not to devalue the uniqueness of the contribution of each of these authors, but to underscore their implicit agreement on a single, crucial point: namely, that there is a normal stage of development in which the child does not and cannot recognize the separate psychological life of another. To get from this earlier state of nonrecognition to recognition—or to move from the physical to the subjective sense of self with its intersubjective relatedness (in Stern's meaning of the terms)—the infant must first enjoy an adequately facilitating environment without undue trauma.

In Stern's (1985) theory it is only after the subjective self has been adequately structured that the infant can recognize the separateness of mind in self and other. And Stern sees this as a complex psychic achievement with ample opportunity for things to go wrong along any of its several prior developmental pathways. Because of this fragility in the initial establishment of subjectivity and intersubjective relatedness, Stern's theory suggests that patients will enter treatment possessed of varying degrees and qualities of success in the attainment of these capacities. Where there has been significant failure or compromise in these early achievements, the patient may manifest a marked intolerance toward any behavior on the part of the analyst that draws attention to the analyst's differentiated subjectivity and may require a period in which he can use the analyst's psychic functioning primarily toward the meeting of basic selfobject need. Analytic efforts may have to go toward enhancing the patient's sense of being understood and accepted or toward enhancing his sense of being in affective resonance with an idealized parental figure (Kohut, 1971), and other forms of self-expression on the analyst's part may have to be restricted. We can see, here, how Stern's (1985) work lends support for Kohut's clinical recommendations.

**Benjamin, Stern, and Kohut: Points of Agreement and Disagreement**

Stern's (1985) notion of intersubjective recognition has been used by Benjamin (1988) in her elucidation of the problems of mother—child and gender relations. In this chapter I shall look only at the mother—child relationship. Benjamin sees mothers in our culture as sacrificing their subjectivities for their children and through their daughters' maternal identifications, contributing to a perpetuation of failed subjectivity and intersubjective relatedness in women. Unlike either Stern or Ogden, Benjamin believes that the initial establishment of subjectivity and intersubjective relatedness requires prior exposure to the mother's expressed alterity. It is for this reason that she urges mothers to express more openly their unique subjectivities in relationship to their children. Presumably, Benjamin would favor a similar self-expressiveness on the part of analysts with their patients.

But Benjamin's general encouragement of the mother's self-expression would seem to run counter to certain of Stern's (1985) own
findings. In particular, Stern's work suggests that, before the initial achievement of a subjective self, with its recognition of mind toward

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

the end of the first year of life, the infant cannot make meaningful use of information about the separate subjectivity of the mother. Whatever aspects of the mother's separate subjectivity can be conveyed through her modes of affective regulation, attunement, and playfulness in her caretaking role are certainly needed, enjoyed, responded to, and internalized by the infant, long before intersubjective relatedness "proper" is achieved around 8 months of age (Stern et al., 1998). But until that important turning point, the baby grants the mother only implicit recognition and recognizes her only as the source of vital affective experiences in the comforting or playful exchanges of caretaking (Stern, 1985). I would suggest that such implicit recognition stands in marked contrast to the acknowledgment of "the other" as a separate psychological entity with an agenda of her own.

Stern et al. (1998) argue that the infant manifests an earlier capacity for recognition than Stern (1985) himself had previously reported. But even so, his Process Study Group (Stern et al., 1998) gives to the infant's earliest procedural knowledge the label of "shared implicit relationship" (p. 916), apparently choosing this terminology exactly to distinguish the earlier and more implicit from the later and more explicit forms of recognition. I would argue that to benefit implicitly from the mother's separate subjectivity and to recognize it explicitly as such are not at all the same phenomena. And it is problematic that, in Benjamin's and other relational theories, these experiences tend to be conflated. I would distinguish between the fact of the mother's separate subjectivity, including the multiple implicit and silent uses even the youngest infant can make of it, and the explicit recognition of the mother's separate subjectivity apart from her direct caretaking role. The latter of these is a form of recognition that the infant can achieve only toward the end of the first year. Kohut, Stern, and Ogden alike see such recognition as requiring prior development across an impressive array of psychic achievements and as requiring certain qualities of earlier regulatory interactions between parent and child (Kohut, 1971, 1977, 1984; Stern, 1985; Ogden, 1986, 1992a, b; Emde, 1990).

Stern (1985) suggests that, even when these conditions have been well met, one of the first things that happens after the baby realizes the separate existence of his own and his mother's minds is that he becomes very interested in finding similarities, sharable experiences, and "bridges of empathy" (p. 126) between himself and his mother. In other words, the baby newly possessed of the knowledge of psychological separateness and difference makes arduous attempts to close his direct experience of this gap. This observation on Stern's part offers further support for Kohut's clinical focus on the analyst's empathy and affective resonance, particularly with patients whose sense of self

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

is fragile. It also suggests that, even after our patients achieve the capacity for intersubjective recognition, there may be times when the analyst might best contain the expression of her distinctive subjectivity in favor of creating bridges of empathy. Kohut especially pointed to the fragility of newly established structures or functions and therefore to a need for a period of consolidation after any such development has occurred (Kohut, 1971, 1977; Kohut and Seitz, 1978).

Whereas, with his "bridges of empathy," Stern (1985) leans more toward Kohut's notions of empathic immersion and resonance, he would seem to move closer to Benjamin's viewpoint when he speaks of the small child's newly emergent "desire to know and be known" (p. 126). Stern suggests that, once the subjective self has been consolidated, the child can engage in more mutual and explicit forms of relational exploration and recognition. Extrapolating from this to the treatment situation, we can expect that patients will move from implicit to more explicit forms of recognition as the treatment progresses and that with this shift they may develop greater interest in the analyst's differentiated self-expression. In his 1985 work, then, Stern would seem to lend support for the views of either Kohut or Benjamin, depending on the quality and degree of consolidation in the patient's sense of self and the quality of the patient's relatedness. Attunement to such distinctions would already seem to be an aspect of Kohut's work, while they would appear to have little or no place in Benjamin's.

More recently, Stern et al. (1998) seem to move away from Kohut and closer to Benjamin's position, with a suggestion that recognition-of-other might be both possible and desirable for all children at all times. Stern et al. identify what they call "now moments" in both the mother/infant dyad and the analytic situation. They say that in clinical "moments of meeting, the analyst must respond with something ... experienced as specific to the relationship with the patient and ... expressive of [the analyst's] own experience and personhood" (p. 917). They emphasize that such moments "are jointly constructed, requiring the provision of something unique from both parties" (p. 908). These observations may be seen as offering support for Benjamin's recommendation that the parent (or analyst) engage in freer self-expression and self-disclosure across the board.
But while Stern et al.'s work does suggest that the infant needs the *presence and functional capacities* of a mother possessed of a unique mind, it does not at all provide evidence of the infant's capacity to recognize these qualities of a mother's capacity to recognize these qualities of a separate, psychic entity in the other, but the mother's distinctive influence on the infant and the infant's earliest influence on the mother. At first, these experiences contribute primarily to self- and mutual regulation. Only later—when all has gone well enough for long enough—do the mothers' ministrations and the infant's registration of them over time coalesce into the older infant's explicit recognition of the separate and differentiated mind of the other.

Stern and Benjamin seem to part ways with Kohut concerning what kinds of experience are most likely to facilitate the earliest consolidation of a subjective self. The authors also differ on the quality of affect involved in the first establishment of intersubjective recognition. Kohut (1971, 1977, 1982, 1984), for instance, sees joy for both partners in mutual recognition, while Benjamin's (1988, 1990) emphasis is much more on the reluctance involved. She points to what we have to give up of our own omnipotence and selfhood to make a painful shift requiring a lifetime of struggle to maintain. But Benjamin's grudging, and Kohut's joyful, recognition are not as divergent as they may seem, because Kohut (1977, 1984) also warned that mutual recognition is difficult to attain, and he suggested a tragic outcome for its failures. In his view, to be sure, the child's move from blissful unawareness of the other's separate psychic reality to acceptance of the other as an independent center of experience and initiative requires the parents' stage-appropriate and joyful affirmation of the child's grandiosity. But this early gleam in the parent's eye has, just as importantly, to be followed by a timely introduction of more accurate feedback concerning the child's actual skills and talents as they develop. For Benjamin and Kohut alike, the goal is the child's recognition of reality in terms of the weaknesses, limitations, and separate subjectivities of both self and other.

Kohut's focus on empathy and selfobject experience did not keep him from anticipating Benjamin's (1988) later concerns, foreshadowed in his statement that mature self—selfobject relationships can fulfill lifelong needs to be recognized by, *and to recognize, significant others* (Kohut, 1984). For Kohut, as for Benjamin, this recognition was based, not on perfect attainment, but on the hard-won acceptance of frustration and disappointment in regard to the availability and responsiveness of others. Self psychology has been criticized for its suggestion that the analyst should “bracket” or “put aside” her subjectivity for the sake of the patient (Renik, 1995; Mitchell, 1996). But Kohut's interrelated concepts of empathic failure and optimal frustration underscore both the impossibility and undesirability of such feat. Elaborating on the inevitable imperfections and failures of our selfobjects “throughout the whole span of our lives,” Kohut (1984) suggested that such experiences are part of the “essence of life” (p. 27). He even made claims for psychic benefits that might accrue from frustration, suggesting that, within certain limits, disappointment might stimulate “transmuting internalizations and creative change,” thereby helping children exposed to it actually to “fare better in life” (p. 214).

Although, far more than Benjamin, Kohut emphasizes that children must grow up having their emergent individuality recognized and responded to by significant others, he and Benjamin are in agreement that, once mutuality is achieved, relationships involve an ongoing give and take of recognition. The two authors also agree that recognition inevitably carries with it unwanted intrusions from the other's subjectivity. These points of agreement between Kohut and Benjamin may be missed because, while Benjamin emphasizes the expression of the parent's separate subjectivity as an ingredient critical to the child's later achievement of her own subjectivity and recognition of the other, Kohut sees early childhood as a period rife with developmental vulnerabilities and therefore emphasizes the importance of parents' recognition, affirmation, or mirroring of whatever aspects of their children's subjective experience begin spontaneously to emerge. Even so, Kohut shares with Benjamin the conviction that a perfect responsiveness from the environment is neither possible nor desirable.

To summarize their differences, Benjamin worries most about mothers who *too readily* put aside their subjectivities for their children, while Kohut worries most about mothers who are *unable* to put aside their own experience enough to respond adequately to their children's psychic needs. Children of parents who function at either of these poles may end up in psychoanalytic treatment someday, and once in treatment they may find similar inadequacies in their analysts' functioning: either too much or too little expression of the analyst's subjectivity and either too much or too little affirmation of the patient's experience. In his concept of
optimal frustration, Kohut was hoping to help us avoid traumatic experiences of too-muchness and too-littleness in our interactions with patients and children.

Benjamin (1995) has actually expressed appreciation for Kohut's insistence on attunement and empathy. But she is also concerned that the growth-promoting aspects of "otherness" will get lost if an exclusive reliance on empathy precludes other modes of interaction on the part of parents or analysts. I would suggest that we use empathy as a guide toward making broad judgments about how to interact with particular patients (Kohut, 1982). And among these judgments would be included those that concern whether a particular self-expression or

self-disclosure is likely to lead to therapeutic gain for a patient or, more likely, to trigger a disruption in the bond between patient and analyst. Kohut (1982) reminded us that empathy is only a guide: it is our actions, he said, chosen on the basis of empathy, that render an interchange either growth-promoting or not (p. 397). He thus seems to have left the question of analyst participation wide open, provided that the analyst's affective resonance, interpretations, emotional expressiveness, or self-disclosures are enacted on the basis of empathic immersion in the patient's experience.

Ogden's Intersubjectivity and Kohut's Self-Selfobject

Beyond the richly elaborated contributions of Benjamin, Stern, and Stolorow et al., Ogden has furthered the discourse on subjectivity and intersubjectivity. Ogden's ideas developed out of his analytic work with adults, but they resonate remarkably with the infant observation findings of Stern. Both authors view intersubjectivity in terms of developmental achievements along cognitive/linguistic and affective/relational pathways. But Ogden's (1992a, b) view is also highly idiosyncratic: he credits Freud, for instance, with the notion of a subjectivity consisting of dialectical movements between conscious and unconscious experience, and he credits Klein with having identified a dialectical movement between two modes of organizing experience or two psychic "positions" (1992b). Subjectivity for Ogden is thus a back and forth movement along two multifaceted dimensions: consciousness/unconsciousness and modes of experiencing self and other.

To Klein's paranoid/schizoid and depressive positions Ogden (1992b) has added a third mode of experiencing, which he calls the "autistic/contiguous" position. The three positions emerge sequentially along an initial developmental pathway. The autistic/contiguous position is established first and pertains primarily to fleeting sensory experiences. The paranoid/schizoid position follows and is characterized by fragmentation and "part-self/part-object" relationships. The depressive position comes third, pertaining to a cohesive sense of self and the recognition of whole objects understood to have distinctive psychological lives.

I would suggest that in Ogden's schema the depressive position closely corresponds to Kohut's notion of a cohesive self capable of "mature" self—selfobject relating (Teicheholz, 1999). Seeking further links among the theories, I note that both Stern and Ogden see "intersubjectivity" as a developmental achievement involving recognition of self and other as distinct centers of experience and initiative—their language clearly echoing Kohut's (1971) in his description of self. But in spite of these areas of overlap between Ogden and Kohut, Ogden takes his notion of "subjectivity" to be a more fluid, open-ended, and ineffable phenomenon than what he understands Kohut to have meant by "self," and he expresses concern that the self can become an unhealthy or static rigidity. Kohut certainly never embraced Klein's or Ogden's object relational "positions" with their trialectical movements, but neither did he intend his "self" to refer to a fixed or rigid entity. He meant the term to refer only to the open-ended collection of "introspectively ... perceived inner experiences to which we later refer as 'I'" (Kohut, 1977, p. 310), a description that would seem to resonate well with Ogden's valued qualities of fluidity and the ineffable.

Continuing to identify areas of overlap between Ogden's and Kohut's ideas, I would suggest that Kohut's (1984) notion of mature selfobject relating clearly involves "recognition of other." In Kohut's view of mature relationships there is a predominance of mutuality in exchanges of empathy and selfobject function, while the distinctive ambitions, goals, and ideals of each partner are afforded recognition by the other. The major goal of psychoanalysis, in Kohut's (1984) view, is to open up mutual paths of empathy between self and other, and empathy undeniably involves recognition of the one toward whom it flows.

In Ogden's schema, however, it is only the depressive position that involves recognition of mind in self and other. Thus for him, as for Kohut, there is a period before recognition becomes operative: in either the paranoid/schizoid or the autistic/contiguous position, it
is not yet in place. If we accept Ogden's view that adult experience normally alternates among all three of these positions, then we can expect that, not just our more fragile, but also our healthier patients will lose their sense of self-cohesion at times; will lose their capacity for whole-object relating; and will lose their recognition of the other's psychic separateness. As analysts we must be alert to these sudden losses of capacity in our patients and remain mindful that they may become acutely unable to tolerate our behaviors that signal separateness and difference. Although the analyst cannot always avoid signaling her separateness, she can at least remain attuned to and try to convey her understanding of the patient's disturbance in reaction to its signs: for some patients these would include the analyst's empathic failures, weekend breaks, and vacations. Many patients will enter treatment in the first place never having solidly attained the "depressive position" with its cohesive self and capacity to recognize both self and other as separate centers of experience and initiative. In the early phases of these treatments, the analyst may have to limit her disjunctive self-expression and self-disclosures. These are a few of the clinical implications that I take

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 28 -

from Ogden's theory, and they seem to bear a striking resemblance to those spelled out by Kohut for self-psychological treatment.

In Ogden's view (1986, 1992b), the achievement of language, and especially the separation between symbol and symbolized, is central to the first establishment of subjectivity, with its recognition of separate mind in self and other. Once the infant understands that the word and the "thing" are not identical, a potential space opens up between symbol and symbolized, allowing for the infant's unique interpretation of his experience. In concert with the new space between symbol and symbolized, a parallel space takes shape in the psychic realm between mother and child, and this too allows for the creation of something new in the "intersubjective third" of the relationship (Ogden, 1994).

For Ogden, as for Stern, then, the achievements of intersubjectivity are remarkable in their multifaceted complexity. In the view of both authors, many things can go awry between the child and his environment on the way to these essential psychological goals. Because of this potential for pitfalls, both Stern and Ogden understand that many patients will arrive for analytic treatment having suffered earlier setbacks along any of the multiple lines of development, leading to the first achievement of a subjective self and the intersubjectivity of recognition. Both also suggest that early influences, especially the earliest qualities of self- and mutual regulation between parent and child, are able to make or break the child's later success in establishing the more highly developed structures and functions.

Additional Findings from Infant Research

Beebe and Lachmann (1987, 1988; Lachmann and Beebe, 1992, 1996a, b) have written extensively on matters of mutual influence and regulation, integrating their infant research findings with understanding gained through the psychoanalytic treatment of adults. Their work also stands out for its balance of intrapsychic and interpersonal concerns. Beebe, Lachmann, and Jaffe (1997) describe research in which they found unusually high "tracking of affect" or intensified mutual attunement in caretaking dyads where the infants were insecurely attached to their caretakers. By contrast, securely attached infants showed more moderate patterns of tracking and attunement. Modes of attachment—either secure or insecure—are seen as emergent features of the intersubjective context, co-created by mother and infant. Extrapolating from the mother/infant to the clinical situation, we might expect that, in the analytic dyad as well, the mode of attachment will be co-created by the two parties to the relationship. And yet patients

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 29 -

whose early and formative experiences have led to insecure attachments are likely from the start to make greater demands for "high tracking" attunement in the analytic dyad.

Analysts will differ in their capacities to respond to their insecurely attached and "high-tracking" patients. But our understanding of self- and mutual regulatory processes (Beebe and Lachmann, 1987, 1988) leads us to expect that the less attuned the analyst is, the more insecure will these patients become. If, on the other hand, the analyst manages to highlight primarily those aspects of her experience that are more convergent with the patient's own while avoiding the disjunctive, the patient's quality of attachment might move in the direction of greater security.

Inversely, we would expect that, with more securely attached patients, the analyst's attunement will be less of an issue. Right from the start, these patients may be able to tolerate Fuller self-expression and disclosure on the analyst's part or to explore their own perceptions of the analyst's separate subjectivity (Stolorow et al., 1987; Aron, 1996; Hoffman, 1998). The analyst's range of activity can, in general, be much broader with these patients, and there may be room for expression and disclosure of even disjunctive aspects.
of the analyst’s experience. Unlike the patient with a history of insecure attachments, the patient beginning treatment with a more secure pattern of attachment may not at all require an initial period in which the analyst’s participation is sought primarily for its archaic selfobject provision (Kohut, 1971, 1977, 1984; Stolorow et al., 1987; Trop and Stolorow, 1992) or for its holding function (Slochower, 1996).

The findings from Beebe, Lachmann, and Jaffe—especially as we combine them with the ideas of Stern, Ogden, Kohut, and Stolorow et al.—would lead us to use the many meanings of intersubjectivity to become more closely attuned to differing qualities of subjective experience in our patients and attuned to differing qualities of their relational capacities and patterns of attachment. This integrative approach stands in contrast to that put forth in relational theory, where the concept of intersubjectivity, in the sense of either mutual influence or recognition, leads almost exclusively to an advocacy for more expressiveness and disclosure on the part of the analyst.

What Our Multiple Theories Have in Common

Taking all these theories and clinical recommendations together, the analyst needs a broad repertoire and flexible attitude toward the form, quality, and content of her analytic functioning. Perhaps neither empathy alone nor the analyst’s self-expression and self-disclosure will

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 30 -

do. But outside of self psychology today, even a supporting role for empathy is rejected as prescriptive or as lacking in authenticity (Hoffman, 1983, 1996, 1998; Slavin and Kriegman, 1992; Mitchell, 1996, 1997). Mitchell (1997) rightly tells us that we can hope only for “best guesses” in trying to do what is right for our patients, but he devalues empathy and does not say on what other basis we might guess whether a given patient is more likely to make use of or to feel devastated by a confrontation with disjunctive aspects of the analyst’s world.

For Kohut, the analyst’s empathy was not a “prescriptive,” but a here-and-now, enterprise. He never suggested that anything could be decided in advance, even the patient’s state or the quality of the analyst’s response to it. It was the immediacy of the empathic sounding, and not any preformed notions of what patients might need, that guided the analyst. In Kohut’s view, even the analyst’s empathically gleaned apprehension of an extreme state of fragility in a particular patient did not lead automatically to just one kind of interaction (i.e., toward self-containment and restraint). I think Kohut’s work was quite compatible with the notion that there might be times when novel modes of participation on the part of the analyst, unusual intensities in the expression of her affect, or the sharing of some uniquely personal content area from her life could be used selectively and creatively to heighten a particular patient’s sense of feeling understood and affirmed or to restore a patient’s sense of self after an especially painful disruption in the analytic bond. My earlier discussion of Orange and Stolorow’s (1998) clinical material provides at least some support for this view, and the literature offers more (e.g., Lachmann and Beebe, 1996b).

It is a problem that relational and constructivist theorists seem to make no explicit allowance for differing modes of psychological functioning or relatedness in their patients. Although they sometimes cite the work of Stern and Ogden, they have not integrated into their clinical writings the concept of a developmental continuum toward the capacity for recognition. However, I would suggest that an awareness of this continuum might help any analyst make better judgments about when and how to use her personal self in her work. I would also suggest that we combine these theoretical innovations from Stern and Ogden, with Kohut’s notions of stage- and state-appropriateness and with his concepts of empathic immersion and affective resonance. Without any one of these several components I think we would be left with a very incomplete set of clinical principles.

Although the preferred terminologies differ, there would seem to be common elements across the work of our several theorists, with each set of authors pointing to a cluster of watershed developmental achievements: (1) In Kohut’s (1984) work it is the notion of the robust self in

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 31 -

its milieu of the mature selfobject relationship characterized by mutual exchanges of empathy and selfobject function and contributing in an ongoing way to both affect regulation and recognition; (2) in Stern’s (1985) work it is the notion of the subjective self and intersubjective relatedness, involving recognition of mind in self and other and the creation of shared meaning; (3) in Stolorow et al.’s (1987) work, it is “oedipal” modes of experience, involving greater self-organization and cohesion, as well as a tolerance for tridac relationships in which the other’s uniqueness can be recognized and accepted; and (4) in Ogden’s work it is the depressive position,
also involving a cohesive self and bringing with it other new capacities, namely, the recognition of differentiated mind in self and other, the separation of symbol from symbolized, the making of unique interpretations of experience, and the achievement of "whole-object" relating. (I have omitted Benjamin's ideas in this section because I am addressing commonalities here, and unlike the other intersubjectivity theorists, Benjamin does not acknowledge the need for differing modes of parental or analyst participation based on different states of recognition or nonrecognition in the child.)

We see that all four sets of theorists have identified highly complex and multifaceted achievements that they distinguish from earlier and less complex psychic organizations. In each theory, the less complex organizations are characterized by functional capacities and modes of experiencing that do not allow for recognition of separate mind in self or other. The clinical recommendations that follow from these distinctions, across the theories, involve differing degrees and qualities of the analyst's self-containment and self-expression based on her perception of the patient's state: of self, subjectivity, self-object relatedness, intersubjective relatedness, or oedipal modes of function and experience.

I did not include the notion of "secure attachment" in my list of psychic achievements because, while the varying modes of attachment do denote different qualities of relatedness, they do not represent developmental milestones. Nevertheless, our awareness of varying qualities of attachment leads us to clinical recommendations that are quite similar to those identified in relation to the important developmental milestones. For instance, not unlike individuals in states of nonrecognition, those with insecure patterns of attachment are made anxious by interactions that signal separateness and difference. By contrast, who are more securely attached, along with those whose recognizing capacities are intact, tend to welcome with interest and pleasure the same signs of alterity that throw less securely attached and nonrecognizing individuals into a rage or panic.

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

### Remaining Theoretical Tensions

Theoretical tensions remain between the intersubjectivity of mutual influence, in which the sharing or mixing of subjectivities is emphasized, and the intersubjectivity of mutual recognition in which the emphasis is on separation, differentiation, and the expression of distinct subjectivities. Renik (1993, 1995, 1998), for instance, while theoretically acknowledging mutual influence, seems in clinical discussions to ignore both the impact that the patient has on the analyst and the impact that the analyst has on the patient. He particularly fails to take into account the possibility that the analyst's so-called distinctive subjectivity may not be so distinct once the inevitable transference/countertransference exchanges get underway. Similarly, Mitchell (1992) fails to acknowledge the likelihood that a patient's troublesome behavior or "gambit" (p. 447)—about which the analyst is encouraged to give interpersonal feedback—will have been at least partially created by the analyst himself. In fact, the relational advocacy for interpersonal feedback (Ehrenberg, 1992; Renik, 1993, 1995, 1998; Mitchell, 1996, 1997) would seem to suggest that the analyst bears little or no responsibility for the patient's feelings or behavior in the treatment relationship, a suggestion that flies in the face of the theorists' own emphases on intersubjectivity.

Also in the relational literature, there is an insistence that the patient recognize the analyst's subjectivity. This seems not to take into account the patient's earlier intersubjective contexts that may have been characterized by a *deficit* of recognition. Early deficits of recognition may have left an impact on the patient that will require redress in analytic treatment, sometimes achieved only through a "holiday" from the demand to recognize others. Although relational theorists clearly value *mutual* recognition, the emphasis in their writings is on the patient's recognition of the analyst's subjectivity, and not the other way around. Their focus on the patient's recognition of the analyst's subjectivity serves to undermine their critique of self psychology in which they problematize Kohut's "one-person" approach. They would appear to be equally "one-person" but in the opposite direction.

There are also conceptual tensions in the work of Stern et al. (1998) who, more than either the other infant researchers or relational theorists, seem to struggle directly with multiple meanings of intersubjectivity. But this struggle has not thus far resulted in clarification of remaining confusions. For instance, Stern et al. use the term *intersubjectivity* to refer to the psychic achievement of mutual *recognition* but then go on to identify two goals of mutual *regulation*. The first goal of regulation is the physiological, which in their view is "achieved through actions that bring about a behavioral fittedness between the two partners" (p. 908). I agree with the importance they place on behavioral fittedness but would add a component of *affective* fittedness, or matching in regulation, as well. Their second or "parallel goal" of regulation is more problematic: it is "the experience of a mutual *recognition* of each other's motives or desires" (p. 908). By
designating mutual recognition as “the intersubjective goal” of mutual regulation, Stern et al. seem to have collapsed the two concepts of regulation and recognition into one, effectively erasing all previously made distinctions between them.

Stern et al. illustrate their notion of “recognition in regulation” with the example of affect attunement, suggesting that attunement necessitates mutual recognition between the two partners. But how essential is recognition to processes of influence and regulation? I would say that physiological or affective regulation is possible in the earliest care-taking dyad exactly because mutual influence gets under way right from the start, regardless of recognition. In contrast to this immediate launching of the intersubjectivity of mutual influence and contextualization at birth, the newborn's capacity to recognize a distinctive psychological entity, in either self or other, exists in only very inchoate form, if at all.

I would make a distinction, then, between universal and ubiquitous processes of mutual influence unquestionably starting at birth and degrees and qualities of recognition of mind in self and other, which evolve only with psychic growth and development. Furthermore, I would say that only if the weight of the earliest regulatory influences have leaned toward the positive and constructive, will the capacity for full recognition, in the psychic sense, emerge. (Remember that we are talking, here, not about recognition of separate bodies, but about recognition of separate minds and the internal life of self and others.)

Stern et al. (1998) cite Stern's (1985) earlier work in which he pointed to mutual recognition as the crowning achievement of psychic development in later infancy. But Stern's current Process Study Group (1998) does not address the question of whether the implicit recognition, to be found in even the earliest experiences of mutual attunement, is qualitatively different from the explicit recognition of mind involved in the fuller attainment of intersubjective relatedness, earlier claimed by Stern (1985) to be the special achievement of the final quarter of the first year. If Stern et al. (1998) are now arguing that there is no difference between these earlier and later forms of recognition, then they are erasing a very important distinction made by Stern (1985) between the physical or “core” sense of self and the later intersubjective

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever. - 34 -

self. In Stern's earlier work these represented two clearly different modes of experience established in sequence but continuing in relation to one another throughout the life span.

I propose that mutual attunement in the earliest mother/infant dyad—although clearly involving implicit recognition and mutual responsiveness to the other's subjective experience—does not require the mother to express, nor the infant explicitly to recognize, the mother's distinctive subjectivity with its full range of interests and desires apart from her direct engagement in the caretaking dyad. And I would suggest that, in the analytic situation as in the mother/infant dyad, the analyst's separate subjectivity often remains implicit, rather than explicit, for significant phases of treatment. The analyst's protection of the patient from exposure to disjunctive aspects of experience in the dyad may even be required for some treatments to go forward, as suggested by both Kohut (1971, 1977, 1984) and the relational author Slobower (1996).

We might expect that, when a patient is in a developmentally more primitive or archaic state of relating—one in which the analyst is only implicitly recognized as a separate psychic entity—the analyst might best restrict herself to efforts at understanding in the Kohutian (1984) sense. By contrast, when the patient is functioning in accordance with the developmentally more mature or intersubjective mode and can see the analyst as a separate psychic entity, the analyst can initiate a Kohutian (1984) phase of "explaining" and interpretation or can participate in a more authentic relational engagement that includes affective expressiveness and self-disclosures, even of a disjunctive nature (Renik, 1995, 1998; Hoffman, 1996, 1998; Mitchell, 1996, 1997). Most analysts allow for a blending and an interweaving of interpretative and "relational" interactions, but any form of participation on the analyst's part is best informed by her ongoing efforts at empathic immersion or by a back-and-forth movement between the patient's and analyst's viewpoint (Fosshage, 1995).

Recently, Stern et al. (1998) seem to be working toward an intersubjectivity that includes both regulation and recognition. But I would suggest that Kohut (1977, 1984) has already tackled some of these same theoretical challenges through his selfobject concept that itself pertains to lifelong needs for psychic regulation and recognition. All three of Kohut's selfobject functions—mirroring, twinship, and idealization—involve both influence and recognition in one-way or mutual exchange.

The connection between affect regulation and selfobject provision is probably obvious: the soothing involved in omnipotent merger fantasies (Kohut, 1984) or the quiet lifting of mood and enhancement of self-esteem in optimal mirroring or idealization experiences. The association between recognition and mirroring is also easily grasped.
In twinship, the individual recognizes herself as a human being among other human beings or as potentially similar to others in feelings, interests, and activities (Kohut, 1984). But it is not enough for the individual, on her own, to perceive similarities between herself and significant others: she must feel reciprocally recognized and even welcomed in these perceptions. Optimal experiences of idealization, as well, involve feeling recognized by the one who is idealized. The child hopes that some day she will be able to attain to all that she admires in the idealized parent imago, but this hope must find a gleam of recognition in the eyes of the admired figure. I have worked with many analysts who have gone through transference phases in which they idealized me, but who felt conflicted or even despairing about their idealizations until they were able to perceive that I recognized and welcomed their desires to become like me (even as I struggled silently to contain my doubts concerning the accuracy of their perceptions or the wisdom of their longings).

A Proposal for an Integrated Theory of Intersubjectivity

On the basis of its several meanings, I would propose two forms of psychoanalytic intersubjectivity, initially established in developmental sequence but then co-existing in psychic experience throughout the lifecycle. The earliest-developing intersubjectivity involves mutual influence or self- and mutual regulation as described in the work of Stolorow and his colleagues and the writings of Lachmann and Beebe. It concerns the contextualization of experience and of intrapsychic structure. The second form of intersubjectivity involves recognition of mind in self and other, an achievement that coincides with the use of language and the capacity to distinguish between symbol and symbolization. This second form is the intersubjectivity of Stern and Ogden.

In this two-tiered conceptualization of intersubjectivity, its earlier and more universally operable forms, pertaining to mutual influence and regulation processes starting at birth, contribute importantly to the achievement of its later and more complex forms, having to do with mutual recognition of mind and the creation of shared meaning. Kohut (1977), Stern (1985), and Ogden (1992b) all see a gradual achievement over time of the capacity to recognize self and other as separate centers of experience and initiative, a capacity that is environmentally mediated and therefore expected to fluctuate in quality even after it is initially established.

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared.

It is illegal to copy, distribute or circulate it in any form whatsoever.

Because qualities of mutual influence and regulation during the earliest months do contribute to the success or failure of the later achievement of recognition and the creation of meaning, parents and analysts alike must be able to make moment-to-moment assessments of their children's or patients' subjective states and intersubjective relatedness, realizing all the while that their own participation may be affecting the very qualities of experience or modes of functioning that they are trying to "observe." Where these parental or analytic assessments fail, the child or patient may experience trauma or retraumatization (Kohut, 1977; Kohut and Seitz, 1978).

Addressing the clinical situation, Kohut said that such assessments can be made only through the analyst's empathic immersion in the patient's experience and through encouraging the patient to speak of his perceptions of the analyst's contribution to that experience. Our judgments about our patients' capacities to make therapeutic use of the interpretive/reconstructive process or to make use of our self-expression and self-disclosure must therefore be keyed to our empathically gleaned sense of the individual's subjective self and intersubjective relatedness, which, together, determine his ability to see the analyst as a separate and differentiated other. When this ability in the patient seems to be on the wane, the analyst will best interact in ways that are most likely to minimize the patient's sense of separateness, rather than in ways that will underscore the analyst's alterity. Although our multiple theories of intersubjectivity tell us that both kinds of interactions will be needed, over time, to foster optimal development, at any given time, one kind might be essential to the patient's immediate well-being and long-term analytic goals, while the other might prove traumatic.

Each of the theories under consideration in this chapter allows for a period in development during which the young child does not yet recognize the distinct and unique psychological experience of self and other. It follows that some patients will begin treatment unable to use the analyst's freer self-expression and self-disclosure because these will be experienced as frighteningly disjunctive. When this is the case, any self-expression, self-disclosure, interpretation, or even observation on the analyst's part may need to be carefully selected or altogether contained toward helping the patient feel mirrored, twinned, merged, or able to experience the analyst in terms of an idealizable parental imago.

An example that comes to mind is Lachmann's (Lachmann and Beebe, 1996b) at first spontaneous, but then deliberately "low-key," interactions in response to a patient whose own severely curtailed expressiveness was easily overwhelmed by any mode of response that

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared.

It is illegal to copy, distribute or circulate it in any form whatsoever.

http://www.pep-web.org/document.php?id=psp.017.0009a&type=hitlist...olz7Ctitle%2Cmany%7Cviewperiod%2Cweek%7Csort%2Cauthor%2Cauthor%2C#hit1
did not closely match hers in tone and intensity. For the patient who has never established a cohesive sense of self (Kohut, 1977, 1984), for the patient who has never attained the “depressive position” (Ogden, 1992b), or for the patient who has never achieved a capacity for intersubjective relatedness (Stern, 1985)—and for all patients who have transiently lost their previous sense of these achievements—the analyst will probably do best to maintain an empathic stance, striving as much as possible toward immersion in, affective resonance with, or “matching” of the patient’s affective experience.

By contrast, when working with patients for whom these achievements are relatively more secure and robust—or with patients whose departures from these psychic capacities tend to be briefer and less devastating—the analyst need not strive as consistently to stick with the patient’s viewpoint and can probably more freely introduce differentiating kinds of self-expression and self-disclosure. Although relational theorists tend to use the concept of intersubjectivity more generally as a rationale for the analyst’s self-expression and self-disclosure, I would argue that the varying concepts of intersubjectivity actually give us a far more finely tuned way of thinking about the full range of responsiveness, intervention, or engagement likely to be helpful for individual patients and dyads.

Kohut’s selfobject concept seems to balance the concern for regulation and recognition, but most other theorists focus either on influence/regulation or recognition of mind as the major thrust of development. Nevertheless, in the theories that target mutual influence or regulation, there is at least a latent concern with recognition of mind in self and other, while in the theories that target recognition, mutual influence and regulation are attributed at least a subsidiary role. Even those authors who insist on interpersonal recognition and who therefore encourage a more open attitude toward analyst self-expression and self-disclosure issue warnings about losing sight of the patient’s subjective experience or the patient’s psychic needs and goals (Bollas, 1989; Mitchell, 1991, 1997; Aron, 1996; Hoffman, 1998). But they do not join Kohut in his suggestion that only if we make our first step in every clinical encounter an attempt at empathic immersion will we be making use of the only guide so far available in the struggle to arrive at an optimal degree, intensity, and content of self-expression and self-disclosure in our work.

It is important to remember, though, that we can rely on empathy only one patient at a time, one moment at a time. And even then it can guide us either toward silence or outspokenness, either toward speaking our own thoughts and feelings or speaking what we imagine the patient’s to be. Hoffman (1998) warns that there are risks involved.

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

---

every time we choose not to say something, as well as every time we actually give voice to thoughts and feelings that feel subjectively more risky. But in spite of what would seem to be Hoffman’s tilt toward analyst self-expression, relational and constructivist theorists increasingly speak of balance, or dialectical tension, between self-expression and restraint (Mitchell, 1997; Hoffman, 1998). They might therefore agree, at least half-, if not whole-heartedly, to a phrase I borrow from Emily Dickinson, suggesting that, whether we offer messages to our patients about themselves or ourselves, we “must dazzle gradually, or every man be blind.”

I equate “dazzle,” here, with the analyst’s unique personality and charisma, with his subjectivity in its more disjunctive aspects, or with his own grandiosity or omnipotence. Too much dazzle on the part of the analyst can be overstimulating, infantilizing, or in other ways disruptive for the patient, rather than facilitative of psychic growth. A slower, quieter dazzle fits better with Kohut’s reminder that, even in the best of all possible worlds, we all meet with disappointments concerning our grandiosity and with frustration concerning our parents’ omnipotence. Manageable disappointments and frustrations may be transiently painful, but with none at all, we would remain blind to the separate uniqueness of others; with unmanageable and devastating disappointments, we end up blind, either to our own strengths and talents or to our unavoidable human failings (Kohut, 1971, 1977, 1984). All of these forms of psychic blindness can contribute to the distinctive problems of living originally identified by Kohut as narcissistic personality disorders, now called disorders of the self.

To see clearly the inevitable failings of both ourselves and others was, for Kohut (1971), the mark of mental health. In self psychology this recognition even defined maturity and wisdom. Ultimately, we accept the failings and foibles of others because we know that we, ourselves, can do no better. Such acceptance fits well with an intersubjectivity of both regulation and recognition: we struggle to accept separateness, alterity, and imperfection in both ourselves and others, and if we can hold on to this “recognition,” it can help us feel less “disregulated” by both the predictable and unpredictable setbacks of life. Thus, although, developmentally, self- and mutual regulation must precede recognition of mind in self and other, once both are established, regulation and recognition lend support for one another throughout our lifetimes.

**References**


**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.
Hoffman, I. Z. (1983), The patient as the interpreter of the analyst's experience. *Contemp. Psychoanal.*, 19:389-422.  [→]

**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.


http://www.pep-web.org/document.php?id=psp.017.0009a&type=hitlis...olz%7Ctitle%2Cmany%7Cviewperiod%2Cweek%7Csort%2Cauthor%2C#hit1


**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.


**WARNING!** This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

---

**Article Citation [Who Cited This?]**


Copyright © 2012, Psychoanalytic Electronic Publishing.