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The Emerging Paradigm of Relational Self Psychology: An Historical Perspective

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ABSTRACT

This article describes the evolution of a critical dimension of self psychology that has evolved since Heinz Kohut's death, one characterized by the transition from a one-person to a two-person psychology. This transition involved, initially, the change in the analyst's role as limited to interpreting the patient's intrapsychically generated selfobject experiences of development, rupture, and repair, to an emergence into full personhood; second, a new emphasis on the analyst's subjectivity participating in a bi-directional relationship of mutuality rather than a unidirectional provision of needed functions; and finally, an overall approach to the therapeutic process as a complex, dynamic system. This emergent paradigm within self psychology we term relational self psychology. We illustrate its evolution through a historical review of critical papers that extended and transformed Kohut's original vision, which already contained the seeds of a genuinely intersubjective and relational model. We outline these changes in four sections: (I) "Empathy and Beyond," detailing the concept's evolution within Kohut's writing and its subsequent elaboration; (II) "From Provision to Mutuality," describing the movement beyond Kohut's focus on understanding and explaining and the mutative force of optimal frustration; (III) "You've Come a Long Way, Baby," discussing infant research emphasizing face-to-face interaction and mutual regulation moving into the development of a truly bi-directional model of therapeutic action; and finally, (IV) "From Dyads to Systems," integrating self psychology into a broader intersubjective, relational, dynamic system and theoretical context. Each section concludes with a bibliography of seminal-related articles that may offer a syllabus for further study.

While it's natural to identify self psychology with the work of Heinz Kohut, our approach, like all of psychoanalysis after Freud, has continued to change and evolve after the passing of its founder. In many ways, this article is intended to tell this story of self psychology after Kohut, reviewing the work of those who followed, more or less, in his footsteps, while at the same time beginning to subtly, and not so subtly, develop and/or alter the direction taken by the field after him. That new direction has culminated in what we have called relational self psychology, and we hope to illuminate both its continuities with Kohut's thought and practice, as well as its important conceptual and clinical innovations that emerged since Kohut's death in 1981.

We have attempted to outline the evolution of relational self psychology as it has grown out of Kohut's final formulations. We have tried to identify what we feel are the most significant contributions to the development of this new perspective, one characterized by a recognition of the bi-directionality of the analytic relationship and, alongside the patient's subjectivity, the centrality of the analyst's subjectivity, which, taken together, transformed self psychology from a one person to a fully two person psychology.

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We have divided our account of these developments into four sections, titled: (I) On Empathy and Beyond; (II) From Provision to Mutuality; (III) You've Come a Long Way, Baby; and (IV) From Dyads to Systems. We have provided summaries of what we feel are the crucial developments in each section as illustrated by the papers we have selected to represent it. These individual summaries, like the article as a whole, are a product of a collaborative effort by all three of the co-authors. In terms of the papers we have selected, we, of course, recognize that any selection of a particular contribution would seem to designate that contribution as most critical to understanding the process of the evolving self psychological perspective, but we would argue that the selection process itself is inevitably somewhat arbitrary and subject to debate. We also admit the considerable difficulty we have had in sorting from among the important contributions to the development of self psychology those that seemed essential to our own thematic choice. That is, the field of self psychology has continued to develop in many important directions, and significant contributions have been made by many others in the field not included here, but in the end, we had to choose those writings that seemed to us most relevant to the definition and advancement of relational self psychology as one particular variant of self psychology. We are proud of the selection we have made, but of course regret the necessity of leaving so much of value out of this publication. We hope that our readers can be tolerant of our need to leave behind so much that is good, and can agree to the choices we have made, or at least to our need to make a choice. In the end, we hope that we have provided what will prove to be a practical guide to this phase of psychoanalytic history and a useful syllabus for those wishing to study and teach it in greater depth. In an ideal world, we might have gathered all these papers together between the covers of a single published volume, but alas, the realities of publishing and permissions in the present-day climate prohibited making that wish a reality. We hope this publication is an adequate substitute.

We have taken as our jumping off point Kohut's last paper, "On Empathy" (1981/1991), which was delivered in 1981 in Berkeley at the Fourth Annual Conference on the Psychology of the Self during the last week of Kohut's life. This posthumously published paper encompassed what he knew would be his final words on the subject of empathy. Kohut reviewed the evolution of empathy from his initial formulation as vicarious introspection, defined by him as a particular mode of observation, through his final, almost reluctant acknowledgement of empathy as a therapeutic agent in its own right as well. Along the way, he emphasized that psychoanalysis required not only the understanding provided by empathic immersion but also, crucially, the interpretative explaining that brought together the dynamic and genetic underpinnings of the patient's subjective experience.

In the decade that followed Kohut's death, self psychologists began emphasizing different aspects of his legacy and challenging some of them. Was psychoanalysis defined, and limited to, the study of subjectivity, or was it also open to the findings of infant research and neurobiology? What would self psychology's relationship be to its classical origins or to more current object relations theories? Was empathic immersion to be seen as not only necessary but also sufficient to describe the self psychological analyst's clinical stance, or were other modes of relating seen as required as a part of every analysis? How could the curative power of empathy be further understood and optimally utilized, and how would this relate to Kohut's idea that it was optimal frustration

that was, ultimately, structurally mutative? How necessary was it to adhere to Kohut's bipolar model of self that limited selfobject transferences to mirroring, twinship, and idealizing? Closely aligned but still quite different models include Motivational Systems Theory (Lichtenberg, Lachmann, & Fosshage, 1992, 2011) and Specificity Theory2011). These divergences within the field had become varied enough that by 1993, Shane and Shane could ask whether self psychology was still one theory, or many?

The Shane and Shane (1993) noted, among the many other variations emerging within self psychological theory, that Ernest Wolf (1988) had introduced as central to self experience the concept of efficacy wherein patients experienced having an impact on their analysts and were thereby enabled to feel their own agency through eliciting the analyst's appropriate responsiveness. Wolf cited

Lichtenberg (1983), writing on infant research and noting the baby's pleasure at her own efficacy, and Wolf suggested that this emergent sense of agency paralleled and consolidated an emergent sense of self. Crucially, in this configuration, the analysand, like the infant, is not merely to be perceived as the passive recipient of the analyst's empathy. Wolf imagined the infant saying to himself, "I can elicit a response; therefore I am somebody" (p. 62), much the way that Jessica Benjamin (1988), writing at about the same time, pictured the infant self emerging from the experience of being able to make mommy smile. Discussion of the capacity to make an impact on another was not to be found in Kohut's formulations but would become a prominent feature of relational theory, and. eventually, relational self psychology. Although Wolf viewed an experience of efficacy as becoming "an essential aspect of the cohesive self experience" (p. 62), he did not go so far as to assert that efficacy or impact was a crucial dimension of all selfobject experience. By confining it in this way to a distinct self experience, Wolf's prescient insight failed to extend to the bidirectionality in the analytic relationship; therefore, the role of the analyst's subjectivity and responsiveness remained under-appreciated. Wolf was still operating under the formulation that selfobject designated an experience, not a person in his own right, staying within the strictures of Kohut's one person, not two person, psychology.

What Magid and Shane (2018) would describe as the restoration of the selfobject, that is, its restoration to personhood would entail precisely the fact that efficacy did not simply elicit a desired experience, but required as well that the analyst's subjectivity be recognized and engaged in the transference relationship. In retrospect, we might say that even the experience of feeling understood is not just a matter of being the recipient of the analyst's empathy and understanding; it is also the patient's feeling that he has made himself heard, that he has gotten through to the analyst and made her understand and respond to him.

Nonetheless, the initial reformulations of self psychology remained essentially uni-directional in their focus on optimal responsiveness (Bacal, 1985) rather than on Kohut's optimal frustration, and on provision (Lindon, 1994) rather than abstinence. True bidirectionality and mutuality would require the integration of the findings of infant research, represented in the third section of this presentation, "You've Come a Long Way Baby," and contributed to by Tronick (1989), Fonagy and Target (1997), Beebe and Lachmann (1998), Lyons-Ruth (1998), Sander (2002), and D. Stern (2008), along with other salient writings that are not included here. The complexities of mother–infant interaction that were emerging in this research moved us away from the metaphor of the mother as breast, as the provider of milk, and toward a new paradigm organized around mutuality, face-to-face interaction, and mutual influence. The analyst's subjectivity took on an increasingly central role in the understanding of the sequence of empathic rupture and repair (e.g., Slavin & Kriegman, 1998). As outlined in our second section, "From Provision to Mutuality," attunement in the analytic relationship, just as in the mother–infant relationship, was increasingly seen as enacted and unformulated, and its capacity to repair disruption was often organized procedurally and non-verbally, rather than organized verbally as interpretation (Lyons-Ruth, 1999; Sander, 2002). As a result of these transformations, self psychology has emerged as a fully relational, two person psychology characterized by bidirectionality and mutual influence.

Included in our fourth section, from "Dyads to Systems," James Fosshage (2003) reviews the complex history of the emergence of the relational paradigm. While self psychology has at times been acknowledged to be broadly relational in the most general sense, from the perspective of relational theorists such as Mitchell (1988), Bromberg (1998), and Benjamin (1988), self psychology has, more often than not, been the object of criticism, and not cited as a forerunner of relationality. This is despite the fact that, as Fosshage (2003) noted, "Classical self psychology predated American Relational psychoanalysis and … contributed to the change in paradigms from objectivism to constructivism and from drive and intrapsychic theory to relational field theory" (p. 443).

Further, where there might seem to be theoretical convergence in the language of intersubjectivity, the use of that term has instead become something of a shibboleth to distinguish the

two perspectives of relationality and dynamic systems intersubjectivity. As described by Ringstrom (2010),

> The Relationalists generally recognize Benjamin's (1990) notion of intersubjectivity as reflective of a developmental process of a new capacity, that is, " … the patient's emergent capacity to move beyond viewing the other as an omnipotently controllable (or controlling) object toward an awareness of the other as an irreducible subject of initiative in his own right." (p. 201)

In contrast, intersubjectivists (i.e., Stolorow, Atwood, Brandchaft, and Orange) use the term, inter-subjectivity, to refer to relational fields formed by the intersection of two or more "differently organized, interacting subjective worlds" (Stolorow, Brandchaft, & Atwood, 1987, p. 132) within which all human experience takes place. Meanwhile, Kohut's concept of the cohesive self has been under pressure both from relational theories of multiple self states (e.g., Bromberg, 1998; Mitchell, 1993) and from dynamic systems theorists as outlined by Stolorow (1997), Coburn (2002), Stern (2002b), and Shane (2006). In Stern's words,

> Postmodern psychoanalytic theorists view themselves as abandoning the linear, hierarchical, and essentialist models of the mind, represented by Freud's structural theory and Kohut's self psychology, in favor of a more decentered, open, and "horizontal" model, wherein subjective experience is understood to be in a constant state of flux between discontinuous self-states that are grounded in the history of a person's relational experience. (p. 694)

How far beyond Kohut's original contributions these formulations take us is an open question, one which asks us to balance our shifting experience of innovation with an acknowledgement of the continuity embodied by the series of steps that brought us to where we are today. "Relational self psychology" is our attempt to encompass the significant changes in perspective that have emerged since Kohut's death with a full appreciation of his core insights that continue to guide us into the future.

Section I: On empathy and beyond

While Freud (1915/1957) was well aware that "our perceptions are subjectively conditioned and must not be regarded as identical with that which is perceived" (p. 171), nevertheless his observations and theories were embedded within the positivistic science of the day that assumed the analyst's objectivity and the patient's transference distortions of reality. Viewing the analyst as having an objective perspective on the analytic encounter effectively elevated the analyst and the analyst's perspective as accurate, as compared to that of the patient and the patient's perspective.

Subsequently, the literal as well as the metaphorical value of Heisenberg's (1927/1983) formulation of the *uncertainty principle* within quantum physics, combined with Piaget's (1954) empirical studies demonstrating how the child's phase of cognitive development affects his or her perceptions, further validated how our perceptions are informed by a variety of factors. This relativity of perception gradually catalyzed a sea change in epistemological paradigms, moving them from a positivistic to a relativistic science and from objectivism to constructivism.

Within this context Kohut (1982) described how: "I have … ever since my childhood been familiar with the relativity of our perceptions of reality and with the relativity of the framework of ordering concepts that shape our observations and explanations" (p. 400). He recognized that "an objective reality is in principle unreachable" (p. 400). And later, he asserted that "the field that is observed, of necessity, includes the observer" (Kohut, 1984, p. 41). Kohut (1982) referred to this as "a new kind of objectivity, namely a scientific objectivity which includes the subjective" (p. 400).

Under these new conditions in which the analytic encounter now involves two subjectivities, neither one of which is "objective," Kohut asks, how do we best understand and assess the patient and the patient's subjectivity? To address this question, Kohut formulated a new epistemology, choosing empathy and vicarious introspection as the analyst's primary tools for entering into and understanding a patient's psychological experience.

In Kohut's first paper on empathy, "Introspection, Empathy and Psychoanalysis: An Examination of the Relationship Between Mode of Observation and Theory," published in 1959, Kohut provides an example of how introspection and empathy are essential constituents of every psychological observation:

> We see a person who is unusually tall. It is not to be disputed that this person's unusual size is an important fact for our psychological assessment—without introspection and empathy, however, his size remains simply a physical attribute. Only when we think ourselves into his place, only when we, by vicarious introspection, begin to feel his unusual size as if it were our own and thus revive inner experiences in which we had been unusual or conspicuous, only then do we begin to appreciate the meaning that the unusual size may have for this person and only then have we observed a psychological fact. (p. 461)

Kohut (1977) felt that the "empathic mode of observation" was pivotal for entering into the patient's psychological world, designating this empathic mode of observation to be "the definer of the field of psychoanalysis" (pp. 302–305). Therefore, in response to his recognition that relativity and subjectivity formed the basis for any perception, Kohut formulated a new epistemology for psychoanalysis.

While empathic immersion, the clinical application of the empathic mode, indeed required an increased use of the analyst's subjectivity, at least in comparison to that of the objectivist classical model, nevertheless the use of the analyst's subjectivity as conceptualized by Kohut remained limited and circumscribed. This is consequent to the importance Kohut attributed to the patient's subjectivity, and to the analyst's need to bracket his own subjectivity in order to achieve the requisite empathic listening stance of the self psychologist.

It took Stolorow et al. (1987) to advance the argument that listening exclusively from the patient's point of view is not ever possible, that the analyst is always immersed in his own subjectivity, even when he attempts to listen from the patient's perspective. To make this point, Stolorow et al. renamed Kohut's concept of empathic immersion, calling it empathic inquiry. Whether we continue to think of it in terms of empathic immersion as Kohut formulated it, or, instead, are persuaded by Stolorow and his colleagues' formulation and think in terms of empathic inquiry, many self psychologists still stress today the exclusive usage of the empathic listening stance.

Kohut's new epistemology and its clinical application became central among self-psychological contributions to psychoanalysis. Stolorow, Brandchaft, and Atwood's later contribution of intersubjectivity theory—that is, the ongoing mutual influence of both patient and analyst—further extended the importance of both subjectivities. Intersubjectivity thus became a guiding light for the future development of relational field theory and relational self psychology.

Further, as delineated in his first book, *Analysis of the Self*, Kohut (1971) articulated his discovery that the narcissistic patient made use of his analyst to provide certain functions (ego psychological language) inherent in the development and maintenance of the patient's self. He called this phenomenon the patient's selfobject experience provided him by his connection with the analyst. Kohut eventually formulated three central self needs, and, correspondingly, three requisite selfobject experiences: that is, mirroring, idealizing and alterego (later known as twinship) experiences that were essential to the optimal development and maintenance of the self from earliest childhood on. Kohut's own only gradual emergence from the ego psychological/intrapsychic perspective initially prevented his concept of the self/selfobject matrix from becoming the fully relational model that was actually inherent in the conception. Kohut initially viewed the form of the selfobject transference as genetic, almost exclusively patient-generated and transference-like, the analyst providing needed selfobject functions. The analyst's sole contribution at that time remained to sit back and just let the selfobject transference unfold, and then to interpret and facilitate insight that this transference-like experience facilitated. Kohut's attribution of almost all of the *action* in the dyad to the patient was inadvertently a continuation of the intrapsychic perspective, a one-person psychology that seriously limited recognition of the analyst's contribution.

At a close, process level of observation, Thelen and Smith (1994) have since taught us that development occurs non-linearly, in fits and starts, progressions and regressions. Such non-linearity applies also to the evolutionary development of new theory, well demonstrated in the development of self psychology. Despite the theory's more fundamental relational structure, that is, the self/selfobject matrix, changes were still necessary for it to become a fully relational model. It was for that reason that Greenberg and Mitchell (1983) considered self psychology to be a "mixed model theory," that is, a mix between a drive structure model and a relational structure model.

In his second volume, *The Restoration of the Self* (1977), Kohut was no longer writing exclusively about the psychoanalytic treatment of narcissistic disorders, for he had developed a far more comprehensive and complex theory, the psychology of the self, a new theoretical paradigm and a corresponding theory of technique applicable to all patients. In a pivotal clinical finding, Kohut realized that the analyst cannot be a "psychologically programmed computer that restricts its activities to giving correct and accurate interpretations" (p. 252) for creating needed selfobject experience. Instead, "the analyst's responses require the participation of the deep layers of his personality" (p. 252) in order to enable the analyst to be sufficiently responsive to co-create with the patient the needed selfobject experience. Recognition that analyst and patient together co-create the growth-promoting, needed selfobject experience is a relational model; both analyst and patient together are perceived as co-contributing, interacting participants. Such a relational model opens the door to the recognition and potential legitimization of an unlimited range of analytic participation and responsiveness to facilitate the patient's growth.

Kohut (1977) raised the question: how responsive must an analyst be? He concluded that the analyst responds on the basis of his/her empathic understanding of the patient, what he called "empathic responsiveness" (p. 253). Instead of relying solely on interpretation and insight, Kohut was recognizing that the analyst/analysand relationship was pivotal in co-creating change, a vital contribution to the emergence and development of relational field theory that emerged in the 1980s (Mitchell, 1988; Stolorow et al., 1987).

Later, a number of authors updated the selfobject concept to refer to a self-enhancing dimension of relationships (Magid & Shane, 2018; Stolorow et al., 1987) and of other experiences (for example, exercise, music) that contribute to vitality (Lichtenberg, 1991).

Within self psychology, Bacal (1985), who trained in London, further delineated a new model of technique. He argued that, in contrast to the classical model in which frustration of infantile needs is required, in self psychology analysts need to be "optimally responsive" to facilitate the development and maintenance of the self. Optimal responsiveness grabbed the moment within self psychology's focus on the development and maintenance of the self. Fosshage (1997) referred to the same phenomenon as facilitative responsiveness.

However, change in theory and practice requires time, exploration, and further development. Because interpretation aimed at insight was in classical psychoanalysis the only sanctified form of psychoanalytic intervention, *empathic responsiveness* deviated sharply from classical technique. Emerging from the intrapsychic model of classical theory that emphasized interpretation and insight, in his last, posthumously published book, *How Does Analysis Cure*?, Kohut (1984) asserted that a patient can learn in analytic treatment that "the sustaining echo of empathic resonance is indeed available in this world" (p. 78). Anticipating that "an ill-disposed critic" would criticize him for subscribing "to the curative effect of the 'corrective emotional experience,'" Kohut retorted, "I could only reply: 'so be it'" (p. 78). Self psychologists gradually recognized the importance of the relationship for cure, and Bacal with Carlton (2011) addressed the *specificity* of the analyst/patient interaction. By this time Kohut had concluded that change does not occur in the cognitive sphere per se, but occurs through the reparation of rupture/repair cycles, and, further, that change occurs through ongoing self/selfobject experience.

Meanwhile, in the 1980s and 1990s, a new model of transference, anchored in Piagetian cognitive theory and research, was emerging in psychoanalysis-at-large (Hoffman, 1983; Stolorow & Lachmann, 1985; Wachtel, 1980), the organizing model of transference (Fosshage, 1994). Transference refers to

primary principles or patterns of organizing a person's experiential world. Organizing patterns can be expressive of *repetitive*/conflictual or *selfobject*-hoped for experience (Stolorow et al., 1987). Recognition that organizing patterns are potentially activated in different relational fields has expanded our focus beyond the traditional singular focus on the analytic relationship to include potentially all relational experience for analytic scrutiny (Fosshage, 1994).

As is typical in the evolution of psychoanalytic theory and practice, self psychology came to the realization that in the analytic situation, and life in general, there is more complexity than had been apparent. Two new theoretical thrusts were emerging. First, while the empathic listening mode still remains central, additional listening perspectives that give us access to different relational organizations were formulated, what Fosshage (1995, 1997, 2011) called the other-centered perspective and the analyst's self-centered perspective. *Other-centered* refers to how the patient interpersonally or interactively impacts the analyst that potentially informs the analyst about the patient in other relational interactive patterns. The analyst's self-centered perspective is utilized in order to facilitate the patient's awareness of the analyst's experience. This awareness is invoked in particular at those times when the patient asks what the analyst is thinking or feeling, often providing important information to understand a particular interaction.

In addition, different dimensions of relatedness have been conceptualized. To begin with, there is selfobject relating, wherein the selfobject dimension of the patient's experience is in the foreground and the empathic listening perspective is quintessential. Second, there is intersubjective relating (Benjamin, 1988, 1995; Fosshage, 1997; Stern, 1985) wherein the self-with-other dimension of the patient's experience is in the foreground, and the analyst's other-centered listening perspective is viewed as most effective. Shane, Shane, and Gales (1998) have used different but corresponding terminology to discuss these two modes of relating. These authors refer to the selfobject dimension as the "self-transforming" dimension of relational experience, and intersubjective relating as the "interpersonal sharing" dimension of relational intimacy.

This section, then, describes the major changes and additions to the evolving self psychological model, beginning with Kohut's "On Empathy and Beyond," moving toward becoming a new relational paradigm. Relational self psychology currently addresses considerably expanded and deepened relational fields within and outside of the analytic relationship.

Recommended readings

Bacal, H. (1985). Optimal responsiveness and the therapeutic process. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. I, pp. 202–227). Hillsdale, NJ: The Analytic Press.

Fosshage, J. (1997). Listening/experiencing perspectives and the quest for a facilitating responsiveness. In A. Goldberg (Ed.), *Conversations in self psychology: Progress in self psychology* (pp. 33–55). Hillsdale, NJ: The Analytic Press.

Fosshage, J. (1994). Toward reconceptualizing transference: theoretical and clinical considerations. *International Journal of Psycho-Analy*sis, *75*(2), 265–280.

Goldberg, A. (1998). Self psychology since Kohut. *Psychoanalytic Quarterly, 67*(2), 240–255.

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Lichtenberg, J. D. (1991). What is a selfobject? *Psychoanalytic Dialogues, 1*(4), 455–480.

Magid, B., & Shane, E. (2018). The restoration of the selfobject. *Psychoanalysis, Self, and Context, 13*(3), 246–258.

Shane, M., & Shane, E. (1993). Self psychology after Kohut: One theory or many? *Journal of the American Psychoanalytic Association, 41*(3), 777–797.

Stolorow, R., & Lachmann, F. (1984/85). Transference: The future of an illusion. *The Annual of Psychoanalysis, 12/13*, 19–37.

Stolorow, R., & Socarides, D. (1984/85). Affects and selfobjects. *The Annual of Psychoanalysis, 12/13*, 105–119.

Section II: From provision to mutuality

In his final public talk to the fourth conference on the psychology of the self, transcribed and published as "On Empathy," Kohut (1981/1991) both clarified and radically expanded what he meant by the

concept that had been so pivotal in his development of self psychology. As is by now well known, Kohut described empathy, first and foremost, as an observational vantage point, a means to achieve what he called vicarious introspection. But Kohut also, seemingly reluctantly, acknowledged that empathy was a therapeutic agent in its own right. And what is often less emphasized from that last talk is that Kohut also challenged those whom he believed had created a caricature of his analytic approach, those adherents to self psychology who maintained that empathy, in and of itself, was sufficient to achieve cure. "They will claim that empathy cures. They will claim that one has to be just 'empathic' with one's patients and they'll be doing fine. I don't believe that at all!" (p. 527), Kohut exclaimed. He insisted that empathy as a mode of listening and understanding was just the first step, that analysis required explanation as well. He said,

> I submit that the most important point that I made was that analysis cures by giving explanations—interventions on the level of interpretation; not by "understanding," not by repeating and confirming what the patient feels and says, that's only the first step; but then [the analyst has] to move on and give an interpretation. In analysis an interpretation means an explanation of what is going [on] in genetic, dynamic, and psychoeconomic terms. (p. 532)

Yet at the same time that Kohut was expanding his definition of empathy, he was also expanding our understanding of interpretation. Citing the example of a little boy venturing out for the first time, away from the protective gaze of his mother, Kohut described what was going on as:

> A low form of empathy, a body-close form of empathy, expressed in holding and touching and smelling, is now expressed only in facial expressions and perhaps later in words, "I'm proud of you, my boy." Now that's an interpretation, or at least it is the parallel to the interpretation in psychoanalysis. (p. 533)

Interpretation was thus expanded beyond explanation to include psychodynamically informed action and responsiveness, what he had previously called "empathic responsiveness" (Kohut, 1977, p. 253). In Kohut's (1977) words, "introspection and empathy should be looked at as informers of appropriate action" (p. 530). In the papers addressed in this section, the lines between understanding, explaining, and appropriate action are increasingly blurred. Furthermore, "appropriate action" will turn out to include not only consciously determined interventions performed by the analyst, but increasingly, spontaneous expressions of the analyst's subjectivity as well. Thus, in this section, we trace the movement from analytic provision, which takes us beyond classical empathic understanding and explaining into an ever broadening spectrum of "appropriate actions," and then into the realm of mutuality, wherein expressions of the analyst's subjectivity and their responsiveness to the patient are themselves seen as integral agents of therapeutic change.

One of the main reasons that Kohut would have insisted that "just being empathic" was not enough was that he viewed empathic failure to be not just inevitable, but as necessary to the analytic process. First comes the analyst's acknowledgement and repair of empathic failure, and, then, with this acknowledgement, comes what is ultimately mutative: the analyst's interpretative understanding of the patient's underlying developmental need, and the way that lapses of the analyst's empathy recapitulated for the patient earlier traumatic failures to meet those needs.

However, if treatment typically proceeds by a micro-analysis of the moment-to-moment experience of the patient, Brandchaft and Stolorow (1984) offer a macro-analysis of the analyst's participation, and the impact of Kleinian-object relations theories (for these authors exemplified by the formulations of Otto Kernberg) that treat "developmental necessity as if it were a pathological defense" (p. 342). In Brandchaft's and Stolorow's view, when developmental needs are thwarted in the analysis (for example, a developmental need for an idealized selfobject) and those needs are interpreted as defenses against primitive aggression, the patient, hurt and angry and de-stabilized by being misunderstood, will begin to display the breakdown products of an increasingly fragmented self, encompassing all the symptoms attributed to patients described as borderline, instead of being able to form a stable and analyzable narcissistic transference. Patients who are seen from this latter diagnostic perspective are said to defensively employ projective identification as a means to expel from themselves and onto the analyst their unbearable levels of primitive aggression. This creates the phenomenon known as "splitting" (p.

334) in which self and objects are experienced alternatively as either all good or all bad. However, according to Brandchaft and Stolorow, this entire scenario is not the result of an innate psychic deficit within the patient, but, rather, is iatrogenically induced by the empathic misattunement of the analyst who is operating under the grip of a particular theory that undermines, in this instance, the idealized selfobject transference. Furthermore, Brandchaft and Stolorow explain,

> This danger is increased if the analyst, for whatever reason, is unable or unwilling to become aware of his actual effect on the patient, or if he minimizes that effect because of a conviction that he has the ultimate best interests of the patient at heart …. These interpretations encourage, indeed require, a pro forma belief in the analyst's goodness and correctness at the expense of the [patient's] self. (p. 341)

Ironically, the analyst who is committed to a vision of his own inherent goodness and who therefore must attribute any negative outcome to the patient's inherent badness (i.e., primitive aggression and a need to destroy the analysis and the analyst) would appear to display all the hallmarks of projective identification that are supposedly employed by his borderline patient.

But beyond being just an indictment of a particular analytic theory, Brandchaft and Stolorow go on to describe the impact of the analyst's subjectivity—not just the analyst's theory—on the treatment. Describing the seemingly stalemated case of Caroline, they say,

> It had long been apparent that she was disappointed and felt herself to be a failure, but it was now becoming clear that she felt the analyst was disappointed in her and that he considered her and himself to be failures … The analyst could not continue to maintain that her perceptions of him were all projection. (p. 349)

The analyst's ultimate acknowledgement of his actual feelings of disappointment (without any suggestion that these feelings were induced in him by the patient's projective identification) was the turning point in the treatment. This acknowledgment goes far beyond a simple admission of empathic failure, opening up a new level of awareness of the impact of the analyst's subjectivity on the patient.

This new perspective is also displayed by John Lindon (1994), who re-examined the basic concept of analytic neutrality in light of Kohut's theories. He was led to propose in its stead a basic stance of "Optimal provision … defined as any provision that, by meeting a mobilized developmental longing, facilitates the uncovering, illuminating, and transforming of the subjective experiences of the patient" (p. 559). Gratification is to be seen, not as an avoidable impediment to analysis, but as an intrinsic dimension of the patient's experience of being empathically understood. By his endeavor to provide his patient with whatever facilitates that patient's unfolding of developmental needs, Lindon, with that "whatever," is stretching the boundaries of the analytic relationship. While he explicitly argues against the classical conception of neutrality which clinically negates the analyst's subjectivity, Lindon also implicitly makes an argument for restructuring of the analytic frame, which he apparently retains only in the sense of protecting the patient from outside intrusion. Thus, the analyst provides his "undivided attention by allowing no external intrusions, such as the phone, the door, other people. And the analyst does not burden the patient with his own needs" (p. 554). While, as we shall see, subsequent authors, such as Slavin and Kriegman (1998), would argue that we can never avoid entirely burdening the patient with our own needs, let alone imagining that there is such a thing as the existence of undivided attention, nevertheless, Lindon attempts to take to its logical conclusion the idea that the analyst should attempt to provide the patient with whatever is necessary, including offering extra sessions, extended sessions, and extra-analytic access. Confining the patient to a traditional analytic hour would, for Lindon, be just that: "confining," withholding from the patient what otherwise could and should be provided. What is missing is any sense of the frame as a holding container, the boundaries of which offer a regular, reliable, expectable vehicle of affect regulation in its own right. Lindon's case reports demonstrate the effectiveness of his sometimes heroic endeavors, but there is one instance that points us in a new, if unintended, direction. Once, when his patient requests regular 7am sessions, Lindon replies that although it is a legitimate wish, and there are probably analysts who would be able to do it, he himself simply cannot. He reports the patient responded positively to this. While, within his frame of reference, this might be

construed as acknowledging an empathic failure, we see it as the analyst revealing to the patient something of his own subjectivity and his own needs and limitations. It is not simply the analyst admitting that there is a limit to provision. but that, in addition, the analyst has personal needs and feelings as well. By acknowledging his own limits and needs, he potentially makes it less shameful for the patient to do so as well. This exchange, we maintain, can thus be seen as an unacknowledged transition from provision to mutuality.

While Lindon takes for granted that, from his empathically attuned vantage point, he can discern the nature of the emergent needs of his patient, Steven Stern (1994) addresses more broadly, and at a deeper conceptual level, the question of how it is that a patient can make his unconscious needs known to the analyst. Stern sees psychoanalytic theories as broadly divided into two paradigms; Paradigm I emphasizes the repetitive nature of the transference; Paradigm II, emphasizes, as Kohut does, the longing for new experiences that will meet needs that have hitherto met with non-responsiveness. Stern wants to expand the meaning of projective identification so as to make it the overarching mechanism by which both the repetitive and the new developmental aspects of transference elicit their corresponding reactions from the analyst. According to Stern,

> Accompanying these two types of transference are also two forms of projective identification (and associated countertransference) that are always occurring: (1) the standard form wherein the patient evokes in the therapist transient identifications corresponding to the patient's self- or object- representations as derived from earlier pathogenic relationships; and (2) a mechanism whereby the patient actively seeks to elicit needed empathic responses or psychological functions from the therapist as a wished-for new object. Thus, to continue with my clinical example, my patient unconsciously presses me both to reenact the trauma of rejecting her for her needs and impulses and to transcend this temptation and respond to her more warmly and acceptingly. (p. 321)

Here, projective identification, in its broadest definition, is what allows the patient to elicit from the analyst what has been missing in past relationships. Stern's is a model that gives equal weight to the needed and repeated elements of the transference, and what is needed is not simply to project onto the analyst a fantasy, say, of a loving parent, but to actually elicit in the analyst those real longed-for feelings. Projective identification is thus a mechanism for the transformation of the analyst's subjectivity in ways that correspond to the needed dimensions of the transference. Seen as a step in the progression from provision to mutuality, it is less important to us is whether or not we agree with the attribution of this process to projective identification, than the recognition that the eliciting of genuine feelings in the analyst is a significant expansion of the analyst's subjectivity beyond empathic attunement. For those self psychologists who share the Brandchaft and Stolorow (1984) aversion to the whole notion of projective identification, it is interesting to note that Stern cites relational theorist Stephen Mitchell as presenting an alternate view of how new experience emerges in the analytic encounter. Mitchell (1988), coming from an interpersonalist background that made him initially unreceptive to developmental theories that threatened to "infantalize" (p. 327) the patient, saw "the therapeutic interaction [as] ultimately an existential encounter in which the analyst's efforts to promote authentic communication make possible the patient's 'leap' out of archaic, constricted relational patterns" (p. 333). What Mitchell offers, in contrast to Stern, is a picture of spontaneous, authentic responsiveness on the part of the analyst, a responsiveness that does not depend on projective identification or some other unconscious psychic mechanism to be elicited. For the more developmentally inclined, one might say that the "gleam in the mother's eye" response is so fundamental to what it means to be human that eliciting it does not require explanation in terms of anything like projective identification taking place at an unconscious level. At bottom, it may be a contrast between those who believe there is such a thing in analysis as a "real" relationship and authentic mutual responsiveness, and those who are theoretically inclined to see every relationship in terms of an underlying transference/countertransference foundation.

Slavin and Kriegman (1998), building on Winnicott's conception of the "objective countertransference" (p. 249) see real, inherent conflicts of interest in the analytic relationship that parallel those of the mother and infant. The objective countertransference refers to:

those aspects of the therapist's feelings about the patient that derive not from pathology in the therapist, nor from pathology in the patient, nor even from the specific character and style of the therapist as it interacts with the character and style of the patient . . . . Rather, the so-called objective countertransference seems to refer simply to a level of feelings, often fear and hate, that coexist with love. The fear and hate that Winnicott finds central to human relating seem to arise from what we see as the "psychic undertow" that operates between any two distinct beings who are attempting to interact in an intimate way. (p. 249)

Clinically, they see this background reality as setting very real limits to empathic immersion and the analyst's ability to set aside their own interests and provide "undivided attention" a la Lindon. This does not constitute merely a variety of empathic failure that can be acknowledged and repaired in the traditional way. Rather, the analyst and patient need to understand and come to terms with their separate and often divergent needs within the treatment. Thus, describing the work with a patient who expressed the fear that the analyst's having a child would divert desperately needed attention away from her, the analyst found that simply trying to empathically engage this fear from the patient's point of view was proving both frustrating and fruitless. Instead,

the analyst found himself needing to acknowledge the vital, inherent truth that [her] "transferential anxiety" had ultimately brought him to hear: that, of course, his life energies were and would be significantly absorbed by a child of his own flesh and that his relationship with his child did represent a different—in many ways, far more powerful—investment than his bond with her. He acknowledged and discussed the reality of these conflicts, including his own struggle to recognize and articulate them. [The patient] seemed to experience something in these discussions as genuine. She began, as she put it, to feel "real" again; she no longer felt that her therapist had "disappeared." (Slavin & Kriegman, 1998, p. 255)

As in the case described by Lindon (1994), in which he acknowledged that he simply couldn't manage regular 7am appointments, what was mutative here is not simply an acknowledgement of empathic failure, but a new level of mutuality, in which the analyst's subjectivity, once revealed, gives the patient a new and substantially more "real" connection to the analyst.

Karlin Lyons-Ruth (1999) and the work of the Boston Process of Change Group can also be seen as giving new dimensions of meaning to the real relationship. She summarizes their position as follows: (a) that much of our relational experience is represented in an implicit procedural or enactive form that is unconscious, though not necessarily dynamically unconscious; (b) that in both development and psychoanalysis, the increasing integration and articulation of new enactive "procedures for being with" destabilize existing enactive organization and serve as a primary engine of change; and (c) that enactive procedures become more articulated and integrated through participation in more coherent and collaborative forms of intersubjective interaction. Put another way, at the level of unconscious enactive procedures, "the medium is the message" (p. 578).

This orientation moves us away from psychoanalysis's traditional emphasis on internal conflict and fantasy and towards a model of implicit relational procedures for affect regulation that:

are often neither conscious and verbalizable nor repressed in a dynamic sense. They are not reducible to unacceptable drives or impulses and do not have their origins or essence in fantasy ... [thus] making the unconscious conscious does not adequately describe developmental or psychoanalytic change. (Lyons-Ruth, 1999, p. 589)

The process of development in childhood (and change in analysis), is seen as a product of "coherent, or "open," dialogue, [which] is characterized, not by parental "openness" in the sense of unmonitored parental self-disclosure, but by parental "openness" to the state of mind of the child, including the entire array of the child's communications, so that particular affective or motive states of the child (anger, passion, distress) are not foreclosed from intersubjective sharing and regulation." (p. 583)

In analysis, as in parenting, it is the fuller participation of the subjectivity of the analyst (and not just her theoretical stance or technique) that gives rise to and enables this open dialogue. Here mutuality is both the goal and the mechanism of change; an openness in both partners in the dialogue to their own and the other's affective state.

This stance would seem to have taken us to a position diametrically opposed to Kohut's insistence (1959) that empathy and understanding is not enough and that explanation—interpretation—is a crucial

element of analysis. The contradiction is resolved for his followers like Shelley Doctors (2009) by substantially expanding the definition of interpretation. Thus she writes, "All efforts to illuminate meaning are properly termed "interpretive" (p. 461), not just those which narrowly conform to the traditional endeavor to understand and explain the patient's experience. Furthermore, says Doctors, "Any insight achieved is inseparable from the affective bond within which such insight emerges" (p. 451). The "affective bond" no longer refers simply to the necessity of having a certain kind of positive transference relationship in order for insight to emerge. Rather, the creation of a certain type of affective bond is the effect and measure of an interpretation doing its work. The analyst not only conveys that he understands the patient, but the patient feels understood, and that in itself represents a new relational configuration. The ways the analyst conveys understanding may, in fact, be non-verbal and procedural, as described by Lyons-Ruth, but we have now arrived at a point where the back and forth rhythmicity of engagement and responsiveness are inseparable from interpretation. As Lyons-Ruth proclaims, the medium has become the message.

Recommended readings

Brandchaft, B., & Stolorow, R. (1984). The borderline concept: Pathological character or iatrogenic myth. In J. Lichtenberg, M. Bornstein, & D. Silver (Eds.), *Empathy* (Vol. 2, pp. 333–357). Hillsdale, NJ: Analytic Press.

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Lyons-Ruth, K. (1999). The two-person unconscious: Intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanalytic Inquiry, 19*(4), 576–617.

Slavin, M. O., & Kriegman, D. (1998). Why the analyst needs to change: Toward a theory of conflict, negotiation, and mutual influence in the therapeutic process. *Psychoanalytic Dialogues, 8*(2), 247–284.

Stern, S. (1994). Needed relationships and repeated relationships an integrated relational perspective. *Psychoanalytic Dialogues, 4*(3), 317–346.

Section III: You've come a long way, baby

For a number of reasons, it seems fitting to give this section a title borrowed from Jessica Benjamin (1988), who in turn borrowed it from an old Virginia Slims advertisement. First of all, it encapsulates two fundamental transformations emerging in relational theory that run parallel to the transformations in self psychology that are documented in this paper. These transformations center on re-conceptualizations of the mother–infant relationship, and include not just how we see infant development, but also a new emphasis on the subjectivity of the mother taking us beyond uni-directional provision, whether of milk or of mirroring, into the realm of bi-directionality and mutuality.

The studies of mother–infant interaction referenced in this section illustrate a kind of convergent evolution between self psychology and relational theory, revealing the common ground shared by the two paradigms that ultimately facilitates their interpenetration into relational self psychology. These studies replace the classical psychoanalytic image of the infant at the mother's breast with a new image of face-to-face interaction, a baby who, from the very beginning of life, is social and responsive, an initiator and not merely a recipient of maternal action. The implications for the psychoanalytic treatment of adults is far-reaching but remain controversial in regard to the meaning and limits of analytic mutuality and the nature of the asymmetrical responsibility inherent in the analytic relationship.

Self psychology, as originally formulated by Kohut, had at its core a developmental metaphor of unmet childhood needs for empathic attunement that were re-activated in the transference and would allow the therapeutic emergence and unfolding of hitherto thwarted strivings for mirroring, twinship, and idealization. But Kohut's "baby" was a metaphorical baby, derived not from infant observation but extrapolated from the transference configurations emerging in his consulting room.

Kohut insisted that psychoanalysis was the scientific investigation of subjectivity and that the transference itself was the instrument that allowed the analyst to see back into time, much as an astronomer looking at the light emitted long ago from stars is able to witness the developmental history of our galaxy.

Kohut's metaphorical baby, as well as his actual, adult patients, were primarily recipients of, not participants in, the relationship, and it was the presence, absence, or quality of what was received that was crucial. The unidirectionality of provision was inherent in Kohut's one person psychology, in which the selfobject was conceptualized as an experience in the patient without regard to the personhood of the analyst who had evoked that experience. The use of "selfobject" as an adjective, describing an experience, versus using it as a noun, to describe a person, was a distinction Kohut himself did not always carefully maintain. But for Kohut (1984), it was a "harmless and excusable" confusion resulting from referring to "self-selfobject relationships," which are actually "not part of physical reality but of psychological reality, observable by introspection and empathy" (p. 50). Ultimately, however, this grammatical distinction would become the hallmark of the transition from a one person to a two person psychology.

This Kohutian baby stands in contrast to the Winnicottian baby that had been so influential for Jessica Benjamin (1988) in developing her version of the relational paradigm, often in directions very different from those conceptualized by Stephen Mitchell (1988). Mitchell had come from an interpersonalist perspective critical of those theories that characterized adult needs for dependency as infantile. In subsequent years, Michell (2000) would come to embrace the developmental perspective but traced it through an analytic lineage centered on Loewald rather than Winnicott.

For Winnicott (1971), and then for Benjamin, the mother's "survival of destruction," meant precisely that she emerged from the baby's inner fantasy of total control over her into an external world of separate personhood. Winnicott's "'use of the object' entailed the other as 'objectively' perceived, with autonomy, and belonging to a shared reality" (p. 105). Meanwhile, the studies of mother–infant interaction cited here were initially welcomed by self psychologists such as Frank Lachmann, who, in his collaboration with the infant researcher Beatrice Beebe, saw them as confirmations of Kohut's description of mirroring needs. These studies began to exert pressure on the theory to develop beyond a one person model into a genuinely two person psychology. Indeed, these studies became one of the driving forces in the development of a post-Kohutian relational self psychology.

Benjamin's relational reformulation highlighted not just what was given to the infant by the mother, but what it felt like to be the mother that gave, and how the mirroring that the mother provides is contingent on the reciprocal responsiveness of the baby as he gives back to the mother, ideally creating a feedback loop of mutual recognition and self and interactive regulation. The inevitable disruptions inherent in this loop, along with the more or less successful efforts to repair and re-establish reciprocity, parallel Kohut's emphasis on the recognition, acknowledgment, and repair of empathic failures. Furthermore, a far more detailed and multi-dimensional description of the varieties of disruption and repair began to emerge from infant studies than had been provided by the more general umbrella term, *empathic failure*. Fonagy and Target (1997), for example, in their account of maternal marking, note how the differences in which the mother may show her recognition of the baby's distress can either soothe or escalate the disruption. The authors note that the soothing mother does not simply mirror back the baby's distress, but marks her response; that is, she responds with a complexly reformulated reflection of that distress. Ideally she shows the baby, by "marked mirroring" (p. 683), a non-anxious, playfully exaggerated mimicking of his distress, indicating that she fully understands what her baby is suffering, but also, and importantly, conveys her confidence that she knows it will be alright, that the outcome will be beneficial. In contrast, the very anxious, mal-attuned mother may be overwhelmed by the baby's distress, responding either with so much anxiety of her own that her baby's suffering is amplified, or withdrawing altogether, leaving the baby alone with his pain.

Although some (Orange, 2008, 2010) initially worried about the clinical implications of mutuality, fearing that it implies a symmetrical demand that patient provide recognition to the analyst, studies of mother–infant interactions reveal how asymmetrical responsibility can co-exist within a system of mutual engagement and influence (Beebe & Lachmann, 1998). In fact, the whole thrust of these studies is to demonstrate that bi-directionality provides the mother with reaffirmations that, not only are her interventions effective, but they can be fine-tuned so that they, mother and baby, can "mutually regulate their interactions. … Positive development may be associated with coordinated interactions characterized by frequent reparations of interactive errors" (Tronick, 1989, p. 112). The infant does not feel burdened by the need to communicate her needs and affect states to the mother; rather the infant's own sense of self and agency is developed precisely through being able to make her needs known and to make an impact on the mother (Benjamin, 2010). Likewise, it is not as if the adult patient would be better off with an empathically omniscient analyst who would intuitively anticipate his every need without being told, and whose own personality as an analyst was reduced to only those qualities the patient found unobtrusively nurturing. It's reminiscent of the old joke about the mother who takes her grown son everywhere in a wheelchair. When a friend remarks that it's such a pity her son can't walk, she replies, "Oh, he can walk. But thank God, he doesn't have to!" This, of course, is a caricature of provision. The traditional self psychologist would see mirroring as providing the "gleam in mother's eye" that encourages the emergence of the child's new capacities. But the relational turn has taught us that thinking in terms of encouraging emergent capacities via the one-way provision of mirroring needs to be augmented by an account of the co-creation of those capacities in the crucible of interaction with another subjectivity.

Again and again, infant research leads us away from the long ingrained model of uni-directional provision (the baby at the breast) to a far more complex picture of self and mutual regulation through interaction. When Sander (2002), who like Tronick, Beebe, and Stern, worked within a conceptual space in part carved out of the classical position by self psychology, describes "coherence" or "wholeness" as the "achievement of regulation … at both the level of the individual organism and of the organism within its ecology of life support" (p. 12), a self psychologically minded reader is likely to hear echoes of a cohesive self within a stable self-selfobject matrix. Yet, for Sander, this is achieved not by simple provision of needed mirroring or empathic attunement, but as the culmination of a complex dance of mother–infant "fitting together" that organizes "the gestalt of infant expectancy" around "stable patterns of recurrence" (p. 13). Reflecting on Sander's contributions, Beebe and Lachmann (1998) observed that:

> self- and interactive regulation are concurrent and reciprocal processes, each affecting the success of the other. These processes of self- and interactive regulation are simultaneous, complementary, and optimally in dynamic balance, with flexibility to move back and forth. The integration of self- and interactive regulation relates the individual to the dyad, and provides one definition of the dyadic system. Although this theory is now well articulated, neither infant research nor psychoanalysis has yet taken full advantage of its implications. (p. 483)

Those implications have gone on to define the efforts of The Process of Change Study Group, which included Sander, Tronick, and Daniel Stern, and (primary author) Karlin Lyons-Ruth. This group has focused precisely on those aspects of "the real relationship" which allow the occurrence of "moments of meeting," meetings that stand apart from anything that can be subsumed under the rubric of provision. As Daniel Stern (2008) ruefully concludes,

> Most of us have been dragged kicking and screaming to the realization that what really works in psychotherapy is the relationship between the therapist and the client. That's what does the work. We are all devastated by this reality because we spent years and a lot of money learning a particular technique and theory, and it is very disheartening to realize that what we have learned is only the vehicle or springboard to create a relationship—which is where the real work happens. But that is where it is, from my point of view. We need to have a technique, and we cannot have a technique without a theory. We have to do something and act like we know what we are doing in a therapy session, otherwise we cannot create a relationship. The relationship, of course, is not symmetrical, but we need not delude ourselves that the technique is what achieves most of the results. (p. 184)

Exposure to these bi-directional models of self and interactive regulation has offered self psychology the opportunity to expand its own boundaries and in so doing, to enter into a new productive interaction with a range of relational theories, the product of which we can now call relational self psychology.

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Section IV: From dyads to systems

When Heinz Kohut first introduced his new theory of the self, its development, its pathogenesis, and its repair, he envisioned a therapeutic situation composed of a patient and an analyst, with the analyst appearing in this relationship not as a fully present, whole person, but, rather, as a function serving to develop, repair, and maintain the patient's self. It was not really a two-person dyad that Kohut conceptualized, then, but more like, as Kohut himself said, a person and a half (personal communication). The progression in theory and technique that is traced in this section, from dyad to systems, moves toward what Stolorow (1997) facetiously termed neither a one person nor a two person psychology, but instead a "no person" psychology. The former terms "are obsolete," Stolorow averred,

> because the individual [in treatment] and his or her intrapsychic world are included as a subsystem within the more encompassing intersubjective supra-system … a no-person Psychology concerned as it is with how worlds of inner experience and intersubjective fields mutually constitute one another. (pp. 338-339)

Before moving further into this section, we'll describe what is meant by dynamic systems and why the dynamic systems conceptualization is of critical importance to a developmental theory of psychoanalysis such as relational self psychology. It's important to say first, however, that a dynamic systems theory operates at a different, higher level of abstraction than does our clinical theory, but nevertheless, and this is our principal point, serves to ground our clinical theory in a new, non-linear, non-essentialist understanding of the impact of any clinical intervention. In contrast, the level of abstraction, or explanation, on which clinical interventions are made is inevitably based on the patient's subjective feelings of being understood and attached, creating a different, lower level of abstraction and explanation.

With that general statement, we can begin to express the meaning of dynamic systems theory more specifically. Originally stemming from a variety of disciplines such as physics, chemistry, and mathematics, dynamic systems theory was adopted by biology researchers studying the complex dynamics that occur in the natural world and, importantly from our standpoint, found its application in developmental psychology towards the end of the 20th century (Thelen & Smith, 1994). Its major premise is that the developing infant and child can be seen as a complex dynamic system in which multiple internal and external influences interact continuously (Smith & Thelen, 2003). Within this model, no specific factor such as biological maturation is seen as the single cause for developmental change. Rather, development is seen as a function of *self organization,* in which newer structures form and earlier ones dissolve through continuous interaction among the individual parts of the system.

There are no higher order organizational principles, although the structures that emerge may appear to follow such principles. Further, in self organization, there is no *self* or agent inside the system doing the organizing, no pre-existing *blueprint* for development. Finally, as Thelen and Smith (1994) explain, "these emergent organizations are totally different from the elements that constitute the system, and the patterns cannot be predicted solely from the characteristics of the individual elements" (p. 54).

Dynamic systems theory addresses the *processes* of change and development, rather than developmental *outcomes* themselves. In dynamic systems terms, there *is* no endpoint of development (Thelen, Ulrich, & Wolff, 1991). Rather, development is conceptualized as ongoing change within a complex system that involves interactions of multiple factors at different levels and on different timescales. That central idea of systems theory, self-organization, as noted previously, carries the conviction that patterned behavior emerges out of the interactions of multiple elements of the system. Such patterns are not specified in advance, but are *soft assembled* in the moment, depending on the specifics of the task, the context and setting, the elements' capacity for adaptation, and the individual's immediate and developmental history. Further, within any set of possible behavior patterns, some patterns are more likely to emerge than others. These common patterns are termed *attractor states*, states to which the configuration and behavior of the system is drawn. Thus, dynamic systems theory stands in direct contrast to theories of genetic determinism, in which a genetic *code* contained in our DNA unfolds in pre-ordained patterns of development. Likewise, on another level of abstraction, the theory equally denies the existence of an inner, core, *true* or *authentic* self whose emergence can be either facilitated or thwarted. Chief among the contributions of dynamic systems theory is a set of concepts facilitating examination of overall patterns of change, including stabilization, destabilization, and self regulation. In their groundbreaking application of systems theory to the field of developmental psychology, Thelen et al. (1991) described motor development as the process of repeated cycles of stabilizing and destabilizing behavior patterns.

In some self-psychological circles in the late 1990s in which the concept of a developmental point of view was considered essential, and where concepts drawn from infant research applied to adult treatment were influential (e.g., Beebe & Lachmann, 1998), the developmental psychology of Esther Thelen and her co-author L. B. Smith came into popularity. In particular, many psychoanalysts were reading and talking about Thelen and Smith's (1994) new book, *A Dynamic Systems Approach to the Development of Perception and Action*. Those of us who are binterested in development and its application to psychoanalytic theory and practice, convinced, like Esther Thelen (2005), that how we think about development affects how we approach treatment, were intrigued by these new ideas. In this later article aimed directly at clinicians and printed in *Psychoanalytic Dialogues*, Thelen wrote:

> Here I discuss the central concepts of a new theory of development—dynamic systems theory—to highlight the way in which a theory can dramatically alter views of what intervention is all about. Rather than focusing on one root of maladaptive behavior such as a biological predisposition, environmental causes, or motivational states, dynamic systems theory presents a flexible, time dependent, and emergent view of behavioral change. (p. 254)

Thelen explained further:

> It [dynamic systems theory] is based on the notion that under certain thermodynamic conditions, collections of many, often heterogenous parts appear to self organize, to produce ordered patterns without any particular part having a code or recipe for the pattern. Common examples range from clouds, to communities of one-celled organisms, through elaborate ecosystems of social systems. Nothing gives directions, yet the whole system has an order over time. (p. 260)

And indeed, nonlinear dynamic systems theory has become a popular influence in psychoanalysis in general, becoming a repository of strong new metaphors for psychoanalysts,and providing a shared vocabulary for intersubjective theorists such as Orange, Atwood, and Stolorow (2015); complexity theorists such as Coburn (2002), Coburn (2014); relational self psychologists such as Shane et al. (1998), Shane (2006), and Magid and Shane (2017); motivational theorists such as Lichtenberg et al.

(2011); and relationalists such as Harris (2005), Seligman (2005), D. B. Stern (2010), Ghent (1990), and Benjamin (1988). Consistent with the ideas just quoted from Thelen, these contributors see systems theory in psychoanalysis as concerned with conceptualizing the process of developmental change in complex systems where development is not seen to unfold in terms of a predetermined linear plan, as it is seen in more traditional psychoanalytic models, but rather emerges from systems with an absence of plan. Change is non-linear, is soft-assembled, and arises through the system's self regulation into attractor states that create stable patterns. Change happens through perturbations in the system that disrupt equilibrium and allow for the emergence of new attractor states.

We reference here three psychoanalytic publications in particular that use nonlinear dynamic systems to conceptualize psychoanalytic theory: two from Stolorow (1995, 1997) and one from Coburn (2002, 2014). We also quote at length from a very well-received lecture delivered by Gabriel Trop at the 2017 Conference of the International Association of Psychoanalytic Self Psychology. Stolorow and Coburn are, of course, well-known contributors to psychoanalysis, but Gabriel Trop is not. Trop is an Associate Professor of German and Slavic Languages and Literature at the University of North Carolina, Chapel Hill. Trop's paper was titled "A Dynamic Systems View of Selfhood, Affect, and Political Context." Dr. Trop is neither a psychoanalyst nor a scientist. He is an excellent scholar, however, who describes clearly what is meant by dynamic systems, and why a dynamic systems view of self is useful, powerful, and in fact, to our minds, invaluable. Hence, it seems pertinent to briefly introduce Trop's argument.

Trop (2017) begins by noting that dynamic systems theory moves away from universal programs or structures, focusing instead on patterns of selfhood that emerge from a confluence of particularized contexts. That is, dynamic systems speaks of "this particular body interacting with these particular experiences in this particular historical-cultural situation." These contextual elements operating in tandem give birth to a fluid sense of self with preferred ways of responding to the predictability and unpredictability of the surround. The sense of self that emerges from these patterns is continually self organizing—thus it is constitutionally open—and does not possess an essential or deep structure. Rather it is drawn toward, or attracted to, certain ways of thinking and being that are repeated over time. These repeated patterns might therefore give the sense of a permanent and unchangeable feature of something like a core self, a deep self, or an authentic self. But the subjective experience of a core self is itself an emergent property—an experience and conceptualization of self that *emerges* from psychoanalytic practice—rather than a preexistent reality that is *uncovered* in psychoanalysis. Such a dynamic understanding of core self draws attention to its narrative and affective power, rather than its status as an essential truth. It seems worth noting again that this concept of emergent self development runs counter to ideas about a core or authentic self that is inherent in the person at birth, and unfolds over time in a preordained way, such as is found in Kohut (1971, 1977, 1981/1991), Wolf (1988), or Winnicott (1960).

In summary, rather than a self imbued with a deep psychological structure, there is a sense of self that over time settles into preferred ways of being, given the specific body and the world into which it has been born, how it copes with the difficulties of that world of experience, but also how it copes with history, trauma, and loss, for example. The question of whether or not these patterns are problematic (even if they feel subjectively correct) is one of the issues that would guide psychoanalytic inquiry. Should these patterns be deemed problematic, the particular relation between patient and analyst will have to generate a context within which to disrupt these patterns and facilitate the generation of new ones.

Now, having investigated a dynamic systems vision of self and self change, we can return to the psychoanalytic contributors who moved relational self psychology from dyads to systems, and whose papers are referenced in this section. It was Stolorow's influence, especially, that generated in self psychology its significant expansion, changing conceptually from self in dyads to worlds of inner experience in intersubjective fields. Indeed, this was a significant force that supported the transition from traditional self psychology to relational self psychology. In his 1995 criticism of self psychology, Stolorow expressed his conviction that, were it not for Kohut's premature death, Kohut himself would

have completed his paradigm shift toward intersubjective theorizing. Stolorow argued that tthis shift was both foretold by, and inherent in, such Kohutian concepts as selfobject functioning, which emphasizes that the organization of self experience is always co-determined by the felt responsiveness of others; it is foretold and inherent as well in the concept of self-selfobject relationships, where the essence of psychological life from birth to death is generated and sustained. Therefore, according to Stolorow, intersubjective systems theory successfully brings into focus what Kohut was only reaching for and attempting to describe. That is, in intersubjective systems terms, the individual's world of inner experience and its embeddedness within other such worlds are in a continual flow of reciprocal mutual influence. Intersubjective systems theory thus closes the gap between the intrapsychic and the interpersonal, the essence of Kohut's self-selfobject matrix. And, additionally, it broadens the field from two intersubjective worlds to, possibly, many.

Another foundational change in self psychology's move from dyads to systems and from classical to relational involves how the concept of self is considered. In Shane (2006) and in Magid and Shane (2017), consistent with systems theory, self is conceptualized as a recursive pattern of emerging capacities and expectations. This is different from Kohut's formulation of self as an inborn, cohesive structure. This difference in understanding self entails several additional changes. First, we have Steven Stern (2002b), who reminds us that Kohut's formulation of self as a unified, static center of initiative is challenged by the postmodern critique postulating that self is multiple, in constant flux, and intersubjectively constituted. Wishing to preserve both the classical self of Kohut and the relational concept of multiple selves, Stern proposeda two kinds of divisions in self experience. First, there are the dissociative divisions of the multiple selves of relational theorists, and second, there is a division between what Stern calls the intersubjective self and what is primary subjective experience. Both kinds of self experience occur simultaneously, and they determine the qualities of self experience that are emphasized in the unified self of classical self psychology. The articulation of this expansion of theory, proposing that the conceptualization of self can be usefully understood in multiple ways, depending on context, exemplifies the broadening of relational self psychology to include both a unified vision of self and multiple visions of selves or self states. We are thus moving away from arguments about the *true* nature of the *self* as a structural psychic entity, toward a recognition that we use the word *self* to encompass a variety of conceptual and subjective phenomena, encompassing both our subjective, conscious experience of identity and agency, as well as describing metapsychological levels of cohesion or fragmentation, capacities for affect regulation and attunement, and relational patterns of attachment and expectation.

Similarly, Ringstrom (2010), following a request by Stephen Mitchell himself, made a full and lengthy comparison of intersubjective systems theory and relational theory, concluding that both theories should be preserved rather than one replacing the other, voting for expansion. Ringstrom wrote:

> For my money both perspectives are critical. Whereas the relationalist position offers me a rich treasure trove of analytic ideas, yet the intersubjectivist attention to the patient's vulnerability to shame and blame is comparably crucial. Taken together, the two perspectives meet one another in crucially important ways that make them insufficient without the other, and therefore both are necessary. (p. 216)

Then, a reading of Coburn's (2002) "A World of Systems" reveals how complexity theory expands the vision of self in relational self psychology, but in a unique, scopic way. That is, complexity theory enlarges our perspective on the organization of personal, subjective experience and the therapeutic process. Speaking about therapeutic change in psychoanalysis, Coburn contended that in a world of systems, "people alone do not change, systems change, and on multiple levels. The apparent change is reiterated or distributed throughout the system" (p. 671). He explained that in looking at therapeutic action and change, complex systems theory works on two levels of abstraction. *Phenomenologically*, we can experience ourselves and others as having changed, as being different than what we used to be. At times we can even experience ourselves as isolated and separate—not necessarily as even belonging or connected to a system. But on an *explanatory* level, we may conclude that we are relentlessly embedded

in a network of systems, and change is always occurring across systems through the interpenetration of multiple worlds of experience. Thus, thinking from a complexity theory perspective greatly expands our vision of what changes in analysis; what seems to be the imposition of influence of one system of subjective experience (the analytic dyad) on another or others (other experiential worlds inhabited by the patient) is explained by the fact that we always are and always will remain of a context, always influenced by and influencing that context.

Moving now away from systems contributions and more directly into clinical questions that distinguish relational self psychology from its classical precursor, deepening our clinical understanding of the relational engagement, one important issue concerns an aspect of Kohut's understanding of empathy. That is, did Kohut mean to argue that the analyst, in listening empathically, could actually rid himself of his own subjectivity in order to enter into the patient's subjectivity? Could he immerse himself in the patient's world of experience, shedding his own? Stolorow et al. (1987) pointed to this apparent conceptual error, strongly contending a preference for empathic inquiry rather than empathic immersion. For his part, Fosshage (1992), in agreement with Stolorow et al., introduced a compelling argument of his own. First Fosshage argued that all of his or her perceptions are mediated through the analyst's experience and subjectivity. Kohut, he asserted, had formulated the empathic mode of observation as fundamental to self psychology, but what is perceived by the analyst is always shaped by the analyst, a constructivist perspective.

Second, Fosshage (2003) distinguished between the experience of listening and perceiving, and the experience of responding. One must not conflate the empathic mode of perception with the analyst's response, Fosshage contended. He identified three listening perspectives: empathic, other centered, and self centered. That is, Fosshage spoke of: listening from the perspective of the patient's inner world of experience; listening from the perspective of another who is important in the patient's life; and listening from his own perspective. Fosshage made the point that how one listens and how one then responds is not necessarily the same; the analyst may listen empathically, but may respond from any one of these other perspectives.

Shane (2006) made a similar distinction between listening and responding, using a different conceptual scheme. Shane argued, as does Fosshage, that while listening and perceiving empathically is all-important in self psychology, whether one responds empathically, responds as another, or responds from one's own present experience is a decision based on one's assessment of what would most conform to the patient's needs in the moment.

Another major expansion in relational self psychology as it moves beyond its Kohutian origins derives from the interest a number of self psychological adherents have taken in relationality. Reading relational material and finding much there to learn from, to argue with, or to argue for, some, like Fosshage (2003) and Magid and Shane (2017), have found themselves extending their theoretical and clinical systems to incorporate relationality into their own relational self psychology models. They include there what they learned and discovered to be either challenging, or helpful, or both.

First, Magid and Shane found in relational theory significant instances of expansions in empathy. For example, there is the issue of whether the analyst's empathy, understanding, and explaining are sufficient to cure self experience, as Kohut had averred, or do some, perhaps even many, patients require a more active engagement with the analyst than mirroring attunement alone provides? For another example, Benjamin (2009) spoke of the analyst's own visible facial and gestural displays of feeling and reaction, conveying a sense to the patient that the patient's narrative has had an impact on him or her. For a third example, Fonagy (2003) wrote of the analyst's marked mirroring response, conveying not too much and not too little, but just the right degree of responsiveness to the patient. As a fourth example, object relationalists (e.g., Ogden, 1994) have conveyed the necessity for some patients to know that the analyst not only knows what the patient feels, but actually feels what the patient feels—feels with him the same anger, annoyance, resentment—and is just as aroused or frightened. And of course there are Jessica Benjamin's (1988) doer-done-to dynamics, mutual recognition, and the Third, which describe with greater detail and theoretical sophistication the complexities of the intersubjective field and its particular patterns of mutual co-creation, disruption, and repair. Along with these, there are many other relationalist conceptions that are not found

in Kohut's self psychology and that offer useful clinical expansions easily incorporated into relational self psychology so as to broaden and expand that perspective's reach.

In closing, we want to emphasize that this journey toward the development of relational self psychology is by no means a linear one. Rather, it is a nonlinear exploration of ways and means to enhance our capacities of being with our patients so that their individualities and our own predilections can meet in the most effective of ways.

Recommended readings

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