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THE EYE SEES ITSELF

DISSOCIATION, ENACTMENT, AND THE ACHIEVEMENT OF CONFLICT*

Abstract: Part I of the paper takes up the question of how it is possible for the analyst to see, experience, or understand the countertransference, which is exactly what her unconscious involvement with the patient blinds her to. Must the eye perform the impossible task of seeing itself? A clinical vignette illustrates the problem. The means by which we generally dig ourselves out is our development of an awareness of vague affective hints, or chafings. Yet the problem remains: Why should we be any more able to grasp affective clues to our involvement than we are to grasp our involvement itself? In Part II I suggest that clues that help in thinking about the dilemma of the eye seeing itself are to be found in the examination of dissociation and the conception of the self as multiple. This line of thought leads into the presentation of an interpersonal-relational theory of enactment. Therapeutic action depends upon the creation of new internal conflict between states of self. The clinical material is explored along these lines. Part III returns to the riddle of the eye seeing itself, showing that the problem is insoluble only as long as mind is conceived to be unitary and undivided ("single-mindedness"). If consciousness is multiple, the dilemma disappears.

Keywords: dissociation, enactment, conflict, interpersonal, relational, transference, countertransference.

PART I: MUST THE EYE SEE ITSELF?

THE analyst's unconscious participation in the therapeutic relationship interests us today for a very different reason than it used to. The significance of countertransference no longer lies in its status as primary obstacle to the analyst's perception of the truth. As the goals of

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psychoanalysis have shifted from the acquisition of insight to authenticity, the freedom to experience, and the expansion of relatedness (e.g., Mitchell, 1993), we have recognized that countertransference is as much what the analyst does as what she feels, thinks, and fantasizes, and these enactments, as we have come to call them, have become opportunities as much as obstacles. Insight remains crucial, because it increases our range of choice. But no longer is the appearance of new understanding always viewed as the heart of the matter, as it was almost uniformly just a few short decades ago. Now, at least in some analytic circles, insight is just as likely to be viewed as a sign that the important change—the shift in analytic relatedness that allowed the new understanding to arise in the first place—has already occurred. Ghent (1995), for example, writes that

In the early years of psychoanalysis, the prevailing view was that therapeutics was essentially informational—insight and awareness would bring about changes in the ways one would experience events and respond to them. Over time, there has been a subtle shift from the informational perspective to the transformational, where insight is often retrospective rather than the active agent. [p. 479]

Among many others, the members of the Boston Change Group (e.g., D. N. Stern et al., 1998) are working this vein, especially in their conception of “now moments.” The transformational view of therapeutic action grows from the application of complexity theory to psychoanalysis, an area bursting with theoretical and clinical potential.¹

And yet, while loosening the constrictions in analytic relatedness has become the main event in therapeutic action, and despite the fact that many enactments relax for reasons that seem to have little to do with the effects of our consciously intended interventions, we know no other means of focusing our effort on dealing with enactments than to try to feel our way to a speakable understanding of where in our experience and interactions with patients enactments exist and what they are about. Even in the era of transformation, the analyst must know the countertransference, but does not, and what she is deprived of is precisely the

¹ Piers (in press) uses “complexity theory” to refer collectively to complexity theory, nonlinear dynamic systems theory, and deterministic chaos theory. Recent psychoanalytic work in this area (in addition to what I have cited in the text) includes Galatzer-Levy (1978, 1996), Moran (1991), Spruiell (1993), Levenson (1994), Mandel and Selz (1996), Quinodoz (1997), Pizer (1998), Palombo (1999), Piers (2000; in press), Shane and Coburn (2002), and Ghent (2002).

practical grasp she is able to construct in the case of many other aspects of her experience with the patient. What we need is what it seems we cannot have. In this ironic sense, insight as an agent of change is alive and well.

And right there we come across the rub that challenged me to write this essay: How is that we *ever* come to know what we are doing in the unconscious parts of our relatedness with the patient? How can the eye possibly see itself? How can we conceptualize countertransference awareness?

Although virtually every contemporary psychoanalyst would agree that it is crucial for the analyst to find a way to reflect on as much of her unconscious relatedness to the patient as possible, we have nothing even approaching a similar agreement about how that capacity for self-reflection comes to light. As a matter of fact (and oddly enough, if you ask me), the question of how it is that analysts put themselves in a position to know the countertransference is seldom even broached.

By using the word "how," though (as in "how we know the countertransference"), I do not mean to pose a question about technique. I do not mean to ask what the analyst should *do* in order to become aware of the countertransference. Though I shall offer clinical remarks and an illustration, the quandary I want to address is not technical at all, but theoretical: How is it *conceivable* that we observe our own unconscious participation in ongoing relatedness? If our unconscious involvement with our patients is inevitable and continuous, how in the world do we ever develop a conviction we can trust about which interpretations or relational interventions might be most useful in any particular moment? Why isn't every clinical intention simply swallowed up in an enactment? This seemingly endless circularity is what Levenson (1972) was describing in the title of his first book, *The Fallacy of Understanding*: the analyst's insights are not only what the analyst thinks they are, they are also, and more importantly, participations in what most needs to be understood.

When the issue is put this way, does it not seem that the analyst ought *never* to be able to know the countertransference? Where is the "perch" (Modell, 1991) from which the unconsciously involved analyst somehow gains a clear-eyed view of the very involvement that is standing in the way of the view in the first place? From a purely logical perspective, the task of observing one's own unconscious involvement with one's patients seems to be a contradiction, a "bootstrapping" operation (Mitchell, 1993) of impossible proportions. "I have met the enemy," said the im-

mortal Pogo, now many years ago, "and they is us." For years after the appearance of Levenson's book, many of us did not know whether we were more excited by its ideas or despairing about what it meant about our control over our clinical work. But we got used to it, we began to live with it. Perhaps we got too used to it. It is time to return to the unanswerable question that Levenson's work, and much else that came after it in relational and interpersonal psychoanalysis, seems to pose: How can the eye see itself?

The Nature of the Problem

Each participant's conduct plays a very important role in "locking" the other participant into the unseen or rigidly perceived patterns of the transference and the countertransference. I have referred elsewhere to this phenomenon as "the grip of the field" (Stern, 1989, 1997, 2003), and Wolstein (Shapiro, 2000) refers to it as "the transference-countertransference interlock." It is partly because of the way the analyst's experience is affected by the transference that the countertransference is unconscious; and it is also partly because of the way the analysand's experience is affected by the *countertransference* that the *transference* is unconscious. Because they are mutually embedded, transference and countertransference are reciprocal and inseparable parts of a whole.

This interlocking often enough leads to a situation in which alternative patterns of relatedness are invisible to both participants, and negotiation is therefore difficult, if not impossible. The relatedness has a certain mutual intransigence that no good intention is enough to relax. Each person's attitude toward the other is frozen. When this unyielding quality is conscious and obvious to both participants—that is, when it is reflected in both participants' explicit views of one another, a therapeutic impasse neither can deny—the demand for interpretation (or rather, reinterpretation) is clear enough. Under such circumstances, both analyst and analysand are painfully aware of the need for a different kind of understanding and relatedness between them. Every clinician knows, though, that even then—even in the presence of a mutual, ardent, conscious wish for it—a different and useful way of seeing the situation may still be maddeningly elusive.

The more common and even more difficult situation, however, is for analyst and analysand to be locked into an unconscious enactment that neither of them even knows is under way. The rigidity in the interaction,

that is, is not apparent to either the patient or the analyst. Quite often, when we look backward in time from a wider understanding, the patterns we conclude were crucial for us to identify—because they were the sources of difficulty or puzzlement in the analytic work—were not visible at all during the sessions within which they were most influential. Because the analyst had no reason to attend to and formulate such patterns during those sessions, the relevant relatedness was no more conceptually distinct than the air the analyst breathed. But our ignorance of the intransigence does not mean that it was not there; it merely means that neither analyst nor patient saw the appropriateness of characterizing the relatedness as intransigent until later on.

And so we face what seems to be a contradiction: On the one hand, the field must change if it is to become possible for analyst and analysand to learn something new; but on the other hand, it is quite often precisely because the field needs to change that neither the analyst nor the analysand can identify what to address in order to provoke these changes. It seems that the needed alterations in the analytic relatedness are themselves the conditions for their own accomplishment. We therefore appear to be left with no way to account for the fact that psychoanalysis is not endlessly circular.

Wolstein and the "Private Regions" Solution

This conceptual problem does not arise in such a pointed way for those analysts who believe that a significant part of the self exists in a nonsocial realm, in a part of the psychic geography that exists completely apart from interaction with others, untouched and unmediated by social interchange. Obviously, these analysts, most of whom think in the terms of modern Freudian or Kleinian theory, have the same clinical difficulty we all do in understanding the enactments in which they are involved.² But at least in theoretical terms, from their vantage point the problem is less thorny than it seems from interpersonal and relational perspectives. Theorists who conceive the self to be partially disconnected from social interchange can at least hypothetically conceive how the analyst is able to construct an understanding of the enactments in which she is in-

² For an examination of these issues in the work of contemporary Freudians, including those of a liberal bent, see Hirsch (1996), for a view of the same problems in modern Kleinian thinking, see Mitchell (1997, ch. 4), who also points to what he feels is a similar position among some contemporary interpersonal analysts (ch. 3).

volved, even if finding a way to that understanding is painful, difficult, and slow. If there is some part of self-experience that exists in a nonsocial realm, that is, there exists a metaphorical high ground, or as Mitchell (1993) puts it, a "platform," onto which the analyst can climb to observe the fray between herself and the analysand; there is a "place" in the self where one can stand, a private place uninfluenced by any aspect of the other. The analyst can retreat to these private regions, and from there, even if she meets internal resistance to grasping her own unconscious involvement, there is at least the theoretical possibility of a view of the involvement from an uninvolved perspective.

A "private region" that would be useful in this way would need to have two characteristics. First, it would be asocial, existing outside the influence of the countertransference, because only a "platform" unaffected by the countertransference could allow the analyst to step away far enough from her unconscious involvement with the patient to be able look back at that involvement and make it the object of understanding. Second, such a private psychic "place" would have to be a portion of subjectivity experienced as the analyst's own, not as alien or other. In other words, if the analyst is going to be informed about her unconscious involvement by a part of her own mind, that part has to feel like it belongs to her. If it does not feel that way—if it is not "self"—she has no reason to "listen" to it, and perhaps (as in the case of the unconscious) she cannot.

If we put these ingredients together, we conclude that a clinically usable private region of self would be, as Winnicott (1960) describes "true self," an "incommunicado" aspect of experience that nevertheless feels like one's own. But even Winnicott (e.g., 1949), despite his early interest in the use of countertransference, did not use the "private region" argument to grapple with the problem of how the eye could see itself. That line of thinking could only be developed by someone who appreciated both the embeddedness of the analyst in the field and the private region argument for dealing with it. The single writer to have done this, as far as I know, is Benjamin Wolstein, one of the first to take the position that transference and countertransference are inevitably reciprocal (1954, 1959), though he is seldom credited as he should be in this respect. Beginning in the 1970s (1971a,b, 1972, 1974a,b, 1975), at about the same time that Levenson was formulating the idea of the analyst's inevitable unconscious involvement with the patient, Wolstein took a drastically different course, 180 degrees in the other direction. He began to add to

his earlier views a conception of what he called "the psychic center of the self," a core of personhood that, whether it founders or is actualized in the course of living, cannot be altered in any essential respect. The psychic center of the self is not necessarily unreachable from the outside (that is, by contact with others), but when it does enter social interaction it can only be denied or recognized, never changed or influenced. Wolstein came to believe that the most meaningful aspect of therapeutic relatedness only occurred once the transference-countertransference interlock had been dissolved. Only then did it sometimes become possible to communicate directly from the center of one self to another. Wolstein felt that the most meaningful of these communications concerned matters that the other might not even be aware of. He looked forward, in particular, to the capacity of the patient to observe unconscious aspects of the analyst. The success of these observations, however, was not necessarily to be judged, as Sullivan would have had it, by whether they were clearly understood by the other. What mattered more to Wolstein than consensual validation was whether what one observed and communicated about the other was true to one's own experience.

For the present purpose, the significance of the psychic center of the self is that it allowed Wolstein to pose and solve the riddle of the eye seeing itself. Wolstein explicitly noted that, as far as he could see, unless we conceive a kind of experience that remains uninfluenced by the other under any and all circumstances, there was no way for the analyst or the analysand to understand their unconscious involvement with one another. There must be a place in psychic life from which, as we become familiar with it, we can observe our unconscious involvements. Resolving transference-countertransference interlocks, therefore, is not so much the point of psychoanalytic treatment as it is a prerequisite to love, which is for Wolstein the capacity and willingness to know and accept one's deepest view or sense of the other. In an interview with Hirsch (2000), Wolstein said that "a uniqueness of self is the most direct way to get over and out of that interlocking; it makes it possible, it opens up, the love, as distinct from the intimacy, to let it go" (p. 198). And then a moment later, sounding the same note Bollas (1989) strikes when he describes the notion of personal idiom, Wolstein adds, "We all have a unique sense of self that is inborn: clinical psychoanalytic inquiry doesn't create it; we find it there" (p. 199).

If one can accept such an argument—that there is some inviolate, non-social core in the self—one can work out the problem of countertransfer-

ence awareness fairly simply: one simply observes from within the non-social core.

But however appealing Wolstein's position is, and however wistfully I regard it, I cannot accept it. It certainly makes sense to posit temperamental differences in the self, as well as important inborn constraints on, and potentials for, what the self can become.³ But it is only within a later social world that these inborn constraints and potentials take on their meanings and exert their effects. The self is a social construction. That is not to say that social construction has no limits; it does have limits, significant ones (Stern, 2000). Nor does this position require us to deny the uniqueness of each self.

Even if I cannot agree with Wolstein about the nonsocial core of self, though, I admire his early recognition that we must think out the problem of countertransference awareness. That recognition is still very much the exception. Of those clinicians who continue to work and think as if they have access to an objectivity that allows them an impersonal view (whatever that is) of their own unconscious involvement with their patients, most have not really reflected on how they conceive that objectivity.⁴ "Where" in subjectivity is it? Wolstein sidesteps that problem altogether, as we all should, by dealing with it without recourse to a mythical objectivity. All one can do, he believes, is know and remain true to one's deepest feelings and perceptions, the psychic center of the self.

The rest of us, though, to the extent that we can accept neither Wolstein's solution nor a belief in objectivity and impersonal understanding, must look elsewhere. We know we manage to succeed in what we cannot explain how we do. In the search for an understanding that interpersonal and relational analysts, too, can accept (the irony here, of course, is that Wolstein was one of the most prominent of interpersonalists), I turn to a clinical illustration. I offer it with certain misgivings, though, because if I am not careful to say exactly what I think I am up to, this kind of presentation (the discussion of a particular enactment) might convey the impression that the analyst's unconscious participation in the process is a sometime thing. For that reason, I state my perspective

³ Recent influential conceptions of inborn dispositions of this kind include, besides Bollas's (1989) personal idiom, Kohut's (1984) idea of the self's destiny or nuclear program and Fonagy et al.'s (2002) description of implicit procedural primary emotion states.

⁴ See Friedman (2000), though, for a thoughtful recent defense of objectivity in psychoanalysis, though in my view Friedman, too, underemphasizes unconscious social embeddedness and overemphasizes the degree to which people are capable of observing their own motives.

at the outset: Along with the many other analysts who share my orientation, I take the position that the analyst's and the analysand's unconscious involvement with one another is inevitable and continuous.

Now, as soon as I say that, of course, I have stepped yet again right into the middle of the dilemma: How can we maintain that unconscious involvement is continuous without destroying the significance of the analyst's (and the patient's!) thoughtfulness and capacity for observation? That is the paradox with which I begin: Unconscious involvement is ceaseless, and yet we do not doubt that the analyst makes valid and useful observations and interventions.

But enactment is only one variety of the analyst's unconscious involvement. There is a great deal of mutual interactive regulation going on between any two people, and most of it occurs outside awareness (see, for example, Beebe & Lachmann, 1998, 2002). In the way I want to define the word, though, mutual regulation is not enactment. It is frequently carried out without conscious design, it is true. Mutual regulation, that is, is descriptively unconscious. But it is not dynamically unconscious. Neither is the kind of responsive participation that is a key part of most treatments, the kind of reparative and facilitative unconscious involvement—accepting, loving, humorous, or playful—that self psychologists might refer to as selfobject functioning. One has to “mean it” in order for this kind of relatedness to be useful to the other, and so it has to be more deeply felt than mere conscious decision could make it: it has to be part of the analyst's nonconscious involvement. The same is true of holding and containment and the host of other noninterpretive participations that have become so important in our understanding of our work. But none of these participations is a dynamic necessity. While the analyst may not consciously think about doing such things (though of course sometimes he may), neither does he feel compelled to carry them out. The analyst's agency is not compromised; he could stop participating this way if he wished, but generally he judges it best to continue. In the most important sense, then, all these kinds of relatedness are freely chosen. Enactment, by contrast, is rigid and unyielding for both analyst and patient; it either feels irresistible to both or is recognized, after the fact, to have been a (unfelt) necessity.

It is usually not painful for the analyst to feel and think about his participation in mutual regulation, affirmation, empathic understanding, reparative and facilitative involvements, holding, containment, and so on. It may not always be possible to say what unconscious sources are being

tapped at these times, and there may be an emotional cost to be paid for participating in one of these ways in the face of a strong countertransference pull to behave otherwise—but there is little or no internal resistance to formulating whatever there is to know about such clinical attitudes and interventions. One is not deprived of the freedom to think. And so the problem of the eye seeing itself does not come up in these circumstances. In enactments, on the other hand, the analyst is more or less blind to what he is doing and feeling, and he is likely to suffer. He cannot find his way for some time to a kind of being with the patient that would relieve both of them. And therefore, while the analyst's continuous unconscious relatedness is the rule, the problem I am setting out to explore arises only in that portion of the analyst's unconscious functioning that, because it is dynamically unconscious, deserves to be called *enactment*.

An Enactment: Guilt and Narcissism

In deceptively smooth treatments, we find in retrospect that all along, each participant was influencing the other to maintain the status quo. In one case of mine, the patient, a talented but immature man in his thirties who had managed to deep-six virtually every one of the many academic and professional opportunities he had had, worked very hard in treatment and expressed deep appreciation to me, though he also expressed his fear that I would somehow indoctrinate him and make it impossible for him to continue the somewhat self-destructive “fringe” life he had been leading. During one of his high school years, he had been in a once-per-week psychotherapy for his academic problems, but that treatment had seemed to him to be nothing more than tutoring, and useless tutoring at that. According to him, his therapist, like his teachers (and himself, for that matter), had been completely baffled about why this very bright and apparently well-meaning young man, who seemed quite sincere about wanting to do well, just could not seem to get his work done.

After a year and a half or so, during which time the treatment seemed immensely productive to both of us, I began to feel a vague sense of unease. Something bothered me. Over a period of a couple of weeks, I began to formulate what was the matter. The treatment had begun to feel to me very subtly less alive, less continuously intriguing and animated. Certain moments that I knew would have been interesting in the recent past were now perhaps a little flat or stale, maybe just a bit forced.

Simultaneously, the analysand, while insisting he was trying as hard as he could, was failing quite spectacularly in certain academic activities that he had felt, with my tacit agreement, would represent progress for him.

We found out somewhat later that the analysand was doing with me precisely what he had done with his parents, though as is so often the case, he was doing it with such utter naturalness that it shaped our interaction unobtrusively. On the face of it, he was the dutiful, cheerful, and loving son; but he was simultaneously failing in an unconsciously purposeful way that he was able to believe consciously had nothing at all to do with his own intentions. We eventually learned that he had always been angry and depressed at the expectations he faced from his parents, which had never seemed to him to have much to do with what he wanted from life or how he felt; but because of his parents' narcissistic vulnerability and his loving feelings toward them, he had felt too guilty to protest directly. Instead, he acted out in a way that was invisible to him but that hit them where it hurt: he failed dramatically to accomplish anything that would have pleased them, a mission that had ruined every one of the opportunities they had found a way to offer him. With me, the patient had begun the relationship in a genuinely collaborative mode in which we had accomplished a great deal. I have not felt the need to revise that initial impression. But we also discovered that, as I had begun to enjoy his collaboration, he had begun to resent my pleasure, and had revised our history together, beginning to suspect (without quite realizing that he felt that way) that we had instituted our collaboration more for my reasons than his own. He then began to treat me as if I needed this narcissistic pleasure, as he had felt (again, in an unformulated kind of way) his parents had. For a while, I had not noticed this change, or had registered it only as a subtle affective shift, most of the time continuing to enjoy what was fast becoming a pseudoalliance and ingratiation, just as his parents, by what I could gather from his reports, had always taken pleasure in what seemed to be his adoration and good cheer. It came to my attention in these weeks that I had also been enjoying his appreciative responses to my interpretations, and I now realized that I had been making more of them recently than I usually do. The analysand, in other words, was playing to what he unconsciously fell into assuming was my narcissism, and I was enjoying it enough that he had reason to believe that he needed to keep me well supplied if we were to continue to get along together.

For my present purpose, the point of the illustration is that I responded to the analysand's way of relating to me by developing a countertransference that, in turn, reinforced his transference; as a result, as is usually the case, he and I locked one another so securely into an unconscious set of interpersonal patterns that it soon became irrelevant, actually, which of us was responsible for having provoked the interaction in the first place. The very idea of determining such a thing, as a matter of fact, would have been (and often or even usually is) nothing more than a blaming operation.

Once the nature of our relatedness came to light, there was the possibility for change, and so my example illustrates not only the interlocking of transference and countertransference, but also the breaking of this mutual grip. How and why that happens is my primary question. Why did I not simply continue to play out this scenario of narcissism? Where did the vague discomfort that helped me to see things differently come from? Eventually, once I had made some sense of my feelings, I drew the patient's attention to what I had noticed about the change in the atmosphere between us and invited him to investigate it with me. The results I have already described. I turn now to what made this turn of events possible.

Snags and Chafing

If we accept that the analyst and the patient comprise an immensely complex, changing, self-organizing system, it seems virtually inevitable that some impasses will relax for reasons we understand only in retrospect, if we ever understand them at all. But that is only one of the possibilities. In another scenario, the analyst is alerted to examine her experience for clues to her unconscious involvement with the patient—for hints at the nature of the system, if you will. More often than not, the alerting signal is something small and subtle. It often has a mildly bothersome quality. One feels an emotional "chafing" or tension, an unbidden "hint" or "sense" that something more than one has suspected is going on in the clinical interaction. Something feels inconsistent, countering an affective expectation we did not even know we had until that moment; it feels subtly "wrong" or contradictory or just uncomfortable. For the curious analyst, therapeutic work is often the psychic equivalent of walking along a forest path in a wool sweater that snags now and then on a branch or twig. When it does, we stop, investigate, and disentangle

ourselves. We note some kind of change in our feelings, ask ourselves about it, and find that we are responding to something about the analysis that we have not yet explicitly noticed. A new perception comes about. This quiet and self-reflective process is just as important during impasses, deadlocks, or stalemates, of course, in which the noise and drama of the interaction is endlessly uninformative, as it is during the more silent kind of enactments that only become visible in retrospect.

All well and good, says my personal version of what Sullivan (1950) described as “an illusion, an illusory person, in the sense of a critic, more or less like what we think the hearer is” (p. 214). This illusory critic is an essential but less than entirely inspiring amanuensis who insists that I think through problems in a publically verifiable fashion. And in this case, he has an objection: Even if we can all agree that we often find our way to an awareness of enactments via affective signposts, such as the subtle diminution of aliveness in the treatment I described, why does this contribute to solving the conceptual problem I have set out to address? Do we not simply face the same dilemma in another guise—the problem of the eye seeing itself? How can we account for our capacity to notice the signs of our unconscious involvement? Shouldn't our capacity to notice what points to the enactment be swallowed up in the enactment itself? Why should enactments be black holes in some respects but not others? If they suck into themselves our capacity to observe them and to know what to do about them, why in the world would the same fate not befall subtle affective hints at their existence?

Well, we know better than to accept the black hole argument, but we still have to admit that the objection makes sense in a purely logical way. While we know perfectly well that we experience emotional snags and chafing and that they eventually help us grope toward some kind of grasp of the most significant of the enactments that emerge in a treatment, so far we do not have a way to say why any of this is possible.

PART II: A THEORY OF ENACTMENT

Dissociation and the Multiple Self

The very existence of my internal critic offers a hint, though. Why does it take him to notice that what I have written does not really answer the question I have asked? Why does *he* notice that it seems to be contradictory to say that we can experience hints, but that we cannot just leap

directly to new perceptions of the enactment? *He* notices because he has a different agenda than the part of myself that tries to solve the problem. *I* am trying to contribute a creative solution; *he*, on the other hand, is trying to make sure that what I say meets the standards of public discourse. "His" is a different task than "mine"; I (now in the larger sense of the whole person) am divided. These two purposes of mine are identified with what we call "parts" of ourselves or, in the current parlance of relational thinking, "self-states" or even "selves" (Mitchell, 1991; Slavin, 1996; Slavin & Kriegman, 1992, 1998; Davies & Frawley, 1991, 1994; Flax, 1996; Harris, 1996; Bromberg, 1998; Davies, 1996, 1997, 1998, 1999, 2002; Stern, 1997, 2003, accepted; Pizer, 1998).

I am able to see the inadequacies in my own argument because the "me" who tries to think creatively acknowledges the "me" who audits my thoughts—or more properly, because the "me" who tries to think creatively *experiences conflict* with the "me" who audits my thoughts.

Is it conceivable that I might *not* experience the conflict with the other "me"? Of course. In that case, we could say that these two aspects of me, these two self-states or personifications, were *dissociated* from one another. If I identified with an imagination dissociated from its critic, I would be grandiose; my ideas would encompass too much significance, apply too broadly, and by implication I would assume an unjustified self-importance. If I felt more closely identified with an internal critic who was, in his turn, dissociated from (did not experience conflict with) my imaginative side, my writing would be flat, uninteresting, overly cautious. In fact, I might very well never write at all because, in my illusory critic's estimation, there would always be something that someone could find wrong with what I would say (and of course he would be right). Just this sort of dissociation might take place, in fact, in someone who grew up with a parent for whom mistakes were catastrophic. We all know the adult children of such parents: they are so concerned—consciously, yes, but especially unconsciously—with avoiding the disapproval of critics, inner and outer, that they are virtually incapable of spontaneous experiencing.

What is the ideal situation? The ideal, and one that many of us actually do approximate, in at least some significant portion of our experiencing, is the ongoing and continuous awareness of conflict between self-states, what Bromberg (1998) calls "standing in the spaces." It is only when we can tolerate conflicts between multiple states that we can negotiate the disagreement between them (Pizer, 1998). I hasten to add, though, that resolution is not necessarily the *raison d'être* of negotiation between

states of mind. Negotiation is an ongoing, never-finished weighing of the alternatives. If we are willing and able to experience conflicting purposes at the same time, negotiation is the natural stance for us to take toward them. On the other hand, we cannot negotiate until conflict comes about.

If I wish to write something that will be of use to others, for instance, I need to be able to experience simultaneously my illusory critic and my creative (and sometimes autistic) side. I need to be able to think creatively at the same time that I think critically *about* thinking creatively. And when differences between these interests crop up, as they do more often than I would like, I need to be able to evaluate each purpose in the light of the other. I must either be able to revise my manuscript or to answer my illusory critic in a way that satisfies him. I need, in other words, to be able to allow myself to create the experience of conflict. If I hole up within one or the other of these self-states, and cannot formulate the perspective that would be offered by the other, there is no conflict; I am dissociating.

Dissociated experience, we have learned, does not simply disappear quietly into some hidden corner of the mind. It is enacted (e.g., Davies, 1996, 1997, 1998, 1999, 2002; Davies & Frawley, 1991, 1994; Bromberg, 1998; Pizer, 1998). I will "play out" the state of self I cannot tolerate experiencing directly, and I will thereby unconsciously influence those with whom I relate to adopt a variation on the same dangerous response that led me to dissociate the self-state in the first place. In one variety of enactment I embody the traumatized self, in a continuous and futile attempt to make everything happen differently, thereby healing myself; but instead I provoke the other person to experience and behave in ways that, tragically, simply keep retraumatizing me. In the reciprocal version of this enactment, in a similarly unconscious attempt to wrest control of the situation, I traumatize the other just as I have myself been traumatized, but I have little or no appreciation of my role in doing so. (And if the trauma has been bad enough, I may not even care: Stein, 2003, accepted.)

We expect the roots of dissociated self-states to be inaccessible; but in an enactment, the reciprocal state called out in the other is as inaccessible to him as my dissociated self-state is to me. My interactive partner is unaware that his role is anything other than his own choice; he is as unaware as I am that he is being nudged into it by a reciprocal pattern to which we both contribute. Each person therefore experiences the other person as instigator, at fault, imposing his will.

For example, if I dissociate my internal auditor, and my work is grandiose, I will be unaware of my over-reaching and therefore unable to appreciate my role in provoking criticism from others. When criticism comes it will surprise me, and I will be either devastated (and will perhaps behave in way unconsciously designed to inspire guilt) or outraged (how *dare* they!). On the other hand, if I dissociate my risk-taking, creative side, I will be out of touch with the way that the extremity of my self-criticism suggests to others the magnitude of the contribution I secretly (even from myself) expect to make.

We do not insist that Sullivan replace his "illusory critic" metaphor with the description of impersonally defined cognitive processes, because it is intuitively and immediately obvious to us what he means by the metaphor. In our imaginations we do not limit the characterization of our various conflicting purposes to the purposes themselves; we characterize our purposes as "parts" of us, as "states" of our selves. We do not simply describe our internal worlds, we people them. We do not understand ourselves as concatenations of affects, cognitions, and conations, however reasonable it may be under some circumstances to describe our minds in these terms. Instead, we sense our fragments as characters. Sullivan's (1954) theory describes the various aspects of personality as "personifications," reflecting his view (he mirrors object-relations writers in this one respect) that the elements of our inner landscapes have human characteristics.

And for good reason. Each of these personifications grew up around the relatedness to a particular significant person, or around the relatedness to parts of various significant people. When experience is traumatic, the child cannot bear to experience simultaneously states that were created in the presence of safety and others created during the appearance of a dangerous, traumatic person, or part-person ("angry-father," for example). Dissociation is born. The child, and then the adult, enacts the traumatic states and lives his "known" life inside the bearable ones.

Dissociation, Enactment, and the Achievement of Conflict

Everything I say in the remainder of this essay is an exploration and expansion of the following proposals about dissociation and enactment. Once I have explored these ideas fully enough, I return to the question of how the eye sees itself. I will not be better equipped than I am now to answer that unanswerable question, but I will be in a position to make

the case that it should be recast, and in that new form it will become a sensible question.

1. Enacted experience, and thus dissociated states as well, cannot be symbolized and therefore do not exist in any other explicit form than enactment itself. Enacted experience is unformulated experience.
2. Dissociated states, because they are unsymbolized, do not and cannot bear a conflictual relationship to the states of mind safe enough for us to identify as “me” and inhabit in a consciously appreciable way.
3. Enactment is the interpersonalization of dissociation: the conflict that cannot be experienced within one mind is experienced between or across two minds. The state dissociated by the patient is explicitly experienced by the analyst, and the state explicitly experienced by the patient is dissociated in the analyst’s mind. Each participant therefore has only a partial appreciation of what is transpiring.
4. Enactment, then, is not the expression of internal conflict. Enactment is the *absence* of internal conflict—though the external conflict, the conflict between the two people in the enactment, may be intense.
5. Enactment ends in the achievement of internal conflict, which occurs when the two dissociated states, one belonging to each participant in the enactment, can be formulated inside the consciousness of one or the other of the two psychoanalytic participants.

I am indebted to Philip Bromberg’s (1998) thinking in the development of these ideas. I might go so far as to say they bear his imprint, because the relationships drawn in this essay between dissociation, conflict, and enactment also appear in his work. Specifically, Bromberg (1998; and see especially 2000, pp. 564–567) believes that enactment is the result of dissociation, that conflict does not exist in enactment, and that enactment dissolves when conflict becomes possible. I have reached these same conclusions, starting from the idea of unformulated experience (Stern, 1983, 1997), a dissociation-based perspective on the unconscious, and a theory of enactment anchored in that conception (Stern, 1989, 1990, 1997, 2003).

I have also drawn on the orientation that began in the work of Jody

Davies and Mary-Gail Frawley O'Dea (1991, 1994) and has been developed further in Davies's more recent writings (1996, 1997, 1998, 1999, 2002): the patient's dissociated experience is routinely enacted, and the analyst's sole route of access to that experience is the analysis of the transference-countertransference. Davies's clinical presentations, especially recently (e.g., 2002), are eloquent and nuanced illustrations of the problems all psychoanalysts face in finding a way into enactments and the mutual dissociations that underlie them.

In the wide ranging position articulated by Fonagy et al. (2002), dissociation, splitting, and enactment play prominent roles, just as they do in Bromberg's and Davies's thinking and my own (see especially Fonagy et al., ch. 10, pp. 373–433). There are interesting, sometimes striking, similarities between the work of this group and the model I present here, and they deserve to be detailed. Regrettably, that task that must await another occasion. In the end, for a variety of reasons having to do with the origins of the two ways of thinking in different theoretical traditions, their differences outweigh their similarities.

Two Background Considerations

Before setting out to explicate the points I have just made, I highlight two background considerations, each of which supplies a portion of the theoretical context or background within which I intend the points I have just listed to be understood.

Sources of Conflict

When I refer to conflict that remains to be created, I am referring only to a small part of the conflict that goes on within subjectivity. I am *not* claiming, for instance, that all conflict emerges from the analysis of the relations of *me* and *not-me*, as if conflict had no other source. It goes without saying that a great deal of conflicted experience is well known to the patient prior to any sort of treatment. And a great deal of the conflict the patient eventually comes to appreciate as the treatment unfolds—as a matter of fact, the largest portion of the conflict created during the treatment—occurs between what Sullivan refers to as *good-me* and *bad-me*. These phrases are umbrella terms for the self-states that originated in the approval and disapproval of the significant people in our early lives. Together, they make up what each of us feels as *me*, or self. Conflict between *good-me* and *bad-me*, even if it is not initially

recognized by the patient, is not terribly difficult to achieve. Because both aspects of the conflict already exist within the self, it is often sufficient simply to point out an inconsistency or a contradiction and ask the patient what it might be about; or perhaps the analyst makes an interpretation. While conflicts between *good-me* and *bad-me* may be unformulated, in other words, the states themselves either are already formulated or are within the range of the patient's capacity to articulate. Even when the separation of *good-me* and *bad-me* is represented in an enactment between the patient and the analyst, as happens often enough (the roles of *good* and *bad* may be split between analyst and patient), the quandary is generally negotiable without much difficulty.

The enactments that derive from the separation of *me* and *not-me*, though, are much more difficult to negotiate, and often enough intractable.⁵ Simple interpretation is just not sufficient, at least if by that we mean the more or less relaxed, professional application of the analyst's mind—his wits and intuition. To work with an enactment, the analyst must actually give himself over to the nonrational, affect-laden parts of the experience, and sometimes for fairly lengthy periods. *Not-me* dominates the treatment only episodically, though such episodes are not necessarily rare, depending on the particular treatment; but addressing them successfully is perhaps the most important part of the therapeutic action of any treatment, because it is through the incorporation of *not-me* that the self (i.e., *me*) expands. And so, while including unformulated conflicts between *good-me* and *bad-me* in what I have to say, the enactments I address here are primarily the enactments most significant for psychoanalytic work, those rooted in the relations of *me* and *not-me*.

The Analyst's Dissociations

The second background consideration concerns the reciprocal dissociations the patient calls out in the analyst (and that the analyst calls out in the patient, because that, too, can happen). Even though in one significant sense the analyst's reciprocal dissociations are reactive to the patient, they are not implanted in one's mind as if they were alien objects, the way they are frequently conceived in the terms of projective identi-

⁵ I have presented elsewhere comparative clinical examples of the relatively negotiable enactments characteristic of unformulated conflict between *good-me* and *bad-me*, and the more severe and troubling enactments—impasses or “deadlocks”—that come about when the patient shifts into *not-me*. Unformulated conflict between *good-me* and *bad-me* is dissociated in what I have elsewhere called the “weak” sense, while unformulated conflict between *me* and *not-me* is dissociated in the “strong” sense (Stern, 1997, accepted).

cation. Instead, reciprocal dissociations are inevitably dynamically meaningful events in the life of the dissociator. When the analyst participates in an enactment, it is because she dissociates; and when she dissociates, it is because she finds herself in circumstances that make her vulnerable in a way she can manage, for the time being, *only* by dissociating. Enactment takes place between two separate subjectivities, each acting on some kind of combination of her own interests and what she understands to be the interests of the other. The patient cannot provoke such a dissociation if the analyst is not vulnerable to it. The analyst's dissociation is therefore as much a product of her own life as is the patient's; thus the creation of conflict and the negotiation of an enactment requires growth from the analyst in just the way it requires growth from the patient. The analyst's role is not defined by invulnerability, in other words, but by a special (though inconsistent) willingness, and a practiced (though imperfect) capacity, to accept and deal forthrightly with her vulnerability.⁵

These were themes Heinrich Racker (1968) pursued throughout his work. Racker, of course, is the author of the famous aphorism that "the myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one" (1957, p. 132). He believed that the analyst routinely develops a "countertransference neurosis," contracted via identifications with the patient's internal objects, and that the fate of the treatment hangs on the analyst's capacity to resolve it. If the analyst characteristically denies his own aggressiveness, for instance, he is unlikely to feel empathic when the patient is feeling aggressive. Instead, the analyst is likely to identify with those of the patient's internal objects that scold or reject the patient for having angry feelings or behaving aggressively. The patient, that is, influences the analyst (at least the analyst who is vulnerable, which is all of us some of the time) to recreate the original interpersonal circumstances that lie behind the creation of the patient's internal object world. It is easy to see that these "complementary" identifications are one well-travelled route to what, in contemporary terms, we call difficult or sticky enactments, or impasses.

Racker did not see impasse as an expectable part of treatment, of

⁵ It is in just these ways that the model I am proposing here differs from the conception of projective identification, according to which the analyst is not necessarily personally involved in the patient's enactments. In many accounts of enactment based on projective identification there is the implication that because the analyst's personal, unconscious involvement is conceived to be avoidable, the analyst not only can avoid personal involvement, but *should* (see Mitchell, 1997, and Stern, 2001, for a discussion of these issues).

course. It was a different time in psychoanalysis. For him, it was the analyst's responsibility to observe and analyze his complementary identifications, thereby restoring his capacity to identify with the patient's ego (concordant identification). Though Racker does not put it this way, we could say that the cure of the countertransference neurosis, and the transference neurosis as well, depends on the analyst's capacity to stretch his identification with the patient's objects to encompass the patient's self, as well. The analyst has to be able to tolerate both perspectives at once. Once we have said that, we have not only restated the thesis of the multiple self, but also the idea that the self is healed by the creation of conflict, by bringing together the part that resides in the patient with the part that has been called into existence inside the analyst.

And so, while I owe my greatest debt to writers of the current generation for the ideas I present in this paper, I am also indebted to the earlier writers from whose work the thinking of the current generation has arisen. Sullivan has been a particularly influential intellectual ancestor. But that may be more because I have my beginnings in interpersonal psychoanalysis than because Sullivan is the only relevant writer of that era. The object relations writers, and Klein, and Racker, and Bion, and all the writers since Bion who have used Bion's way of thinking about projective identification, are important sources as well. All these writers, in one sense, write about psychoanalysis as a treatment for painfully fragmented subjectivity, as the creation of a new tolerance within the patient for the different parts of his own self. For Racker and Bion, just as for Bromberg and Davies, the estranged parts of the patient's self are called out in the experience of the analyst, and it is from there that they are brought home.

Transcending "Singlemindedness": Dissociation and Enactment as the Absence of Conflict

The idea that enactments can be conceived not to be the outcome of conflict may surprise analysts unfamiliar with interpersonal theory. Since the work of Sullivan, it has been possible to conceive the foundations of psychopathology (or, in the terminology Sullivan preferred, problems in living) as the absence of internal conflict. Unlike Kohut, who, for very different reasons than Sullivan, explicitly demoted the significance of conflict in his theory, Sullivan did not directly address the question of conflict. He did, however, introduce dissociation as the primary defense,

and he conceived "real" events as the reason that defenses arise in the first place. "In fact," writes Bromberg (1995), "Sullivan's (1954) theory of interpersonal analysis, reduced to its essentials is, in my view, a theory of the dissociative organization of personality in response to trauma" (p. 215).

Actually, Bromberg's characterization applies more readily to the early Sullivan than to Sullivan's later work. Early in his work, Sullivan (1940) characterizes dissociation very broadly, in a way that suggests for it a formative role in the development of the self. He wrote, for example:

For the expression of all things in the personality other than those which were approved and disapproved by the parent and other significant persons, the self refuses awareness, so to speak. It does not accord awareness, it does not notice; and these impulses, desires, and needs come to exist dissasociated from the self, or "dissociated." [pp. 21-22]

In his later writings, though, Sullivan tended to restrict the range of dissociation, using the concept primarily to define the drastic defensive measures typical of what he called "schizophrenia" (in his hands a much broader diagnostic category than we use today, apparently including many people we would not consider psychotic). Referring back to the book containing the passage I just quoted, Sullivan (1954) wrote, "Dissociation is unfortunately made rather too important in *Conceptions*, in which I did not take enough time to emphasize all the other things that go on besides dissociation" (fn. p. 317).

When contemporary writers on dissociation link their work to Sullivan, as both Bromberg (1998) and I (1997) have done quite explicitly, it might be argued that we are really referring primarily to Sullivan's early work. That, at least, would seem to be the position Sullivan himself would take. Sullivan, however, did continue in his later work to argue that personality (that is, the self-system) is formed by our efforts not to reexperience what has hurt us before; for that reason it is quite supportable to argue that the work Sullivan did near the end of his life, along with the early work, remains a model of psychopathology organized by trauma and dissociation, not by conflict. In neither part of his career did Sullivan consider that which is unbearable and dissociated, or *not-me*, to exist in conflict with the bearable experience that makes up the self (*good-me* and *bad-me*). *Not-me* is unsymbolized experience banished from the self, and in that exiled state, while it threatens to break through when circumstances

are right (or rather, wrong), it does not compete with self-experience for conscious representation.⁷ (If circumstances become so dire that *not-me* becomes present and knowable in explicit awareness, the consequences are not good. For the most troubled people they are what Sullivan often called "grave.") There is no drive in this theory, and so there is no urgency for discharge, no press for registration in consciousness, no derivatives, no return of the repressed. Dissociated experience is simply absent, gone, unformulated, unknowable in the ordinary course of things (Stern, 1989, 1990, 1997, 2002). Because no one in the 1930s and 1940s had thought yet about the link between dissociation and enactment (the concept of enactment would not be formulated for several decades), the effect of dissociated experience on the psyche, as Sullivan understood it, was silent and invisible under most circumstances. Dissociation determined where experience dared not go without unbearable anxiety. But this psychic prohibition was not codified or symbolized anywhere in the mind. Rather, the personality was structured around it, the way a painting can be structured around unpainted spaces on the canvas. By a kind of reverse tropism requiring no particular expenditure of effort, the self-system simply turned away from the kinds of experience that had been dissociated. As an illustrative metaphor, think of a road through the countryside: if you don't stray from it, you have no reason to suspect the existence of anything you can't see as you walk along it—and no reason to suspect yourself of excluding anything, either. That is the effect of the self-system: to keep experience on safe, well-worn, predictable paths. And so, for all intents and purposes, dissociated experience in Sullivan's theory is simply absent.

In Freudian terms, defense grows from unconscious conflict. The purpose of the Freudian defenses is to keep conflict from becoming conscious by allowing only one pole of the conflict to be represented in awareness. In the view that I have developed from Sullivan's work, it remains the case that defense protects us from the experience of con-

⁷ The phrase "unsymbolized experience" used in this sentence is actually an oxymoron as far as I am concerned, because, at least in semiotic terms, all experience is inevitably symbolic in nature. Symbolization is what makes experience possible, though there are many more symbolic systems than verbal language. For instance, to the extent that two people caught in an enactment react to one another in meaningful and organized ways, they are understanding one another in the terms of some system of symbolic understanding—it just isn't the verbal language system. That which is dissociated is outside the range of verbal language, and thus outside the range of explicit reflection; it is, however, constructed of the various nonverbal languages that make up the broad category of the semiotic.

scious conflict, but it does so in a very different way: conflict is avoided by simply refusing to construct one part of the experience, the part we refer to as dissociated. As Sullivan's theory suggests, that experience just isn't there. It is not that it is "moved" to a hidden location in the mind, or changed in such a way that it is unrecognizable—it is simply not allowed to come into being. It remains unsymbolized, unformulated (Stern, 1983, 1989, 1990, 1997, 2001, 2003).⁸ In that unformulated state, while it does not necessarily threaten to break into consciousness, it does remain a source of trouble because, as we have become all too aware, the price for defensive control over consciousness is that the dissociated experience is enacted. (It is perhaps worth repeating that this point was not available to Sullivan.)

There is a reason other than the theoretical, though, to think that dissociated self-states do not exist in conflict with tolerable ones, a reason even better than theory: experience itself. Consider the fact that there is no conscious experience of conflict in enactment. One might even say that the absence of the experience of conflict is enactment's defining aspect. Enactment is the limitation of both participants' experience to one pole of what *would otherwise be* a conflict; in enactment, it is precisely the point that we and the patient are each trapped within a single perception of the other. We cannot perceive anew; each of us is "single-minded." We cannot experience a way of understanding the interaction that would conflict with the perception that traps us. Taken together, the patient's and the analyst's explicit experiences comprise a conflict, but this is a fragmented conflict, located across the divide of two minds, not contained within one. *Internal* conflict can be absent, and that absence of conflict, when it is clinically salient, appears as enactment.

The absence of conflict in each participant's experience of enactment continues until one of the two participants, usually (but by no means always) the analyst, is able to simultaneously occupy in consciousness both the tolerable state and the dissociated one. Only when that happens can the conflicting purposes that organize the two states be negotiated. Only then, actually, can the conflict even be constructed within one mind; and therefore, only then can it be directly experienced. The experience of internal conflict by either the analyst or the patient, in other

⁸ For a fuller theoretical description of the process described in this paragraph, see Stern, 1997, ch. 6–7; for clinical accounts of enactments in these terms, see ch. 10 and 12 and Stern, 2003.

words, is the necessary and sufficient condition for the negotiation of an enactment.

Intrapsychic and Constructivist Conceptions of Dissociation

Consider for heuristic purposes how my participation in my vignette might look from a more traditional intrapsychic perspective on dissociation and the multiple self, what I call the "splitting" hypothesis. In splitting, tolerable and dissociated self-states both exist "in" the mind. The relationship between these two states is conflictual in the traditional psychoanalytic sense, with one state available to consciousness and the other existing out of awareness. Consider the possibility that during the time I was enjoying my patient's superficial show of "progress," I could not bear the conflict between, on the one hand, my desire for narcissistic pleasure and, on the other, my understanding (dissociated but fully formed and present somewhere in my unconscious mind) that I would have to sacrifice it in order to do good work. In this view, I could not tolerate experiencing consciously the conflict that the interaction potentiated in me, and so my solution was to dissociate the intolerable state, which then continued to "be there" in my mind, now conflicting *unconsciously* with the state I consciously inhabited.

In these intrapsychic terms, the analyst's part of the enactment takes place because of internal dynamics set in motion by interaction with the patient. The patient's corresponding part comes about in the same way. In splitting, enactment is the disavowal, by each participant, of the internal conflicts between their respective dissociated self-states. Both parts of the conflict continue to exist in each person's mind, but they are kept apart; they may sometimes be experienced alternatively, but never simultaneously.

The place held in Freud's theory of repression by the banishment of experience to the unconscious is taken, in the splitting scheme, by the process of creating internal divisions. The shards of subjectivity resulting from this splitting then appear in awareness as successive, mutually exclusive states. This is a theory of defense organized along the "horizontal" axis of the psyche (successively experienced states), not in the "vertical" dimension of repression ("down" into the repository of the unconscious). In this one way, the intrapsychic splitting model resembles the model of dissociation and enactment I am proposing here. In all other significant

respects, though, the splitting model remains similar to the conception of defense as repression: dynamics are based on unconscious internal conflict between different parts of the mind, and this conflict is already in place when external events make it immediately relevant. In the splitting model, the interpersonal field is assigned only the role of shifting the balance of forces, of sparking or "setting off" internal events that are already poised to take place, having been given their essential shape in the distant past. Unconsciously motivated events *between* people (enactments), in other words, are understood to be grounded in conflicts *within* them (dissociated self-states). Unconscious internal conflict *precedes* enactment.

In the conception of enactment I prefer, on the other hand, the experience of conflict *within* people is likely to be the outcome of clarifying the nature of the enactments *between* them. As shorthand, and to emphasize the point that the symbolization of an enactment always remains to be accomplished, I refer to this latter, interpersonal-relational model as the *constructivist* conception of dissociation and enactment.

A Comparison of Splitting and the Constructivist Account

Perhaps the most radical tenet of interpersonal theory is that the interpersonal field is a primary influence on the contents of consciousness (Sullivan, 1940, 1954; Levenson, 1972, 1983, 1990; Stern, 1997; Bromberg, 1998). The field contributes both facilitations and limitations of experience, influencing which states of mind or self can be created and occupied by patient and analyst in any particular moment. That is why dissociation, the most significant of these limitations on experiencing, is not conceived in interpersonal theory as disavowed intrapsychic conflict. It is, rather, the subjectivity we never create, the experience we never have.

In splitting, as in repression, we are said to know in one part of ourselves what we don't know in another. We unconsciously refuse to experience what we actually do know in some hidden part of ourselves. In an enactment conceived in constructivist terms, on the other hand, meanings are split, but not between different parts of one mind. They are split, rather, between the psyches of two people: the analyst experiences one part of the meaning and enacts the other; the patient experiences the part the analyst enacts, and enacts the part the analyst experiences. The two minds are mirror images of one another; they fit together like the two halves of a broken plate. What we hope will eventually *become* one

person's consciously experienced conflict is played out between two people. In the meantime, analyst and patient are each tempted to conclude that only *she* sees the truth of the situation; only *she* is badly treated by the other.

Think back once more to my clinical illustration. Think of the separation between the part of me that wanted to enjoy my patient's "progress" and the part that felt guilty about sacrificing my capacity to observe and thereby letting my patient down. From the constructivist perspective, the latter self-state (the guilty self-state) *did not exist in symbolic form anywhere in my mind* until that strange affective deadness crept into the sessions and, in making me realize that "something" was there, aroused my dormant curiosity about what was happening. Under the circumstances provoked by affective chafing, the guilty self-state *came into being* (was formulated), and conscious internal conflict was finally possible. My previous "singlemindedness" was not due to the denial of an existing conflict inside me; it was due to an (unconsciously) insistent absence of curiosity on my part, created and fostered by my participation in the enactment.

From a constructivist position, the primary defense is the unconsciously motivated refusal to create or articulate experience, a turning away from the possibilities (Stern, 1983, 1989, 1991, 1997). When one does not deploy curiosity, experience goes "unmade" and is therefore literally absent. It is not "parked" or secreted in some corner of the mind; rather, it is never articulated or constructed in the first place. Dissociated self-states, therefore, are *potential* experience, experience that *could* exist if one were able to allow it; but one cannot, and unconsciously will not (Stern, 1983, 1997, 2002, 2003).

The interaction of present circumstances with our deepest affects and intentions creates every moment of experience anew. We seldom directly experience what we do to participate in constructing our own experience, though. No matter how intellectually convinced we become of our creative role, our experience—what we actually undergo—has an unbidden quality. The future *comes* to us; it is "found"; it "arrives."

Because the next moment is unformulated, it may be shaped in many different ways—but not in just any ways at all. There are significant constraints, ranging from tight to loose, on the experience we can construct without lying or succumbing to madness (and even in madness the constraints do not disappear—their expression becomes bizarre). The concept of unformulated experience does not constitute a denial that reality

exists; it is, rather, a claim that reality is not a given, but a set of limits on what experience can become without being false. Even tight constraints, though, such as those on our freedom to formulate the meaning of an enactment, still leave plenty of room for multiple interpretations.

Dissociation, then, is the unconscious refusal to consider a certain range of the possibilities that might be articulated or formulated in explicit experience (i.e., the possibilities within the constraints), a shutting down of the curiosity that might have revealed them. The possibilities we are free to construct in any given moment depend on the meanings the interpersonal field of that moment has for us.

The Analyst's Restoration of Self-Tolerance

In my clinical illustration we could say that I *directly experienced* narcissistic pleasure and *enacted* a way of letting down the patient (I accepted too easily that things were going well), while my patient *enacted* his attempt to please me (he did not realize he was encouraging me to feel happy with his "progress") and *directly experienced* what it was like to be let down by a parent-analyst who was all too ready to be fooled into believing things were hunkydory (that is, at every step of the way, my patient knew better than to believe his own presentation). It was not until I found my way to an awareness of my unconscious participation, the way I actually *was* letting the patient down, and to the guilt that I could then formulate, that I was in a position to experience the conflict and to negotiate it. (But keep in mind that my descriptions of what I was enacting could not have been formulated until the enactment resolved into a conflict within my own mind.)

I knew on the basis of experience, though, that it was far too simple to condemn myself for my unconscious part in the enactment. In fact, if I had succumbed to self-hatred over it, I would simply have been renewing the enactment in a different form. My self-hatred would then have been as rigid and singleminded as my narcissistic pleasure had been before. In order to create the kind of experience within which I could set about trying to negotiate the enactment, I needed to be able to create the joint experience of two conflicting states: my guilt about failing the patient, and my sense that I had done my best.

Over time, I worked my way to a position in which I regained the capacity to feel, in my work with this particular patient, narcissistic pleasure in the exercise of my analytic capacity. In the terms of the problem

the patient's family did not solve, we might say that it took me time to find a way to respect my patient's freedom without giving up the possibility of acting like and feeling like a good parent. Neither his parents nor I had been able to maintain the feeling that, however the patient worried us, we were doing our level best, and that that was all we could do, even if it was not good enough.

It took me time, in other words, to return to a tolerance of myself, to an appreciation of the full measure of my experience. Perhaps we lose and regain that tolerance and appreciation every time our analytic capacity is compromised. Perhaps the analyst's rediscovery of her tolerance of herself is one way to describe the negotiation between the analyst's self-states. In this case, the beginning of a change was my development of a sense that the atmosphere of the sessions was not what it had been. The snags and chafing were hints of an unknown emotional presence, a stirring. It required work, effort, to formulate a feel-able awareness of that presence, one that was describable; that awareness of what had been absent, in concert with what I already felt and knew, finally came to constitute a conflict. For a while, at the beginning of these events, the snags and affective chafings were the only sign of more going on than met the eye, the sole registration in my awareness of something that could eventually become a conflict. It was my clinical interest in those signs, my everyday devotion to the clinical task, that eventually brought my own dissociation to light and allowed me to experience a conflict where none had been before.

I can now go back and answer a question I posed some time ago: if enactments suck into themselves our capacity to observe them and to know what to do about them, why does the same fate not befall the snags and chafing that hint at their existence? If the eye cannot see itself, why should it be able to see *hints* at itself?

Actually, most hints of this kind probably do escape our detection. But we catch a few of them, and it is our unremarkable devotion to the analytic task that allows those exceptions.⁹ Snags and chafing are the nascent signs of a conflict we are in the midst of creating, a conflict that,

⁹ "Unremarkable devotion to the clinical task," while it is accurate as far as it goes, is also a sanitized expression of what I have in mind. The work of an analyst can be demanding, after all, and no one chooses to do something difficult every day without getting some kind of a charge out of it. Psychoanalysts must be people for whom doing treatment stimulates what Lacan calls *jouissance*, an obscure kind of satisfaction, kinky and often slightly naughty or guilty. The examination of exactly what that satisfaction might be must await another occasion.

even if we do not theorize it that way, we know must be directly and consciously experienced if the enactment is to be negotiated.

In my example, becoming able to formulate the state of mind I had dissociated afforded me, for the first time, the opportunity to make a decision about whether to continue the enactment. And of course, once I had the choice, it was obvious: an enactment loses its teeth as soon as one of its participants can imagine an alternative to it. On the other hand, had I not been able to breach my own dissociation and eventually experience conflict, the enactment would simply have continued unabated until it reached some kind of terminus of its own. Perhaps eventually, feeling let down yet again by one to whom he turned for help, the patient would have left treatment.

Pain and the Creation of Freedom

With clinical experience, analysts learn to value uncomfortable affective cues. We value these nuances as alerts to moments of interchange that deserve more thought and study, to experience that we need to feel and know as precisely as we can, and that may eventually allow us to get a foot in an experiential door that we cannot even clearly see yet. While early in our professional lives these strange promptings may often be merely painful or disturbing, the same interactive hints later become for us intuitions of freedom. It is our capacity to be interested in these intuitions, the devotion to our clinical work rooted in our desire for freedom—freedom for the patient, yes, but no less, freedom for ourselves—that motivates us to tolerate the painful experience. Over the course of our careers, previously uncomfortable reminders of the existence of what we do not understand become precious. We come to value freedom more and security less. Or perhaps, with experience, it just takes less to make us secure, so that we can tolerate more easily our desire for freedom. In time, we work toward what Symington (1983) calls “the act of freedom”—the analyst’s liberation from the previously unconscious grip of the field—less and less by trying to satisfy the patient’s needs or by knowing the truth, more and more by feeling our way into the experience we are having with the patient and the patient with us. I am quite sure, for instance, that in the first years of my practice, though I would have sensed that something was wrong in the treatment I have used as an illustration, I would not have had a very well developed idea of what to do with this impression. I would have felt it as a warning, not as an opportunity.

In the midst of a relational storm that might otherwise obscure it, the analyst's desire for the patient's freedom and her own sometimes allows her to see, understand, and accept the patient's help (Aron, 1991, 1996; Blechner, 1992; Gill, 1982; Hoffman, 1998; Mitchell, 1993, 1997; Searles, 1975, 1976; Erwin Singer, 1971; Stern, 2003; Tauber, 1954, 1979; Wolstein, 1983). If Searles (1976) is right, this help is not only moving, but mutative. We could say that the analyst's desire to cure the patient allows the analyst to accept the patient's desire to cure *her*.

On some level, in some unformulated, inarticulate way, did my patient want me to notice the subtle change in the atmosphere between us? I suspect that he did. He wanted me to love him enough to feel his subtle withdrawal from me and to care about it without becoming anxious over it. But was he also giving me my own chance for "cure" in the transference, my chance to be a good "parent" by sacrificing my narcissism and coming through for him? Perhaps he was.

Reformulation

To this point, I may have made it seem that it is only one's experience of the dissociated self-state—the formulation of the experience that had been unformulated—that changes as conflict is achieved. But that is not the impression I want to leave. In the resolution of an enactment, one's experience of the safer state, the state that one had more or less comfortably occupied in awareness, changes as well. The conscious and explicit experience one had of oneself and the other during the enactment, that is, also becomes something other than it was.

As conflict appears and a dissociated self-state comes into awareness, the newly formulated experience *recontextualizes* what had been consciously and explicitly experienced before. That recontextualization makes unavoidable the *reformulation* of that experience. Once the older, consciously accessible experience shares awareness with an alternative perception, it simply has to feel and seem different than it did before. Its meaning has to change, at least a little bit, because its context has been rearranged, it is situated differently in the mind. As enactment ends, then, neither the dissociated state nor the (previously) safer, explicitly experienced state remains as it was. Each recontextualizes and participates in redefining the other.

In my own case, my easy pleasure in doing the work with my patient, first recontextualized by my dawning awareness that it was narcissistic, suddenly seemed unacceptable. I felt it as a symptom of sorts. As time

passed and I regained my tolerance of myself, finding it possible to experience guilt and pleasure simultaneously, even if it was not comfortable, my pleasure was recontextualized yet again, this time by my growing sense that *both* my states—my pleasure and my guilt—were understandable responses to the patient's part of the enactment. And so, though my experience of pleasure was explicit all along, it did not remain the same pleasure: its meaning and the way it felt to me changed as my previously dissociated state became possible to formulate. What began as naive pleasure first morphed into a symptom of my narcissism, and then eventually took its place, in my mind, as part of the enactment between the patient and me. The same kind of process went on regarding my explicit experience of the patient: I began by accepting his marvelous progress at face value, feeling encouraged by it, then moved to a position in which his progress appeared false and made me feel like a vain failure, and annoyed with him that he had taken me for a ride. In the end, his show of accomplishment, like my pleasure in it, was recontextualized in a way that made it more clinically productive and tolerable for both of us.

PART III: REDEFINING THE RIDDLE: SINGLEMINDEDNESS AND INTERNAL CONFLICT

To conceive how the eye sees itself, then, we are drawn back to the origins of psychoanalysis, to its roots in internal conflict. We must renew the honored place of conflict in our theories, as the architects of relational theory, first together (Greenberg & Mitchell, 1983) and then each alone (e.g., Greenberg, 1991; Mitchell, 1988) have urged us to do. But as Greenberg and Mitchell also wrote, the internal conflict we need to conceive is not conflict as Freud understood it: it is not the conflict between drive and defense, or between the id, the ego, and the superego; it is not the conflict between consciousness and the unconscious. What we need is a conception of consciously accessible conflict as personal and social meaning, a conflict that goes on simultaneously within us and between us, a conflict of purposes, interests, and desires (e.g., Ehrenberg, 1992; Mitchell, 1993, 1997; Renik, 1993a,b; Davies, 1996, 1997, 1998, 1999; Hoffman, 1998; Bromberg, 1998; Slavin & Kriegman, 1998; Levenkron, in press).

Furthermore, and even more crucially, we must reconsider the assumption that every aspect of subjectivity is subtended by conflict. We need to recast our thinking to reflect the view that, even in circumstances

of great emotional pain, internal conflict can be absent, and that its absence can be the source of the pain, a problem that needs to be addressed by creating it anew. The repetition compulsion, in other words, is not necessarily maintained by a rigidly enacted conflict between conscious and unconscious aims, but by the *absence* of the conflict we need to be able to experience if we are to sense the availability of choice. We need to take the point of view, more than a little strange in the terms of traditional psychoanalysis, that in the case of dissociated self-states, conflict is not a given but a goal. Without denying that every moment of life is conflicted, we must accept that there are times when do not experience *enough* internal conflict, that a significant part of the pain in human relatedness occurs because conflicts that might be actualized within us are not.

Conscious internal conflict is necessary because, if we are to back away far enough from what is happening with the other to create the opportunity for reflection, for "seeing" the events in question, we need more than one perspective. We need an alternative interpretation (an alternative *experience*, I might rather say, though I mean the same thing by the two words), and an alternative interpretation inevitably conflicts with the one we already have. In the terms of dissociation, we can say that the sensing of one's own state of mind requires a second state of mind to serve as a background against which the first can become a figure. Of course, the first also serves as background to the second, so that whenever one becomes capable of sensing and reflecting on one state of mind, one is capable of sensing and reflecting on two. Without an alternative perspective to set against one's previous singlemindedness, a new perception is simply impossible to accomplish. And so the achievement of conflict and the articulation of the meaning of an enactment are, in fact, the same event. The point can be made from either direction: we can say that the alternative perspective of a newly achieved conflict allows the formulation of the unformulated; or we can say that the formulation of the unformulated is, in itself, the creation of the alternative perspective that subtends new conflict.

The creation of internal conflict is also the creation of a sense of initiative. Desire in the absence of a conflicting alternative is nothing more than compulsion, and compulsion negates the feeling that one is choosing one's own life. In deconstructing enactment one therefore escapes a certain kind of psychic slavery. The fact that the motive organizing one's enslavement is frequently the attempt to dominate the other (Benjamin,

1990, 1999, 2000) makes the enslavement no less constricting. In the stark, two-dimensional world of enactment, the dominant take and keep power, but they lose their freedom as surely as the oppressed do. In this sense, enactment as I am portraying it—enactment based in dissociation—takes place along the same lines as what Benjamin refers to as the reversible (“doer-done to”) complementarity: neither the patient nor the analyst is any more capable of experiencing himself creatively than he is of recognizing the other. Both participants fail to appreciate the fullness of *both* of their minds.

The most important outcome of a successful analysis is the firm and unthinking conviction that one's life is one's own, that it is oneself and no one else who is living it. Frequently this feeling that one's life is the creation of one's own mind—which in dryer terminology we can describe as the sense of agency—arises from our access to the experience of conflict, because when we are able to face the necessity for choosing the perspective we will take on the problems that face us, we are able to feel our own hand on the tiller.¹⁰ In enactment, by contrast, experience either feels as if one is helpless to shape or influence it (and one may desperately wish to do just that) or as if it is being imposed by the other. Sometimes it just goes by unnoticed. All these kinds of experience, but especially the sense of being forced, are among the factors most responsible for feelings we all often have in enactments, feelings of powerlessness and lack of ownership of our own minds. We feel enslaved; we feel *made* to live this way, and we feel as if we cannot help it, as much as we know that that is not so. Dissociation prevents that precious feeling of fully inhabiting life that Winnicott (1960) describes as true self, “the sense of being real” (p. 149).

I began this essay by setting myself the insoluble riddle of how the eye sees itself. Later I promised to reformulate the question in a way that could be answered, and I have done that. It turns out that knowing the countertransference seems impossible only as long we are thinking from the position of singlemindedness. When we are able to create only one

¹⁰ It bears repeating, though, that the perspectives from which we choose are not constructed on a merely conscious basis. The *availability* of perspectives is a matter of intentionality far deeper than conscious decision-making. The range of interpretations (experiences) we allow ourselves is a function of a curiosity that goes beyond what we can decide to be interested in. I cannot address the subject here, but I want at least to avoid any implication that agency is *only* a matter of the growth in our capacity to make conscious choices: our sense of agency also arises from our perception of our freedom to experience, a perception that is often created, ironically enough, by our surprise at what comes to us unbidden (see Stern, 1990, 1997).

state of mind, it seems and feels as if, to observe itself, that mind must somehow twist around and think itself from an impossible elsewhere—the bootstrapping problem. In the achievement of conflict, we create an alternative to the rigid perceptions that have locked us into the status quo; we create multiple consciousness. As singlemindedness is replaced by two or more internal positions, one part of us becomes capable of observing another part without having to perform metaphysical contortions; the mind can feel and reflect on what it could only live out blindly before. And so we do not have to solve the problem of the eye seeing itself, after all. What seemed the impossible dilemma of countertransference awareness becomes, instead, the thinkable problem of how we transcend singlemindedness by creating the experience of conflict.

When Does Freedom Happen?

But transcending singlemindedness is more easily said than done. We always hope that thinking new thoughts makes us more available for new experience. I certainly have that hope for the ideas I have introduced here. But as much as new ideas may help to prepare the ground for new experience, no idea, by itself, creates for us new perceptions of the patient as we are sitting there needing those new perceptions (whether we know it or not) so very badly. The problem of clinical freedom has no generic solution.

That is perhaps not so much a bane as a boon. If we believed we knew just what ought to be done, as analysts once did feel, if we still had a noncontextual theory of technique, psychoanalysis would eventually become nothing more than practicing the right way—one more instrumental treatment, boilerplate dictated by DSM. Despite the annoyance, frustration, rage, envy, sorrow, guilt, shame, and humiliation that we and our patients feel during enactments, it is a reminder of the mystery of living, and thus of human dignity, that freedom from the grip of the field is beyond our capacity to create by an act of will.

Experience is sufficiently manifold and complex that we find ourselves simply living out most of it as it comes to us. In the overall scheme of things, actually, our capacity and inclination to reflect on experience is the exception. And it is not just the unconscious and the dynamics of relatedness that stand in our way of understanding our involvements with others. If we wanted to tot up the difficulties, we would also have to factor in (though of course that is exactly what we cannot do) the

(nonrelational) contingency of existence, Lacan's register of the Real, so inconvenient for theories, wreaking havoc with our intentions to create order and regularity. What will happen next? Will the treatment be interrupted by accident, illness, financial reversal? One or both of the participants might even die before they finish their work together. It is simply impossible to predict that when the knob on the door of my office comes off in my hand as I am trying to let my patient out of the room, she finally and suddenly grasps that I am human. Nor do I have a snowball's chance in hell of understanding *why this* was the event to do the trick. Why could it only be now? Why the doorknob, for heaven's sake? Why didn't the same thing happen when I simply could not wait and had to interrupt the session to go to the bathroom? *That* was pretty undeniably human, was it not? There did not *seem* to be anything essentially different going on between us then, and the symbolic meanings my patient and I can conjure for the episodes, hard as we have tried, do not enlighten us in this respect. In the end, who knows? John Lennon's most famous aphorism comes to mind: Life is what happens while you are making plans. Breaking the grip of the field can be what happens while you think you are up to something else altogether.

Why do we suddenly manage to feel affective snags and chafing *now*? Why *these* snags and chafing, and not all those others we must be missing along the way? Why are we able to accept the patient's aid today when we could not yesterday? Sometimes it is possible, either at the time or after the fact, to understand why it was this one moment, or these two days, or three weeks, that allowed the achievement of conflict. But often it is not possible to know why the grip of the field relaxes when it does. All we can do to create the outcomes we desire is to prepare for them; all we can do is to try to open ourselves to an awareness of whatever affective clues drift our way. But why it is that our preparation, our work, and our best intentions are only sometimes sufficient remains a mystery. We immerse ourselves in the writings of psychoanalysis and in the study of our own experience and that of our analysands, and we practice over the years with the balance of discipline and innovation that seems right to us. In some hours we transcend singlemindedness: the result is good. In other hours we are as mired in enactment as the session ends as we were at the beginning. It is our accomplishment of freedom that makes an hour good, but often enough, as long as we are working to capacity with a deeply involved analysand, we do not really know why freedom comes to us when it does.

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