

(2000). *Progress in Self Psychology*, **16**:67-84

Chapter 5 The Development of the Dyad: A Bidirectional Revisioning of Some Self Psychological Concepts

Lynn Preston, M.A. and Ellen Shumsky, M.S.W.

Development has traditionally been equated with linear, sequential, universal movements through life stages. As psychoanalysis relinquishes its claims on the universal and the safe rationality of predictable sequences (see **Mitchell, 1997**), new metaphors of therapeutic development—connoting a process of healing, growth, and change—are needed. Moving from an exploration of the individual self to an emphasis on a more relational self requires a new look at how relatedness unfolds. We are proposing the idea of a developing dyad—the evolution of the analytic partnership—as one lens through which the analyst can envision the movement of therapy. We focus this lens on specific self psychological theoretical constructs: selfobject experience, rupture and repair, therapeutic impasse, and optimal responsiveness. Our purpose is to add our voice to those who posit an interactional dimension to self psychological psychoanalytic theory. We want both to preserve and expand the above-mentioned constructs, which we have found to have profound clinical efficacy.

The working assumptions that underlie our use of the lens of the developing dyad as a metaphor have been drawn from an amalgam of

- 67 -

psychoanalytic relational theories—based on an understanding of the human experience as inherently interactive and intersubjective. Three basic presuppositions are as follows: (1) The growth of a relationship promotes the growth of the individuals within it, and the growth of individuals within a relationship promotes the growth of the relationship. (2) Each dyad is unique and develops uniquely. There are no universal developmental steps or stages. (3) The growth of a relationship is measured by increasing intimacy, aliveness, vitality, resiliency, flexibility, depth, the capacity to negotiate conflict and difference, the building of trust and openness, the capacity to include a wider spectrum of feelings, and the expansion of each individual's relational repertoire.

Self Psychology/Intersubjectivity Theory is emerging from a positivist, unidirectional concept of psychoanalytic process. The patient has been seen as the one who needs healing and, with proper application of analytic theory and technique, as the one who changes. The contribution of intersubjectivity theory has facilitated a growing understanding of the fuller implications of a process of psychological growth as a relational experience. The analyst—no longer neutral, objective, abstinent—has increasingly become a coparticipant in a system of mutual influence that organizes and creates a dyadic relational field. In the process both partners are changed.

Kohut (**1977**) took a first step into developing this paradigm by recognizing that the analyst's response, far from neutral, was influencing the patient's self-experience. Stolorow and Atwood (**1992**) leapt into the domain of interactive field theory by viewing psychoanalysis as a process emerging from the interplay of two differently organized subjectivities—an intersubjective phenomenon—which further highlighted the analyst's participation in psychoanalytic process

and invited renewed attention to the issue of countertransference, which is increasingly understood, not as an impediment to healing, but as inevitable and co-determining of the transactional field. Bacal and Thomson (1996) explicitly address and include the selfobject needs of the analyst as a dimension of the analytic field, further crediting the participation of both patient and analyst in cocreating the psychoanalytic matrix. The work of Beebe and Lachmann (1994, 1996) on early mother—infant interactions clarifies the interlocking and reciprocally delimiting contributions of self- and mutual regulation in a dyadic system. Natterson's (1991) analytic writings fully embrace an intersubjective schema as he states that the “subjective life of the therapist is co-equal to that of the patient in creating the therapeutic transaction” (p. vii). Orange (1995) proposes the term cotransference, rather than countertransference, to convey her understanding that the organizing

- 68 -

activity of patient and analyst are “two faces of the same dynamic” (p. 67). Lessem and Orange (1993) stress the importance of the particularity of the analyst who cogenerates the selfobject bond with the particular patient. Sucharov (1996) further extends the idea of mutuality in the psychoanalytic endeavor by proposing that “empathic understanding is bilateral. Understanding and being understood by the other is an indivisible process that is mutually regulated on a moment to moment basis” (p. 1). Fosshage (1995) proposes replacing the narrow and confusing term *countertransference* with a more totalist expression, “the analyst's experience of the patient ... [which] more fully captures the complexity of the analyst's involvement” (p. 375). Preston (1996) explicitly states that the emotional and intellectual investments of the analyst are a determining factor in the cocreation of selfobject experience. Orange, Atwood, and Stolorow (1997) most recently propose that “the intersubjective field of the analysis made possible by the emotional availability of *both* patient and analyst, becomes a developmental second chance for the patient” (p. 8; emphasis added). Clearly, the thrust of intersubjectivity theory is in the direction of refining and expanding understandings of the psychoanalytic engagement as a thoroughly bilateral system of mutual influence.

Positing the psychoanalytic endeavor as a fully intersubjective phenomenon introduces new challenges for conceptualizing psychoanalytic change. The analytic process has become a two-way, instead of a one-way, engagement—a process of mutual influence, of cotransference. A new unit, the dyad, has become a focus of exploration. Concepts of growth/healing/transformation/development need to be thought about in dyadic terms that include the analyst as well as the patient. Relational psychoanalysts are in the process of articulating a language that captures a dyadic vision of development, which in turn creates a bidirectional lens through which we see our work anew.

Stolorow, Brandchaft, and Atwood (1987) located analytic process as occurring at the intersection of the subjectivities of patient and analyst (p. 1). This was offered as a value-neutral inevitability. With this as a starting point, we are exploring the idea that the expansion of the patient–analyst relational matrix is one way of envisioning therapeutic change. Sucharov (1996) spoke of bringing “forth the intersubjective field as a conceptual lens that facilitates the rediscovery of the therapist's subjectivity in the psychoanalytic process.” (p. 18). We are trying to bring forth the evolution of a dyadic interchange as a conceptual lens to delineate, detail, and elaborate the clinical workings of therapeutic process.

In this chapter we shall examine some fundamental self psychological constructs through a bidirectional lens, demonstrating ways in which

- 69 -

both patient and analyst cocreate the interactional field. It is another way of viewing psychoanalytic process that includes the analyst's as well as the patient's contributions and the ways in which they influence each other.

Beebe and Lachmann (1994, 1996) have drawn on the findings of empirical infant research to produce a powerful model that helps in understanding the processes of psychotherapeutic action in an interactive system. They address the developmental necessity for integrating self- and mutual regulation and propose their inseparability. They include in their definition of self-regulation a capacity for self-soothing and predictable organization of behavior. Mutual regulation refers to “a model in which both partners actively contribute to the regulation of the exchange, although not necessarily in equal measure or like manner” (1996, p. 124). “Each partner influences the process through his or her own self regulatory range and style and through specific contributions to the pattern of interaction” (1996, p. 124). We understand this to mean that the relational universe that the analytic dyad inhabits is cocreated and delimited by the intersecting subjectivities of both participants. An expansion of one partner's self-regulatory range broadens that person's relational capabilities. For example, an increased ability to self-soothe can lead to a greater capacity to tolerate the empathic failures of the other. Either partner's expanding relational capabilities alters the shape of the dyadic universe, which then allows for the possibility of new self-experience for the other partner. In an alive interactive system, there will be pushes and pulls from *both* directions as each participant tries to expand or modify the self-regulatory system of the other and therefore the dyadic universe, to make possible the inclusion and reception of more self-experience. From this perspective, therapeutic development can be seen as the experience of the cogeneration of evolving mutual regulations, which then broaden the self-regulatory ranges of the participants or vice versa. As the partnership evolves in complexity, depth, and flexibility, each participant also evolves. Dyadic development results in individual development, and individual development expands dyadic development.

We are suggesting that the self psychological metaphor for growth as the accretion of internal structure through selfobject experience facilitated by optimal responsiveness can also be conceptualized in a way that reflects the bidirectional nature of the analytic endeavor. We can think of growth as the patient's accretion of relational flexibility, which results in a more resilient, alive partnership and a more cohesive delineated self.

In the language of intersubjectivity theory (which has replaced notions of intrapsychic structure with the concept of invariant organizing

- 70 -

principles that are socially formed and socially maintained, we can say that in the psychoanalytic process the patient's organization of experience changes as the patient's sense of herself in relation to the analyst is altered in the dyadic process. In an effective analysis, there is a transformation of relational expectations resulting from participation in a new selfobject relationship (Bacal, 1990). In other words, the analytic relational experience offers the patient, and often the analyst, new possibilities in the human world.

Selfobject Experience

A most striking example of the evolution of a self psychological intersubjective perspective can be seen in changing understandings of the pivotal construct of selfobject experience. Kohut's (1977) definition, emerging from a classical frame was clearly a unidirectional vision. "The analysand, in order to keep open the access of the archaic strivings to his ego ... uses the analyst as a self-object ... ie., as a precursory substitute for the not-yet-existing psychological structures (p. 32). Eighteen years later, Bacal (1995b) describes the therapeutic process in self psychology as "centrally entailing a continuous dynamic experience of complex selfobject interaction between analyst and analysand" (p. 361). Kohut, operating from a unidirectional assumption, refers to the patient's use of the analyst as a selfobject. Bacal's emphasis is on mutual selfobject interaction—the activity of a partnership. The image of the analyst as provider is changed to the experience of a particular kind of patient—analyst interaction (see Fossage, 1995).

A premise of this chapter is that selfobject experience is not a unidirectional process in which the therapist gives and the patient receives empathic understanding (see Sucharov [1995] for a fuller discussion of the bidirectional nature of empathy). We view selfobject experience as the intrapsychic dimension of an interactional giving/receiving process—the experience of successful mutual regulation.¹ Bacal (1995a), drawing upon the work of Suttie (1988) refers to the selfobject need for vitalizing self-experience through giving, sharing, and entering into "reciprocal relatedness" (p. 403). In our view of selfobject experience, the mutual regulatory activity of the partnership—the participation in the give and take of relationship building—

¹ This is in contrast to Shane and Shane (1996) who view the selfobject dimension of relatedness in the clinical situation to be "distinctly onesided" (p. 13).

constitutes a growth experience for both partners (see Preston, 1996). Both partners struggle to provide what the other needs for partnership, and both struggle to accept what the other has to offer. When selfobject experience has been achieved, both may experience their contribution as valuable to themselves, to the other, and to the relationship. This participation in a creative, intimate, deeply honest endeavor is the developmental second chance or, as Spezzano (1997) puts it, "the first chance to address the dialectic between affect and relationship that is the foundation of human psychology" (p. 611).

Case Example: Sandra/Ruth

To illustrate the application of the idea of an interactive giving–receiving matrix as the carrier of selfobject experience, we will consider the following brief piece of clinical process. (The patient's self-expression is often vague, elusive, tangential, and difficult to follow. The analyst, whose self-organization is threatened by states of confusion, has trouble understanding the patient and wishes she would get to the point. She believes that the patient's scattered productions are an expression of anxiety about her relationship with the analyst.)

Sandra: Things are messy with all the women in my life.

Ruth: I wonder if that includes me.

Sandra: I sometimes think perhaps I should find a guru and study Buddhism or yoga.

Ruth: Tell me about the mess between us.

Sandra: I know what will happen. I'll tell you everything that is troubling me and you'll dispassionately nod or ask a series of questions.

Ruth: I invite the feelings and don't engage with them.

Sandra: You seduce and disappoint. I tell you about a movie that was meaningful to me. You seem interested in it but never refer to it again.

Ruth: What you are saying is very important.

Sandra: Yes and you will never come back to it. You are so laid back. It's like nothing matters.

Ruth: I can see why you feel that way. I'd like to talk more about it, but it's time to stop.

Sandra: (As she is paying the analyst) Where are you going on vacation?

Ruth: Spain.

Sandra: Make sure you see the Andalusian horses.

Ruth: You know, in Ireland last year I looked for and found the wild ponies you told me about. But I never shared that with you. I can see why you feel that you don't matter. You have no idea how much you are with me. I never see a horse without thinking of you.

Sandra: Now I feel like hugging you.

- 72 -

Let's look at what is happening here from the point of view of mutual giving/receiving. The therapist is asking for what she needs in the partnership, which is for the patient to get to the point, that is, to talk about their relationship. The patient first responds indirectly to the analyst's need and then gives the analyst a pointed personal expression of criticism and disappointment about the analyst's distance. The analyst receives this contribution and responds empathically, giving the patient needed validating responsiveness. The patient continues with an indirect request for something she has been sorely needing—for the therapist to pursue her more consistently. This request again satisfies the analyst's need for the patient to get to the point, and she again offers the patient legitimizing affirmations. The patient then spontaneously takes the risk of inviting personal contact. The analyst responds with heartfelt self-expression that is a powerful corrective of the patient's complaint. The patient receives the analyst's gift and responds with a gift of affection. The session ends on a note of warm connection. This partnership has been struggling with the challenge of expanding possibilities for personal expressivity through pulls and pushes from both sides. The relationship has taken a small step toward greater openness.

The give and take of relatedness that constitutes the intersubjective field of the analysis can also be viewed as an incrementally evolving spiral of increased bidirectional risk taking, understanding and trust. Brothers (1995) refers to a dyadic vision of selfobject experience in the development of her ideas about trust. She includes not only the patient's need to trust the analyst, but the patient's need to feel trusted by the analyst. She defines trust as “the hope or wishful expectation of obtaining and providing the selfobject experience necessary for the development, maintenance, and restoration of cohesive selfhood” (p. 33). She sees trust as the “glue” of self-experience and views psychotherapy as a bidirectional trust-building voyage. The clinical

vignette above can also be seen as a sequence of mutual risk taking, acceptance, and trust building.

The patient risks making a generalization in which she indirectly refers to difficulties in the analytic relationship. The analyst personalizes it. The patient further indirectly risks, indicating that she is not getting what she needs from the analysis. The analyst wants to know more. The patient finally risks a direct personal expression of her disappointing experience of the analyst's inconsistency and unreliability. The analyst is interested but ends the session. The patient then moves forward into a personal engagement with the therapist. The therapist, inspired by the patient's courage, risks an emotional expression of her

- 73 -

connectedness to the patient. (Perhaps, having stepped outside the analytic frame, the analyst is also freed from expressive constraints imposed by her adherence to theory that discourages self-disclosure). The patient has gotten needed responsiveness from the analyst and wants more closeness. The dyad has taken a step of trust.

Rupture and Repair

The traditional self psychological view of therapeutic process is that the self develops through the accretion of structure as a result of rupture, repair, and transmuting internalizations. Seen through a dyadic lens, one could say that growth occurs through a process of the mutual regulation of rupture and repair—both people make the mess and both people clean it up—which leads to a stronger, more flexible, self-righting dyad.

In the traditional self psychological model, the focus of the analytic work is on the emotional life of the patient. None the less the emotional life of the analyst is always implicitly cocreating the interactional field. Because we focus on the patient, we tend to notice disturbances in the field through our experience of the patient. Often, the rupture or disturbance is unconscious for the patient. We notice that the patient comes late, forgets to pay, seems flattened, feels more hopeless. The analyst may take this as a signal that there has been an empathic failure and investigate what might have happened. The conclusion of the investigation is some interpretation by the therapist about what she did or didn't do that was experienced by the patient as an empathic failure. How were the selfobject needs of the patient not adequately met? The patient feels recognized and understood by the interpretation and is perhaps flooded with memories of other such failures. The treatment is back on track. The therapist takes responsibility for the rupture. She identifies the empathic failure, and she repairs it through an interpretation that acknowledges her participation in its creation.

How might a treatment disturbance be seen through a dyadic lens in which both the rupture and repair are cocreated? The disturbance, an empathic failure, has begun before the analyst starts noticing it in the patient's behavior. The process of mutual regulation is endlessly ongoing. The analyst may have unconsciously become misattuned, may experience tension, or may become aware of feelings of discomfort, restlessness, sleepiness, annoyance or boredom (see Bacal and Thomson [1996] on signal disruption). In some way, the patient's participation has been frustrating the selfobject needs of the analyst and the analyst may be trying to self-right. The ongoing dyadic experience

- 74 -

consists of disruptions, misunderstandings, and misattunements that are negotiated by both people. Problematic patterns of interaction can often be understood as either participant's habitual archaic attempt to restore a disrupted bond.

Case Example: Susan/Janet

Susan wants to focus her session on a recognition she has just had, that she never goes after what she wants. She has a flood of associations, and as the session ends, she indicates that the session was disappointing because she didn't get clarity about the nature of her wanting disorder. Janet says, "I felt you sitting on something throughout the session." The next week Susan comes late to session and says she had a strong urge not to come at all. In fact, she is not in touch with wanting anything. Janet recalls the way the last session ended. In the ensuing discussion she comments, "When I said you were sitting on something throughout the last session, perhaps you felt I was saying it was your own fault that you hadn't gotten what you wanted." Susan is engaged by this and comes alive.

Let's look at what happened here from a dyadic perspective. This therapist has been unconsciously working from an early organizing belief that she is an inadequate responder. She was disturbed by the patient's dissatisfaction with the session. She felt blamed. She defensively handed the blame back to the patient, "I felt you sitting on something." (The subtext is, "It's not my fault, it's yours. You stopped yourself from getting what you wanted.") The therapist's selfobject need to be mirrored for her efficacy wasn't met by the patient. Because the analyst is focusing on the patient, the point at which she becomes aware of the disturbance is when the patient is trying, in her way, to repair it. The patient stops wanting. She stops making demands on the relationship. She accepts the blame and disengages. That's her major symptom—the self-limiting way she has learned to restore a selfobject tie by accepting full responsibility for the relational difficulty and withdrawing her needs. The analyst notices something is wrong when she notices this typical way the patient has of repairing ruptures. Then she coparticipates in repair by taking responsibility for her defensiveness. Embedded in her review of the session is an implied interpretation: the patient lost her wanting because she accepted the blame for the last session not going well.

The analyst's noticing, taking responsibility, and interpreting are her ways of participating in repairing the rupture. The acceptance of responsibility for the analyst's discomfort and emotional disengagement are some ways the patient tries to repair the rupture. Additionally,

- 75 -

when the analyst refers back to the previous session, the patient has to empathically grasp the reaching out of the therapist, make a place for the therapist's way of seeing things, and take the risk of trusting that the therapist is not invested in remaining rigidly in a defended position.

Aron (1996) has pointed out that the "analysis is asymmetrical in terms of differences in power and responsibility between patient and analyst" (p. 99). However, mutuality resides in the reality that both participants make their contributions to the creation of the rupture. And both participants offer characteristic, as well as tentative, new contributions to its repair. This partnership has been struggling with issues of blame and responsibility. A step has been taken toward a new experience of responsibility as "the ability to repond," not as the assignment of blame.

Optimal Responsiveness

Howard Bacal's (1990) concept of optimal responsiveness has largely replaced Kohut's original idea of optimal frustration as a fundamental therapeutic structure-building activity of self psychology. In Bacal's model, optimal responses are therapeutic contributions of the analyst that facilitate curative selfobject experience for the patient (p. 364). Interpretive activity is but one way of being optimally responsive.

A dyadic approach to optimal responsiveness entails the analyst thinking not only about responses to the patient, but also about responses to the dyad. By this we mean that, in addition to attending to the patient, the analyst is also attending to the struggle of the partnership to form a healing connectedness. As Sucharov (1995) says, "We must listen to the dance while dancing" (p. 11). The analyst reflects on the process—patterns and sequences produced by the intersecting subjectivities of patient and analyst. It is in this responsibility of the analyst that relational asymmetry is most apparent. These reflections, an expression of the analyst's subjectivity, are, however, incomplete without the additional inclusion of the patient's experience.

Optimal responsiveness has primarily been associated with analytic empathic interpretations, which are "you" statements. A broadened lens would also include "we" statements and "I" statements. Spezzano (1997) advocates the use of the word *we* as a way of locating "aspects of unconscious activity where they first appear: not interiorly, but in the intersubjective field" (p. 616). He goes on to say that the use of "we" statements as therapeutic interventions is what distinguishes relational from nonrelational practice. We view "we" statements

- 76 -

as not only an attempt to discover the patient's unconscious, but also as a way to locate the "us"—to identify the immediate challenge of the partnership in its striving for connection, safety, and freedom. The response that is optimal for the dyad takes into account the needs and requirements of both partners, as well as the relational developmental struggle of the dyad. The developmental tasks of the dyad are determined moment-by-moment by the intersection of the needs and constraints of both people. The hurdles and challenges at each step are unique for each partnership. "Yours and mine assume their particular shape in our relatedness" (Orange, 1995, p. 24). Optimal responsiveness to the dyad appreciates the validity of both partners' ways of organizing their own experience.

The partnership negotiates these uniquely constructed developmental tasks through the ongoing discovery and cocreation of maps and tools. It is the coauthoring of vital, deeply personal metaphors through collaborative meaning-making that is a primary tool for this journey. Spezzano (1997) remarks that metaphor is the link between affect and words (p. 607).

Case Example: Karen/Jake

The patient, Karen, has been in treatment for six months. She often falls into long silences. The analyst, Jake, grew up as a lonely child and is uncomfortable with silences. Karen has just asked Jake a question, which Jake answered. Karen is silent. Jake becomes increasingly uncomfortable, not knowing whether Karen is thinking about what he said or has drifted off in isolation. He finally asks Karen what she is thinking.

Karen: Nothing. I went blank.

Jake: Did you have any thoughts about what I said?

Karen: I liked what you said.

Jake: What happened after that?

Karen: I thought about it and then I went blank.

Jake: It seemed like an uneasy silence between us. Did it seem like that to you?

Karen: Yes. I get anxious when I have nothing to say.

Jake: Did you think of looking to me for input?

Karen: Do you want me to do that?

Jake: Well, I don't know. I would like to understand what is happening between us when you go blank.

Karen: I think it is very bad of me to have silent expectations of you.

- 77 -

Jake: What are the silent expectations?

Karen: It's bad of me to want you to help me. I should do it myself.

Jake: What is so bad about wishing for help?

Karen: My foster mother who I lived with as a teenager told me how hurtful and mean it was for me to have silent expectations of her. It made her feel bad.

Jake: I guess you are concerned that your silent expectations of me are making me feel bad.

Karen: All my life I've been told to speak up. But I can't.

Jake: You seem to get lost and wait there quietly, hoping I'll come and find you.

Karen: I'm afraid to look at you and ask for help.

Jake: You seem to get frozen in your tracks. I feel fine about helping you, but I get uncomfortable when I think I may be intruding upon your silence.

Karen: I'm hoping that you'll ask me a question.

Jake: We seem to get stuck when you are afraid to ask for help, and I am afraid that offering it will feel like an intrusion.

A challenge of this dyad is to negotiate the silences. Embedded in these silences are the patient's conflict between a wish for help and an emotional conviction that this unspoken wish is unacceptable and the analyst's discomfort with silence and her fear that she will intrude her need for connection into the patient's need for silence. The patient's introduction of the evocative term *silent expectation* allows the couple to identify a conflict. The analyst's use of the metaphor of the "lost patient waiting to be found," seems to allow the patient to articulate her fear of asking for help. The interpretation of the dyadic struggle brings into focus the treatment as a partnership.

Optimal responsiveness to the dyad can also be facilitated through the analyst's use of personal "I" statements previously referred to as "expressive relating" (Preston, 1996). The personal expression of the analyst, arising out of her moment-to-moment experience of the interaction, can be a powerful conveyor of the relatedness and intimacy that fosters selfobject experience. Aron (1997) describes the task of the relational psychoanalyst as holding the tension between understanding the patient (empathic interpretations) and being a new object for the

patient (personal interactive participation). These processes are, of course, inextricably connected. Along with empathic understanding, the analyst's personal expressivity can be a potent carrier of a new relational experience. In the above-mentioned case example, Jake's inclusion of his own subjectivity disconfirmed Karen's relational expectation and expanded the interactive possibilities of the dyadic universe.

- 78 -

Impasses

One of the clearest explications of the clinical workings of an intersubjective approach is found in the paper "Impasses in Psychoanalytic Therapy: A Royal Road" (**Atwood, Stolorow, and Trop, 1989**). The authors describe a therapeutic impasse as a situation in which the absence of "reflective self awareness" on the part of the therapist contributes to the establishment of rigid interaction patterns. When the emotional convictions organizing the experience of both partners can be investigated and illuminated, the impasse provides a "unique pathway—a royal road—to analytic understanding" (p. 54). The authors are suggesting that the analyst's ability to reflect on his own contribution to the impasse begins the process of dyadic righting. The case examples cited indicate that this self-reflection enables the analyst to reposition himself—to change the way in which he participates in the relationship. The way that we understand this is that the analyst's new self-awareness enables him to provide a new experience that alters the dyadic universe so that a change in the patient's self-experience becomes possible. In other words, the therapist takes a step out of rigidified interactional patterns and broadens his own self-regulatory range, simultaneously impacting on the patient.

Mitchell (**1997**), addressing the issue of analytic impasses, also speaks about the need for the analyst to go first "to break out into a different emotional state, to want more" (p. 61). He speaks of an "outburst ... from the confines of options that all seem unacceptable" (p. 57). For Mitchell it is often the analyst's emotional response to the constraints of the impasse that ushers in a new lived experience characterized by analyst and patient working together to broaden the options available to them. From our perspective, Mitchell's "outburst"—an emotional expression of the analyst's response to the impasse and his commitment to the dyad—contributes a new element that alters the dyadic universe, thus offering new possibilities for the patient. It serves the same analytic function as Atwood et al.'s application of reflective self-awareness.

Both Atwood et al. and Mitchell speak of the necessity for meta-understanding of the impasse. Both indicate that the therapist is usually the one who has to make the first change. The intersubjectivists emphasize the importance of the analyst's exploration of his own contribution as coconstructor of the impasse. Mitchell highlights the patient's investment in maintaining the imprisoning constraint but views the shared experience of imprisonment as a necessary dimension of the analytic journey.

- 79 -

A synthesis of the intersubjectivist and Mitchell's interpersonal contributions to the understanding of therapeutic impasses gives a clinically helpful schema of dyadic movement. Elements of this schema are (1) a need for the analyst's introspection to see his own contribution, (2) an exploration of how the analyst's contribution fits with the patient's understanding of the

impasse, and (3) the need for the therapist to “go first” in taking some new action, which may be an interpretation or an emotional expression of the analyst's subjectivity.

Another evocative lens through which to view impasses is Searles's (1975) idea, expanded by Sucharov (1995), that the patient unconsciously strives “to cure the analyst of those problematic aspects that would interfere with the analyst's therapeutic function for the patient” (p. 3). This speaks to the dimension of impasse in which the *patient* is trying to break out of the dyadic constraints imposed by the limitations of the self-regulatory range of the analyst. This is not the equality of a Ferenczi co-analysis, but the mutuality of a coconstructed partnership in which the roles and responsibilities of each participant are different. As Orange et al. (1997) say, “One is primarily guide and the other seeks to organize and reorganize experience in less painful and more creative ways. Nevertheless, each is a full participant and contributor to the process that emerges” (p. 9).

Case Example: Mary/John

Mary is a bright, attractive young therapist. Her early meaningful selfobject tie was with her father who was alternately warm or withdrawn and absent. Mary experiences her analyst, John, alternately as caring and deeply in tune with her, and detached and withdrawn. In the latter state he resorts to a much more classical stance of abstinence or authoritarian technical interpretations. As a child, Mary tried to get her parents to see beneath the surface of what was going on. In her analysis she works very hard to get her analyst to recognize his own moodiness and inconsistent way of being with her. She wants him to understand how restimulating and retraumatizing it is for her when he withdraws. Mary alternates between acting like the clingy hysterical young child, pulling John in to care for her, and being the insightful therapist who points out his deficiencies. John had, as a child, struggled to maintain a sense of his own autonomy in the face of a needy, demanding, and highly seductive mother. He alternated between falling under her spell and resisting her pull on him.

In a moment of emotional vulnerability in Mary's analysis, John acknowledged the validity of her perceptions of him. He acknowledged that he does go through periods of withdrawal and that he feels very

- 80 -

anguished at the pain he has caused her. She then, feeling justified at being angry at him and perhaps testing the sincerity of his change of heart, suggested that he give her extra sessions free of charge to process this cyclical interaction. She felt that she had invested so much time and energy through the years getting him to take responsibility for his problematic participation in their relationship that reparations were due her. He became stiff and silent at her suggestion. She pointed out that he was withdrawing in the same old way again. He did not respond, and she became angrier and angrier. Finally, he told her that she wasn't taking responsibility for her anger. He said that he would not allow her to criticize and yell at him and that she was out of control. This left her feeling frantic, crazy, and fragmented. She sought help from another therapist.

John had offered Mary an emotional self-disclosure. Perhaps he wanted to be rewarded by her acceptance as an antidote to the experience of his mother's demanding neediness. One interpretation of Mary's angry reaction is that she is railing against the limitations of John's self-regulatory range, battering at the walls of his self-protection that prevent her from having the

selfobject experience she needs. His inability to empathically explore the meanings of her desperation results in her spiraling anger, which can be seen as a disintegration byproduct. Mary took John's expression of responsibility and vulnerability as a signal that he was a grownup and she could now be a raging child. One line of speculation is that she was testing to see if he could be the strong father who could tolerate her criticism and anger and stay connected to her. This partnership was strained to the breaking point in its inability to negotiate hurt and anger.

There are several advantages to the inclusion of a perspective that views the patient as trying to broaden the analyst's self-regulatory range: (1) It adds another dimension to the understanding of the complex workings of the indissoluble unity of patient and analyst. (2) It encourages the analyst to look for the patient's developmental strivings in what can seem like purely self-defeating behavior. (3) It invites the analyst to use painful, frustrating stalemates as vehicles for personal growth. As Mitchell (1997) puts it, "One of the best kept secrets of the psychoanalytic profession is the extent to which analysts often grow (in corrective emotional experiences) through a surrender to the influence of patients" (p. 26). (4) It can act as a scaffold, preventing the treatment from falling into cycles of withdrawal, retaliation, or collapse. The legitimization of the therapist's use of the analytic platform to gain access to aspects of himself that have been out of awareness supports the analyst's efforts for continued engagement. It has the potential to energize an embattled or frozen treatment.

- 81 -

Conclusion

In radically rejecting "the notion that psychoanalysis is something that one isolated mind does to another, or that development is something that one person does or does not do" (Orange et al., 1997, p. 18), we come face to face with the challenge of reconsidering and reconceptualizing time-honored, profoundly useful, but unidirectional clinical concepts such as selfobject experience, rupture and repair, and optimal responsiveness. We view these constructs through a bidirectional lens because we believe these "old bottles" are excellent containers for relational theory. A full consideration of the implications of psychoanalytic bidirectionality is unfamiliar and complex. It can be as exciting and disorienting as stepping from a three-dimensional world into the fourth dimension.

We use the idea of self- and mutual regulation introduced by infant research to elaborate the dimension of mutual influence in these basic self psychological concepts. We view selfobject experience as interactive (the experience of a successful mutually regulated giving and receiving matrix); rupture and repair as a complex interweaving of mutual empathic striving toward dyadic self-righting; and optimal responsiveness as, at times including the expressive use of the analyst's subjectivity ("I" statements) and the entity of the analytic couple ("we" statements).

Self psychologists are certainly not alone in grappling with the new relational paradigm in psychoanalysis. As Aron (1996) points out, there is a great deal of cross-fertilization in the rich dialogue between theoretical perspectives resulting from this paradigm shift. We believe that self psychology and intersubjectivity theory continue to have unique and invaluable contributions to make to this new relational integration.

References

- Aron, L. (1996), *A Meeting of Minds: Mutuality in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.

- Aron, L. (1997), Intersubjectivity: Clinical implications. Presentation, New York City, December 12th.
- Atwood, G. E., Stolorow, R. D. & Trap, J. L. (1989), Impasses in psychoanalytic therapy: A royal road. *Contemp. Psychoanal.*, 25:554-574. [→]
- Bacal, H. (1990), The elements of a corrective selfobject experience. *Psychoanal. Inq.*, 3:347-372. [→]
- Bacal, H. (1995a), The centrality of selfobject experience in psychological relatedness. *Psychoanal. Dial.*, 5:403-410. [→]
- Bacal, H. (1995b), The essence of Kohut's work and the progress of self psychology. *Psychoanal. Dial.*, 5:353-366. [→]

- 82 -

- Bacal, H. & Thomson, P. (1996), The psychoanalyst's selfobject needs and the effect of their frustration on the treatment: A new view of countertransference. In: *Basic Ideas Reconsidered: Progr. Self Psychol.*, Vol. 12, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 17-35. [→]
- Beebe, B. & Lachmann, F. M. (1994), Representation and internalization in infancy: Three principles of salience. *Psychoanal. Psychol.*, 11:127-165. [→]
- Beebe, B. & Lachmann, F. M. (1996), The contribution of self- and mutual regulation to therapeutic action: A case illustration. In: *Basic Ideas Reconsidered: Progr. Self Psychol.*, Vol. 12, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 123-140. [→]
- Brothers, D. (1995), *Falling Backwards: An Exploration of Trust and Self Experience*. New York: Norton.
- Fosshage, J. L. (1995), Interaction in psychoanalysis: A broadening horizon. *Psychoanal. Dial.*, 5:459-478. [→]
- Kohut, H. (1977), *The Restoration of the Self*. New York: International Universities Press.
- Lessem, P. & Orange, D. (1993), Self psychology and attachment: The importance of the particular other. Presented at the 16th Annual Conference on the Psychology of the Self, October 28-31, Toronto.
- Mitchell, S. A. (1997), *Influence and Autonomy in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Natterson, J. (1991), *Beyond Countertransference: The Therapist's Subjectivity in the Therapeutic Process*. Northvale, NJ: Aronson.
- Orange, D. (1995), *Emotional Understanding: Studies in Psychoanalytic Epistemology*. New York: Guilford.
- Orange, D., Atwood, G. E. & Stolorow, R. D. (1997), *Working Intersubjectively: Contextualism in Psychoanalytic Practice*. Hillsdale, NJ: The Analytic Press.
- Preston, L. (1996), Expressive relating: The intentional use of the analyst's subjectivity. In: *Progr. Self Psychol.*, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 203-218.
- Searles, H. (1975), The patient as therapist to his analyst. In: *Tactics and Techniques in Psychoanalytic Therapy*, Vol. 2, ed. P. Giovacchini. New York: Aronson, pp. 95-151.
- Shane, M. & Shane E. (1996), Self psychology in search of the optimal: A consideration of optimal responsiveness; optimal provision; optimal gratification; and optimal restraint in the clinical situation. In: *Basic Ideas Reconsidered: Progr. Self Psychol.*, Vol. 12, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 37-54. [→]

- Spezzano, C. (1997), The emergence of an American middle school of psychoanalysis: Commentary on Karen Rosica's paper. *Psychoanal. Dial.*, 7:603-618. [→]
- Stolorow, R. D. & Atwood, G. E. (1992), Contexts of Being: The Intersubjective Foundations of Psychological Life. Hillsdale, NJ: The Analytic Press.
- Stolorow, R. D., Brandchaft, B. & Atwood, G. E. (1987), Psychoanalytic Treatment: An Intersubjective Approach, Hillsdale, NJ: The Analytic Press.
- Sucharov, M. S. (1995), The patient's empathic understanding of the therapist: A bilateral systems view of empathic process. Presented at the 18th Annual Conference on the Psychology of the Self, October 19-22.

- 83 -

- Sucharov, M. S. (1996), Listening to the empathic dance: A rediscovery of the therapist's subjectivity. Presented at the 19th Annual Conference on the Psychology of the Self, October 19th.
- Suttie, I. D. (1988), The Origins of Love and Hate. London: Free Association Press.