The Self of the Field and the Work of Donnel Stern

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By

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The Self of the Field and the Work of Donnel Stern

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Abstract

The Self of the Field and the Work of Donnel Stern

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No study has taken an updated and comprehensive review of Donnel Stern's writings. An

investigation of his philosophical assumptions, locating Stern's work socioculturally and

historically, along with an elucidation of Stern's background in traditional psychoanalytic

literature and clinical practice, brings out the meanings and enigmas present in his

theories of dissociation, enactment, unformulated experience, multiple self-states, and

reflection. Stern has offered one of the best-integrated theoretical models in relational

psychoanalytic theory. An examination of his theories within the theoretical traditions to

which he makes claim (psychoanalytic, interpersonal, hermeneutic, postmodern, and

democratic) will help elucidate the challenge posed by relational psychoanalysis to the

Cartesian split and scientism in psychological study and praxis, while also attending to

important clinical implications of Stern's model. The electronic version of this

dissertation is at OhioLink ETD Center, www.ohiolink.edu/etd

Key words: relational psychoanalysis, Donnel Stern, technique, trauma, self,

dissociation, enactment, multiple self-states, multiplicity, unformulated experience,

interpretive turn, hermeneutics, postmodernism, interpersonal psychotherapy, unbidden

experience.

Dedication

The story goes that there was once a Greek King Milinda who reigned in Bactria, what is presently Northern Afghanistan. One of Alexander the Great's men, Milinda was well-trained in Aristotelian philosophy (Davids, 1890/1963).

One day, the king consulted the Buddhist teacher Nagasena, asking how long the latter had been a monk. Nagesena replied, "I was ordained seven years ago."

"So" argued the Bactrian King, "you are a monk, aren't you? Does that mean you are you a monk for seven years, or is the monk *you*?"

Nagasena gazed on King Milinda's shadow cast on the ground and across the surface of a basin of water.

Nagesena asked, "Is that shadow separate from the King or is it the King himself?"

King Milinda responded that it was neither. The shadow was owing to himself.

"Likewise" replied Nagasena, "these seven years of monkhood are on account of me but they are not me."

Likewise in the case of this dissertation, for me any achievements during these past seven years may be on account of a number my own activities. However, what I have done since beginning doctoral study and then this writing are in fact nothing if not relational, part of a world of which I, too, have been part—but one that is also beyond me. It is a world that has constantly surprised me.

There are, therefore, a number of people who have been essential for this work to appear. I would like to give my deepest thanks for their unanticipated support. The great generosity I have experienced during this period of my life has been a strong

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Often appearing as a single unit of study, the self has been at the heart of Western psychological inquiry since at least the 1940s (Cushman, 1990). At that time, psychological study gained momentum by attaching to the energy and resources of a growing U.S. economic and cultural dominance. Much of U.S. mainstream culture with its roots in the Enlightenment could be said to have come out of notions of a single, bounded, masterful, or "self-contained" individual (Baumeister, 1987; Cushman, 1990; Sampson, 1977, 1988; Susman, 1973; Taylor, 1988), from rules thought to frame practices as diverse as economic exchange, to architecture, to social explanations of the world. The emphasis on a Cartesian self, reshaped with the substance of a rugged individualism inherent in European expansionism, was given all the more impetus by a psychology that thrived on American soil (Cushman, 1995). Individualism received a further thrust from the industrialization and consumerism of the U.S., in particular during the second half of the 20th Century.

For instance, even now, at the core of psychological assessment, with all of its legal and educational sway, is the process of comparing an individual's performance on standardized tests (e.g., Groth-Marnat, 2003; Kaplan & Saccuzzo, 2009) to a representational sampling of the scores of other individuals. Indeed, quantitative psychological research (including clinical outcome studies) is predicated on applying statistical principles (Madan, 2007) to response sets offered by individuals at given moments in time. Western psychological theories and applications in general are

permeated with a special sense of personhood that is a cultural creation. American society sees the world through the lexicon of individualism.

The very assumption of the individual as a single subject of study dates from the early modern era (about 1500-1800, Baumeister, 1987). More recently, notions of self and individuality have come under scrutiny, not only by Marxists and cultural historians (Foucault, 1988), but also by those who have been excluded from, and oppressed through the applications of Western social science who, regardless, have managed to find a voice within its arenas (Duran & Duran, 1995; Smith, 1999). An increasing number of texts from mainstream, American academia challenge the assumption that the "individual" is as clear a distinction as the term's etymology would suggest. Critical social psychologists (Cooley, 1902; Gergen, 1973; Hales, 1985; Mead, 1934/1982; Sampson, 1977, 1988) have long held that the self is in essence a social entity and thus a subject of inquiry. Doubts about the individual self have reached the point of where, more recently, social psychologists (Arkin, Oleson, & Carrol, 2010) have posited an "uncertain self." Even among these latter researchers who maintain a stance and methodology rooted in empiricism, the self as an indivisible quantum has eroded.

Psychoanalysis is an area of psychology known for its concentration on the internal life of the single patient. Analytic therapy has long been identified for its alliance with especially private aspects of selfhood. However, thinkers broadly referred to as coming from Interpersonal Relational Psychoanalytic perspectives (RA) have questioned traditional psychological conceptions of the self (Frie & Coburn, 2010; Frie & Orange, 2009; Stolorow, Atwood, & Orange, 2002; Sullivan, 1953/1997).

Relational psychoanalysis is an important, if relatively young intellectual tradition. It encompasses a growing body of work. Much publication on RA comes from practicing psychoanalysts, whose accounts relate experience in the therapeutic dyad, often through years of intense clinical focus. Although writing about RA tends to draw from a number of theoretical traditions, few writers have brought forth a detailed theoretical model in RA. Prominent authors include psychoanalysts such as Irwin Hoffman, Lewis Aron, Lynne Layton, Stephen Mitchell, Donna Orange, Robert Stolorow, and Jessica Benjamin. Among these more prominent of RA's theoreticians is Donnel Stern.[1] In this study I interpret and discuss his body of published works.

Stern's work offers some of the best organized and furthest elaborated theory in RA to date. In particular, two books (2003 and 2010) by Stern, composed of his revised publications, are grounded in philosophical traditions of the Interpretative Turn (e.g, Hiley, Bohman, & Shusterman, 1991). These writings include clinical observations and case vignettes, supported by a strong background in theory. Stern has been called "a

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[1] Given the extreme variability of theories, the interest in questioning authority, and perhaps postmodern doubts about the Western construction of authorship itself, even the assertion of prominence in RA theory holds a certain fluidity. William J. Coburn has commented on the variety of the many RA authors and their theories (personal communication, September, 2014). Stern has written on the idiosyncratic manner in which theory informs psychoanalytic practice in the form of "implicit theories" derived from an unconscious use of tradition and *in situ*, creative thought (2012a). Theoreticians and clinicians who may not publish theoretical papers still appear to be finding communalities in practice which take on different but similar names. The hermeneutic stance that historical tradition, a discourse of interpretation at a given moment in history and place, helps to explain both commonalities and difference here (see, for e.g., Cushman, 2011a, and Gadamer, 1975/2004). That said, there are continued attempts to bring cohesion to different RA understandings, as seen, among other places, in numerous works by the authors listed above. Stern published in 2013 attempts to compare and possibly reconcile differences between a Bionian, Object Relational approach versus his own, Interpersonal RA (see Stern, 2013b, 2013d, 2013e).

central figure in American psychoanalysis" (Spezzano, 2012) and "one of the seminal thinkers" of the Interpersonal and Relational schools (Darwin, 2010).

Stern's understanding of transformation in psychotherapy opposes a strong analytic current in psychology that is built on the presumption that therapeutic effectiveness comes through increased powers of reasoning about problems and hence the patient's greater control over the self. Instead, Stern's explanation of change suggests a Cartesian reversal, wherein moments of dyadic irrationality, moments of "being stuck" are prized for what they can reveal of unconscious material that emerges within the relationship. In essence, Stern's theory (2003) proposes the inevitable acceptance and subsequent understanding of periods of confusion by therapist, patient, or both (see also, Layton, 2009). This is opposed to forms of psychotherapy more in line with the Cartesian tradition that advocate for a therapist to facilitate the logical working-out of a patient's problems with operationalized results. In Stern's description of psychotherapy, such working-out may not always be a rational process, and understanding can appear from either side of the room, or possibly, figuratively speaking, it may be found somewhere in the middle. Such practice is grounded in Stern's adoption of the hermeneutic challenge to the privileging of rationality in all domains, a Western inheritance from the Age of Reason and Enlightenment eras.

A detailed examination will show that Stern's work with transference and countertransference indicates not only the existence of an element of spontaneity but a thread of vulnerability (Aron & Starr, 2013; Stern, 2010) for both patient and psychotherapist. The RA rejection of Cartesian reflective reason runs counter not only to much of psychoanalysis to date, but to the assumptions of most schools of psychotherapy

with claims to scientism, in which the therapist is depicted as a metaphorical technician, or a would-be mental "catalyst" operating from a hypothetical stance of objectivity.

Further, the relational understanding of therapy has called into question the traditional mandate that the psychotherapist was to remain "untainted" by the patient's psychological or emotional material. In the process of questioning the nature of subjectivity, Stern and other RA thinkers put into question a number of the tenets of medicalized psychology (Hoffman, 1998, 2009; Stern, 2010, 2012a, 2013c). Doubts about the applicability of the medical metaphor for psychotherapy are often hinted at in Stern's and other RA writings.

It will be useful to spell out questions about the medicalization of talk therapy and psychological theories in Stern's writings. Such inquiry will help explain how far RA challenges to Cartesian-based models of thinking extend and where they lead. There have likewise been exceptions to a complete dismissal of medical, scientized, or Enlightenment-influences in theorizing in psychoanalysis.[2] It will be important to see where Stern's work figures in the filtering of these different and often conflicting approaches to modern thought.

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[2] See, for e.g., exchanges between Orange and Pariser on neuropsychological discourse in psychoanalysis (Orange, 2003, 2005; Pariser, 2005). In later writings, Foucault similarly asserted the importance of not simply banishing discourses based on "the formal ontology of truth" while he also maintain the long-time focus of his own work, "the permanent, ever-changing question 'What are we today?'" (1988, p. 145). Following the Interpretive Turn, the need for a critique from differing perspectives is not only productive but essential. This is also germane hermeneutic theory which stresses not a testing of truth but an understanding of the conditions that bring about a given interpretation within a particular historical context (Gadamer, 1975/2004). In other words, the Interpretive Turn suggests not so much a rejection of different discourses as a constant critique and dialogue about their origins, their assumptions, and their philosophical directions.

Much of Stern's writing is in the form of commentary on previous psychoanalytic theory. His thought also emerges from traditions in philosophy, ethics, social awareness, as well as highly nuanced clinical reflection. Coming from such a profusion of sources, Stern's writings hold meaning far beyond the concerns of psychodynamic purists. The shift in focus to the co-created, interpersonal field, the questioning of the notion of the individual as the basic particle of psychological study, and the grounding of psychological practice in history, culture, and time, often run contrary to previous theories of research, psychopathology, and therapeutic change.

As his writing progressed (2010, 2012a, 2013c), Stern's ideas have become increasingly clear on this front: they offer a direct challenge to the mass of voices calling for the predominance of evidence-based practice in psychotherapy, nearly a mantra for many practitioners, researchers, accountants, and administrators today. An analysis of Stern's theory leads to inquiry that is psychological, philosophical, and historical, into what is meant by "technique" and how we have come to rely on this concept in psychological practice. The manufacture and sale of psychologically healthful techniques has transformed from a cottage industry to an economic force, as government and corporate interest have become involved with concerns for health on a social scale and with the reparation of social traumas. For example, former APA president Martin Seligman, who's theory of learned helplessness (Maier & Seligman, 1976) has been used in the U.S. military program for interrogating detainees, was awarded a $31 million grant by the Pentagon to help soldiers develop "resilience" and cope with repeated tours of duty (Horton, 2010). He is reportedly one of two recent APA presidents to have been linked to torture techniques.

As with much of RA writing, Stern's work suggests some new directions for psychological study, as well as for the process of psychotherapy. Using the concept of the self as an artifact that reflects its social context, and hence the historical era, I examine Stern's theoretical model, with attention to socio-political contexts, and the location of this theory at the surface where postmodern philosophy and psychoanalytic practice meet.

Background

RA theory appears to be fed from different springs. Relational investigations into the self draw from the very close, time-intensive, clinical observation of psychoanalytic process, including analytically-informed infant research (e.g., Beebe & Lachmann, 2002; Benjamin, 1990; Benjamin & Mitchell, 1988). Indeed, a recent current in psychodynamic infant research is, in name, "relational." The adherence to a particular definition of the individual, however, has also brought this merging of science and RA thinking under criticism for ideological underpinnings related to the masterful, bounded self (Cushman, 1991).

Another source of relational theory comes from postmodern and hermeneutic philosophies originating in the second half of the 20th Century, often referred to as the Interpretative Turn (Frie & Orange, 2009; Gadamer, Weinsheimer, & Marshall, 1975/2004; Hiley et al., 1991). RA is composed by reaching beyond psychoanalytic theories, particularly to the postmodern.

> We have always enriched our theories by embracing concepts from disciplines beyond psychoanalysis. Postmodernism has had an especially powerful impact on relational sensibilities. It has exposed how each of our subject positions are structured around differences in power. It has also opened up the fixity of structure, challenging us to find fluidity, movement. (Suchet, Harris, & Aron, 2007, p. xvii)

A third wellspring of critiques of selfhood permeates much of RA work. It arises from the tradition within psychoanalysis of subjecting all aspects of a patient's history to questioning. Taken to a social level, the culture of psychoanalysis itself does not have immunity in the application of its own principles. In psychoanalytic writings, no piece of

history or language in the widest sense, however nuanced, transparent, or small, is exempt from reflection. Thus, commentaries on psychoanalytic theory and conceptions of the self include an examination of the lives of relevant philosophers, analysts, their cases and contexts. In addition to theoretical commentary, psychoanalytic writers often use great scope, encompassing both the time and place of the creation of psychoanalytic or other works. From inception, psychoanalysis has attended to both history on the grand scale and to the finest nuance of a words or feelings (e.g., Ehrenberg, 1996; Freud, 1905/1960; Ogden, 1994). In presenting theories of RA, Donna Orange, for example, provided contextual and biographical accounts ("Life and Works" sections) of interpretive philosophers and analytic theoreticians (2009, 2011). In sum, a third source for RA thinking is to be found in the many commentaries on its own theory that arise from within the psychoanalytic world.

Analytic theorists from neurodevelopmental camps (e.g., Fonagy, Gergley, Jurist, & Target, 2002; Siegel, 1999) have scrutinized the individual as we have known her, and some have joined philosophers and interpersonalists (Sullivan, 1953/1997) in asking if the self does not often look like something more of a process than a relatively stable thing or a reified entity over time. Even highly technicized or manualized approaches to therapy call for a principle of an "ever evolving formulation of the patient and her problems" even if that may be directed ultimately towards ratiocination (Beck, 1995, p. 5).

RA thinkers grew up in, and occasionally trace their historical influences to the counter-culture, resistance to the war in Viet Nam (Harris & Botticelli, 2010), and Civil Rights Movements of the 1960s (Suchet et al., 2007) and subsequent analyses of race

(Altman, 2009; Layton, 2010a, 2010b), the feminist teach-ins and happenings of the 1970s (Orbach, 1990), and Lesbian Gay Bisexual and Transsexual (LGBT) movement throughout these decades to the present (Benjamin, 1988; Layton, 2004). Writings by indigenous peoples (Duran & Duran, 1995), philosophical deconstructions of the Cartesian *cogito* (Geertz, 1974; Smith, 1999) inspired by continental European philosophy, and RA critiques of traditional psychoanalytic practice, all mount ethical challenges to the effects of earlier, positivistic definitions of the self and the resultant methodologies (Cushman, 2009; Frie, 2006; Hoffman, 2009; Stolorow et al., 2002).

The experience of querying the subject of psychology has a quality similar to venturing from particle into sub-particle Physics. As a given element is investigated, a multitude of new questions crop up.

What methodological presumptions do we accept when we assume different ideas of the self? What are the practical effects and ultimately the ethical principles at work in different praxes created out of diverging ideas of the self? Do different practices of psychotherapy, via their assumptions about the individual, perhaps inadvertently replicate the very harm they purport to unravel or to mend?

Although this body of writings often strongly implies alternatives to previous conceptions of the self, few RA authors have developed an organized theory of how a non-Cartesian self would appear. RA writers seem to be united in shifting the focus from cause-and-effect notions of individual motivations and into events occurring within an "interpersonal field." In adopting this perspective towards a highly complex system, they accept a contingency of not-knowing or uncertainty and therefore share ideas with family systems authors (see Larner, 2000; Minuchin & Fishman, 1981; Stern, 2003, 2013a). RA

writings also follow lines of argument that are similar to a small number of humanistic thinkers (Boss, 1983; du Plock, 1997), stressing that subjectivity cannot be understood as detached from the meanings or context in which the subject lives. Relational psychoanalysts have commonalities with narrative theoreticians (Neimeyer & Mahoney, 1999; White & Epston, 1990) through a belief that language constitutes the social world. All of these approaches focus on therapeutic support in the form of helping the patient in the process of meaning making. Likewise, RA writings intersect with constructivist theory which holds that meaning is not constituted a priori and waiting to be discovered (Neimeyer & Mahoney, 1999). Both schools examine the patient's construction of multiple meanings in a changing context.

Many RA writers draw more from clinical practice, observation, and the psychoanalytic tradition and pay relatively less attention to philosophical works of the Interpretive Turn. Differences in focus, history, and experience give a richness to the literature of RA. Ehrenberg's pioneering work, *The Intimate Edge* (1992), for example, is rich with case material and theory, but the focus is largely on psychoanalytic praxis as opposed to philosophical grounding.

Another theme in RA (Hoffman, 1998; Ringstrom, 2001) is the respect paid to spontaneity in general, particularly within the therapeutic process. To put it reductively, if we locate the generation of unconscious meaning that takes place during the therapeutic hour *within* the field created by the therapist and patient, then the course of any session in therapy is largely an unpredictable event. Along with humanistic (Bugental, Pierson, & Schneider, 2001) and family systems thinkers, RA writers believe that the activity of a session has a complexity and a direction of its own (Hoffman, 2009; Stern, 2010).

Minuchin & Reiter wrote, "there is something healing about unexpected ideas"

(2014, p. 6). Some writers have suggested that the complexity of a session can be

understood through the application of complexity theory (Coburn, 2007, 2009), originally

developed to explain natural systems but a natural science theory that accepts a certain

disappearance of predictability as well (Norman Packard, personal communication, ca.

1996).

In RA thought, the content and process of a session are thought to be the co-

creation of its participants at a given place and time. It is easy to imagine, then, that a

type of therapy based on spontaneity would resist theorizing, study, or reproduction. RA

theory suggests less focus on theory and more a shift in traditional analytic work towards

the dyadic field, while holding, perhaps inadvertently, to former analytic theories of the

self and mechanisms of change.

The term "relational psychoanalysis" (RA) is used in this study more loosely than

in some other writings on the subject. RA here indicates a broad range of works and

writers from a psychoanalytic perspective who view relationship as the heart of clinical

change.

The degree to which these different thinkers draw from certain traditions (analytic

experience, postmodern-interpretive philosophies, and the history of psychoanalysis)

varies greatly. According to Stern, "the definitions of Interpersonal psychoanalysis and

Relational Psychoanalysis depend on who is doing the defining" (2006b, p. 565).

As a rule, RA writers (Benjamin, 2004; Stern, 2003) appear to conceptualize the

self in a way that is at variance with traditional (and still common) psychological

definitions. In general, those from an RA perspective adhere to more egalitarian

approaches to psychotherapy, challenging long-held claims about roles, authority, expertise, disclosure (or even the idea of non-disclosability), along with the epistemological stance of the psychotherapist (Hoffman, 1983, 1994). RA writers, implicitly or explicitly, demonstrate awareness of, and attention to power differentials and the intersection of differing traditions in the therapeutic process. I explore ramifications of this shift in paradigm, from a focus on the individual to a reading of the relational field between patient and therapist. Given RA's very first philosophical step– that we are more than previously thought constituted by relationship–RA involves an eclectic and generally inclusive group of clinicians and writers. Others not technically from a psychoanalytic background might be embraced as being relational in their thinking. As will be seen, the parallels between these thinkers from outside the psychoanalytic world and RA writers are remarkable. It will also be useful to see where theoreticians, both within and outside of RA intellectual locales, are in conflict.

In much psychological writing self and individual are used interchangeably. Usage of these, along with the term "mind" by different authors varies, and I examine how Stern (2003, 2010) appears to have understood these terms in an interpersonal context. In general, I refer to interpersonal as Stern has used it and as defined by Sullivan (1954/1957).

For Sullivan, observing the interpersonal context takes into account the fact that the observer of another human is necessarily a participant simply by the act of observing. In Stern, participation or engagement (this can include perception as well as action) is taken a step further to include unconscious activity that is called out by the interpersonal field. Regarding Schaefer's implicit engagements, wrote Stern, "We don't even know

we're participating in them" (2003, p.153). In other words, observing and participating here are necessarily intersubjective activities that we can investigate but about which a conclusive knowledge is impossible. Concerning this focus on relationship, Stern wrote that for Sullivan, "the smallest meaningful unit of experience is the interpersonal field" (Stern, 2003, p.147). Such a statement instigates a radical reproach to the American concept of individualism with its presumption that any one of us can be defined distinctly from the social surround. What we could call the "Interpersonal Turn" suggests not only a different kind of psychology, it also holds significant philosophical implications.

Stern's own concept of the field has been the renewed subject of his writings, and commentaries on them in the year of this writing (Stern, 2013b, 2013d, 2013e), in particular with a view to defining an interpersonal approach to RA and recent Bionian Field Theory. This discussion between Stern and theoreticians from a deeply Object Relational background is important I believe, because it leads to examining significant ideas of interiority-exteriority, notions at the heart of almost all psychological theorizing and research. The dialogue now taking place will help us to understand how the self is playing out in America in the early part of the 21st Century. Ideas and events here in the U.S. and within the next several years will likely influence generations to come.

Between Stern's consistently refreshing use of language, the Heideggerian tendency to draw directly from poetry in order to bring philosophy into questions of the nature of being, Gadamer's philosophy of interpretation, and Sullivan's distinctive writings (to name a few), ample new terms are available for discussing this psychological theory. One of the fascinations of Stern's works is his use of language that is almost conversant, while it also involves very careful reflection. In this study, I delve into his

unusual terminology through concepts such as not-spelling-out (2003) and his concept of

enactment (2010), in addition to his handling of the problem of self-deception in a post-

Cartesian world. Further, is may be useful to trace the evolution of significant terms in

Stern's epistemology such as the unformulated, along with his particular ideas about

experience, and language. Lastly, it will be important to provide a brief explanation, and

some historical anchors for the distinguishing reason from other ways of experiencing the

world generally attributed to the works of Descartes and the philosophical *cogito.*

Literature Review

Relatively little has been written to date analyzing the major works of Donnel Stern. Critiques of Stern's theories come from two different sides, the one postmodern philosophical (Frederickson, 2009; Goldner, 2002), and the other located well within the psychoanalytic tradition (Aukamp, 2010; Friedman, 2012; Holmes, 2011). Three of the articles reviewing Stern's work are of his most recent book, *Partners in Thought* (2010), perhaps indicative of his growing importance as an analytic theoretician.

Aukamp (2010) accepted Stern's emphasis on unformulated experience over repression. Divergent from Stern, for Aukamp the emphasis on unformulated experience arises neither out of a categorical necessity, nor is it the result of philosophical investigations. Rather, Aukamp saw working with unformulated experience as a way to bring the mutuality of the analyst and the patient through unusually difficult moments of psychotherapy. In Aukamp's reading, unformulated experience and dissociation are integral to Stern's theory of self-states. She argued, however, against Stern's unilateral focus on dissociation and enactment as a necessary condition for therapeutic change. Aukamp maintained that dissociation theory does not adequately explain important aspects of her own clinical experience. Stern (2010) has upheld dissociation as a primal defense that developmentally precedes and psychically precludes all symbolization. For Stern, if psychological material has been symbolized then it must somehow have been made a part of experience, and hence such material cannot be dissociated.

In contrast, Aukamp (2010) described cases of patients diagnosed with Dissociative Identity Disorder (DID) (American Psychiatric Association, 2000) who exhibited various intra-identities during psychotherapy. An "identity" as such would be

constituted by symbolic material, yet it appears to emerge through a process of dissociation. DID would indicate simultaneously the ability to symbolize and the process of dissociation at once. As an example, Aukamp reported on the case of a woman with DID who exhibited intra-identities and therefore dissociated material but these were absent of any enactment. Aukamp argued then, that dissociation can contain symbolic material; hence, symbolization may precede dissociation. Aukamp suggested the need to adapt Stern's theory, in order to allow for differing levels of dissociation.

Stern has not responded to Aukamp's (2010) emendation of his thinking, and it raises some important questions. From the historical perspective, is Stern's privileging of one defense over others the artifact of a time (starting in the 1990s) when trauma studies grew into a subdiscipline of the social sciences, thus bringing dissociation into its long vogue into the present? Furthermore, could the theoretical trend focusing on dissociation be a psychoanalytic joining with the resistance against a reprehensible militaristic, corporate, and political practices perpetrated by powerful U.S. interests, such as decades of wars abroad, environmental destruction, and U.S. support of dictators worldwide?

In other words, is reflecting on the historical context of trauma in a society that disallows much discussion of its own exportation of traumatic acts bound to produce various concepts and descriptions of trauma such as those of Stern? For Barthes (1957/1988), Foucault (1975/1995), and others (Eagleton, 1990), the uniqueness of bourgeois ideology is found in its claim to be transparent, its claim not even to exist. Could the theoretical privileging of dissociation be a homolog to, say, Barthes' and others' more sociological, post-structural finding that modern power regularly conceals

itself? It will be significant to locate Stern's interest in dissociation within its social and historical contexts.[3]

Other queries arise with Aukamp's (2010) prying loose of Stern's assumption that dissociation chronologically precedes symbolization. Stern put dissociation in a primary position in his theory and later located it at the heart of early infant development, relating it to Fonagy et al.'s mentalization process (Fonagy et al., 2002; Stern, 2010). If we extend Aukamp's thinking, could this primacy of dissociation lead to an accidental impoverishment, that is, to a limited discourse on the defenses in RA as compared to other psychoanalytic theory?

Aukamp (2010) made an important move towards resolving some of these questions by suggesting that dissociation can contain previously symbolized material. This step allows it to operate at various levels of formulation.

Aukamp's (2010) notion of a multileveled dissociation suggests shifting dissociation from a dichotomous term (either something exists within the reach of consciousness or it does not) to one of degree. Does this present a useful alteration in Stern's theory or does it punch an unstoppable hole in Stern's model, given, again, that Stern's dissociation is experience that is by definition unavailable to consciousness and is some steps beyond repression or denial in effecting characterological construction?

In Aukamp's endeavor to adapt Stern's theory to her own experience treating DID (2010) she has suggested that Stern's theory is relevant and useful to psychotherapy,

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[3] Larrain (1979) pointed out that it was Marx who showed "the precariousness of historical relativity in bourgeois society" (p. 34), and how ideology is therefore linked to its own social contradictions. I would add that bourgeois ideology both makes claims to universalism and denies them, in a cross-play between elements of Christian and Enlightenment thought, suggesting the need for a deeper understanding of Western temporality and its relation to power narratives.

particularly for such challenging cases. Her application, however, brings out the need for further investigation into Stern's (2003) concepts of weak and strong dissociation, the very definition of dissociation, and its role relative to other defenses. If Aukamp was correct, dissociation is necessarily linked in Stern's work to multiple self-states, questions about dissociation could also affect theoretical constructions of the very structure of the self in Stern's theory of RA. These questions offer ample space for further discussion, and they speak to the need to continue refining Stern's theoretical model within historical, sociopolitical, and theoretical contexts.

Holmes (2011) summarized and interpreted Stern's work (2010), referring to him as the present "doyen of Relational Psychoanalysis" (p. 145). For Holmes, "'beta elements' waiting for a container, an alpha function" as conceived by Bion, offered a previously published version of Stern's linked theories of enactment, dissociation, and meaning-making through therapeutic dialogue. Holmes was quick to provide a hypothetical retort to giving precedence to Bion's container theory over Stern's later construction of enactment. Taking the side of Stern, Holmes observed that, unlike Bion's construct, in Stern's model the exchange between analyst and patient is not unidirectional. Rather, Stern attempted to capture the reciprocity in unconscious communication.

One could go further than Holmes, to say that in Stern's model the communication is constituted *through* its bidirectionality. In Stern's hermeneutic thought, the communication runs inherently both ways and that in-betweenness defines the field. While both Bion and Stern examined how the patient's world is changed in psychotherapy, for Stern relation, and the field, remain fundamental. This field for Stern

is so significant that the role of projective identification, that is, of the psychoanalyst being made to feel a certain way by the patient, come into question by (Stern, 2010, 2013b). For Stern, rather, unconscious aspects of one's participation holds a far greater importance than a singular causality implied by one individual acting upon another.

Holmes (2011) also found in Stern's theory an important solution to a long-time problem in psychoanalytic practice. Holmes proposed that fundamentals of "ideal psychoanalytic technique" (p. 146) are also ethical tenets of practice. These fundamentals include using thought for action, being reliable, and avoiding seduction, encouragement, or criticism. According to Holmes, these ideals are nearly universally upheld in psychoanalysis. They are also ideals, wrote Holmes, that are regularly breached in their observance (even if symbolically). For Holmes, Winnicott's concept of "good enough" parenting (1953) could also be seen in a good enough treatment, allowing for loss and reparation as a creative force in psychoanalysis. Holmes welcomed Stern's recasting of such difficult rifts in therapy as enactments that are inevitable and even desirable (if unpleasant) aspects of intersubjectivity in psychoanalysis. Given this significantly progressive step, Holmes argued, Stern's theory holds an important place in the contemporary history of psychoanalytic thought.

Stern's theory and case examples received numerous attacks in another, fairly short book review from a long-time analytic practitioner, Henry A. Friedman (2011). Similar to Holmes, Friedman challenged Stern's theory as appearing to be *de novo* when, to Friedman, it seemed to be covering old ground. Friedman's direct criticisms of Stern's 2010 book pointed out that Stern's recent theory of enactment is actually a regression to early, mechanistic theories of the self, as found in classical psychoanalysis and ego

psychology. Friedman maintained that Stern's relational-dissociative model led to the same mistake as had the traditional, psychoanalytic drive-defense model. For Friedman (2011), each of these theories requires too much emphasis on inner psychic life and internal mechanisms of both the patient and psychoanalyst. In this sense, according to Friedman, Stern's theory suffers from a lack of awareness of psychoanalytic history. These are strong words for a way of thinking with claims to the Heideggerian tradition (Heidegger, Schmidt, & Stambaugh, 1927/2010) and its principles that human beings are in the world and that our thought can only arise out of a historical context.

Like Aukamp (2010) Friedman also argued (2011) that Stern has operated a type of theoretical reductionism, by privileging dissociation as foremost among the defenses. Friedman suggested that Stern's use of hermeneutic philosophy is displaced in the context of the analytic hour, and that the hermeneutic connection may be, instead, an appeal to "the authority of a philosopher" (p. 169).[4] To Friedman, Stern's placing the analyst and the patient on an equal epistemological stance has negative consequences. He observed that Stern's clinical descriptions seemed to come from cases of very fragile, possibly borderline patients. For Friedman, the focus on dissociation and the Sullivanian adherence to investigating the not-me enactments of both patient and therapist may provide fragile patients with an insufficiently "reality-based response from the analyst" (2011, p. 169), in addition to relying heavily on such an imprecisely defined concept as enactment.

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[4] The parallel to a harking back to Freud, the German-speaking "father" of psychoanalysis is hard to miss here. It can be asked if there is a hint of an oedipal interpretation in Friedman's comment.

For Friedman (2011), the sharp focus on dissociation obviates perhaps broader characterological concerns in the analyst's perception of the patient. Such focus "reduces the functioning of total personalities to a series of dissociations and enactments" (p. 170). For Friedman, this reductionism ultimately results in a distancing of the patient.

Oddly, Friedman's (2011) line of thinking suggests that Stern's theories lead to a fairly limiting reification of the person in the room, just as Stern argued for deeply authentic, intersubjective experiences between therapist and patient. Stern's strong concentration on transference and counter-transference, according to Friedman, also precludes important diagnostic work and, he claimed, it denies the common sense fact that analysts, given their knowledge and experience, often do indeed know things about their patients that their patients do not seem to know about themselves. Important questions about the authority, expertise, and the epistemological stance of the therapist are in strong relief here.

In a critique that is both theoretical and clinical, Goldner (2002) attacked the contradiction of a profession that would simultaneously hold a stance of equality while also holding to claims of expertise over the patient. Although there is a sense of excitement for the RA project in her writing, Goldner offered a note of caution to Relationalists in general. She stressed the importance of taking into account the sociocultural matrix in which analyst and patient are embedded, a matrix which (in her paraphrasing of Foucault) "sets the terms for what can be known, thought, or spoken" (p. 161).

In other words, for Goldner (2002) no sensible understanding of the epistemological status of psychoanalysis can be had, without also examining the kinds of

questions raised by Foucault about the object/subject divide and the power relations of the clinical setting. These questions include: Who is observing?; Who is being seen?; and Who is doing the telling of another's life? The answers to such questions lead to "the relative power of conversational partners to create meaning" (p. 161).

It quickly becomes apparent in almost any Western therapeutic interaction that the "who" here will predictably land on the psychotherapist's side of the room, that is, among Foucault's ruling experts. Citing Chodrow (1996), Goldner (2002) pointed out that more than mere effects of discourse, matters such as gender and sexual subjectivity, are highly personal questions; they are "idiomatic, creative acts" (p. 163).

Goldner (2002) then made a significant point, a theme found regularly in Stern's works (2003, 2010), that the RA project is essentially a blending of constructivist and deconstructivist points of view. She next took Stern (among others) to task for offering a postmodern clinical perspective that lacks attention to questions of identity, such as gender and sexuality, categories fundamental to subjectivity. Passing over them relegates questions of gender and sexual identity to the status of "topics" (2002, p. 162), with the covert default, that male and heterosexual delineate the frame of reference for gendering and for sexual orientations. By assuming a transparency of identity, we blithely continue to assume the centrality of a heterosexual, male-dominated status quo.

In the same publication (Fairfield, Layton, & Stack, 2002), Stern responded to Goldner's objections in a strong spirit of dialogue and with a much longer piece of writing (Stern, 2002b). Stern worked towards a synthesis of his hermeneutically influenced thought with Foucault's concepts of power. Stern also considered the various RA writers involved in the discussion he held with Goldner. Although today's

psychology is largely populated by women professionals, he discovered that the writers of RA in his part of the exchange with Goldner were nearly all white males.[5] This move towards the kinds of synthesis introduced by Goldner would later help steer Stern along a vein that would prove productive to his own theory in later works (2010), by grounding it in a broader sociopolitical understanding. We can assume that the strength or weakness of synthesizing answers to identity and sexuality questions with other elements of RA discourse will be essential to the theory's future usefulness and, of course, to its ethical coherence (Aron & Starr, 2013).

A philosophical critique relevant to Stern is Frederickson's Heideggerian response to psychological theories of multiplicity (2009). Sullivan (1950/1971) held that the self arises through our social relations and is therefore multiple and varying. Frederickson (2009) cited Heidegger's direct argument with Harry Stack Sullivan.

For Heidegger, an interpersonal genesis of self denied the distinction between the "ontic" (a factual, historical aspect of being) versus ontological being (the grounding of human existence in a recursive sense of being-in-the world). For Heidegger, the ontic thingness requires a sense of being outside itself. Therefore, the ontic is only created through representations, and hence only through relationships with others. For Heidegger, the ontic, a factual, historical existence, is important. However, it is only part of what it means to be human. Even ontic being presumes a fundamental, ontological being (*Da-sein*) in order to take place. As its thingness is based upon representations, the ontic can

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[5] I have worked here to balance out sources by gender and race; however, given the context and the history of this literature, theoretical writers represented remain in the majority male and Caucasian, an obvious limit of this study.

only be an approximation of the presence of the ontological being. On the other hand, the grounding of ontological being is for Heidegger always something of a mystery to us.

Frederickson argued (2009) that RA practitioners and theorists need constantly to be searching for the ontological being of their patients, caught as they are in the creation of historical representations (ontic) about being (the ontological, that is, rather, being open to different interpretations and change in time, that which is in a process of unfolding). In other words, our discourses, interpretations, and texts about persons are never the equivalent of the persons themselves.

It is possible here that Frederickson may have urged on psychology a task impossible for any discipline that is based upon the intellectual study of human beings through language and symbols. That said, for Frederickson, a multiplicity of selves (such as Stern derived from Sullivan, 2010) is necessarily based on the ontic but it denies the ontological. Frederickson's point is intriguing because it suggests that in denying the ontological, Stern's multiplicity theory could operate on the perception of what a patient is, in a similar way to Stern's (2003) own description of how enactment affects the psychoanalyst's thinking about the patient.

Interestingly, like Aukamp (2010), Frederickson turned to cases of people with multiple identities, but he came to a nearly opposite conclusion from that of Aukamp. Frederickson found in cases of DID not the confirmation of a multiplicity of being but rather a pathology, evidence of failures at being.

For Frederickson (2009) the patient with multiple identities has lost the connection with their ontological being, having formed a self-relationship that objectifies the self, a constitution of being that is, in essence, "scientized" (p. 56). Implications of

Frederickson's assertion that psychologists often engage in a sort of Cartesianism which, one could say, identifies with the aggressor (in the form of the *cogito*) are too numerous to detail here. They led him, however, to questions about how clinicians or theorists represent patients, and how empathy ("making the patient feel understood") becomes a sort of reification.

Frederickson's objections to multiplicity are similar to Native American psychological concerns about a "Cartesian Anxiety Disorder" (Duran & Duran, 1995). From this point-of-view, the separation of psychology and the world is inherently pathological. These authors prescribed an alternative psychotherapy that celebrates "the diverse ways of life" (p. 8) which they depicted as following not a logic of the rule out (A: Non A), but rather one that looks at difference (A: B). There may be an intersection between hermeneutic thought and the works of Duran and Duran.

While Frederickson sided with Stern's urging that in therapy we develop the ability "embody . . . previously disowned modes of conduct, with a more deeply felt sense of being their embodiment" (2009, p. 63), Stern's theory of a multiplicity of self-states and a dissociated space in between each state (2003, 2010), bears further examination in light of Frederickson's interrogation of assumptions behind multiplicity via the ontic-ontological split.

In a review of Stern's (2010) *Partners in Thought*, Ahbel-Rappe (2010) has presented one of the best organized critiques of Stern's thought from within the psychoanalytic literature, and from both clinical and theoretical perspectives. Ahbel-Rappe is one of the few authors to recognize (see also Cushman, 2013a) that Stern's theory and relational practice entail implicit moral understandings, which she

characterized as "a kind of background music [in *Partners in Thought*] of ethical-clinical conviction and inspiration" (2010, p. 798). For Ahbel-Rappe, this underlying moral structure is particularly apparent in Stern's theory in its emphasis on the engagement and the fallibility of the psychotherapist, what she has called the "existential dimension of being an analyst" (p. 799). This is not so much here a wholesale acceptance of an Existential ethic as an emphasis on the Existential idea of limits to what we can know about our own suffering, and to what the psychoanalyst can know about her own participation in relationship. "Virtually every clinical example in the book includes and even features (without being overly confessional) Stern wrestling with his own dissociations for the sake of treatments. That is at once a theoretical and an ethical stance" (Ahbel-Rappe, 2010, p. 799).

Ahbel-Rappe has also underlined an important aspect of Stern's approach to theory. For her, *Partners in Thought* (Stern, 2010) carries with it an environment itself of the relational. Given his awareness of language, Stern's writings are often not only about the search of the psychoanalytic session but they have the quality of a search, of a struggle that is both conceptual and phenomenological. Ahbel-Rappe steered clear of tying this to any philosophy, to remain largely psychoanalytic in her review.

Stern's theory itself is at heart dialogical in its moves toward a psychoanalysis in which each partner attempts to be open to being changed by the process. Stern's actions in the institutional world also appear to be dialogical (and fundamentally hermeneutic if we can write of such a thing), in his openness to commentary, interpretation, through psychoanalytic conferences and schools, his frequent responses to the works of others, and his frequent calls to responses to his own ideas or reflections on ideas that appear to

challenge his own approach (see, for e.g., the discussion of Goldner above, 2002; Stern, 2002b, and 2011b) and his engagement of Object Relational theoreticians in 2013 (Stern, 2013b, 2013d, 2013e).

> Another aspect of the relational environment of *Partners* concerns the way its author interacts with other psychoanalytic writers. In this Stern is truly a model of generosity. Whether he is acknowledging their influence, making use of their ideas, or critiquing them, one feels Stern in relation to other thinkers, not just using them for foils or fodder. (Ahbel-Rappe, 2010, p. 799)

This open discussion of, attention to, and at times wrestling with other theories makes Stern's works both fascinating and sometimes difficult to read. There appears to be recognition throughout Stern's writings that differing ideas are essential for our own ideas to grow into something new or different. Again, this is core to Stern's clinical theory, and in particular his concept of enactment.

As in indicated Ahbel-Rappe's review *Partners in Thought* (2010), concerns about moral understandings appear intermittently as one reads Stern's works. They come more clearly to the fore in later writings. I examine considerations and thoughts on psychotherapy as a process interwoven with moral understandings that go beyond codes of therapeutic guidelines in the Findings-Discussion Chapters.

Ahbel-Rappe (2010) also levelled various criticisms at Stern's theory. This author has encountered several of them in his own readings of Stern. First, Ahbel-Rappe took issue with Stern's statement, one of his few statements about any goal to his form of RA, that "[t]he most important outcome of a successful analysis is the firm and unthinking conviction that one's life is one's own, that oneself and no one else is living it" (2010, p. 102).

For Ahbel-Rappe (2010) this argues against the conundrum inherent in Stern's thought that we are at least partially co-created in relationship to others, that we require others to understand our own minds. Indeed, Stern's stated goal of owning or living one's own life appears to fly against his own depiction of the interpersonal field as the important site of enactment and knowledge of the new (2003, 2010). Furthermore, this kind of firmness of knowledge about oneself works against the hermeneutic assumption that we are constituted in language in an ongoing process involving traditions and others (Gadamer, 1975/2004). On her side, Ahbel-Rappe located the problem within her own experience of reading Stern's 2010 book:

> But in what sense would the outcome of a successful relational psychoanalysis be the 'firm and unthinking' conviction that one's life is one's own? Surely an effect of reading *Partners* and of the analyses it might inspire is to make this conviction more deeply thought, more mediated and flexible via the lived experience of how our own self is, at any given moment, in part a function of with whom and how we are relating. (Ahbel-Rappe, 2010, p. 800)

For Ahbel-Rappe, the uncertainty and the constant process (which appear basic to Stern's sense of temporality) would belie this kind of faith in self ownership. To my mind, it would rather imply a therapeutic practice of learning to accept how little we can possess in some permanent way even of our own experience. With the flexibility of which Ahbel-Rappe wrote, lies, perhaps a certain freedom. As Stern would later write (2012), the relational possibilities grow with such experience of relational freedom in the psychoanalytic hour.

Behind Ahbel-Rappe's "mediating of experience" (2010), I believe, important questions about the configuration of the Stern's self, as well as issues about temporality. If we are regularly constituted by relationship, language, tradition, and culture, as is presupposed by Gadamer's (1975/2004) hermeneutics as well as interpersonal thought,

what kind of self emerges from Stern's RA? I examine the question of the self in Stern's

work as well, in the Findings-Discussion Chapters below.

Ahbel-Rappe also questions Stern's emphasis on the less obvious or common

sense of different binaries. Ahbel-Rappe wrote: **"**Despite his philosophical commitment

to the dialectics of relationships, Stern has a discursive tendency not only to lift up the

previously undermphasized term in a binary, but also to fall into reifying the elements

and even picking sides" (Ahbel-Rappe, 2010, p. 804). For her, this was particularly

apparent in Stern's description of memory as something that is constructed. It also

appeared in his emphasis on process as opposed to the actual content of sessions: "Stern

comes too close for my comfort to privileging relationship *at the expense of* content,

forms of relatedness, *instead of memory*" (p. 800).

For Ahbel-Rappe, (2010) memory relates to events, and these may be involved

with any of the multifarious aspects of relationship. A memory, for her, may in and of

itself open new territory in practice; it can affect the relationship or the relational session,

or it may just as well block out aspects of relationship. It would follow that relationship

may be subject to memory, and content would serve as much attention as process in a

psychoanalytic session. The question remains a constant, to what degree should the

psychoanalyst jump at a chance to work closer to process, as opposed to content which

may risk being understood too well?

For Ahbel-Rappe, Stern's focus on enactment as the royal road to dissociated

experience also appeared limiting. She objected that dissociated experience may be

located outside of enactment as well. "The dissociated speaks in many, many ways in

life" (2010, p. 801), including somatic symptoms, memories, mood shifts, language usage, and so on. All of these offer access to dissociated experience.

Ahbel-Rappe (2010) also indicated that the primacy of dissociation among the defenses in Stern's thought (over Freud's repression), required further clarification. Repression for Stern requires symbolization which is not necessary for dissociation, for that which is not even experienced (see Stern, 2003). To Stern, dissociation is developmentally primary, as is the case in Sullivan's theory of the self. Elsewhere, Stern maintained that dissociation involves symbolized material. Both conceptions are related to Stern's theory that the mind is not a container of fixed but frequently inaccessible contents, but rather as something in a Constructivist world subject to ongoing interaction and interpretation.

For Ahbel-Rappe (2010), there is a conflict between Stern's (2010) different notions of dissociation. She found a contradiction between a dissociation that is necessarily unformulated, and a not-me (I would add here, a not-me governed and even formed by Sullivan's interpersonal patterns [1953/1997]), in Stern's words, "a "closed system of stubborn and stable dissociations" (2010, p. 57). The latter is by definition formulated and the other is by definition not able to be so.

Stern has rejected Freud's drive theory (2003, 2010). However, Ahbel-Rappe saw in Stern's book an implicit "drive to relate" (2010, p. 803). This is an interesting and rare suggestion joining drive theory and RA thought. For her, the conflict presented in Stern's theory between enactment and symbolization is actually the same as Freud's (1920, 1923), at its core a push and pull of life and death instincts. Ahbel-Rappe has essentially

asked, What motivates enactment? Her answer is that is something more than a

phenomenological sense of loss or confusion.

> It is the death drive, the repetition compulsion, the drive against symbolization, toward silence and isolation. And his theory under-represents what it implicitly recognizes, the 'press for registration in consciousness,' the life drive, the imperative to symbolize, to find a witness, to relate, and so to live. (Ahbel-Rappe, 2010, p. 803)

She finds in Stern's book a fundamental interest in relatedness. In Stern's

description of change in *Partners in Thought* (2010) lies a great hope in the mutual

courage of engaging in a particularly difficult type of relating, the psychoanalytic

engagement.

Ahbel-Rappe's (2010) introduction of the death drive marks, on the other hand, an

important move for Stern's theory. In a sense, she has accomplished something here that

is right along the line of Stern's project, joining Interpersonal Relational Theory to

Heidegger's philosophy (1927/2010) and the Interpretive Turn.

In other words, in Sullivan's theory (1953/1997) relationship involves anxiety,

something that is simultaneously organizing the self and delimiting its awareness,

understanding of, and ability to act on experience. Ahbel-Rappe has related this anxiety

back to Freud's opposition of the life and death instincts. This, however, is also in line

with Heidegger's concept of Angst (1927/2010), a basic fact of Being, that is, of human

existence as a being that has awareness of, and interest in itself. I follow similar lines of

thought. Throughout this study I examine the possible meanings of Stern's reformulation

of traditional notions of repression and dissociation, particularly as they relate to theories

of knowing, and in Chapter 2, the Findings-Discussion Section I examine Stern's

configuration of the self. I also connect this to basic tenets about Being in Heidegger's and Gadamer's philosophies.

The concerns raised by these authors are significant for RA psychotherapy. They require further investigation beyond the short pieces in which they have been published.

On the one hand, a useful enquiry is to see how well Stern has been able to blend Foucauldian and identity objections to his description of the self. Is a synthesis of Foucault's thought with relational analytic practice simply an RA move to "cover one's bases?" Joining these ideas, of RA interpretation with theories about power, is an important activity. As Japanese novelist Haruki Murakami has written: "Interpretation is everything. And where there is room for interpretation, there is always room for political persuasion" (2011, p. 147).

How does Stern, an RA psychoanalyst, address shifts in power and issues of race, gender, and class inequality, and are these responses sufficient for a psychoanalysis that would hold itself open to all forms of discourse and would remain egalitarian at heart? (Note that Stern appears to eschew the word "egalitarian" and uses, rather, "democratic" in describing the relational approach to psychotherapy). Could this theory be reworked, if needed, for its sense of social equality, in order to better fit with tenets of a more horizontal epistemological field?

On the clinical side, it will be necessary to continue to attend to reports of front-line clinicians, such as Aukamp (2010), Friedman (2011), and Holmes (2011), as they consider new ways of thinking about psychotherapy and treating patients. While Frederickson (2009) did not directly critique Stern, his delineation of an ontic versus ontological dichotomy has significant implications for Stern's description for the self, in

addition to various assumptions in hermeneutic thought and interpersonal psychoanalysis. Ahbel-Rappe's reading of Stern's theory also offers basic questions. Is it possible to work a theory of drive into one that is based on the social construction of the self, and if so, what are the effects of joining these two? Likewise, is Stern's rejection of contents of a self and his questioning of a correspondence theory between memory and event lead to a new understanding of experience and therapeutic change? If so, does that preclude meaningful material that would not seem to be part of the interpersonal field, as Ahbel-Rappe has suggested?

Statement of the Problem

To date, there has been no comprehensive critique of the works of Donnel Stern. I explore Stern's concept of the self that locate Stern's theory in historical context, and I analyze it in relation to philosophies of the interpretive turn, particularly hermeneutic philosophy. For example, I examine why locating the self in an interpersonal context addresses issues that are particular to our time. I further examine how well Stern's concept of self-states (2010) accords with hermeneutic and postmodern thinking on interpretation and co-created meaning, the philosophical home of Stern's psychological theories. Are self-states equivalent to different ways of being, as first delineated by Heidegger? If so, because his theories alternate between clinical observation and philosophical tenets, does Stern inadvertently ascribe some kind of "contents" when he describes the mind as a "horizontally organized collection of self-states, states of being, or states of mind, each in dynamic relation to the others" (2010, p. 139)? Does such a description return us, if indirectly, to an "empty self" (Cushman, 1990) constantly in need of gratification, prey to consumerism, and malleable to the next formulation of dominant ideology, or, alternately, is Stern looking at the subject (if the term still holds) in an entirely new way?

Description of the Study

Specifically, in this study I investigate the clinical and sociopolitical implications of adopting Stern's theory of self. I focus on the bulk of Stern's work to date, that is, two collections of his writings published in 2003 (*Unformulated Experience*) and 2010 (*Partners in Thought*). I include new works as they have become available, such as Stern's recent commentaries or possible works in press. As the series editor of Routledge's Psychoanalysis in a New Key book series, Stern is not only a prolific writer but extremely active as an editor. I have further examined some of Stern's emendations of other authors' writings.

Further, I examine what this theory means for long-held clinical ideas. I have extrapolated possible future directions for a better understanding of the teaching of clinical psychotherapy. Underlying Stern's and other relational approaches to treatment are ideas about personhood and alternative—that is, possibly new—moral understandings about what psychologists mean by well-being.

Methods

Hermeneutic Study

The queries in the Research Questions section direct the interpretive,

philosophical and theoretical research of this study. Each question frames a particular

intellectual issue, in order to open up further areas to hermeneutic inquiry.

This study draws from hermeneutic methods, in order to better understand Stern's

major texts. Hermeneutic study, with its assumptions very different from those of much

of social science investigation, has a different goal from much of empirical research. The

goal of hermeneutic work is not to arrive at better or closer approximation of the truth of

something "out there." From a hermeneutic point of view, any method also necessarily

changes the textuality of the world (Stigliano, 1989). Rather, hermeneutics at the outset is

a way to study visible or invisible distinctions that make certain social practices possible.[6]

Hermeneutics includes a principal assumption that all social practices are located in a

particular historical context; they are embodied in place and time. The goal of a study is

to develop a "body of distinctions which [*sic*] make a practice or network of practices

possible" (p. 65). The product of such a study, then, is pragmatic: a work about a social

practice (in this case, the major works of Donnel Stern on psychoanalytic theory) that can

ground further innovation. Grounding here is significant, and to qualify as hermeneutic, a

study's interpretations must be able to stand up to other interpretations, and the evidence

must be open to public scrutiny.

Given hermeneuticists' distrust of the assertions of a singular truth in a text, they

reject the idea of truth as a correspondence between distinctions and some

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[6] Much of what follows draws upon Stigliano, 1989.

supra-linguistic, mysterious "real world" to which distinctions refer. For that reason, hermeneutics involves entering a process of continuous interpretive conflict. "Alternatives" Stigliano maintained, "must always be entertained as genuine possibilities" (1989, p. 66). A hermeneutic study therefore may have some qualities of a literary analysis, in its ability to bring into the discussion questions about the uses of tropes and language, rhetorical strategies, nuance, and a breadth of sources that would likely be deemed necessarily external to the canon of empirically based study.

In this study, I follow Stigliano's recommendations for structuring a hermeneutic study (1989). Again, it will be important to keep in mind Gadamer's warning that methodology necessarily distorts a greater sense of textuality, and that a priori steps can be hazardous to an investigation in search of a new way of understanding a subject (Gadamer, 1975/2004). It has been useful, however, to adhere to a dialectic similar to Stigliano's, while also accepting that there may be reasons (alternative interpretations) for breaking guidelines by such an a priori structure. The overall test is the production of a dissertation about Stern's works that can help to clarify historical, philosophical, and psychological contexts of Stern's writings, in order to refine theory that is useful and germane to present understandings, therapeutic practice, and possibly political arrangements as well.

In such a discussion, arguments and alternative interpretations have been examined regularly. While this may appear at the outset to readers new to hermeneutic study as an unstructured approach to academic research, it holds a certain rigor that is lacking in empirical research methods: with its attention to language, history, and shifts of power, poststructural and hermeneutic study offer a means to avoid the inadvertent

reproduction of covert ideologies inherent in many if not most psychological studies (Richardson, Fowers, & Guignon, 1999).

Assumptions and ideologies on all sides have been interrogated. In this case, such interrogation would investigate possible ideological assumptions embedded in a particular text. Hence, innovation includes a goal of passing beyond a simple rephrasing of the status quo in a given social practice or discipline, and possibly overcoming the ideological repetition compulsion we often see in modern psychological writings.

Stigliano's (1989) approach consists of four phases. The first involves selecting a text, in this case Stern's two books of collected works (2003, 2010). The second step Stigliano names "distantiation." Distantiation is an effort to understand a text as a system of references located in a particular sociocultural context that contains historical precedents, social concerns, and perceived possibilities. Distantiation helps to help reveal assumptions, distinctions, or attitudes hidden to those who are embedded in the field being studied. Many of the questions found in this proposal were formulated through such a process. The third phase Stigliano calls "appropriation." It involves understanding the other (in this case, Stern's words, social context, and theory), and an attempt to attain a certain fluency, which can be attained only through one's own voice (my term) or perspective, and through reflecting on that other set of distinctions (here, Stern's theoretical writings and their context).

One way to understand this better would be to draw an analogy to the learning of a new dialect in one's own native language. By assuming the stance of an outsider (we could even say a newcomer), the embedded researcher questions language that may at

first glance appear unremarkable. In terms of field theory (Mead, 1934/1982), the researcher analogously shifts focus between background and foreground.

The last stage is "reconstruction" that is, Stern's theoretical system is presented in a new light, subsequent to its examination alongside competing arguments, contextualizations, or interpretations. This last stage bears a surprising resemblance to some depictions of later stages in psychoanalytic psychotherapy, a sort of recapitulation of the dialogue, witnessing a shift in horizons, that is, a text upon a text, similar to therapeutic commentary on past sessions, mutual experiences, and narratives.

This involves an exploration of themes within texts, and then contextualizing them. Concepts found repeatedly in a text can be re-examined against a larger, historical context, to see how the effects of social practices, both purposefully and unintentionally, function politically. The present study is, then, deconstructionist-interpretive. It has emerged from joining concern with meaning and the good, as well as a deconstructionist attention to hidden rules or political assumptions in the texts examined and conclusions drawn from them.

General Research Questions

I have approached this analysis of Donnel Stern's major works to date (2003, 2010) by addressing the following questions:

RQ 1. What are the definitions and role of the self in Stern's theory of multiple self-states, dissociation, enactment, and the relational field?

RQ 2. What sort of cultural, historical, and political contexts would give rise to Stern's relational theory, his conceptions of selfhood, and his egalitarian standards of psychoanalytic practice? What kinds of sociopolitical functions would such a conception of self fulfill?

RQ 3. How does Stern's theoretical model confirm, challenge, or extend assumptions of traditions from which it arises, namely: psychoanalytic clinical practice, psychoanalytic (and especially Interpersonal) theory, and the Interpretive Turn?

RQ 4. How can a hermeneutic notion of the self as something that emerges from the interpersonal field, and is co-created and a reflection of the cultural clearing, be reconciled with the long-held binary of the interiority and exteriority of the individual, an assumption that has long been native to psychoanalysis?

RQ 5. How does Stern's theory address questions about the effects of, and shifts in power within the therapeutic relationship? Where does such a theory locate psychotherapy or psychoanalysis as a social practice?

RQ 6. What are the implications of the necessary emphasis in Stern's theory of therapeutically working with surprise, and curiosity, and what is not known, and their juxtaposition to concepts of technique in mainstream psychology?

RQ 7. What are the historical and social contexts of Stern's assumptions involving basic, early interpersonal patterns and their determinism in later life?

RQ 8. What are some of the enigmas posed by Stern's theory, with its adherence to hermeneutic philosophical thinking, psychoanalytic observation and practice, and postmodern questions about power, subjectivity, and identity? Does adherence to these traditions bring unnecessary limitations to psychoanalytic theory and practice, or does it rather elucidate innovative and compassionate ways of practicing?

RQ 10. Is Stern's model, located within both psychoanalytic discourse and hermeneutic philosophy, in line with ethical tenets of these different currents of thought?

Topics of Investigation: Enigmas

In examining Stern's work, a number of puzzling ideas emerge. At the base of Heidegger's philosophy, being itself is an enigma. That said, for Heidegger, we need to "retrieve the question of being" (1927/2010, p. 3). "The fact that we live already in an understanding of being and that the meaning of being is at the same time shrouded in darkness proves the fundamental necessity of retrieving the question of the meaning of 'being.'" (Heidegger, 1927/2010, p. 3).

In other words, that which is enigmatic is accepted as fundamental. Enigmas, however, are interrogated and attempts are made to render their meaning explicit or understood.

This, then, is a theory or practical approach that sets out to renovate, as proposed by Stigliano (1989). For all its best intentions it is likely to contain a search for that which is new. The attraction of this philosophy and subsequent methodologies and clinical practices should be examined for historical and local themes. There has long been a cultural thrust towards the privileging of the "newest best thing" in American society. The search for new experiencing appears to be inherent in much of RA theory. In this study, I offer an exploration of questions concerning the new through a reflective reading of Stern's texts.

The enigmas in theory and practice identified and explored below could be seen to arise out of the difficulties of applying the thought of the Interpretive Turn to Western readers' everyday lives as they have likely been experienced. That is, the questions below emerge from the traditions in which psychotherapists live and practice, and are

influenced by the Cartesian split. Postmodern critiques and hermeneutic philosophers suggest that new languaging is essential to coming into different relationships or to ways of understanding the world, ways outside the mainstream power and as an alternative to the limitations of empirical science as it has traditionally been practiced (Bordo, 1987; Gadamer, 1975/2004; Illich, 1976/1995; Kuhn, 1970; Taylor, 1992).

Language, in any case, plays a central role in psychoanalysis. It will be worthwhile to examine the commonalities and differences between psychoanalytic theory and the discourses of postmodern philosophies. RA theory would benefit from a better understanding of where it clearly meets with philosophical tenets of the Interpretive Turn, and where it diverges from these traditions. RA writers are often undecided on where they stand, along the line of the linguistic, and the possibility of linguistic versus extra-linguistic meaning or experience (Frie, 1999; Fonagy et al., 2002; Stern, 2010; Stigliano, 1989). There appears to be little unity among writers who do declare a position regarding lingustic versus extra-lingustic experience. As I explain below, Stern's writings appear to vacillate between a radically linguistic turn, and a view closer to traditional psychology that maintains the existence of extra-linguistic experience, including pre-verbal development. Attention to where Stern's theory travels between these poles will be important for seeing where and how it makes sense and where it may fall into old assumptions Stern may have earlier rejected. That may provoke further questions about, or may contradict some of his theoretical assertions.

Enigma 1: Health

The notion of health is among the most problematic in all of Western psychology. Clinicians, therapists, and researchers seem better at discussing aberration than what is

normal or strong in humans, in part because positing health means also expressing notions of how to live well and what is good. The province of virtues is at least consciously avoided by most social scientists, and when psychologists do venture into outlining virtuous living they often enter the realm of popular psychology, or they inadvertently extoll values of mainstream society, in some cases both, as noted by social critic Barbara Ehrenreich (1995). Discussions of what psychologists posit as health may offer some of the clearest evidence of ideological and sociocultural assumptions behind psychological theory. Ehrenreich has pointed out that in the contemporary U.S., health and virtue have been conflated, often resulting in a blaming and victimization of people with chronic illnesses, in a practice she calls "healthism." In spite of weak intellectual grounding of health and healthism in the field of psychology, it may be impossible to work with disturbance and human suffering from a psychological point-of-view without generating implicit or disguised assumptions of what it means to be well and to live well. The hermeneutic point is that both theoretician and clinician must work to make hidden assumptions explicit and overt.

If Ehrenreich critiques our concept of health as the equivalent of an unwritten moral imperative, Crawford and others have shown how concepts of health have been appropriated by, and have come to shape a political discourse. Crawford (2004, 2006) described a cycle of control>anxiety>control>anxiety that has long been building momentum in American society. Crawford (2004) defined a vicious circle of increasingly detailed, medicalized information about danger, a cycle that grows at a speed with which the person (a mortal I would add) is unable to compete and to which, we can assume, any person will inevitably falter, assumedly due to its sheer proportions. Crawford has tied

the social goal of health to the recent, American neoliberal economic context, with its

drive for placing greater responsibility (moral, economic, and otherwise) on the

individual and less on the corporation or government agency. Layton, similarly, has

written (2010a, 2010b, 2013) on the increasing vulnerabilities of patients in the context of

increasing neoliberal social, political, and economic control.

As patients take on political, economic, and moral responsibilities for an

increasing data-laden status of well-being, disorder is felt on the personal level and even

"in the board room" (Crawford, 2004, p. 513). Whereas this suggests a longer discussion

than the present proposal, it has been helpful to examine Stern's work (which often points

to a radical turn away from much of psychological theory) for explicit or hidden

assumptions about mental health. Furthermore, theorists such as Crawford have been

concerned with the effects of social anxiety, offering a parallel to concerns of

interpersonal thinkers with roots in Heideggerian thought, as well as theoretical

constructs built around Harry Stack Sullivan's security operations (1953/1997). As an

interpersonal clinician and writer, Stern is well located in a nexus relating psychological

study with enormous forces of relational and social anxiety.

No matter how much they may wish to distance themselves from it, whether in

private offices, or by protest against its aberrations, psychotherapists remain, of course,

integral to the health industry of the U.S. Any examination of a psychological theory,

therefore, requires an examination of the concepts of health, not simply as a definition but

as a changing entity (Illich, 1976/1995), concepts that are affected by historical

antecedents as well as the politics and culture of the present era. How does our present-

day healthism, with its mass market publishing, immense research, and entrance into just

about all facets of daily life in the U.S., fit into a theory such as Stern's, which is nearly all relationship and process? Could a modern psychological theory be free of the effects of a growing and embattled "Medical-Industrial Complex" (Ehrenreich, Ehrenreich, & Health/PAC, 1971). Her term could be accurately updated to "Health Industrial Complex." If health is a virtue of sorts, is it worth ignoring as simply a transcendental factor of being human, or does this changing referent, which populates American thought and publication, demand a more consistent definition than most psychotherapists would care to try? Without definition or at least questioning, could notions of health remain on the level of a common sense idea, one which effects our practice at all levels but one which to us remains transparent or invisible? And if a psychological theoretician fails to examine what lies behind an almost universal aspect of practice (the goal-to-health), what might be behind such a refusal?

Enigma 2: The Locations of Things—The Shifty Nature of Self

Stern makes the startling (but perhaps relieving) assertion that "the era of psychic geography is dead" (2010, p. 3). With this sentence, the brain seems to have lost its contents–a declaration with implications beyond psychoanalysis and going to the root of psychological, psychoneural, and possibly neuropsychological study in general.

For Stern, the statement serves not only to do away with the Freudian psychic topography. Stern also launched into a removal of the "mind" and "memory" from that which is "housed within a single skull" (2009, pp. 5-6). Coburn has likewise sided with writers who refute the notion of a "mind" that is physically separate from a physical exterior (2007). Stern maintained that instead of the individualistic notion of a cerebral structure, it is more meaningful to find unformulated experience, and presumably most of

psychological life, in "relatedness." Such a relocation of the subject of therapeutic exploration offers to clarify a number of activities and influences often ignored in psychological work, such as social forces, the effects of gender and ethnic distinctions, linguistic tropes, and shifts in power. Stern's assertion also stands against the cultural shift in today's psychology towards ever-greater technologization in the name of neurological practices, that is, towards machines that address a single brain.

That said, "relatedness" itself can seem like a moving target. How does one focus on relatedness from an interpersonal perspective without focusing on everything else as well? Does there remain any aspect of ourselves that might lie outside of relatedness?

Fundamental to Stern's (2003) Interpersonal perspective is a notion of self-states. Stern quotes Sullivan's famous dictum: "For all I know we may have as many personalities as we have interpersonal relations" (Sullivan, 1950/1971, p. 221). Stern attended to, then put aside a notion of multiple selves as developed by theorists such as Bromberg (1996, 2000) and Mitchell (1991). Instead, Stern posited that there are "self-states" that we occupy, amidst moments of dissociation. Stern (2003) suggested a redefinition of the self into something that allows a person to be both in greater flux and perhaps more cohesive than Bromberg's concept of multiple selves, while also allowing for deep shadows in our self-awareness.

From a historical perspective Stern (2003, 2010) was likely among those reacting to the effects of "self-contained individualism" (Cushman, 1990), the result of a particularly American ideology. Due to globalization and cultural dominance, this type of individualism has become a major American export. Such individualism continues to pervade much of the social sciences. Individualism has been linked to genderism,

colonial transgressions against native peoples, and to alienation on economic and emotional scales. Stolorow, et al. also attributed the Cartesian self with activating "isolated mind thinking" (2002, p. 23 ff). By maintaining a notion of self that claims to be both cohesive and "in flux" (Stern, 2009a, p. 48), Stern appears to have offered an explanation of the self that is also relational.

Given their historical context, however, ideas about multiple selves or self-states bear examination for their potential relationship to ideologies built upon consumerism, individualism, and an explosion of communication-information technologies. What effects would a concept of shifting self-states have on definitions of personal responsibility, family or social roles, or a comprehension of what it means to be a "relational" being? Could a society with no experience of multiple television channels, urban centers, tract homes, websites, or supermarkets, or a supply and demand economy, also be capable of conceiving of such a multiplicity in response to varying emotional or relational demands?

Multiplicity would seem like an unlikely theory to appear in, say, a fiefdom of the European Middle Ages, and its presence would likely be read as a form of possession, with all its social consequences. In short, is Stern's response to the apparent dissolution of the self as Western society has long known it an inadvertent repetition of ideology based on individualistic freedom and possibly a Romantic prescription for experiencing a modern, technologized world?

Enigma 3: The Stormy Relationship between Psychotherapy and Moral

Understandings

Stern's writings (2001, 2003, 2010) lead to a conclusion that psychotherapy is a practice that can be known to encompasses a constant striving for moral awareness. However, Stern's theory and works are also woven into a fabric of psychoanalytic clinical work, and this connection between RA and moral interpretation is not always explicit. It requires a teasing-out. Questions of moral thought and activity are fraught with political and economic complications. In 20th and 21st Century American society, the encroachment of corporate interests (Layton, 2010a) into public and private life, for example, has generally led to disappropriation or marginalization of the majority, and to trauma on a societal and extra-societal societal scale.

Through its history, psychoanalysis has been firmly status quo (Roth, 1998). Perhaps just as often it has been a marginalized practice and form of thought (Aron & Starr, 2013), even from its founding. Today, however, psychoanalysts generally offer therapy to the highest paying patients who can afford the luxury of years to work on themselves in the presence of highly trained experts. Economic, political, and ideological forces have strongly affected the practice of psychoanalysis, whether to bring it into a covert sort of conformity or into a place of resistance (Cushman, 1991, 2000, 2013b). How, then, does psychoanalysis as a process of moral struggle fit into a society of growing economic inequality? I investigate in the third part of this Findings-Discussion Chapter Stern's psychotherapy as a process of moral understanding.

Findings-Discussion

Chapter 1: The Health Enigma

As a type of Western psychotherapy, Stern's relational psychoanalysis is embedded within the medical field. In so far as the mainstream medical regime has assimilated and joined with psychological practice, Stern's own education as a psychologist places him in a central position among those providing healthcare in the United States. With its attention to the unseen, such as denial and dissociation, its interest in inescapable breach, conflict, rupture, and breakdown (Benjamin, 1990; Racker, 1968; Weiss, 1993), its central myth (e.g., Davies, 1996, 1998, 2003), its interest in sex and belief in natural bisexuality, and its constant attentiveness to the unconscious and therefore the non-explicit and the unspoken, psychoanalysis could be considered a philosophy of rebellion. Because of its tradition of examining areas of taboo and its model based on competing forces, psychodynamic practitioners have long held a conflicted relationship with many other areas of U.S. mainstream and scientific cultures.

In spite of, and perhaps due to its own regular internal uprisings and modifications, the influence of psychodynamic theory and practice on North American psychology is vast. A large number of influential psychological theoreticians were trained as psychoanalysts, and many rose in opposition by deploying critiques of it. These include but are not limited to Alfred Adler, Wilhelm Reich, Karen Horney, Clara Thompson, Erich Fromm, Aaron Beck, Fritz Perls, and Salvador Minuchin. Stern's theory, then, is located on fertile ground for influencing psychology at large. His writings (2003, 2010, 2012a, 2013d) stand as a subtle and occasionally stark critique of

theories generally well within the psychodynamic realm. Stern's commentary often occurs at an epistemological level, to question the premises behind theories and practices (e.g., 2003, 2010, 2011a, 2013c). Because they address basic assumptions that psychoanalysis has shared with other forms of theory and treatment, Stern's analyses of psychodynamic thought can be applied beyond the psychoanalytic movement, to reach far into the field of psychology and other social sciences.

Stern's knowledge and references to psychodynamic and other traditions within psychoanalysis and psychology are also wide ranging. His writings refer regularly to early American psychological research, such as Bartlett's Ghost Tale (1932), and the theories of William James (1890/1981). His work also includes a long review of the history of interpersonal psychoanalysis and cognition (Lionells, Fiscalini, Mann, & Stern, 1995), as well as discussions of Object Relational and Neo-Bionian thinking that involves merwritten extensively on subjects strongly present in Humanistic Psychology, with frequent reference to the Existentialist movement including philosophers Paul Ricoeur, Jean-Paul Sartre, and Jean Merleau-Ponty (Stern 2003, 2010). Additionally, he has focused on the intersection of Relational Psychoanalytic thought and Humanistic psychological practices (Stern, 2009b, 2011a)

In sum, Stern's works address, both widely and deeply, important concepts and beliefs in psychology. Stern's writings have been inspired a broad sweep of theory, while presenting such wide-ranging epistemological challenges. The practice of psychotherapy, on the other hand, is located within the social realm of healthcare, and it undergoes increasing effects of both a medicalized scientism and an increasing powerful managed care system (Cushman, 1991, 2000, 2011b). How then does Stern's psychotherapy and

theory of knowing fit in with a health-delivery system that is increasingly pressured by practices such as accounting, corporate management, and empirical medical research.

The condition of present-day American healthcare brings out questions about psychotherapy within a democracy largely controlled by Neoliberal ideology. Neoliberalism (Harvey, 2005) has been said to have created within itself its own opposing forces. Dominated by bourgeois or middle class values, contemporary Western society has demonstrated a phenomenal ability to assimilate even the formerly revolutionary within its practices (Barthes, 1957/1988; Comaroff, 1982). Likewise, older values in the process of being discarded may remain as social residue. Newer values or one-time subversive practices are "frequently sanitized and incorporated into enlightened opinion" (Lears, 1983, p. 5). Medical health practices have increasingly brought social control to fields where medicine was previously not present (Armstrong, 1993; Zola, 1972).

Simply submitting oneself to the medical arena can be a condition for losing one's own wealth, livelihood, social, status, and home. In a 2007 study of bankruptcy files nationwide (n = 2314), researchers found that by conservative estimates 62.1% of American bankruptcies were due to illness and consequent medical debts. Most of these debtors were well-educated, middle class homeowners and 75% had medical insurance (Himmelstein, Thorne, Warren, & Woolhandler, 2009).

Medicine therefore addresses and produces disorder about more than biological questions. It also profoundly affects fundamental lifestyle and economic stability, that is, it affects the most basic of human needs.

Likewise, the demobilization of families amidst a medical crisis is bound to have a huge impact on the basic requirement for attachment security (van IJzendoorn & Sagi-Schwartz, 2008). We have, then, an American medical industrial system with both a phenomenal ability to sustain life and well-being, and one that simultaneously causes unimagined damage to patients and their families. It is likely that only a society which creates the strange outsider status conferred on a person once she has fallen into the category of patient (Crawford, 2006) would allow for such incidental damages in the name of healing on a grand scale.[7]

To better understand the position of Stern's work within the medical field, I review important critiques of Western medicine and health as a social event, in order to examine his writings compared to their findings. When we look at Stern's thought as representative of RA within the contemporary North American health context, various questions arise.

For example, does Stern's theory offer alternatives to the effects of health thinking in the contemporary U.S., or does it inadvertently abide by harmful assumptions of modern health practice? What does it mean to practice in Stern's, or in an RA way, within a health conscious, consumer-oriented society that is profoundly affected by managed care, a burgeoning health insurance industry,[8] and major political reforms? Do

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[7] It is possible that this outsider status conferred on the seriously ill can inspire an almost ironic euphoria in healthy individuals. Canetti (1984) discussed the excited reactions people have when they drive by auto accidents. Similarly, by separating out those with diseases, we illusionarily distance ourselves from mortality, to re-affirm our survivor status. There is now a sense among those with health, wealth, and coverage, that there but for the grace of God go I among the rich and healthy. Health has become an emblem.

[8] According to the World Health Organization, in 2008 the United States spent 15.2% of Gross Domestic Product on health care, far more than any other nation in the world. This figure continues to rise (World Health Organization, 2011).

Stern's rejections of the Cartesian and positivist objectification and the quantification of human relations amount to a rebellious stance, in light of today's increasing powers of actuarial data controlled by large-capital health care corporations (Cushman, 2000, 2011b, 2013b). Could this form of psychodynamic theory in such a social environment indicate a possible retreat from offering alternative forms of health practice, or does it help us to look at very different ways of practicing that require further exploration?

Analyses taking into account so many political, class, and ideological forces have ramifications for socially conscious practitioners, caught as they are in a web of health and information technologies, competing economic notions and institutions, and serving an increasingly stressed population. Donnel Stern's theory may suggest the creation of a new space in opposition to some of the deleterious effects of past practices.

To what degree does Stern's work represent an act of resistance or offer potential alternatives to practices that have a history of at least inadvertently replicating or expanding social harm? By further implication, if RA does offer helpful alternatives in therapeutic practice, how can these be carried further or extended into new social spaces?

One example of a recent entry of psychoanalysis into an area it has been little seen before is Robert Stolorow's recent article on global warming, in which he used understandings from trauma treatment as a call for better understanding of climate change (Stolorow, 2012). In this respect, RA might be following in the history of the Frankfort School. It seems natural, given its history as a form of resistance (e.g., Gay, 1988), that psychoanalysis would venture into areas that are of interest to science and undergoing massive levels of social denial. The degree to which RA can demand that ideology

become conscious and made public in society may be a test of this tradition's strength in predictably turbulent times to come.

In order to better understand where Stern's work sits in relation to the medical model, it will be useful to compare it to important critiques aimed at medicine in the Western world. These include Foucault's genealogy of the hospital and the clinical gaze (1963/1994), as existing under the figure of the Panopticon (1975/1995), arising through the emergence of the community clinic. I also utilize Crawford's examinations of the anxiety and the concept of health in contemporary U.S. society.

Foucault and the Discipline of Health

Introduction: The Panopticon and the invisible observer. Behind much of Foucault's thought lies an assumption, even a principle, that knowledge is productive of power. Conversely, power produces knowledge (Foucault, 1963/1994, 1966/1994). A corollary could be drawn that the effects of power can be found everywhere, at least in every place where human knowledge is present, including, for example, in the way in which the anatomy (Armstrong, 1983; Foucault, 1963/1994) of the human body is conceived, described, mapped, or quantified. Due to this active, productive quality of power, even well-intentioned organizations, such as community clinics or schools for the poor, are historically the distributive sites of certain forms power. For Foucault (1965/1988), within their practices can be seen technologies social control. Rose has referred to this as "an accelerated spiral of knowledge and power" (1999b, p. 195). For Foucault, the two, knowledge and power, can appear as nearly identical.

Accordingly, groups form a reciprocal relation with the production of knowledge. That is, institutions such as clinics, prisons, and schools both produce and they are also

maintained by special forms of knowledge. For Foucault (1975/1995, 1984), to view

power as a merely destructive force is to be blind to the enormity of its functioning in the

modern world. Describing Foucault's conception of a power that is not merely coercive

but productive, Stern wrote the following:

> If power were never anything but repressive, if it never did anything but to say no,
> do you really think one would be brought to obey it? What makes power hold
> good, what makes it accepted, is simply the fact that it doesn't only weigh on us
> as a force that says no, but that it traverses and produces things, it induces
> pleasure, forms knowledge, produces discourse. It needs to be considered as a
> productive network which runs through the whole social body, much more than as
> a negative instance whose function is repression. (Stern, 2003, pp. 60-61)

During the Age of Enlightenment (ca 1637-1789), institutions began to document

knowledge about people under their surveillance with increasing detail. Before the

Enlightenment, biographical information was often reserved for the exploits of royalty

and nobility.

The predominant literary form of this earlier period was the epic. Since the

Enlightenment, according to Foucault (1975/1995), the threshold of knowledge dropped

from epics of the Middle Ages with their heroism and depictions of noble virtue, to the

level of the individual biography. Increasing numbers of documents were produced on a

growing variety of persons, regardless of rank. The Enlightenment was the

commencement of a systematic immersion of power into knowledge. Although this

would have been considered bizarre before the Age of Reason, the concept that,

regardless of socio-economic status, any life is worthy of examination and

documentation, is certainly an ideal we maintain today. Those in the clinician role live

with this fact of life and are in many ways as much constituted as are those in the patient

role. In recent years, this aspect of power has begun to threaten a hegemony in the health

science (see, for e.g., Cushman, 2000, 2011a, 2011b), a subject worthy of further investigation.

From the Enlightenment onwards, then, behavioral oversight was calibrated at ever-finer intervals as measured in time. For Foucault, this regard for accounting for the person led to the appearance of the individual on the social horizon, an individual who was charted through a growing rubric of knowledge and ever-greater record keeping. The human disciplines (humanities, eventually to include the social sciences) were born out of this burgeoning observation and the need for control of a wider multiplicity of individuals (Foucault, 1963/1994, 1975/1995).

Foucault's writings (1966/1994, 1975/1995) follow institutions and relevant social practices from both historical perspectives, as well as their knowledge bases, ranging from human anatomy to the human sciences to the natural sciences. His genealogical project involved "determining the conditions of possibility of . . . experience in modern times [and] . . . to disentangle the conditions of its history from the density of discourse" (1963/1994, p. xix). Even considering the very social focus of this statement, one can see the affinity to psychoanalysis.

Foucault saw history in terms of epistemes (1966/1994), that is, themes overarching social activities and related knowledge. An episteme does not connote a necessarily coherent concept. Rather, it can consist of competing or opposing ideas that have arisen along different courses, over time. Foucault's genealogy therefore permits a Nietzschian rejection (Nietzsche, 1857/1953; Sarup, 1988/1993) of the orthodox Western portrayal of history as a necessarily progressive, linear process that follows a clearly or perhaps latently rational path. This rejection involves a nonacceptance of essentialist

studies which maintain that history is a dialectical demonstration of hidden truth. It also comprehends a refusal of the notion that we might be able to read the march of history as a score marking the way to spiritual revelation, human progress, or expansive knowledge of hidden universal laws. Rather, Foucault's work has been aimed at delving into the opaqueness of accepted discourse, an activity similar to what Structuralists and others refer to as unpacking an idea.[9]

In the process of looking at language in a historical context, Foucault's writings involve a vigorous search for the hidden workings of power as it produces knowledge, an ordering, he has found, that has frequently become habitual for society. Ideas become institutionalized. They create and are recreated by institutions (1963/1994, 1966/1994). In this, again, Foucault has located the functioning of knowledge in relation to power. In Foucault's exploration—through semantics, politics, economics, and critiques of everything from customs, to penal methods, to the historical treatment of insanity—the results have often been startling.

According to Foucault (1975/1995), a great shift in Western thinking was marked by the advent of the Bentham's Panopticon circa 1786. Bentham proposed this structure as an architectural redesign of the workhouse and the jail. In the penal setting, the

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[9] There is also an affinity between Foucault's attention to opacity (1975/1995), hermeneutic unpacking, and psychoanalytic interpretation. I note this not only to indicate lines of influence but also to continue a thrust present in all three ways of thinking. Fundamental to each is an underlining of assumptions, patterns, processes, or suppositions—an attempt to look into that which is not being recognized, or if recognized, that which is not brought to light or consciousness, or is selectively ignored, as the case may be. All of these ways of understanding involve to one degree or another philosophical questioning, attention that which is veiled in language, and an historical, genealogical approach, for a start. It could be argued that each of the three disciplines, hermenteutics, psychoanalysis, and Foucault's type of historical critique, engages the other two, whether the presence of the other two approaches is recognized or not.

Panopticon was a multifaceted tower placed in the center of the prison with windows on each of its sides. The incarcerated were held in separate cells along the walled-in circle surrounding this tower. External windows illuminated cells, and another set of windows faced the inner circle and therefore the tower as well. In this way, detainees were profiled by the outside light, to be observed by those within the central interior of the Panopticon. Observers in the darkness of the tower were, on the contrary, invisible to the prisoners celled around its outside. This set up a template, a modern social condition, of what could be called the observer-unobserved.

By Bentham's dream and in Foucault's reading (1975/1995), the Panopticon has historically transcended its architectural structure. For Foucault, it became, instead, a linguistic figure within a new episteme of discipline, highly productive new kind of power and hence a new type of knowledge.

The panoptic structure afforded a number of social utilities that were coming into place at Bentham's time. Efficiency of observation was aligned to an efficient use of labor, a notion that was being perfected in the workhouses of the era, precursors to the modern assembly line and factory. The economy of Western Europe changed and travel became more popular. As a result, a wider spread of populations was brought under investigation and social discipline. The Panopticon allowed for a greater multiplicity of people to be taken in both physically and figuratively.

Self-reliance and a disciplined examination of the self and the world at-large were important values in both Protestant and scientific currents of the time. Therefore, motions of increasing and self-imposed discipline were also particularly attractive to the coalescing middle class of the era. Tradesmen and craftsmen were caught in social

upheavals, above them an unruly gentry, while a growing "rootless underclass of beggars and the unemployed" also threatened their sense of social order (Taylor, 1992, p. 231).

It follows that another benefit of the Panopticon was the prisoner's internalization of the condition of being watched by an unobserved observer, regardless of whether observation was actually taking place. The episteme of the Panopticon (1975/1995) then carried with it an allure of liberalism, because it brought about milder forms of punishment as compared to the public tortures of the Middle Ages. It was also in harmony with expansionist, colonial and scientific ideologies of the era, since it allowed for a far more pervasive form of punishment and discipline, one that was constitutive of knowledge or data about the bodies on which it acted. Different from the Feudal Era when prisoners were paraded through the streets or fixed on display in public stockade, the prison became more capacious, expanding into a more efficient, closed, hidden affair located on the outskirts of the town or the growing city, what Sarup (1988/1993) has termed "the great confinement." The Panopticon transformed social discipline from periodic to ongoing, a change in temporality worthy of further psychological exploration. Regarding the new kind of Western discipline arising in the 18th Century, Foucault wrote:

> Instead of bending all its subjects into a single uniform mass, it separates, analyses, differentiates, carries its procedures of composition to the point of necessary and sufficient single units. It 'trains' the moving, confused, useless multitudes of bodies and forces into a multiplicity of individual elements—small, separate cells, organic autonomies, genetic identities and continuities, combinatory segments. (Foucault, 1975/1995, p. 170)

Values of efficiency, analysis, and individuation (again, Foucault's play on the word discipline, power interlocked with a production of knowledge) began to have a transforming effect in different social spaces, such as the workhouse, the school, and the

hospital, and later the dispensary or community clinic (Armstrong, 1993; Foucault, 1963/1994). For Foucault, the structure of language is the structure of power, a point that frequently appears and is simultaneously veiled in psychological discourse. This idea of the multiplicity individual elements is significant because it suggests that operations of power may be hidden within concepts of individual freedom inherent in social practices (see, for example, Binkley, 2011).

Changes in these institutions led to fundamental changes in the thought of the Enlightenment. In Foucault's genealogical formulation, these changes led to new practices of incarceration, education, medicine, social work, and psychology (Foucault, 1975/1995) that continue to exist today in one form or another. In this reading of history, the power of the Panopticon grew concurrently with the academic divisions, particularly the human sciences. Foucault attributed to this kind of observation of multiplicity the power to constitute the self of the prisoner:

> Discipline "makes" individuals; it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise. It is not a triumphant power, which because of its own excesses can pride itself on its omnipotence; it is a modest, suspicious power, which functions as a calculated, but permanent economy. (1975/1995, p. 170)

This gentler, operational force, along with the production of ever-greater knowledge, political, clinical, educational, and military power, energized cross-disciplinary exchanges of technology. The movement of techniques into new institutions raised the level of expertise for calculating behavior. The recombination of technologies resulted in measurements of human activity with greater specificity. Under Medieval monarchies, sovereign power was held as absolute. The ruler's word was a matter of life and death, (Foucault, 1984a, p. 258). Previous binaries under monarchic, feudal systems

(for example, a subject was with the king or against him; a person was righteous or unrighteous, holy or cursed), gave way to more nuanced but quantitative forms of measuring, what Foucault has called "the penalty of the norm" (1975/1995, p. 183). As the panoptic figure extended into the community through hospitals (1963/1994) and later community clinics and public health campaigns (Armstrong, 1993), bodies were mapped, and they were lined up next to each other. No longer limited to the particular physical person, now the space between bodies was measured on a grand scale.

This invokes ongoing common practices in contemporary psychology, such as statistics and the use of the bell curve (which Foucault referred to as "political arithmetic" 1988, p. 151; Madan, 2007) in addition to the underpinnings of much of developmental and testing theory (Rose, 1999a).

We could say that by Foucault's reading (1963/1994), with the commencement of the Enlightenment, power became relational. Under the metaphor of the Panopticon was to be found a discipline that utilized its own data to serve its own expansionism, knowledge and power in a continuum. For Foucault, the individual, understood through language, the object, the instrument, and the creation of power. Knowledge of this subject necessarily adds its own measurements to the knowledge base which observes on both a particular level and in terms of the variations of large numbers aligned (the norm). It has been called the "object operationalized" (Rose, 1999c).

The clinical gaze. Under the figure of the Panopticon Foucault located power realized in medical terms, the medical or clinical gaze. During the Enlightenment and into the 19th Century, the medical gaze was able to bring the type of power and the type of observation, control, and documentation of panoptic thought into the hospital, then the

clinic, and the dispensary. Armstrong (1993) has traced the clinical gaze to community

clinics and health centers of the 1960s, and Rose (1999a) argued that in the same period

in the U.S. and U.K., there was an analogous extension of power and observation, via

notions of development and education, into the Nursery School and the home itself

(Rose, 1999c).

Foucault's method and writings exist in part as a project to promote human

freedom (1988). In examining scientific discourse, then, Foucault was concerned with its

involvement with power and control, in particular where basic assumptions have been

taken for granted:

> It is one of my targets to show people that a lot of things that are a part of their
> landscape—that people think are universal—are the result of some very precise
> historical changes. All my analyses are against the idea of universal necessities in
> human existence. They show the arbitrariness of institutions and show which
> space of freedom we can still enjoy and how many changes can still be made.
> (Foucault, 1988, p.11)

Foucault was suspect of traditional, universal forms of logic and his work

included their *Destruktion* in the Heidegerrian sense (Foucault, 1984b, 1988). That is, for

Foucault, taking apart the hidden assumptions of a text as a way to locate essentialist

views that are the result of an adherence to an Enlightenment notion of reason and their

often hidden laws or structures. In addition to his stance against "global theorizing"

Foucault was "critical of systemicity" (Sarup, 1988/1993, p. 58). Foucault's language can

be historical as well as literary in its use of rhetorical figures and in presenting them as

complex parts of language, rather than as elements of a formal logic.

It is therefore a risky proposition to attempt to break up or decontextualize any of

Foucault's epistemes, such as the clinical gaze, into a list of elements. Foucault himself

regarded his own lifelong historical project as purposively philosophically incomplete, and he considered himself a "teacher" as opposed to a "philosopher" (Foucault, 1988, p. 9). His main work, then, was in "the history of thought." For Foucault, "the way people think is not adequately analyzed by the categories of logic" (p. 10). Rather than presenting a philosophical model, his was an undertaking to provoke questions that might not otherwise be asked.

> My role—and that is too emphatic a word—is to show people that they are much freer than they feel, that people accept as truth, as evidence, some themes which have been built up at a certain moment during history, and that this so-called evidence can be criticized and destroyed. To change something in the minds of people—that's the role of an intellectual. (Foucault, 1988, p. 10)

Given the importance of historical context and language in this thought, an attempt to analyze any one concept in Foucault is problematic. Analysis of Foucault risks a return to the panoptic project, to registering ideas that were drafted at least in part as resistance to driven categorization and control driven by governmental power.

Pace Foucault, I will nevertheless attempt my own register of some of the attributes of the panoptic episteme and the medical gaze, in order to further Foucault's lines of questioning and to see how they can shed light on Donnel Stern's writings beyond his own use of Foucault's theory. In particular, I examine where Stern's theory might imply a tacit acceptance or shared assumptions with medical disciplines that Foucault critiqued, and where Stern's theory diverges from the activities of the medical gaze. Therefore, in order to examine Stern's works relation to power and surveillance, I suggest the following headings for important attributes of the medical gaze in Foucault:

a. The eye that speaks illuminates the invisible.

b. Being open to knowledge and multiplicity, the clinical gaze undergoes constant expansion.

c. The clinical gaze is realized through the particular, measured language of science.

d. The clinical gaze therefore requires individuals that are objects and are operationalized.

The first heading for attributes of the clinical gaze concerns seeing that which cannot be seen. It holds is an aspect of revealing.

a. The eye that speaks illuminates the invisible. Knowledge as a hunt for the hidden is an ancient idea in the West. "Nature loves to hide" declared Heraclitus of Ephesus in Fifth Century B.C.E. Greece (Herakleitos, 1892/1945, p. 33).

In the Western thought, this seems to have undergone constant revision and reinvention. Reading early Enlightenment texts on medicine and anatomy, Foucault (1963/1994) described a way of examining disease as something that is perceived as covert. For Foucault, anatomical study instigated a politics of the body, while the study of populations generated a biopolitics (Madan, 2007). Illness (Foucault 1963/1994) in the Age of Reason was an entity that was hidden within the body and latently seen in a collection of symptoms, while it also gave out signs of itself. The medical or clinical gaze was created in the description and categorization, that is, in the creation of entities called disease. Foucault wrote:

> Hence the strange character of the medical gaze; it is caught up in an endless
> reciprocity. It is directed upon that which is visible in the disease—but on the
> basis of the patient, who hides this visible element even as he shows it;
> consequently, in order to know, he must recognize, while already being in
> possession of the knowledge that will lend support to his recognition. And, as it
> moves forward, this gaze is really retreating, since it reaches the truth of the

disease only by allowing it to win the struggle and to fulfill, in all its phenomena, its true nature. (Foucault, 1963/1994, p. 9)

Foucault brought out the paradox of a gaze that is at once invasive and at the same time retreats in acceptance of inevitable, diachronic change. As it produces language, the clinical gaze searches for something not seen which may only be ascertained via autopsy, in death. Often the case in Foucault's writing, his very definite words lend themselves to extrapolation. The medical gaze holds an aspect of Descartes' cogito. Its results are analogous to those of the reason said to be held somewhere in the mind of Descartes' thinker. Like the cogito, the medical gaze remains separate from its subject while it is also imagined to penetrate it. This is what is still commonly known in much of Western thinking as an objective form of reasoning, a logic that is privileged for its special access to clarity. It holds a privileged claim to a bridge of rationality between theory and evidence, perception and unobstructed knowledge of truth, in which linguistic construction is thought to be a process created from culturally, ethically, and politically neutral material.

Stern has referred to Interpersonalist writers who used a correspondence theory of truth to guide interpretation. In this line of thought, psychoanalysis can be scientifically researched according to how accurately a given interpretation signifies nonverbal experience, through an "assessment of nonverbal accuracy" (Stern, 2013c, p. 167). Stern's objection to such thinking comes from a perspective of the Interpretive Turn. Stern is both constructivist, in holding that experience is created, and postmodern, in maintaining that language is the material through which we organize experience. For Stern, the rejection of a latent meaning to be signified does not lead to an aimlessness, extreme relativity, or complete lack of rigor in interpretation.

Giving choice and conviction their due in the process of thought, as postmodernism does, is not at all the same thing as saying that we can conclude anything we please and still claim to be carrying out our work responsibly. We still have to choose the point of view that works the best, that is most complete and satisfying in its account of the phenomena in question. And we do have to accept that reality itself has no structure other than that which we impose upon it. There are many ways of understanding 'what is.' (Stern, 2003, p. 168)

For Stern, then, experience is created in the interaction of the world and person (2003). Furthermore, in Stern's thought (2003, 2010), language is the way experience is organized. We can also see in the passage above a certain responsibility, an enjoining that we attempt to satisfy concerns to seek viewpoints that "account" best for phenomena.

Here and elsewhere (2000, 2003, 2010, 2011b), Stern's epistemology offers glints of an attention to a particular psychotherapeutic process: understanding moral activity through the greater awareness of experience provided in the psychoanalytic session. I cover the question of moral understanding in Stern's RA theory in the third part of this Findings-Discussion Chapter.

Foucault's passage above can be read as describing something more than a medical attitude that confronts mortality head on. Additionally, this gaze brings an appeal to a universe of data in an indefinite temporality. The medical gaze is one that simultaneously probes and retreats from its own subject in time. Recall that the Panopticon was created to address populations of multiplicity. A later incarnation, the medical gaze then holds in itself a certain liberality, an openness, indeed, a constant focus on change, an embracing of diversity as an infinite material of categorization. In this way, Foucault (1963/1994, 1966/1994) has invoked the mortality implied in disease, as well as the mythical essentialism and the timelessness assumed by much of scientific and social scientific practice that continues to this day.

This provides a connection in Foucault's thought (1963/1994, 1965/1988) to the study of medical thought. It also leads to the critique of a psychology in which human beings are fantastically able to step outside of the cosmos in order to engage in a pristine, bias-free contact with another human being (Taylor, 1988). The object operationalized offers both a power operation and a claim to an innocent, neutral form of knowledge. Political power then meets with a seemingly pristine belief in the cure. As Madan has written, the "technology of the norm . . . the notion of the norm is what permits power to assume a therapeutic guise" (2007, p. 7). Embedded within notions of scientific technology, norms are endorsed by virtue of their having disappeared.

For Foucault, the medical realm provides a gaze that withdraws from its subject so that the subject is incapable of having any effect on the proximal side, that of the observer aside from adding to the registry by which the subject will be judged and measured. When observing the observer ostensibly has no subjectivity, just as in the scheme of the Panopticon the dweller within the tower (1975/1995) stays essentially invisible. Such a gaze is a process of operational reification in the way, for example, that the butchering of meat from the slaughterhouse appears operational: the observer is engaged in an act that analyzes and separates but a process that appears to remain untainted or unchanged by its activity and the surround, social context, or nature. This would be the opposite of Aritstotle's phronesis (Hiley et al., 1991) in which meaning is in fact necessarily derived from action itself. There is a fundamental difference between these two perceptions of the relationship between a goal and its means. One could say that in operationalized perspective of the clinical gaze, the means to an end are thought to be essentially disposable.

The question grows immensely problematic when a process of observing human beings with a claim to powers external to humanity in order to do enter the arena of clinical psychotherapeutic work. In psychotherapy, this notion was frequently invoked using Locke's (Hoffman, 1983; Stern, 2003) notion of the "blank tablet." During much of the 20th Century, the psychotherapist was characterized as possessing an ability to present to the patient an unaffected and untainted personality capable of recording or reflecting, through interpretation or procedure, advancing a pure response to the patient's transferences, displacements, or projection (Hoffman, 1983). This understanding of the analyst's role is called "the blank screen." Structured after the Panopticon, the medical gaze is likewise hidden and it also serves to penetrate that which is invisible (Foucault, 1963/1994).

Freud operated via the clinical gaze when he named the psyche as the subject of his lifelong examination. Similar to the way biological disease (1963/1994) and later madness (1965/1988) was constructed according to Foucault's reading of modern clinical thought, Freud posited a quality of psychic life that was hidden from sight, arguing for the unconscious as a legitimate and indispensable theoretical construct for scientific study:

> The assumption of the unconscious is necessary . . . because the data of consciousness have a very large number of gaps in them; both in health and in sick people psychical acts often occur which can be explained only by presupposing other acts of which, nevertheless, consciousness affords no evidence. (Freud, 1915/1953, p. 166)

Freud's words possess attributes of a statistical analysis. While measuring a continuum of information, gaps in the data are to be discovered and they require explanation. Similar to Foucault's view of physicians, anatomists, and epidemiologists

who act on human bodies under the knife, the microscope, or in the field, Freud would line up moments of consciousness as witnessed in the individual psyche, in order to report unexplained intervals and instances of extreme variation. Trained in clinical observation as a neurologist, Freud was able to employ the medical gaze of his time in order to penetrate the spaces left open by psychic awareness. The medical gaze worked to decipher disease in the body. For Freud there was likewise something hidden within mental activities. Because the notion of the unconscious may be the only universal in psychoanalytic practice, it could be argued that any psychoanalyst by definition employs at least aspects of the traditional medical gaze, the beginnings of which Foucault traced to the mid-1700s.[10]

Freud's psychoanalysis appears to have functioned at least in part under the episteme of the disciplines as defined by Foucault (1975/1995), and Stern's work (2003, 2010) may be no exception. Both of these involve exploring for that which is not readily apparent or stated and they assume the presence or appearance of signs of the invisible over time.

This could be said true of Stern's writings as well as any others in the psychodynamic cannon. In Stern's theory, understanding enactments, moments of being locked into a narrowed, unconscious, interpersonal patterning, are essential to understanding therapeutic change, and in the aftermath of important enactments, the

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[10] It is interesting to note here that Freud used a clinical, highly scientised method and language throughout his works, in order instigate one of the greatest challenges modernity has known to Descartes' primacy of orderly thinking. Freud's emphasis of a frequently irrational unconscious life led to a different way of knowing. It is likely that this decentralization of reason could have been achieved through a new discipline with the status psychology now holds, solely through the adoption of a scientific metapsychology.

relational shift can occur in psychotherapy. These moments driven by something that is

by definition not-seen are at the heart of Stern's theory (2003).

> I believe that enactment is continuous, even when we cannot see any particular problematic involvement with the patient. We know that most enactments are invisible; to that I will add that they are invisible because they constitute nonlinguistically structured organizing activity that is dissociated. (Stern, 2003, p. 103)

As with disease in Foucault's analysis of Western medicine (1963/1994,

1965/1988), in Stern's theory there is the constant possibility of the unknown that is

available to the being put into words within the psychotherapeutic hour. (Even here,

given Stern's examination of what happens between the unformulated and formulation,

one is hesitant to use the word "express.") Stern wrote that "the ambiguity of what we

face in the next moment is precisely what I mean by the concept of unformulated

experience" (2003, p. 30). In the psychoanalyst's search for what is covert, dissociated, or

left out through selective inattention, does Stern's approach function then in accord with

a medical gaze that discovers the unconscious, in order to bring it to light with language

in a similar way to a clinician deploying Foucault's medical gaze?

Stern's writings appear to answer yes. In Stern's two books, for example, there

appear references to some but a limited number of clinical entities, such as trauma and

occasionally to schizophrenia.[11] References to pathology, however, remain surprisingly

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[11] It is significant that in fact adjusted his terms in a direction away from disease talk in both of his books. He described "psychotic transference" as a term *formerly* employed by psychoanalysts (2010, p. 134). He has also re-phrased Bromberg's "pathological dissociation" (Bromberg, 1996) to read "dissociation in the strong sense" (Stern, 2003, 2010). Stern's works carry on the thrust of Nietzschean and Heideggerian thinking, also seen in much of post-modernism (Sarup, 1988/1993), that because language is productive, any worthwhile critique of ideas itself demands a certain creativity in its own language. As documented throughout the social sciences, the creation of new or alternative language is frequently a form of resistance. Similar to Stern, Roland

rare in Stern's writings (2003, 2010, and passim), considering that these are texts written by a psychologist and for a very well-versed professional audience.

Still, fundamental to Stern's thought is an attempt to develop new understandings in the process of dialogue. These understandings come with a constant awareness of, or at least a faith in, unconscious activity that will allow new meanings to come to light. Stern has gone so far as to suggest what appears to be a redefinition of pathology, one that is ontologically distinct from previous psychological diagnostic reification across the lifespan: "We can no longer specify psychopathology as a certain *kind* of mental content, or even, as some writers have redefined unconscious fantasy (e.g., Sugarman, 2008), as a mental *process*" (2010, p. 8).

Trauma, another clinical entity in Stern's theory, causes the dissociation of experience, which renders its effects opaque. Stern's attention to dissociation and process, and his hermeneutic stance lead, therefore, to a radical redefinition of pathology. Implicit in Stern's theory seems to appear a questioning of the assumptions behind positing a human subject, a long-time target of Foucault and other post-structuralists (Sarup, 1988/1993).

Stern has also openly stated that for the psychoanalyst there is a constant seeking of what is not known. "We learn to search where we are least able to see" (2010, p. 163). For Stern, the ability to perform this kind of search is the result of experience and analytic training, allowing the psychoanalyst to become accustomed to a high level of ambiguity. "To be a psychoanalyst is to love the dark places and the recalcitrant meanings" (2010, p. 163).

Barthes (1978) found resistance to oppressive power and even the potential of liberation in literature.

Historically, such seeking of all places unknown may have been seen as a piece of empirical investigation. Psychoanalysis invites not-knowing as a proposition of knowing. In the act of discovering something that has yet to be seen, psychoanalysis resembles Foucault's concept of the clinical gaze. Foucault wrote that a further aspect of the medical gaze was its openness to discovery at the very margin of previous knowledge. In its act of uncovering, the gaze may travel to the very limits of language, to reveal what that which was previously unseen. Foucault gave the example of the first revealing of a cirrhotic liver in medical history, in the 18th Century. For Foucault, this marked the beginning of a "language in pursuit of perception" (1963/1994). From this period onwards, wrote Foucault:

> To *discover*, therefore, will no longer be to read an essential coherence beneath a state of disorder, but to push a little farther back the foamy line of language, to make it encroach upon that sandy region that is still open to the clarity of perception but is already no longer so to everyday speech—to introduce language into that penumbra where the gaze is bereft of words. (Foucault, 1963/1994, p. 169)

Such an act of gazing into the edges of thought via language is reminiscent of Stern's emphasis on imagination and creativity. The ability to examine places where words become difficult may be essential to Stern's form of psychoanalysis. His work involves an attack upon stereotypic thinking and the inflexible language of enactments. However, Stern's work also includes a recognition of the almost tragic idea that our use of language will never be exactly complete in conveying the unformulated. In a poetic phrase, Stern has linked this to a certain, almost existential pain, one that is addressed through psychoanalytic work: "We hope . . . we will be able to tolerate knowing that we never finish saying anything" (Stern, 2003, p. 89).

Stern's theory, however, rejects one of the attributes of the clinical act of looking into the invisible. The clinical gaze involves a search for the hidden entity of a disease. There is a Platonic quality to the Western diagnostic mode of thought. The medical doctor in looking for a disease such as Tuberculosis, for example, is in search of signs of a constant that is defined by its contextualization in a certain ontology.

Stern's (2003, 2010) psychoanalytic theory, however, obviates this process through the denial of the notion of a hidden content waiting, latent within the patient, to be penetrated by the expertise of the psychoanalyst. Stern's rejection is related to his social constructionist understanding of memory. He has portrayed memory as existing in opposition to the image of a constant mental content waiting in the mind of the patient to be retrieved in a more or less pristine form, the imprint of past experience. For Stern, psychoanalysis is no longer an archaeological project. It no longer involves rebuilding a hidden past, just as in Gadamer's hermeneutics (1975/2004) the reading of a text can no longer be imagined as a precise reproduction of the author's internal or historical experience. Hermeneutically speaking, our subjectivity prevents such a process. For Gadamer, meaning and the significance we draw from a text cannot be separated. According to Warnke:

> We understand the meaning of a text, or work of art or historical event *only in relation to our own situation* and therefore in light of our own concerns. In other words we understand in light of its significance. (Warnke, 1987, p. 68)

Recall that for Stern, too, meaning is interpretation. In a sense, there can be no access to original material. How, then, does the psychoanalyst work? For Stern, the unconscious is "something more than a container"; rather, it is, in line with the Heideggerian tradition, "something we live in" (Stern, 2003, p. 240). There is, therefore,

a strong sense of working in the present in Stern's RA, even if this present involves a careful examination of the patient's narratives about events of the past. Stern wrote:

> The interest is directed at what is already known, with the intention of stating explicitly the implicit assumptions underlying its construction. Once these assumptions have been specified, gaps in the material become evident, and phenomena that have fallen through the cracks of the implicit interpretive scheme become visible. The analyst pursues and awareness of absence by focusing the most detailed attention on what is present. The emphasis shifts from imposing yet another interpretation to specifying the schemes according to which the material has been interpreted. Levenson (1988) presents such a view, concluding that 'the real task in therapy is not so much making sense of the data as it is, but resisting the temptation to make sense of the data!' (p. 5). (Stern, 2003, p. 240)

From a hermeneutic point of view, there may be no direct access to original, latent material. Conversely, from an interpersonal psychoanalytic point of view, all material in emerging from the interpersonal field is necessarily original.

In Stern's thought, even memory is part of unformulated experience. In this concept, it is much less stable than is frequently thought in psychological study. Rather than being a storehouse of content to be recalled, even memory or past experience requires formulation each time it is reflected upon. "We reconstruct memory every time we consult it" (Stern, 2010, p. 4).

The gaze of the clinician, being a construction of experience, tradition, and memory, therefore could be conceived as a voice among others in ongoing dialogue. Theory, psychotherapeutic thought, research, and interpretation, none of these have a necessarily privileged hold on truth. Instead of dictating with objectivity and fact-checking hypotheses against the trained experience and an assumedly precise register

of knowledge, the mind of the clinician participates with the voice of the patient in the ongoing, co-construction of meaning.[12]

Stern's psychoanalyst begins to appear radically different from the historical, allopathic notion of a clinician who brings social order to a place where disease or psychopathology is figured as an inhabiting enemy that has wreaked havoc. The rejection of the existence of a true and hidden content in Stern's psychology is linked to a repudiation of notions of clinical objectivity. Psychological diagnosis and most treatments are contingent upon the clinician's ability to judge norms and to recognize and name pathology. To do so, the clinician requires some sort of figurative yardstick, the ability to observe norms in a growing number of psychometrical dimensions. Within *Partners in Thought* (2010) is found the unusual statement for a psychologist: "Of course, as soon as we reject a single objective reality, the analyst's old status as the arbiter of such a reality also becomes impossible to sustain" (p. 8).

On the political side of the debate over objectivity in psychoanalysis, Stern has also emerged in stark opposition to any theory that subscribes to the generation of a knowledge claiming a privileged access to external truth, that is, one that would add to the universal register of Foucault's clinics. In responding to works of the Boston Change Process Study Group (2002), Stern wrote:

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[12] We begin to see early roots in the what Stern (2003) would call the "democracy" inherent in this theory. To unprivilege the psychotherapist's personal access to truth is not only to maintain Sullivan's observant-participant status of the clinician (1953/1997), it is further to accept a categorically different kind of relationship in therapy. Clinical work becomes a partnership in Stern's terms, to uphold Donna Orange's fallibilism (1995), in which the psychotherapist holds to a certain well-cultivated experience and knowledge but in which, to paraphrase William Coburn, "we hold truths lightly" (2009). After taking such a perspective, we can also ask ourselves about the kind of anxiety that would have led psychologists to take on a stance of infallibility (an anxiety in the face of the unknown) in the first place.

> When we accept that truth exists apart from us, we inadvertently make the political and social influences on the construction of meaning invisible. I do not believe that anyone's psychoanalytic observations represent discoveries of preexisting truths about the world but [they] are instead creations of new ways of thinking that will, in turn, be replaced by the next generation of thoughts. I believe that to take any other view is to take the chance of inadvertently defending invisible ideological aspects of the status quo and to risk making the revelation of these underlying influences more difficult and protracted. (Stern, 2010, p. 205)

In relationalist thought if there is a process of diagnosis, it is inevitably two-sided. This line of thinking has earned RA practice the epithet "two-person psychotherapy" (Levenson, 1991, pp. 239-253). Relational writers further take into account that the unconscious of each participant is at play and is affected by the interpersonal field, hence arriving at a notion of a joint unconscious only partially understood by each member of the dyad, and also the presence of an analytic third (Ogden, 1994), and even a "social third" in which patient and analyst join in order to confront reality (Benjamin, 2011), "a deliberately created alternative to our unconscious submersion in the unquestioned realm of the ideal" (p. 29). This is not to say that these different concepts of interpersonal activities or effects (my terms) are necessarily unified. It is simply to indicate how the actual relationship, and therefore process in psychotherapy, are deeply embedded for both patient and psychoanalyst are in RA thought.

Diagnosis, then, consists of summary judgments that patient and psychoanalyst make of one another early on in treatment. As familiarity grows, some beliefs about early, mutual diagnosis become entrenched. As trust becomes strong, safety can allow for these early assumptions to undergo challenge. In a sense, one could say that an important material for interpretation in Stern's concept of psychoanalysis is derived from the patient's and the psychoanalyst's understandings of the very limits of their assumptions about of each other:

As time passes, the influence on the field of the participants' initial diagnoses of one another declines, to be replaced by an intricately woven pattern of implicit personal prejudices. I have tried to say that it is prejudice that constitutes the field—the transference-countertransference—and that it is prejudice that eventually must be analyzed. Of course, in this view, the analyst by this time is deeply involved, incapable of anything like rational, emotionally detached application of theory. (Stern, 2003, p. 229)

This proposes what would seem to be a diagnosis in reverse. Indeed, the psychoanalytic relationship for Stern appears to be a mutual construction of knowledge, diagnosis, or prejudices in Gadamer's sense of that which we have to know beforehand in order to understand anything (1975/2004). Writing on his concept of prejudice, Gadamer stated:

Is not our expectation and readiness to hear the new also necessarily determined by the old that has already taken possession of us? . . . . The nature of the hermeneutical experience is not that something is outside and desires admission. Rather, we are possessed by something and precisely by means of it we are open up for the new, the different, the true. (Gadamer, 1966/1976, p. 9)

In RA terms, the development of relationship is followed by the experience of some of experience's deconstruction. In Stern's theory it seems that when the psychoanalyst loses the ability to theorize, there is hope of a strange intimacy within the interpersonal field that will bring about a stronger type of change in both participants. There may be a loss of the ability to see the background; however, there is the hope of much greater activity in the foreground of the interpersonal field.

To be curious is to be determined to know what is already there—what one is already aware of being confronted with—in the most detailed and complete way possible. . . . The unbidden emerges from that which has been meticulously described. . . . . When the analyst questions what he thinks he already knows about the patient, and about his reactions to the patient, uncertainty is preserved . . . . These conditions constitute the climate in which unbidden perceptions flourish. (Stern, 2003, pp. 249-250)

In a theory where the unbidden is the way know the most important, new things about each other and the world, knowledge comes to equal a process of change. In sum, Stern's theoretical writings (2003, 2010) on the one hand, occasionally lead to the possibility of a disease, a pathology, a basis of suffering that could be brought into meaning through an experienced eye and psychotherapeutic dialogue, in order to engage that which is not normally seen through language. In Stern's understanding of knowledge, that would mean using the "given" (2003, p. 3 ff), and it would assumedly accept diagnostic descriptions, principles, and so on.

On the other hand, in such a theory each disease, indeed, each moment of disease would reveal not a universal entity of the register of the medical gaze but rather a disease never before seen and one that would likely never be seen again. In one of his most important passages, Stern wrote:

> The given and the made are a dialectic, neither ever excluding the other and both constituting every meaning and moment. Without the opportunity to change previously structured experience, and without that previous structure to feel and think against, new experience would be impossible. We would be trapped in an evanescent subjectivism. But, on the other hand, without our capacity or an imagination that goes beyond experiential regularities, without the animation of spontaneous expression and the continuous reworking that represents our ceaseless effort to understand, we would never be able to redeem our experience from the status of dead convention. It is reflection that saves the unconscious from being nothing more than a set of strictures, and makes it a precious resource instead; and it is the unconscious that offers reflection the fecund, ever-changing materials with which to carry out its life-giving mission. (Stern, 2003, p. 30)

Like the clinical gaze (Foucault, 1963/1994), Stern's theory appears to undertake a constant search for the hidden. However, this vision of the hidden is of an invisibility that is always under change. It can only be seen in context. For Stern, change appears to be a constant, and when movement has the feel of being stuck, it likely signals an important event in the field. "When not-me is evoked by the events of clinical process,

continuous unfolding is replaced by some variety of enactment" (Stern, 2010, p. 120). In enactment, there is a relational stasis, at least perceptually. Underlying this is the suggestion that in fact our perceptions constantly undergo change and demand new interpretation, in so far as possible. Moreover, our interpersonal relations change, and so too do our experiences, as well as the constant process of our bringing knowledge into words. Stern's theory appears to suggest that, to paraphrase Herakleitos (1892/1945), from a fundamentally hermeneutic point of view, one can never step into the same pathology twice.

b. Being open to knowledge and multiplicity, the clinical gaze undergoes constant expansion. A commonality between the medical gaze and the Panopticon was each, as part of discipline, expanded into its own creation. The individual (Foucault, 1963/1994, 1975/1995), caught within a disciplined exercise of power, was both an object and an operation. In every manifestation of the new (post-Renaissance) discipline, the individual was represented. For Foucault it was even produced. With every act of representation the individual was inscribed in a growing and complex biography with a constant reference to the norm. Conversely, the norm grows by its instances.

In a more contemporary sense, each individual case adds to a language of measurement that is assimilated into its database. An increasing complexity of measurement and control was one of the historical consequences of the clinical gaze and the earlier Panopticon (Foucault, 1975/1995; Rose, 1999b), with all of the ensuing technologies, such as time management, and subsequently, standardized testing, personality assessment, interrogatory techniques, coming into place in the 20th Century. Foucault (1975/1995) wrote that the Enlightenment gave birth to the need for there to be

individuals as well as masses of individuals, in order for knowledge to maintain its

expansionism, its entry into new social terrain, and its ability to deal with ever increasing

numbers of variant bodies. Knowledge created individuals and individuals generated

knowledge. This expansion, incidentally, coincided with the historical colonial expansion

of the West. "Medical knowledge will gain only in relation to the number of cases

examined . . . Medical certainty is based not on the completely observed individuality but

on the completely scanned multiplicity of individual facts" (Foucault, 1963/1994, p. 101).

It follows that the medical gaze finds a privileged discourse in an openness that

Foucault described as being infinite. There is an industrial quality to this busy examining,

cataloging, and control of facts. The potential for new material is, at least on a

mythological level or unconsciously, considered infinite. Material is created as it is

categorized. Efficiency requires that this categorization, research, comparison to, and

alteration of registers be an unceasing, energetic process, in order to keep up with the

times. Such a keeping-up is, of course, also reflected in lived experiences of clinicians

and in studies suggesting that primacy should be awarded to the most recent

technological innovations above the clinician's experience. There is a pseudo-passivity to

what in action is often a highly aggressive technological way of being.

In practice, of course, psychoanalysis generally stands with an at least partial

resistance to industrialized time-frames (Aron & Starr, 2013). While there is strict

conformity to Freud's general principles and the fifty-minute hour, the course of

psychoanalysis is not term-limited and the frequency of sessions suggests an alternate

temporality especially to more prescriptive methods of psychotherapy. Psychoanalysis

involves a slowing down, an attention to nuance, and a profound respect for human unpredictability.

Stern's psychotherapy (2003) takes this respect for the unknown possibilities of a course of therapy one step further. He emphasized that change in the therapeutic process cannot be forced. While this theory does not the reject the psychotherapist attending to content, it is structured on a constant searching of process (2003). "We have come to believe that the way the mind works is far more important than what it holds" (2010, p. 10). In practical terms, the psychoanalyst, as with any clinician, is to remain open to the unbidden, that which is unexpected and uncharted. Beyond practice, at the heart of Stern's theory is a fundamental epistemological difference between the RA way of knowing and the medical interview with its cataloging of data. If the disease in Stern's theory resists labeling, its course is equally resistant to predictive description.

Firstly, Stern's search for knowing takes place not in the form of a structured interview but within the interpersonal field. Here, there is no privileging of quantity. Granted, the psychoanalyst may be more likely to look for anomaly, the new as located in what could be deemed statistical outliers, Freud's gaps. However, contrary to the collection of ever more and new fact, and against the generation of an ever-wider geography, psychoanalysis can have a circular, or occasionally even a tedious quality it (Stern, 2003), as it works within a space of intimate familiarity. It is by joining in thinking together and developing a framed closeness that psychoanalysis begins to result in change for Stern (2010). Stern described moments of change in the hermeneutic language as the fusion of horizons of knowledge between the patient and the psychoanalyst. "Novelty is grasped only from within what is already familiar to us"

(Stern, 2010, p. 46). Units of any kind are unlikely to be found. Rather, a hallmark of

Stern's practice, and much of psychoanalysis, is the development of a tolerance or respect

for ambiguity and ever-changing understandings.

> The uncertainty does not go away. There is never a 'bottom'; there are never objectively defined meanings that can make the process transparent and a final answer possible at last. Does that lead to endless questioning? Yes, that is exactly what it leads to. (Stern, 2010, p. 204)

Knowing is a moving target. This appears to mark a point where Stern's theory

and praxis are one. In hermeneutics, theory as well as its interpretation is subject to

temporal context (Gadamer, 1975/2004). Knowledge takes on the ephemeral quality of

something that is sought and which is repeatedly lost. Stern's theory presents the

surprising, potentially anti-positivist move to imply that much of what is important may

indeed occur precisely because of its not being known: "The Interpersonal influence can

be effective without being known . . . . The most profound interpersonal influence goes as

deep as it does because it is not known by either party" (Stern, 2003, p. 185).

Contrary to the amassing and adjustment of hard facts, this thought appears to

encourage a nearly paradoxical unknowing. Unlike the clinical gaze, this RA approach

suggests questioning the ontology of facts themselves. "Meaning becomes creation, that

is, not discovery" (Stern, 2010, p.184). Therefore, meaning is a process in which

knowledge follows participation, a process irrelevant of quantities of knowledge. Behind

this is a regular challenging of the status quo of knowledge, whether that is the held

knowledge of the participants or mainstream assumptions, or even our resistance to either

one. Change in these RA terms is often a change of assumptions on either side of the

therapist-client relationship.

Secondly, the knowing of which Stern has written is one that may be temporary in nature and one that is essentially dialogic. For instance, Modell (1991) wrote of psychoanalysis offering a different level of reality from that of other relationships. This is a reality that requires, because of the analytic frame, a certain quality of play that can later be transferred to relationship in ordinary life. This unusual relationship aims towards a certain fluidity. Psychoanalytic knowing, for Stern, likewise involves a great deal of self-questioning on the part of the psychoanalyst, such that it could not function as a process that is instrumental.

> If we understand the transactions that make up clinical psychoanalysis as events of the natural world, in the same category as thunderstorms and the creation of diamonds, I believe that we give something up. I believe that viewing clinical practice that way makes us less likely to question whether what we are doing with our patients reflects unconsciously embraced values that we might prefer not to actualize—in a word, whether what we are doing with our patients is the manifestation of ideology. (Stern, 2010, p. 200)

Like Foucault (1964/1994, 1984b) and unlike much of medical practice, rather than being convinced of the clinician's own knowledge base, Stern's psychoanalyst is on a constant lookout for signs of power and covert ideology on the clinician's side of the therapeutic interview, as well as anywhere else. Stern's theory belongs to RA and to hermeneutics in part through its attention to the observer's own hidden mental activity.

Unlike much of the natural sciences, Stern's (2002a, 2003, 2010, 2011a) theory is clearly established not only as a form of thinking about complex problems but also as an inevitably political and ethical engagement. To possess the particular type of openness (and possibly even a hegemony over the multiplicity of possible subjects of knowledge) of Foucault's clinical gaze (1963/1994), a form of psychoanalysis would have to make a claim to the same impersonalization claimed by natural science. That would include

supposing a stance of complete neutrality or amorality. From a hermeneutic perspective

such as Stern's, such a psychoanalysis would have to submit that neither the patient nor

the psychotherapist was a person born into specific cultural traditions, that neither person

is living in a particular place at a particular time, and that somehow we have transcended

language in the process of understanding. One envisions a psychotherapy where only

robots represent either side.[13] The infinite expansion of knowledge requires a

depolititization and decontextualization of knowledge. To contextualize can therefore be

an act of resistance.

Stern further offered a direct caution against using quantitative outcome research

exclusively as a way to understand, verify, or conduct psychoanalysis. Stern argued that

only the simplest therapeutic methods can be quantified.

> You cannot know exactly what you are going to do as an analyst until you come upon the circumstances that will contextualize your intervention. For all the order we give our time and fee schedules, when it comes to transactional events we are often flying by the (highly educated and seasoned) seat of our pants. (Stern, 2010, p. 194)

Stern's focus on the interpersonal field as the location in which new

understandings take place and his use of the psychoanalytic time frame are an alternative

way of thinking about psychotherapeutic cases to the medicalized model. Furthermore,

the emphasis on mutual experience of Stern's and much RA thinking suggests this kind

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[13] This automated view is not without its proponents. Some promoters of "Health 2.0" envision a time when the patient, through a centralized system and multiple centers "would be in constant contact with the health-care system, although you'd hardly be aware of it" thus minimizing doctor-patient contact to a level approaching zero. (Cohn, 2013, p. 58). There is a strange value here of removing the human doctor, expertise from the interaction. It is as if there were a virtue now in dislocating Descartes' *cogito* from the "I" who thinks, a reasoning without humans in between subject and conception. In the Cartesian formula, "I think therefore I am" may be substituted for a cogito without a self: "I think, that's all there is to know."

of practice as a resistance to the amassing of quantifiable knowledge inherent in

Foucault's medical gaze (e.g., Hoffman, 2009; Walls, 2012, pp. 145-52). Rather than

being supported, the amassing and constant categorization of knowledge in Stern's RA is

instead seen as a shifting of horizons native to Gadamer's hermeneutic thought.

**c. The clinical gaze is realized through the particular, measured language of
science.** Foucault (1963/1994) wrote that the special language of the clinician required

the clinician's initiation into it. The clinician's ability to observe and record in a special

way allowed for the perception of disease. Essentially, these practices—observation,

auscultation, and so on—were joined under the auspices of sight, their essential

connection being the unity of vision and speech under language. "It is description, or,

rather, the implicit labour of language in description, that authorizes the transformation of

symptom into sign and the passage from patient to disease and from the individual to the

conceptual" (Foucault, 1963/1994, p. 114).

This is a gaze that analyzes and then modifies inferences made from the analysis.

This kind of description is bound with a way of ordering (Foucault, 1966/1994). That

ordering leads to an educative force and the creation of a language.

> It is to see and to know at the same time, because by saying what one sees, one
> integrates it spontaneously into knowledge; it is also to learn to see, because it
> means giving the key of a language that masters the visible. (Foucault, 1963/1994,
> p. 114)

Foucault subsumed this quality of the gaze, an observing process that regiments

through language while also taking in ever new facts, under the metaphor of "the

speaking eye" (1963/1994, p. 114). The image connotes speaking from a narrative

position that claims objectivity through uniting observation with a specialized language.

In this way of thinking, what is posited as existing in the world (disease, sign, symptom)

is equivalent to the language used to describe it. "In the clinic as in analysis [in the general sense]" wrote Foucault, "the armature of the real is designed on the model of language" (p. 96, brackets added). For both the philosopher and the physician, "the world for them is the analogue of language" (p. 96). This simple phrase may be one of Foucault's greatest indictments of the medical realm's assumption of its access to truth. Even a mathematics requires languages of different kinds (Madan, 2007), and language cannot exist outside of history, place, and culture.

Medical description is language that measures both the things it describes (including the physical sense here) and it also measures itself. This dual ability gives rise to authority in practice, but it surpasses the mere claim to an eccentric privilege. This medico-linguistic type of esotericism requires initiation and something more:

> Now operational mastery over things is sought by accurate syntactic usage and a difficult semantic familiarity with language. . . . What it means is to give speech to that which everyone sees without seeing—a speech that can be understood only by those initiated into true speech. (Foucault, 1963/1994, p. 115)

Freud's certainty about the legitimacy and evidential basis of the unconscious, and his subsequent arguing for a technologically inspired model to explain it (Freud, 1915/1953) is an example of a seeing of that which is not seen. As had physicians before him, Freud made a scientific claim to invisibility that constantly re-emerges in signs or the absence of signs, as in this cases the parapraxes, puns, slips of the unconscious, and conversion reactions (Freud, 1905/1960). Contemporary psychological diagnosis continues to maintain triplicate points for mapping pathology almost to the letter: "Technically, symptoms are what patients complain of, whereas signs are what clinicians notice. . . . Symptoms are the indicators of disease that are perceived by patients or their friends and relatives" (Morrison, 2007, p. 8).

The clinician as the one behind the gaze is among Foucault's privileged and initiated who possess the authority to perceive what is clearly present but what others cannot see. The expert is then in search of a syndrome, a pattern of symptoms, signs, and events (Morrison, 2007, p. 11), which evidence the presence of a disorder. The clinician engages in a search for the essential that is defined for her gaze by the latency of disease. Furthermore, for Foucault, since a syndrome is a collection of symptoms appearing within a certain pattern and which themselves make up the disease,

> there is a strange ambiguity here, since in its signifying function the symptom refers both to the relation between phenomena themselves—to what constitutes their totality and the form of their coexistence—and to the absolute difference that separates health from disease; it signifies, therefore, by tautology, the totality of what is and, by its emergence, the exclusion of what is not.
> (Foucault, 1963/1994, p. 92)

Diagnosis involves circular thinking. As the clinician observes symptoms and determines the presence or existence of signs, there is the assumption of a natural appearance of something, a disease, and a particular one that is exclusive of others. This kind of interpretation both includes a linguistic association (the patterning of symptoms and signs), and it rules out differing syndromes for which these particular symptoms and signs might be mistaken. Moreover, its very signs (symptoms) are exclusive in their singular appearance: they indicate ill-health. When indicative of disease, symptoms perform two linguistic functions simultaneously.

Differential diagnosis and the rule-out are essential to this procedural gaze. Whatever is referred to as a symptom suggests a relationship with other symptoms, as well as the absence of anything else. That which is absence is that which appears in a different category (another form of pathology), if it is the presence of any disease at all (as in malingering). Illness is constituted, and health excluded by the clinician's

language, a language that pathologizes and rules, one that specifies details, and one that finds in them the proof of categorization, and rule-outs.

The procedural language of the medical must generate particular kinds of biographies (Foucault, 1963/1994, 1965/1988) that are authored and understood by the initiated. Medicine is concerned with obtaining an accurate narrative from the patient captured in the right biographical terms and often structured in an exacting form. The language of medical description orders. It taxonomizes. As above, it measures both its object and itself.

The *Clinician's Thesaurus* (Zuckerman, 2005) is a popular reference for psychotherapists. It is exemplary of this type of ordering. This tome is an exquisitely collected and finely organized glossary of the disparate, even conflicting language of psychology. The work offers a taxonomy of American psychological concepts, ordered under subject headings that are followed by columns offering ever-more precise terminology. Given the variety and richness of the English language and the enormous expanse of contemporary American psychological practice and research today, this glossary demonstrates a certain organizational brilliance.

The title suggests this large-format book is not merely a lexicon, but it has other functions. Its language provides a syntax not just in the sense of stringing together spoken sentences for the report but as a way to order the construction of therapeutic interviews. The author described the work as being helpful in that, with its help, the student of psychology can "access the knowledge base you have built from your training and experience" for treatment planning "and other clinical decisions you have to make" (Zuckerman, 2005, p. 2). Zuckerman's conceptualization of this thesaurus goes further,

to suggest a disciplinary means of regimenting the therapeutic exchange: "*The Clinician's Thesaurus* can be thought of as an enormous checklist. It is designed to approximate your internal checklist—the one on which you draw on to conduct interviews, understand and respond to questions, and construct your reports" (p. 2).

This book of practical language fulfills an important requirement of panoptic thinking within the clinical gaze. As a checklist, it acts as a tool of self-discipline for the clinician. It serves to enhance the examination of not just the patient but the practitioner herself. The practitioner is urged to employ the vocabulary as a checklist, in order monitor the correspondence between experiential understanding and internalized doctrine. Employing such language, however, falls into a structural equivocation. As Madan has argued about the use of the Bell or Normal Curve in social sciences, the descriptive becomes immediately confused with judgment and hence questions of power: "Its use often vacillates between descriptive and normative" (Madan, 2007, p. 3). Description with a certain type of wording creeps into the normal. Descriptive language is conflated with political, economic, moralistic, and ideological control.

Zuckerman's (2005) psychological lexicon therefore makes itself essential in a high-anxiety vocation, as a way to demonstrate bona fides where such constant demonstration becomes mandatory (Cushman, 2011b). The clinician employs this thesaurus as a large register, in order to compare it to internalized procedures drafted from experience and training, and subsequently to render both into the words of the already-certified. Experience alone is not to be trusted, nor is a simplistic reliance on previous education. The triangulation of separate domains provides an insurance policy that the clinician helps to author. Such a directive reaches deeply back into the

Panopticon, in order to deploy an internal monitoring not just of the one enclosed but of the employees of the institution, be it prison, clinic, school, or asylum. Wrote Foucault: "We are neither in the amphitheater, nor on the stage, but in the panoptic machine, invested by its e*ffects of power, which we bring to ourselves since we are part of its mechanism* [emphasis added]" (Foucault, 1975/1999, p. 127).

One idea we can take from this is that the notion, that those in the role of watcher are actually in control, is an illusion. The ordering of power constitutes selves. The Panopticon in Foucault's conception is open to all individualities.

In the case of the psychotherapist's glossary, more than a compendium of terms, there is syntactical ordering to the prescribed use of the *Clinician's Thesaurus* (2005). In psychological formation, trainings, and continuing education, checklists are constantly to be internalized so that the process of the clinical interview can be measured.

In history, Foucault (1975/1995) traced this procedural and marked-out temporality to both the work-houses and Brothers of Christian Schools of the early Enlightenment. Time-keeping was the result of cross-fertilization between methods for controlling labor, systems for efficiently observing prisoners, and practices gleaned from monasteries, and later in schools for the poor. In other words, starting with these movements in the Renaissance, procedure marks time in increasingly varied domains and at increasingly finer intervals.

If references and textbooks (e.g., Morrison, 2007; Zuckerman, 2005) for contemporary clinical practice carry out the proceduralism inherent in Foucault's clinical gaze, does Stern's theory in some way suggest a related methodology for the psychoanalyst? How does Stern's theory fit with this kind of control of clinician and

subject passed on from the generations? Is Stern's language in some way clocked or

measured, or does it contrarily work in an alternative way to this comparing of different

registers?

As discussed above, Stern's writings appear to hold less pathological jargon than

many psychological texts. Stern wrote of clinical process with a more situational sense of

understanding the patient's particular problem at hand (Stern, 2003, 2010, 2012c). For

Stern,

> The way each of us shapes moment-to-moment experience is the outcome of our
> characteristic patterns of formulation interacting with the exigencies of the
> moment. Because 'exigencies of the moment' almost always refers to happenings
> with other people, real or imaginary—'illusory,' in Sullivan's description—the
> resolution of the ambiguity of unformulated experience is an interpersonal event.
> (Stern, 2003, p. 39)

For Stern, experience is formulated through "ongoing interpersonal transactions"

(Stern, 2003, p. 40). Interpersonal here then suggests a different kind of temporality. The

session is not so much an experiment as a meeting of two minds, a "partnership in

thought" (Stern, 2010). Not only is the reader of Stern's writings affected by a novel sort

of language for a psychological text, but Stern himself has challenged our use of

language:

> Conventional use of language is essential to the smooth operation of everyday
> lives but it does not give birth to meaning; it counts it, notes it, passes over it. This
> use of language reveals nothing new, but it does grease the tracks.
> (Stern, 2003, p. 90)

In other words, Stern has not ruled out the use of convention in order to

understand therapeutic work. Rather, convention is what is necessary to help us towards

unconventional meaning that makes sense. For Stern, to ask for more than a situational

understanding, on the other hand, would be to deny a basic hermeneutic and

psychoanalytic fact: that no understanding or interpretation can ever be absolute, sufficient, or complete in and of itself. "We hope...we will be able to tolerate knowing that we never finish saying anything" (Stern, 2003, p. 89). Experience and understanding build on each other in a process that is interpersonal.

In Stern's theory, therefore, a reversal of some panoptic standards appears to be taking place. For Stern, experience is privileged over social convention. Unlike the confusion between the functions of description and normalization of the Bell Curve as described by Madan (2007), Stern's psychoanalysis permits, or even encourages its own malleability in action. Stern has written, for example, of a failed case (2011b), and his theory of enactment is a direct focus on misunderstandings in practice. Stern has further adopted Schliemacher's hermeneutic dictum that in general, misunderstanding is far more common than understanding (Stern, 2003).

Chronologically, theory follows experience and not the other way around. However, in Stern's thought, the language of interpretation is not maintained to be free of valence. I examine in Chapter 3 of this Findings-Discussion section how meaning and moral understandings play out in Stern's writings with varying levels of reflection. In any case, the focus on exchanges of language in the interpersonal field offers a richness, as well as the constant possibility of challenging ideological or conventional meanings. More than just possibility, such challenges to previous meanings are basic to this theory. Stern has written little directly about this subject; however, again, he has inherited such critical thinking from the Freudian and Sullivanian traditions, and Stern has not shied away the strains of a philosophy of rebellion in these systems of ideas. It is important to

bear in mind that at the heart of Stern's theory is a certain kind of interpersonal freedom.

For Stern, this may not be so different from an external, political freedom:

> And so freedom for us is a more complicated thing than it was for our psychoanalytic forebears. The nature of freedom gained in psychoanalysis depends upon whom you learn it with. . . . . How do we choose which kind of freedom to pursue? Is the kind of freedom we select the best freedom? Who makes that judgment? For what purpose? How should we work in order to have the greatest opportunity of becoming aware of our own ignorance and avoidance of freedom? Do our culture and our theories make us blind to certain kinds of freedom we might otherwise think are desirable? What constraints on the possibilities of freedom are built into the psychoanalytic situation itself? . . . . Each of us is a small piece of culture, a sort of hologram of the larger world, put together internally as our social worlds are organized beyond our skins. How, then, do we avoid fulfilling the very real potential for psychoanalysis to be a (quite unconscious) means of social control? (Stern, 2002a, p. 8)

Stern's overall take on language appears to deny the unity of signifier and signified, a unity implicit in Zuckerman's (2005) recommendations to the clinician. One could paraphrase: What you see, then subject to the right language, is what really is. Rather, Stern presented language as a historical a priori that nevertheless makes its own supercession possible. "At the root of our experience, there is only always the already made. We cannot step outside of language any more than we can experience stimuli outside the range of our senses" (Stern, 2003, p. 12).

Stern grounded the freedom and spontaneity of his theory against the kinds of objections often leveled at postmodern thought, that postmodernism offers no frame of reference and leans towards a pure, relativistic subjectivity. "The next moment's formulated experience is not predetermined but it has its limits" (2003, p. 1). Stern's theory, then, is neither relativistic nor nihilistic. Moreover, he maintained that this psychoanalysis differs from postmodern philosophy in that RA involves questions of agency.

This problem of self and agency in a postmodern world is key for all the intellectual disciplines, but for none more than psychoanalysis, which can only survive if it negotiates postmodernism while preserving some notions of what is personal and authentic. (Stern, 2003, p. 259 [Note 1 to Chapter 7])

Additionally, Stern's statement above assumes three Heideggerian principles: first, that humans are in the world; second, that we are thrown into it in an historical sense; and third, we are constituted by language. There is an inevitable sense of Being as being part of the human community in this philosophy. Stern has written that, "the future of meaning is embodied in relatedness" (2010, p. 22). Stern's philosophical approach is not only one of embodiment, it is also one that is at its root relational. The statement also suggests a thread of moral understandings that may be embedded in much of RA practice, the idea that we are all in this together.

For Stern, language is made of the given or the readymade. As above, language, via dialogue, is also paradoxically the site of the generation of new meanings. Therefore, precisely tracing the generation of any piece of meaning is an impossible task. Stern pondered this mystery rhetorically, "Who can say how we come to say exactly what we mean?" (Stern, 2003, p. 97).

If meaning has a certain shape shifting quality to it, then overreliance on a stereotyped language and the ideas closest at hand would likely obstruct the creation of new knowledge. From a psychoanalytic perspective, too much of the familiar might indicate a resistance to broader, newer understandings. "We are inside the vicious circle when we know the answer before we ask the question" (Stern, 2010, p. 48).

Following as it does hermeneutic thought, in this theory there can be no external database, nor can there be an internal, unaffected spirit of reason to accurately check such a mythical, internal register; likewise, this theory rejects a veritable piece of the mind

between which we verify our physical or lived sense of the world and other things we

seem to know. "All experience is interpretive and perspectivist" (Stern, 2003, pp. 23-24).

The appeal to a clinical language, then, would necessarily be neither more nor less useful

than an appeal to any other form of discourse in Stern's psychoanalysis. Interpretation

and understanding are dependent upon all the exigencies that have come in to create

interpersonal context.

Furthermore, Stern has on occasion warned of the covert ideological implications

of deploying appeals to the authority of science in psychoanalytic practice. For Stern, as

we are controlled or coerced by power, so we lose some of the atmosphere of experience:

> Unconscious ideology, the aspect of culture that serves our minds not as the
> potential for new meaning but as a straitjacket for it, is just as effective as reality
> itself in setting limits on our freedom to experience. Because reality can only be
> apprehended via the tools made available by culture, the distinction between
> limits that are based in reality (and therefore intrinsic to human experience), and
> those that are ideologically based (and therefore imposed on us for reasons having
> to do with the invisible working of power [see Foucault, 1980])] is always at issue
> and painfully difficult to accomplish. (2010, p. 2, footnote 1)

In a different sense, however, Stern's theory dovetails with the diagnostic practice

of the medical gaze. The clinical gaze, the thesaurus, and clinicians working in a

diagnostic mode, all rely on a particular relationship between received information,

including physical observation (sign, symptom), and the underlying entity of study

(illness, disease, the nosology).

Stern's theory has followed similar but slightly different lines in marking the

distinction between the verbal and experience that lies outside the verbal. For Stern

(2003), in fidelity to hermeneutics, all understanding comes through a broad definition of

language. However, he has marked the difference between experience that is not quite

known in language, such as nonverbal and verbal understandings, and that which is

experienced at least as having been grasped. For Stern, these two categories, both under

language of a more comprehensive definition, are the "verbal" and the "semiotic." Stern

(2003) invoked the unconscious as the dividing line between the semiotic and knowledge:

> Knowledge is encoded in words and can be reflected on; action is encoded
> nonverbally, but within the broader bounds of semiotics. Both modes directly
> affect the way we experience and conduct ourselves, though we are explicitly
> aware only of the influences of the reflective mode (knowledge). (Stern, 2003,
> p. 19)

It has been noted that Stern's concept of knowledge is something far afield of the

"knowledge base" of the *Clinician's Thesaurus* (2005), probably in quality, and certainly

in scale. The clinical knowledge of the *Clinician's Thesaurus* could be subsumed under

Stern's reflective knowledge, but reflection in Stern's thought appears to be a much more

open process than the triangulation of with what one sees with an internalized catalog, all

deployed in order to register that in a professional lexicon. It seems likely that such a

process would be too close to the modern-era correspondence theory of truth for Stern, in

addition to any potential questions about the technological metaphor of the mind as the

container of an expert's database. His reflection holds immensely more potential for

variation than a reinforcing correspondence between what is seen in the clinical gaze and

correlated with a regimen of training. Reflection in Stern seems to include a variety of

human thought that the clinical gaze in Foucault's conception would not permit.

Ontologies, as in Bion's reverie (1962), hold a fluidity that is as much phenomenological

as it is explanatory.[14] In Stern's writings, reflection encompasses anything that can be

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[14] It is noteworthy that for both Bion and Stern, this capacity for reflection is engendered
through relationship. Bion (1962) traced the child's reverie back to the mother's reverie
of the child. For Stern reflection appears through dialogue and through language. The
relationality of these two processes relates directly to psychoanalysis as well, a practice
rooted in language in the broadest sense, and with a persistent, keen interest in the

brought into the verbal. For Gadamer, reflection likely held multiple possibilities, as well. "Perhaps there are many different forms of reflection." (Gadamer, 1996, p. 51). As we look closer at these concepts, reflection itself begins to appear as a kind of process, a particular type or aspect of experience. In psychoanalysis, as well, interpretation is seen as a highly creative process.

Stern's epistemological steps seem to be different enough to suggest an entirely different ontology from that of Foucault's concept of the speaking eye. Stern's writings frequently suggest that what is can only have a temporal relation to the process of our defining it. This, indeed, is the hermeneutic as well as the constructivist assumption: that we discover the world through interpretation and that interpretation is a historical process, occurring in a given context, in a particular place, at a particular time (Gadamer, 1975/1994). Interpretation takes place among embodied humans. Likewise, Stern's words emerge from the psychoanalytic tradition. Rather than placing an anchor into a posited field based on a claim to certainty (a social register, a clinician's time-proven experience, an evidence-based technique), psychoanalysis is never without the presence of its own hardly or entirely unknown variable, the unconscious. Stern's point of departure has been with the Interpersonal or Relational lens. Again, there is a long focus on how events appear to arrive before any sense we can make of them.

Preceding Stern's works, in Tauber's thought (Tauber & Green, 1959) there is experience that is both prelogical and preverbal. For Tauber, such experience has not

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development of language across the course of therapy, back to the earliest moments of childhood and, more often than not, of mothering. Stern's works, on the other hand, suggest more attention to the interpersonal field in session. This is difficult terrain. Would Stern's theory of enactment, on the other hand, imply something akin to reverie, with its sense of the therapist feeling distracted (2003, 2010) from something important?

been sufficiently examined in psychoanalytic theory. "Most interpersonal interaction, in fact, goes on in the prelogical mode. We are constantly negating prelogical processes and converting them unwittingly into logical syntactical propositions, with a consequent falsification of security and communication" (Tauber & Green, 1959, pp. 2-3).

For Stern, understanding such experience is a function of psychoanalysis. It also offers the possibility of new experiencing: "The Interpersonal influence can be effective without being known.... The most profound interpersonal influence goes as deep as it does *because* it is not known by either party" (Stern, 2013, p. 186).

This makes for change that arrives in a mutual struggle for understanding. It also suggests a clinical change that is of an entirely different stripe from the types of goals suggested in ontologies as proposed by language as found in tomes such as the *Clinician's Thesaurus* (Zuckerman, 2005). In challenging operationalism, RA thinkers have indicated a process with a highly different teleology, one that in fact develops during its own unfolding. Other RA writers, especially Stolorow, have pointed to the Aristotelian contention that behind even our most intellectual assertions is to be found affect, emotional experience. Similar to the Stern's Interpersonal "preverbal experience" (Stern, 2003), Stolorow has written of "prereflective organizing activity" (2011, p. 1).

 For Atwood and Stolorow (1980), such emotional experience comes into reflection via a dialogic process such as psychoanalysis. Affect may be what we experience as happening to us, but it is seen as more than a passive event.

This ineffable and yet limiting quality of language and understanding offers a further challenge to a disciplinary language, because for Stern our reflective abilities are both made possible and they are simultaneously limited by our cultural traditions

(Cushman, 1995; Stern, 2003, 2010). From the hermeneutic perspective, a language that functions, as in Foucault's (1975/1995) description, as a direct analogue of universal truth would risk a certain arrogance. "It is worth preserving our humility and our capacity to be skeptical of this great reflective capacity of ours. The power of language exists only in its own little context" (Stern, 2003, p. 26).

Interpretation is part of a continuous process that extends in ongoing experience. There is a nonpossessive temporality implicit in Stern's perspective. He suggested both an uncertainty and a hope of a deeper kind of newness, a mystery to our not-knowing, and even a certain fascination with the act of being human. For Foucault (1966/1994), there appears simultaneously a vast possibility and the limits of our need to adhere to language, to context. Stern suggested a psychoanalytic ability to hold even this ever-moving chronicity in the name of the new. It suggests an evening out of the privileging of our knowledge, in exchange for the potential of a certain ongoing mystery in new understandings: "I do not believe that anyone's psychoanalytic observations represent discoveries of preexisting truths about the world but are instead creations of new ways of thinking that will, in turn, be replaced by the next generation of thoughts" (Stern, 2010, p. 205).

For Stern, knowledge is only half the story if we are to be changed by it, that is, if we are not to be utterly trapped within the conventions of our knowledge, its allegiance to the past. The language that Zuckerman (2005) so ingeniously collected, organized, tabulated, and offered for future dictation, invokes a process pertaining to a wide range of clinical convention. It is the clinical gaze as it speaks, with numerous dialects of

psychological theory, scientific research, genetics, anatomy, and clinical practice at its disposal. It also holds to time-tabling, the procedural quality requisite of the Panopticon.

For Stern (2003, 2010) on the other hand, meaning appears more evasive, something which comes out of a darkness that offers less of a purchase on its own definition. In this sense, Stern's thought is clearly post-structuralist: meaning arises through language, and language is referential in a system of signs (Barthes, 1957/1988; Foucault, 1966/1994; Sarup, 1988/1993; Saussure, 1927/1972). Moreover, in RA the darkness outside the meaning holds a certain importance. In session, silence is often maintained as providing a meaning that transcends any single interpretation but as something essential to the psychoanalytic process. Silence presents a space that helps the patient *not* to have a solution to his problems. If not an infantilisation per se, a pause, a silence, or a "space" in the dialogue has a function similar to that of ritual in many societies. It offers order in the practice of incertitude. This is not paradox for paradox's sake, but an acceptance of how one comes to know that which is beyond one's greatest efforts, precisely that which generally brings patients into psychotherapy. Silence may be an essential piece of Stern's (2003) work with the unbidden.

For Stern, then, the dictates of technique are potentially in conflict with the search for meaning. He made a similar point in connecting Interpersonal thought with the early RA movement. For Stern, technique holds an important but a particular place. "Technique works if you are trying to do something exactly the same way you have done it before, and there are many tasks that do require this approach. But there can be no rules for the pursuit of understanding" (Stern, 2005b, pp. 700-701).

Stern connected this immediately to Gadamer's magnum opus, *Truth and Method*

(1975/2004) the title of which, Stern asserted, was an oxymoron. For Gadamer, it is when

previous prejudices are disconfirmed that new knowledge finds a space. For both these

thinkers, then, truth is not to be found via method. Discovery, rather, takes place to what

Stern has openly (2005b) equated with a deconstructive process. "To destabilize one's

own perceptions is to discover that other values than those one had previously

acknowledged are determining one's conduct" (Stern, 2002a, p. 12). Method resists or

militates against deconstruction. A deconstructive stance, therefore, assumes that the

psychotherapist's experience will also be necessarily fluid, subject to criticism, subject to

change. Our knowledge is only as good as its ability to challenge what is occurring. This

is a process of process. In Levenson's phrase, psychoanalyst asks herself, "What is going

on around here?" (1972/2005).

In Stern's psychology, understanding is subject to Sullivan's selective inattention

(1953/1997). According to this theory, some degree of dissociation is not a rare

occurrence; rather, it is the norm. For us to come to awareness of an idea or experience,

all the rest of dissociated experience must be left behind while we attend to that selected

aspect of living and bring it into awareness. Our language emerges in a choice as to what

in the mass of unformulated experience we will attend to, a choice that is only partially

conscious. That which we do not attend to is often the result of anxiety brought by

interpersonal relationship, that is, through interpersonal relationship or context. Both our

abilities to reflect and to create out of language are limited, just as for Heidegger

(1927/2010) and for Gadamer (1975/2004), our possibilities are limited by our place in

history, in culture, and in time. Wrote Stern, in one of his most spiritual of declarations,

"the potentially meaningful is a small space carved out of the vastness of the possible, the

All." (2003, p. 27).

This ineffability of experience, the vastness from which it merges, controverts the

operationalism with which discipline, in Foucault's sense, is imbued. In Stern's

description, there is a creativity in our relations and our dialogues. Such ingenuity or

originality can be engendered or censored, narrowed. In this type of constructionism, the

creation of meaning is an ongoing, interpretive process.

> Any description of the nature of bodily constraints on experience then cannot be
> simply objective, no matter how irresistibly obvious, sensible, or insightful it may
> seem. It is instead a political and moral statement. We cannot even know the
> extent to which the way we shape and define events, such as . . . sexual feelings,
> rage, and so on . . . are themselves cultural constructions. The conception of
> constraints, although it is useful and perhaps even necessary, can never be
> illustrated or exemplified in concrete terms. (Stern, 2003, p. 205)

In this seemingly simple portrayal of language as event, Stern has removed the

primacy of a fixed language of knowable power. Within the realm of psychology, he has

suggested that the basic units of our understanding—our very naming of somatic and

emotional states, the measurement of cognition, and so on—cannot exist like pins fixed

in a map of accurate, institutionalized or perfectly trained description. Instead,

understanding involves rather imprecise, moral and political actions the implications of

which we can only strive over and over to understand. Stern's statement here goes so far

as to challenge long-held notions of instincts. From a hermeneutic perspective, the idea of

instinct cannot exist outside of a certain cultural history in which it was conceived.

Stern's understanding here derives from Gadamer's hermeneutic circle.

According to Stern's explanation of Gadamer's thought, in order to understand anything

new, we must do so via context. "Unless an utterance can be placed in the appropriate

configuration of tradition, its meaning remains obscure" (Stern, 2003, p. 213). This assumes that foreknowledge, or prejudice is necessary to understand anything. The problem, then, is that all previous understanding is prejudice. "One has to take a position about how we avoid seeing nothing more than what we expect to see" (2003, p. 214).

In effect, this means that our foreknowledge is in a constant process of being in some way changed. In such an environment of fluid, dialogic meaning, how are we to recognize when we are doing better? Stern's answer harks back to the hermeneutic circle: "Productive prejudices are those that can be illuminated in such a way that new understandings come into view" (Stern, 2003, p. 214).

Because of the hermeneutic circle, the fact that we can only understand and pass beyond conceptual constraints via language (the heart of conceptualization), our reflective access to experience is always limited. To state it metaphorically, here Stern (2003) has moved onto the boulevard of the medical gaze and blocked its view, or possibly reflected back its own blinding light. He has taken an epistemological stance firmly against operationalizing and objectifying symptoms as signs of an objective disease under the rubric of psychiatry or psychology, at least as a general practice. The hermeneutic sense of knowing and unknowing challenges how clinicians perceive patients as patients, diagnoses, symptomologies, cases, or even individuals.

Stern's move is radical because it identifies even the physical grounding of psychological symptoms as a cultural construction. A way of summarizing this might be to say that a symptom can only be a sign of a cultural creation. Hermeneutically speaking, we are always back to context. An internal "database of knowledge" (Zuckerman, 2005) cannot be the knowledge bank of an objectively vetted machine that

is liberated from the fallibility of the human. Rather, it is a mixture of culture-bound traditions, personal experience, and contextual moments. In Foucault's terms, our clinical knowledge is the result of a rigid training regimen that holds an expansionistic ability to add to itself (1965/1988, 1963/1994, 1975/1995). Stern's critique of operationalism in psychology could also be applied to various applications of Information Technology and human processes. When a machine appears, we imagine objectivity.

> In psychotherapy outcome research, the findings that are even possible to obtain depend entirely on the measures employed. The simplest measure generally are the most reliable. Validity is a much more complicated question, largely because the question of validity plunges us right back into ethics. That is, a measure is valid *for what purpose*? Which meanings are allowed by any particular measure, and which others are foreclosed? There are no value-free measures. And so, understandably, the measures that are adopted in outcome research are often the relatively simple, reliable ones that encourage researches to believe the their results can be replicated. The validity of these measures, and especially the vexed question of what purposes a measure might be argued to serve, tends to get inadequate attention. (Stern, 2011b, p. 349)

For Stern, then, moral understandings even in the most empirical of research as well as in psychotherapy, are inevitable. While he accepted that research produces necessary information for practice, he maintained that such information should be consulted rather than being privileged above other aspects of clinical work. In this view, "single, correct answers" (2011, p. 350) do not exist. A researcher's decision, therefore, to choose one phenomenon over another "can be tantamount to favoring a particular position about the good life or the nature of what it is to be a human being" (2011, p. 350). Interpretation is everywhere. To paraphrase Murakami, where there is interpretation there are implicit or explicit judgments that are both political and moral (see p. 34 of the present study).

In fact, Stern appeared to question the kind of certainty implied by a correspondence between that which is clinically seen and a register of formulaic descriptions and orderly procedures. Cushman (1995) described the person as "an intersection many cultural and linguistic traditions" (p. 28). The use of "intersection" is important here, as opposed to cultural influence (Stern, 2003, p. 261, Note 4). It refers not to the influence of culture but to its very crossings. A mingling of cultures in this sense could be considered the third person in a three-person psychology (Cushman, 1995). Stern and Cushman may be precursors of intersectional concepts.

If researchers in this way of thinking are forced to relinquish their claims to accessing a meaning that is somehow transcendent or one that holds greater validity because it reflects a claim to accurately representing a greater consensus, then what is left? We receive in return an openness to new forms of discourse, and hence new meanings. In accord with the psychodynamic tradition, Stern placed a high premium on ambiguity or the unknown. The value of uncertainty is not an abstract principle. Uncertainty is good because its maintenance allows multiple traditions to contribute in unexpected ways to the formulation of the unformulated. (2003, p. 28).

For Stern even the carefully measured questions or assertions of the clinical gaze are subject to a certain unpredictability, a creativity and doubtless to including the gaps of which Freud had written (1915/1953). For Stern: "Verbal reflective meaning is never pre-ordained, and therefore it is always ambiguous prior to its creation in each moment" (2003, p. 30).

d. The clinical gaze requires individuals that are objects and operationalized. Does Stern's theory, then, present the patient as an object of the psychoanalyst's

observatory powers? Does the patient become a part of the knowledge base of psychoanalysis, an object of its exercise of power?

A large part of this question is removed by Stern and other RA writers in their fundamental shift from the classical therapeutic to a relational stance. It becomes greatly more difficult to locate a pathology once the essential unit, the patient as an enclosed subject, has been turned into an entity beyond even the well-defined element of an open system. That is, once a patient is no longer required to present as a bounded, masterful self (Cushman, 1990), the interaction between psychotherapist and patient becomes paramount if not the source of everything available within the psychotherapeutic practice. Once that perspective is reached, the notion of a clinician observing or hearing and recording symptoms, collecting signs, and assigning syndromes, has evaporated, as there is no clearly defined subject to harbor disease, no more container of invisible contents.

In the objectification described by Foucault (1963/1994), the clinician's side of the equation remains somehow separate, untouched and untainted by participation in the field. RA psychoanalysts appear to work under quite different assumptions, in a relationship that is far from operational. A step beyond Sullivan's participant observers (Sullivan, 1927), they are engaged within the field and, far from immune to being altered by a patient-object, the psychotherapist in RA thought is also subject to the patient's very presence. Hoffman pointed out the "naive patient fallacy" (1983),which in Stern's terms "assumes that any patient simply takes the psychoanalyst's behavior at face value even while his own is continually scrutinized for the most subtle indications of unspoken unconscious meanings" (Stern, 2003 p. 205).

Lest we hold onto vestiges of psychoanalytic authority, or even to a lower perch of objectivity for the psychoanalyst, Hoffman (1983) in a figurative sense switched tables on the classical role of the psychoanalyst, writing that the patient might just as easily be the interpreter of the clinician as the other way around (see also Aron, 1991). He has profiled expertise in psychoanalysis as, if anything, a moving target: "In some cases a patient with a particular 'transference predisposition' (a phrase that Racker uses that is comparable to the notion of schema) may guess something about the countertransference that most other independent judges would not have picked up." (Hoffman, 1983, p. 410).

There is an implicit notion here that personhood is everyone's expertise. On the contrary to being disregarded or somehow set out of the patient's perception, the psychoanalyst is as much under the patient's gaze as much subject to the patient's interpretation of him (the psychoanalyst), as the other way around. This is supported by Ogden's ideas about the Analytic Third (Ogden, 1994), and the concomitant notion that we are mutually ignorant of important aspects of ourselves in relationship, and it also implies the contrary—that anyone may prove capable of great feats in relationship. There is a further dialogic principle at work here: that to understand anything at all, we really need each other. Stern has further joined this side of the "radical critique" suggesting a deprivileging of psychoanalytic technique. "It is only by learning about *himself* that the radical critic believes the analyst can learn about the patient" (Stern, 2003, p.205, [emphasis added]).

In the interaction, then, the psychoanalyst places his gaze on the field and his own participation in it. According to Stern, "he continuously queries himself about his own participation" (2003, p. 205). Given the mutuality of participation, for Stern the

psychoanalyst does not possess a pristine ability to rule on dysfunctional types of thought or behavior. Far from narcissistic or self-focused practice, this frequently involves a struggle for the psychoanalyst. One is reminded of the ambiguity in the title of Orange's book, *The Suffering Stranger* (2011).

The psychoanalyst remains, however, searching for anything that might indicate dissociation, either individual or mutual. This appears to involve an attention to affect, and to the private or mutual process, as much as to content. In Stern's understandings about psychoanalysis there is a constant watch for rigidity of experience within the field (2003, 2010). With Stern's form of RA, the Panopticon (Foucault, 1975/1995) has lost both the invisible observer and its centrality. There is a radically critical stance in the hermeneutic-analytic concern for process.

The operationalism and objectification of the Panopticon also needs a dyad, or even a dichotomy of subject and object (Foucault, 1975/1995). The gaze (Foucault, 1963/1994) in this context requires a patient and a psychoanalyst, and it produces an individual, which it also requires in order to produce knowledge.

Stern's two books (2003, 2010) present, then, an ambiguous stance on the existence of an individual, interior self. On the one hand, his writings have upheld the existence, or at least the importance of discussing, individual minds that are present in the interpersonal field.

> It is claimed by some that the interpersonal and relational views subjectivity has been eclipsed—that is, that the individual mind has been disappeared, leaving only the dyad. That simply is not the case. To recognize the role of the other in the selection of the conscious contents of one's own mind is hardly synonymous with suggesting that one's mind does not have its own, separate existence. Even the idea that the mind is distributed, a claim I make later . . . is perfectly consistent with individual subjectivity. Let me be as clear as possible about this point: the recognition of the influence of the other, even the recognition of the

influence of the other on the contents of one's own mind, does not imply for one moment the rejection of the individual mind. (Stern, 2010, pp. 7-8)

Here, Stern unambiguously posited the existence of an individual mind, even if it remains the subject itself of some ambiguity. On the other hand, Stern wrote earlier in the same text (*Partners in Thought*):

> Yet it does seem to me that anyone who accepts the latent/manifest distinction, and who imagines each mind to be housed within a single skull, has to hold a different view of relatedness than I do. I know that even those analysts who take the most conservative position about transference—i.e., that it is a distortion based on the demands of the inner world—would readily accept that different transference configurations are uppermost at different times. [For such psychoanalysts] . . . context plays a significant role in analytic relatedness . . . . The truth exists in the unconscious and awaits discovery. (Stern, 2010, p. 6)

Stern's writings appear to have located the mind outside of any single brain, assumedly within an interpersonal field. On the other hand, Stern has maintained the existence of a private, interior experience (2003, 2010). It may not be equivalent to the individual brain organ, but the mind remains, to Stern, some kind of separate, individual entity. Stern would later write that "no theory of psychoanalysis can do without the individual mind" (2012a, p. 37). Stern's theory therefore leaves a problematic ambiguity when defining individuality, selfhood, the brain, mind, and consciousness. What then of the notion of continuity and the self, and the traditionally psychodynamic figure of a personality?

Stern has overtly sided with Harry Stack Sullivan's dismissal of a "durable, unique, individual personality" (Sullivan, 1950/1971, p. 220) and with Sullivan's emphatic, and still somehow surprising assertion that uniqueness of the self is "the mother of all illusions" (Stern, 2013, p. 148; Sullivan, 1938, p. 33).

Trained as an Interpersonalist, Stern worked well along the path cleared by Sullivan. If, as Sullivan argued, personality is the sum total of interpersonal relations, then a clinical process can only be an incalculable mixture of interpersonal relating. Even the existence Stern's subjectivity and the positing of the individual mind would be under question in a strictly Sullivanian vision, a question I take up in examining Stern's theory of multiple self-states, in the second part of this Findings-Discussion section.

A psychotherapeutic session, being nothing if not interpersonal, begins to belie the slightest possibility of a controlled experiment for even a multivariate outcome study at the highest level of computation. Relational psychotherapy starts to resemble an incalculable changing chaos consisting of the sum total of interpersonal experiences, ingredients brought together in a complexity worthy perhaps of poetic commentary or complex systems theorizing (Coburn, 2002, 2011), but unlikely to be resolved in a framework that is any more reductionist. This unpredictable, interpersonal combination thrown into a particular place at a unique time is reminiscent of Freud's description of the id as a cauldron of "seething expectations" (1933/1989, p. 73) suggesting a session without the corralling impositions of ego or superego. In elucidating his theory of multiplicity, Stern's used similarly lyrical language to picture these vastly unpredictable interpersonal relations:

> The resulting sets of interactions between our various selves and everyone else's begin to seem quick, evanescent, and enormously complicated, a kind of crowd of selves whizzing hither and thither like fireflies on a summer night. This is the interpersonal field… booming and buzzing. (Stern, 2003, p. 153)

It is possible that Freud's Id as a cauldron of seething expectations could be substituted here for Stern's theory of Unformulated Experience, the enormous, chaotic potential of our experience, as it draws from what Lacan called the Real or the Impossible

(1961). In any case, through the RA focus on the interpersonal field the products of the clinical gaze have been robbed of their precise correspondences to other terms in the registry. The gaze itself has lost its objectivity, its claim to a universalist authority. Without the severing distinctions of subject and object, psychotherapist and patient, for Stern, what is left for the clinician to do?

Stern's answer appears to have emerged from hermeneutics. Paraphrasing Gadamer's *Truth & Method* (1975/2004), Stern wrote that "time and place limit what we can know but in genuine conversation we can take those limits into account and occasionally transcend them" (2010, p. 26).

This is a turn from Sartre's humanism, in which this kind of going beyond oneself is inherent in individual consciousness, possibly its main function, accomplished with varying levels of awareness, courage, and success (Sartre, 1943). For Stern, what is received from the interpersonal field is of the interpersonal field. Interpersonal occurrence can change participants who are capable of engaging in a dialogue that is authentic, that is, in which each side is curious enough to be open to being altered by the other or by the interaction. Subjectivity can be changed, but only in a strong sense through dialogue.[15] For Stern, dialogue indeed is the location of much if not all of therapeutic change.

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[15] Note that, as with Ogden's Analytic Third, in Stern the necessary dialogue for change often includes conversations with oneself. For Stern, as with Winnicott, the internalization of parents who listened to the self during infancy is elemental to child development. For Stern, a perception of early witnessing of the self by the parents is a prerequisite for the capacity to witness, another necessary quality in psychotherapy. Moreover, self-talk for Stern is essential for the development of personality. "Children talk to themselves in cribs. They are forming a self" (Stern, 2010, p. 133). This very expansive view of dialogue may be basic to relational thought as an explanatory theory. It presents, however, various problems. Could, for example, Freud's historically unique

Finding oneself limited by time and place may be disappointing to clinicians used to being privy to universalisms about human nature plotted to transcend culture and time. It can be hard to relinquish what could be called the Cartesian Paraclete of Reason, a mental agency that lives ethereally beyond all context and which offers the hope of cutting through all the illusion of ever-changing context. In Stern's epistemology, the power wielded by psychotherapy seems to lie in a certain humility and a disciplined attention to context: "It is worth preserving our humility and our capacity to be skeptical of this great reflective capacity of ours. The power of language exists only in its own little context." (2003, p. 26).

A second way that this theory poses an objection to the supposed penetration and naming of fact, and therefore the invention of objects that can be operationalized by the medical gaze, is through Stern's giving primacy to language. Stern has adopted the hermeneutic assumption that language constitutes us. Such constitution is an ongoing process, suggesting a fluid sense of identity and self, which we will examine later. Again, explicating Gadamer's philosophy, Stern wrote:

> The concept of an exclusive method, prescribing how knowledge is to be determined—is legitimate only so long as what is learned is separate from the one who learns it. If the truth is separate, the question of the best way to approach it is a logical one. But if truth is the outcome of the grasp of being in language, there

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self-analysis be repeated, given a sufficiently courageous or articulate sense of self? (This resembles certain Buddhist notions of the essential, for individual strength, what the Japanese call *jiriki*, or self-striving [自力], a necessity to reach enlightenment). What of schizophrenics who appear constantly to be talking to themselves? Could what we imagine to be incoherent speech actually be the equivalent of a relational psychotherapy, a conversation with oneself in place? Consider that for Sullivan (1953/1997) denial of the need for cultural exchange was of the greatest of all human sufferings. How do we distinguish between a self-talk that is dialogic by Stern's definition (2003) and that which could be construed as an act of self-perpetuating social isolation? Lastly, to what degree does an individual have control over what she says to herself (full control, of course, suggesting an end to all authentic dialogue; zero control connoting total gibberish)?

cannot be a superior way to accomplish it, because one cannot escape being part of the event one wants to capture. One method cannot be recommended over others…. The conscious application of a method can never result in revelation. (Stern, 2013, p. 209)

Contrary to the reification or the fixing of biographical information as dictated by Foucault's Panopticon, and running counter to the operationalism of an object productive of knowledge, Stern suggested that language both fixes us and creates a world, one that holds the potential for constant surprise. This contradiction between a language that fixes us in old meanings and that also holds the possibility of new meanings, comes from Gadamer's hermeneutics (1975/2004):

> Every experience worthy of its name thwarts an expectation . . . . Insight is more than the knowledge of this or that situation. It always involves an escape from something that had deceived us and held us captive. Thus insight always involves an element of self-knowledge. . . . Insight is something we come to." (Gadamer, 1975/2004, p. 350).

This radical turn would suggest that an over-reliance on fixed language such as is registered in the *Clinician's Thesaurus* (2005), or the acute recording of therapeutic experience against a preordained diction, is in effect a denial of the kind of experience that brings about clinical change or even greater understanding of the clinical encounter. Understanding, in the Gadamerian tradition (1975/2004), may arise out of previous knowledge but it cannot be synonymous with it. More than a rebuke of the subject-object dichotomy, this linguistic approach urges clinicians to do constant battle with their own previous understandings and to be on the watch for signs of self-deceit, veiled ideology or linguistically taking the easy way out. Such a psychotherapy suggests that, far from the architecture of fixed observation as suggested by the Panopticon, psychoanalysis is more of a literary or artistic process. Wrote Stern, "psychoanalysts love the forms experience can take as critics love art" (2003, p. 90).

The focus on psychotherapy as an art form may appear to be a frivolous abandoning of rigor here. For Stern, it encompasses the inescapable reality of ourselves being co-constructed in relationship.

Because language provides the medium in which our meanings and we ourselves are constantly being constructed, there is therefore a spontaneity to psychotherapy, and perhaps most of human activity, in our experience. The opposite of proposing the fixed and measured language of the clinical gaze, and the operation of a bias-free force upon a passive object, this theory begins from a categorically different tenet: that life is an act of meaning creation that occurs in the world of our surround. Stern answered the question of how we understand things about our patients. This is an important question hermeneutically, because it also involves the hermeneutic circle and further ideas about what psychotherapy is offering to the patient. Stern wrote:

> It seems then, that knowing we author even the most startling of our own thoughts does nothing to demystify the common experience of merely recording them. Even if we sense glimmers, we do not know with any clarity or certainty the articulate meanings of these glimmers will assume when they attain a firmer shape. We have no choice but to wait for what the following moment will reveal. Quite literally, we do not know what we will think next. Thoughts, images, and feelings come to us; they arrive; one feels like a conduit. (Stern, 2003, p. 73)

This implies a creativity in language that constitutes our subjectivity. Attempts to objectify the patient and to imagine sufficient distance on the part of the psychoanalyst to do so, in my view, assume a demeaning conceptualization of the patient. The naive patient fallacy implies a patient who does hold onto any personal observing powers that could be motivated by anxiety. In other words, a wholly naive patient would experience in relationship no need to observe the other and would therefore have to be either an ultimate narcissist or to be stripped of the anxiety which Sullivan has maintained

(1953/1994) is inevitable for relationship and personality. Alternately, one could imagine a patient who was ultimately cut off from the rest of humanity. The arguments of how we could envision a patient not affected by, and not affecting the psychotherapist quickly become ad absurdum, and it is an intriguing question as to what kind of society would dream up such degrees of interpersonal alienation.

From Stern's RA perspective, language fixes us within our past traditions. Language also offers the possibility of a constantly new creation out of the interplay of traditions within each moment's contextual surround. The goal of Stern's psychoanalysis is far from an operational one.

Foucault saw the Inquisition as the commencement of practices that developed into the juridical or scientific investigation. Inquisitorial process includes a large consultation of professionals the truth, a verbal and physical probing for signs, exchanges of different perspectives based on expertise. It culminates in the confession. To extrapolate, in this process the confession is given as evidentiary basis post hoc in the form of a sacrifice (*auto-da-fé*). For Foucault, therefore, all clinical activity, even psychotherapy, can be linked to the creation of a problematic individual, with a historical connection to inquisitorial practice:

> All the great movements of extension that characterize modern penalty—the problematicization of the criminal behind his crime, the concern with a punishment that is a correction, a therapy, a normalization, the division of the act of judgment between various authorities that are supposed to measure, assess, diagnose, cure, transform individuals—all this betrays penetration of the disciplinary examination into the judicial inquisition. (Foucault, 1975/1995, p. 228)

As we seek therapeutic change and as we seek to observe the individual, we are participating in practices that hold some residue of inquisitorial events of centuries ago.

After every session, if we are in compliance with the law, we record progress notes, that

is, we register clinical facts about our patients in role as "experts in normality" extending

and adding to Foucault's "functions of the judge" (Foucault, 1975/1995, p. 228).

Foucault was not the only one to write of the clinician entering what had been

formerly juridical terrain. Zola wrote: "Medicine is becoming a major institution of

social control, nudging aside, if not incorporating, the more traditional institutions of

religion and law" (1972, p. 487).

Zola described medicine's movement into areas of power outside its traditional

province. He wrote of the medical "retention of near absolute access to certain 'taboo'

areas" (1972, p. 495).

> My contention is that if anything can be shown in some way to effect the
> workings of the body and to a lesser extend the mind, then it can be labelled an
> 'illness' itself or jurisdictionally 'a medical problem.' In a sheer statistical sense,
> the import of this is especially great if we look at only four such problems—
> ageing [sic], drug addiction, alcoholism and pregnancy [sic] (Zola, 1972, p. 495)

By extension, the billions of people living on earth are all potentially subject to

such conditions and are therefore at least conceptually within the reach of the

surveillance of Western medical observation. Health becomes infinitely expansive and

expandable. For Zola, the search for a good life—a promise of the American dream and a

by-product of Westernization—cannot be decoupled from a "belief in the omnipresence

of disorder" (p. 498).

> I at least have finally been convinced that living is injurious to health. This
> remark is not made as facetiously as it may sound. But rather every aspect of our
> daily life has in it elements of risk to health. These facts take on a particular
> importance not only when health becomes a paramount value in society, but also a
> phenomenon whose diagnosis and treatment has been restricted to a certain group.
> For this means that that group, perhaps unwittingly, is in a position to exercise
> great control and influence about what we should and should not do to attain that
> 'paramount value,' (Zola, 1972, p. 498)

Zola has related the encroachment of health into other, formerly separate areas of life, to economic forces and determinations of value. As has been noted, it is likely that patients described in Stern's analytic vignettes are also among the group with financial access to medical solutions. For Zola, this recent invasion of social terrain by health is an "insidious and undramatic phenomenon" (1972, p. 487). Rather than by conscious, hegemonic actions, Zola attributed that cause to "our increasingly complex technological and bureaucratic system" (p. 487). This was in the early 1970s.

Illich too, saw great danger in the bureaucratization of medical practice. He went further, declaring that "the medical establishment has become a major threat to health" (1976/1995, p. 3). For Ilich, medical authority has disarmed the majority. "The disabling impact of professional control over medicine has reached the proportions of an epidemic" (p. 3). For Illich, health in human beings qualifies both aesthetic and political actions. Historically, medical technology and administration has taken over the autonomy of a formerly healthy population, much the way highways, freeways, and traffic congestion took over cities, privileging machines and materials over human feet. For Illich, the medical and paramedical monopoly holds sway not only over who is able to practice medicine but also over exactly how it is to be practiced, including both hygienic methodology and technology. Modern medical practice has thus robbed individuals of autonomy in health care and in other areas that pertain in different societies to spirituality and other nonmedical practices. For Illich, modern medical doctors hold control over priestly functions. At the same time, he observed, the physician had "abandoned his role as moralist and assumed that of enlightened entrepreneur" (p. 120).

Mutual enactments through anxiety and the ritual of healthcare. It is noteworthy that one of past five years' most popular and award winning television shows, *Breaking Bad* (Gilligan & Johnson, 2008-2013) is an American outlaw tale. The story enacts a painful fact of life in the U.S. of the last thirty years: The privilege of placing oneself under the medical gaze has an increasingly devastating socioeconomic effect on America's middle-class families. At the center of this television series is a perhaps ironically named Walter White, a middle-aged, Caucasian high school chemistry teacher diagnosed with late-stage lung cancer. White has a teenage son with Multiple Sclerosis, his wife is pregnant, and he is utterly determined to provide a basic middle class future for his family, even posthumously. By the strange logic of the modern era, he turns to manufacturing meth-amphetamines in order to assure his family's future and to pay off mounting medical bills.

As he consults with, and submits to a growing cadre of specialists and surgeons, White falls into increasingly brilliant and risky tactics to assure his family's security. As his actions become ever more horrific, he and those around him also engage in hugely creative acts of denial and dissociation. Perhaps fitting for contemporary America, rationalization, denial, and dissociation seem to be the fabric of this tale. Amphetamines are cooked and distributed through a franchise of chicken restaurants. In one scene, the protagonist's wife explains away her husband's growing involvement with drug production and murder stating that he is simply human. Citing the popular psychological self-help books, *New Yorker* film critic Emily Nussbaum (2012) described many spectators' anodyne reactions to the violence portrayed in this series as "a Chicken Soup

for the Sociopath Soul."[16] In other words, as White loses control, the genius chemist

responds to his dread and terror with ever more actions aimed at gaining greater control,

both financially and over anyone near him—and audiences nationwide seem to

sympathize with him. Anxiety that seems to be fueled by momentary relief, control and

loss of control may be the only constants in the storyline of this television series.

The acclaim and popularity of this show is likely related to its depiction of a

particular, contemporary way of being in North America, when anything hints of

mortality (Becker, 1973). Outside of the very wealthy, Americans' growing interest in

notions of health coincides with a rise in potential for personal loss in the context of

healthcare. Medical bills now lead as a cause of bankruptcies in the U.S. (Himmelstein, et

al., 2007). In present-day America, health as a concept and health care as practice and

industry, have joined with a pervasive social anxiety (Crawford, 2004). While this

confluence may represent a collective technological battle for stronger bodies, a happier

lifestyle, and against mortality, it also brings along toxic psychological and socially

isolating sequelae (Comaroff, 1982; Crawford, 2004, 2006; Zola, 1972).

Psychotherapists now find themselves in the midst of treating patients embroiled

with institutional conflicts over health care. Counselors, then, must strangely address

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[16] In the same review, Nussbaum reported fellow television watchers denying that the
protagonist had poisoned a child in a certain episode in which the act was evident. She
wrote of subsequent Internet postings that justified the outlaw hero's actions. Nussbaum
attributed such justification to television viewers being conditioned to privileging "the
fun of masculine adventure" (Nussbaum, 2012*)*. As in many outlaw tales, this antihero
could be interpreted as functioning to relieve anxiety and resultant feelings of aggression,
that Americans share, here about a health system in chaos. The dramatic hero-villain
functions to carry out impulses that are disowned but communally experienced, and it
offers a glimmer of resistance against a sense of collective helplessness engendered by a
hypocritical system of healthcare. This is the story of a gangster driven to take over, and
ultimately to be sacrificed by our collective, medicalized *Angst*.

client fears while either confronting or colluding with healthcare management systems themselves (Cushman, 2000; Cushman & Gilford, 1999). This occurs in therapeutic sessions that may require complex economic transactions on either side, and it all takes place in the light of each other's mortality. If, as claimed by Stigliano (1989), becoming socialized involves becoming the interpretations society makes of us when we embody certain social practices, then being a conscientious psychotherapist today is fraught with powerful oppositions.

The ability of healthcare issues to force families into long-term financial distress is not to be discounted. The stresses come, perhaps somewhat ironically, to a society that puts enormous energy, thought, and significance behind its notions of health.

The concept and practice of looking after health has long been an important preoccupation for Americans. Health (Comaroff, 1982) is the site in different societies, where the sacred is challenged as a way to return the relationship between the natural and the social to a state of order. In secular America, in addition to economic costs (Crawford, 2000), the state or at least appearance of being healthy has achieved a nearly sacred status. Being healthy keeps us busy, as can be witnessed by fads of exercise boutiques, yoga schools, massage studios, coaches, and nutritional-medicinal services in U.S. cities. Health for Americans involves long-term fine-tuning and regular self-discipline. Such values receive great force in a society with Protestant roots that upholds hard work, will-power, and self-betterment as visible signs of being closer to God (Crawford, 1994; Weber, 1905/2001). Being healthy has become a requisite for work, as essential, visible evidence that an individual is responsible and compliant (Crawford, 2004), and as assurance to employers that the worker is able to contend in an

increasingly competitive marketplace (Crawford, 2006). During the modernization of the

U.S. and Europe, a healthy self came to denote a sense of freedom, "what it meant to be

modern, progressive, rational, and distinctive" (Crawford, 1994, p. 1349). Distinction in

America has long been tied to having status in bourgeois society, and health has also been

emblematic of being middle class in America (Crawford, 2006).

Ill health carries with it social risks, a sign of lacking certain virtues.

It has been proposed that those unwilling to help themselves by engaging in
health-promoting behavior (exercising, eating the right food in moderation, and
refraining from smoking and excessive drinking) must bear the costs not only
morally but also financially in terms of more expensive insurance premiums.
(Guttmacher, 1979, p.19)

Being healthy in the contemporary U.S. is often a mantle of the American Dream.

The appearance of health demonstrates that a person entertains a certain amount of social

freedom and has access to the good life:

In medical culture, health has become the secular salvation of a society that either
does not believe in the eternal life or makes it a mere residual to the incarnated
one, a society for which this one-and-only life becomes everything. Health is
conceived as the condition for the possibility for the good life or even the good
life itself. Health seekers look to the start of medical knowledge for the secret of
delaying the final destination; but also for something more: the key to a life free
of illness, pain, or suffering. (Crawford, 2006, p. 404)

The rise in endorphins after a good workout does more than cause muscular

relaxation and a sense well-being. In America, fitness offers a valuation of the self that is

hard to come by elsewhere. To appear healthy can amount to earning a mark of being

among society's prized, a "social cynosure" (Crawford, 2006, p. 404). A 19th Century

American morality that was based on hard labor (Cushman, 1995) was in many ways

replaced by an emphasis on consumerism, and this led to a prominence of virtues related

to salesmanship and celebrity culture. In this culture qualities such as personal magnetism and attractiveness took on enormous value.

The fame of the well-conditioned, athletic star today dovetails with a notion of health offering a personal celebrity-like look that is continuously messaged as obtainable even for the average citizen, an almost evangelistic "you-can-do-it too" attitude which is perpetuated by the mass media and drifts into private life. From a legal standpoint, to become a citizen of the United States is to have had one's health certified by a civil surgeon (United States Citizenship and Immigration Services, 2012). The applicant for citizenship must swear to two conditions attributed to a healthy lifestyle: to be neither "prostitute" nor a "habitual drunkard" (p. 8). Being healthy has become an essential mark of responsibility, and hence, upright citizenship in America:

> Personal responsibility for health is widely considered the sine qua non of individual autonomy and good citizenship. Individuals are expected to acquire medical knowledge. Large numbers of people eagerly seek out health information, and the media oblige them in devoting extensive coverage of health matters and in offering advice on a variety of health concerns. (Crawford, 2006, p. 402)

As maintained by Illich (1976/1995), health has a way in America of filling in spaces that are commonly held by the political, the moral, and the spiritual. Given its locus as a site for competing forces, and for attentions that range from the microbiological, to the corporate, institutional, and political, and to matters of individual spirituality (Crawford, 2006; Ilich, 1976/1995), questions of health are central to understanding present-day U.S. culture. As patients come into psychotherapy with a nexus of concerns over conflicting definitions of health, how any psychotherapy approaches this subject requires thoughtful examination.

Crawford has given particular attention to harmful effects (2004, 2006) of contemporary American health culture. He has suggested (2006) that in present-day neoliberal society, in an economy that has for decades put the majority into a state of downward economic mobility, the preoccupation with health offers a Sisyphean exercise for control over both identity and situation. To the bounded, self-contained individual, health practices offer the dream of continuing a separate, highly individualistic lifestyle while also maintaining a social demonstration of power and control. In Crawford's view, this "solution for political inefficacy" (Crawford, 2006, p. 416) is actually a failing proposition: "the alarm raised about the condition to be prevented remains while the pathway to increased protection becomes uncertain" (Crawford, 2006, p. 416). This failure occurs not only because it involves a denial of the ideology behind modern-day health practices, that is, of a misplacement of political aims into a highly personalized and therefore isolated practice. For Crawford, the disproportionate apprehension of health concerns as compared to their solutions furthermore lies in the powerful production of knowledge destined to bury even the best of remedies carried out on an individual level. Good citizens or not, Americans are bombarded with health knowledge that constantly offers new information on threats and new requisites to address them.

This all occurs in a scientistic context in which all knowledge is expansive and replaceable (Foucault, 1975/1995). Crawford has put this succinctly:

> The pursuit of health cannot provide the sense of control that the ideology of individual responsibility requires. The health-conscious individual cannot or will not keep pace with the prolific demands of medically determined safety and cannot escape the knowledge of the gap between what is required for health and what can be achieved. Thus, working on the self by working on the body's health cannot deliver the symbolic assurance needed to offset either anxieties about the dangers of a toxic society or the deepening insecurities of contemporary American life. (Crawford, 2006, p. 416)

Health, then, becomes a ritual aimed at the management of anxiety, in a battle waged on a "porous border" between lifestyle choices and a toxic society. Crawford has pinpointed an important contradiction in medical culture, between the massive absorption of knowledge and the generation of anxiety.

> The continuing expansion of knowledge about health hazards, the informational deluge, the frequent exaggerations of risk and insatiable consumption of medical news, all framed by the professional and lay mandate to protect and improve health, aggravate the very insecurities they are designed to quell. A pedagogy of danger is combined with a pedagogy of recommended practices in a spiral of control > anxiety > control > anxiety. The more knowledge acquired, the larger is the gap between the perception of danger (real or imagined) and the efficacy of action (individual, institutional, or governmental). The attempt to control the conditions of health point to all that remains undone or undoable. (Crawford, 2006, pp. 415-416)

It is likely that certain psychological theories of the self and of psychotherapy do play a part in this spiral of control and anxiety. How, then, does Stern's psychoanalysis (2003, 2010), with its interpersonal roots, its dialogical approach, and its attention to covert ideology, work in a social surround of health consciousness and frequent personal failure to achieve the American health ideal? I examine Stern's writings through three queries related to contemporary sociological thinking about health:

Questions

1. How does Stern's psychoanalysis relate to the American health ritual?

2. Does Stern's psychoanalysis address economic concerns that compound Americans' health anxiety?

3. If the American way of health is often productive of anxiety, what is Stern's approach to treating anxiety? Does it add to Crawford's (2006) cycle of

control > anxiety > control, or does it address these issues in a different way?

Q 1. How does Stern's psychoanalysis relate to the American health ritual?

At first glance, it appears undeniable that psychoanalysis plays a historical role in both the provision of health services and as a form of ritual. In RA thinking, the psychoanalytic relationship is mutual and asymmetrical (Aron, 1991). The two participants are assumed to be of relatively equal status, but RA involves a business transaction, generally fixed meeting times and lengths of sessions, and an agreement to focus on the problems of the patient. Even the arrangement of furniture suggests the asymmetry of this relationship and is in itself the creation of a ritualized space (Hoffman, 1998; Winnicott, 1958). This shaping is based upon the needs of the patient, in order to provide a focus such that the psychoanalytic hour be spent on the patient's concerns. The psychoanalyst brings the discourse back to patient issues. Even when material that appears to be irrelevant, the psychoanalyst may examine her own, often private musings for any relevance to the patient's treatment (e.g., Bion, 1962; Ferro, 2002; Ogden, 1994). For Stern, the psychoanalyst may recount to the patient how the patient came to a given interpretation "but this is done because that will help the patient to see the interpretation in the patient's own frame of reference" (Stern, 2003, p. 175). To paraphrase Stern, the partnership in thought is a partnership in thinking largely about the patient, whatever form that may take.

As such, Stern's psychoanalytic therapy is mapped on healthcare, both socially and by the frame which is requisite for its functioning as psychoanalysis per se. Stern's theory does not propose any deviation from this mode of practice.

For thinkers located in or near the RA tradition (e.g., Altman, 2002; Modell, 1990; Ringstrom, 2001; Stern, 2003; Winnicott, 1953, 1958, 1971/2005), the psychoanalytic space is also one in which play is central. The connection between play and psychoanalysis is an observation often traced to Winnicott's work with children. For Winnicott (1971/2005), play was not an element that was introduced into psychoanalysis, but the reverse was true. The psychoanalytic approach inevitably called for play.

> It is play that is universal, and that belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and, lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others. (Winnicott, 1971/2005, p. 56)

Stern described something similar to play, when writing on "curiosity and creative disorder" (2003, p. 77). For Stern, curiosity is essential for the psychoanalyst, and, in rare moments of teleological description, increased curiosity appears as desired goal for patients. In Stern's theory,

> The ideal patient and the ideal analyst are curious about everything, and to be curious requires the toleration of uncertainty. Curiosity preserves the attitude by which unformulated experience is maintained as creative disorder. In these terms, psychoanalysis is the progressive awakening of curiosity, a movement from familiar chaos to creative disorder. (Stern, 2003, p. 77)

The psychoanalytic ritual, then, holds a paradoxical quality. It is framed in a regular returning to the familiar (three to four sessions per week, of a fixed duration, in a set place, and so on). The psychoanalytic session also holds to an almost anthropologico-religious respect for letting in the world of chaos, making space for the unspoken, the taboo (Freud, 1913/1950), to the degree that Modell would assert that the session offered a demarcated space that provides an illusory experience (Modell, 1991).

The comfort of the analytic ritual, however, involves frequent challenges. "Patient and analyst create expectations in interaction with each other, and in response to these expectations, and it is then the most significant task of the analysis to discover them" (Stern, 2003, p. 243) For Stern, this frame involves the ability to examine unformulated experience in a way that is relatively unrestrained. Stern described curiosity as "allowing oneself to make constructions" (2003, p.77). Far from a laissez-faire, laziness of the imagination, Stern defined this openness as an active capacity.

> It means that rather than employ a focused beam of attention, a searchlight to look for things in experience, which in one way or another usually seems to result in conventionalizing, one allows the possibilities implicit in experience to impress themselves on one's consciousness. One takes one's hand off the tiller and lets what Schachtel (1959) calls 'global attention and perception' drift as it will. When an interesting construction begins to form itself of this preattentive material, one may stop and perform a more focused search on and around this construction to fill in the details and give it the convincing quality Freud (1934/1982) knew it had to have to be useful. (Stern, 2003, p. 78)

This "allowing the possibilities of implicit in experience to impress themselves on one's consciousness" (Stern, 2003, p. 78) holds, as an ideal, free association, a process that makes up much of psychoanalysis. Inquiry about what appears through the associative process appears to comprise the other significant part of Stern's psychoanalysis. For Stern, as the patient and psychoanalyst are able to come up with new, convincing constructions regarding the patient's experience, the session will inevitably hold an element of surprise, pulling in new understandings.

> Effective surprise marks the symbolization of unformulated experience, the creative use of language, the flowering of explicit meaning. The formulation of experience is a mystery: it belongs to us more truly than anything we own, but we do not control it. It decides for itself when to occur. It provokes in us the feeling of recognition, the shock of recognition, because we have seen its outlines before—in parataxic, amorphous, felt form, in our feelings of tendency. And yet we may become aware of this feeling of prior acquaintance only in the moment of its transformation, its disappearance. We feel as if we had been looking through

poorly focused binoculars without realizing it. Somehow the adjustment is made, and suddenly and unexpectedly, the view leaps out at us in fine detail. In just this way, by creating between them a world of thought and curiosity, patient and analyst rescue unformulated experience from the oblivion of the familiar. (Stern, 2003, p. 79).

Stern's psychoanalysis works as a form of ritual, as does any psychoanalysis. It pertains to a particular space and it is practiced in generally set ways at specified times. The pre-determined, asymmetrical relationship is ritualistic, as well. Roles are defined between psychoanalyst and patient and a breach in those roles is considered a breach in propriety that threatens the praxis.

What is said in sessions, however, appears to unscript any sign of the ritual. The frame of psychoanalysis may have all the orthodoxy of a religious ceremony. The process, however, appears to be without sacrament, and it seems to transcend the rules of any text. Unlike other psychotherapies, psychoanalysis suspects the formulaic and veers towards the non-directive. This appears to be another dimension in which Stern has travelled in the opposite direction of medical orthodoxy and has driven his psychoanalytic theory towards a language of freedom.

Throughout Stern's writings (2003, 2010) is to be found a strong suspicion of any kind of pretensions to prediction and to any typology of analytic prescription. There is a constant examining acceptance of the possibility of play and spontaneity entering the psychoanalytic relationship, both to provide material for reflection and as a way of experiencing the new within the familiar. Notions of health here appear to pertain to decreasing the rigidity of experience, while ideas implied in the American conception of health—autonomy, class-consciousness, belonging, will-power, and so on—are up for discussion in the psychoanalytic hour. Implicit American values of health are available to

reflection, questioning, and resistance, rather than being implicitly enforced in Stern's theory of RA.

Q 2. Does Stern's psychoanalysis address economic concerns that compound to Americans' health anxiety? Stern's writings appear to eschew questions that are economic in nature. The patients in all but one of the vignettes in his two books are described as being "professionals" and one of patient appears to have been sufficiently well-off to have taken a long hiatus in his professional work, in order to explore his life in nonvocational ways. The geographical location of Stern's practice in uptown Manhattan would suggest a clientele that is upper middle class to economically elite. Unlike some but few RA writers (e.g., Altman, 2009) Stern has not written specifically about free or community clinics or the treatment of marginalized populations. If we can draw any conclusions from this data, it is that Stern may have addressed economic inequalities in a practical way through occasional reduced-fee or pro bono cases but he did not include these questions in his discussions of theory or technique. There is, as in much of psychoanalytic writing, relatively little examination of socioeconomic disparity or clinical material.[17]

Q 3. If the American way of health is often productive of anxiety, what is Stern's approach to treating anxiety and does it add to Crawford's cycle of control > anxiety > control, or does it address the issue in a different way? Stern has been well-placed to propose a theory that involves questions of anxiety. His training was largely in Sullivan's interpersonal theory. For Sullivan, the very development of much of

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[17] Clear exceptions to this are Muriel Dimen (2012) who directly addressed clinical meanings of financial exchange in the dyad, and Lynne Layton, who has directly taken on questions of the political, of gender identity, and the effects of neoliberal policy on psychoanalysis (2004, 2010a, 2013).

personality, "the self system" is a function of efforts to ward off anxiety by adjusting within relationships with others (Sullivan, 1954, 1956/1973). "The chief handicap to communication" Sullivan maintained, "is anxiety." (Sullivan, 1954, p. 217).

Anxiety here is that which attacks one's self esteem, especially in regard to another person who is held as being significant. Sullivan's view was mostly oriented to the dyadic clinical interview. That said, in both Sullivan's theory and in contemporary writings on healthcare (Crawford, 2004, 2006), anxiety is seen as impacting a person's sense of well-being and their identity, their patterns of relating. The antihero of the T.V. series *Breaking Bad* (Gilligan & Johnson, 2008-2013) is seen in constant moments of battle to regain his sense of integrity. The premise of this show is in fact anxiety and the destruction of human relationship in the economics and ethics of modern American healthcare.

A health thinking as something that far transcends mere biological practice could be said frequently to involve questions of self-esteem, communication, and anxiety as Sullivan theorized about these (1953/1994). Sullivan made the distinction between fear, as a response to something actually occurring, and anxiety (responses to a more subtle, less conscious experience of an attack on the self-system [see Sullivan, 1953/1997, 1954, 1956/1973]). Medical procedures may inspire fear. However, in the modern medical world and its concept of health, questions of control and issues around self-esteem, all carry Sullivan's second type, incipient anxiety. A major drop in economic circumstances as well as damage to one's appearance or functioning due to medical procedures are bound to transform the anxiety-influenced self-system as described by Sullivan.

In Sullivan's theory (1953/1997) relationships with caregivers from an early age help to develop aspects of personality, as the person adjusts to anxiety in the interpersonal field. Anxiety and the interpersonal realm then determines important aspects (interpersonal patterns) of the self from early on. Experiences that are marked by important figures early in life become part of the self-system or self-dynamism. Other experiences not so highly charged flow on, unnoticed.

For Sullivan, anxiety, then, is a major force in determining who we are and how we experience the world and ourselves. In Sullivan's description, anxiety is also a highly creative force. Stern (2003) diverged from Sullivan, maintaining that the interpersonal field is determined by more than just anxiety. However, for Stern a great amount of what is allowed to come into consciousness is determined by the management of anxiety, that is, through Sullivan's selective inattention. A common response to anxiety is simply not to attend to its presence, to dissociate it.

In Stern's writings, the notion that we can control our attention, what comes into awareness, and therefore the limitations imposed on us by anxiety, is an empty hope. By necessity, attention must be selective, and anxiety often determines what will be dissociated.

> We take for granted our inability to force self-understanding. But we can depend more reliably on our capacity to grasp what is transpiring between ourselves and the other person in a relationship because we do not have the power to decide these things for ourselves. (Stern, 2003, p. 102)

There is a kind of paradox in relationship. In being with the other, one has the hope of finding a shift in one's knowing. One requires the surprise of interactions with others to push selective attention out of certain habitual places.

In this sense, Stern's thinking appears to offer one response, at least in its ideals, to the anxiety production found in Crawford's (2006) delineation of an accelerating cycle of control>anxiety>control under the American episteme of health. Stern's ideas and way of practicing offer an alternative to the operationalized hope of medical informationalism and procedure. Rather than presenting herself as a source of knowledge, the psychoanalyst aims to become a partner in not-knowing, in order to bring to light or relationship something new. For Stern, unbidden responses held the great potential to provide authentic responses that can bring about significant changes in experiencing. Stern warned that the unbidden could bring formulations moved by ideological power with all of its ramifications of genderism, racism, oppression, and so on. "Unbidden perceptions . . . are not only the most authentic experiences we have, they also express the unconscious workings of power" (Stern, 2003, p. 81).

Despite the search for access to a way of being that might be somehow liberated from the social forces that have locked the struggle for health into a position that may be as damaging socially as it is helpful, psychoanalysis remains a site, if a playful one, of serious conflict. Stern's theory involves maintaining the skepticism that was also to be found in Freud's original method.

> Therefore, the curiosity or freedom of thought I am proposing as the guiding value for psychoanalysis—the kind of curiosity that expects obstructions at every step of the way and is commodious enough to encompass even the things we do not want to know—is an ideal. It is well worth aiming at, but it should not be mistaken for a goal that is really achievable. . . . Effective surprise in psychoanalysis must be tempered with consciously directed, highly informed reflection about psychoanalytic participation in power operations. The analysis of what comes naturally must be supplemented by the analysis of what does not. (Stern, 2003, p. 81)

Stern's writings do not offer a direct response to the kind of anxiety that is engendered in the health care debate or in the plethora of mass media with its ever-increasing rules and surveillance of behavior in the name of health preservation. However, he has emphasized holding uncertainty, maintaining skepticism for potential forces of ideology, and attending in relationship to what our anxiety allows us and will not permit us to see (2003, 2010). All this suggests alternatives both in and out of psychotherapy to problems posed by American anxieties under the aegis of health. The subject bears further examination.

Findings-Discussion Chapter 2: Donnel Stern's Unmapped Self

Approach

The focus of this study, Stern's two books published in the first decade of this Century, present his theory woven into practical understanding. From the perspective of the Interpretive Turn, it may be impossible to comprehend philosophical or psychological theory as apart from phronesis, the practical wisdom gained from experience first described by Aristotle (Rorty, 1980). Thinkers of the Interpretive Turn, and philosophers since Nietzsche (Hiley et al., 1991), have questioned that any human discipline can adhere to a suprahuman level of rationality. They have also rejected the notion that a discipline can uphold claims of superior argumentation at a level above the linguistic and beyond all context or subjectivity.

From this point of view, social activities are both made and known by human beings and through language. In psychology among other disciplines, the separation between theory and practice may be useful but it may also be somewhat artificially, as well as arbitrarily, drawn. While Freud's project, for example, may have been more

clearly targeted at developing a coherent theoretical model, Freud's language is if anything rhetorical. Humans cannot grasp any text if we are not also in some way cognizant of the activities of its rhetoric such as Nietzsche, Foucault, and Derrida [see, for e.g., Grenz, 1996; Rabinow, 1984; Sarup, 1988/1993). In this view (Gadamer, 1975/2004), we recognize the particular through context and vice versa, and we necessarily bring what we have already apprehended to that which we seek to understand anew.

In Stern's writings (2003, 2010), some aspects of theory appear in unusual places. Looking, for example, for a codified explanation of the self or psyche in Stern's work involves a process that could resemble Cortázar's suggested methodology in his famous novel *Hopscotch* (Cortázar, 1963/2007). In this process, the text can be read as if each reading were a child's game of hopscotch, skipping from passage to passage, chapter to chapter, back and forth.

The reader must also figuratively jump around different texts in Stern's works, for concepts that are would be given definition early in the volumes of traditional psychological textbooks or manuals, such as mind, enactment, and consciousness. Important assertions about technique (2003, 2010), both in so far as Stern's writings occasionally approach a technical suggestion or alternately argue against across-the-board deployment of techniques (2013c) are often interspersed within discussions of unformulated experience or nested in case vignettes. The same is true of definitions of the mind or the self, most of which have been located in footnotes (2003, 2010, 2012c). Stern's notion of intersubjectivity requires an even more thorough reading of his works, perhaps because it is fundamental and built in to his concepts of the field and

interpersonal relationship within this theory. In these writings, we find ourselves far from

the influence of the hydrodynamic model or the military/defense-related terminology

(Gay, 1993) that early on shaped Freud's psychodynamic writing. Stern has described a

self of multiple states that could be envisioned graphically and as two-dimensional.

"Mind here is not a vertical organization of conscious and unconscious, but horizontally

organized collection of self-states, each in dynamic relation to the others" (2010, p. 139).

Elsewhere (2003), he adopted the metaphor for the act of formulating experience as

perceiving images of varying complexity within a cloud. While these concepts may not

be contradictory, they certainly offer challenging new ways of thinking about

fundamental psychology. Both procedure and the unit of study seem to have undergone

Derrida's elision here (symbolized as "~~elision~~"), that is, they have been struck out in

order to signal their previous significance plus the message that these terms in and of

themselves no longer serve (Sarup, 1988/1993).

In his writings, Stern (2003, 2010) has made appeals to the jazz of Fats Waller

and to modernist painters such as Ben Shahn and Jackson Pollock, as well as to Christo

and Cindy Sherman. The first two of these are artists who lived during the rise of abstract

and playful movements on the American Art scene. Indeed it would be hard to imagine

Stern's concept of the unformulated without a precursory experience, however far in the

background, of Abstract Expressionism, of Jazz, and the Symbolist poetry of Paul Valéry

and Stéphane Mallarmé. The others (Christo and Sherman) could be respectively termed

postmodernist in their challenging notions of geography and identity.

Essential to Stern's work is the "unformulated" that which awaits our

interpretation, the unelaborated with a potential for elaboration. Stern's strongly scientific

training as a psychologist, and his publication in the 1990s included a rigorous analysis and survey of interpersonal theories of cognition (Lionells et al., 1995). His more recent writings (e.g., 2012a, 2013a) are far from uncharted wanderings between psychotherapy and art in general. There is a scientific rigor underlying Stern's works, while, more than theoretically, they also speak particularly to understanding artistic and literary creation. Likewise, despite the psychoanalytic grounding of this theory, the concepts themselves include an emphasis on the acceptance of moments of confusion and the unpredictability of the psychoanalytic session, Stern's concept of the "unbidden." One of the most important themes in Stern's RA is the need to accept and to seek to understand that which is chaotic, misunderstood, or strange in a session, and perhaps in life in general.

In sum, there appears at times to be a hesitation on Stern's part to present theory in anything vaguely resembling a textbook format and even an opposition to much of the way manualized formats have configured in psychotherapy (2013c). Stern's own methods of theorizing are frequently offered, if indirectly, through reflections on the creative act of writing itself, supported by passages from novelists and poets, such as Lewis Carroll, early modern poets such as Rainier Marie Rilke, and later American writers including Flannery O'Connor and Tim O'Brien. He has drawn on philosophers Jacques Maritain, Martin Heidegger, Hans Georg Gadamer, Paul Ricoeur, Merleau-Ponty, as well as Aristotle, Socrates, and early psychologists such as William James, F.C. Bartlett, and from the subsequent generation of thinkers, including George Herbert Mead and Harry Stack Sullivan.

For Stern the act of writing and the practice of psychotherapy appear to be very proximal acts. His sense of language led to an attention to the importance of concrete

metaphor even in the spelling out of difficult theories. For Lakoff and Johnson

(1980/2003), "our concepts govern our thought" (p. 3), not just intellectually but all the

way to the details of everyday functioning. Furthermore, our concepts consist of concrete

metaphors, arising from lived, physical experience. Lakoff and Johnson have indicated

the way concepts are clustered around certain types of metaphors, so, for example,

arguments are define in terms of battle (they are "defended" "lost" or "demolished"

pursued with a "strategy" and so on; pp. 4-5), while affection is expressed in metaphors

of warmth. Likewise, rhetorical conventions such as metonymy are often used to

personify objects (e.g., *this computer can handle the necessary operations*).

In *Partners in Thought* (2010), Stern introduced Lakoff and Johnson's

(1980/2003) concept that metaphors arise from (and continue to invoke) concrete aspects

of living in the world. For Johnson, for example, our understanding is necessarily

embodied due the fact that our concepts continuously rely on language related to human

physical activity. "The propositional content [of an utterance] is possible only by virtue

of a complex web of nonpropositional schematic structures that emerge from our bodily

experience" (Johnson, 1987, p. 5).

In RA, language speaks to the somatic, and it arises, perhaps mysteriously, from

the nonverbal. This connection between the verbal and physical fits well with Stern's idea

of experience, as something that is both worded and not-worded. For Stern, the

interaction between a sensual, nonverbal world and our speech is essential to

experiencing:

> [Language] divvies up the wholeness of everything into meaningful pieces that
> humans can use in the creation of experience. Language defines what can be
> meaningful, and how. And that is just as true for nonverbal experience as it is for
> what we typically think of as verbally mediated experience. We can enjoy dance

because we have a verbal category that differentiates it from other kinds of movement. (Stern, 2012d, p. 5)

Stern's interest in this embodiment of language makes sense in light of his commitment to understanding the liminal side of conscious experience, his concept of the unformulated. Psychoanalytic interpretation, then, involves understanding our experience both within and outside of words. "The state, the conscious *aim* of clinical psychoanalysis—what analysts actually set out to do—nevertheless remains the grasp of the nonverbal in words, or the retelling in new words of previously worded experience" (Stern, 2003, p. 24)

Stern's RA is essentially a process of verbal language, interpretation, brought into the interpersonal field. That said, it attends to the physical and unconscious connections to what is ultimately said in words, and to the very physical bases of the language we use.

Because of the attention to contextualization, my approach to examining Stern's concept of the self begins with looking at the parameters of selfhood in the psychoanalytic situation. Stern's theory pulls from many different traditions. However, they revolve around psychoanalysis as a skill and practice. His publications to date focus largely on the dyad of the patient and psychoanalyst. Within psychoanalytic work, then, what presumptions concerning the two persons in the room are made in a nearly automatic manner at the commencement of a treatment? What are the psychoanalytic limits to a self? Where does psychoanalysis, an activity that traditionally permits the introduction of anything into the therapeutic relationship, also draw the line around its own understanding, and what can be enacted or prohibited in its realization? In Stern's works, language and dialogue are essential. How, then, does a hermeneutic sense of

dialogue, in which each party is open to relational and personal change, meet with a Western, scientifically informed process of personal agency and change?

Context I: The Outskirts of Experience

Psychotherapists are faced daily with a couple of tasks. They must understand who they have with them, and they must ask themselves who they are as they sit with the patient. Stern's writings are based on interlocking ideas such as dissociation, the unconscious, the interpersonal field, mutuality, language, and unformulated experience, transference and countertransference, all concepts that intersect these other two questions that concern the identity of the therapist and the identity of the patient.

Because Stern's theory is located as a psychological system of ideas within the Western tradition, its basic assumption is that of personhood in the form of a self.[18] Unless specified otherwise, psychotherapists assume two separate people talking together, with a focus on one person's life struggles, or "problems of living" (Sullivan, 1953/1997). On at least one side of the room, there is generally the recognition of a self, states of the self (2003, 2010), or possibly even a plurality of selves (Bromberg, 1996) involved in dialogue with another person.

The positing of a process of dialogue, such as Gadamer (1975/2004) or Buber (1970) have defined it introduce a fundamental, most important factor. Dialogue occurs in relationship, and relationship is constituted within the social context of language in its most general sense. If we are transformed through interpersonal dialogue, then we are

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[18] Even this notion was challenged by Sullivan, whose concept of the "self-system rest[s] on the irrational character of culture or more specifically, society" (1953/1997, p. 168). Stern generally adhered to a highly interpersonal point-of-view. However, he also maintained (despite his focus on the interpersonal field) the importance of conceptualizing about individual minds, as discussed above in the present study, pp. 115-118.

also constantly under the effects of historical change. Language makes us, and we use language through time.

Dialogue, by this definition, means engaging with another in the openness of the possibility of being altered by the opinions of the other (Gadamer, 1975/2004). Furthermore, Paulo Freire (1970/2012) reinterpreted Russian Formalist definitions of dialogue, to conceive of it as the basis of social freedom, not a technique but an existential necessity for significance, requiring qualities of humility, hope, love, and courage. Just as for Stern dialogue is an essential of therapeutic change (2003, 2010), for Freire the obstruction of dialogue is the equivalent of oppression, and a populist dialogue is necessary to any humanizing, social transformation.

From the vantage point of the Interpretive Turn (Heidegger et al., 1927/2010; Hiley et al., 1991), social context and interpersonal activity are given, and there is a presumption that the human is a being-in-time, a non-reified self that emerges more as process than concrete entity, but one that understands through languaging. I here examine how this line of thinking affects Stern's own conception of the self, one that appears categorically different from traditional Western psychological conceptualizations which involve the masterful, bounded self (Bellah, Madson, Sullivan, Swidler, & Tipton, 1985; Cushman, 1990, 2013a; Sampson, 1988; Taylor, 1988, 1989).

In Western psychotherapy, selves are generally identified and categorically set off as individuals by a presumption of physically separate bodies. The limits of the self and perhaps its binary compliment, the boundaries of mutuality, have a long history in psychology. Patient and psychoanalyst have traditionally been seen as being categorically and necessarily separate in theory and thought.

Though there appears to have been some ambiguity, the early psychoanalytic office (Gay, 1993) essentially provided a couch and chairs. Early practice involved little more physical involvement than talking and the exceptional stroll out of doors. Psychoanalysis has prohibited any physical connections of selves, that is, most any activity beyond the verbal limits of the therapeutic frame. Talk psychotherapy of the 20th Century, originating from the Northern European tradition, has generally proscribed intervention beyond the verbal, and the psychology field has largely rejected applications of physicality. Boundaries around spoken language, at least as far as all intentional action is concerned, are strict enough that their exceptions now seem remarkable to us. One thinks, for example, of Minuchin's unusual use of seating arrangements and the spaces between participants in the room (1974), or his family intervention (2007), offering an ash tray for the husband to hold while he, the psychotherapist and the wife smoked on either side. Even these acts, still very amenable to an explanatory narrative, are considered unusual in the modern tradition of talk psychotherapy.

In Western psychological practices, erotic thoughts, feelings, as well as religious types of joining (such as dance, prayer, or chant)[19] are also universally understood as topics of discussion or reflection (if they are given any expression at all), rather than being activities practiced in situ. Interventions that do not involve technocratically sanctioned machines such as biofeedback are likely targets for supervisory scrutiny in American psychological practice.

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[19] In societies outside the cultural West, healing practices do not adhere to the Cartesian mind-body split have no disconnect from spirituality. Native American healing (Duran & Duran, 1995), for example, assumes a unity of the person's connection to the earth and the earth, in turn, is identified with divinity itself.

Within and outside of the psychoanalytic canon, supervisors may often avoid even the discussion of erotic transferences (Gabbard, 2009; Gabbard & Lester, 2002). The fundamental physical separation of persons from each other has numerous complex ramifications in session.

Freud identified numerous cases of sexual abuse and developed a seduction theory in the late 19th Century. Subsequently, Freud banished sexual abuse to the realm of desire and fantasy (Masson, 1998; Rush, 1980, 1996), until the huge significance of sexual transgression re-emerged culturally in the literature and psychoanalytic thought in the 1970s, influenced by concerns of Social Workers and the Second Wave Feminism. Freud's breach with Jung involved, among other things, Freud's opprobrium of Jung's affair with his patient, Sabina Spielrein (Kerr, 1993), despite Freud's later relegating most reports of sexual abuse to fantasy. In short, the frame of psychotherapy in the Western tradition is essentially verbal, implying bounds around the physical selves in the office.

In Stern's writings the oedipal structure within psychoanalysis is discussed in passing. However, the psychoanalytic self is often framed by notions coming from the oedipal myth. Feelings of aggression and desire are welcomed into the Freudian space as anticipated characteristics of the tragedy and achievements ubiquitous in human relationship. Social boundaries are important topics in psychotherapy and can be decoded via the oedipal theme of incest. Talk therapy could be interpreted as being embodied, or possibly disembodied theatre, delivering both the safety and the riskiness of story and stage. In both psychotherapy and theatre, speech or language avails the exposure of the new or unseen. Furthermore, the playful quality of the interaction (e.g., Winnicott,

1971/2005), the quality of psychoanalysis as a separate space, has offered both a safety and danger that could allow new experience to emerge, conceptualized as essential for development from earliest childhood onwards. The freedom and safety necessary to enable new experiencing appears to be another essential of Stern's clinical thought (Bowlby, 1973; Stern 2003, 2006, 2012b).

In psychology, the concept of the physical self continues to be a conundrum, located somewhere along a frontier between psychological and medical practices. In some circles, the individual self is also seen as a social construction (e.g., Hiley et al., 1991; Foucault, 1975/1995). The self, when identified as a brain, has been presented in psychology as both a certainty (Cozolino, 2010) and also a fiction (Vidal, 2005) The boundary line between the self and mutuality is continually redrawn as psychology continues to reconfigure itself and its conceptions of intersubjectivity and psychotherapy (e.g., Cushman, 2013a; Layton, 2008; Stolorow et al., 2002), and conceptions of the social emerge in new ways.

Freud framed his talk therapy as a verbal practice, reflecting a Cartesian notion of the self or psyche as something cut off from the divisions of anatomy and physiology and something that was subject to understanding via reasonable or scientific discourse (see Johnson, 1987, for an in-depth discussion of this objectivist view of meaning and Descartes' splitting of understanding and physical existence). Freud's conceptualization of a psychic self that is to be treated solely through the spoken word was also influenced by Victorian mores about the mind-body split. It was also a probable reaction to the growing violence in Freud's world, just prior to, and during the Nazi occupation of Vienna (Bettelheim, 1990; Gay, 1993). Living in such a social surround, it is likely that

Freud had a strong reaction against any potential of physical harm that could be perpetrated by the newly practicing psychoanalysts.

Psychoanalysis continues to be structured, then, as two individuals speaking privately, whatever voices may figuratively or experientially enter the room and whatever they may invoke (Modell, 1989). In Stern's theory, the psychoanalyst seeks to join with the other as a "partner in thought" (2010), so that both sides may have a chance to understand what is unconsciously occurring between them, that which either side is frequently unable to know.

In Freud's psychoanalysis, two selves are provided a place of safety in regular sessions in which to use language and awareness of nonverbal representation, to reflect on that which is less easily brought forward or even that which has been dissociated. To safely explore forbidden or intolerable material, one of the few given objectives in the psychoanalytic tradition, requires in Freud's thought doing no harm to the body. As Freud would remark on fears aroused by the possibility of too much freedom in the word associations technique of psychoanalysis: "When all is said and done, it is impossible to destroy anyone in absentia or in effigy" (Freud, 1912, p. 108).

Stern has written fairly little about the delineation of psychotherapy as a strictly verbal practice. He has, however, mentioned Basescu's comment that persistent demands for sexual engagement from a patient are a sign that the patient is not being understood by the psychoanalyst (Stern, 2009b).

The language of psychotherapy, like the languages of artistic expression, permits aspects of the desire or the taboo to emerge while still remaining within a protective space of representation (Freud, 1913/1950). For Freud, transference occurring within the

safety of the psychoanalytic session would become the hallmark of a psychoanalysis, a necessary condition to define the practice.

Among other things, Freud's declaration suggests one of the enormous moral gains of Freudian psychoanalysis: through unrestrained speech, patients are able to discover, reformulate, or unmake emotional pain of even physical wrongs of the past. Freud would therefore invoke a freedom similar to the self-freedom and relational freedom that Stern would emphasize about a century later (2003, 2010). In effect, the goal of Stern's theory of enactment appears to be a releasing that allows a greater freedom in relationship. "Through our openness to affective discomfort—a kind of feelingful chafing—we find ways to allow our curiosity freer play" (Stern, 2005a, p. 92).

Elsewhere, Stern has written of the need to relax certain relational constrictions "if relational freedom is to expand" (Stern, 2012b, p. 30). I examine how this notion of a greater freedom of meaning suggests that psychotherapy is a practice of moral understandings, in the third chapter of this Findings-Discussion Section.

In maintaining physical dividedness as separate bodies, psychotherapy treats even some intractable somatic complaints via symbolic representation. Embodiment remains a given. In the article in which he most clearly distinguished RA from medical practices, Stern commented on effects of improved health he that he has seen in the majority of the patients in his own clinical work. The majority of his patients, he wrote:

> 'profit' from their work with me in a way that is perfectly reasonable to call 'getting better.' By getting better, I mean that their lives improve in discernible ways. Sometimes of course, even their health improves. And so, while I firmly believe that what I practice is not a medical or scientific procedure, it does frequently have salutary effects of the sort that those who think in terms of the medical model would happily describe as healthcare successes. (Stern, 2013c, p. 103)

If the exploration of psychoanalysis travels, then, beyond the line between the spoken and the somatic, the move remains at the level of speech, and momentary entrances of physicality are consistently given over to the possibilities of verbal symbolization. Imagination is offered as free a rein as possible. That, for Stern, is part of the work of psychoanalysis, to help create the conditions for greater relational freedom and to be free to examine what hinders these possibilities (e.g., see Stern, 2012b). Intentional activity occurs largely on the level of the verbal.

Stern offered a nearly slapstick illustration of the surprise caused when the physical does enter into the spoken sphere of psychoanalysis. In this scenario, the psychoanalyst is escorting the patient out the door and the door knob falls off, an intrusion of the physical at a sensitive moment of the decidedly spoken world (2010, p.104), a linguistic event that falls speechless and which is therefore ripe with potential meaning for reflection, that is, formulation.

In this context, physicality is all reference. Stern's door knob tale is a poignant example: the psychoanalyst would likely have just called time, set the frame in which the narrative must change chapters, and in which physical distance and the external world must intrude upon any perceptions of timelessness and experience of intimacy provided in the analytic session. Then, as with death or in a libidinous slip, the material world "bites back." At perhaps its most punctuated moment (the close of the session), the formulated is thrown back into the unformulated, and there is little or no time for reflection.

In such moments, the object permanence of the session (the sameness of the office, the ritualistic regularity of meeting times, the reliable presence of the

psychoanalyst, and so on) allow for life's unpredictability to appear in the foreground (Hoffman, 2001). If psychoanalysis generates a powerful familiarity, for Stern, new meaning is always to be found in the breaches of familiarity. Rather than invoking a Magical Realism per se, Stern's work resembles more the works of more certain modern novelists. These novels include works such as Thomas Pynchon (in his earlier novels), Kazuo Ishiguoro's *The Unconsoled* (1995), Haruki Murakami's *1Q84,* (2011), Jorge Luis Borges' *El Aleph* (1944), Ricardo Silva Romero's *Tic* (2003), or Adolfo Camilo Dias' *Advenimiento (Epiphany),* (2011). In each of these, surprise appears to grow right out of the soil of routine experience. In Heidegger's terms, "everyday familiarity collapses" (1927/2010, p. 233).

We might say that there is a deeply rooted contextualism to all of these writers, a vision of life as so plain that something impossible necessarily emerges from it. If these novels have something akin to Science Fiction, science appears is seen hermeneutically. For Stern, likewise, the unbidden emerges through the familiar, the nearly transparent. In all of these writers, Heidegger's statement would seem to apply almost as a recurrent theme: "Anxiety can arise in the most harmless situations" (Heidegger et al., 1927/2010, p. 183). In Stern's theory, what is new enough to shake us from our most ingrained, interpersonal habits is most likely to appear, then, in the repetitive and long time-frame, that is, out of the nearly labored intimacy of psychoanalysis.

> Learning, in the form of an unbidden perception, is what happens when a space appears between experience and expectation . . . . New experience does not arise *de novo*—it emerges from what has come before, it becomes visible as a contrast to what is already known against the background of the familiar. (Stern, 2003, p. 243).

In Stern's psychoanalysis, then, the language of speech fills (or we could say, empties) the session, offering both an oedipal dream (full-ranging emotional freedom) and the inevitable oedipal nightmare (the necessary fixing of the immense possibilities of experience in interpretations and desires never to be realized, an imprisonment of reality in language). Stern has occasionally referred to the psychoanalyst and patient groping, seemingly blind, through language selected from the immense variety of meanings that may be suggested by unformulated experience (2003, 2010, 2013c). Note, for example, Stern's paraphrase of the workings of the hermeneutic circle:

> In Gadamer's frame of reference, *mis*understanding becomes the baseline condition, because understanding is always a creation, and requires the fusion of horizons. Prior to the fusion, we are liable to be puzzled, or to understand poorly or superficially—with or without knowing it, and with or without a genuine conversation with the other. (2013c, p. 111).

For Stern, "interaction between patient and analyst is a sequence of successes and failures, like any human relationship" (2010, p.189). As with hermeneutics, triumphs of meaning in Stern's theory lead to further struggles for understanding. Understandings (2003) then have the possibility of being blocked through further enactments. Stern's talk therapy means a mutual presence, an embodiment. There exists a certain irony at the base of this process: talk therapy is both limited and liberated by being indentured to words.

We are back to a dialogue in which two selves are talking, and either side (Stern, 2012c, 2012d) must be at least occasionally open to change if never fully in control of it. At times, circumstance will allow the narrow confines of traumatic remembrances to be breached or at least to be rendered more flexible, viable, or near.

The private language of the session permits what has been frozen due to traumatic dissociation, to be reformulated in ways that enable alternative understandings,

experiences, and relationships. Such a rendering of experience which has been left unsymbolized or guarded from full formulation is of more than aesthetic curiosity here. Likewise, this process surpasses a merely experimental interest. Far from providing material for treatment planning, this activity is at the heart of Stern's RA. If dissociated, traumatic experience "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" (Stern, 2010, p. 92). By seeking to engage the dissociated, the psychotherapist is working towards a future in which enactments lose some of their grip on the patient's experience and life. Stern's two persons locked in language and simultaneously restricted by it appear to be the hope of overcoming or at least better managing some of the deepest human suffering. In a hermeneutic twist, in the inevitably repetitive experience of psychoanalysis, patient and psychoanalyst seek to overcome the repetition compulsion of traumatically stuck interpersonal patterns.

It is therefore through a recognition of being two separate persons who have intentionally entered into the secure and regular intimacy of psychoanalysis (with its physical limitations and its attention to verbal interpretation), that representation of the previously unthinkable sometimes emerges in treatment. The psychoanalyst tenders the safety of a session (Stern, 2003) steeped in process through the medium of language (language in its general sense). Something, however, lies beyond the words spoken in session, which changes mysteriously through the language and temporality of the psychoanalytic discussion: "The expansion of the self takes place in the present, in small increments" (Stern, 2010, p. 124). This present includes the unconscious experience of

both parties. Given the necessity of safety, the intimacy, and the temporality of psychoanalysis, this is not so much a process of epiphany as one of ongoing commentary.

Stern wrote that "all experience is interpretive and perspectivist" (2003, pp. 23-24). In this theory experience and interpretation are similar or perhaps even identical. The therapeutic frame is a verbal agreement about how two separate selves engage with language in a special mutuality (Mitchell, 1988). Within the relational psychoanalytic frame, then, we find first of all, persons (Benjamin, 2009) in a process that flows between the banks of verbal rules or laws. Language gives us a means of understanding located in historicity. In Heidegger's conceptualization (1927/2010), we are, by our mere being, embodied and located in the course of time, and we engage in dialogue. In the psychoanalytic description, patient and psychoanalyst meet regularly in order to talk[20] and then to challenge the limitations of that talk. The psychoanalyst "minds the store" (Benjamin, 2013a). We have then, two persons in a room talking and striving to approach what is not clearly known, with a constructive, asymmetrical (Hoffman, 1998) focus on the one who has come to psychotherapy for care.

Context II: After the Turn: Psychotherapy and Relational Selves

Psychoanalysis, then, is a verbal, reflective practice in which two selves in particular explore unconscious or unspoken meanings, attending largely to the problems of one of the participants. For Aron (1991), Hoffman (1996), and Ogden (1996), psychotherapy is mutually constructed, therefore holding a certain egalitarian quality, but

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[20] Even this simple and fundamental embodiment being is challenged by technology. What happens to the embodiment of participants of sessions that are transmitted across the Internet? Deficiencies in audio and visual resolution come into play (Tufte, 2003), and Freud's emphasis on the olfactory as a fundamental part of unconscious experience disappears. Further questions are provoked, such as, What does it mean about our social beings when we can no longer physically coincide in the same place?

also asymmetrical. It is a given that the focus of understanding is on the problems of the patient. Following in the Heideggerian (1927/2010), and Gadamerian traditions (1975/2004), and in the direction of the interpretative turn (Hiley et al., 1991[21]), Stern's theory involves language and how we structure or experience through it. For Stern (2003), clinical psychoanalysis is in essence a process of such reflection through writing and speech. We interpret language with language. Stern, however, has signaled that in attending to the mental life of the individual patient, psychoanalytic theory, especially in the United States, has generally eclipsed the examination of its own basic material. "Psychoanalysts have always understood that we can reflect on experience only when it exists in verbal form. What we have not adequately considered in American psychoanalysis is the nature of language itself" (Stern, 2003, p. xi).

In this sense, Stern's theory moves into post-structural philosophy, with its insistence that an understanding of language is the avenue to understanding knowledge (Foucault, 1963/1994, 1966/1994, 1988; Messer, Sass, & Woolfolk, 1988; Sarup, 1988/1993) that has for centuries been the sole province of other academic disciplines, such as literary criticism, politics, religion, the natural sciences, and so on. It should be noted that Stern's theory remains also radically relational, because in Stern's thought reflective thinking does not surrender to the Cartesian elements still found in Freud's psychoanalysis. Stern is staunch in asserting that the psychoanalyst cannot adhere to the hope of access to purely reasoned thought about the patient. For Stern, even if there were a possibility for the psychoanalyst to hold to facets of objective reality, the resultant knowledge would be useless in practice: "Even if there were objective meaning, there is

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[21] For a concise overview of the hermeneutic perspective, see also, Orange's "What is Hermeneutics?" (2011, pp. 1-35), and Richardson et al., (1999).

no impersonal way to decide how to use it in what cases" (2012b, p. 204) Stern's RA

does not hold the offer of ultimately arriving at a supremely healthy base. It aims, rather,

towards ever-increasing degrees of freedom in relating.

Reflection occurs within language, but reflection does not exist simply as a

province to be governed rationality. Given Stern's hermeneutic and constructivist roots,

this would be impossible. In other words, reflection here appears to be a metaphorical

process of meaning-making but it is likely not a methodology in which reason and

prediction could ever take over. Stern followed Gadamer's (1975/2004) hermeneutic

thought about scientific understanding and hyperrationality. There is a loss inherent in the

claim to scientific methodology (Warnke, 1987) as applied to the psychotherapeutic

context. Despite experimental claims to objectivity or cultural neutrality, empirical

necessity requires putting method, data, and results into a linguistic context that is per

force culturally and historically bound. Scientific productions do not and never have

existed outside a certain culture and langauge. For Gadamer, the historicity of any

knowledge was a given. His study of history led him to further understandings of

knowledge, including the natural sciences. According to Warnke,

> All forms of knowledge adhere to a set of historically produced norms and
> conventions and hence the naivety of the claim that the natural sciences provide
> an unconditioned 'objective' view of their subject-matter which it is the task of
> the social science to emulate. Moreover, these insights indicate an important
> difference between the natural and the social sciences in so far as they reveal the
> 'double hermeneutic' characteristic of the latter, which Gadamer described as an
> encounter or dialogue, and therefore between two sets of prejudice or historical
> horizons. The successful conclusion of such dialogue is a mutual understanding of
> the subject-matter at issue that goes beyond both the views of one's text or text
> analogue and one's own initial assumptions, prejudices and aims. In stressing this
> new understanding, Gadamer's hermeneutics attempts to move beyond both the
> conservatism of simply adopting the views of the 'text' and the subjectivism of
> interpreting it as a verification of one's own prejudices. Hermeneutic
> understanding rather participates in the self-formation of an interpretive tradition

in which each new effort to understand reflects a new education and new form of the tradition itself. (Warnke, 1987, p. 139)

Stern's work, on both his theories about knowledge and the practice of psychotherapy, involves an awareness of the double hermeneutic. This theory of knowledge puts the knower in an enigmatic temporality, a potentially conflicted space between the reconstruction of past experience and the shifting of horizons that comes through dialogue, between subjectivism and the views of the other. At the heart of this is an interpersonal concept of change through experience that moves concepts such as the individual or the psyche into ambiguous positions. The self is no longer clearly bounded or delineated, nor, as I discuss below, does the self appear simply to dissolve into an oceanic space of relationship. There is a hidden tension in Stern's adoption of hermeneutic thought into the psychoanalytic.

In Stern's understanding of RA there is an expressed suspicion of the translation of natural scientific methodology into psychological procedure. Behavioral prediction, according to Stern's theory, at best would be a general series of actions, subject to as much uncertainty as any other activity:

> It is possible to predict no more than certain broad trends in life, and even on that level of abstraction, behavioral prognosticators, like meteorologists, have reason to maintain a good deal of skepticism about their powers, although they sometimes advertise otherwise. (Stern, 2003, p. 227)

Moreover, Stern paraphrased Foucault's assertion (1975/1995) that because power is fluid, it is not a fixed thing. "Conceptions of power do not have to preexist hermeneutic analysis to participate in shaping it" (Stern, 2003, p. 227). Interpreting, in Foucault's terms, would, as well as any other generation of knowledge, necessarily be a productive act. In the hermeneutic view, interpretation also involves an attempt at a

particularly moral understanding. Assertions about history necessitate a fairly fluid conceptualization of knowledge as an ongoing process. The psychoanalyst is not somehow miraculously outside of power relations. In Stern's theory, on the contrary, this is important material for the psychotherapist's understanding of the patient, the interaction, and of herself. Enactments are at the heart of Stern's theory. For Stern, "The very intensity of the happenings and the fact that they do so often end up being expressed through the operations of power mean that enactments probably carry even more expressly political and moral meanings than other clinical events" (Stern, 2010, p. 41).

The workings of power shape or create knowledge and relationship. These workings occur on conscious and unconscious levels, all of which call for constant questioning.

If the self is to a large degree determined by the interpersonal and is likely unfixed, more process and change than a concretized object of study, then predictions we make daily about our own and the selves of others are extremely fluid. Stern made the assertion, both poetic and psychoanalytic, that "we live as if life were much more stable and predictable than it is" (2010, p. 54). This is a psychotherapy created with a claim to treating the self of the patient—but treating the patient by a participant psychotherapist means also treating the self of the psychotherapist. For Aron (1991), and Tauber and Green (1959), before one can consider the termination of a case, the patient will need to have entered into the relationship in a different way, a way that requires coming into a greater engagement with the psychoanalyst. "It is essential that the patient penetrate the personality of the therapist" (p. 117). Racker (1968) took this further, to write that a

neurotic countertransference was essential to psychotherapy. For a psychoanalysis to have any success, the psychoanalyst has to work her way out of this iatrogenic malaise.

Racker warned against temptations to avoid the resultant unpleasant experience, that is, the dilemma of the psychoanalyst either "drowning" in the internal processes of countertransference or repressing them" (Racker, 1968). These points are quite close to, and they likely influenced Stern's central theory of enactment (see especially Stern, 2010). This is a psychotherapy of interacting selves, and one could say that as such no manual could ever save them from the results of such a relationship.

Furthermore, even in these earlier theories, uncertainty holds an almost ironic valence, a force that necessarily destabilizes the self of the psychotherapist. Both experience and roles gain an accepted freedom or movement over time in the RA approach (e.g., Hoffman, 2001; Stern, 2003) that is little seen in other disciplines or forms of psychotherapy. Stern's theory is well within the hermeneutic and RA cannon in its adherence to a context framed by reflections on certainty, uncertainty, curiosity and safety.

The poststructuralist shift (Sarup, 1988/1993) follows a similar line of thought by questioning all essentialism as moves of power, language, or truth claims. As Foucault has written (1975/1995), power is not a fixed thing, but rather it has a productive, mobile, decentralized quality. For Stern, for Gadamer, and for Sullivan, as we understand through past positions, prejudices, or even awareness, we must also necessarily leave other potential forms that meaning could hold. This is Sullivan's (1953/1997) selective inattention in action. For Stern, selective attention serves not merely to create and maintain a self-system, it lies behind his concept of unformulated experience. Selective

inattention is at the heart of momentary experience. There is an enormous range to what might be unformulated. "Unformulated feeling may range from what would become if articulated, subtle affective nuance all the way to most thunderous passion" (2003, p. 126). Far from a passive dropping away from awareness, Stern's dissociation therefore plays an active part in what can be experienced and what can be known.

Understanding must be selective, otherwise we would somehow be speaking of the All. Even a partial understanding that somehow lacked our selectiveness, our inability to keep the background from the foreground, would lead to bizarre kinds of confusion, as in the Borges story of a man in a park in London who takes on all of Shakespeare's memories (Borges, 2004), at first enthusiastically, eventually to overwhelmed by them. A perhaps poetic post-structuralist explanation of Nietzsche's late-life schizophrenia and subsequent mutism is that he suddenly took on all the languages of the world (personal communication, Steven Harris, ca 1978).

In our requisite ignorance, then, in order to understand how it is to be in the world at a particular time, we need to question in particular that which hides within the familiar (Foucault, 1975/1995, Gadamer, 1975/2004), and this would include the veiled workings of power. In Stern's paraphrase of Foucault, psychoanalysts need to imagine "What sinister, unwitting purposes might even self-reflection serve?" (2003, p. 28).

Uncertainty, then, permits a questioning of covert power relations in session. Moreover, in the hermeneutic search for the new, "uncertainty is good because it allows multiple traditions to contribute in unexpected ways to the formulation of the unformulated" (2003, p. 28.) For Stern, if there is a tragic loss in our tenuous grip on certainty, there is also unimagined potential in being open to unconscious meanings. This

too suggests, among other things, that in this loss of a certain grounding we become open, even if momentarily, to the greater possibilities of our being thrown into the world (Heidegger, 1927/2010), that is, of the possibilities of our freedom in our given historicity. Not every language can speak in us at once and receive an answer. However, language can become increasingly articulate, even in the etymological sense.

The relational psychoanalyst, then, works to hold a stance similar to the purposeful assumption of ignorance of the Socratic philosophers. For Gadamer, a lifelong student of Plato, this was a necessary line of attack:

> Gadamer emphasizes the Socratic *docta ignorantia*: crucial to the possibility of understanding others or the tradition to which we belong is a consciousness of our own ignorance, a recognition that we do not have all the answers and can learn from others and the past. (Warnke, 1987, p. 155)

Such an apprenticeship to curiosity demands a ceaseless struggle for the freedom to question not only the psychoanalyst's own personal structuring of experience that affect countertransference (as developed from relational patterns with early caregivers), but to question cultural assumptions regarding race, socioeconomic status, genders, sexual orientation, and Foucault's moving target of productive power and its relation to truth.

> The important thing here, I believe, is that truth isn't outside power, or lacking in power: contrary to a myth whose history and functions would repay further study, truth isn't the reward of free spirits, the child of protracted solitude, nor the privilege of those who have succeeded in liberating themselves. Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. (Foucault, 1984b, pp. 72-73)

For Foucault, we are producing power even when we are generating knowledge to oppose the status quo. The relational psychoanalyst, who will inevitably become enmeshed in mutual enactment, must accept a dual role of producing power (and starting

from the an already sanctioned, "expert" position) while also encouraging a high level of

relational freedom in the session. The psychoanalyst is the one in the relationship who

assumedly enters from a position of relative strength and knowledge (indeed, the one

hired to generate knowledge on the patient's case). This to kind of participation, the

psychoanalyst is assumed in RA to be in a paradoxical situation. For Stern, important

change appears to occur just at the point the psychoanalyst is persuaded to take this

knowledge at face value. Often, Just as she is duped into knowing something about the

patient the analyst is challenged by an enactment, and is subsequently forced to think in a

new way about the field, including her own relationship to it.

Contrary to the status of authority traditionally awarded to the psychoanalyst or

psychologist, Stern's writings (2003, 2013c) provide a theoretical backing to observations

often made by clinicians in practice: the patient may not be the only one to occupy a

vulnerable position in psychotherapy. In 1968, Racker made the assertion, still surprising

today, that "the myth of the analytic situation is that the analysis is an interaction between

a sick person and a healthy one" (1968, Racker, p. 132). Not only does Racker's

statement challenge the hold of objectivity in the psychotherapeutic relationship, it also

suggests that subjectivity has vulnerability to affect. Levenson has indicated that both the

psychoanalyst and the patient are transformed by the field (see Stern, 2005b, 2013a). As

in Gadamer's heremeneutics (Gadamer, 1975/2004), all of us are subject to change in

dialogue.

Likewise, for Stern (2003), mutual enactment means experiencing that something

is wrong for the psychoanalyst as well as the patient, and a narrowness to each side's

ability to relate and cognitively work their ways out of their mutual, emotional jam. At

various times, each side is in some important way dissociating. Recognizing this, Stern

(2003, 2010) argued that the psychoanalyst then comes into the relationship as one who is

in some sense vulnerable, and who has experience and courage to confront her own

vulnerability.

> 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; and so 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. (Stern, 2010, p. 89)

Far from a blank screen on which psychic material will be projected, and

examined from a state of objectivity, in enactment each side has blind spots and

difficulties tolerating certain frames of mind. In Stern's terms (2010), we are on a search

for that which we cannot know. We see here, then, the glimmerings of Stern's relational

goal for psychotherapy. "The ideal analyst and patient are curious about everything, and

to be curious requires toleration of uncertainty" (2010, p. 77). For Stern, this is an attitude

that is both experiential (uncertainty is to be undergone) and a teleological endeavor (an

attitude to strive for). If not a method per se, the search offers something of a working

principle: "Curiosity preserves the uncertainty in unformulated experience; it is the

attitude by which unformulated experience is maintained as creative disorder. In these

terms, psychoanalysis is the progressive awakening of curiosity, a movement from

familiar chaos to creative disorder" (Stern, 2010, p. 77).

For Stern this attitude towards innocence is an openness that is based on training

and experience. This appears to be core to Stern's thought, an attitude that is both

spontaneous and purposeful. Again, such a position could only arise as practice in an epistemological background in which knowing and ignorance (Gadamer, 1975/2004) occur simultaneously. In some of Stern's work (2010), the psychoanalyst may come to depend upon the patient to know better about the psychoanalyst's own experience than the psychoanalyst herself. It is significant that such openness in the face of both one's understanding and lack of it is formed in a connection between the practice of psychoanalysis and ethics: Innocence here is not a child's-eye view, nor is it a romanticisation of the naive. Rather, it is the result of learning. "The 'capacity for innocence' is an accomplishment. To psychoanalysts, whose work and commitment require constant exposure to the difficulty of self-knowledge, this way of understanding openness is not only fitting but just" (Stern, 2003, p. 254).

Behind such an availability are both compassion and an ethical awareness, a searching. Within the RA dialogue we see an attempt to explore opinions about how to approach what Gadamer called "the good." Such a conscious introduction of ethics into clinical practice is at odds with a scientific ideology of mental health. From the hermeneutic and RA perspectives, we cannot posit notions of mental health without also invoking assumptions of the good. I will explore how Stern's notion of the self in psychoanalysis is linked to an ethical understanding in the concluding part of this Findings-Discussion Chapter.

Hence, Stern's theory suggests a discipline based on certain goals that can be found interlaced in his theory (for example, safety and increased relational and personal freedom [2012b]). At the same time, it is a theory that suspects operationalism and claims

to objectivity, for the unconscious obstruction of meaning, inadvertent ideology, or possible harm (Cushman, 1990, 1991).

Enactments are inevitable in psychotherapy, and Stern (2003) has indicated that they frequently involve an unconsciously sadistic element. A mutual enactment will mask elements of the power dynamic in the relationship. Trust and the containment of the frame of psychoanalysis is paramount here, again, allowing for difficult emotions to be experienced in the interpersonal field.

Stern's concepts of trust and empathy, however, hold important nuance and diverge from the mainstream psychological use of the term. Stern raised questions (2003), for example, about the commonly held notion that a psychotherapist is able to demonstrate trust and then switch on empathy, in order to generate the requisite sense of collaboration or harmony in the psychotherapeutic dyad, in the manner of a power plant engineer. Psychodynamics involve participant human beings. In questioning the concept of trust, Stern has offered an important critique of empathy a fundamental notion in American psychology, as well.

In numerous ways in psychological literature, empathy is conceived as something that can be trained, measured, and perfected. It is upheld as a skill that can be learned in order to confront issues such as bullying (Sahin, 2012), improve medical outcomes for physician-patient relationships (Riess, Kelley, Bailey, Dunn, & Phillips, 2012), and to support nonviolent coping and better communication for male parolees (Marlow et al., 2012). Empathy is seen as an activity that leads to positive outcomes with varying and measurable effects. In Stern's reading of hermeneutics, however, this theoretical construct is suspect: "Because of our embeddedness in tradition and our consequent

reliance on prejudice, we cannot, says Gadamer, depend on being able to produce an empathic communion just because such a connection is desired" (2003, p. 212).

Stern's discussion of trust in psychotherapy is a radical challenge to empathy as it is commonly conceived in psychology. For Stern, making trust a quality that is to be immediately generated for the advantage of the patient involves a defensive denial of the psychotherapist's own participation in the intersubjective field. Recall that psychoanalytic thought assumes an unconscious, defensive activity, transference and counter-transference, and feelings of even aggression and hatred (e.g., Racker, 1968; Winnicott, 1971/2005). Stern wrote:

> I certainly do not mean to suggest what has so often been implied in nonpsychoanalytic accounts of therapeutic practice: that the therapist is somehow to persuade the patient or provide some convincing demonstration that she is worthy of trust, so that the patient will 'open up.' No transference worthy of the name could possibly be breached by this kind of frontal attack, which is more accurately described as a reaction formation against the therapist's aggression than a genuine attempt to establish trustworthiness. (Stern, 2003, p. 173)

One could further elaborate that the so-called demonstrations of trust are easily at risk of being perceived by the patient as a kind of con game, in particular when the psychotherapist is in a greatly more socioeconomically comfortable situation than, for example, an indigent and marginalized patient. RA holds that transference and countertransference are not merely personal matters but social events (see, e.g., Altman, 2009).

Cushman (2009) cited Gadamer, and in ways in which Stern would likely agree, has argued that to conceive of empathy as an automatic, non-contextual mental process, is to psychologize what is in fact a moral activity. For Cushman, the psychological notion of empathy is bound up with a self-contained individualism and a noninteractive

objectivism. What psychotherapists may imagine to be among the most caring tools in their therapeutic armamentarium, for Cushman, are tied to a particular ideological configuration of the self and it is inherently Cartesian.

Furthermore, the use of empathy or the building of trust as a tool suggests an inadvertent furthering of alienation on the psychologist's part. Such a displacement of categories, a mechanization of interpersonal processes, leads to a disguising of the political activities inherent in psychotherapy. Stern likewise has argued against empathy being seen as a mythical "direct conduit" (1994) into the patient's mind. For Stern, the idea of the direct access to the other's experience assumes an "objective firmament of empathy" (p. 467). Therefore, on the one hand, empathy can be seen as a technique. On the other hand, it carries the illusion of a psychotherapist's special access to both the patient's uncharted interior and a divine personal mental space of pristine compassion within the self of the therapist. In Stern's RA, compassion appears to be more a practice than a simple attitude (2010) as the common notion of empathy would suggest. Stern's trust appears to involve more struggle than automaticity.

For Stern empathy as it is customarily used assumes that there is some type of objective link between what the observer or psychoanalyst is calling "empathy" and the observer's interpretations about the patient's mind. Again, this is the assertion of a supralinguistic way to make statements about each other, and hence the great appeal of theories about mirror neurons. A cultural notion we can trace back to Titchener's turn-of-the 19th Century laboratory experiments (Cushman, 2009) continues to have a strong hold in American psychology. The theory of mirror neurons that can somehow

read into another person's intentions has also been strongly challenged (Churchland, 2011, p.142).

Extending Stern's and Cushman's critiques suggests that the deployment of empathy holds a quality of condescension by the psychotherapist. The way psychologists conceive of empathy therefore may reflect a historical element of tolerance that Christian sects historically held for other denominations which they considered heterodox, or for the infidel. There is the possibility that, as with the history of religious tolerance in the New World, the way American psychology commonly defines empathy for the other involves an attempt to approximate oneself to that which is not understood or that which evokes the speaker's anxiety or not-me experience (Sullivan, 1953/1997). With this kind of tolerant understanding, the other is understood as being inevitably different but worthy of our attention.

An example is to be found in English settlers who reacted to earlier massacres of Native Americans by colonials (Beneke & Grenda, 2011) and responded by attempting to better appreciate these tribes. According to hermeneutics, new understandings come to us, however, not through decisions about understanding but through our engagement in context and dialogue. In this case, tolerance involved the determination by the English settlers that the Indians must have been members of the twelfth tribe of Israel, Jews who had simply forgotten the faith. "Indians were 'children of god' who had lapsed" (Beneke & Grenda, 2011, p. 67), making their conversion all-the-more imperative. The move was an important one, because it meant that the First Nations had souls and were therefore worthy of saving (and hence no longer deserving of massacre). There is to be seen here a replacement of the Other for a slightly more familiar Other.

There is something similar in a psychotherapeutic stance that permits instant penetration of the patient's affective or cognitive states. In each case, the status of mutual participation and mutual observation in the act of understanding is denied. In either case there is also an assumption of knowing which seeks to stay with or to understand those who do not yet possess access to certain kinds of knowledge. Empathy implies an adherence to the expertise of Foucault's clinical gaze (1963/1994), a supposed power of observation that both names and transforms.

Alternatively, in RA thought, the psychoanalyst is encouraged to look for ignorance on either side. A universalist concept of empathy seems a likely production of a society with a history of immense debates over religious tolerance, from Voltaire to Jefferson to the present (Beneke & Grenda, 2011). In other words, by enacting a certain mysterious skill of being empathetic, the psychotherapist is seen as being capable of an objective flight from the effects of the interpersonal relationship. Empathy can appear like a spiritual power, and therefore being empathetic appears as an act of covertly condescending to the level of the patient. There appears to be a priestly quality implicit in such therapeutic claims of detached comprehension and care. The psychotherapist is able miraculously to cast aside the self for the sake of superior knowledge and clinical treatment.

For Stern, on the other hand, although trust is essential to psychotherapy, it is created by the recognition that the psychoanalyst participates in the interpersonal field. "Acceptance that the analyst intends for its own sake is useless. Unconditional positive regard is ultimately ingenuine. Real acceptance does not preclude the analyst's rejecting

internal reactions; it only precludes making the patient responsible for alleviating them"
(Stern, 2003, p.173).

From a clinical perspective, for Stern trust involves a presence that includes
constant work on self-understanding on the part of the psychotherapist. Relevant here is
Freud's requirement that a psychoanalyst undergo psychoanalysis. Trust in Stern's
thought would include ability to examine and accept one's own role and disowned
material in the relationship. The not-me of each side composes an important part of the
psychoanalytic third.

> Curiosity is the never satisfied insistence on knowing the doppelganger, the
> unknown psychoanalyst who is there in the room, too, and who will always be
> just beyond acquaintance, forever moving and forever still, occupying the same
> shadows on the far side of every new understanding. No writer knows deeply
> what he has written. (Stern, 2003, p. 251)

Likewise, the type of attention that Stern has proposed for RA psychotherapy
appears less a medical procedure and more like an artistic pursuit than many mainstream
psychological practices would allow. Aside from his strongly philosophical stance,
Stern's rare statements suggestive of technique support, rather than scientific procedure, a
creative writer's unfocused awareness of detail, structure, the unfolding of character, and
the possibilities that language will bring up. Stern's description of the kind of attention
necessary for compassionate curiosity is not so much a focus. Instead, it is an awareness
that even permits a certain relinquishing:

> It means that rather than employ a focused beam of attention, a searchlight to look
> for things in experience, which in one way or another usually seems to result in
> conventionalizing, one allows the possibilities implicit in experience to impress
> themselves on one's consciousness. One takes one's hand off the tiller and lets
> what Schachtel (1959) calls "global attention and perception" drift as it will.
> When an interesting construction begins to form itself out of this pre-attentive
> material, one may stop and perform a more focused search on and around this

construction to fill the detail and give it the convincing quality that Freud (1937) knew it had to have to be useful. (Stern, 2003, p. 78)

This statement presupposes some intriguing possibilities. For Stern, freedom is clearly an objective (2006a). In Stern's thinking, however, the Existential call for freedom is overly simplistic. Rather, freedom here involves the ability (not always attained) to be open to experience and present with it. If, for Stern, "dissociation is the deletion of imagination" (2003, p. 97), then a certain availability to what is new in the interpersonal field and in personal experience are essential to Stern's goals in psychotherapy. "Therapeutic action is greater curiosity and freedom of thought rather than increased access to preformulated memories" (Stern, 2003, p. 46).

The ability to associate, that is, to verbalize and then integrate a complexity of experience, appears to be implicit here. Association using language is tradition being re-formulated in its richest sense. The process suggests an activity that would run counter to the effects of trauma as Stern has understood it. In free association, experience can gain possibility. A psychotherapeutic goal for Stern is a "freedom to feel, relate, see, and say differently than before" (2010, p. 116). We work towards experience and reflection that can at least temporarily seize the moment as well as the possible. The analyst works with the patient to help formulate what was formerly impossible. As Stern has made clear, these are ideals. They are, however, realized if not procedurally then at least pragmatically, as a matter of practical experience. Practicing with such ideals in mind leads, potentially, to what Gadamer (1975/2004) has called practical wisdom. This is one of the ways that psychoanalysis differs from other psychotherapies with more operational approaches: with its attention to the unknown, RA in particular suggests an apprenticeship both for the psychoanalyst and the patient. It makes sense, then, that

psychoanalyst's themselves also place enormous professional value in spending a great deal of time as patients. In the words of Aron and Starr: "Patients want and need people who will listen to them in depth. That is what psychoanalysts do. We listen to people in depth over an extended period of time with great intensity" (2013, p. 24).

Stern's (2003, 2010) theoretical construct of unformulated experience, then, involves a return to Freud's technique of free association as an objective for practice, whether any truly free association can ever be achieved: "Of course, it is no accident that this description of 'allowing' is essentially a description of free association: but it is the ideal of free association" (2003, p. 78). Freedom as a potential, as opposed to a dichotomous object that may be attained or not, indicates another point where Stern has been able to weave psychoanalysis with Gadamerian philosophy (1975/2004). In hermeneutic thinking, meaning has both a newness[22] and a necessary rigidity, due to its functioning in time and its constant debts to various traditions, to external constraints, and to what has come before. "The meanings that can be validly created from any unformulated experience are a joint outcome of pre-existing structural meanings and the emergent influence of the present moment" (Stern, 2010, p. 2). It follows that meaning can never be utterly free, nor, given the unpredictability of the present, can any

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[22] Gadamer (1966/1976) has paraphrased Nietzsche's understanding of the creative side of this interplay between tradition and the generation of the new, as "the life powers of the present" (p. 6). Psychoanalysts often find this generative facet in the unconscious or in the imagination. There may be anxiety but there is also a certain comfort in knowing that we cannot know ourselves completely. A subject for future research would be the temporality implied for the unconscious in Stern's use of hermeneutics (2003, 2010). If interpretation is required to reconstruct memory into each present moment, and there are no actual psychic "contents" in the mind, is all past material constructed out of only language and tradition? What happens to the sources of very personal experience? From the opposite perspective, how are traditions and language embodied? Do these concepts, language and traditions in the broadest sense, suffice for all of experience?

interpretation be a perfect reproduction of what meanings came before it. Language both

constricts experience and limits it. "The formulation of experience is a mystery that

combines both agency and unbiddennes—crucial is the creative use of language" (Stern,

2003, p. 21).

Free association in Stern's work appears to involve an encouragement or an

"allowing" and it contains and element of interest and hope, in the compassion and

curiosity of the psychoanalyst. Against freedom is dissociation, "the unwillingness to

allow one's imagination free play. It is the unwillingness to allow one's freedom of

thought" (Stern, 2003, p.121).

Combining two concepts found in Stern's *Partners in Thought* (2010), free

association involves the cultivation of trust through relationship, and an element of what

Stern's has called "courageous curiosity." Given the confines of unformulated experience

as it is created in the interpersonal field, such freedom may occur but intermittently in

practice. Safety and trust in an interpersonal context are not necessarily an uninterrupted

process.

> To claim the presence of collaboration is to claim, as a matter of fact, just
> another way of saying the patient has accepted the analyst's curiosity about
> her and has developed the capacity to be curious about herself (or relatively
> so), free of reflexive self-hatred. (Stern, 2003, p. 174)

This is a curiosity that moves towards an awareness of the not-me. Stern has

also called it (2003) "compassionate curiosity." This is a curiosity that holds to what

is uncertain and, one might add, it requires a constant searching for the glimmerings

of unformulated experience, the preverbal, or semiotic, nonverbal meaning. For Stern,

this kind of inquiry is essential to psychoanalysis. "Curiosity preserves the

uncertainty in unformulated experience; it is the attitude by which unformulated

experience is maintained as creative disorder. In these terms, psychoanalysis is the

progressive awakening of curiosity, a movement from familiar chaos to creative

disorder" (Stern, 2003, p. 77). Because its object is unbidden, curiosity would not be

amenable to being operationalized. Stern has stressed, however, that this is an active

and disciplined process, if nonlinear.

> The fallacy here is the suggestion that unbidden learning is passive learning, that there is no way to influence what arrives in one's mind without conscious intention. Put this way, controversy again evaporates: though one cannot orchestrate one's own dreams, no one else is responsible for them. To accept the centrality of unbidden observations takes nothing away from the significance of precision, rigor, and curiosity in psychoanalytic inquiry. As a matter of fact . . . holding the conviction that learning occurs in this way requires giving these attributes of our work even more emphasis than they already receive. (Stern, 2003, p. 238)

Such devotion to the uncertain helps to guarantee the recognition of conflict

that is inherent in psychoanalytic process, while it also opens space for enactment and

release from enactment. For Stern, through the atmosphere of safety maintained by

the psychoanalyst, enactments are regularly broken and brought into reflection:

> Curiosity is not just conscious application of inquisitiveness, the asking of questions. Curiosity is the sensitivity to the possibility of a question. It is the means by which the analyst gains self-reflective access to experience, the means by which she disembeds herself from the immediate circumstance and unconscious assumptions, especially those that structure the interpersonal field of the analytic situation. (Stern, 2003, p.174)

A similar sensitivity to potential questions can be found in Gadamer's

philosophy. "Questionableness" (1975/2004) occurs in a reader's engagement with a

text. Gadamer thought that much of what can be understood in reading a text could

also be applied to dialogue. For Gadamer, any assertion actually holds a question

behind it. This concept is rich with un-mined meaning. In this philosophy,

questioning, with at least a hope of disembedding oneself from the present context, is

at the heart of both dialogue, and, in Gadamer's thought, of all social science:

> Thus a person who wants to understand must question what lies behind what
> is said. He must understand it as an answer to a question. If we go back behind
> what is said, then we inevitably ask questions beyond what is said. We
> understand the sense of the text only by acquiring the horizon of the
> question—a horizon that, as such, necessarily includes other possible answers.
> Thus the meaning of a sentence is relative to the question to which it is a
> reply, but that implies that its meaning necessarily exceeds what is said in it.
> As these considerations show, then, the logic of the human sciences is a logic
> of the question. (Gadamer, 1975/2004, p. 363)
> The act of bringing the discussion beyond what has been clearly stated is of

course native to the psychoanalytic concern for unconscious process nearly to the point

of cliché. Psychoanalysis can involve a lifelong questioning-beyond that fits with a

concept of lifelong development (Erikson, 1963/1985, 1998). As above, in Stern's

theory, a given interpretation cannot exhaust the potentials of unformulated experience.

Gadamer's statement (1975/2004), that the question itself holds a certain type of

reasoning, the very logic of the human sciences, offers a profound similarity to the

enigma of accepting the presence of an unconscious, or a not-me, something that is

present, more than simply an influence but also which by definition cannot be known.

"There is a point beyond which analyst and patient cannot progress by directed inquiry"

(Stern, 2003, p. 70). Practice then involves the project of making sense of questions as

they arise in the interpersonal field, and of querying the questioner, the field, and

oneself. One interpretation leads to another. The relationship between the question and

its response (Gadamer's "assertion") is not a positivistic one, nor is it a linear

correspondence. In both hermeneutics and Stern's RA, a question is not simply requited

when the sufficient or adequate answer is supplied. Unlike a user manual, in

psychotherapy the process initiated by a statement or a query does not end with the

response. Rather, it suggests a circularity from which we can never be free but which momentarily frees us. For Gadamer, a query asks for an assertion and behind every assertion lies another question. This appears a similar position to what in psychology is frequently referred to as process. In other words, a suspension of the primacy of the assertion over the question leads to a metapsychology, one that asks questions about the process and the very conditions of questioning itself.

Stern has likewise maintained that his focus has largely attended process over content, not to imply a disparagement of the substance of our words, but because the way meaning emerges into consciousness is an ongoing, largely invisible activity. For Stern, cognition is not a piece of rationality set off in the mind from other forms of experience. Rather, thought is inseparable from feeling; Stern defined cognition as "an amalgam of the two . . . a psychic endeavor on the borderland of epistemology" (2003, p. 40).

We are always in the process of formulating experience, and Stern's clinical psychoanalysis is a phenomenology of "the way a memory melts into a thought about the present, or the way one thought or feeling verges into another" (2003, p. 41). To be concerned with unconscious activity, psychoanalysis is by necessity about change at the level of consciousness. It utilizes, therefore, the asking of questions beyond functional demands for content, and Stern's RA in particular offers a way to bring to light the habitually dissociated.

To illustrate this connection between questions and answers, the sense of a text and the horizon of the question (2003), Stern described the challenges he and a native Japanese speaker encountered when he attempted to teach English by explicating

American cartoons from the *New Yorker* magazine. When the question posed by the cartoon was displaced, the riddle could never be answered or assumed. There was no background for the non-native speaker to experience as having been surpassed. Humor would be impossible in a world without the possibility of rules. With no horizon to be shifted, Stern's Japanese friend had to supply his own background to the field, an activity that could not work.

Stern wrote that his friend was often puzzled by these cartoons. However, through Stern's own, often absurd attempts to explain the humor, his friend would occasionally come upon the point and burst into laughter at seemingly random moments. It was impossible for Stern and his friend either to predict or to reconstruct the arrival of such moments. Context requires language, at least in the general sense. With neither linguistic context nor tradition, there is no way to travel beyond the bounds of a given placement of meaning. Stern's example is stark, given the differences in cultures.

Difference of this sort must occur constantly in psychotherapy, despite the psychotherapist's best and regular efforts to paint a realistic picture of the world of the patient. Gadamer's linking the question to an assertion (1975/2004) has the feel of the type of questions for which psychoanalyst's often strive. In Stern's terms, such questions could be said to aim for a greater possibility of meaning while offering less control of the interaction. There is an interesting attention to moments before meaning is rendered into experience. For Gadamer, "this is the real and fundamental nature of a question: namely to make things indeterminate" (1975/2004, pp. 367-368).

Gadamer's description of questioning is remarkably similar to Stern's description of what happens when we pass through enactments to reach moments of

reflective understanding. In Gadamer, "to understand a question means to ask it. To understand meaning is to understand the answer to a question" (1975/2004, p. 368). This also points to the sense of continuous indeterminacy which requires the openness and curiosity that Stern held as essential in psychoanalytic work. In the case of both Gadamer's philosophy and psychoanalysis, attention is offered where it habitually will not go (Aron & Starr, 2013), often towards signs of ambivalence, confusion, and ambiguity in the construction of meaning. There is therefore often a literary quality in RA work. In psychoanalysis, the most important observations may be about the familiar; additionally, they may often land among the bizarre.[23]

Ehrenberg (2005) has also emphasized that uncertainty in psychoanalysis is not simply a not-yet-understanding. It involves "a tolerance for and respect for 'not-knowing' not just cognitively, but also *affectively"* (Ehrenberg, 2005, p. 27). The invocation of a project that is not simply an intellectual challenge but an experience of not-knowing also gives a certain coherence to Stern's interest in poets such as Valéry and Mallarmé discussed below.

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[23] Stern's concept of a preverbal level of experiencing may offer a way of regarding that which occurs before Gadamer's question is posed. For Gadamer, however, the moment of encounter with the text already holds the question within it. "There can be no tentative or potential attitude to questioning, for questioning is not the positing but the testing of possibilities" (Gadamer, 1975/2004, p. 368). There is already in Gadamer a sense of the unbidden. One is further reminded of Stern's use of James' (1890/1981) felt tendencies. Stern along the same lines wrote of a sense of chafing as a sign that an enactment is happening. James, Gadamer, and Stern appear to be talking about the same intimations before meaning is formulated. Feelings of tendency or snags are likely signs that one has already entered into the act of Gadamer's questioning. Gadamer had less say on the relative levels of awareness in this process. On the contrary, the activities of the unconscious are of major concern to the psychoanalyst, with a focus on not just what is said but on affect, on embodiment, and on continuing interpersonal experience.

Attention to where attention is reluctant to go is of course part of the courage inherent in Freud's psychoanalysis (Gay, 1988; Mitchell, 1988), given its conflictual model, the theory of repression, and the inevitability of the psychoanalyst experiencing strong counter-transference. That is, the psychoanalyst (e.g., Racker, 1968) attends to any signs of countertransference as potentially valuable experience of how the patient relates to others. There is a necessarily, frequent battle with oneself in the interpersonal relationship. Conflict is ubiquitously available to pose questions, and its unavailability may offer yet another question to the trained psychoanalyst, particularly if enactment is considered an important event in the psychotherapy.

In Stern's understanding the relational psychoanalyst attempts an ideal expertise in sensing or reading what is occurring for the psychoanalyst, what is occurring for the patient and what is occurring in the room, that is, with what Ogden (1994) has called the intersubjective, and Mitchell and Aron, and Stolorow and Atwood have called the relational (see Mitchel & Aron, 1999). The psychoanalyst finds questions in the intersubjective or interpersonal space (Stolorow & Atwood, 1992). The psychoanalyst examines background and foreground, context, meaning, questions, and answers from either party, for manifestations of unconscious activity all around. We are reminded of Levenson's dictum that the psychoanalyst constantly ask, "What is going around here?" (Levenson, 1985, 1990). There is an irony to the statement. As a phrase, it suggests, again, a certain acceptance of the chaos of our understandings. That it needs to be repeated gives the implication that meaning needs to be queried constantly, the same idea in Gadamer's (1975/2004) concept that any assertion is up for examination for that which lies behind it. The psychoanalyst offers indeterminacy as a way to invite the new.

Psychoanalysis could then be redefined as a training in holding curiosity about the self or selves through the interpersonal field. This is Stern's compassionate curiosity, which involves not only doing psychoanalysis but requires a psychoanalytic education as well.

> The analyst develops a 'work ego' in the course of psychotherapy and training, a capacity for self-containment and self-reflection, which may originally have been the training analyst's, but is now the analyst's own, and will become the patient's. . . . [A]nalysts are at their bests in the office. There is a minimum of interruption in the capacity to disconfirm the preconceptions emerging from the interaction with the patient. (Stern, 2003, pp. 254-255)

This "freedom to disconfirm" is not a challenge to the patient's presuppositions or problematic schemas, but rather a means of questioning everything about the interaction. In this interpersonal theory, curiosity about the other becomes curiosity about the self. Curiosity about the analytic third could be described as curiosity about one's own experience, that of the other, of something outside, and perhaps of something in-between. Moreover, each of these aspects of the field exist only partially on the level of awareness.

All of this presupposes the psychoanalyst will maintain a sense of safety, a secure frame for the analytic dyad. Changes to the patient's self system (Sullivan, 1953/1997) would require a safe enough space to address anxiety, for a start. From a more recent, RA perspective, another reason why security is necessary is because it entails both sides experiencing transference/counter-transference in an ongoing process (Ehrenberg, 2005; Hoffman, 1983; Stern, 2003). Furthermore, this type of psychotherapy (Racker, 1968) involves complimentary and concordant transferences. Both psychotherapist and patient are undergoing assumedly intense experiences, regardless of the degree to which these come into awareness. Stern explained that

dissociated experience does not disappear into some hidden corner of the mind. I play out the state of self I cannot tolerate experiencing directly, and 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.
(Stern, 2003, p. 84)

In an environment where enactment is allowed to become the common currency

of relationship, safety demands a certain acceptance. As discussed above, this acceptance

includes an understanding of the psychoanalyst's own vulnerability.

The analyst's accepting attitude toward her inevitable involvement in enactments with the patient, and the curiosity that this acceptance allows, not only the patient's experience, but her own, is the only means at the analyst's disposal to provoke this crucial process of disembedding. And each time she is successful in provoking it (though she never knows quite how it has been accomplished), she is able to refrain from the enactment in question and instead interpret the patient's transference. Thus transference interpretation are the only evidence the patient can really depend on that the analyst is not "drowning in the countertransference" (Racker, 1968), the only authentic indication that the analyst is able to know and tolerate the countertransference and use it to help the patient. Of all the analyst's interventions, therefore, transference interpretation (and the countertransference interpretation that so often precedes it, usually privately) plays the most significant role in establishing and maintaining the patient's feeling of safety (Hoffman, 1983).
(Stern, 2003, p. 174)

For Hoffman (1983), it may be impossible for the psychoanalyst magically to

protect the patient from all the effects of counter-transference (and, we can assume, from

the type of enactment of which Stern would later conceive). Attention is reciprocal. The

patient selectively attends to aspects of the psychoanalyst's responses, and the patient can

also be the interpreter of the psychoanalyst. Moreover, the psychoanalyst has less control

over the experience of counter-transference than has long been maintained in

psychoanalytic thought.

It is interesting that Hoffman redefined objectivity to mean the psychoanalyst's

ability to avoid drowning (using Racker's term) in the counter-transference, that is, so

that "the patient comes to know that the analyst is not so consumed or threatened by the

countertransference that he is no longer able to interpret the transference" (Hoffman,

1983, p. 414). However, given the limits of control and awareness, for Hoffman, the

psychoanalyst may not know whether she is being overcome by counter-transference

until she has actually reflected out loud on it, that is, converted it into language and

brought it into the interpersonal field:

> Whether the therapist's response will be dominated by counter-transference or not
> is a question that is raised again and again throughout the course of the therapy,
> probably in each hour with varying degrees of urgency. Also, it is a question that
> in many instances cannot be resolved in a favorable direction unless or until a
> timely interpretation is offered by the therapist. (Hoffman, 1983, p. 415)

Hoffman's timeliness here offers two potential characteristics: either it offers the

assurance that the psychoanalyst can continue to hear difficult aspects (difficult for the

psychoanalyst as well) of the patient's interpretation of him, or the assurance that the

psychoanalyst can continue to "work to create another kind of interpersonal experience

which diverges from the one towards which the transference-countertransference

interaction pulls it" (1983, p. 414). It is likely that a fitting interpretation at these times of

enactment would hold both of these attributes, that is, that it give both a sense of safety

and a sense of newness, a disembedding in hermeneutic terms. An important if implicit

point in Hoffman's statement that resonates with Stern's theory that it is through the

interpretation and its acceptance or nonacceptance (Stern, 2003) by the patient that the

psychoanalyst finds her bearings. These theories are relational to the highest degree, and

they are likewise hermeneutic: understanding involves a being lost in the interpersonal.

Being found is also constantly an experience that is located within dialogue and the

interpersonal field. The psychoanalyst turns to her experience of the field, not simply for

the confirmation of data (though that, too, occurs constantly), but for the understanding of herself and her own activities within it, that is, some awareness of her participation in the Analytic Third (Benjamin, 2004, 2009). There is simultaneously a courage to venture into what is not previously known, even about what we are about to say (Stern, 2003), and an ability to tolerate the uncertainty of the process itself. Furthermore, this is a process that is fraught at least unconsciously with the interactions of the best and the worst of either personality.

Stern took Hoffman's principal idea here, that the patient is the interpreter of the analyst (Hoffman, 1983), one step further by conceiving of a type of enactment that is mutual in the interpersonal field. In mutual enactment, each side struggles with aspects of their own previously dissociated not-me experience as it emerges the relationship. Bringing in the not-me, some aspect of the self which is intolerable, and then interpreting such problematic or dissociated experience in order to arrive at the level of reflection (that is, verbalization that has a chance of being at least partially heard) must be achieved within a relationship of strong collaboration, rapport, and even compassion for oneself. Recall that there is not only one not-me composing the analytic third (Benjamin, 2004; Ogden, 1994). Both members are involved in mutual enactment. Safety, containment, security are essential, not merely for ethical purposes but because the way out of an enactment is itself a sort of releasing, or an "opening what has been closed, relaxing what has been clenched" (Stern, 2010, p. 147).

Such trust is also a necessary condition for the kind of change Stern describes because it supports a notion essential to Heidegger's conception of Being. For Heidegger, Being involves recursively comprehending properties of the fact of our own being. Being

human means not only being thrown into a particular place and time but having finitude (1927/2010), being mortal, and having awareness of this fact of life. The trust and security of Stern's interpersonal approach to RA (2003) are therefore made necessary by the anxiety of the interpersonal field.

Stern (2003) has described two types of dissociation. One is the Sullivanian (1953/1997), everyday dissociation, basic security operations that help us to relate to others and the world through selective inattention, and which help form our different selves in relationship. This involves the basics of perception. We need to select from the massive stimuli of every moment to decide what is to be brought into focus, or the foreground. We bring certain aspects of life into our different experiences in order to be able to carry on in the world, and these aspects involve attention to fragments of experience and not-experiencing other aspects of the world.

A different type of dissociation is the more common psychological definition, dissociation that takes place when one is overwhelmed and experience cannot be had full-on. This would be the dissociation caused by psychic trauma, and it occurs when we experience our near demise, a result of psychic trauma (American Psychiatric Association, 2000). It would proceed logically from certain types of experiences including Heidegger's (1927/2010) concept of finitude.

When working with trauma in particular, as the psychoanalyst engages in compassionate curiosity and that curiosity has a chance to be mutual, and then when the treatment finds eventual release from a mutual enactment, death enters the room. For aspects of not-me to emerge while associating to trauma would also likely mean facing one's own vulnerability, and the necessary potential for death. In seeing where we are

vulnerable we see our own incompleteness, our mortality. A mutual enactment would imply that both sides receive a taste of this. The anxiety suggested in this definition of dissociation and enactment implies at least some aspect of Heidegger's understandings of *Angst* (Heidegger, 1927/2010). Stern's concept of enactment is an ongoing lockdown on the potentials of meaning. "Enactment interrupts each's capacity to serve as witness for the other" (2010, p. 122). Each side experiences a threat to the self-system.

Coming through an enactment therefore might well include a temporary resolution of that anxiety, a momentary triumph of relationship, that is, of eros or desire (with feelings of love, friendship, connections, care, warmth, or intimacy) over a rigidity that may at least occasionally be related to dread and habitual fears of one's demise. It is through relationship that we overcome the sufferings of being near to death. Stern has used a suggestive metaphor, comparing metaphorically the entry into enactment to a sense of risking a self-willed shipwreck for the psychoanalyst: "the freedom we are seeking requires us to plunge into the maelstrom" (2010, p. 181).

During moments of release from enactment, both life and death may be held together through temporality. These are moments when understanding is reached but it need not be whole. This fits well with Stern's theories of witnessing (Poland, 2000; Stern, 2010, 2012c) a necessary ingredient to bringing banished (unformulated) traumatic experience to the foreground. To recast these thoughts in Sullivan's terms (1953/1997), we could imagine a momentary releasing of security operations with the unclenching of some types of enactments.

For Davies, and in Stern's (2003) reading of her theory, the ability to love comes when the oedipal battle can be "both *won* and *lost*" (Davies, 2003, p. 10). It is likely that

this dialectic between the oedipal and the post-oedipal affects enactment and then the experience of coming through an enactment. Again, there appears here to be a play between erotic feelings and feelings of loss or even the death of a certain aspect of relationship. The ability of the psychoanalyst to participate in these feelings while also witnessing the patient's transference (Racker, 1968) at such times allows a practicing of the contradictory state of simultaneously losing and wining the oedipal battle. If there is a counter-transference, then the psychoanalyst will also likely experience mixed feelings of success and failure.

In coming through an enactment that entails traumatic material on at least one side of the psychoanalytic dyad, there may be a powerful if fragile balancing of contradictory meanings and mutual experience. The integration creates a basis for a temporarily new meaning, until, following Stern' theory, more recent understanding joins the world of knowledge and prejudice, the given (2003), to offer the basis of further potential discovery. Overcoming enactments brings about a greater freedom for meaning that is new.

This implies a relationship between both interpersonal and personal freedom. The self is involved in the process of the field:

> If the interpersonal field is the gateway into consciousness, facilitating some formulations of experience while preventing others, then whatever it is that allows the most freedom in the field is also what will allow each participant in the relationship to be take advantage of whatever personal freedom he or she brings to the encounter. And therefore, we can conclude that whatever we can do to make it possible for the analytic relationship to evolve freely, without constraint or constriction, is the best way we have to encourage the freedom of experience. Relational freedom makes the freedom to experience possible, and therefore underpins therapeutic action. (Stern, 2012b, p. 11)

Gadamer's question lurking behind every answer is found in the freedom to invite an answer, occasionally to allow Stern's (2003) "unbidden experience." At some point unknown, the enactment is transcended, in order to invite further questions about it. Questions call for answers that can then build towards further questions, and again the familiar sets in. For Stern, "interpretations we are emotionally and intellectually equipped to make are the raw materials of the next moment's new experience" (2003, p. 69). On occasion, the safety of an interpretation makes the space for mortality to be experienced, if even partially, for the recursiveness of Being (Heidegger, 1927/2010) to be looked at, and for enactment to be, if only for the time being, surpassed. In Stern's thought, in such a change of relationship, the understanding may fit so well with our experience that we imagine "it was there all the time" (2003, p. 69). This signals a shift in the field, in which experience is drawn from the background into the foreground.

Context III: Stern's Active Self: Reflection, Interpretation, and the Word

Stern's configuration of the self is unique. It draws in part from Bromberg's concept of multiplicity (Bromberg, 1994, 1996/2000), and it adheres, but only partially, to Sullivan's self system (1953/1997).

Stern's understanding of the self (2003) emerges from psychoanalytic practice. Integral to understanding this self is the concept of unformulated experience. Stern's notion of subjectivity is phenomenological: It emerges from experiences in session. How, then, does this self-relate to essentials of understanding through psychoanalysis, such as reflection, interpretation, and language? To understand how Stern's self emerges, I seek here to explain the role of language in Stern's theory.

Experience comes from the unformulated through interpretation. If the self cannot posit any key to pure reason, and therefore cannot offer to experience any overt or covert access to truth, what is the role of this reflection? Where does it originate? Certainly, psychoanalytic reflection must hold some aspect of an important activity for the self, and certainly it is part of a search for a better understanding of the meaning of experience.

For Stern, psychotherapists do develop expertise in the interpretation, which involves "a capacity for self-containment and self-reflection" (2013, p. 254). However, reflection is a limited activity, leading to new experience. Rather, for Stern reflection seems to occur after the fact, after an experience, and in particular after an enactment, a period of relative blindness, has been overcome. In reflecting, we are forced to choose one meaning from numerous possibilities of the unformulated. "Interpersonal life . . . can be processed in parallel. But verbal reflection is linear, and therefore clumsy by comparison. "We can 'act' on many things at once, but we can 'know' only one at a time" (Stern, 2003, p. 153).

Some of life remains beyond us, in so far as we rely on words alone (the material of reflective experience). These limits are inevitable in this theory and in Gadamer's (1975/2004) hermeneutics, regardless of our greatest skills at interpreting or our hearing the greatest of interpretations. Self-control and the grounding of meaning in this theory become questionable concepts, offering a noteworthy disagreement with Enlightenment thinking, in which reason and cognition are givens. Clarity becomes a relative concept. There is a resistance, here too, to industrialized process, in which the right work or technique (Stern, 2012a, 2013c) and the correct application of force is thought to lead to an almost divine guarantee of certain results.

Reflection in interpersonal psychoanalysis, too, requires work, but any understanding necessarily demands a limiting of what is allowed into consciousness. To reflect, we are inevitably confined to Sullivan's selective inattention. Stern wrote that reflection itself is relational. It is subject to the interpersonal field, and hence in Stern's terminology, to unbidden experience: "I believe we do not and cannot control reflection, not where it matters clinically. These things come upon us" (2010, p. 162). Therefore, even a Socratic questioning can promise but limited results. "There is a point" Stern wrote, "beyond which analyst and patient cannot progress by directed inquiry" (2003, p. 70).

For all its conscious limits, Stern's re-definition of reflective thought involves a fundamental supplanting of Cartesian reason for something with much more possibility, that is, creative process. Reason loses its privileged position among mental activities. Even reflection of any significance may or may not necessarily meet the test of appearing to be reasonable. As above, reflection is itself not subject to our control—political, industrial, technological, or otherwise. Similarly, for Foucault, claims to reason are particularly suspect in their ability to render the operations of power into something covert (1963/1994, 1966/1994).

In Stern's theory, if we are less rational and predictable beings than we may like to imagine ourselves, we are also potentially more creative. Behind this theory there appears to be a constant message that life has great potential. While Stern held that a certain scientific rigor and commitment is essential to the psychoanalytic endeavor, we also see a regular implicit message of resistance to industrialized or codified conformity in this thought. If a significant way we make ourselves is through security operations

(Stern, 2003; Sullivan, 1953/1997), then resistance to anxiety about the unpredictability

of both experience and life would constitute an important path to self-change.

Psychoanalysis emerges then, much more than a locus for mere symptom relief, as a

place in which uncertainty is both held and queried.

> Curiosity preserves the uncertainty in unformulated experience; it is the attitude by which unformulated experience is maintained as creative disorder. In these terms, psychoanalysis is the progressive awakening of curiosity, a movement from familiar chaos [in which dissociation places strict limits on experience] [brackets added] to creative disorder. (Stern, 2003, p. 77)

For Stern, our reflective process, our efforts to bring meaning into consciousness,

involves language. Human embodiment entails verbal activity, as does the parallel

process mentioned earlier. This second region, this "some of life" (Stern, 2003, p. 153) of

linguistic process that "remains beyond us" is a linguistic but nonverbal realm that Stern

called the "semiotic." The nonverbal offers rich access to unconscious meanings.

"By 'nonverbal'" Stern referred to "experience coded in that other, unworded

'language' of action and practice" (2003, p. 24). This would include greatly more

nuanced organizing activity than solely what generally falls under the rubric of body

language. The semiotic here forms a whole realm of experience in the linguistic, as it,

too, holds meaning, but it is essentially beyond speech per se. Stern's use of semiotic

suggests that even gesture would be seen as structural. Rather than being defined as

gestures that exist in parallel biological lexicons correlated to verbal gestures (as

maintained by Ekman, for example [2003]), the nonverbal would exist instead in

symbolic systems with their own structures. For Stern, the verbal and semiotic are merely

different types of experience which he has at one time compared to the

differences between a story (the verbal) and a dream (semiotic meaning) (2003).[24]

Language, in this way of thinking, is a blanket term that lies invisibly over, or that somehow imbues the verbal and the nonverbal (semiotic).[25] With this concern for the borders of speech and the possible ranges of linguistic experience beyond what is spoken or written, Stern sought to comprehend fundamental questions in some of the most basic areas of psychological inquiry, such as infant development and extra-linguistic perception.

According to this theory, we have minimal direct access to that which lies beyond language (language, again, here in the most general sense). Stern emphasized the importance to psychodynamic thought of the "hermeneutic-postmodern insight that all

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[24] It is not entirely clear here if Stern's sense of the semiotic would be have to be prototaxic (that is, involving sentience, the basic and most common form of experience [Sullivan, 1953/1997]). It appears that semiotic meaning might include prototaxic, timeless experience but the semiotic could also have greater linguistic structure than that, as in the case of say a gestural abstract painting not depicting any denotative relationship to a linguistic narrative while at the same time holding a highly complex linguistic structure. See, for example, Artaud's *On Balinese Theatre*. "The first Balinese theatre presentation derives from dance, singing, mime and music—but extraordinarily little from psychological theatre such as we understand it in Europe, re-establishing theatre, from a hallucinatory and fearful angle, on a purely independent, creative level" (1931/1974, p. 34). For Artaud, such performance was ripe with meaning, affect, and a grammatical structure but absent any coherent connection to what would normally be taken as text or pragmatic forms of speech. Theatre of this type would provide another means of access to unformulated experience.

[25] Stern's theory appears to hold that for experience to be "grasped" that is, reflected upon, it must be done so through words, even if those words are spoken silently to oneself (2003). The self is therefore essential for fixing experience linguistically. Stern has appeared to rule out the possibility of a semiotic, extra-verbal category of reflection. This may be due to psychoanalytic practice which is held to the verbal and linguistic, or it may be Stern's epistemological stance holding an assumption that reflection must be somehow verbalized to qualify as such. For Stern, experience is always interpretive. From a psychoanalytic perspective, we can conjecture that to see it differently would be to verge into the religious, the mystical, or other practices.

experience is interpretive and perspectivist" (2003, p. 24). What lies beyond the linguistic offers little to awareness until it can somehow enter into something nearer to language, such as semiotic, preverbal, or unformulated experience. Stern noted that "languageless reality is what Lacan calls 'the Real' and it cannot be directly known" (p. 23). Therefore, "we cannot grasp reality in an unmediated way" (Stern, 2012a, p. 10).

Stern has upheld the Gadamerian assumption that we are constituted by language. For Gadamer, this was essential: "Language is the fundamental mode of our being-in-the-world and the all-embracing constitution of the world," (1966/1976, p. 3). Likewise, for Gadamer, "understanding is language-bound" (p. 15). In Lacan's thought, similarly "knowledge of the world, of others and of self is determined by language. Language is the precondition for the act of becoming aware of oneself as a distinct identity" (Sarup, 1988/1993, p. 8). We could call Stern's theory post-modern interpersonalist. "Knowing" for Stern, "is a function of the interpersonal field" (2003, p. 31). For thinkers following the Interpretive Turn, knowledge, experience, and selfhood inevitably take place in some manner through language (e.g., Frie & Coburn, 2010).

According to Stern, both may be under language, but the semiotic and the verbal are fundamentally different levels of experiencing. Stern has cited various, quite different ideas of language, ideas native to French thought, such as Sarraute's distinction between *langue* and *parole* (1967). Language here represents "the symbolic system within which we have existence" much of which remains invisible to us (Stern, 2003, p. 17). Speech, on the other hand is worded language.

Levenson, likewise, wrote of other "extensively coded communications, as informational as speech, that take place in the intersubjective realm" (1979, p. 72).

Levenson's use of "informational" here seems pivotal. It suggests a deprivileging of speech and a curiosity about experience that lies outside of our reflective understandings but which would still have some kind of structure. We are back to Stern's unformulated experience here, and the question of how one is to access the unconscious.

It is interesting that when writing of unformulated experience on a phenomenological level (as a form of experience), for example, Stern described a certain "chafing." That is, one first perceives that one might be in an enactment through an intimation, similar to what James (1890/1981) described as a "felt sense" that which occurs to us just before meaning becomes apparent or is rendered into language. Stern (2010) compared James' felt sent to the feeling of being in an enactment which is sense like a snag on one's sweater.

Levenson's (1979) thought about extensively coded nonverbal communications may then be our bridge to the most important of formulations in RA work. Furthermore, a felt sense suggests an important connection with an interior, or possibly internalized self. An informational, other category of communication poses important questions, which Stern's theory would also raise: What kind of information can exist beyond the grasp of words? How do we know things?

Stern's theory here provides a surprising cohesion to basic problems of knowing and experience. Discussions, presentations, performances, of artworks, poetry, fiction, or film, are common in the psychoanalytic world of journals and institutes. This engagement has been so intense that there is a frequent exchange between psychoanalytic thinking and artistic pursuits, each influencing the other. There have also been occasionally

contentious relationships between psychoanalysis and film.[26] For Stern, cognition is more than intellectual process; it includes also affective life.

> If thought and feeling are an indivisible unity, cognition, which it is convenient to define as an amalgam of the two should be construed as a continuous process of worldmaking, a psychic endeavor on the borderland between psychology and epistemology. (Stern, 2003, p. 40)

Psychoanalytic tradition has from Freud's time held an openness to reflection on any aspect of phenomenological experience. Modell (2009) maintained that metaphor organizes memory and links it with the present. Metaphor involves a mapping process onto experience. For Stern, the ability to organize memory via metaphor is that which divides out what has traditionally been called the psychotic from "clinically useful" transference (Stern, 2010, p.134). In the latter, metaphor is created but it is not taken as having literal meaning. The ability to use metaphor therefore has a strong connection to well-being; it is essential to semantic, active meaning-making. Such a status given to meaning-making imputes artistic creation with a stronger purpose than it would have simply as a vehicle for psychotherapy. The arts become locations of meaning to which we can turn for new understandings of the creation of meaning and to find different possibilities for unformulated experience. Indeed, beyond even interpretation, artistic expression can itself hold numerous levels of abstraction. Art often functions in a way reminiscent of dream, as both the formulation of new meaning and the rejection of

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[26] While psychoanalysis has a history of influencing and offering material for cinema (e.g., Guario & Rinaldo 2010; Walsh, 2013) Stephen Heath (1999) has further questioned the Freudian and Lacanian domination of criticism as narrowing film theory.

formulation into more conventional meanings. Both content and process, art and play make us better at symbolization and meaning making.[27]

Stern also divided experience between what has already been constructed and what we subsequently interpret from it. Though Stern has not written extensively on the subject outside of the effects of trauma on experiencing time and memory (2012c), his work suggest some early thoughts on temporality and the self. If we know experience through subsequent reflection on unformulated experience, then what does this say about the phenomenology of time? If memory is a construction in the present, much less reliably connected to any ideal imprint of the past than we might imagine (Bartlett, 1932; Stern, 2003), then what happens to say, family history, a major concern in psychotherapeutic work? Should temporal assertions about what the self has experienced be treated much the as the stuff of dreams, as oneiric theory would support (see, for e.g., Ferro & Civitarese, 2013)? What kind of impact would such theory make outside of psychoanalytic thought, that is, into fields where the unconscious tends to be of much less concern? These questions remain in Stern's and other psychoanalytic theories unanswered.

By dividing experience in this way, Stern further offered a response to what may be one of the most important questions behind his theoretical assertions. Stern borrowed Winnicott's (1971/2005) construct of the given and the made:

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[27] Alternatively, Loewald maintained that art is a type of "reconciliation" that offers a higher level organization but one that returns us, via more familiar matters such as symbolization and representation, to "the early magic of thought, gesture, word, image, emotion, fantasy, as they become united again . . . Could sublimation be both a mourning of loss of original onenness and a celebration of oneness regained?" Loewald, (1988, pp. 80-81) In this sense, RA in practice can be said to have both developmental and spiritual dimensions. Along a similar vein, new meaning brings us to what Stern has called "the capacity for innocence" (Stern, 2003, p. 254).

The great challenge of psychoanalysis has always been the problem of the given and the made. Somehow we must negotiate the dual claims that experience is discovered, that it is structural and preexists our knowing of it, and that it is entirely understandable in phenomenological terms, by means of grasping the process of understanding itself. At issue in psychoanalysis are nothing less than our conceptions of mind and experiencing, consciousness, the unconscious, the defenses, the nature of representation and interpretation and the kind of significance we attribute of language. (Stern, 2003, p. 3)

For Stern, a central character entering this gap between already-made knowledge or experience and the mental construction of experience, would be "unformulated experience." The unformulated offers a missing piece in the description of moment-to-moment experience for a self that is under constant change. Unformulated experience offers a bridge, if a somewhat abstract one, between the process of how experience comes to consciousness within a necessarily limited set of structural possibilities, to be reflected upon and given form through language or interpretation. This is the constructivist edge of Stern's thought. Experience is made from the given (2003, 2010).

Following the Interpretive Turn, we require perspective in order to come to any understandings of anything. Perspective itself is a matter of interpretation, in a hermeneutic sense, something realized through tradition (Gadamer, 1975/2004) or traditions (Orange, 2011). Symbolic representation provides the necessary distance we need in order to interpret this less definite experience. Stern concurred with Gadamer that "reality exists" but is "inevitably understood from a social, historical, linguistic, and (we can add from our psychoanalytic vantage point) individual perspective" (Stern, 2003, p. 181). For Stern, "any interpretation, psychoanalytic or otherwise, is a perspective." In other words, through interpretation we are able to know experience, and interpretation involves spoken language (Stern, 2003).

Between these various dualities, the formulated and the unformulated, the verbal and the nonverbal, the given and the made, we have, then, the beginnings of a place for the self. As in Heideggerian philosophy (Gadamer, 1975/2004; Heidegger, 1927/2010), this self exists in a history, and it comes to light via traditions. For Cushman, "each of our lives is a point of intersecting traditions" (2011b, p. 34). In hermeneutic terms experience, and life itself, is constituted by language, an ongoing process that takes place in historical time. By its very definition, Stern's concept of the self exists through time and via language. Its patterns are changed in relationship, and their less known sides emerge through dialogue. In psychoanalysis, attention to the unknown arranges for the possibility of new ways of being in relationship.

The Problem of Self Understanding

In Stern's theory (2003, 2010), experience can be verbal or nonverbal but it needs to be structured linguistically in order to be experienced. Psychoanalysis then is a verbal practice that seeks understanding of linguistic practices. In this striving, it employs verbal thinking to examine semiotic experience and constantly to search understanding of that which is outside of linguistic structuring, such as Bion's *k* element (1962), or Lacan's the Real (Fink, 1997). Psychoanalysis also seeks to understand verbal practices themselves. On either the semiotic (nonverbal) or the verbal side of language, however, there can be different degrees of awareness. As experience is selected for formulation, partial meanings are brought to light, projected into greater levels of meaning.

In this practice we are faced then with a paradox: the self is confronted with a conceivably impossible search for the unconscious, the unknown. Stern posed the question: How can we know what we do not know how to look for? (2003, p.11). In

Stern's work awareness of this seemingly impossible goal is a first step towards it. This is

neither an idealism nor a Romanticism, but it does recognize the tragedy inherent in our

hopes, as in the oedipal myth which involves both defeat and victory at once:

> In referring to 'oedipal themes' and struggle,' I am thinking about a paper by
> Davies (2003) in which the successful outcome of the oedipal situation is
> conceived not just as the acceptance that one can never win, but as the acceptance
> that one will both lose and win. (Stern, 2010, p. 148)

Relationship here mirrors the epistemological problem that understanding

involves something out there while comprehension is also necessarily incomplete. Not

only are certain, fundamental desires believed to be present from infancy onwards

confronted by both failure and sublimated realization, but knowledge in Stern's thought

appears to be constructed this way, made of both wisdom and ignorance, experiencing

and the unknown (2003).

The hermeneutic, psychoanalytic process is likewise an attempt at self-knowledge

that is based on an assumption of an unconscious and external reality, neither of which

can be fully comprehended. If, as it is for Stern (2003, 2010), interpretation is needed for

experiencing, then success and failure are givens for a hermeneutic point of view as well.

> For Gadamer, because the object of understanding is known only in light of the
> interpretation made of it, there is no independent comparison possible between
> interpretation and reality. We see what interpretations teach us to see; here we
> have a deep respect for the individual's constructive activity. We also have the
> manifestation of Gadamer's respect for the unimaginable richness of reality: it is
> so complex that it can accommodate multiple, even conflicting interpretations.
> (Stern, 2003, p. 183)

In one way of looking at it, we are in a constant process of the destruction and

reinvention of fictions, the creative interpretations, about ourselves and our worlds.

Interpretation is an ongoing process.

This is a self then, that is far from a fixed entity that exists complete and separate from the rest of the world. Drawing from Gadamer (1975/2004), Stern would later notice that this kind of knowing (2003, 2010) requires a completeness that is posited onto incomplete cognitions, in order to go on, in order for us to continue through time. Here again, this is self-in-co-creation, and Stern's observations from clinical practice, intersect with a hermeneutics born of textual study. "The truth about the 'patient' is a mutual construction, the result of an interaction" (2010, p. 206). In hermeneutics, we can only know a text through our present relationship with it and our contextual understanding up to the point of engaging with the work. It seems as if we needed to know the text before encountering it (Palmer, 1969). Once again, the hermeneutic circle describes human experience. For Stern, the same process occurs phenomenologically. We require perspective, context, and language, in order to interpret experience. Taking this to the clinical setting, in Stern's work we appear to know ourselves the same way we know experience, that is, interpersonally. That knowledge, furthermore, can be only partial in order to be sensed as complete. Stern explained the hermeneutic point-of-view in the following way:

> We comprehend by means of continuously projecting complete understandings into communications from the other, communications we actually understand only partially. We extrapolate complete understandings on the basis of these partial understandings we already have. (Stern, 2003, p. 213)

These partial understandings arise from complete understandings we have already grasped, according to Gadamer's (1975/2004) concept of prejudice. This way of knowing is contextual, and it fits well with field theory in which understanding is seen as perceiving a foreground and a background (Mead, 1934/1982).

For Gadamer, this is a "hermeneutical rule: we must understand the whole in terms of the detail and the detail in terms of the whole" (Gadamer, 1975/2004, p. 291). Sullivan (1953/1997) would similarly develop a technique he called "detailed inquiry" that involved focusing on seeming minutiae of a particular experience which elicited anxiety, as a way to gain understanding of more general security operations of the self.

In Stern's thought, we often sense that experience has a completeness. These moments give way, often through interactions in the interpersonal field (or in Gadamer's terms, in engagement with language), to a sense of incompleteness. Moments of incompleteness then lead, through dialogue with others (or their words), to shifts of the horizon of what we can know, and hence to a newly completed sense of knowing. Again, the self appears in Stern's (1994, 2000, 2003, 2010) balancing of hermeneutic, constructivist, and psychoanalytic traditions, as something that is continuously made, as process. By necessity, this self can then only be known partially and as it is known it has already been shifted by the knowing. This leads to an almost rhetorical sense of knowing in psychoanalysis. Our interpretations of phenomenological experiences, experiences of the self, can be described as fitting, but they are never quite fixed for the future. They are always necessarily incomplete and uncertain (Richardson et al., 1999). "One has no choice but to become part of something beyond one's ken, to be inhabited by the unbidden, to surrender to the mystery by which we formulate what we know" (Stern, 2003, p. 233).

Once again, Stern's words ring simultaneously as observations that are both psycho-developmental and epistemological. In Gadamer's philosophy (1975/2004) our attempts to complete meanings take place as we engage with a text. This is basic

hermeneutics. For Stern and others (e.g., Frie, 2011, Orange 2011), this activity is not

different from human conversation. In Gadamer's thought (1966/1976; 1975/2004), in

effect we hold a conversation with a scripture, a text, or an artwork. The place of the

conversation then becomes of major interest. If meaning is something we create

determined by our location in a certain space at a certain moment, what is this certain

space?

An influence on Sullivan, George Herbert Mead (1934/1982) earlier indicated

such a place with his presentation of field theory, thus making a major shift away from

the orthodox, individualistic and private intra-personal psychology of the first half of the

20th Century:

> Our contention is that mind can never find expression, and could never have come
> into existence at all, except in terms of a social environment; that an organized set
> or pattern of social relations and interactions (especially those of communication
> by means of gestures functioning as significant symbols and thus creating a
> universe of discourse) is necessarily pre-supposed by it and involved in its nature.
> (Mead, 1934/1982, p. 224)

Mead therefore redirected the inquiry of social science away from the study of an

indivisible, biologically determined, cellular self and towards the idea of a self of the

social field. For Mead, "mind presupposes and is a product of, the social process"

(1934/1982, p. 224). He called his an "entirely social theory or interpretation of mind—

this contention that mind develops and has its being only in and by virtue of the social

process" (p. 224).

Stern's theory of self likewise requires social process. It connects a

psychoanalytic idea of the self that is known through engagement in the interpersonal

field to a Gadamerian concept of how we come to know things. In the hermeneutic sense,

knowing is partial and it requires moments in which completeness is projected onto

thought. Knowing involves our traditions as we are constantly constructing and reconstructing them. In Stern's psychoanalysis (2003, 2010), strong, mutual enactments are moments or long periods in which both parties are locked into a narrowed or repetitive and stuck way of experiencing, due to unconscious events in the interpersonal field. We can also come to know things, in both field theory and in hermeneutic philosophy, through focusing on a detail or understanding at a greater distance. This knowing, too, is partial but gives way to at least temporary moments of wholeness. This suggests the need for future study on the temporality of experience and the self in RA. Furthermore, by definition the best efforts of those caught in enactments are, while it lasts, thwarted. How is it that when locked into an enactment as Stern has defined it, the participants cannot simply take some emotional or intellectual distance, in order to extricate either side? There is a potential for further research in examining how patient and therapist focus on different aspects, and the background and foreground, of the field.

Out of Our Skulls: Unmapping the Self

Pinning down a clear topology of the individual in Stern's writings is to engage in a procedure that the author has rejected. For Foucault (1963/1994, 1975/1995), mapping is an important function of the medical gaze. It is created through a junction of a certain kind of thinking, a physical examining that gives primacy to the visual, and a type of observation that is crowned by its own specialized language of power. For Foucault, the patient is constructed medically through a procedural language, and this language involves a mapping, whether it be of anatomical or of one's home in proximity contaminated water pumps in 19th Century London (see also, Tufte, 2001).

Stern joined with Foucault in questioning the universalism and authority awarded to the expert process of clinically mapping the subject. Turning to psychology, Stern went further, to offer a replacement of Freud's topology of the psyche with a more abstract vision of the self.

As Foucault would have it (1963/1994), remedying the problems of the individual self in post-Enlightenment society has generally meant increasing the categorization of the individual, a constant accretion of facts about the personal and the spaces in between selves or bodies. This has become a particularly invested activity as capitalism and technology have grown increasingly pervasive and complex in Western society. It is therefore an issue as to whether Stern's rejection of the bounded individual entails a sufficient questioning of our ability to record the self. That is, does the notion of a changing, unfixed, fluid sort of self, embodied within a social field also produce or require an individual that comes to light via ever-increasing codification, as Foucault (1963/1994) described through his analysis of the birth of the clinic?

Would treating a more fluid self-generated through relationship require an enormously accelerated production of factual, analytic, or even associative or artistic documentation of the individual, as a way to resolve emotional problems and pain? Previous discussion in the Methods chapter has pointed to Stern's deep concern with language, that is, with the effects of exactly how we talk in session and how we discuss a patient. This involves both the practices and the language used in RA. Below, I examine Stern's response to the question of how we constitute relationship through language and being heard by others. Relevant questions, in any case, remain: What does it mean to talk, to theorize, or to write about a single patient as fluid and changing? What kind of person

is the therapist constituting here and what are the parameters that make a person, patient, character, client, or individual? And who is the therapist when she does so? What are the therapist's and the patient's claims in this process? Whose voice(s) come into such activities?

Loosening the bounds of reification of the self means conceiving of a self that is indeed highly changeable and exists in process, as maintained Sullivan (1953/1997). Stern noted (2010) that the unconscious in such a conception is also suddenly free of its previous contents.

> The era of psychic geography is dead. Unformulated experience is possibility, the various potential meanings that might expand from the present moment. Only one, or some, of these potentials are ever realized. Unformulated experience is the source of what experience can become. And so, because it does not yet exist, it cannot really be said to be located anywhere, not even in the brain.
> (Stern, 2010, p. 3)

This is clearly a self of the field. Mead's field theory, an influence on Stern's thinking, offers a similar challenge to our assumptions of individuality as defined by epidermal or calcified division. In a footnote (1934/1982, p. 223) Mead declared,

> We are opposing all intracranial or intra-epidermal views as to its character and locus. . . . The field of mind must be co-extensive and include all the components of the field of the social process of experience and behavior, i.e., the matrix of social relations and interactions among individuals, which is presupposed by it, and out of which it arises or come into being . . . . that field cannot be bounded by the skin of the individual organism to which it belongs. (Mead, 1934/1982, pp. 223-224)

For Mead, the field of the self both covers and is covered by the field of all social relationship. Everything that constitutes social experience constitutes the personal as well. Similarly, Coburn (2007) described a contemporary psychoanalysis informed by complexity theory, holding strong opposition to the long-held notion of an isolated mind.

For Coburn, such a theory includes questioning the internalization of the psyche. In

critiquing assumptions behind much of traditional psychological thought, Coburn wrote:

> Some of these assumptions include the notions that intrapsychic life, and
> consequently the structuring of personality (or subjectivity), emanates from
> biological drives or from the internalization (and the resulting internal
> representations thereof) of self and object relations early in life; or that reality is
> objective, concrete, static, and verifiable, and that it is potentially distorted
> (hence, transference) via one's subjectivity; or that "the mind" is relatively
> isolated and/or protected from that which physically resides outside the cranium.
> (Coburn, 2007, p. 2, footnote 5).

For Coburn, on the other hand, "emotional experiences and their concomitant

meanings [are] fluidly and dynamically patterned and exquisitely sensitive to the nuances

of relational contexts" (2011, p. 585). For Coburn, then, emotional experiences are not

absolutely free of constraint, nor are they rule-driven, nor are they "the product and

property of individual, segregated minds" (p. 585) As with Stern's theory, the

interpersonal field as a locus of emotional cognitive events brings into question ideas of a

separate individual acting on and reacting to an external environment. In a

hermeneutically informed RA, our very knowledge of experience emerges from and

within this field, and the interpersonal space is subsequently changed by it. "New

reflection opens up other areas for consideration and change, and in that way the process

of change proceeds outward, in ripples" (Stern, 2010, p. 173).

However, Stern's writings take different turns when they touch on the interiority-

exteriority question. Following Heidegger's philosophy, Stern maintained that we are

embodied. Heidegger's embodiment puts into question the mind-body split. For

Heidegger (1927/2010), we are physical beings existing in a particular place and time.

That is one of Heidegger's few givens. Being is also tied into language. Similarly, Lakoff

and Johnson, according to Stern, "characterize metaphor . . . as a matter of the body . . .

far from being a mere figure of speech, metaphor lies right at the heart of thought"
(2003, p. 131). For Lakoff and Johnson (1999), then, metaphor connects subjective
experience, such as feeling and even sensorimotor experience. Metaphor is essential to
cognition. Hence, in Stern's reading, metaphor is a "phenomenon of the body" (2010,
p. 131).

In a footnote (2010), Stern also made the surprising assertion that "it does not
make sense to refer to the world 'outside our mind,' because mind and world are unity"
(p. 133, footnote 1). Stern here linked the physical and mental, and they are connected
through the very physical basis of metaphor (Lakoff & Johnson, 1999), that is, we can
assume, by language. To this, Kristeva would add that humans are connected via
language to psychic experience, and in effect to desire. For Kristeva, practices such as
literature, psychoanalysis, and linguistics suggest the "missing link" in the social sciences
to create a dialectic capable of moving beyond certain ideological limits (Kristeva, 1980).

There is a nearly metaphysical quality to Stern's adoption of Lakoff and
Johnson's physicality of language, invoking a certain wonder at existence. A person may
be nothing outside of his or her experience, and this experience is in some sense just that
world through the times of one's experiencing. We are caught in a seemingly fallen world
of incessant limitation, and also a world full of possibilities that are both anxiety-
provoking and bold with wonder, a sort of *numinous tremens* (Otto, 1924) of everyday
practice. It seems no mistake that Mitchell titled one of his two major works, *Hope and
Dread in Psychoanalysis* (1993). Bromberg has further pointed out that two poles of
experience "find a voice" in dialogue, such as in psychoanalysis (Bromberg, 1996, p.
278). Therefore, in a sense, Mitchell's book title is an apt phrase for the Existential

epistemology of RA, because the polar experiences of understanding and confusion often play out in the psychoanalytic relationship. Once the blank screen was removed, it is likely that many clinicians have felt both the hope and dread quite consciously, often within a single session.[28]

Beyond any concomitant obligation under the acceptance of field theory to question the social or linguistic construction of the individual self, in more recent works Stern has put forward a self that is multiple, has various states, and carries on a rich internal life.

Implications of more contained, private self appear to be a reversal of Stern's self that is constituted in language and comes to experience via the interpersonal field. In recent writing (2013a, 2013b) Stern, with good reason I believe, has, not been anxious to jettison particularly recent object relational theory. Instead, he has engaged this theory, by entering into dialogue with writers on Bionian Field Theory.

The interpersonal and the object relational set up a serious contradiction. How do we follow Sullivan's notion of self as something that arises dynamically out of ongoing relationship (1953/1997) with an interiority that can in some way be recognized? Stern has struggled to find parallels of his own theory, however, in object relational writers such as Ferro and Civitarese (2013).

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[28] It could be argued that one effect of the focus on evidence based treatments has been merely to move the blank screen from the mind of the psychotherapist to the manual that guides therapeutic practice. In either case, there is an assumption of an objectivity that is able both to reflect reality back to the individual with phenomenal and consistent accuracy, and to create internal change with the greatest possible curative power or efficiency, without any interpretation involved in the process. When participation is alienated, emotion struggle is illusorily removed or simply dissociated

In an earlier footnote (2012c), Stern objected to a notion of mind that is somehow all exterior, social, or interactive within the field. Stern wrote:

> This point has been taken by some (e.g., Busch, 2001) that Relational and Interpersonal theories do away with the individual mind. This contention represents a serious misunderstanding. Relational and Interpersonal theories do take account of the interaction of minds, and are based in the position that such interaction is continuous. But that is not at all the same things a suggesting that only interaction exists. No theory of psychoanalysis can do without the individual mind. (Stern, 2012c, p. 12, note 7)

It is not clear if Stern's contention was that the mind is in some way different from the self, the self being interpersonal in nature, while mind is something far more extensive. Questions remain: Is RA simply a very, very strong emphasis on relationship in psychology or does it go further, to offer a challenge to an ongoing social construction of self?

Theoreticians will need to continue to grapple with questions about what conceptions of mind, self, and personhood best serve patients suffering from psychological problems in today's social surround, how these conceptions mirror the historical setting, and if they offer help or a means of resistance to oppression and a chaotic society that contributes to such suffering. When we define a mind or a self that is experienced as separate from other, what facets of an American type of individualism are we also accepting in that definition? What does it mean for a self to be intersubjective (e.g., Stolorow, Atwood, & Orange, 2002) or interpersonal (e.g., Benjamin, 2004; Stern, 1994)? To take a step beyond, what does it mean for a self to be empty (Cushman, 1990), and then to become flat and to have multiple self-states or we might say versions (Cushman & Gilford, 1999; Stern, 2003)? Stern has addressed this question (2000) by stating that there is a need to accept an aspect of the self that is somehow set off from

social relations: "The problem is to maintain some kernel of psychic life that cannot be completely dissolved in social relations, and to accomplish this without having to posit essences" (Stern, 2000, p. 762).

This is a solution as description. It is likely that in clinical work, even the most interpersonal, field-oriented, or even post-modern of psychotherapists regularly ask themselves, What can be going on in this patient's mind? Therapists likely often work to construct for themselves what they take to be even the most private of the patient's experiences.

From a more philosophical or explanatory, theoretical perspective, however, questions remain. What kind of assumptions do therapists make about their own judgment or ability to perceive the other, when they do assume that they can freely switch from notions of the social to the very internal? What does it mean when therapists move from a deep sense of the patient's private experience to interpersonal relating? The quote from Stern above seems to let in a residue of Cartesian separateness, while also denying universal claims to a psychological understanding of essences.

When we move to the concept of a more internalized self, are we inadvertently taking on the metaphor of a self that is no longer flat but rather one that requires varying degrees of depth? In such a case, what happens to notions of multiplicity? If the self stays multiple but has a depth of experiencing and consciousness, would that structure not in some ways suggest a return Freud's topographical self, with an ego that has multiple parts which are both conscious and unconscious?

Metaphors of the Self

Stern arrived at the closest thing to a visual metaphor for the mind by way of discussing trauma and dissociation. In Sullivan's work (1953/1997) dissociation is a defensive process, and in Stern's (2003, 2010) thought it takes on a primary role in daily life, to supplant "repression as the primary defensive operation" (2010, p. 139).

In addition to the usual definition of a blocking from awareness in order to make other awareness possible, dissociation is for Stern and Sullivan an active process in which attention is averted from intolerable aspects of experience, and relevant meaning-making is thus prevented. For Sullivan (1953/1997), this was bound with the not-me, that is, intolerable aspects of self. Stern joined a number of other thinkers (e.g., Bucci 1985; Davies, 1996; Mitchell, 1993; Sullivan, 1950/1971, 1953/1997), and in particular Bromberg (1996, 2000) in positing that the single self is composed of multiple selves or self-states, which are called out by the interpersonal field.

In Stern's theory of multiplicity it is not just that we move in and out of self-states, but "we *also are* moved in and out of self-states" (2003, p.154). According to Stern, we have some say, some responsibility in this, and we are as well to some degree transported by the interpersonal field. We relate (Stern 2010, 2012c), then, via patterns learned from relationships with caregivers early in life, and these patterns emerge in future relationships, to be refashioned by them. This dissociative mechanism offers both a developmental background to Stern's theory and a lens for conceptualizing resistance and personality. It does so, however, by regularly referring the psychotherapist back to attending to the interpersonal field, a world that is in some sense paradoxically outside and within.

The first type of dissociation that which is in process daily, helps to explain the development of "gross patterns" of relating (Sullivan, 1953/1997, p. 6). The second, trauma-related dissociation explains how patients become stuck when there emerge intolerable ways of relating, the not-me. For Stern (2010), the existence of interpersonal patterns and this second type of dissociation help explain what happens in a mutual enactment. This is a particularly important event to explain in psychotherapy, because by definition it is a period of mutual confusion.

In an enactment, a person experiences what Racker (1968) called a complimentary transference. Enacting, we experience someone in a more recent relationship in a way that is similar to how a significant other felt to us in the past. On the contrary, in a concordant transference, we experience the other as acting just the way a disowned, unacceptable pattern of our own self must have felt to a significant person of the past.

In the latter, in concordant transference, we experience the other as a fragment of our own not-me, that which must not be me. It is a more or less intolerable and hence dissociated from our own notion of our self. Dissociation of this type is problematic precisely because it occurs repeatedly. There is a developmental quality to it (Stern, 2003), because such transference likely originated with aspects that an important caregiver in the past also disowned. Concordant transference of this sort indicates problematic behaviors that emerge but are buried within the transparency of the familiar, and such transference may be precisely what brought the patient in for psychotherapy. Stern has described the effects of the two types of transference in a relationship in which at least one person has experienced trauma:

> 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. (Stern, 2011, pp. 84-85)

There is a phenomenally creative and destructive power assigned to this interplay of transferences. It resembles Benjamin's (2004) concept of doer and done-to in relationships. Furthermore, these descriptions could go a long way to explain acts of cruelty on the levels of whole societies or cultures, in which a cycle of traumatization seems inescapable, due, precisely, to the rigidity of a history of mutual enactment and, of course, the failure built into these interpersonal patterns. (We can surmise, however, that no particular transferential position can last, with any satisfaction, forever because it means being stuck in a relationship long past).

How, then, can one account for the frequently contradictory experiences salient in psychoanalysis? Stern wrote vignettes of a variety of experiences, his own and those of others, in which he encountered states that militated against the perceptions of the unity of a single mind. "The mind is therefore theorized not as a vertical organization of consciousness and unconsciousness, but as a horizontally organized collection of self-states, states of being, or states of mind, each in dynamic relation to the others" (Stern, 2010, pp. 139-140).

These self-states fit well with Sullivan's constructs (1953/1997) of a good-me, a bad-me, and a not-me. For Stern, some self-states are in harmony with each other and may be experienced simultaneously. On the other hand, some sets of self-states cannot tolerably co-exist within awareness. While he has accepted the usefulness of Sullivan's

conceptualizing of a critic (Stern, 2010), that is, a critical voice patterned from childhood after relational moments of censoring caregivers, Stern also maintained that there is no retreat from intersubjectivity. Therefore, no critic or other state of self holds any kind of verticality over the rest of the personality. Stern here rejected a single, unitary, watching self that would act to monitor what is allowed into awareness or to hold these states together. Instead, he suggested an intriguing alternative to how the self experiences the world.

> For experience to be grasped, reflection must take place, and metaphor must emerge. Anxiety or trauma can obstruct such joining or emergence of metaphor. The reason metaphor is rejected is that the two experiences in question invoke states of self that are dissociated from each other. To accept the metaphor would require simultaneously accepting me and not-me. I would have to accept that I am what I cannot be, what I refuse to be. What is rejected, then, when metaphor is blocked, is not memory but a certain experience of who I am.
> (Stern, 2010, p. 140)

It follows that the self does not hold contents but rather takes on different structures or patterns of relating along its development. This way of thinking remains quintessentially post-modern, in its decentralization of knowledge and its rejection of reified individuality (Foucault, 1966/1994; Sarup, 1988/1993).

Our knowing by this description is constructionist in that it comes through our ongoing, momentary creation of meaning. Our being is subject to linguistic interpretation, in that it requires metaphor for understanding. As in postmodernist critiques (Fairfield et al., 2002; Sarup, 1988/1993), content, and in clinical work our memories and any words we might use to invoke them, no longer provide even a covert route to the truth or the real; rather, they are constituted of our present experience through language and emerge from the interpersonal field (see, for e.g., Frederickson on Sullivan's interpersonal relations, 2000). We might take this a step further and propose that content in this

description is always a product of process. What we tell ourselves is a function of experience, and experience is the result of a constant and necessarily partial attempt to know (Gadamer, 1975/2004). This parallels Gadamer's notion of engaging with a text, the hermeneutic conversation which:

> like real conversation, finds a common language, and that finding a common language is not, any more than in real conversation, preparing a tool for the purpose of reaching understanding but, rather, coincides with the very act of understanding and reaching agreement. Even between the partners of this 'conversation' a communication like that between two people takes place that is more than mere accommodation. The text brings a subject matter into language, but that it does so is ultimately the achievement of the interpreter. Both have a share in it. (Gadamer, 1975/2004, pp. 389-90)

The psychoanalytic session could be seen as analogous to Gadamer's text. In psychoanalysis, two persons engage in an attempt at new understanding that is beyond a simple contract of convenience. Each side requires effort, and understanding is located by this theory within the historical moment, that is, at a unique intersection of persons, place, and time. Hence, language possesses an artistic quality. It is simultaneously material, convention, and it can be used in a way that appears to be made up, invented on the fly. For Stern, "psychoanalysts love the forms experience can take as critics love art" (Stern, 2003, p. 90). Language is fraught with its own moment of enunciation (or reading), with characterization, unpredictability, and creative potential, Stern's "unbidden experience."

Stern has emphasized (2010), however, that such processes are not necessarily limited to epiphanic moments of great artistry but occur for each of us daily. This, too, is similar to Gadamer's description of dialogic conversation:

> [It] is a process of two people understanding each other. Thus it is a characteristic of every true conversation that each opens himself to the other person, truly accepts his point of view as worthy of consideration and gets inside the other to such an extent that he understands not a particular individual, but what he says. The thing that has to be grasped is the objective rightness or otherwise of his

opinion, so that they can agree with each other on a subject. (Gadamer, 1979, p. 347)

For Gadamer, such authentic discussion is neither achieved every time two people converse, nor is it the province of exceptional persons or circumstances. Psychoanalysis for Stern involves such dialogue, in the sense that it also requires the mutual openness of which Gadamer has written. For Stern, openness from the psychoanalyst's side requires acceptance of the inevitability of enactments, uncomfortable moments (or possibly even months during treatment) in which the psychoanalyst is forced to experience herself as the counterpart to self-states the patient has habitually disowned, aspects of the patient's not-me. Stern's thought here is quintessentially relational in that it places the workload and the hope for understanding the interpersonal or intersubjective space onto neither an expert psychotherapist nor the patient, but onto the in-between. This thought is, again, reflective of the Interpretive Turn (Hiley et al., 1991) in that it accepts language as the system of generating meaning within a relationship in world of productive power, as with Foucault's definition of knowledge itself (Foucault, 1963/1994, 1966/1994, 1975/1995). It is classically psychoanalytic in that it holds to an acceptance of the inevitability of transference and countertransference and the constant hope of creativity and understanding through interpersonal conflict. Stern's concept of the self appears to be non-horizontal (two-dimensional), while its shape remains ambiguous, subject to each moment's formulations in relation to others, and framed by the culture, language, and moral traditions of the therapist and patient.

Further Implications of Different Selves: A Disappearing Interior

While the self may be a process to some degree determined by the interpersonal field, throughout Stern's writings (2003, 2010) is a quiet assumption of a psychological

interior. The social self of the field in Mead's (1934/1982) theory is modified within Stern's work, to include some type of individual or internal experiencing. Throughout Stern's writings, there is rare but occasional recourse to language suggesting an internal life of the self.

As noted above, Stern would posit the existence of an individual mind only in more recent writings. Such a separate mind in theory, again, may be necessary in order to engage with significant aspects of Western culture (e.g., a legal system based on Individualism and Romanticism). For Stern, relationality therefore requires more than one being in relation. "Relational and Interpersonal theories do take account of the interaction of minds, and are based on the position that such interaction is continuous. But that is not at all the same thing as suggesting that only interaction exists" (Stern, 2012a, p. 12, footnote 7).

In addition to the interpersonal field, then, the psychoanalyst attends to what may be occurring within the patient's mind. According to Stern's earlier writings, this would never be out of the reach of the field (2003), nor would it have a privileged, hermetic mental space that might provide access to objective moments of insight. However, it is not clear in Stern's theory how separate an individual mind might be from the effects of another person, say, another person talking in one's presence. This ambiguity raises a number of questions.

To what degree are we able to reify one another and remain unaffected by social contact? What determines proximity or distance within the interpersonal field? For example, are we in interpersonal relationship with the myriads of people we pass in a city

street? How would we assess an interpersonal field via video feed, as in telemedicine? These questions are yet to be addressed.

One effect of trauma could be seen as an attempt to withdraw from a situation, and hence from intolerable moments of relatedness. Similarly, torturers have been conceptualized as engaging in a failed attempt to transcend relationship with the victim.[29] If, on the other hand, unlike Stern, we reject the existence of completely separate minds, who or what does psychoanalysis treat? Are there limits to the interpersonal field, and if so, how does a self or self state move across them?

For both Stern (2003, 2010) and Gadamer (1975/2004), the individual is not bound to a fixed, empirical state of being. The significance of psychoanalytic practice grows here, because of the hermeneutic supposition that we are constituted through culture and dialogue. Accepting Gadamer's hermeneutics as Stern does means accepting the individual as something other than reified. For Gadamer, dialogue requires engaging in a process with a background of being open to what is expressed by the other:

> [It] is a process of coming to an understanding. Thus it belongs to every true conversation that each person opens himself to the other, truly accepts his point of view as valid and transposes himself into the other to such an extent that he understands not the particular individual but what he says. What is to be grasped is the substantive rightness of his opinion, so that we can be at one with each other on the subject. Thus we do not relate the other's opinion to him but to our own opinions and views. (Gadamer, 1975/2004, p. 387)

Even for Gadamer, the self appears to be something that we can try to comprehend but it also belies concretization or even the full knowledge of itself.

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[29] The rage frequently experienced by torturers when their victims transcend by passing out or passing away (Van Eenwyk, 2007) has been explained as a failed attempt at transcending the pain of being in relationship. The victim transcends by dissociating, losing consciousness or life itself, while the perpetrator must remain locked within the tension of the field.

Understanding is not a matter of mystically entering the other's mind but of striving

together towards an understanding that seems right. Gadamer distinguished this kind of

conversation from a tradeoff in which one is "concerned with the other as individuality"

(p. 387), such as a criminal interrogation. For Gadamer, the latter did not constitute a true

understanding.

If we are created, co-created, and re-created through an open exchange with each

other, and through our different traditions, then a type of relationship in which every

aspect of the dialogue is open to each other's interpretation (Fairfield, 2001; Hoffman,

1983; Stern, 2010) suggests an ability to deconstruct in psychotherapy a kind of

hyper-hermeneutics. In hermeneutics, this suggests a particular emphasis on the

hermeneutic circle (Stern, 2003). Psychoanalysis proposes a way to up the ante in how

we reflect on relationship because it is a rare form of language in which language

frequently offers itself to be to subject of discussion. In psychoanalysis, the subject of the

dialogue can be as elusive as the unconscious itself. In RA, what either side says or does

is regularly opened up, unpacked, mused, or reflected upon.

This acceptance of a dyadic fluidity is one of the defining characteristics of RA

(e.g., see Mitchell, 1988; Ogden, 1994), and it involves a departure from most other

social practice. Psychoanalysis appears to differ from mainstream psychological practice

by its attention to nuance, symbolism, and other aspects of the narrative. For Stern, this

functionality is possible because of the psychoanalytic acceptance of irrationality in

process and, in Stern's own theory, because of the psychoanalyst's willingness to attend

to signs of the unbidden and to accept the unexpected. Language's ability to create and

offer experience for reflection in Stern's RA allows for the unseen to emerge from

language, and therefore it permits the participants to discover the new and surprising out

of the generally dull fog of the familiar (2003).

> Whenever we are trying to understand, we are working with part-whole relations. We try to comprehend something new by grasping it partially, just enough to identify it as an instance of something familiar, a meaning we already know. Then we project this 'whole' meaning onto the 'partial' one we have constructed, completing the partial meaning—and the [hermeneutic] [brackets added] circle. (Stern, 2010, p. 46)

Stern did not posit a theoretical concept of temporality, but one could be derived

to some degree from Gadamer's thought (1975/2004) in relation to Stern's description. In

our finitude, we are created out of the past, through reflection on it, which thrusts us

towards the future. Stern wrote that "the formulation of experience is a mystery: it

belongs to us more truly than anything we own, but we do not control it" (Stern, 2003,

p. 79).

Therefore, reflection involves not just a seeing but includes an act of the

imagination. For Stern, understanding appears to arrive somewhere between an act of will

or desire, and variables beyond our grasp. Stern referred to the formulation of experience

"as a mystery that combined both agency and unbiddenness, and …a crucial element—

the creative use of language—is missing from purely instrumental accounts"

(2003, p. 121).

There is an important implication about time here. Creativity, then, or

imagination, makes the act that pulls the future into the present. The present, therefore, is

the play between the two aspects of language and experience. It is composed of the

relational play between the givenness of tradition and the ever-constant generation of

meaning through the possibilities of traditions within themselves and played upon each

other in ongoing human relationship. According to Heidegger (1927/2010), our historical

thrownness and our language, our living through history or histories, formulate us in an ongoing way. Reflection in psychoanalysis, it could then be said, is a way to attend to what we attend to, or what we fail to notice. By Gadamer's philosophy (1975/2004), it is the knower knowing about knowing.

Such epistemological circularity may sound bizarrely close to Cartesian thought. However, this non-Cartesian, hermeneutic theory involves a much wider definition of knowing than the sole process of logical reasoning. Foucault questioned the effects of the Western empiricism which has centralized logic (1966/1994) as a solution to the problems of humankind. Along the same lines in Stern's theory (2003), when the psychoanalyst maintains that something is positively known, it often signals an occasion for self-questioning. In practice, the psychotherapist will ask questions of herself, such as: Why did I need to claim to know something? How did I come to know something? Stern's notion of cognition as an amalgam that includes both affect and thought opens great possibilities for mental process.

Psychoanalysis, then, has had the startling effect of presenting knowing as a process. This, too, is highly congruent with hermeneutic thought. Gadamer (1975/2005) recognized that the knowledge of texts changes with who one is, the traditions one brings to it, and so on. Our historicity (our location in certain traditions; our being in a certain time and place) determines our experience and language, and hence our knowing at any given moment. Therefore, our experiences, interpretations, thoughts, and judgments of a text may seem familiar to us when they actually exist in a rare intersection of space, culture, and time, regardless of how thoroughly we may research or reconstruct a facade of the author's past. In the first part of this Findings-Discussion (p.48 ff), I discussed

Stern's ideas of pathology as being unique to the self's moment in place and time. Gadamer's (1975/2004, 2006) work suggests a similar idea, that no reading of a text can be either a perfect reproduction nor can any reading of a text be perfectly reproduced. Again, this thought leads back to a Heraclitian sense of time. One could also say that it suggests an equally mysterious sense of character, in which each instance of identity is unique and in some way open to our grasp. Similarly, a historical or genealogical reading of knowledge (Foucault, 1966/1994) offers a challenge to notions of linear progress, the bourgeois notion that history, technology, and providence are carrying civilization in a state of constant improvement.

Stern (2003) applied the same assumption of the uniqueness of each interpretation to psychology. We can always create an exacting case formulation. In Stern's thought, it would be unlikely, given the necessity of our subjectivity, that such a formulation could ever be anything precise. Our own interpretations are the creations of a moment in relationship. As soon as we cling to them as fact, we are back to the concern of claiming to know too much of the patient and to the possibility of all our attendant ulterior motives. In such a case, we narrow our experience to fit the familiar, rather than challenging the familiar to shift the horizons of our knowledge. Case formulation is always a work in process. Stern wrote, "I mean to describe the interpersonal field, as a matter of fact, as a small-scale analogue of the [hermeneutic] horizon or the clearing" (2003, p. 158). The interpersonal field may be the most important place where we are allowed to know about our own horizons.

We are legion: Towards a geography of multiplicity. In this theory, the self may be process. However, for Stern it is a process of interpersonal patterns more like

states of being (2003, 2010) that are usually separated from each other through

dissociation. In general, we move between states through our involvement with another

person in the interpersonal field. Relationship calls forth who we are and how we will be.

The not-me, intolerable states, may also emerge. Such emergence brings about enactment

(2003, 2010). That may frequently involve blaming the other, not merely a displacement

operation but a deeply felt sense that one's counterpart must be in the wrong and that the

other is repeatedly thwarting all attempts at resolution.[30] Mutual enactment is experienced

as the other's business and one's own role is disowned, unseen.

Dissociation means we do not know of the experience. Stern has further modified

this definition (2003) to suggest that dissociated experience can be made accessible, that

it can come into consciousness, but dissociation may also parch unformulated experience

such that there are strong limits on its possibilities. We see here the transfer of a

dichotomous word (in common usage, things are dissociated or they are not), to a term of

degree (in this theory something may be somewhat dissociated). In Stern's hermeneutic

terms (2003), this means that dissociation limits what can be done with experience, how

"useful" experience can be in constructing further experience. The explanation is helpful,

because it allows for dissociation to be an activity, while it also accounts for the contrary,

that is, for dissociation as an erasure of the viability of what has occurred in the past. The

latter sort, those dissociations that bleed out experience, are defensively motivated. They

are "unconsciously enforced disconnection between experience and its most fitting

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[30] Given its attention to conflict and mutual understanding, one can ask what this theory
might tell us about war, pacifism, conflict resolution, and political activism. Stern pointed
in this direction in *Partners in Thought* (2010) in discussing blocked labor disputes.

context(s), a disconnection that prevents some of the understandings and new meaning that would otherwise be possible" (Stern, 2010, p. 50).

As with any defense, breaching such disconnection would not be without its affective consequences. "At these times crossing to other selves are like chasms in a glacier"[31] (Stern, 2010, p. 51).

Stern's dissociation is hence both an experience and not an experience. When dissociation is allowed to be a term of degree, it contains an implicit hope. In this case, within the safety of treatment, aspects of the not-me have the potential of being brought over time into consciousness. Even in the strong sense, dissociation, for all its power, can be gently overcome, and aspects of the not-me can be brought into what is tolerable (2003). The role of humor here comes to mind, that is, the impossible coming to light, the doorknob coming off at the last moment of the session. It is as if the world and the imagination momentarily conspired, somehow to return with the unbidden.

The self, then, involves various types of self-states, some of which can be experienced simultaneously, and all of which are called out by the interpersonal field. For Stern, the experience of crossing from one self-state to another is usually unconscious. He maintained that crossing self-states is similar to the act of driving and crossing into different townships (2010). With normal dissociation, "the boundaries between self-states present little or no obstacles to the mind, traffic across the lines proceeding with no more

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[31] Note that Stern (2003, 2010) has generally written of only "self-states" though he has occasionally joined with Bromberg (1996) in referring to self-states as actual "selves." The point may appear trivial. However, if there are indeed multiple selves in each of us, that would put into question Sullivan's self-as-process, offering instead a more concretized notion of personhood, even if it involves a personhood of multiple selves. These questions are proximal to Frederickson's (2009) concern with multiplicity being limited to an ontic approach to Being.

notice or effort than it takes to cross the demarcation of one municipality to another"

(Stern, 2010, p. 50).

In these moments, we may be unaware of what is happening. If made aware, we would possibly not tolerate the knowledge of these different states and their differences. They are part of the flexibility of daily living and are simply the transformations in the self that occur in being inter-related and involved with others. Questioning (as is frequently done in psychoanalysis) might elicit a response such as, "Yes, I felt different with him at that moment" and invite further exploration of experience.[32] This is a theory in which psychotherapeutic practice cannot be separated from both a historical and ethical practices.

Findings-Discussion Chapter 3: Moral Understandings and Experience

The focus of Stern's writing (2003, 2010) is largely on the clinical practice of RA. For Stern, the interpersonal process of enactment involves patient and psychoanalyst being fixed or stuck in a relational impasse, and then feeling their way out of it. In the best of cases, they will eventually be able to reflect on what in the interpersonal field has held them in check, to arrive at at a new level of dialogue. A result may be not only relief but an increased understanding of the mutual struggle.

However, given its intensity and mutality, working through and then reflecting on an enactment *in itself* here appears to be a moral and a political activity. The idea of a radical uncertainty that is confronted in dialogue, and Stern's fundamental project of

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[32] We see here the value of Sullivan's detailed inquiry (1953/1997). The psychotherapist calls forth the experience of the interpersonal as a way to explore what is being missed in the story. Such exploration is then key to tougher moments of gaps, experience that is disowned, or the more defensive activities of selective inattention. One sense of the detailed inquiry could be a search for the conditions of Stern's type of enactment, a foregrounded towards the chaos of the familiar.

searching for that which either side in relationship has dissociated, from the outset

assume a stance of extreme freedom that would imply a resistance to unconscious aspects

of power (Stern, 2003). If we accept the hermeneutic stance, that we are constituted by

language and through our different traditions, then a process of change that is relational

in this way may involve each person's interpersonal patterns, but it is also fundamentally

a social experience as well as a personal experience.

In other words, the search for what is not already known already assumes a

resistance to the kind of power that puts patient, psychoanalyst, or both, into unconscious

conformity to unwanted rules or strictures. A devotion to examining unknown or

unconscious assumptions is a devotion to questioning familiar assumptions. To be rigid

means to be unquestioning, whether deliberately or unconsciously so. The idea implies

that, whether we like it or not, moral, political influences likely enter even the most

private ways of being.

How, then, do we talk about politics while remaining aware of our own defensive

motivations for doing so? If a patient's safety is paramount, can open political discourse

exist in a psychotherapy that consciously delves into a patient's most shameful, fearsome,

secret, or private experiences?

Contrarily, could our concerns for safety, both nationally and in our most intimate

moments in psychotherapy, pose some type of unconscious obstacle to anything

resembling the political or moral, ranging from nuance to real social action? If, as

Foucault has maintained (1966/1994, 1975/1995), power and politics are somehow in

evidence everywhere where there is knowledge, then anyone in affective need of the type

of a secure relationship Stern has described (2003) is in an extremely difficult position in

the search for better self-understanding. The psychoanalyst building an alliance to allow

for the exploration of new ways of relating is in an equally difficult position. To what

degree, for example, are psychotherapists in a bourgeois practice of psychotherapy

constantly defending against awareness of nuances of world environmental or local

political realities, as they delve into, for example, problems of early childhood (Cushman,

1990, 1995) and of intimacy (Layton, 2013)? Moreover, to what degree should these

anxiety-provoking matters be compartmentalized or even consciously held at bay?

Stern's approach launches from his understanding of the practice of RA. The

fundamental role of the psychotherapist within the asymmetrical frame makes possible

an unusual kind of intimacy, but within this particular type of relationship attention is

always to the psychic needs of the patient. With each appointment, the psychoanalyst

offers a sensitive, trained, and even idiosyncratic sense of timing of interpretations to the

patient "when the analyst deems them useful to add to the conversation" (Stern, 2003,

p. 207).

Usefulness in this context again implies a demand on the psychoanalyst to

observe as much as possible about the interpersonal field, and the patient's ongoing

experience. To be useful in this meaning is to serve a broadening of possibility of the

patient's experience (Stern, 2003, 2011a). Compassionate curiosity and what Stern has

called the "analyst's ego" affect interpretation and moral understanding. How they are

expressed in psychoanalysis becomes, then, a matter of phronesis, "practical wisdom"

that is, a process of being informed by and informing the activity in question. It implies a

sort of ongoing conversation with value-in-action. I return later to how the good is found

hermeneutically through such practice and how this relates to moral understandings that

may not be directly expressed in Stern's RA theory, and that are generally eschewed in language about psychotherapy as a practice.

Hermeneutic Interpretation Contra Relativism

It is easy, in such discussions, to lose the basic idea that these events are relational and, in hermeneutic terms, that they involve dialogue with others. I will return to this shortly, but it will be helpful to review Woolfolk's (1998) objections, that a psychoanalysis combined with hermeneutics risks being ungrounded. Woolfolk's argument appears similar to other objections to postmodernism, that by engaging in a critique of truth claims we easily fall into aimless deconstruction in which belief, value, and conduct become matters of either cynicism or caprice. Woolfolk warned of the potential that this kind of approach could dissolve into an unstructured moral relativism. "Constructivist psychotherapy is inevitably self-undermining. It requires the therapist either to misrepresent the basis of therapeutic pronouncements, in order that they be believed, or to disclose their basis and ensure that they will not be believed" (Woolfolk, 1998, p. 135).

This appears to undermine one of Stern's major tenets, that, given the contextuality of RA, we can know about the veracity of an interpretation only through the patient's beliefs about it. For Stern, unconscious experience is that which remains for meaning to be made of it, and it can change momentarily. A given interpretation could conceivably contradict itself at a later moment in psychoanalysis or perhaps along the patient's lifespan. The focus of treatment is always affect, language, and meaning (put reductively, experience), and therefore it may or may not be dictated by logic. "If unconscious experience does not have a single, predetermined meaning, but remains to be

interpreted in reflective awareness, the effect of clinical interpretation does not depend on objective accuracy and cannot be judged on that basis" (Stern, 2003, p. 163).

For Woolfolk, however, there are problems in approaching psychology from a purely constructivist point-of-view. A moral relativism threatens to leave all potential conclusions ungrounded and to privilege the psychoanalyst as a pseudo-empirical rhetoritician: "The constructivist therapies that call themselves hermeneutic but dispense with the truth criterion and embrace relativism are fundamentally unhermeneutic. . . . Neither in physics nor in psychotherapy does hermeneutic thought imply abandoning the attempt to establish the validity of our ideas," (Woolfolk, 1998, p. 136).

For Woolfolk (1998), there appears to be an abandonment of both rigor and direction in theories and psychotherapies in which meaning is in a state of constant change. Additionally, in hermeneutic thought (Stigliano, 1989), interpretations need to be open to public critique.

For Stern, however, the questions of meaning and validity to the patient are intertwined and they are matters of continuous interpretation and dialogue, an ongong process of relational change. Stern's response, again, has been to return to the intersubjective basis of RA, or, we could say, to the dialogic or linguistic basis of Gadamer's hermeneutics (1975/2004). Certainly, psychoanalyst's are concerned with language, and certainly they are daily, even constantly, in search of "truth criteria." The search, while it may lead to examinations of context, history, cultures, traditions, or even scientific theories, is always, at its heart, in the interpersonal field, the ongoing relationship between psychotherapist and the patient. Truth, as it were, is sought constantly through interpretation and its effects, through transference and counter-

transference. For Stern, the validity of an interpretation is a matter of the patient's

experience of it in the interpersonal field, and this may often be contrary to the

psychoanalyst's best predictions. For Stern,

> Psychoanalysis, no less than any other discipline, is limited by the culture at large
> in the possibilities its participants can envision, and in that sense tradition means
> the same thing between analyst and patient as it does between reader and text.
> However, the tradition that matters most in psychoanalysis is that miniscule
> (relatively speaking) subset of invisible prejudices that analyst and patient create
> between them, the interpersonal field, what we might call the 'being/ of the
> analytic situation. (Stern, 1991, p. 65)

There is an immediacy to this checking for validity; it is not separate from

process. For Stern, as well, despite its close relationship to interpretation, perception is

not the equivalent of hallucination. Understanding of reality may require ongoing creative

thinking, but in Stern's RA none of this necessarily goes without reflection. One might

add that these small subsets of interpersonal prejudices emerge over time in a context that

is necessarily historical. Details have meaning, and meaning-making is inevitably

influenced by values, unconscious or conscious, momentary or long-held. Our

understanding comes through traditions, experiences, and the interpersonal field.

> There exist constraints on our perceptions and thoughts; beyond them, our
> understandings are simply wrong, or crazy. There is a reality, then, and we sense
> it as a set of constraints that we must respect if we are to remain truthful and sane.
> But the possibilities that reality constrains for our experience are manifold, which
> means that no single version of reality is possible to select as the correct one.
> (Stern, 2010, p. 199)

Validity is a creation of language, and languages change, both personally and

socially. Validity is not inseparable from context, and it is up for constant questioning. A

truth claim such as Woolfolk required would be to deny the action of the present, of

language, traditions, and the convictions on which all foreknowledge is based. Likewise,

it would risk a reification of what is in fact an ongoing temporal activity, the interactions

of the field. "No patient accepts or rejects an interpretation because it is 'objectively' true or false, but because it is or is not *subjectively* convincing" (Stern, 2003, p. 169). Psychoanalytic values may include the intellectual, but they are also, always experiential. In fact, the division between the two in RA practice appears often arbitrary. Recall that for Stern, cognition is an "amalgam" of both affect and thought (Lionells et al., 1995; Stern, 2003).

Stern's theory suggests a moral understanding that demands constant effort and respect for a process that is seen outside of the knowledge of a single self. In this respect at least, it appears to reject a strictly ontic (Frederickson, 2009) or factual, historically dependent understanding of the self, instead adopting a more recursive sense of being, Heidegger's concept of unfolding (1927/2010). For Stern, the so-called facts of experience arise through the interpersonal field (2003). They are necessary to understanding, so that what one holds as true may be subject to questioning; however, one can also make a stand for a given truth. In the psychoanalytic realm, patients frequently reject interpretations; psychotherapists often hold onto or discard hypotheses over time, despite all of the examination of suppositions and implications of different and differing life stories. Critique is not arbitrary criticism, and deconstruction when done properly is not simply an act of breaking apart systems but rather a way to unpack them, to test the rules—and the content—that a discourse has set up for itself (Sarup, 1988/1993).

Additionally, our ideas are subject to chronic change with different (interpersonal) interpretations and experiences (Stern, 2012c). In this way, Stern's RA offers not only an unusual sort of interactive acceptance but also a profound sense of hope for change

through the psychoanalytic process. Psychotherapy here involves a non-predictive approach to human change and human potential. Likewise, it holds a democratic quality that is relatively new to American psychotherapeutic practice. If anything, it is the patient's present experience that is privileged. The psychoanalyst may continue to hold certain doubts, to challenge, to encourage, to witness suffering, and so on. The truth, however, is in the patient's questions about living, and it is reconstituted in the way it is brought into the therapeutic interaction.

The Flight Into a Quieter Reality

As a profession, psychotherapy became increasingly popular in the post-World War II era. Cushman attributed the flight into the profession of psychotherapist to Baby-boomers who had lost hope in the possibility of large-scale political change. Many began searching for an acceptable social niche within the middle class. These were students who wished to "do good and also do well" (Cushman, personal communication and published in 2009). The intimacy of working especially in a dyad suggests a vocation that is ironically separate from the conforming and difficult politics of the social realm. Given the demographics of students more recently entering the field, it is likely that Cushman's (2013b) description is now applicable to many of the children of the Baby Boomers. Describing practitioners in the Bay Area during the late 20th Century, Cushman wrote: "the practice of psychotherapy became a way to justify middle-class affluence . . . for those still strongly committed to social justice" (2013b, p. 2).

Stern delivered a similar message following the September 11 Attacks (2001) and just before the U.S. Invasion of Iraq. This was a time that could have been considered the commencement of a long national enactment over American political identity.

It is by now a well known observation the Western societies turned inward after the 1960s. Many of those who had been activists began looking to their inner lives and to personal meanings. Many young people who had been activists went into psychotherapy at this time, and it was not uncommon for them to become psychotherapists or psychoanalysts . . . . Many of these, despite their conviction about the centrality of the inner life, lament the retreat from political involvement. (Stern, 2002a, p. 8)

Stern's work, therefore, contains a sense of the political, along with an awareness of the very internal quality of psychotherapy and psychoanalysis in particular. There is an attention through his writings (2003, 2010) to workings of power and questions of understanding where it is covert. Additionally, in Stern's writings, despite the attention to nuances of the unconscious, occasionally direct moral understandings come to the forefront. It will be helpful to examine, in Stern's joining of hermeneutics with RA practice, how ideas about values appear.

Targeting the Good

Gadamer's hermeneutics can be seen as a struggle to understand what he called "the good" from a late-modern point of view, that is, from a philosophy that accepts the limits of human knowing (1975/2005) and one that is clearly perspectivist. One of Gadamer's projects was to return to a long historical discussion begun by Plato and Aristotle, as a way to renovate understandings of what makes up the good in life (1976/1986).

For Gadamer, this involved Aristotle's pragmatic approach, that is, towards a good that is not somehow divine or "beyond existence" (Smith, in Gadamer, 1986, p. xxiv), but one that involves a reality, the use of the "good in human practice" (p. xxvi). For Gadamer, this Classical argument continues to present a number of problems, among them, an important question, as expressed by his translator P. Christopher Smith: "How

would this generalization of how what I am doing when I do what is right contribute to my *doing* what I do that is right? How is this awareness useful?" (p. xxvii).

The question is at the heart of any presentation of theory, and particularly for social sciences which presumably hold some objective of a betterment of society and the human lot. How, then, do our understandings help our practice?

Gadamer rejected the potential of a merely technical answer and came to the conclusion that even an extremely practical response held in it an understanding of the good. He was able to find an explanation to problems in the division between theory and practice through Aristotle's metaphor of the archer, "who is able to hit the mark better precisely because he has chosen a more clearly defined spot on the target on which to aim" (Smith, in Gadamer, 1986, p. xxviii). There is a sense that hermeneutics here presents an analogy to Sartre's (1946) Existential imperative. If for Sartre, we cannot choose not to choose (because by not choosing we simply choose not to act), in Gadamer's hermeneutics we might say that we cannot define a subject of inquiry without first posing a question. For Gadamer (1975/2004) we cannot pose a question without the contextual backing constituted by answers that we had arrived at in the past, or answers provided by historical traditions. This, of course, is Gadamer's prejudice, and in poststructural terms it is language (Sarup, 1988/1993) in a broad sense of the term.

It follows that even in any practice there is some sense of the good, even if part of that practice might be involuted by a denial of its connections to a moral understanding, or even if the good, and the thoughts used for defining it, are not well understood—even if, indeed, that sense of value is not formulated in consciousness.

In Stern's theory, it follows that there is some underlying concept of the good even in what a psychotherapist may hold as the most academic of techniques, all the way down to implicitly created, intuitive theories upon which the clinician acts on a daily level. One might call this an unformulated experience of value. In psychoanalytic practice, even a nuance can have long-reaching effects. There is a certain drive to excellence in the devotion and commitment that are given in the analytic frame. A slower sense of time provides freedom in meaning. In other words, despite any contentions otherwise, a practice that involves examination also involves a practicing about how to live. The two, practice and the meaning we make of it, cannot be separated regardless of any type of alienation.

> Theories about how to do psychoanalysis, . . . not only our implicit theories but our explicit ones as well, are not the idealized, rational products of detached, objective minds; they are, instead, the rather direct expressions of our values, many of which are both unarticulated and very close to our hearts. (Stern, 2012a, p. 42)

For Stern, this includes how psychologists choose a target for intervention (indeed, for Stern, leaving some matters unformulated may sometimes be the best way to find interpersonal change). Moreover, in Stern's work with hermeneutics, even clinical conceptualizations are necessarily determined by moral understandings. An idea about pathology must imply by implication ideas about what is missing, what it means to live well. "A fact, to repeat myself, is very seldom only a fact. It is a selected fact at the very least, a fact selected by values; and it is very possibly a fact shaped by values" (Stern, 2012a, p. 47). I would suggest that facts are not possibly but inevitably shaped by values, whether these are formulated or not. The pervasiveness of power's relationship to the

themes we see in the world, and to ideology, may be a disturbing event to witness; understanding it, however, implies the potential for new types of activity.

This has been carried even further. It would follow that, even in creating and maintaining that which stays unformulated, there is some sense of the good. It may at first be an unconscious or even an intuitive process, but the archer still selects a particular form of a target, at a given place, in a given way, at a given time, and then she may move through what looks strikingly like a series of interpretations, to define that target with Aristotle's increasing precision. All of these steps per force result in moral acts and they involve at least implicit interpretations about value-in-action. Where we place the target holds a great deal of meaning, as do the way we understand the very process of drawing the bow, its very construction, and on. Constantly, we aim at meaning. This suggests a new way of looking at the unconscious. Stern's notion of the unformulated (2003, 2010) offers a potential for unknown meanings that are not necessarily primitive, simple, or blindly chaotic by virtue of their being unknown. If we do not categorically reject but we de-privilege reason, there is room for a great deal of potential in that which remains unspecified.

Stern's struggle with moral understandings in the necessarily free-form structure of psychoanalytic discourse appears frequently in his writings (2003, 2010). It is likely that one reason behind this is that both hermeneutics (Gadamer, 1975/2004; Warnke, 1987) and Stern's RA place high esteem on new experience and on freedom in understanding. To assign a reductively determined purpose to a patient's conduct can appear authoritarian and ideological in light of such values of free relating, and a good psychoanalyst would then want to ask herself what in her own experience of the

interpersonal field might have led her to become so aggressive, or possibly to look for

impulses that are sadistic. Good pyschotherapy, that is, comes from psychotherapists

constantly engaging this sort of practice, imagining the patient's context, hypothesising

about motivations, and then questioning themselves what on earth lead them to such

hypotheses and assumptions—querying their own participation in the interpersonal field.

Stern has offered a rare, perhaps unique theory of this process.

Psychoanalysis has a strong historical current of militating against moral stricture

(Gay, 1988). Stern also clearly steered away from maintaining certain ideals in his

thought, at least in one footnote:

> I want to make sure not to be misunderstood about the question of ideals. What I
> am *not* proposing is that this list of characteristics ('loving, authentic, courageous,
> generous') comprises some kind of humanistic catalog of the characteristics of
> human nature, or some essentialist vision of morality. I am *not* suggesting that
> humans are 'naturally good' or anything else in such a vein. This is not the place
> for me to lay out in any detail what I do believe about the origin of human values.
> Suffice it to say, for the present purpose, that I take a hermeneutic view: We
> derive our values from the traditions that comprise our possibility of meaning.
> (Stern, 2010, p. 36, footnote 1)

This brings out a value found throughout Stern's writing through his perspectivist,

hermeneutical stance. To posit the analyst's ideals, again, seems risky, an interruption. To

return to Aristotle's archer, however, Stern's writings do on occasion directly propose

certain virtues and even goals for RA. As one of them is dialogue with a flexibility for

personal and political change, it can be assumed that these are less ideals than values

worthy of discussion, action, and struggle. For Stern, to advocate for basic virtues would

be essentialist; moreover, it would conflict with the type of openness and spontaneity that

he has located, for example, in the act of writing as well as in-session. Instead, Stern has

stressed the need to attend to a certain kinds of openness and curiosity, and such curiosity can be put forth as among the virtues emerging from Stern's theory.

Curiosity and epistemological pluralism. Stern has agreed with hermeneutic ideas that we are constituted by differing traditions, not culture but cultures in the plural. For Stern, "persons, after all, *are* cultures" (2003, p. 259, note 1). In this sense, Stern and Cushman appear to have been early intersectionalists, objecting to the reification of the individual by racial, gendered, or other categories. Therefore, it part of the job of the RA clinician is to help patients understand the traditions that constitute their ongoing being in the social surround. Stern has used Froehl's (2010) concept of "epistemological pluralism" in order to describe the need for differing points of view in psychoanalytic theory.

Likewise, Stern has used the terms such as compassionate curiosity and courageous curiosity, and these appear as a particular kind of virtue. Stern resisted categorizing these as a value per se, but he has also posited it as an ideal of RA practice.

> To absorb potential meaning of interpersonal events is to be curious, to allow oneself, with a willingness that derives not from moral force but from desire, to imagine as freely as possible the ways of grasping and feeling one's own and the other's conduct and experience. Unfettered curiosity is an ideal, never actually created but worthy of our aspirations towards it. (Stern, 2010, p. 11)

That this kind of valued inquiry should be driven by a desire to understand rather than pressures from the super ego places it immediately on an aesthetic grounding; it provides a significant place for the analyst's imagination. Stern's belief that it should not be motivated by morality appears to be a reflection of a concern to guard against impeding another value, that is, a goal of developing new understandings in the interpersonal field. We tend to think of moral obligation as something that is rule-bound.

On the contrary, for Stern freedom allows for experience that is new. For Stern, an important step involves working to understand how freedom might appear.

New understandings. For Stern, knowledge attained in psychoanalysis is not simply a way to liberate one's affective life. Recall that, enactment, with all of its destructive powers, is frequently mutual (2003). It occurs and is understood through the interpersonal field. Reflection eventually brings the experience of change into consciousness. Stern wrote of a labor dispute in which the narratives told by both labor and management were utterly incompatible. Freeing up one's own experience interpersonally is more than a matter of feeling better, though that, too, may come. Release from enactment in a public arena suggests change that involves power.

> When does a situation like [this dispute] begin to change? Only when someone sees the parts everyone is enacting in a new moral relation to one another. Someone tells a story that brings into the light of reflective awareness a new and convincing picture of the social context. (Stern, 2003, p. 130)

For Stern, such new understanding, in both psychoanalytic practice and likely outside of it, must relate to "what is accessible to awareness, what can be experienced directly" (2003, p. 130). In other words, new understandings for Stern are of value only in so far as they relate to experience, similar to the way that the good, for Gadamer, is defined by its usefulness in practice and by how it "contributes to…doing what is right" (Smith, in Gadamer, 1986, p. xxvii). Stern, likewise, has consistently modeled an interest in broadening his own understandings and those of interpersonal psychoanalysis, by exploring thought outside of this particular group and opening his own thought to active dialogue (e.g., 2013b, 2013c, 2013d, 2013e). Acceptance of that which is difficult to experience increasingly leads, in Stern's theory, to a proactive approach to dialogue. There is a supposition, almost an ideal, of mutual benefit in this kind of discussion.

Personal responsibility. In Stern's writings appear reflections on where personal responsibility lies. In a perhaps relieving statement, and one that offers a resistance to an American historical residue of puritanical guilt, Stern has stated that our knowledge of the interpersonal field and our related dissociations are necessarily limited. While a constant striving for better understanding appears to be an important value throughout Stern's works, he has also indicated that there are inevitable limits to our self-awareness, our ability to comprehend the interpersonal field, and therefore to our moral responsibility. There is a certain danger of harm in living. For Stern, we can only plan "what we desire the field to be" (2003, p. 154) and that is through unconscious influence. "We cannot be held fully responsible for the limits of what we are capable of formulating in any particular interpersonal field" (p. 154). The outcome of interpersonal relations includes only part of our influence. Responsibility is not measured by an appeal to unmoving principle or law but to a more process-oriented, and perhaps more artistic consistency in the attempt to understand ourselves and each other through dialogue and interaction. Psychology becomes a moral pragmatism, in addition to being a phenomenally creative process.

Freedom in relating. For Stern, a value that RA can clearly exercise, if in a generally nonlinear fashion, is through work in relationships to maximize interpersonal freedom. For Stern, the "interpersonal field is the gateway into consciousness" (2012b, p. 11). In Stern's theory, one goal is to increase relational freedom in order to allow the unbidden. In reviewing a case by Rozmarin (2011), Stern (2011b) presented a detailed account of how such freedom interacts with our ability to confront difficult aspects of our own history, again, a courageous curiosity:

The way that history lives in us is insidious, which guarantees that our efforts to contact freedom are routinely and necessarily compromised. Often our compromises are invisible to us, and sometimes they are so great that they overcome our intention to be of use. Even if we allow ourselves to face the magnitude of the task, though, we take from Rozmarin's article the hope that, if we keep trying to open ourselves, however ambivalently, to the most personal, detailed, subtle—and yes, sometimes excrcutiating —resonances of history in us; and if, in opening ourselves in that way, we simultaneously recognize (and lose the recognition, and then recognize again) that our individual lives are not inherently set against the social world and the lives of others, but actually take their meaning from that embeddedness; and if we can at least sometimes reconcile guilt and love in a way that breaks the spell of the superego and leaves us able to 'wish and do for the other *at will* rather than as a guilty and resentful necessity' (Rozmarin, this issue, p. 342)—that is, if the analyst continuously strives to renew, through the analysis of his unconscious involvement with the patient, his desire (to repeat that wonderful phrase) 'to do for the other *at will*'—then perhaps we will persevere as a field and even deepen it as a discourse of liberation. (Stern, 2011b, p. 352)

In this comment, Stern has offered his RA theory of moral understandings as one that gives the strongest attention to affect. It takes from that a hope of intensely greater freedom. Value that is relational could only involve an attention to our own stories and those of others, the traditions that have constituted us.

Moreover, this continual striving towards moral understanding could entail care, possibly even a certain kind of love. It is not simply that one acts correctly because of a categorical imperative to do so. There is an onerous conception of morality against which Americans often rebel, by either rejecting the belief that moral understanding applies to certain of our actions, or by turning away from conscious attempts to consider or understand moral philosophy at all. Hermeneutically, actions and struggles with theories about the good are entwined. In Stern's quote above, the psychoanalyst, and presumably anyone else involved with similar acts of joining in dialogue and opening oneself to "the resonances of history in us" (Stern, 2011a, p. 352) does what one believes is right — "to do for the other *at will*."

For Cushman, this is for reasons found in Aristotle's virtue ethics. A virtuous person does not act according to moral understandings "because he or she is trapped in some sort of cultural prison, not because of superego guilt or shame or fear of punitive reprisal, nor out of some sort of strategic profit/loss calculus." Instead, a virtuous person acts in this way "because he or she values the good and freely chooses to live it out — 'to wish and do for the other at will,'" (P. Cushman, personal communication, May, 2014; see also, Fowers, 2005, 2012). In other words, working to understand the good and acting on that understanding is a process, and it involves an embodiment rather than, necessarily, conformity to a code of conduct. This suggests a harmony in this kind of Being, between the act of understanding and one's conduct.

The good is linked to desire, and the resultant knowledge may be inseparable from praxis. These ideas are at the marrow of relational work, and they suggest an activity that both deeply approaches the most remote personal experiences on either side of the dialogue, while also looking at context, to the social realm, and, from within the field, to the lives of others beyond ourselves.

Summary and Directions for Future Research

In this study, I have examined in particular Stern's two books (2003, 2010), as well as other of his publications. I have also put these into context, to see how they fit in with influences ranging from Enlightenment thinking to the most recent of RA theory.

This exploration has traveled in concentric circles, from the larger social sphere inwards towards values we might hide even from ourselves. The Findings-Discussion section began with a contextualization of Stern's theory in the light of panoptic thinking, as described by Foucault, and its relation to the clinical gaze, diagnostic practice, and the ordering of speech in psychotherapy by scientized medical practices. In general, Stern's theory of the unformulated and the unbidden, and his joining of interpersonal theory with hermeneutic ideas of prejudice, interpretation, and intersecting traditions, does indeed suggest a strong resistance to a psychotherapy with claims to empirical methods and a concomitant, reified version of the self. A parallel thread in Stern's thought has been a questioning of power relations in the interpersonal field. Stern's sense of temporality, through his concept of the unbidden (2003), for example, already presents an attack on ideas about the predictability of human behavior and its usefulness for therapeutic change.

Questions remain, however, about the resistance Stern's critique of privileging empirical studies (2013c) can offer against the enormous financial control of the health system by insurance, managed care, and other corporate market systems. That is to say, it will be important to watch how Stern's critique plays out, given the huge power differentials between private practitioners of psychotherapy in general, and financial

institutions in particular. The political and economic arrangements of healthcare are translated into minutia of in-session practice, and there is a constant need for Stern's type of exploration of how we can resist the pressures to disconnect from relationship in a population that is increasingly alienated.

The second chapter of the Findings-Discussion Section was an examination of Stern's concept of self and multiplicity. On the one hand, Stern's use of interpersonal theory presents radical changes to previous conceptions of the self as an entity that can be studied as something separate from the social world. Furthermore, Stern's hermeneutic stance offers a fundamentally different kind of knowing. In a time of increasingly fast communications, multiplicity is an alluring idea to many of us. It also bears further examination, particularly in what it says about our ideas about responsibility and the ability to know ourselves.

The third chapter explored ideas about moral understandings in Stern's RA. Again, there is a struggle in these ideas, between the need to attend to the patient's phenomenological experience and the importance of bringing values as they appear in the interpersonal field to the foreground.

The apparent impossibility of separating values and practices also suggests the need for further work in psychological theory about the relationship between activity towards the good and desire, and about what it means to be a psychotherapist in a world that is showing radical systemic flaws economically, politically, and environmentally. The philosophical and psychological understandings of psychotherapists appear to be needed badly in disciplines and areas of thought they have often avoided, such as in mainstream political and cultural discourse. One result of this study is the suggestion that,

when it comes to moral understandings and ethical activity, the sheltered privacy of the psychotherapeutic office has been intensely challenged. To ignore the political even in our most private conversations is becoming the equivalent of acting in bad faith.

In the writing of this study, two themes have regularly emerged that appear worthy of further theoretical examination. One is the idea of the new that often can be found in RA theory. There seems to be an often implicit goal of bringing the patient to a new way of being, feeling, or experiencing. This push towards newness is also to be found in Gadamer's writings (1975/2004). Dialogue with others is a way to new understandings. That is its intention and frequently its consequence. One can ask, however, if this newnessis not a 20th Century Western value worth questioning. Would an important change in treatment be to bring a patient back to something similar to a former kind of experience? In hermeneutic terms, this may be impossible. One can ask, however, if this is not an adherence to a particular historical stance that is always oriented to a better future, as opposed to preserving aspects of past lived experience. In other words, in RA thinking is a reversion to a former way of doing or being necessarily unprogressive or a sign of stricture by interpersonal patterns?

A second area that appears to call for questioning is how to perceive the line between the interior and exterior. This study began with the question of what kind of a self is conceived of in Stern's theory. In fact, his writings occasionally appear as a struggle with the question of how to define the internal and the external worlds, and this is a question that psychoanalytic writers continue to examine.

How is an interpersonal self internal? Are experiences that are understood to be deeply within, private, and even isolated from others merely more the constitution of

language and the social surround? Contrarily, is there some interiority to us that is created during childhood and remains in most cases somehow separate from the rest of the world by definition? What are the effects of accepting that the world is made of ongoing interpretation? Stern has indicated some of these. However, these questions invoke further queries about how language is defined in Stern's RA and what is its role in our understanding of the world. Is some type of nonverbal understanding possible, and if so, how in psychology do we talk about it? These and other questions remain unanswered. However, even in the asking we begin to look at new configurations of the self in the 21st Century.

On a last note, while conducting this theoretical study I have had to describe RA and Stern's hermeneutic approach to it many times, particularly to fellow psychotherapists. I often wondered why I could not be efficient enough to develop what is sometimes called a good elevator speech. Instead, oddly, my explanations have always greatly varied. Often, they seem to have been determined by my interlocutor, or possibly by where or when I was asked. At times, I have emphasized the democracy in the relationship. At yet other times, I have discussed the immediacy and the sense of a mutual interpretation of meaning, the interpersonal field. At even other times, I have spoken of enactments and the idea of partnering our ways out of being stuck in a relational bind. The list goes on.

Stern's theory is about a changing way of understanding and how the unknown can be found to emerge from mutual interactions. There are conflicts and struggle reported throughout this process. There is also a beauty and a mystery to be found throughout Stern's works. One of the mysteries is how this theory involves often a sense

of loss (of essentialism and universalisms, for a start), often moments of confusion and uncertainty, and then it leads to something we might call a deeper sense of embodiment. This theory is not so easily applied as it is understood and then experienced, one might even say enacted. There is a recognition among many people with whom I have spoken that RA practice and Stern's description of it is very much the way psychoanalysts and psychotherapists from many different theoretical perspectives are in fact practicing today. It helps greatly, then, to have these theories which in their structure invite us not only to study them, but to use them and thereby engage, along our various and intersecting paths, in ongoing, creative critique.

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Appendix A

Summary of the Major Works of Donnel Stern

Stern, D. B. (1990). Courting Surprise: Unbidden Perceptions in Clinical Experience.

Contemporary Psychoanalysis, 6(23), 452-478.

In this seminal work, Stern presented descriptions of literary creation and

scientific discovery, to introduce his concept of unbidden experience as the way change

and new experiencing take place in psychoanalysis. With minor revisions, this article also

formed the twelfth chapter of his book, *Unformulated Experience* (summarized below).

Stern, Donnel. 1995. Lionells, Marylou. Fiscalini, John. Mann, Carola. Stern, Donnel, eds.

Cognition and Language. *Handbook of Interpersonal Psychoanalysis*. New York:

Routledge. pp. 79-138.

This chapter, in an anthology co-edited by Stern, is a review of theories of

cognition, broadly defined, in the history of the interpersonal school. Many of Stern's

important sources are found here, along with a summary of the relationship between

cognition, the unconscious, and language in interpersonal thought. It highlights the

thought of Sullivan, Schachtel, Barnette, Levenson, Greenberg, and Bromberg.

Stern, D. b.. 2003. *Unformulated Experience: From dissociation to imagination in*

psychoanalysis. New York, NY: Psychology Press.

Chapter 1. The Given and the Made: A Constructivist View

Stern introduced postmodernist thought, hermeneutics, and his theory of verbal

and non-verbal semiotic experience.

Hermeneutic perspectivism holds that truth is myriad. Even non-verbal experience

in the interpersonal realm falls under the linguistic. Stern called this encoding of

nonverbal action "semiotic." This will prove to have been an important point in Stern's more recent work that critiques both relativistic forms of postmodernism and scientistic forms of developmental research.

Experience is interpretation. We constantly take consensually validated experience and reinterpret it. However, experience can be hidden from oneself. A goal of psychoanalysis is to grasp the nonverbal in words, widening self-knowledge and explicit choice. To take a perspective on experience is to engage it. Psychoanalysis involves purposeful and spontaneous reflection. Conscious reflective meaning arises from verbal language and pre-existing meaning. In psychoanalysis, that includes unforced consideration of what we most fear and desire. Reflective capacity is, however, limited by context. Uncertainty allows for the contribution of multiple traditions. Verbal reflective meaning is never pre-ordained. Unformulated experience is the ambiguity we experience moment-to-moment. Dissociation is the unconscious, defensive decision to leave experience unformulated. Knowing is a function of the interpersonal field. We are usually unaware of our participation in the interpersonal field. We have to break the grip of the field to see patterns we have within it. That is accomplished by understanding unconscious aspects of it.

Chapter 2. Unformulated Experience: An Introduction

Unformulated experience is here defined in cognitive terms.

Years of experience give the psychoanalyst greater comfort in uncertainty. There does not appear to be a fully formed unconscious influencing conscious experience. Rather, unconscious experience that lacks clarity and differentiation has the possibility of being brought into consciousness through interpretation. Interpretation is therefore a

ubiquitous process. Most of unformulated experience can be interpreted in various ways. In psychoanalysis, we emphasize experience because it turns inference into conviction.

Thoughts flow into one another, and psychoanalysis is phenomenological because it accepts that unconscious experience is actually a continuous process. Structure, content, and representation signify the plethora of processes in psychic life that continuously reproduces experience in meaningfully similar forms, as organizing activity. We can stand back and observe reflective experience.

There are two types of unformulated experience: molar experiences were never spelled out; molecular are short-term, momentary states of possibility from which the next moment's experience emerges. Unlike Freud's thinking, for Stern meaning can attain greater form with consciousness.

Therapeutic action involves increased curiosity and greater freedom of thought. Citing George Klein, a unit of reality is any perceived unit of coherence not connected to a notion of accuracy. We construct our representations of the world through unconscious cognitive rules or algorithms. Unformulated experience is structured like a figure emerging from a dense fog. The phenomenon is akin to Gendlin's "felt meaning."

Chapter 3. Familiar Chaos: Unformulated Experience as Defense

This chapter is a discussion of the function of dissociation in unformulated experience, which is offered as an alternative to Freud's theory of repression.

When unformulated experience is defensively motivated, it is a lack of articulation, a retreat into the familiar, which precedes even traditional defenses.

Freud's view held that memory consist of contents that could be hidden and recalled. In Sullivan's self-system may involve something like a repression of psychic

elements (which Stern would likely reject); however, different degrees of formulation are also in Sullivan's thought. Dangerous experience involves a refusal to formulate what is new, resulting in a camouflage of the familiar, a parataxic experience. For Schachtel, to avoid separation and individuation, people retreat into secondary autocentricity, a conventionalizing of experience based on previous knowledge. Sullivan's selective inattention also holds a quality of a formulation theory. In this theory, implications of experience are not sufficiently developed for recall, thus preventing both anxiety and learning. Entire motivational systems may be dissociated. Parental reactions affect child development, as they become part of a child's self-dynamism. The self is made of gaps, and to know a gap in oneself can be devastating. Psychotherapy involves increasing the patient's curiosity while maintaining a bearable level of anxiety. Stern taken Sullivan's thought further, assuming an even greater potential for language in bringing parataxic meaning to reflection, so unformulated experience is not fixed content and language is constitutive. There is more than one meaningful interpretation of experience, and certainty about just one interpretation may be the only evidence that potential questions are being refused. In extreme, certainty about a possible single interpretation for experience is psychosis. Content is not repressed from awareness; rather, it is never formulated.

Chapter 4. Creative Disorder and Unbidden Perceptions: Unformulated Experience as Possibility

This chapter further develops the concept of unformulated experience, not only as limitation but also as source of novelty. Stern included observations of the creative process by poets such as Valéry and Spender. Novelists and poets often describe an

unconscious or not-knowing quality to writing. Stories are integral to the psychoanalytic process.

Thought follows thought. Through interpretation, we understand what was previously part of familiar chaos and accept what was previously rejected as uncertainty. Unformulated experience can be either creative disorder or familiar chaos. It is paradoxical that we need to allow our desires to move us to understand them. Attempting to force the process results in intellectualization. We cannot know what we will think next. All thought is unbidden, and therefore includes unconscious thought. Psychoanalysis involves acceptance of unformulated experience as creative disorder. Resolving resistance leads to a more fitting, new understanding.

Using prediction to study behavior applies only when examining broad life trends. Curiosity involves the toleration and preserves the uncertainty of unformulated experience. Psychoanalysis is a progressive awakening of an active curiosity that is not quite a focused search. Rather, this curiosity is a global attention to perception. It involves permitting oneself to make construction. This allowing is seen in the ideal of free association. Different from a search of hidden truths in a patient's life, psychoanalytic curiosity can bring to light new constructions not previously thought. There is an element of surprise rising from the familiar in creative activity.

Knowledge is an effect of power. Power relations do enter into psychoanalysis, to influence even unbidden experiences. Hence, the problem that accepting unbidden experience can mean accepting hidden power relations. This puts the psychoanalyst in a quandary, between accepting the status quo even in unbidden experience. Hence, psychoanalysts come to expect constant obstructions in their own thought, while also,

ideally, encompassing experience that the psychoanalyst may not want to know. There is a need in the psychoanalyst's education for learning how challenge the status quo. The relationship of psychoanalysis is a constructivist democracy, and egalitarianism is an ideal.

Chapter 5. Imagination and Creative Speech: Thoughts on Dissociation and Formulation

This chapter is an exploration of repression versus dissociation, selective inattention, the role of language in new experience, and the need for safety in psychoanalysis.

Contrary to Freud's theory that energy is required to repress material from consciousness (1933/1989), Stern suggested that consciousness is linguistically structured and involves an active process requiring effort. Dissociation is a broader concept than usually theorized and it precedes defenses. Its opposite is imagination. The field, meaning, and interpersonal relationships are held to shape meanings of which we can be aware.

Stern borrowed philosopher Herbert Fingarette's concept that we learn to spell-out experience; that is, rather than resembling a mirror, consciousness may involve a learned skill of spelling-out features of the world. Basic defense would then be the prevention of interpretation from coming into reflective awareness. Dissociation is the inability to reflect on something, involving the prevention of interpretation rather than an exclusion from awareness. It is a constant process, necessary for survival, and part of organizing experience. Bromberg wrote of normal dissociation: As we attempt to live as a unitary self, we leave out painful parts of experience. Dissociation is a channel that

permits or restricts experience of the present, even the experience of memories. It is a restriction of interpretation into reflective consciousness, of experiencing. Dissociation is the refusal to make verbal representations.

Hermeneutic theory can then help us to understand what it means to spell-out new experiences. To be capable of new experience is to be capable of not knowing what will come next. A goal of psychoanalysis is for both psychoanalyst and patient to see language more flexibly and precisely than before. Language continuously structures reflective consciousness. There are moments beyond words, for example, in intimacy. We never really finish saying anything. We bring previous experience into words. Resistance then is affectively charged experience that we are ambivalent about formulating. With resistance, we fall into language that lacks implication. According to Merleau-Ponty, new language breaks up thought and rebuilds it. This is an ontic, intuitive vision of language. New language needs to feel right in the saying of it. We need to treat language like creative disorder, following its affective path. Stories bring pain into meaningful relation to experience we already identify as our own, ceasing the disembodiment of painful experiences, creating what Donald Spence called "a narrative home." The contrary of dissociation is imagination, a vivid articulation of meaning.

Because this refers to meaning, all reliability is subjective. Truth in narrative is impossible in psychoanalysis; rather, stories serve to make things present. Dissociation is then a limiting or destruction of imagination.

There are two types of dissociation, one is frequent and it involves a refusal to allow pre-reflective experience to attain a full meaning, resulting in a generic anxiety. Another refuses imagination of memories encoded as action or practice. This second

dissociation involves material that if recollected would bring about reactions ranging from specific anxiety to terror.

Clinically, we can only maintain an atmosphere of safety and remain sensitive to evidence of dissociation, absence, contradiction, stereotypes, or dead spots. Instead of attempting to force language, we need to prevent our own interruptions and clear the field. The cause of bringing forth new experience cannot be unconscious organizing activity, because that would make it verbal; it cannot be consciousness, because that would make it predictable. The cause of all of these is a temporary, unifying voice.

In Stern's estimation, Sullivan was overly focused on language as a means of operational communication. For Stern, language generates experience. Dissociation is defeated through one's talking one's thoughts to oneself. In the therapeutic environment, certain thoughts can be thought and not others. Selective inattention is suave, it comes without warning. In seamless, familiar relationship, dissociation is at work. What seems natural and not worth remarking is relevant to the patient's most pressing problems. We cannot force or will self-understanding. It emerges from situations.

Enactment grips both the patient and the psychoanalyst when it opens up compelling parts of the each one's personal history. Our relationships are ceaselessly redefined. As one person's involvement changes, the possibilities of the other's involvement are also changed. It is meaningless to expect or try to force oneself to see beyond an enactment. The field is the only context and makes what is possible in the relationship. The moment and the field shape the meanings of which we can be aware. Each relationship has multiple fields for us, both creating and constricting our use of

language. We cannot simply choose to be empathetic. We can only remain as open as possible.

Often that which initiates the opening from an enactment is on the patient's side. Stern brought up Racker's observation that the psychoanalysts do not only use their experience for the patient, but also continue their own psychoanalyses with the patient. In any case, beforehand neither side can know exactly how to destabilize a previous perception of an enactment. The only relevant context is the field. Meaning is interpersonal, and relationships involve multiple fields, and hence multiple selves.

Chapter 6. Not-Spelling-Out: Dissociation in the Strong Sense

This chapter explores the effects of strong dissociation on narrative, child development, and memory.

Strong dissociation denies some verbal interpretation of experience of action or practice, that is, experience that already has some nonverbal structure to it. This is an active defense and it can apply to highly organized meaning, such as a memory that might be recovered later in specific form, or in the case of disavowed intentions. In weak dissociation, the meaning was simply never attended to. Dissociations can be mixes of the strong and the weak. For example, a story must not be told (strong dissociation), and as a result other stories are never thought of (weak dissociation). This occurs frequently in transference-countertransference over the course of a psychoanalysis. A story of the relationship has to be told, dominating attentional processes and preventing alternatives to these stories from being told (weak dissociation). One of these stories could not be told, being actively forbidden (strong association).

Verbal interpretations of experience strongly dissociated (that which is organized as practice or action) cannot be made at will. It must occur through imagination and creative use of language. Its breach means greater interpretive freedom. There is a range from a subtle resonance of the experience to the entire experience that can be dissociated, and portions that remain dissociated remain unformulated. Who then choses what will be brought to understanding and what will remain dissociated in the case of self-deception? Freud medicalized what was essentially a moral problem, by locating the ego at both conscious and unconscious levels; in Sartre, the individual has the responsibility and self-deception is simply bad faith. For Stern, culpability and responsibility are separate. Dissociation is an active process and consciousness means engaging in the world. Spelling-out is a rare process about which we are selective. It is not an instrumental skill; rather it involves both agency and unbiddenness. We seldom imagine ourselves fully. Spelling-out involves both consensual validation and creativity. Psychoanalysis is a rare place where we observe ourselves bringing experience into awareness. For the same reasons we do not spell out an engagement, we are also not aware of our not spelling it out. Only experiences consistent with our idea of self are spelled out. Some not-me experience, on the other hand, would necessitate our asking fundamental questions about ourselves and about the safety of the world to be brought to consciousness. Disavowal of child sexual abuse makes sense, because the experience is too disruptive to the self. Such dissociation can be all-the-more powerful if the child lacks the language to label what is occurring. In any case, such experience is not repressively ejected from consciousness; rather, it never enters consciousness. Victims of such dissociation from childhood remain with fragments of meaning outside of a narrative context.

Memory involves telling a story, and traumatic memory can be bloodless, like prenarrative snapshots. Dissociation may not just drain experience, but it takes the feeling out of the story. Patients with traumatic childhoods may not even feel the need for compassion. Implicit or un-spelled-out engagements are a type of unformulated experience. They are unconscious and are nonverbally structured. This leads to the question, What can one recognize when unformulated experience is dissociated? Stern brought together concepts of William James and Sullivan, to answer that these are feelings of tendency, and anxiety. Feelings of tendency help us sense the direction of experience. We then decide what to formulate or not.

Chapter 7. Narrative Rigidity: Dissociation in the Weak Sense

This chapter raises questions about social power, and how psychoanalytic change relates to social rigidity and change.

A new situation, such as an impasse between workers and factory management, requires an atmosphere of readiness to bring lasting change. Note that people are in a sense cultures, and the question of agency in the postmodern world is essential for psychoanalysis.

Our location in a given place and time can determine the only ways we can see a given situation. A party to a social conflict may not have formulated its own story because of the involvement of its members. The storyline becomes familiar and comfortable. Narrative rigidity has an inverse relationship to interpretive freedom. We construct multiple self stories, making some categories of experience irrelevant and some salient. Unformulated experience is the shadowy part of the story and it includes narrative roads we could have but did not take. There is a dialectical relationship between stories

we tell and those we do not tell, that is, between reflective consciousness and unformulated experience. The many potential meanings available for articulation at any moment are unique to that moment. Implicit Unformulated Experience is constantly re-created by ongoing retellings of our most stable narratives. Psychoanalysis moves from stereotyped stories to those more specific to the patient's context. Each new articulation of meaning can either prevent or bring finer levels of new meaning. Our embeddedness in overlapping cultures and subcultures leads to narrative rigidity, with repeated plots and characters. Cultures are vocabularies of narrative.

For both Bartlett and Freud, memory was other than a copy of experience. Stories are told, rather, from our position in the present, with little restriction from the facts. We remember on the basis of a set or schema based on experience, with a tremendous amount of give. We conventionalize our stories usually in a social way. Memory is a reconstruction through our attitude about an event. For Foucault, this involves power as a constructive force, and power's effects lie in it not being perceived. More than just repression, power is a positive force that produces discourse. We are all caught in its grip. Politics are local and nontotalizing. Similarly, the Interpersonal field is nontotalizing. Hence, contemporary psychoanalysts constantly observe their positions in the discourse of the psychoanalytic situation.

For Schachtel, conventionalization of experience, "secondary autocentricity" is not just a problem, it is a necessity for survival. These are the paths of least resistance. Coming up with the original is difficult, requiring imagination. Decentered power, which is shaped generally by the culture itself, leads to the unreflected acceptance of convention, narrative rigidity.

Psychoanalysis is a moral endeavor. It involves a commitment to stories that fit the lives of patients and increase flexibility in thought, which is inevitably in conflict with narrative rigidity and unconsciously adopted convention. The psychoanalyst then becomes a social critic of any directives or strictures that are unconsciously adopted. Stern presented a vignette in which a bottom up interpretation offered by the patient, and well within the psychoanalytic canon, was challenged by the psychoanalyst, to suggest an alternative interpretation contrary to conventional psychoanalytic thinking.

We can only tell a story by excluding other, conflicting ways of seeing. As explained by Bartlett, stories seem to us accurate and inescapable. We force narrative to conform to our standards. According to the historian Wedgwood, we know the end of a story before the beginning, and once told we cannot recapture the experience of knowing only the beginning. Life in some ways moves backwards for us. It is a constant retelling of stories.

Chapter 8. The Problem of the Private Self: Unformulated Experience, the Interpersonal Field, and Multiplicity

In this chapter, Stern built on Harry Stack Sullivan's interpersonal theory of the self, in order to examine how the field involves transference, personal agency, and self-deception.

For Sullivan the smallest unit of human experience is the interpersonal field, and the idea of the continuous, unchanging self or individual is illusory. Rather, the subject of observation involves our communication with one another, and the self is just the total of our interpersonal relations, in addition to our protective self system. Stern modified Sullivan's thought, positing instead that we have multiple selves or self-states and we do

indeed have an internal world. Self-states are traversed via dissociation. In Sullivan's thought, other people call out repertoires of security operations that determine the moments of consciousness. The field also determines what we articulate and that to which we do not attend. For Stern, it is more than just anxiety that determines what is called out in relationship. The participants call out other, especially unconscious aims. We cast about for interpersonal relations that play roles reciprocal to the interpersonal events we want to recreate. Stern then connected this casting about to Racker's two types of transference. The casting about involves a complimentary transference, in the hopes of our arriving at a concordant transference (in which the other is experienced as feeling that which we feel). We are not responsible for the limits of the interpersonal field.

In Stern's theory, many selves can be represented at once. Interpersonal life involves parallel processing. Despite our desires for the interpersonal field, it is unpredictable. We move in and out of self-states, and the field moves us in and out of self-states. Therefore, we are not responsible for our limits of the field: the field involves both our choices (as understood by Sartre), and our limits. Responsibility lies somewhere in between complete personal agency and total predestination. Psychoanalysis is a stretching of those limits, through the safety of the frame and the freedom it offers. The field is defined by both imagination and dissociation and is only partially our own creation. It is further shaped by the material conditions and power arrangements of our time. It is affected by our embeddedness in different traditions or cultures.

Stern here tied in important currents of postmodern critiques of the Western self. Stern cited Geertz and others to emphasize that our conceptualization of the self is a Western construction, one that involves centrism and an individualistic notion of agency

and destiny. Hence, consciousness is a much more social phenomenon than previously thought in psychoanalysis. Such embeddedness leads to various assumptions: 1. That psychoanalysis is more of a social event than previously maintained. 2. That cultures create ground rules by which meaning is understood; and, 3. The broader discourse of cultures have their effects in relationships. By corollary, as products of culture, we are all embedded in relationship.

We then create the patterns of our experience on interpersonal fields. Our outer worlds and inner worlds determine which parts of each are relevant to us at any time. Stern again used the metaphor of lifting submerged stones (of meaning) from under water (as opposed to submerging problematic meaning like a beach ball, as with Classical theories of repression). Again, experience or consciousness is determined by that to which we give attention, and that which is not blocked by selective inattention. In fact, we are usually unaware of the field until we are given a reason to examine it. There is no such thing as a pure intrapsychic state. We participate in the construction of the field but we are also partially strangers to ourselves. Self-deception, then, is the relinquishing of curiosity about the field, the simple acceptance of the field. At these times, we need the help of others, their calls to curiosity.

Chapter 9. Interpretation and Subjectivity: A Phenomenology of Resistance

Dismissing objective measures for understanding unconscious experience, Stern delved into how interpretations are made, what function they serve, and how they are qualified through the phenomenological experience of the patient.

Meaning of unconscious experience comes through interpretation in reflective experience. There is no way to judge the objective accuracy of interpretations.

Psychoanalysts usually know when an interpretation is adequate but cannot know its accuracy. Unlike the traditional view, interpretation no longer corresponds to material. Language has constitutive properties, it co-creates thought, and experience can suddenly intrude.

We need to understand that locating psychoanalysis in terms outside of the scientific is not a cause for despair. Postmodernism is about uncertainty. Directing our attention to the unknown does not mean relinquishing thoughtfully considered clinical constructions. We are still responsible for selecting the most complete and satisfying account of phenomena. Radical constructionism holds that both the world and person create experience. Hence, psychoanalytic interpretation touches the patient in a way the patient can identify in his or her own experience. Therefore, even if objective accuracy were possible, third-person, scientific objectivity would be futile. Instead of trying to be right, psychoanalysts can only try to account for the patient's experience from within the patient's perspective. The patient will know what fits. According to Loewald, interpretation has an organizing function at a higher level than the patient has reached alone. When this occurs, the patient experiences that something has been pulled together, or a sense of always having known what was just said. Words seem to fit a pre-existing meaning or absence. The important thing is not the patient's reaction but that the interpretation speak to the patient. The patient uses the same criteria to judge what fits as we do when we judge the fit of our own words to what we intended to say. Psychoanalysis is characterized by using the intensity of resistance to overcome resistances.

Psychoanalysis is unique as a collaboration between the psychoanalyst's provision of an atmosphere of safety and a patient's trust. The patient needs to care about interpretations. This is not brought through the psychoanalyst demonstrating worthiness—that would be a reaction formation against the psychoanalyst's own aggressiveness. Unconditional positive regard is ultimately inauthentic. Rather, trust is accepting, uncritical, and non-retaliative, a compassionate curiosity. Curiosity involves being sensitive to the possibility of a question. It is the means for the psychoanalyst to obtain self-reflective access to questions. In this way, the psychoanalyst disembodies herself form unconscious assumptions, especially those forming the interpersonal field.

In this disembedding, the psychoanalyst refrains from enactment but interprets the patient's transference. As Racker maintained, transference interpretations are the only way the patient has to know that the psychoanalyst is not submerged in countertransference. The psychoanalyst disembeds herself by transforming the limits of her own understanding, through constantly putting the limits of her own understanding into thought. The patient senses the interpretation like an empty mold in the same shape of the interpretation; it is as if at its appearance, there was a space previously available for the interpretation to fill in. More than the acceptance of a new meaning, there is a sense of a pre-existing shape, and there is generally more room for further shaping at this point. The psychoanalyst is then able to use the new interpretation to reconstruct how that interpretation came to the psychoanalyst herself.

This is not done for democratic principles, even though it works democratically; rather the goal is for the patient to see the interpretation from the patient's own frame of reference. This reconstruction of the psychoanalyst's train of thought leading to the

interpretation is used for both the patient's conscious and unconscious dissociated material.

The patient listens to the psychoanalyst only in context, and context determines the horizon of the patient's experience. Uncritical acceptance, a positive transference, can be a sign that the patient is merely eager to please. The psychoanalyst's devotion and curiosity add incrementally to the safety of the relationship. The hidden goal is to help the patient to make meaning that would otherwise remain outside his or her conscious horizon. In better circumstances, that leads to a breaching of the patient's defenses. For Stern, defenses are not an intrapsychic process but an interpersonal one. Nothing in the inner world is isolated from the social. In Fairbairn's terms, resistance is not to the process but to the psychotherapist himself. When collaboration allows disallowed meaning, psychotherapy moves from unformulated experience as familiar chaos to being creative disorder, from denial of curiosity to its affirmation, from feelings of tendency to openness to experience.

Even the psychoanalyst's private observations are participation in the relationship. Unconscious factors also help form participation and the relationship. Anything that is said can be giving voice to unformulated experience and can only be judged by how satisfying or disappointing it is to the patient. There is no such thing as a unitary, unsocial unconscious. For Gadamer, reality exists but it can only be understood through historical, linguistic, and individual perspectives, and any interpretation is a perspective. There are sums of perspectives or facets, like a Cubist object. The goal is not to maximize perspectives, nor is it to find a supposedly correct angle; rather the important question is how to formulate experience when it comes unbidden. Interpretations teach us what to

see. In psychoanalysis there is continued respect for the individual's constructive activity, and for the unimaginable richness of reality that can accommodate multiple and conflicting perspectives. Understanding is conversation, and disagreement is not an obstacle. We continue in dialogue until we reach agreement in understanding about something. Agreement then is a new understanding, not harmony. When feeling safe, the patient can grasp the truth in what the psychoanalyst says about the patient's unconscious.

Chapter 10. The Analyst's Unformulated Experience of the Patient

This chapter presents a description of the influences of the patient's unformulated experience on the psychoanalyst and the grip of the field.

The deepest interpersonal influences are mutually unknown. Countertransference, what the psychoanalyst does not know of the patient, is of primary clinical significance, because, once articulated, unformulated experience must lose its indeterminacy. It is therefore hard to know that there is important experience to be interpreted or what to interpret. By first verbalizing, even to oneself, preverbal or pre-logical experience, the psychoanalyst's new experiences of the patient, the psychoanalyst can later attempt to imagine what had been left out of that articulation.

Whatever is spoken is also played out between the patient and the psychoanalyst. The patient and the psychoanalyst repeatedly create a field, maintaining states of relatedness such as those that brought the patient into psychoanalysis. Either side may break the grip of the field. When broken on the psychoanalyst's side, it may not be spoken of, but this demands new inquiry. Breaking the grip requires reflection and imagining alternatives. Stern uses Schachtel's terms of allocentricity and autocentricity.

To be autocentric is to pass over things, while being allocentric is to be profoundly curious about things. In the allocentric attitude in psychoanalysis, we look for the silent power struggle we experience. The process continues. Curiosity does not offer a permanent solution, but an articulation of next problems.

Chapter 11: Gadamer's Hermeneutics and the Embedded Analyst

This chapter joins psychoanalytic thought with Gadamer's hermeneutics. Stern examined here different ideas of transference, in order to challenge traditional epistemological assumptions and psychotherapist-patient roles. He introduced the hermeneutic circle as a further challenge scientific assumptions of knowing and the deployment of technique in psychotherapy. The psychoanalytic commitment to understanding and time is seen as essential if new understandings are to emerge from the interpersonal field. The psychoanalyst, then, both grasps meanings familiar to the field and applies theory to that which emerges. By remaining open to the effects of tradition on our knowledge, psychoanalysts and patients can arrive at new understandings.

Though challenges to the blank screen are frequent in recent psychoanalytic literature, notions of objectivity often reappear in contemporary theory. Conservative critiques in recent psychoanalysis continue to maintain that psychoanalysts determine whether or not patient responses are distorted or inaccurate. From a radical perspective, the psychoanalyst can make no such claim. All the psychoanalyst can do is to disembed himself by taking on new understandings of himself and his participation. In this theory, all knowledge of the patient is mutual and interpretive, and in this relationship, psychoanalysts vacillate between concordant and complimentary identifications with the patient. Stern then entered into an alternative definition of what services the RA

psychoanalyst provides. The patient "purchases" from the psychoanalyst interpretations and the psychoanalyst's sense of timing. This may sound authoritarian; however, the patient can always dispute any understanding on the psychoanalyst's side. Hence, this relational psychoanalysis is egalitarian if asymmetrical. No ideal distribution of roles is possible, because both sides are embedded in the interpersonal field.

Reflective meaning comes through language. In Gadamer's philosophy, prejudice both obstructs and originates new experience. We arrive at understanding, then, by disembedding ourselves from prejudgment (what we have known previously) through dialogue. Prejudice is no longer seen as not error; rather, in this philosophy it resembles the radical critic's sense of countertransference, both blocking and allowing for new experience. For Gadamer, insight involves a freeing from expectations of our own that previously captivated us. Rather than an attempt to influence practice, hermeneutics involves an attempt to describe understanding, which comes through a dialogue in the present, between two people who are living embodiments of various traditions or histories. In this sense, there is no hidden truth that can be uncovered by the psychoanalyst's observational powers. Reflective meaning is an event, and both sides' experiences are always up for examination.

In order to understand experience, we must put it into context, an appropriate configuration of tradition. In order to understand things, we then project complete understandings onto communications that we understand only partially. For Gadamer, we have put some unexamined part of tradition into language. Meaning is always surrounded by an infinity of the unsaid. Science supposes that the one who learns can be separate from that which is learned. Gadamerian understanding is through dialogue, and is hence

beyond awareness and control. Technique makes psychoanalysis different from other types of conversations, but it would be lifeless without emotion and would lose spontaneity, precluding the hermeneutic circle.

To understand, we project partial understandings into the dialogue to see if these expectations are confirmed. The psychoanalyst and patient create between them minuscule prejudices over time. The field, a reciprocal transference, needs to be created over time in order to be taken apart. Once a relationship is established, then the invisible in it has a chance to be seen. With open questions, one must be genuinely uncertain about the alternatives, and we are not aware when we are creating them. Scientific integrity about the commitment involved in open questions requires similar commitment to the patient in psychoanalysis. In the fusion of horizons, we see our own preconceptions and then grasp the concept of the other's meaning. This is no empathetic knowing, only mediation. In Gadamer's thought, we allow ourselves to be questioned by the text. For Stern, new understanding involves a crystallization of some aspect of the interpersonal field. The pursuit of inquiry, no matter the content, involves some expansion of the possibilities of the therapeutic relationship. Even the patient's past does not exist outside of the interpersonal field. Even our prejudices about freedom require examination. Flax has called the resultant uncertainty "radical incompleteness."

Just as resistance needs to brought into awareness, so too the shapes of power need to be made clear. The psychoanalyst's experience has a greater impact on understanding the patient than theory. We start treatment with global assertions of whom the patient is. Only when the psychoanalyst is deeply involved, and incapable of emotionally detached application of theory, can the prejudice that constitutes the field,

the transference-counter-transference, be analyzed. Eventually, theory and prejudice become productive of one another. More than understanding, it is important to see how dialogue shapes understanding.

According to hermeneutic and thinking of the Interpretive Turn, all of science involves what Wittgenstein called language games. As RA involves social sciences, both the subject matter (meanings of human life) and the study itself constitute language games. All social science is then at the convergence of two languages, and what Foucault callled an institutionalization of values. This is what Giddens called the double hermeneutic. Stern then cited Protter, for whom the examination of another type of language, the prejudices of the interpersonal field, constituted a triple hermeneutic for relational psychoanalysis.

The task of the psychoanalyst then is to grasp the familiar, the transparent in the field, and apply theory to it. Understanding comes through consensus in dialogue. To disconfirm a prejudice, then, comes not through any fixed method and not through any technique, but through a Gadamerian consciousness of the effects of tradition. Using tradition, we question ourselves about what we take for granted. Psychoanalytic training involves, then, a consistency of self-reflection through training and supervision. These achieve innocence and openness, which entails a surrender to the unbidden, to be carried along by the patient's process in Kahn's terms.

Chapter 12. Courting Surprise: Unbidden Perceptions in Clinical Practice

This is a description of new perceptions being experienced as both familiar and new. Focusing on what is already known through detailed questioning brings out

unbidden experience. In this process there arrive important gaps between expectation and actual experience.

Experience is constructed on history and current interpersonal circumstances. The deepest experience feels as if it came from somewhere else, from nowhere. We often pick up emotions from patients in an implicit way, as an indirect representation to which we search for meaning. How do we search for what surprises us? Unbidden learning is not simply passive. It is similar to a dream, for which we are responsible but which we cannot orchestrate. Describing such learning, we often say in supervision, "it struck me that . . . ." It can be useful to retrace our thoughts leading up to such observations. Schachtel's allocentricity requires a certain courage. In psychotherapy, affect is always to be experienced and when possible understood. We do not look for the unknown but presume that it is already present in the patient. As opposed to being defined as a container, the unconscious is something so much present that we seem to live it out without it being seen. It is outside the range of explicit reflection. The idea is to direct interest to what is already known, in order to state implicit assumptions explicitly. Awareness of absence is realized through focusing most detailed attention on what is present. This is similar to Levenson's description of looking for lacunae in the patient's story.

When experience is not known it disappears as quickly as it appears. We often miss experience when it is indistinguishable from our expectations. At these times the space between experience and expectation is unconsciously anticipated, to preserve the status quo. Transference provokes anticipated experience form the psychoanalyst. The most important task of the psychoanalyst then is to discover her own expectations for the

interaction. Learning is unbidden perception arising from the space between expectation and experience, a contrast against the background of the known. By both sides speaking of the familiar, gaps are described, and experience is described with greater precision and subtlety. This is, however, a routinely difficult process.

Psychoanalysts are particularly interested in the pathology of understanding, on occasions when neither side can see their expectations of one another. While we may try not to respond reciprocally to one another, this is not always possible. We react to one another in a kind of participation. These are enactments, and they are continuous. Hence the importance of supervision. Curiosity is a determination to know what one is already aware of in the most detailed way possible. Highly detailed questioning brings forth the unbidden. Psychoanalysts then constantly suspect their own capacity for thought. This brings out clarity, which then produces more curiosity, and hence further clarity. The curiosity also focuses on the psychoanalyst herself, her unconscious being on the other side of the analyst's understanding. This is both exciting, because of the unknown, and sad, because every new truth brings on further prejudice.

Openness is an achievement, resulting from knowledge and effort. Beyond merely being receptive, it is the result of experience and intellectual effort, an accepting wisdom of our knowledge and ignorance. Such a capacity for innocence is an accomplishment. The analyst develops a work ego through psychotherapy and training, a capacity for self-containment and self-reflection, passed through one's own psychoanalyst and to be passed on to the patient.

Stern, D. B. (2010). *Partners in Thought*. New York, NY: Psychoanalysis in a New Key.

Chapter 1. The Embodiment of Meaning in Relatedness

This chapter introduces a way of hermeneutic understanding in psychoanalysis that is contextual.

Experience is given structure within a limitless reality by the constraints of tradition, history, and culture. Stern here rejected the idea of a topographical psyche and even a literal existence to memory. The therapist's role as someone holding up a standard for what is real is challenged. Rather, meaning is constructed through interpretation. This puts much greater importance in psychoanalysis on process. Stern introduced curiosity and degrees of freedom in acceptance of alternate meanings.

Chapter 2. Conversation and Its Interruptions

This chapter joins Gadamer's theory of understanding with thoughts on work with the unconscious.

Understanding is not monadic, nor does it involve a restructuring of each other's minds. Noninstrumental understanding comes through the kind of dialogue in which each side strives to remove the differences between the different views. We create meaning is jointly. This carries to psychoanalysis, in which we are looking not only for conscious but unconscious meanings. Psychoanalysts work to interpret meanings they think the patient does not know. From this view, even empathy is an interpretive process, and understanding, as an attempt to unite with the other, is love. However, such comprehension necessitates questioning, the bringing of indeterminacy into the relationship. Questioning serves to break apart the subject of conversation. We can know an authentic conversation when we forget ourselves and the play takes over. Psychoanalysis is rooted in morality. To prescribe a moral program would, on the other

hand, deny the ongoing clinical relatedness and introduce an aspect of political power. The psychoanalyst is in a constant process of trying to imagine the unexpressed that contextualizes the subject. Enactment involves an interruption of true conversation, an effort to act upon each other which often possesses a sadomasochistic element.

Chapter 3. Fusion of Horizons: Dissociation, Enactment, and Understanding

This chapter identifies context and discusses how change involves a changing of self-states in dialogue.

Understanding in psychoanalysis comes through locating a patient's speech and action in a fitting context. In Stern's theory, context includes the whole mood, as well as the contents of what is said. In some cases, a fusion of horizons may occur within the psychoanalyst's experience, between the me and not-me, the alien part of the psychoanalyst's self, offering the psychotherapist wider access to conscious and preconscoius parts of one's own mind. This would be a successful analysis of the psychoanalyst's countertransference, and it affects the entire psychoanalytic relationship, as well as the analysand.

Conduct and context modify each other until, in the fusion of horizons, one arrives at a fitting understanding. Meaning is allowed to emerge, and meaning constitutes the union of conduct and context. Uncertainty temporarily disappears. Context is Stern's equivalent of Gadamer's concept of prejudice, that which we know already, what we need in order to begin to understand something. New understanding also requires an absence of understanding. Hence, two people may be in self-states that do not allow a fusion of their horizons at first. The psychoanalyst may be able to notice these in details that challenge the familiar thesis that he projects and then hypothesize alternate

explanations. In general, we can only vaguely perceive our own self-states or their transformations. We are able to understand the other only through the effects of the context on us, the changes in our ongoing conscious experience. We need the collaboration of the other in order to achieve understanding. Change in psychoanalysis arrives frequently as unnoticed reciprocity. As psychoanalysts become involved with patients, they adhere to a storyline which brings about a narrative rigidity or weak dissociation. Weak dissociation involves what is unnoticed, while strong dissociation is what must not be experienced.

Here, Stern introduced the idea of self-states which are separated by varying levels of dissociation or defense. Self-states arise from early relationships with significant caregivers. Defensively motivated dissociation disconnects experience from its most fitting contexts, so that internal self-states cannot be crossed. Transference-countertransference enactments are examples of mutual dissociation. Dissociation functions contrarily to curiosity, feeling, and thought. These enactments are a type of deadlock, blocking one's freedom to think about a problem that may require stubborn determination from the psychoanalyst. A change in the analysand's self-state, in the interpersonal field, hints at a way to better acceptance and hence understanding of the analysand's and actions.

Arriving at an understanding does not magically guarantee understandings in the future. Each occurrence of transference-counter-transference must be addressed or ignored as it occurs. Hence, in this theory experience of what is occurring is greatly valuable than working principles. Coming out of an enactment can feel surprising because it entails an event in the relationship that is free of context.

Dissociation, then, can be seen as a failure to allow one's imagination free play, rather than as a failure of thought, memory, or affect. Contrarily, the absence of dissociation is not simply the presence of an experience that had been prevented. Rather, it is a curiosity that permits experience that is relatively free. Stern here posited a range between experience that is highly dissociated on the one hand, and highly imagined on the other. In treatment, however, enactments are not mere signals for failure. Enactments are a locking out of curiosity; but they are also important unconscious communications and may be the only way that some types of experience can come into psychoanalysis. Indeed, we can look at all experience in terms of how it may be formulated or unformulated, free or constricted.

Crucial to understanding an enactment is the ability to value the other's perspective, exactly what is restricted in these situations of trying to force one's own perspective onto the other. Some expressions within the psychoanalytic field can change it, and the psychoanalyst avoiding assigning blame. Even the analysand's expression of empathy may be important to helping the psychoanalyst to gain a better formulation of the analysand's self-state. In an important footnote, Stern stressed that the psychoanalyst's ability to have a complementary transference with the patient and to hold the patient's feelings regardless of empathy are also essential.

The way to such understanding cannot be codified, and even once understanding is achieved and dissociation resolved, the psychoanalyst can only continue to let history, tradition, the speech and the conduct to act within the psychoanalyst. With understanding, however, the circular movement of meaning may occur with less obstruction by unconscious motivation.

Chapter 4. The Eye Sees Itself: Dissociation, Enactment, and the Achievement of Conflict

Here, Stern applied ideas of enactment and ongoing transference/countertransference to clinical practice, to expand on ideas of multiple self-states and enactment.

Stern posed the question of how the psychoanalyst can know about the unconscious parts of his or her relatedness to the patient. Levenson referred to this as the fallacy of understanding. In Wollstein's transference-countertransference interlock, both sides are affected. At such times, both sides become painfully aware of the need for a different kind of understanding. Alternately, they might not even know that an enactment is underway. Stern argued that there is no private and objective place of observation, such as Wollstein's psychic center of the self. On the contrary, the self is a social construction that is subject to constant unconscious involvement with the interpersonal field. Beebe & Lachmann's mutual interactive regulation is an example of how we unconsciously modulate each other's self-states. For Stern, however, this is different from enactment which is by his definition dynamically unconscious.

The psychoanalyst and the patient form an extremely complex, constantly changing, self-organizing system. Psychoanalysts often find after the fact that a very smooth treatment was due to each participant influencing the other to hold to the status quo. At times, an impasse will go unnoticed. At others, something very subtle will alert the psychoanalyst that an enactment is occurring, what Stern has called an "emotional chafing" or a snag. In very smooth analyses, we later discover that each side was

influencing the other to maintain the status quo. The fact that we have what Sullivan

called an illusory critic suggests that we have conflicting parts of ourselves. These

different self-states or personifications can be dissociated from each other. Ideally, we

can be aware of the spaces between these self-states, what Bromberg called "standing in

the spaces."

Stern argued that we are able to understand and move beyond enactments because

we have multiple selves. These states are not simple descriptions or purposes, they are

sensed as characters. They were developed through our relatedness to aspects of

significant people in our lives.

Stern then tied this to Sullivan's internal critic and to the hermeneutic demand the

understandings should be amenable to being spoken and hence brought into public

discourse. The psychoanalyst therefore understands her own role in enactment due to

conflicts between internal self-states. Negotiating interpersonal conflicts involves

negotiating conflicts between multiple self-states. Here Stern presented an important

aspect of his theory of trauma. Dissociated experience does not disappear. Rather, we

unconsciously embody a traumatized self in interpersonal relationships, in a futile attempt

to take control or to repair.

Four rules for enactments are posited in this chapter:

1. Enacted experience is unformulated experience.

2. Dissociated states are unsymbolized and do not conflict with safer states that

we identify as "me."

3. The state dissociated by the patient is explicitly experienced by the psychoanalyst, while the psychoanalyst dissociates the state that is experienced by the patient.

4. Enactment is signaled by the absence of internal conflict.

5. It ends in the achievement of internal conflict, when one of the two participants can consciously formulate the two dissociated states.

The conflict described here does not encompass all conflictual experience. This conflict arising from enactment involves dissociated states. Conflict between good-me and bad-me comprises much of psychoanalytic treatment. Enactment, however, arises from the not-me, that which cannot be tolerated as being part of the self. Contrary to what we might think, not-me can be signaled by the absence of internal conflict. This position stands against the traditional notion of projective identification. The psychoanalyst's reciprocal dissociations are not "implanted" by the patient; instead, they are part of the psychoanalyst's mind brought out by the interpersonal field. With reference to Racker, this belies the notion of the patient being in some sense sick and suggests that rather than pathology, that difficulties are in Sullivan's terms, "problems in living." Enactment is interpersonal in that it involves being locked into just one perception of the other. Dissociation precedes any kind of splitting, because it involves experience that cannot even be had. In enactment, then, we tend to blame the other, until we can return to a greater tolerance of ourselves. In treatment, this involves the psychoanalyst being able to value uncomfortable affective cues. It can require a certain surrender to irrational, affect-laden aspects of the psychoanalyst's experience, and over long durations. For this reason,

psychoanalysts are not seen invulnerable; rather, they are willing and (if imperfectly) trained to accept and face their own vulnerability.

Enactment can lock both participants into a single-mindedness. For Stern, behind all of subjectivity is conflict. In times of great emotional pain, internal conflict may be absent. However, absence of conflict can actually be the source of the emotional pain. Stern here redefined the repetition compulsion no longer to signify a conflict between unconscious and conscious purposes, but rather as the absence of the experience of internal conflict. Once one can experience internal conflict, there is desire that is different from the desire for conflict. In order to sense one state of mind, we need [awareness of] another state of mind. Either one of these can serve as background or foreground for the other. The achievement of meaning and the achievement of conflict in an enactment are the same things. Indeed, in order to negotiate an enactment, merely needs to be able to experience internal conflict again. With the achievement of internal conflict comes a sense of initiative. Desire without a conflicting alternative is compulsion. As in Benjamin's theory, an enactment that is carried out on others is a sadomasochism that, despite dominating the other, constricts the freedom of both sides. The achievement of conflict, on the other hand, we create multiple consciousnesses. There is no generic or single idea or motivating force that can lead to opening up to greater clinical freedom. This theoretical technique is contextual. It comes in therapy unpredictably and unbidden, and carries with it a sense of the mystery of the world, like the doorknob falling off when we see the patient to the door.

Chapter 5. Partners in Thought: A Clinical Process Theory of Narrative

Through an examination of clinical work with trauma, this chapter introduces the concept of witnessing as partnership in thought.

Witnessing is essential to the treatment of trauma because it addresses isolation. According to developmental and interpersonal theory, we develop and are constituted through others knowing our stories. The other cares for the continuity of our narrative. This other can even be ourselves, as in self narratives. In the clinical process, each new story brings on new curiosity. Narratives give structure to experience, which includes affect; and affect gives energy to narrative.

The not-me originates from unbearable fear or shame. Its developmental impact is through the degree of trauma and the stability of personality. Enactment interrupts both the patient's and the psychotherapist's ability to witness each other. In a sense, a self-state is a narrative. We are able to change with circumstances by our ability to tell many self-stories at once. But not-me cannot be narrated, and this is prevalent in mutual enactments. In psychotherapy, when we can listen imaginatively, over time not-me becomes me. The self expands incrementally. Trauma, on the other hand, is a loss of inner dialogue. Not-me can threaten the rest of the personality. We often experience knowing more than the patient. In RA this is believed to be the effects of mutual unconscious influence. Clinical process is therefore the medium or event space of a nonlinear, systems theory. Practice can help but is in fact secondary to immersion in clinical process.

Chapter 6. Shall the Twain Meet? Metaphor, Dissociation, and Co-occurrence

This chapter involves an examination of language and how it relates to psychotherapy, in order to expand on ideas of mutual enactment. The concept of the mind in Stern's theory is discussed.

The chapter begins with an examination of metaphor as a phenomenon of the body. Meaning, then, is mapped onto experience. In Stern's thought, mind and world are the same, and the process of mapping is like transference. Metaphor joins emotional memory with current perceptions. Categories are things that are collected together but are remarkable for their differences. In trauma, the metaphorical process is foreclosed; present experience cannot be enriched with aspects of the past. Frozen memory becomes isolated as singularities. Witnessing provides a safe listening that contextualizes through memories common to the experience. As a necessary condition, witnesses need to feel safe themselves, in order to think freely. Once trauma enters into metaphor, it can be seen as figure against ground; otherwise, we remain at a distance and menaced by the pain. In that case, the trauma can be stated factually but with little affect, that is, largely unformulated. The limitations of enactments make singularities.

Often, new experience just seems to arrive. We need to stay out of the way of the creative process, so that nonconscious imagination can select from the unbidden in experience. In immersing ourselves in a field or practice, co-occurrences are more likely to come up in our mind. Metaphor then actualizes the potential of what can emerge. Mind here is a horizontally organized collection of self-states in dynamic relation to the others. A mutual enactment involves mutual dissociation. Each person has their own private motives under the unconscious influence of the other. A breach of enactment occurs

when we can experience the other in more than one way. Afterwards, the relationship is altered.

Chapter 7. Opening What Has Been Closed, Relaxing What Has Been Clenched: Dissociation and Enactment over Time in Committed Relationships

Here, Stern examined conditions under which loving relationships endure, to look at how enactment functions over time.

Duration in long-term sexual relationships means maintaining the relationship while also keeping loving sexual feelings alive. According to Davies, the oedipal conflict is never really lost or won; rather, the conflict itself offers lifelong, vitalizing themes of love and rejection. Due to fortunate childhoods, some people recall being loved even when it is not present. In rejection, they may be hurt but are not put into doubts about their future; they are not put into what Goldner called "defensive lockdown." For others with less fortunate childhoods intimacy and desire are juxtaposed against lack of interest and hurt. Likewise, Stern describes a ranging in long-term relationships between old and new object, and parent and lover.

While some dissociation is normal, engagement relates to how deep an experience of the self one can tolerate. For Sullivan, the bad-me results from a drop in security or self-esteem. Even when good-me is predominant, bad-me will come into consciousness.

Counter-transference involves a personal unconscious involvement. In order to tolerate conflicting perceptions of the other, in long-term relationships we need to reclaim tolerance of the internal conflict of good-me and bad-me. Dissociations are both continuously preserved and challenged by the interpersonal context. Mutual enactments end only when one partner can experience the internal conflict of what feels good and

bad about oneself. In enactment, no such conflict is experienced. It can be excruciating to find oneself faced with the not-me. Trauma for children occurs when caretakers can no longer contain or symbolize experience. With regular trauma, experience becomes dissociated for the child.

Long-term love means an ongoing enactment. The sameness allows predictable experiences of good-me and bad-me. New love involves an intense playing out of oedipal themes, and enactments do not yet take place. New love comes with immense freedom and excitement, being less intimate and also less defended than longer-term relationships.

The more intense the need to keep not-me away, the more rigid the person, and often the more hateful their enactments need to be. Enactments, involving good-me and bad-me, or even not-me, are adversarial. For those who cannot tolerate intimacy, relationships threaten to erupt. Even love can be part of the not-me. Successful psychotherapy, then, is the repeated appearance and transcendence of enactments. Courage is necessary to help desire win against the need for security.

Chapter 8. On Having to Find What You Don't Know How to Look for: Two Views of Reflective Function

Stern examined the roles of reflection, mentalization, and interpretation in hermeneutic psychoanalytic work, in which the object of the search cannot be known before it is actually located.

Psychoanalytic work involves not-knowing for long periods of time, although it does eventually reach places of knowing. It involves waiting and being ready. Fonagy's (Fonagy et al., 2002) definition of mentalization, according to Stern, may actually be missing during enactments; in fact, these entanglements are important opportunities in

psychotherapy. When mentalization works, psychotherapists can help by labeling affect, and by, themselves, mentalizing during psychotherapy. The psychoanalyst treats experience as representation, and through reflection experience is changed. In psychosis, psychic equivalence occurs, that is, experience is treated as replica of the outside world, outside and inside are experienced as identical, the internal and external cease to be divided.

Mutual enactment means both psychoanalyst and patient lose the ability to mentalize. When outside of enactment, the psychotherapist can be a vehicle for the patient's alien side. The patient needs to internalize the psychoanalyst's mentalizations. However, psychotherapy involves a continuous unconscious involvement. The psychoanalyst continuously looks for signs of this involvement and accepts the fact that she, too, is influenced and vulnerable. As we articulate this influence, and wait, new experience can come in. Reflection leads to insight, which then creates a new series of clinical phenomena. Our way of being changes. Hence, revising Fonagy's mentalization, Stern suggested that new relations open us up to mentalization, rather than the other way around. Because the meaning of this new must be constructed, what we search for in psychotherapy does not exist prior to our discovering it. We can be aware of the new through enactments, which involve a feeling of discomfort or chafing. As psychotherapists become saturated in the effects of what we do not know, we begin to locate the mystery. Our participation in enactments begins unconsciously.

Chapter 9. "One Never Knows, Do One?" The Relation of the Work of the Boston Change Process Study Group and Relational Dissociation Theory

In this review of interpretation from a hermeneutic perspective, Stern has rejected an objectivist's view that an interpretation can be judged by its accuracy; rather, he proposed that the patient's experience of it determines the fit. The chapter is a response to questions raised by the Boston Study Group and includes discussion of the necessarily ethical stance of psychotherapy.

RA holds a democratic attitude with a focus on detailed clinical process. Meaning is not discovery but creation. Intention is an implicit, unfolding process. Verbal reflection is not a higher form of thinking but it involves continuous mental influence. For Stern, implicit unconscious meaning can be formulated. Participation precedes knowing. We do not always know what we desire, instead we must feel our way into them, just as we observe desires in others.

The psychotherapeutic interaction is a series of successes and failures. Over the course of psychotherapy, the not-me becomes me. Stern has come out starkly against the privileging of quantitative research. Contexts require different procedures and responses from us. Since the 1960s, the authority of the psychotherapist has changed. Reality allows many possibilities to us but it also constrains our perceptions. Reality comes to us through culture, relationship, and character. A decontextualized psychology then merely reinforces the status quo, missing unconsciously embraced values including ideology, just as the natural science view in the Social Sciences has missed issues of race, gender, and sexual preference in practice.

In the hermeneutic view, the new is revealed as opposed to the familiar. An objective epistemology would require defining meaning in an objective way, and then

applying it impersonally. Instead, we decide on questions with intuition, interpretation, and continuous debate. There is actually no final answer, just endless questioning.

Stern, D. B. (2012). Implicit Theories of Technique and the Values that Inspire Them. *Psychoanalytic Inquiry, 32*(1)*,* 33-49.

This article addresses controversies due to the multiplicity of conflicting theories in contemporary psychoanalysis.

Stern here rejected the view of technical rationality that claims that reality is unitary and facts are data that can be used to develop best practices developed for problem-solving. Rather, Stern maintained that data are constructed by interpretive acts and theories are interpretive tools used to organize our work. Experience cannot be reduced to a set of knowable causes. The emphasis hence shifts to understanding the goals of different techniques. Psychoanalysts can no longer plan the impact of their work on patients. Rather, like other professionals, they internalize long-familiar theories and are constantly inventing new, implicit theories, which may eventually develop into explicit theories. Both explicit and implicit theories originate from conscious and unconscious values. These change as the social worlds of patients also change. Even a technical theory made to address a given population makes certain assumptions about life values. The increased questioning of authority coinciding with RA and developmental theories based on interdependence are an example of this historicity of psychological thought. No theory can claim superiority. All interventions are infused with the results of ethical choices.

Stern, D. B. (2012). Witnessing Across Time: Accessing the present from the past and the past from the present. *The Psychoanalytic Quarterly. 31*(1), 53-81.

This article examines the temporality of traumatic experience, to suggest that reworking trauma affects not only future experience but that of the past as well.

Traumatic memory is affectively drained and the past is frozen. For Modell, metaphor links experience to the past, forming an emotional category. For Loewald, an aspect of transference was the carrying of emotional power of the unconscious and the past to the preconscious of the present. In Stern's thought, experience of the present connection not only brings a greater sensibility to the experience of the present, it can also enhance the memory of the past.

Traumatic memories are rigid singularities, beta elements in Bion's terms. As such they cannot be adapted, and are hence unamenable to generating new experience. In Modell's theory, such experience comes to exist beyond the experience of time, beyond *kairos*, the cyclical human time that can turn back on itself. In kairos, experiences can take on later meaning with the unfolding of events. For new meaning, experience must move freely between the past, present, and future. In Modell's reading of Freud, for memory to be experienced it must be linked with contemporary perception. Newer understandings of Freud's *Nachträgligkeit* hold that it involves a retranscription of meaning, to potentiate new, previously unimagined aspects of old meaning. According to Reiss, traumatic memory involves a disruption of temporal experience.

For Stern, metaphoric transformation necessitates the kind of witnessing which some writers maintain is the key to psychotherapeutic action. Witnessing can be internal, as with Benjamin's internalized other. For Stern, memory continuously creates metaphor

and that process requires continuous witnessing. Poland in 2011 proposed that psychoanalysis first involves an internal conversation with parts of oneself that likely originated as representations of involvements with others. For Stern, the listening of the psychoanalyst helps patients listen to themselves.

Dissociation is a sequestering of self-states from each other, in which these states are unable listen to each other. With dissociation, memory cannot co-exist with experience of the present. Stern proposed here that trauma can also interfere with the experience of previous memories. He offered three vignettes to illustrate this point.

For Laub, the internal witness comes through a lack of external witnesses. Stern here suggested that the retranscription of memory must work from both the past and, retroactively, towards the past. Hence, after trauma people often state they feel as if they have died, representing a disjunction of two lives separated by the trauma. For two parts of oneself to know one another, each must be capable of witnessing each other. Past and present self-states must be capable of consciously felt experience, and that experience must be tolerable to either self-state. Stern described this as a bridge of affect across time.

After trauma, the capacity to create new experience is to some degree derealized. Stern's definition of this term is not a separation from reality; rather, it is a draining of the vitality of experience. For Boulanger, subsequent to trauma, there is a loss of the goodness of past experience. In trauma, both self-states of past and present lose the ability to hear experiences of the self-state of the opposite time frame. Stern labeled these two directions of loss prospective derealization and prospective derealization. The two states become, in Leed's terms, incommensurable. Gerson described effects of the Nazi

Holocaust as the presence of an absence, in which all that can be felt or known of an experience is the not-there-ness of what was present. For Gerson, this was the dead third, that is, the loss of the witness itself. Stern carried this absent of witnessing to an international level, noting that way the rise of the Third Reich was largely ignored in the international community.

Techniques for the retrieval of the goodness of experience cannot be prescriptive. Instead, they involve a way of understanding unformulated aspects of clinical process and how to work with them. Aspects of therapeutic relatedness allow for new affectively vital interpenetration of past and present experience. In the Bionian sense, analytic relatedness makes it possible to transform dissociated experience into alpha elements, that is, to newly formulate the unformulated. It entails new ways for patient and psychotherapist to witness each other and themselves. Much of the witnessing in psychotherapy is implicit. Witnessing makes it possible for past and present to connect through metaphor, that is, affect categories. Healing comes not only through thawing memories of that past that have been frozen as in the traditional concept of trauma, but also of bringing some goodness of experience previous to the trauma, to bear on the memory of that trauma.

Stern, Donnel. 2012. Relational Freedom and Therapeutic Action: Sensing and Relaxing the Interpersonal Field. In Press.

Stern expanded concepts of relational freedom, the field, and transference and countertransference. The role and experience of witnessing are examined as a way to increase freedom in the interpersonal field.

While traditional psychoanalytic thought held that an opening of meaning has resulted in freer relational effects, more open experience also results in greater relational

freedom. For Stern, when growth is recognized it has already occurred. As with unbidden meaning, relaxation of the field cannot be controlled, it is an emergent quality of relatedness. Note that neo-Kleinian theories have also influenced this conception of the field.

When new experience comes, it can take on a variety of forms and may seem to be irrelevant to relational freedom or transference and countertransference. Rather than being a goal, relational freedom is part of a dialectic of freedom and constriction in psychoanalysis. Relational freedom can occur on both the psychoanalyst's side and that of the patient. It can come about through witnessing and the new experience may not be reducible to representation. Over a course of psychotherapy, relational patterns become habitual and conservative. Safety allows new experience; simultaneously it requires a mutually constricted avoidance in the relationship. Selective inattention hides knots in the interaction. Often, the breaking of constrictedness in the relationship may offer an anticipatory awareness, like a heliotropic orienting. Through the psychoanalyst playing with feelings of snags, relaxation and the voicing of a spontaneous thought can emerge. Even a technical prescription can involve a wish to comfort.

This model of change may be an expression of linear or it may be a nonlinear dynamic systems theory. Since thoughts lag behind conduct, through training, the psychoanalyst's own analysis and clinical experience come together in an act carried out without knowing, through courting surprise.