We only become what we are by the radical and deep-seated refusal of that which others have made of us.

—Jean-Paul Sartre

Kohut's revolutionary visions of the selfobject concept and the subjective experience of the self, as Levinson and Atwood remind us, set the analytic stage for intersubjectivity theory's emphasis of the way in which human relatedness to the vitally needed other is central to the consolidation of authentic self-experience. They delineate and highlight those variations in the sense of self that are organized and regulated from within a system of mutual and reciprocal, though asymmetrical, influence. These include the sense of self-cohesion, self-continuity, self-esteem, and finally, self-agency.

Levinson and Atwood conceptually reposition the notion of the individual's sense of agency into a more essential, foreground position in the organization of the individual's self-experience. Without it, they state, “only a false or ‘borrowed’ sense of self-cohesion” will obtain.

I wish to thank Jackie L. Legg for her critique and editorial assistance in the preparation of this chapter. This is akin to Brandchaft's notion of structures of pathological accommodation (1994). They underscore, in other words, the importance of being able to feel that one's personal experience of cohesion across time and of self-esteem “belongs” to oneself, that one is author and owner of one's sense of esteem, efficacy, volition, and direction. Without this sense of personal agency, one's true sense of aliveness in and ownership of one's own life can often only be experienced through precariously maintained, isolated sectors of living. These sectors often are found in the realm of discrete behavioral events, sometimes of a self-destructive nature, or in overtsomatization experiences and usually are tenaciously guarded.

Levinson and Atwood (this volume) cite three special difficulties for the psychoanalytic therapist posed by those patients whose sense of agency is particularly compromised. These include (a) an inability to sustain a self-reflective process, often considered a vital component of an analytic experience; (b) a propensity toward extreme enactments often with destructive consequences; and (c) a tendency to cut oneself off from all personal history, declaring a radical independence from any historical influences.

They rightly point out that the experience of agency has received less discussion than other self-enhancing experiences and selfobject functions. Indeed, few authors (e.g., Von Broembsen, 1989 and Rustin, 1997) have delved deeply into the ramifications of the sense or experience of agency. Stern (1985), though, along with the present authors, is a notable exception. He posits that a sense of agency, along with affectivity and continuity in time, is a vital component to the infant's consolidating core sense of self as a “separate, cohesive, bounded, physical unit” (p. 10). Using different languages and perhaps speaking on different levels of abstraction, authors such as Winnicott and Balint also address the notion of self-agency through the concepts of the “true self” and the “area of creation,” respectively.
As with many terms in psychoanalytic history, the word agency conjures a variety of connotations, depending on one's background and orientation. Webster defines it as “active force; action; power; that by which something is done; instrumentality.” It is useful to delineate some of the term's more specialized meanings and to clarify on which level of psychoanalytic discourse we choose to utilize it. One level, clearly in contrast to Levinson and Atwood's usage, I refer to as agency as state—or agency as trait, if considered a more ongoing, enduring pattern—and describes a condition of the individual characterized by apparent independence, autonomy, and authorship and ownership of one's actions. A state of agency might be thought of as endogenously determined but, doubtless, is largely organized around the mutual and reciprocal affective influences and interplay of the dyad. This assumption rests upon compelling data derived from infant research (Trevathan, 1979; Sander, 1985; Stern, 1985; Beebe and Lachmann, 1994; Lachmann and Beebe, 1996). Rustin (1997) recently commented: “The sense of agency derives from repeated experiences of having one's agency acknowledged, along with repeated experiences of efficacy so that in infancy, childhood, and adulthood one experiences oneself as a constitutive subject in the world” (p. 47).

The agency as state designation primarily concerns ontology and appearance. This connotation of agency rests heavily upon subjectively derived, value-laden presumptions about what constitutes agential being and action. It is necessarily reflective of the observer's personal subjectivity, however “scientifically” derived and organized, and not necessarily consistent at all with the observed individual's experience. This brings us to the other level of delineation, that is, agency as experience.

Agency as experience—the agency specifically referenced I believe by Levinson and Atwood—is more consistent with a theory and technique that highlight the notions of selfobject function and the subjective experience of the individual. This level of discourse pertains to how we experience ourselves, not necessarily how we appear to ourselves or to others. Levinson and Atwood state: “Only seeming, rather than being, is possible when we do not experience ourselves as authors of our actions and as authentic centers of initiative.” This perspective is more useful clinically, as they demonstrate in their case material.

With this second perspective in mind, I wish to underscore the need to differentiate, in any psychoanalytic discourse about agency, one's subjective extrapolations about an individual's “agential behavior” from the results of a sustained assessment of an individual's unfolding experience as understood in the context of an analytic dyad. The same can be said, and has been said, about the notion of self-cohesion; that is, what appears to be a state of self-cohesion at a specific moment may have little bearing on that individual's experience of his or her self at that moment and vice versa. As always, we need to caution ourselves about confusing inferences drawn from an individual's appearance with a collaborative articulation of affective experience.

Daniel Stern (1985), from a perspective that places the sense of self at the center of scientific inquiry, speaks of self-agency as the sense of “authorship of one's own actions and nonauthorship of the actions of others: having volition, having control over self-generated action” (p. 71). One's nascent sense of agency at this point in development (around two to six months) is necessarily rudimentary (e.g., my arm moves when I want it to and it moves because I am willing it to do so) and provides the building materials for the more variegated, elaborate, and sophisticated sense of self-agency with which Levinson and Atwood's patient has struggled. Unlike the painful and, at times, desperate experiences of their patient, Adam, the outcome of a derailment and deficit in the more rudimentary form of self-agency, described by Stern, is characterized as a major psychosis in which the absence of agency might “manifest in catatonia, hysterical paralysis, derealization, and some paranoid states in which authorship of action is taken over” (p. 71).
The sense of agency addressed by Levinson and Atwood does not solely reside in the sensorimotor domain (e.g., I am the one who is moving my arm). It resides also in the domain of more complex, elaborate, and relationally derived affective experience (e.g., I feel I am author and owner of the way I experience and direct my cognitive/affective life and the relationally based behaviors that issue therefrom). Instead of directly correlating a severely compromised sense of agency to developmental derailments in the first few months of life, Levinson and Atwood link this problem to Brandchaft's (1994) notion of pathological accommodation, which is not necessarily bound to a specific developmental timeframe. In line with Brandchaft's perspective, they highlight that an individual's surrender of self-agency often represents an attempt at sustaining archaic ties with primary caregivers.

Levinson and Atwood (1997) present Adam, 38 years old at the outset of treatment, as a cogent and revealing illustration of the salience of an individual's sense of agency and of the ramifications and struggles inherent in that sense when it has become severely compromised. Having suffered multiple traumas and losses, “having lost all those for whom he might have existed in his own right, he lost himself.” Historically, the conscious unfolding and articulation of his affective experiences in his familial context were effectively nonexistent. Adam consequently was the recipient of two sets of traumas: the first being the initial tragic loss of his mother and the second, perhaps more disabling, being the absence of an empathically responsive selfobject milieu, in the wake of the external losses, that might at least have inculcated some degree of affect differentiation and integration and some amount of self-cohesion and sense of agency. Stated alternatively, his experience of tragic loss, from his perspective, did not seem to exist for anyone else and, therefore, ultimately could not exist for him in any cognitively and affectively useable form. Even as an adult, he continued to experience his father as incapable of providing even a morsel of mirroring, of empathically resonating with him, or of otherwise contributing to his self-esteem in any way. This was concretized and emphasized in his father's emphatic, gestural “Not you!” in reply to his son’s offer of help just before his death. This leaves us pondering the etiology of Adam's heart attack of a few months later.

We note in the beginning of treatment the therapist's attempt to articulate an interest in the patient's subjective world, especially in linking the present with the past, and to symbolize with the patient what was affectively painful and difficult for him. This was organized and experienced by the patient as a repetition of the gross empathic failures he had endured as a child. It was only when Adam's therapist demonstrated an acceptance of his own view regarding how he had felt perpetually invalidated in his relationships that he began to feel calmed and soothed. In the interest of mixing paradigms, this melioration can be conceptualized as reversing what Balint (1968) referred to as “attention-seeking interpretations” that often foreclose for the patient “the possibility of creating something out of himself” (p. 176).

We detect a second, more pronounced positive affective shift in the patient, and perhaps in the therapist as well, when the therapist comments about one of the meanings of the past 10 years, that is, that the patient's paralysis might be seen as “his declaration of independence.” This helped develop a sense of hope in the patient, as it began to address his desperate need for a responsive environment and for the actualization of his sense of agency.

This segment of the analysis demonstrates well our propensities as therapists to assume, and sometimes to require, the presence of certain capacities in the patient (e.g., the reflective capacity) and to assume that the exercise of certain capacities resides in a value-free, meaning-free dimension. Often we do find, however, that the simple (if it can be called that) act of reflection carries with it profound transference meanings for the patient and for ourselves. And further, when we find, as the therapist found, our attempt to engage in a reflective process with the patient (e.g., a simple, what might this mean?) exacerbates a repetitive and fragmenting experience, we quickly locate ourselves in a steep downward spiral with the patient in which the usual and familiar means
of countertransference illumination and perhaps extrication (e.g., the reflection process) are rendered useless. This case illustrates well just such a scenario and the therapist's insightful and creative means of self-righting in the service of the dyad. This theme is continually evident throughout the evolution of this case.

Later in the treatment, we are once again reminded of one of the essentials of analytic work, that is, our ongoing attempt at tracking and illuminating the patient's, and necessarily our own, subjective experience. Here the patient experienced the analyst's interpretation of his business plans (e.g., as defensively “amputating” his feelings and the relational contexts in which they occur) not just as a misunderstanding, but predominantly as a painful, repetitive enactment. As the therapist refocused on the patient's experience of his own agential behavior, conceptualized “solely as an effort to take charge of his life,” we witness the reconsolidation of Adam's sense of self. This is a dramatic illustration of what many of us have experienced in our patients, and in ourselves as well, as the rapidly shifting, context-dependent variability of self states. We are familiar with how, for example, what we record as experientially familiar, real, and true about ourselves in one setting can transform into something novel, surrealistic, uncertain, and perplexing in another.

I wish to posit here a few important questions: Was it precisely Adam's sense of agency that was being thwarted, in repetitive fashion, by the disjunction in perspectives and the suggestion of defense, or was it some other dimension of his self-experience that was disrupted in a context of an issue that pertained to agential, autonomous behavior? Was it the patient's experiential sense of self-agency that was repaired as a result of reestablishing an empathic link because the derailment pertained to apparently agential behavior, or was Adam's sense of self-agency repaired and bolstered simply because of reestablishing an empathic resonance aside from considerations of context? In other words, does the therapist need to resonate empathically with and support the patient's experience of self-agency specifically in order to foster its development and elaboration, or is self-agency an aspect of self-experience that can reasonably be expected to emerge in the unfolding and consolidation of the self in general? Does supporting the patient increase his sense of self-agency, or does supporting his sense of self-agency increase his sense of cohesion and esteem? Or could it be all of the above, depending on the context of the moment? Answers to these questions will point more precisely to the peculiarities of the development of the vital sense of self around which much of our analytic attention revolves.

I would like to suggest also that it may not have been solely Adam's sense of self-agency that was felt to be derailed and at stake here, but perhaps specifically his sense of self-efficacy as well, to draw from Stern (1985). The sense of self-efficacy, perhaps a subcategory of self-agency or perhaps another aspect of one's general sense of self in its own right, was, I believe, resting in the balance here for Adam as well. What may have been constitutive and mutative for Adam was not solely his therapist's capacity and willingness to acknowledge his efforts at experientially staking out a life of his own, but also to acknowledge his need to feel efficacious, his need to approach his expansiveness with a sense of self-worth and competence, and his need to sense in his therapist some degree of conviction that he can impact his interpersonal surround in a fulfilling and constructive manner. Recall Adam's passionate observations regarding his experience of efficacy with his therapist: “I can argue my point with you without disconnecting. … It is very important for me to argue for what I believe and not feel that my whole world will disappear, … I feel that I have had an impact on you. It makes me feel strong.” This was another key component that contributed to the patient's positive developmental trajectory in the context of his analytic therapy.

Finally, I wish to underscore a crucial observation made by Levinson and Atwood toward the end of their presentation: Often it is the very capacities that we stubbornly require of our patients in the
interest of conducting “true analytic work” that are not immediately or for awhile available (e.g., capacity for self-reflection, capacity for verbal articulation of affect states), but that emerge and unfold as a result of developmental progress in the context of treatment. Gehrie (1993) addresses this issue as well, albeit from a more objectivist, one-person model perspective, when he states that “it may be that an otherwise intractable case, approached at the outset with greater activity and flexibility of intervention, may develop so that analytic goals [i.e., the capacity for self-reflection] become feasible” (pp. 1092-1093). For Gehrie, however, the patient arrives at the capacity for self-reflection in a manner (via the patient's eventual acquiescence to and identification with the “analyst's empathic insistence on a reflective presence” [p. 1107]) quite different from that of Levinson and Atwood (via an empathic allowance of the patient's rudimentary attempts at self-agency experiences without necessarily the analyst's insistence on reflection).

Our proclivity for requiring self-reflective capacities in our patients during the early or middle phases of analysis parallels the notion that verbal articulation is the preferred and healthier mode of communication between analyst and analysand. This is reminiscent of Kohut's admonitions about guarding against the “health and maturity morality” common in traditional psychoanalysis. Infant research clearly demonstrates that unconscious nonverbal communication may not only represent a richer, more elaborate form of communication, but often is the only mode that is available to the analytic dyad (Knoblauch, 1997). These subjective perspectives and phenomena invite an elaborate array of countertransference conundrums and challenges for the clinician and encourage us to reorganize the more traditional notions of the psychoanalytic process and relationship. This reorganization suggests a perspective of openness to what is experientially felt by the patient as an unfolding agency and efficacy—or the patient's attempts at it—and to what we may envision as a defensive, self-destructive flight from analytic work. It is also helpful to remind ourselves that what may be defensive, or felt to be defensive, need not be construed as inauthentic, nonagential experience and behavior.

Sartre once commented:

I am a slave [to the Other] to the degree that my being is dependent at the center on a freedom which is not mine ... insofar as I am the instrument of possibilities which are not my possibilities, ... *I am in danger*. This danger is not an accident but the permanent structure of my being-for-others [Sartre, 1943, quoted in Atwood and Stolorow, 1984, p. 28].

Levinson and Atwood have provided us with a poignant clinical example of helping transform what would have been an individual's “permanent structure” of “being-for-others” into an experience of freedom, authenticity, and self-agency.

References


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