Something Happens:
Mirroring In Intersubjective Connection

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Introduction.

A recurring experience I have as a student of psychoanalysis over the past decades is that of reading a passage from a clinical episode until the point where the patient or the relationship shifts suddenly, and then I slow down, stop reading, and I read back slowly through the previous passage again and again. “Something happened here,” I think, as though studying the video recording of a magician’s performance, scanning to see exactly “where” the magic happened. Even when the description is clear and the process of therapy uncomplicated, I often feel dissatisfied with my understanding of what happened in that close-up space between the two minds.

There is a fascination in psychoanalysis for these “moments” that produce notable shifts in self-experience. The moments have been described as “mutative moments” or “moments of meeting” or “moments of recognition.” In my own analytic experiences and in the stories shared with me by others, these moments are commonly remembered with special significance, and they are often cherished. These episodes appear to be profound moments of connection which are both intersubjective and transformational. Historically we have tried, as analysts, to configure our subjectivities with theories and attitudes which will help us to connect with the patient’s subjectivity and to comprehend it. There are many internal states we clinicians bring into the room and many states we detect in our patients. We sit together (or lie and sit as the case may be) with our subjectivity and that of the patient swirling around us, searching for a pattern, a repetition, or a sounding from head or heart or gut, to help us find a sense of coherent pattern or motion to help us understand. There are many questions that we ask: How do I hold my subjectivity? Where does my attention belong? Over there with the patient? In here in my feelings or response? Between us in an evoked potential space? These are the questions of contemporary psychoanalysis. Theories, attitudes and questions converge in intersubjective moments, in the dynamics of therapeutic connection. They all telescope down toward the moment of
connection between two persons, mother and baby or patient and analyst. In drawing close to these moments, the metaphor of the mirror is apt because it denotes the appropriate level of complexity. In mirroring, something is sent and something is received in a simultaneous feedback loop. Both the sender and the receiver are affected. This is the crucible of self and relation, the “between” experienced in the mirror and response of another’s mind. The nature of this mirroring moment is what I want to explore in this paper.

In the past decades, psychoanalysis has undergone fundamental shifts in its theory and I would like to point to those that are germane to my later discussion of mirroring. For “contemporary” analysts, the first shift refers to the change from one-person to two-person (field or system) models of analytic experience. This has involved reformulations of our understanding of the object of observation (from intrapsychic to intersubjective) and a reconsideration of the epistemology of “relationship configurations” (as empathically attuned or otherwise) rather than the earlier objectivist approach to locating the causes of clinical outcomes in the individual psyche. We are less likely to pursue “objective truths” because it is, at last, respectable to acknowledge that we are not objective observers and our patients are not objects of objective study. In contemporary intersubjective and relational psychoanalysis, subjectivity itself and intersubjective relationality have become areas of exploration and discovery. We are more likely, today, when exploring subject to subject relating to make observations with a “complex systems” sensibility that tries to embrace the complexity of what it is that generates human relational experience. So, our view has widened and it looks to what is “evoked” between patient and analyst.

These changes in psychoanalysis have paralleled wider cultural trends, such as changes in epistemology (the rise of perspectivalism) or the post-modern critique of authority and objective truth as uncomfortably political. These trends have had an impact on all areas of academia and cultural understanding. The broad cultural trends have also led to changes in
psychology. A flowering of research in developmental psychology in the past 50 years has found a vocabulary and a research program for exploring patterns of relationship (Sroufe, 2005) rather than individual, in-dwelling traits. Physical and psychological development, in this newer sense, now refers to the dynamics of need and response and multiple pathways rather than the trajectory of internal unfolding. Contemporary psychoanalysis has evolved its developmental models away from theoretical models that are internally coherent but developmentally unlikely (e.g., Mahler’s “autistic” stage of development) to models of development that are internally coherent but also externally coherent and consistent with empirical research (Stern, 1985).

When psychoanalysis made the intersubjective/relational turn in theory and when the conversation within psychoanalysis began to credit the subjectivity of the analyst as much as that of the patient in effecting outcomes, a significant shift in the type of person appropriate for analysis occurred. By focusing on the emotional connection in empathic attunement (Kohut, 1971) rather than interpretation, it became possible to reinitiate development with persons who were otherwise stuck in relational trauma and repetition. In our new understanding of how “self” develops and how self develops narcissistic vulnerabilities through relational deficits, problems such as character pathologies became more akin to relationship pathologies. Pathology becomes the cost of remaining connected to a relationally disabled Other or the pain and confusion of no connection at all. The change in theory “pointed” our attention in the clinical setting to a new set of facts. We no longer focus on the details of a narrative which is solely “inside” the history of the patient. We have shifted our attention from attending to theoretical narrative facts about one person to attending to subjective processes between two persons; hopefully in a manner which removes barriers to integration.

Patients with trauma and unarticulated experience were previously not accepted into analysis because adaptations had rendered them outside of relationship, beyond the construction of understanding. The relational turn in
psychoanalysis offered hope of restoring human connection to many such persons. Because the work with these patients is both emotional and rational and is often only partially conscious, it became necessary for the analyst to develop a vocabulary of implicit, inchoate experience to participate in the dialogue. In this newer form of engagement, forms of experience that have not as yet been thought are being shared nonetheless, and the analyst must find a way to understand and survive very difficult experiences which enter the consulting room unbidden {Gendlin, 1978; Ogden, 1994; Bromberg, 1998}. The skills necessary for this type of analysis are very different from the skills necessary for an essentially third-person interpretive activity. Interpretation requires a mode of observation from outside. For intersubjective awareness, the analyst must be emotionally attuned both to self and other, mindful of thoughts and feelings and physical sensation, and present in the here and now. This set of requirements, I believe, leads us back to the mirroring situation as a lens for understanding what happens in a connection. The view through the mirroring situation leads us toward an understanding of what has gone wrong and what we might try to recover through attention to the dynamics of emotional connection.

*Something Happens.*

Sometimes the clinically significant moments happen, and they seem “developmental,” in the sense that something new or not previously known “opens up” and a new basis for growth emerges. At other times a thing previously known becomes re-contextualized, becoming part of a larger, more sympathetic, and more worthy sense of self. Parts of one’s life may become “real” or be redeemed from a disreputable status, or lost parts of one’s self may be remembered and restored to respectability.

*Something* happens. Something about recognition or confirmation happens, something about mirroring or being seen, something about presence or being known. What is only whispered as an implication in this special
moment is that something fundamental about human nature is being revealed. The fundamental constant is that these experiences are intersubjective; they require two. The experience only happens through a special subjective form of connection with another person, another human. There are many ways that humans connect with one another, and that fact confounds our search for clarification about the conditions of profound change.

Connecting, then, is the human leitmotif, our signature move. In moments of significant psychological change, we see particular forms of connection which involve safety, understanding, congruence, recognition, or integration (Kohut, 1984; Eisold, 1999; Buber, 2002; Benjamin, 2004; Stolorow 2007; Jacobs, 2008). I think of the moments when we achieve this sort of connection as producing a metaphorical intersubjective pixie dust which, when applied gracefully, makes suffering bearable, neutralizes shame, discovers potential greatness, conveys deep love, and soothes the savage beast. But rather than being the product of an exotic clinical moment, I see moments of connection as a ubiquitous human phenomenon. The special transformative effect of intersubjective connection is visible everywhere in life. I see its soothing effects in the small rituals of daily life, in laughing conversations with my children, in literature (Tennessee Williams’ play Night of the Iguana), of course, and at the movies (in the film “Lars and the Real Girl”).

As analysts, we are consciously trying to find these moments of transformation, but in life they “happen” all around us. And yet, in spite of our best intentions, it remains difficult to navigate back to that place at will. I am suggesting that the transformational power of such moments seems to ride along the contour of our human nature, and that the processes of that transformation may be discernable in the ordinary processes of everyday life.

The Connection.

From a clinical perspective, there is something profound about the effect of an intersubjective conjunction (Stolorow, 2007; Eisold, 1999). Whether it is
in recovering from trauma with your “brother in darkness” (Vogel, 1994; Stolorow, 2007) or in being “confirmed” in your unique circumstances (Jacobs, 2008), the experienced presence of another who “sees” something in you which you never saw, or always saw but didn’t realize was “real”, has a profound and consolidating effect (Eisold, 1999). In attachment terms, being deeply known evokes safety and simultaneously, gratitude. For Sander (1991; 2002), such a connection reorganizes the person and the relationship. At this level of abstract description, the need for connection is obvious.

For the clinician, however, there is a dilemma. The descriptions above are very broad. From the immediacy of a clinical encounter these descriptions of “intersubjective connections” are so broad that we are left with only an understanding that sounds like, “You must try to meet your patient at the intersection of First Street and Second Avenue and, if you do, something profound will occur.” However, given the variables of the two subjectivities, one finds that in the actual clinical experience, the “intersection” is exceedingly crowded, busy and full of distracting noise. When you arrive at the intersection you are lucky to get even a brief glance at one another. Something beyond the global intention to connect is necessary.

The detail of how connection is established has been described in many theory languages. The language familiar to relationalists and intersubjectivists, the language of “affect attunement” (Stolorow, 1987; Stern, 1985), “resonance” (Coburn, 2001; Sander, 2002), “contingent responsiveness” (Beebe and Lachmann, 1988), “rhythmicity and specificity” (Sander, 2002; Bacal, 2011), “dialogue” and “turning toward” (Buber, 1999; 2002). So while we understand the advisability of making this connection, the movement from the present moment in a session to the abstract goal of establishing an intersubjective connection is not a linear pathway and it is not something which can be established solely by thought or by word. Connecting requires that we be vulnerable to the other with our entire “insides,” that we open to what we would feel if we were the one in the first-person.
The crucial shift to described above, the shift to establish a palpable connection, begins with the way the analyst understands how to hold his or her own inner experience in order for a connection between subjectivities to emerge. This move from a third-person observational mode of experience into a first-person “felt connection” with the other involves altering the way we hold our own subjectivity. This transition, conceptually, is the move from subjectivity to intersubjectivity. Experientially, it is the move from bounded private space to the vulnerability of connection to the experience of the other. Because this experience is precarious (and often unpredictable for us too), and because, we as analysts have our own emotional history which creates the conditions of our own conscious awareness, we must be volunteers to try to enter consciously into the intersubjective connection.

To enter the empathic mode of observation we must open or surrender or follow (Buber, 2002; Ghent, 1990). This connecting posture is something more like allowing ourselves to be influenced as in dance, for example, in learning to follow the movement of the other. As we follow the movement, temporally, emotionally, a pattern may emerge to which we can give a response, reflecting our felt experience of the other’s inner state. The connection happens when the patient can feel us following or resonating with their experience. When they feel our attention and notice us tracking, they begin to tell a story even they can follow. Even if the story is a mystery, under the influence of the mutual narrative processes, the processes of coherence, the threads of their mutual story align, and the pieces of the pattern of their experience knit together into the fabric of a narrative. The emphasis I am seeking in this description is bidirectional and intersubjective. In some sense, this is the point at which we make a transition between our theoretical knowledge of patients and persons and allow ourselves to palpate their raw subjectivity by way of our own subjectivity (Wittgenstein, 1980; Hacker, 1999; Ghent, 1990 Benjamin, 2004).
The connection with the subjectivity-of-an-Other requires intuitive skills (empathy, mentalization, mind reading) and the ability to shift from concepts to processes, from thoughts to sensations and back again. Connection is therefore about timing, contingency, and the felt experience of being “accompanied” in subjective experience. The difficulty with achieving intersubjective connection is not a problem with our thoughts or our concepts or our theories in particular. There are many cul-de-sacs in our subjectivity which lead out of connection. We need our cognitive apparatus operating in the background to scaffold our understanding of our own experience.

Problems with connection are apt to arise when we lose the thread of the other person’s experience; our self-other differentiation collapses temporarily and our concepts intrude into our “conversation of gestures” (Mead), as if they had arisen within the other person’s experience. The self-other differentiation required to hold both subjectivities in mind simultaneously while experiencing them as separate is a crucial intersubjective requirement for participating up close. In maintaining an intersubjective connection, our attempts at arriving at knowledge about the patient’s dynamics must take a back seat to establishing a shared “place” for experience to form through the connection. The sensation of connection itself creates important changes in the patient’s sense of self which are beyond linear or narrative understanding. In this sense, the “place” gets the priority in our attention. Everything else - the insight, the exploratory curiosity, the narrative coherence – all follows from the continuity of the connection.

The information which arises through resonating connection will differ from the information which arises only from our existing cognitive knowledge or our theoretical models. The information arises from intuitive sources. While this may sound conceptually murky it is intended to be purposefully non-specific enough to describe information which arises from surprising, intuitive, and non-linear sources. This approach makes room for the description of “experiential poetry” rather than linear declarations.
Trevarthan’s Mirror: The brain yearning to connect.

In the broadest conceptual sense it appears that homo sapiens are likely to have evolved for inter-subjectivity (Fonagy, 2002; Hrdy, 2009, Slavin, In Press) and “connection” is at the foundation of our nature. As an example, attachment motivation is present from before birth. In a particularly striking example, Travarthen (2001) describes premature infants making vocal squeaks which match (within hundredths of a second) the patterns of speech of their caregivers. Even before birth when the preemies fit into one hand, there is something in the human brain which is motivated to connect with an Other. Travarthen refers to this as a “companionship motive.” This research finding has always struck me as being descriptive of something profoundly fundamental about human kind and about all of our varied cultural manifestations of this motive, from art (as sharing experience with an Other) to religion (the ultimate search for an Other) beyond life itself.

Nested within the attachment instincts, the growth of physical and emotional regulation proceeds optimally in the context of a secure (meaning available both physically and mentally) attachment relationship. This early form of connection is both physical, as in holding and feeding, and psychological in terms of affect attunement and sensitivity to emotional state. Language and culturally shaped thought passes into the child’s mind via the attachment relationship. At the “adult” end of life, think of the bare minimums of connection required to sustain hope as exemplified by the prisoners in Viet Nam at the prison known as the Hanoi Hilton, living totally separated from one another, tapping out messages between their cells in Morse code in order to “connect” and maintain the integrity of their sense of self. In Malcolm Slavin’s terms, to ward off the collapse of relationally co-constructed meaning which protects us from a relentless, ever-impending existential anxiety (In Press.) The integrity of the connection to the Other is of paramount importance throughout development and can survive even on the fading echo of a tap on the prison wall.
Psychoanalysis: “Connection” in theory.

Classical psychoanalytic literature opened up to the intersubjective situation slowly. Freud began his treatments with listening and talking but of a different sort than is in fashion today. He invented (or at least popularized) psychological treatment and created what he hoped would be a science of listening and interpretation which would explore the depths of the human soul (Bettelheim, 1983). To less fortunate effect, Freud’s commitment to the positivist “scientific” culture of his era situated his observations in that objectivist zeitgeist which obscured to others and to himself the contributions of his own childhood and adult subjectivity (Breger, 2000). Later, Klein (Likierman, 2002) and Fairbairn (1952) emphasized the “Other” in object-seeking, but only within the confines of phantasy and within an “isolated mind” (Stolorow, 1987). Ferenczi (Rachman, 1997) made the first notable steps toward “mutual analysis” but suffered widespread censure within the movement for technique which involved touch, and his innovations in “mutuality” fell under the specter of “wild analysis”, the allegation that the analyst’s subjectivity would inevitably and improperly contaminate or dominate the relationship. You can see the problem here.

When we search for signposts in the century of psychoanalytic literature for hints about how to access a subjective human connection, we find an arc of theories from early classical, discursive theory which “handled” the patient and the analyst in a cognitively distant manner, to the more recent unfolding of a theory of intersubjectivity that privileges the exploration of the emergent phenomena between two subjectivities in all their ambiguity. The transit has been long and impassioned with epistemological conflict.

In the current era we have a clearer window “in” on these therapeutic moments because the contemporary descriptions of therapeutic change now more commonly describe therapists whose personal subjective experiences are seen as a necessary and needed contribution to therapeutic action. In effect,
expansions and contractions in conscious awareness, integration of life experience, and structural change are understood as an artifact of the interaction of both subjectivities (Stolorow, 1992). Instead of excluding one’s subjectivity (or hiding it, shamefully), one makes use of it or works with it, resonating with the other (Coburn, 2001), exploring one’s own associations (Ogden, 1994) in the hope that a significant conjunction of subjectivities may emerge. Classical and ego psychological theories were primarily descriptions of the patients. This included descriptions of the patient’s development and psychodynamics but very little about the activity of the analyst’s mind. Contemporary theories have added the intersubjective dimension by creating descriptions of the analyst’s activity, participation and subjective experience.

I think it is useful to think about what contemporary psychoanalytic thinkers have said about the “moments” of change, and moments in the mirror. The idea of the mirroring situation between two persons which carries with it the subjective structure of human connection, will be the guiding metaphor for my exploration of intersubjective connection. It has been a popular metaphor used by several theorists and several might be selected for the credit due. I will review a selected few of them in somewhat greater detail.

**Winnicott’s Maternal Mirror.**

Donald Winnicott (1971; 1977) changed the conversation in psychoanalysis from instincts to communication. His descriptions, rooted in his pediatric training, emphasized the context of maternal sensitivity and provision in the development of the child’s mental life and creativity (Phillips, 19; Fromm, 1989). Winnicott emphasized the impact of the “environment mother” in a way that made the intersubjectivity of the child’s situation unmistakable. Winnicott’s theoretical baby developed as a function of the mother’s response. His description of potential space opened the nature of development from one determined by an unfolding endogenous biology to one with a nature suffused with possibilities, a two person system dependent upon
the quality of maternal connection. His contributions have been valuable because they have emphasized the openness and flexibility of the interface between subjectivities. His ideas regarding “potential space,” play, and transitional phenomena expanded the psychological terrain of child development and the metaphor for adult treatment. His ideas and descriptions called us into the place between two subjectivities.

Winnicott makes two major contributions to our understanding of human connection, a vision of health and a vision of pathology. Regarding the former, Winnicott (1971) writes, “What does the baby see when he or she looks at the mother’s face? I am suggesting that ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby, and what she looks like is related to what she sees there. All this is too easily taken for granted. I am asking that all this which is naturally well done by mothers caring for the babies shall not be taken for granted.” (p.112). As a commentary on the processes most fundamental to the development of human subjectivity, as an insight into how humans come into being, Winnicott’s (1971) words describe the original scene of human creation.

Commenting on the situation wherein the mother’s face is NOT related to what is happening with the baby, when she is depressed or otherwise disconnected, Winnicott (1971) writes, In such a case, what does the baby see? (p112). The baby looks at the mother’s face but he does not see himself (which would appear in the mother’s resonating response). He sees only the mother’s face. Winnicott continues,

Such babies, tantalized by this type of relative maternal failure, study the variable maternal visage in an attempt to predict the mother’s mood, just exactly as we all study the weather.” The baby quickly learns to make a forecast: “Just now it is safe to forget the mother’s mood and be spontaneous, but any moment the mother’s face will become fixed or her mood will dominate, and my own
personal needs must then be withdrawn otherwise my central self will suffer insult.” (p.113).

We can observe this effect directly in Beatrice Beebe’s research films showing examples of mothers with an “Unresolved” type of attachment pattern who are unable respond contingently to their infants. As a consequence of their self-preoccupation, they are unable to mirror and hence, unable to emotionally regulate their infants. As Beebe has commented, about what might possibly be going on inside the experience of these mothers, “they (the unresolved mothers) are hoping someone will respond to what is inside of them…,” emphasizing role-reversing, tragic circumstances for both the baby and the mother (personal communication, 2009). The unresolved mother, the narcissistically fragile mother, lost in her own need, has no outward reflection to give. She seems consumed by her own needs for connection and emotional regulation and has no emotional procedure available to her for achieving that connection with her baby. In some sense, the dilemma here is that mothers cannot give attention and care they have, themselves, not received. This seems to be a ruthless fact of psychological development (Cicchetti, 1987; Sroufe. 2005).

**Fonagy’s Mirror: The Secondary Reflection.**

Following in John Bowlby and Donald Winnicott’s footsteps and integrating developments from developmental psychology with philosophy in the area of philosophical study known as “the philosophy of mind”, Peter Fonagy and his collaborators take up their own discussion of the mirroring moment. They describe the mirroring experience in a way that illuminates one critical dynamic within the mind of the child, moving their description to “within” the mirror, in a manner of speaking. Fonagy and his many collaborators (2002) describe the mirroring situation as an opportunity for the child to use of the maternal reflections as a “secondary representation” of the child’s primary physical experience. This is a version of what Winnicott
describes as the baby seeing himself in the mother’s face when she is tuned in to him. In Fonagy’s research, the baby has an emotional or physical experience which is sensed within the infant’s own body (an immunization shot, for example). Next, viewing the mother externally, in the mirror of the mother’s face, the baby has the opportunity to view the mother’s attuned response to what just occurred within his or her body and whatever that response may be will be “associated” or connected to the baby’s physical experience by contingency and by a causal inference. This “mirroring” experience they consider a “secondary representation” of the primary physical experience, an outside view of an inside experience. It is through this “secondary representation,” this view of the outside, which is connected by association with the primary internal experience that creates the mother or caregiver’s role as a co-author of the developing self.

A classic example is the Infant Injection Experiment (Fonagy et. al., 2002) in which infants who were scheduled for inoculations were filmed during the injection and the soothing episode following the injection. The infants’ mothers were given the Adult Attachment Interview (AAI) prior to the injection episode. Mothers who were rated “Secure/Autonomous” on the AAI, tended to respond to their infants’ pained response to the injection by mirroring back a somewhat exaggerated woe face wherein the level of intensity of the discomfort expressed was slightly lower than the actual distress expressed by the infant, but had the correct category of emotion. By matching the correct category of emotion with a moderated level of intensity, the mother’s “reflection” was associated with the infant’s primary experience of the pain by contingency, occurring just after the painful experience. The exaggeration of her woe face “marked” the expression as the pretend mode, thereby decoupling it from the mothers’ own actual emotional state. This was quickly followed by mixing in playful or “jokey” expressions that implied coping rather than catastrophe. The infants of secure mothers were relatively quickly soothed. The mothers of
insecure infants were less effective than the mothers of secure babies but still they eventually soothed their infants.

**Unmarked Boundaries.**

The greatest difference noted in the study was in the soothing behavior of the mothers rated “unresolved”/disorganized on the AAI who were at times unable to soothe their infants at all. These mothers made one of two types of “mirroring” mistakes. Parental mirroring which is “unmarked”, that is, mirroring which is not referentially decoupled from the parent by a visual/verbal display which “marks” it as pretend and therefore “about” the infant - and not a dispositional representation of the parent’s emotional state – will look too realistic to the infant and make the infant’s own experienced feeling appear to be happening “out there”, inside the parent.

The infant may attribute the emotion to the parent, and the infant’s own self perception, agency, and emotional regulation may be confused and depleted. The consequence is poor boundaries and distortions in self/other differentiation. (I often use the phrase “a boundary marker,” to clarify the consequences of “unmarked” affect displays because boundaries only develop psychologically when “marked”). Many patients in the borderline range of psychopathology have great difficulty with emotion regulation and difficulty in understanding in a relational context “who made who feel what.” Because of pathological affect mirroring, they struggle in understanding how and where their own feelings originate. This confusion, when combined with the absence of emotion regulation creates the fearful uncertainty of never knowing when someone outside yourself might suddenly do something which has a painfully disruptive effect on you. These conditions contribute to the pervasive anger, suspiciousness and felt chaos in the lives of such individuals. Their feelings might be hijacked at any moment.
Empty Categories of Reflection.

The second type of error in affect mirroring in Fonagy’s study was associated with mothers in the infant injection experiment whose response to their distressed infant was marked, but categorically incorrect. Such a mother, perhaps defending against her own feelings of shame on seeing her child express vulnerability, might have responded with an irritated facial display and the comment, “Oh, that didn’t hurt!” While the markedness of the mother’s display will decouple the reflected image from the parent, the contingency will link it to the infant’s own (mis-categorized) affect state. This process will leave the infant with a distorted secondary representation of his or her primary emotional state. Fonagy (2002) hypothesizes that this type of distorted affect mirroring leads to feelings of emptiness and to Winnicott’s “false self” phenomena. When this defect in affect mirroring predominates, it leaves the patient feeling empty because in significant areas of their emotional life, nothing in their conscious awareness connects to what they actually feel inside their body. When they return to performing their false self (in order to maintain their attachments), the effect is mechanical and lacking in the vitality which would be present if it were linked to a real feeling.

Thus, this affect mirroring literature powerfully suggests that the intergenerational transmission of self-pathologies rides along the contour of flaws in the caregiver’s ability to resolve their own internal conflicts sufficiently to enable them to attend to “what is there” in the infant’s experience. Winnicott describes that quality of attention which allows the baby to palpably feel the caregiver “locked on” to their experience when he describes mothers of newborns as quasi-obsessional during “primary maternal preoccupation.” This attentional focus must be experienced by the patient, and something must “mark” (in Fonagy’s terms) the interaction as being about the patient’s experience. What seems essential is that if the analyst’s resonant mirroring is
to register inside the patient as being “about” the patient, then what appears in the analyst’s mirroring, or face, or over-all state, must arise out of the analyst’s empathic emersion or sensitive identification with the patient’s experience (Fonagy 2002).

**Why We Mirror.**

From the beginning, Attachment theorists (Ainsworth, 1985) have pointed to protection from predation as a major benefit of proximity to adult conspecifics. Later, Fonagy (2002) and his colleagues expanded the importance of physical proximity to include the arguably more important development of cultural information, symbolic processes, mentalization, and what they have termed an “Interpersonal Interpretive Mechanism” (IIM). The IIM allows humans to understand the intentions and subjective experience of others (Fonagy, 2002; Tomasello, 1999; Dennett, 1989). It is this ability to create and exchange mental models of reality that makes humans so extraordinarily adaptive. This suggests that there are powerful evolutionary payoffs for instinctual human motives to exchange mental contents of self and world (Dawkins, 1976; Slavin and Kriegman, 1992; Hrdy, 2010). It seems fruitful to examine the mirroring situation in the context of these broader evolutionary proposals. Perhaps these motives are expressed in the commonly observed urgent need for intersubjective contact in humans.

**Darwin’s Mirror.**

Recently Slavin (in press) goes more specifically toward a theory of evolutionary action in the process of constructing individual subjectivity out of the subjectivities of others. Slavin tells a story which I will paraphrase and minimally sketch:

“Within the past 150,000 years the creatures that were to become humans began to change their way of relating to reality in a remarkable new way. Rather than following the path of other primates who continued to adapt
mostly through instinctual and innate knowledge, humans began to move toward constructing their models of reality. This process required large amounts of symbolically mediated learning and imaginative processes flexible enough to produce incredible complexity. We became the creatures whose young required more than a decade to develop out of dependency and acquired our knowledge of the world bit by bit. Slavin argues that with this shift, “we started to use - need to use - the subjectivities of others, other minds, to create our basic human sense of self. It became cognitively possible and necessary to make a picture of the world using the experiences of others.” (p.8).

In Slavin’s view this new way of constructing reality carries both benefits and liabilities. While gaining much adaptive and experiential advantage, humans also gave up the deeply coherent interconnectedness to the natural world, the

“relatively automatic ways other species know and evaluate each other and the world – the unmediated immediacy of a coherent, ordered net of evolved strategies about what to eat and what to fear; who to fight, to court, to mate.”

What remains, for Slavin, outside that instinctual world is existential uncertainty and the specter of annihilation anxiety if we fall out of the mental connection to the network of other, shared subjectivities. Along with extraordinary benefits of flexible constructed meaning, comes the potential liability of disconnection and meaninglessness. Essentially, the danger for humans is that if our connection to a network of human meaning collapses, there is no an automatic cosmic safety net (like an instinct) to stop us from falling into an existential void.

Slavin’s description of the background of human existence helps me connect mirroring experiences with attachment processes and the many existential motivations which make the need for human connection so distinctive. It is conceptually elegant, and it is as though the thread of
connection runs between the mirroring situation through the intersubjective motives to evolutionary strategies. It describes the human need to constantly construct forms of living through family, work, myth, and ritual that are meaningfully connected to others. When is meaning made? Perhaps it is made only when we can “feel” the connection.

Sometimes that meaningful connection is lost in traumatic loss (Stolorow, 2007), traumatic disconnection (F.W. Putnam, 1989), or depression (Styron, W. 1990). What seems profound to me is that Slavin’s view of the collapse of meaning is that the reconstruction of meaning, the path toward a reconnection with a network of human meaning, would begin with the sort of resonant companionship, the preverbal sharing of experiential shapes of emotion which might locate and connect to someone drifting alone in space. The “potential space” of these ideas about resonance and the attuning qualities of symbolic images suggests there are many individual pathways into “felt connection”. It is one thing to feel understood by another’s mind, but it is entirely a different thing to know the rhythm of a friend in stride with you, by his leaning leaning non-verbally toward the next turn in your path.

In the next section I would like to turn to the details of how humans connect, culled from decades of research in developmental psychology. A significant cross-fertilization has taken place between Intersubjective and Relational psychoanalysis and academic researchers in developmental psychology. The research has focused on the processes of intersubjectivity and provided a form of external validation for psychoanalytic ideas.

**Developmental Psychology: Opening the Door for Intersubjectivity.**

One of the most profound collaborations in the Twentieth Century involves the cross-fertilization of ideas between psychoanalysis and developmental psychology. Infant observations in Great Britain and the United
States (Bowlby, 1973; Emde, 1988; Brazelton, 1974; Sander, 1991) provided powerful evidence for a relational and intersubjective view of human nature. Differences between the theoretical and the observed “babies” (Stern, 1985) and improvements in research technique, led to a revolution in the quality of scientific information on human development.

John Bowlby’s (1973) work on separation and loss focused attention on the child’s experience of separation and loss and the critical importance of maternal care in the child’s wellbeing. His principal collaborator, Mary Ainsworth and her graduate students, Mary Main, Emmet Waters and many others, were developmental psychologists (meaning empiricists) who created a powerful research program that linked the adaptive category of response to separation in their research setting with countless developmental markers of health and maladaptation. Attachment research made its central contribution to psychoanalysis in that its findings (which were supported by a mountain of data) supported the central role of relationship variables in healthy development. Conceptually, these findings dovetailed nicely with theoretical proposals from Self Psychology and intersubjectivity theory and provided them with additional sources of external coherence in support of their theory.

**Attachment Research: Patterns, Categories and “States of Mind.”**

Early attachment research focused on the Ainsworth’s Strange Situation and provided graphic evidence of striking differences in the behavior of infants in whom an “attachment state of mind” had been evoked by a brief separation. Under these mild conditions of fear of separation, the infants responded behaviorally in ways which were emblematic of the underlying organization of their relationship to caregivers when needing care. The children responded either with approach, avoidance, vigilant and angry cloying or disorganization. Most interestingly, these descriptions proved to be durable descriptions of
attachment relationship expectations beginning in the first year and lasting indefinitely into adulthood (Sroufe, 2005).

Many observers within psychoanalysis have objected to the use of reified categories of attachment “types” because they have to potential to impose themselves on the analyst’s mind in a concretizing manner. Psychoanalysis, they rightly claim, is an exploration of subjectivity between subjects. This objection is valid but in some sense grabs the wrong end of the stick. We study and observe attachment phenomena which, like neurological phenomena or cultural phenomena, are non-verbal, implicitly organized and illuminated by indirect but empirical means in the Strange Situation or the Adult Attachment Interview. As Slade (2004) has noted, what is important about Attachment theory and the categories (secure, insecure, disorganized) that are used to describe significant differences in the type of response to a controlled relationship situation (namely, separation), are useful and meaningful only in the help they provide us in recognizing and understanding attachment phenomena in the human fear system. The *phenomena*, not the categories, are the focus of clinical work; the attachment processes and attachment phenomena are understood as “states of mind with regard to attachment”. These attachment processes are organized through implicit procedures early in life which are mediated by the probability of being attended to by a caregiver (or later, a needed other.) It is the attachment phenomena that may respond to a new version of “sensitive” responsiveness in the mirroring situation.

Part of our context as analysts familiar with attachment research is the awareness that the psychoanalytic setting pulls for responses linked to the attachment system. The psychoanalytic situation, in effect, can *only* work if it evokes attachment phenomena. Only when the patient develops a relationship with the analyst in which they feel safe to explore their feelings and inner experience can psychoanalysis have effects which modify the patient’s self-organization. Whether it is through the information gleaned from the patient’s descriptions of family and outside relationships or through their “attachment
state of mind” within the analytic relationship, one adaptive tilt or another (which will reflect the pattern of organization measured in the research categories) will reveal itself in their response to needful feelings evoked in the analytic relationship.

Current models of attachment organization attempt to describe the necessary and adaptive response of an individual to a given parental environment. The infant must adapt to the actual pattern of caregiving experienced provided. The infant’s survival depends on learning a successful pattern of contingent responsiveness to an adult capable of providing life-sustaining care. Attachment categories simply describe the range of response available to an infant. Attachment researchers with a clinical focus (Fonagy, 2002; Grienenburger, 2005; Slade, 2006) describe attachment phenomena in terms of how an individual lies along a horizontal and vertical axis which describes the clusters of response in research studies. The horizontal axis describes a self-other differentiation variable from Enmeshed on the left to Dismissive on the right. The vertical axis describes mentalization from high to low. Thus, using this model, Secure or Free/Autonomous attachment is situated at the top of the vertical axis (Hi mentalization) and the middle of the horizontal axis (neither enmeshed nor isolated, adaptively able to move toward more support or more autonomy, as needed).

In terms of the clinical presentation, when attachment is organized in the Secure/Autonomous pattern, the patient can consciously talk about attachment and dependency needs without that experience evoking either fearful anxiety (the enmeshed pattern) or minimizing distance (the avoidant/dismissive pattern). As parents or partners they can switch flexibly between responding to their children’s need for closeness and their children’s need for autonomy. As patients they can acknowledge when feelings are present and flexibly move into and out of the emotion without losing coherence. This description of secure attachment suggests that the person with secure attachment is organized such that emotions and needs are relatively
integrated, without the need for defensive exclusion of one's own human “parts” and without the need to defensively exclude the needs and experiences of others.

When the patients are in Avoidant/Dismissive attachment states they will avoid talk of attachment feelings and disconnect from their attachment feelings. As parents or partners these patients tend to minimize their children’s feelings and are better at supporting autonomy than at empathizing (Grienenberger, 2005). It is important to realize with Avoidant/Dismissive states that as an analyst you are not confronting an intention on the part of the patient to disconnect from feelings and empathic processes, you are encountering a largely unconscious procedure about which the patient knows very little. Wallin (2007) recommends “following the affect” (p. 211) with patients in a dismissive state of mind by showing them in the mirror of our experience, the feelings they have learned to turn away from in their own experience. These emotions are often communicated through their body or through their eyes. In this case the analyst is called upon to feel what it is like being on the receiving end of the patient’s communications and noticing what emerges in their own subjectivity.

“Thus, our subjective experience may provide a key route to their otherwise inaccessible feelings, thoughts and memories. Moreover, since the defensive strategy of dismissing patients compromises their ability to empathize and, in turn, blocks their awareness of their impact on others, our subjective experience can be an exceptionally vital resource when it is divulged to them.” (Wallin, 2007, p.213).

When patients are in an Anxious/Enmeshed state they will get lost in the emotion, talking about the feelings, talking on and on and on (Main, ). Wallin (2007) describes these states as ranging from hysterical to borderline, or, correspondingly as ranging from fearful/helpless to fearful/angry/chaotic. As parents or partners they can empathize with their children’s feelings but are
less able to tolerate separation or independence and may worry excessively (Grienenberger, 2005). Having learned in relationship to unpredictable parents that their best hope for safety lies in amplifying distress over separation or loss, enmeshed patients react with fear and hypervigilance to threat-related internal signals or external signs of separation.

Wallin’s (2007) approach to such patients is to affirm the validity of their existing needs but to challenge the thinness of the connection they make. He understands the “helplessness” of these patients as more of a relational posture which they reflexively and usually unconsciously assume. The posture or role restricts the patient’s real (full) connection with others with areas of self which might involve competence or ambition. This fearful expectation has the effect of diminishing mentalization (the ability to recognize mental states in oneself and others as opposed to external disasters) and emotion regulation opportunities by turning away from an opportunity to grapple with fear and learn about it as “an emotion,” rather than as an impending catastrophe.

Patients who are Unresolved/Disorganized in their attachments will respond to evoked attachment states with a loss of coherence and an inability to self-monitor the coherence their own discourse because they are experiencing two things at the same time; need and intrusive fear. Disorganized patients fall along a continuum from Helpless/Fearful on the Enmeshed side to Hostile/Intrusive on the Dismissive side of the spectrum’s horizontal axis. Both groups are seen as controlling (though in different ways), have low levels of mentalization and both styles of adaptation reflect histories of loss, trauma or abuse. As parents or partners those with the Helpless/Fearful attachment have difficulty with aggression, cannot set limits well and the child or partner has excessive power in the relationship. As parents and partners, those with the Hostile/Intrusive pattern tend to oscillate between detached, critical or rejecting behavior alternating with hostile intrusiveness, over-control, and role-reversing victimization of significant others (Grienenberger, 2007).
For these patients the trauma or chaos of early life remains unprocessed, uncontained and unremembered. The coping skills, emotional containment and protection from over-stimulation that they could have received from parents who were capable of secure affect mirroring, is absent. Integration is the heart of the work and the heart of what the analyst must hold in mind in working with unresolved patients. Because, as children, these patients experienced disruption without repair, their traumatic experience is not remembered in a meaningful web of understanding and the traumatic experiences remain lost to themselves: they remain implicit, wordless, timeless, and without context. Had their caregivers reflected the traumatic events back to them as painful but yet not so destructive as to tear them out of a network to communication, support, company and shared meaning, the trauma would not recycle endlessly. Because the trauma equates to isolation, to a rupture in the fabric of connection, it is not consciously known. Instead it is remembered but not known and repeats the real experience of isolation endlessly (Wallin, 2007). In this form it emerges as enactments and is reflected in lapses in the ability to monitor their own mental states. One cannot remember experiences that have not been meaningfully recognized and processed into language. Language is a shared phenomenon. Their personal narratives are full of holes, so to speak. They have never had a relationship in which it was safe to think about these experiences. Therefore, the new relationship is the solution. Security does resolve trauma (Wallin, 2007).

So what is crucial for the analyst is the understanding that what the patient needs is not just mirroring of what they are feeling right now, but mirroring of what the patient feels right now “as processed” through the analyst’s understanding of their whole situation, through a wider web of human understanding. Patients cannot resolve their traumatic experiences because their traumatic experiences shut down their ability to think (Van der Kolk, Siegel). In order to resolve trauma, one must be able to remain connected to constitutional experiences and then link those constitutional
experiences to a wider context, a metacognition, which can provide a secondary representation of the trauma that links it to a another perspective that serves to make the experience “knowable, nameable, shareable and changeable” (Wallin, 2007). Since this ability to hold more than one perspective in mind at the same time is at the heart of relationality (Jessica Benjamin’s version of containment, “the third in the one”), mentalization is kindled in that more complex secondary representation in the analyst’s mind.

Mirroring of attachment phenomena, then, involves the analyst having a mentalized understanding of the attachment system as a whole. Such understanding might include an awareness of physical proximity seeking (asking for a hug) as the precursor or the unmentalized analogue of emotional closeness. This might include the awareness that when mentalization fails, the development of emotional closeness might be foreclosed in favor of physical contact and enactment. The sensitized analyst might also have a mentalized understanding of the emotional effect of a parent who, being the child’s instinctual solution to fear, might unwittingly also be the source of fear. When the analyst’s understanding also includes these dynamics of the fear regulation system, the patient and the analyst can understand when the experience of the present moment, in the session, is related to an archaic procedure arising out a fearful double-bind tied to a needed attachment figure as opposed to when the fear is related to actual present threats. This distinction is the one what the patient cannot make when alone, and the presence of that distinction in the mind of the analyst is what will make the new attachment relationship “secure.”

**Stern, Beebe and Infant Research.**

The contributions the infancy researchers have made to psychoanalysis are located in the area of describing how intersubjective processes are possible and normal. Much of the research has explored interactions in the non-verbal realm for one very good reason: babies can’t talk. Daniel Stern (1985) became
a leading figure in the trend toward using infant research and developmental psychology more generally to critique and guide the development of psychoanalytic theories. His seminal work, The Interpersonal World of the Infant, employed the research literature to challenge many aspects of classical theory that had described human development in ways refuted by that research. Stern (1985) provided a detailed description of infant capacities for intersubjectivity by seven months of life as sharing; sharing intentions, sharing attention and sharing affectivity.

One of Stern’s many lasting contributions was his description of “affect attunement,” an implicitly organized interaction between mother and baby. Affect Attunement’s most distinctive quality was the mother’s use of “vitality affects” (motions and expressions much like those of a puppet) and activation contours, each expressing emotion and animation across sensory modes. These “cross-modal affect attunements” were seen as ways of “being with” the infant in a non-verbal but regulatory way. The feeling or activity felt to be within the infant was “copied” by the mother and then expressed, using a different sensory system. This type of “resonance” by the mother helps the infant feel her subjective presence.

Later Stern joined with other national figures in infancy research to form the Boston Change Process Study Group which has examined a range of variables from implicit process to descriptions of the temporal structure of the therapy process. This is yet another group that has directed its recommendations to analysts to focus on a depth of physical and mental awareness and on the Present Moment.

Other psychoanalytically trained infancy researchers (Sander, 2002; Beebee & Lachmann, 2002; Emde, 1988) have made important contributions to our understanding of intersubjectivity. Beebe’s time-series analysis of mother/infant coordination and bidirectional influence via contingency detection described and outlined the regulatory processes of intersubjectivity.
Her work articulated the infant as a full partner in co-constructing patterns of coordination and providing a conceptual framework for all human interaction.

**Kohut’s Mirror.**

Within psychoanalysis proper, Heinz Kohut created a major shift in psychoanalytic theory toward a theory of interacting subjectivities. In his 1959 article, *Introspection, Empathy and Psychoanalysis: An Examination of the Relationship Between Mode of Observation and Theory*, Kohut made his relational turn toward a two-person psychology. By this time Kohut had begun a redefinition of psychoanalysis as a *psychological* science whose method of investigation made use of the analyst’s empathy. Kohut’s contributions are too numerous to enumerate here, but I would like to focus on two that are important to our conceptions of mirroring. First, Kohut’s theory of narcissism normalized dependency and linked adequate provision to self-esteem regulation. He described a deficit model of narcissistic vulnerability and a developmental schema that depicted ways an analyst might provide “needed self-object ties” to resolve that narcissistic vulnerability (Kohut, 1971, 1977; Wolf, 1998).

What is implicit here is that Kohut is describing a developmental disruption in the normal process of intersubjective development. When adequate psychological connection and emotion regulation is not available, enormously painful deficits in self-esteem regulation emerge in the subject’s self-development. When needed selfobject ties are supplied, development (no matter how slowly) recommences.

Kohut’s theory is, therefore, a description of psychopathology as a deficit of intersubjective connection and response. The intersubjective Other, in a responsive *psychological* sense is considered necessary to ordinary mental health. The pathology is in the *relationship*, not inside the individual psyche. Kohut and his adherents were led to a long period of exploration of various selfobject needs and an exploration of the countertransference experiences
attendant to their provision. In the consulting room, Kohut’s morally compelling ethic suggested that we might explore even difficult aspects of our patients’ personalities with the understanding that the “difficulty” often signaled that a patient was actually suffering an unrecognized relational “absence”.

Kohut’s second contribution regards the nature of what is needed in the development of healthy self-esteem. He articulated a trajectory of normal self-development, his theory of narcissism, which is described both in terms of the patient’s needs but also in terms of the analyst’s experience, the felt experience of the transference-countertransference process. What is illuminated in Kohut’s theory, is the fundamental need for relationship, for intersubjectivity. Kohut observed that both idealizing and mirroring selfobject needs occur during normal development and that one type, either idealizing or mirroring, would appear in the transference. He later added the alter-ego/twinship selfobject needs and a corresponding transference/countertransference configuration (Kohut, 1971; Wolf, 1998). Each of these selfobject needs describes a particular, needed, form of intersubjective response.

What is interesting about this shift in perspective is that the clinical focus of Self Psychology expands the focus of attention to both the patient’s experience and to the analyst’s experience by describing the patient’s self development and the analyst’s transference to the self needs. The Kohution transferences are relationship configurations rather than intra-psychic states. The analysts’ treatment approach is guided as much by the effects of the treatment relationship on their own subjectivities as on their patients’ functioning in the world. This is rather like steering the treatment in the mirror, so to speak.
Stolorow’s Mirror.

In the work of Robert Stolorow (1979; 1987; 1992; 1994; 2002; 2007) and his collaborators we find one of the principal authors of the intersubjective perspective. If there is a kind of territory to which writers return over and over again, for Stolorow it is the dismantling of the Kafkaesque perspective of the analyst as the neutral and objective arbiter of what is true inside the patient. Stolorow has been especially alert to the politics of ontology from the beginning of his career. Stolorow and his collaborators describe a series of steps in opening up the epistemology of psychoanalysis to acknowledge frankly the fully co-constructed nature of the psychoanalytic situation. In the perspective evolved by Stolorow and his co-authors, there is very little light between the self and the social surround. Their theory of intersubjectivity has evolved into a thoroughly phenomenological and contextual stance which is informed by a systems sensibility. In their view, what is consciously known by the patient is related to the context of validating attunements that were available to the patient in the past and in the present. What is known, what can be known, is a function of the intersubjective intersection.

Writing in regard to trauma (Stolorow, 2007), summarizes how experience comes to awareness:

I have become convinced that it is in the process of somatic-symbolic integration, the process through which emotional experience comes into language, that the sense of being is born. Linguisticality, somatic affectivity and attuned relationality are constitutive aspects of the integrative process through which the sense of being takes form.” “[T]he aborting of this process, the disarticulation of emotional experience, brings a diminution or even loss of the sense of being, an ontological unconsciousness. I have attempted to show that the loss and regaining of the sense of being, as reflected in experiences of deadness and aliveness, are
profoundly context sensitive and context dependent, hinging on whether the intersubjective systems that constitute one’s living prohibit or welcome the coming into language of one’s emotional experiences.

One important implication of Stolorow’s view is the need for the analyst or parent to understand that what is knowable in a given dyad is always a function of both participants. This stance requires openness on the part of the analyst to those aspects of his or her own personal context which might inhibit the consciousness of the patient and a curiosity about which context might make the lapse in awareness the “correct” adaptation for the patient. When disruptions occur, openness and exploration are necessary from both participants because the disruption could result from lapses in awareness of either.

**Coburn’s Resonating Mirror.**

William Coburn (2001) has written an especially coherent and valuable paper about the process of “connecting” with our patients. In his article “Subjectivity, Emotional Resonance, and the Sense of the Real” Coburn faces directly the seeming contradiction involved in simultaneously acknowledging that we are perpetually trapped inside our personal subjectivity, and yet we are also able to attune empathically to the feeling states of others. Coburn overcomes this seeming paradox in two important ways. First he points out that reciprocal resonance processes are ubiquitous, first in human child development and then in adult experience. He suggests that it is exactly because we are instinctually hard-wired to recognize emotion in one another and that reciprocal resonance is the language of physiological and emotional regulation during child development, that all of us share a considerable amount of implicit communication (verbal, nonverbal and pre-reflective). He suggests that it is exactly this type of implicit “resonance” that contributes to the “sense of the real” when caregivers respond accurately to the child’s implicit
communication. The adult’s response constitutes a validating attunement of the child’s experience and creates the preconditions for symbolic representation and conscious awareness. It is the presence of an emotionally attuned other whose connection is felt because their emotions are “in tune” with one another. This is a wonderful way of showing how the “subjective” and the “real” can be unified by inborn human capacities for emotional attunement. Coburn’s meaning is captured in the comment of one of Kenneth Wright’s (2009) patient’s who said, “I know you are connected to me when I see what I am feeling in your face.”

Perhaps, then, intersubjective understanding is possible but variably likely. I suspect that the human resonance processes are quite complicated by variables related to contingency, intentionality and recognition. Sometimes one person feels that another person is resonating with him only to have the experience ruptured by the discovery of an alternative intention. (A patient whose alcoholic father was inappropriately and intrusively interested in her sexuality many years before, lies in bed in the morning, feeling warm pleasure and gratitude as her husband softly rubs her arm and shoulder. When she next feels his erection between them, she instantly feels rage as the frustrating anticipation of sexual accommodation arises. Nothing changed. Everything changed.) This raises the question of whether resonance is possible without recognition? Is resonance sometimes a two person process? Always?

When we work with those narcissistically vulnerable patients who currently experience prolonged periods of enacted and unconscious selfobject need and are, therefore, unavailable to conscious collaborative interaction with the analyst, behave in a way which may pressure the analyst to feel or be something related to their selfobject need, we analysts can feel accumulating within ourselves the burden of containing our own needs while focusing with greater exclusivity on the subjectivity of the patient. The contrast in our subjective experience is greater still when, in the following hour, a more developed, more reciprocal patient arrives, and we can feel the difference
immediately. This latter patient makes room for our mind, for our subjectivity, and for our response. When the patient in some sense “knows we exist” and is even curious about our experience, our attention flows more effortlessly into the current moment. The Interpersonalists and Relationalists have a more developed conversation about this issue in the form of Mutuality.

**Mitchell, Benjamin and the Relationalists.**

Arising in the interpersonal psychoanalytic tradition and outside Self Psychology, the Relationalists (Aron, 1991; Benjamin, 1998; Bromberg, 1998; Mitchell, 1988) have developed other forms and traditions of intersubjectivity which have illuminated many interactive forms of engagement and mutual understanding. Benjamin has written in great depth about the nuances of one’s personal sense of being a recognized subject by an Other. Since we need the recognition of the other to feel fully instanciated as a subject, there is always the danger that one member of a dyad will be recognized but not the other. This is the dark shadow of narcissism without reciprocity. The crucial element in Benjamin’s version of recognition is that both members of the relationship be able to know the other as a subject, i.e., someone who exists independent of our coniderations. *I know you are a subject like I am a subject: independent, separate, and needful.* Subject to subject relating arises out of this mutual self-other differentiation.

Given the asymmetry of the analytic relationship, one can sense that acknowledging both sides of the subjective equation evokes the danger of one person’s experience being unconsciously privileged over another’s, of the “masters and slaves” in the Hegelian tradition. This danger has posed a long-running controversy in the psychoanalytic literature. No one wants to live in the prison of unconscious selfobject usage. This is Benjamin’s familiar territory, “…the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other’s presence.”
Her position is that the self-other differentiation which leads to the necessary negotiation of “difference,” is fundamental:

...its core feature is recognizing similarity of inner experience in tandem with difference. We could say that it begins with ‘We are feeling this feeling,’ and then moves to ‘I know that you, who are an other mind, share this same feeling.

While self-other differentiation may be a developmentally defining element in creating recognition, the resonance processes (Benjamin’s “one” in the “third”) is the gateway experience for recognition. Further, recognition of the other as a subject doesn’t answer the question of whether recognition must be mutual.

Jody Messler Davies (2004) wrote a brilliant case example in her article, “Whose Bad Objects Are We Anyway?: Repetition and Our Elusive Love Affair With Evil” which speaks to the issue of a “something more” involved in recognition, something beyond difference. In the article, Davies leads us down the path of a toxic enactment she experiences with her patient, Karen. Karen experiences a form of hate which erupts in confusion between them, and soon Davies, suffering a cold and burdened by the effort to contain Karen’s powerful affects, begins to hate Karen in return. At a critical moment in the next session, reflecting on the two of them the day before, Karen says, “You hate that me,” and Davies replies, “Yeah sometimes,” she acknowledges, “But hating you isn’t even the worst of it. The worst part of yesterday, of times like that between us, isn’t that I start to hate you. It’s that I start to hate myself.”

In this sequence, Davies demonstrates a deep understanding of the intuitive processes of relationality, the cause and effect on both sides of the mirror, and restores the analytic “third”, the “we” position, by moving out of the unspoken, implicit rules which predict complementary blame. Davies understands that the problem in the interaction is not so much that she feels hate for the patient (because hate is a part of all humans), but that the patient
is under the influence of rules of reciprocity which can only be broken by moving out of the either/or mind set, and acknowledging the hate as arising between them because that’s how humans are. Essentially, Davies’ form of recognition understood the “rules” of Karen’s subjectivity well enough to break them. An interesting question is whether it is the connection itself in the form of the connecting metacognition which restores the “we” position, the sense of ourselves as belonging to something larger than our selves, larger than our own fears and fantasies, which makes us feel safe and not alone. Is it always the return to a felt connection which binds us to a matrix of human meaning?

**Eisold on Recognition.**

Barbara Eisold (1999), writing from a Relationalist perspective, addresses the nature of recognition in a direct way with specific emphasis to the clinical situation. Eisold situates her discussion of recognition as a “knowing again” of something known but previously “set aside.” When this aspect of the patient’s life is known and somehow shared by the analyst, previously not known associations come into view and become available to work through. She understands the quality of suddenness in the gestalt shift via Sander’s (1992) systems view of the reorganization of the base of the relationship in a way that creates a new a type of growth. She describes it like a shaft of light reaching a dark place and illuminating something long present but long passed over: “Often this sense of self was held in abeyance because the patient’s important caretakers, and others since then, have been too preoccupied with their own concerns to affirm it and the patient has been unable to know its extent. Often the profundity of the experience is a result of the wide implications that this finally acknowledged part of self has in the patient’s affective history, in terms of his or her feelings of “realness.”

Eisold understands this form of recognition as being distinct from the type of understanding which might result from interpretation or empathy. She follows Sander’s (1987) proposal that these sudden moments of reorganization
result from the analyst’s understanding of the rules by which parts of the “real self” were protected from impingement. Eisold observes,

For Sander, therefore, implicit in the way one knows and regulates oneself is the long-term logic one has employed in adapting, or relating to the human environment in which one lives. Thus, in those moments of meeting that are beyond words (penetrating, profound as I call them), it is this logic or some part of it, that is recognized and understood by the other. Once this logic is recognized, the whole world from which it has grown can also be there for the asking.

The Mirror.

In describing the therapeutic setting, many psychoanalysts (Winnicott, 1971; Pines, 1984; Kohut, 1971; Fonagy, 2002; Wright, 2009) have resorted to the metaphor of the mirror to describe the intricate process of human communication and self development. I would like to explore this metaphor of the mirror and its relation to moments of change because it carries with it the temporal immediacy and the focused personal context, face to face, I believe is necessary in order to keep our discussion close to the clinical setting. The valuable clues about intersubjectivity discovered by developmental psychologists, contingency, rhythmicity and reciprocity, clearly point toward the intricate processes of action and reaction found at the face to face intersection between subjectivities.

To be clear from the start, this is not a visual mirroring as when one person looks at his or her own image reflected in a mirror (Fonagy, 1992, Winnicott), but a subjective mental phenomenon, as when one person looks into the mind of another person and sees a version of their own mind or self “reflected” back in response. We perform this activity mind to mind rather
than face to face. We look into a face but we “see” a mind. The mind is “behind” the face. Of course, this kind of language cannot be redeemed from all the mixing of metaphors between faces and mirrors and minds, but the mirroring metaphor has analogical value for describing the felt staging of this activity which is at the heart of moments of recognition. The subjective “shape” of the activity is “like” that of looking into a mirror and seeing oneself, but each mind, each relationship reflects something back in a unique way. This mirroring is “where,” in an analysis, people are “seen” and “recognized” and “known” and made “real”.

**The Complexity of it All.**

This mirroring situation, then, is the place-name for a psychological activity, a communing and creating of our experience of self. It is a very complicated place. It occupies the border between real and pretend (Winnicott, 1971). It is virtual and immediately reciprocal in its effects (Beebe, 1988). It occupies the border between two subjects, and hosts their various and at times opposing interests (Benjamin, 2002; Slavin, in press). When we enter into this mirroring place, sometimes what is reflected is *about* us. Sometimes it is *about* the other. Sometimes it refers to both of us. Sometimes it refers to all humankind.

Inside the mirroring situation we are vulnerable because, as Norman O. Brown (1966) punned, “We are members of each other; a corporate sole.” The younger a person is, the greater their vulnerability because the other in the mirror is likely to be an instinctually *needed* other, an attachment figure. The child is vulnerable to narcissistic lapses or aggressions on the part of the adult and vulnerable to understanding themselves as the cause of these experiences. Early attachment relationships evoke a pedagogical stance in young children and this renders the child more credulous of the reflected view of the other (Fonagy, 2002). This is true even when that view diminishes or derogates them (Winnicott, 1971; Davies, 2004; Fonagy, 2002). This privileging of the content
of the other’s mind, what Fonagy (2002) calls the “pedagogical stance,” promotes both survival and potential deception (Slavin, in press).

The mind we encounter in the mirror is a nimble instrument that can point to (mark) something about us. It can reveal something about the other, a current disposition or a state of mind. The other mind operates out of a subjectivity which is suffused in biases and interests (Slavin, 1992) which might may push influence in the current moment. What is more, each perception inevitably makes moral judgments that locate us somewhere in relation to the “good” (Taylor, 1992). (For example, does the parent/therapist see the conflict in us as willful struggle or as evidence of our having been neglected? Is it a bad object identification or vestigial Real Self? The consequences of these “understandings” are very large for the child/patient and for the relationship.) Potentially, as adults we can guard ourselves physically from harm, but a “view” or a mental attitude mirrored toward us by a needed other can have a penetrative effect because its reflection immediately becomes, at least briefly, a part of how we see ourselves. Adequate psychological boundaries are made or lost right here.

When the other “recognizes” our sovereignty, our sovereignty becomes known to us. If the other “sees” us as a separate subjectivity we form images of ourselves, and perhaps become, more differentiated. If our separateness is ignored or denied, the edge of our self becomes less distinct, acquiring uncertainty. These are the effects of the creation of this omni-directional potential space that emerges out of the reciprocal processes of mirroring. The image reflected may confirm (recognize) something in us, or it may contradict our constitutional (bodily) experience. The signal may be confused if the image is not clearly marked as being about our self. So the mirroring experience may consolidate (recognize) us or fragment us. Fragmentation is far more likely to take place if the reflection contains hostility or threats of separation because children instinctually over-ride any internal need which threatens access to attachment figures. Accommodation is the native response because a self with
a capacity for multiplicity would simply tuck the offending part of the self into a separate, less consciously accessible compartment of self-experience and maintain the external appearance which supports whatever the attachment figure needs. Our ability to remain coherent and connected in the mirroring situation depends on our ability to remain differentiated and simultaneously understand both sides of the interaction. Fear, then, is antithetical to coherence, differentiation and intimacy because it induces multiplicity.

In this complexity of mirroring, the reflection may soothe us or flood us with emotional contagion. It can join us or abandon us. It can lie to us or rescue and preserve us. It can pretend. It can reflect something real or it can pretend to make something real or, as the plot thickens, it can just pretend to pretend. (Apologies to Gilbert Ryle and Clifford Geertz). Because the interaction happens in a mental space where layers of context can change, the mirrored response allows us imaginatively to “know” something about what is “seen” in us, but also to know about things that are not seen.

The “Dark Side.”

Malcolm Slavin has spent the past 35 years exploring the competing interests which play out in human development (1974; 1985; In press; Slavin and Kriegman, D. (1992). Echoing the phrase coined by Hoffman (1998) to describe those aspects of the analytic relationship in which analysts’ needs and interests may compete with those of his patients, Slavin (in press) invites us to explore the “dark side” of human intimacy, the competitive, often conflicted aspects of all human relationship. Seeking an integration between ideas from evolutionary biology and relational psychoanalysis, Slavin has developed a narrative about the human condition, the existential ground confronted by every individual, by drawing on ideas from Darwinian evolutionary theory (Trivers, 1985; Pinker, 2002, Hrdy, 2010) and existential philosophy, (Nietzsche, 1872; Heidegger, 1924; Camus, 1942; Sartre, 1943; Becker 1973; Hoffman 1998 and Stolorow, 2007.) In this view, existential dilemmas are
treated as adaptive challenges or “selection pressures” that have shaped human subjectivity, including dynamics of consciousness such as repression and dissociation.

Slavin emphasizes that from an evolutionary point of view, in terms of shared genes, the child has interests which are not necessarily shared by close kin. Even parents share only 50% of the child’s genes. He and Trivers (1974; 1985) explore Parent-Offspring Conflict Theory (Trivers, 1974) as expressed through the subjectivity of the individual. The drama which he describes is one in which the child’s interests must compete with the interests of the “needed” adults in his world; his or her attachment figures and close kin. While the child needs these adults, there is also the danger that they will merely pour their subjectivity, along with their own possibly competing priorities, into the child. Clearly the child needs some means of protecting a space for his or her own subjectivity.

If we accept this version of multiplicity it becomes a powerful lens through which to observe the phenomenon of human insight. Because every child accepts what his or her caregivers can see as a definition for what is visible, the processes of the child’s own ownership or disavowing become similarly opaque. They come to us for psychotherapy because they have persistently done or not done something which they do not recognize the origins for within their conscious sense of self. Seen through the lens of Slavin’s version of multiplicity, the “unrecognized” aspects of self may well be fragments of their “real self” which they are not supposed to know about but can’t stop re-enacting.

Where Slavin’s theory shines, I think, is in his description of the link between this competition and the sometimes repressed, sometimes present, essentially multiple versions of our self that enter and depart from our consciousness. In an extended footnote (Slavin, in press) Slavin recasts the meaning of repression in human subjectivity,
“And, because we must construct ourselves from these subjective worlds of others, in the context of attachment to them, we are exceedingly vulnerable to a kind of inherent potential for over-accommodating to them. One of the most basic evolved strategies for dealing with our potential for over-accommodation may be our capacity to divide our minds into relatively more conscious, accessible sides and more hidden, sequestered, usually less conscious, sides. The more conscious side comes to the foreground and fits within the relational settings on which we are highly dependent, like the child within the family. In the background, we put whole aspects of ourselves out of reach, in places, as it were, that are less consciously accessible, and, also, less visible to others. But not lost. (Slavin, 1974, 1984).

We can think of this multiplicity within the individual as an evolved proclivity to organize experience in ways that roughly correspond to what Bromberg (1998) and Mitchell (1988) describe as the normal collection of partially dissociated self states that underlie the needed subjective “illusion” of a unified and a multiple individual self. Others want is to have an “integrated” self that fits best with who they are, and their predictable sense of who we are. Our “falser,” or often more over-accommodating selves both hide, and protect, the “truer,” or, in this sense, the more flexible contextually responsive, effectively self-interested, selves for future expression in new relational contexts.

From an adaptive viewpoint we envision a dialectical tension between a unified experience of self-sameness and a sense of, and access to, one’s multiplicity. Multiplicity is thus a brake on too much, too accommodating, an integration (emphasis added), a functional way of organizing the self in the face of often hidden multiplicity in the world - of structurally regulating our human
vulnerability to over-accommodation in the ambiguous, deceptive, multiplicity of the world (Slavin, 1996).”

If, as Slavin suggests, multiplicity is a brake on too much accommodation, then it is also likely that at those intersections where multiplicity has emerged, accommodative pressures must have been present. One might say that at that point where a child or patient has diminished their awareness of some part of their self, (if an accommodation is assumed) an implication points back toward the mirror of their caregiving relationships to question why that part of their self was not to be known. This is an example of the complexity, the tracing of reciprocals, engaged by the relationalists as an intellectual community. It suggests that what constitutes a sensitive attunement may be extraordinarily nuanced as to context. It would require that a child (and an adult) have a capacity for an elaborate “bookmarking” memory function to predict what aspects of self are possible within a given relational context.

But our conscious awareness is at risk from ourselves as well as from others. Since we need a reflection from the outside to verify our internal model of reality, we suffer in our relation to reality when we have isolated, un-validated mental versions of reality. The disconnection from a network of shared human subjectivities threatens not only the loss of connection, but also the distortion of our own psychological processes. For example, when we read Dostoevsky’s (1917) Crime and Punishment, we can see ourselves in the delusional grandiosity of Raskolnikov, in his belief that his private psychological fantasy IS the equivalent of reality. As the story unfolds and it becomes obvious that his guilt is clear to the outside world, we can also see that Raskolnikov does not see himself. In this sense, our multiplicity simultaneously protects us from our others and also threatens to hide us from ourselves. The dual nature of multiplicity, that it protects us from others and obscures us to ourselves marks this as a critical fault line in human self-consciousness; not a problem for Dostoyevsky or Shakespeare but an everyday
struggle for the rest of us. If nothing else, we are powerfully motivated to gain access to alternative perspectives through sharing our minds with others if only to confirm what is validated in shared reality as opposed to only pretend.

Looking versus Mirroring.

Looking is not mirroring (Winnicott, 1971). Looking at someone to understand what they might be feeling and engaging in a mirroring relation to them are two distinct activities. When we sit in session with a patient we can feel ourselves to be “available” for an empathic response but that is not mirroring. The shift into a mirroring stance requires effort of a particular kind. We can sit and talk, observe and gather information from the passive and emotionally safe perspective of our own familiar self, from within a third-person mode of observation with relatively little effort. Winnicott and Kohut have recommended an alternative activity, one that requires an inner shift on our part and no small amount of effort. When we make the shift from “looking” to “mirroring,” the focus of our awareness shifts over from our inner self-perspective to our imaginative and perceptually gleaned experience of the patient’s subjectivity. The other’s subjectivity becomes the focus of our attention. This is confusing because we can stand off from our own mental state and metacognitively monitor the fact that we are imagining another’s experience, but we easily get lost in the mirrors when we try to monitor our own subjective experience of our subjective experience. Did you notice how you experienced that sentence? (See the difficulty?)

The mirroring process with a patient becomes possible because the analyst is capable of holding two foci of experience in his or her mind at the same time; namely, the patient’s apparent experience and simultaneously the analyst’s awareness of what is empathically evoked within the analyst’s own experience. This allows the analyst to track the patient’s experience through the analyst’s response to the patient’s feelings. There is a double-ness to this
experience, seeing the other “externally” but animated by our empathic imagining of their inner state and also feeling our own evoked response to what we are seeing. (This quality of holding tension within a dialectic may be related to what Benjamin (2004) describes in her idea of the “third in the one,” or to what Bion (1977) described in his idea of “containment”).

When self-other differentiation is strong, the mirroring can be sustained. When self-other differentiation weakens or falters, the mirroring stops because we cannot clearly “mark” the experience as being “about” the other. When this happens there is not a mirror but only a face because the mirroring activity has collapsed. (Winnicott, 1971; Wright, 1991, 2009). This description offers us the chance to reflect upon the many ways in which the analyst’s own vulnerabilities affect how able he or she is to sustain an empathic link to the patient.

When we mirror the patient with our empathic ability, we must, in a sense, turn our inner apparatus-of-self over to them in what Coates and others have called “affect contagion.” As Susan Coates (1998) has written, “It is not so much that we get what they feel as that we have let their feeling get to us.” What we experience next is directly linked to what we “see” and imagine is happening there inside the other. We must listen to our mirror neurons, to mangle a metaphor. An additional layer of self-consciousness or self-reflection must arise wherein we track the status of our own empathic openness. This is not intended as an idealized or perfect model of our empathic response. Sometimes the door within us is open and sometimes it is closed. Our own sense of safety and our capacity for affect tolerance often compete with our professional good intentions. What is important to the coherence of our relationship with our patient is our ability to know non-defensively when we can connect and when we cannot because, with certainty, the patient eventually gets the message from the strata of intuition fed by innate sources such as contingency detection and mirror neurons of their own.
**Reflection and **“**Something More.**”

The metaphor of mirroring describes the felt outcome of this process far better than it describes the process itself, and I believe this is the cause of much obscurity and confusion. When we use the metaphor of the mirror, the actual situation of receiving a “reflection” which is a product of the other person’s mind, seems to slip away in the language. The metaphor of the mirror suggests that what returns is merely a copy of what is sent, an image. But that is not the case. This results, perhaps, because of the emphasis in Winnicott’s language describing the crucial importance of the mother’s focus “on what is there to be observed” in the baby (1971). This language draws our attention to the perspective of the mother observing the infant from the outside as an object, rather than to the imaginative and synthetic processes which produce the maternally processed “reflection”. The emphasis in this famous language is on the contingency and fidelity of the perception in the maternal reverie rather than to the complex content or mental processing of the image reflected back after passing through the mother’s mind. Bion’s idea of “containment”, (in spite of being understood within Kleinian theory as a counterweight to instinctual anxiety, and described in isolated mind terms as occurring in the mind of the mother/analyst), comes closer to describing this type of processing I am describing as present in “reflection”. Grotstein (1981) writes,

Bion’s “containment” is not so much an elastic or flexible impaction upon a silent maternal object as it is the mother’s (and the analyst's) capacity to intercept the infant’s inchoate communication (his organismic panic) and subject it to his or her own alpha function. Bion’s conception is of an elaborated primary process activity which acts like a prism to refract the intense hue of the infant’s screams into the components of the color spectrum, so to speak, so as to sort them out and relegate them to a hierarchy of importance and of mental action. Thus, containment for Bion is a very active
process which involves feeling, thinking, organizing and acting. Silence would be the least part of it (p. 134).

It is the level of mental and emotional activity and effort in Grotstein’s description of containment that I want to parallel in describing “reflection”, not the isolated-mind meta-theory. The mother’s and the analyst’s ability to provide “something more” of their own context back in the reflection is the crucial element.

**Working in the Mirror.**

For the analyst, sometimes the mirroring is easy, or at least uncomplicated. When secure attachment processes scaffold the interaction, the patient may look sad or fearful, and we reflect that feeling in our own faces, “marking” it (Fonagy, 2002) as about them rather than about us, and expressing it in a way which “knows” their experience as a feeling rather than as a sign of impending physical doom. The feeling is reflected, marked, contained. But sometimes what is “there” is more confusing. When attachment processes are inconsistent and uncertain, there may be a flood of detail breathlessly produced and repeated by the patient that makes our head swim and our concentration flag trying to follow along. In this experience, it is our own ability to recognize the out-of-control edge of feelings we may have struggled to master in our own past that offers us clues as to the nature of the experience inhabiting us now. If we inhabit our own response we can feel the anxiety, the fearful enmeshment and vigilant grasping for attention that pushes the flood of verbiage along.

In doing this psychological work we form a “reflection” of the other (which includes our understanding of their anxiety about the imminent loss of our attention) and this reflected representation (a secondary representation of their primary internal experience) gains entry into their sense of self as a “person with an anxious feeling” rather than a “person in grave danger”. This shift is both metacognitively a level above the patient’s fearful self-perception and
hence draws the patient’s self into the shared reality in a more integrated way. The new, less dangerous, perception also serves to down-regulate the anxiety. At a psychological level, this is someone scratching the spot on your back that you cannot reach. Therapeutically, via our reflection, this is our point of access to the patient.

Stop and think about Darwin in this mirroring context. This is the point where information is exchanged between members of the species. Self-experience is validated or dismissed or ignored. Hegelian masters and slaves rise and fall (Benjamin, 1988). This is the psychological location where potential space arises or collapses, where traumatic repetitions emerge to short-circuit development and where unicorns come to life. The reflection is the point of connection between one human to another and is simultaneously a generational portal through which crucial information flows. Within the narrower context of psychotherapy, this shift in activity from “looking” to “mirroring” is at the heart of both secure mothering and therapeutic action.

Think for a moment about self/other differentiation in the mirror. I can learn about myself, learn what is happening within me as I observe the mirrored reflection of your mind only when you think accurately enough about me for me to recognize myself. This might happen when you resonate emotionally with what you observe in me and I then see a version of myself in your expression. Or alternatively, I can also watch you seeing yourself (self-reflecting) and learn from your example to see myself in my feelings and self-states. However, without this kind of mirroring of my real internal experience and some conversation or interaction that refers to my experience, I am without language and perhaps without thought about the occurrences within me. Self-differentiation is thus a precursor of mentalization.

The Portal.

Something new, something profoundly transformative happens when our mind receives the reflection from the “mind of the other,” and the fact that this
reflection is from another mind, from another human, is essential. What easily becomes obscured in the mirroring metaphor is that, for example, thinking in the first person, my reflection in the mind of the other is not just about me, that is, about the image I “sent” as I was visually observed. Of necessity, whatever image I might have “sent” is organized from within the mind of the mirroring person. It is a version of me “as represented” (Langer, 1942) and the other’s mental participation in the construction of the representation changes the character of the image “sent” into a “reflection” which is actually something new. The “reflection” is a separate thing in itself, not just a faithful image of me. The contents included in the “reflection” and offered back to me for inclusion in my self-understanding is freighted with all the context, biases and agendas of the mirroring person’s mental perspective (Slavin, 1996). Therefore, in this “reflected” form, it is something about both of us, something co-constructed. It is only after we begin to understand the “reflection” as having an independent and additive character, that we can see that something crucial has been included during mirroring.

This might be the moment of magic. This process (which could easily involve mirror neurons or something else beyond the reach of conscious awareness) changes our subjective experience and completes a circuit or shifts the status of something within us. It seems to confer some evolutionary imprimatur on our experience and, when our internal experience resonates, makes the experience feel “real” (Coburn, 2001). The particular detail of the mechanism which produces this transfer of perspective is not as important as is our awareness of the process of “reflection’s” and its fundamental role in psychological development. We are led back to the idea that the intersubjective connection itself in needed in mental development.

**Evolution and Existential Anxiety.**

What seems clear is that humans have a powerful response to this additive effect of “reflection”, the version of the self which is processed in and
returns from the mind of the other. Having the contents of our mind cycled through the mind of a trusted and more experienced other is mysterious only as long as we keep our attention focused at the level of the mirroring event. When we widen our focus in the attempt to understand this effect in the broader evolutionary contexts of family, clan and species, the meaning of this subjective event takes on greater coherence.

This is what it means to have a social brain that requires the participation of others in order to develop into a subjectivity. It is our need for this co-constructed “reflection” which keeps us connected to our species. (Slavin, In Press). What I am suggesting here is less about the nature of the event (which remains mysterious and arguable) than about its necessity. Humans, as a social, mental and cultural species, require participation in the construction of their mental worlds. Social mirror theory (Whitehead, 2001) suggests that there can be no mirrors in the mind when there are no mirrors in society. There is a way in which this story of transformation “in the mirror” can be integrated with the stories being told in Evolutionary Biology. The red thread of Darwinian evolution may lead from the moment of mirroring to evolutionary existential anxiety via “the connection,” via the felt sense of resonance and shared connection. It may be that recovery from trauma and loss is more about knitting together new experiences of connection that redeem the self from previous judgments and hold the person in a new web of shared, resonant experience than it is in any complex “resolution’ of the past. Maybe resolution is more about coming home; returning to a reliable network of shared recognition and meaning. In this sense, maybe recovery is more about feeling a new connection-in-resonance than it is about some specific content communicated in the “reflection.” The process of producing “matches” which resonate might not be linked to a particular narrative or envelope of meaning.

Under the best of circumstances, when the Other understands how to hold on simultaneously to both his or her own and also our own personal perspectives, and when the Other also understands how to make room for a
worthy understanding of us, the mirrored “reflections” have a moral quality which heals. (Levinas in Orange, 2009; Taylor, 1992). Under ordinary or less fortunate circumstances, we do not require that the mirrored “reflections” are true in the sense of correspondence; we just require that they are co-constructed in the additive sense that I have described. The Other’s contribution may be accurate or inaccurate, helpful or confounding but the adaptation we make to that “reflection” shapes us.

“Connectfulness.”

It can take many years of experience as a psychotherapist to learn simply to connect with one’s patients and still more years to learn to know whether you have sustained that connection. It is, as they say, an inside job (Teicholz, 1999; Benjamin, 1995; Ogden, 1994). There is some agreement about the link between knowing one’s own feelings and knowing the feelings of others (Jacobs, 2007). Once developed, these are reciprocal abilities. Knowing one’s own feelings makes emotional understanding more intuitive (Orange, 1995). The ability to navigate smoothly the rough seas of self/other differentiation in a stormy relationship is an advanced skill (Teicholz, 1999; Jacobs, 2008).

The question which presents itself is: what quality of awareness on the part of the therapist would facilitate or promote this particular form of connectedness for both the giver and the receiver? The quality of connectedness has been described in most of the theory-languages that have acknowledged the intersubjective turn in psychoanalysis. Each has developed a vocabulary that captures some essential feature of the connection. In Bion’s (1967) work using Kleinian theory the word “reverie” is used to describe the analyst’s inner state. The word is used to describe the mother’s activity in metabolizing and containing the infant’s anxiety instinctual anxiety. In Winnicott (1971) the language of “holding” and “mirroring” predominate in accordance with the maternal metaphor. The contingency is expressed as the sensitive mother who mirrors “that which is there to be seen”. Some

I think there is a lesson here about language and meaning. When Winnicott (1977) writes about “primary maternal preoccupation,” he describes it as a state which, had a baby not just been born, might well resemble a pathologically obsessive condition. I think, however, that what is described in the actual meanings of all the languages above is an uncommon mental state and deserves some distinctive language to carry its actual meaning. From the more general languages used above, we can distill some of the characteristics of an analytic subjective state which would promote a connection with the patient. Firstly, this connection is in the present moment and it requires that we have a “here and now” awareness of whether or not the tracking of the other is “up and operating” on multiple levels of experience. These levels of experience include both conscious and pre-conscious experience which may be mental, emotional or physical. One cannot have all of these levels of awareness simultaneously but we can be free to shift flexibly between them searching for shapes or forms of experience (Wright, 2009. Like successful meditation, it requires concentration, practice and surrender (Ghent, 1990).
It seems likely that an awareness of whether I am *presently* connected, in my mind, in my emotions and in my body - in this “now” moment - is a developmental achievement. For now, let us make use of the neologism “connectfulness” to purposefully evoke the related meanings of the word “mindfulness” in Buddhist meditation in order to describe this here and now awareness of both our own and our patient’s subjective state. The intended meaning describes an awareness of the state of the mother/therapist’s subjective experience with regard to his or her own connectedness to the experience of the other. How linked, right now, am I to the experience of the other? Do I notice that I inevitably move back and forth in the necessary movements between my perspective and that of the patient?

Perhaps someone (like me) could argue that “connectfulness” is merely a subtype of mindfulness, but I think this specific form of connection, this connectfulness, is our most powerful way of communicating with an Other. I believe it acts as an entry key to safety, security, and eventually to the intersubjective construction of potential space. And from a therapeutic perspective, potential space is the open the space where reorganization, healing, resolution and hope take place. I see this “relationship mindedness” as that skill which maintains, protects and sustains the connection. In connectfulness, the analyst remembers that the connection comes first.

I believe an awareness of “connectfulness” may develop in experienced analysts who spend years attending to analytic space (Bollas, 1987; Stern, 2002). When we attend to the here and now experience of what is emerging in our own subjectivity, we may link together with the other by way of what Benjamin (2004) calls, “surrendering to the rhythm of the baby”, and this Ghentian surrender brings us under the influence of “…probably the inbuilt tendency to respond symmetrically, to match and mirror…” (Ghent, 1990; Benjamin, 2004). Benjamin calls this connecting the “one in the third.” When we are open to responding in this way, a form of “being-with” opens up, and a “between” takes form. Tronick describes it as an “emotional dance.” When we
link to the rhythms of the other we are contingent; our response is half-created by their previous action (Beebe, 1988).

**On the Frontier.**

We have entered a difficult intellectual territory here, one located thus far between linguistically abstruse traditions, psychoanalysis, phenomenology and systems theory. All of the languages are nearly impenetrable to the uninitiated, and all have probed into this area of experience with language that makes it difficult to use without years and years of practice. Ironically, what we are attempting to describe is utterly common in our lives. We live inside these partially-conscious conditions of human experience every day. The difficulty is that when we move from talk “about” conscious and observable phenomena to talk about “emergent felt experience,” or intuitive processes, or when we begin to talk “about” consciousness as a two person phenomenon, our conversation has wandered off the edge of the map of linear discourse. The phenomena under description, the interactive forces affecting the formation of self experience, are naturally opaque. That which must be “understood” cannot be visually observed from the outside. Understanding only arises when one mind points or gestures for another and an intention, a feeling or a meaning, arises which the second mind can confirm by responding with appropriate use.

Of necessity, when we speak of intersubjective processes, our language must speak simultaneously in two voices. If we hope to speak a language that accounts for both sides of the mirror, it seems likely that we will have to surrender to our own need for a more poetic language in order to carry the conversation forward. Perhaps we should prepare ourselves with suitable acknowledgements to denote clearly when we shift into this new register. If we follow our experience of the implicit realm into an awareness of the available resonances; and if we acknowledge the containing forms and the sustaining
metaphors that can carry us into greater depths of understanding, we may realize that we need a new vocabulary to carry us along to this new frontier.

**In the Consulting Room.**

How does our understanding of Connectfulness, of good connections and of bad connections, help us navigate in the therapeutic encounter? How does our understanding of human development in the intersubjective context lead us back to that unique point of contact, the mirror? One way is that when our patients come to us lost in repetitive enactments, we may use the pattern of enactment itself to trace backward to the form of mirroring enshrined in it (Stolorow, et. al., 1987). In this post-classical view of repression, aspects of one’s true or authentic self are protected from the social world by becoming less available. Slavin (1990) notes, “In this tradition, repression is seen as sheltering, or protecting parts of the self; often this is seen as taking place in order to enhance the possibilities for future growth and development. Patterns of reliving and repeating are viewed – particularly in the work of Winnicott as well as Kohut and his school – less as an “unbidden return” or “compulsion to repeat” than as an attempt to reactivate and reinitiate thwarted growth (Kriegman and Salvin, 1989.” What represses and repeats is the mind formed in relation to another, in the mirror.

Our patients come into treatment feeling empty, depressed, and incoherent. They come with boundary confusions and tormented by self criticism, unconscious vulnerabilities, unconscious needs and endless unconscious agonies lost in the mists of time. From our general understanding of intersubjective development we may infer that difficulties arose in mirroring, but how do the symptoms relate to what happened in the original mirroring? What can we do?

I would suggest that what we can do in our role as an analyst is to use our understanding of human development to help create a model of the original form of relationship, the mirroring situation, which could have produced the
patient’s symptoms. In this activity, one which finds the patient and their difficulties comprehensible, we “reflect” back to them their place among the human kind and construct a home for the part of them that was placed in exile. We use the patient’s experiences and our experiences, fallible or otherwise, to examine the major repetitive symptoms of the patient’s life and relationships. (I am only using the term “symptom” in this terrible, reductive way for shorthand in referring to a host of painful life circumstances. What I really refer to is the patient’s painful world of being.) In the sense discussed by Slavin (in press), above, the problems in which the patients are “stuck” today represent symbolic fragments of their real self experience that repeat precisely because they are a connection to how the patient adapted to the original mirroring.

In order to illustrate the connection between a symptom and the mirroring which produced it, let us think for a moment about a relatively extreme symptom like anorexia nervosa. The symptom doesn’t make common sense, and it is also persistent and difficult to treat (like so many symptoms). But from a mirroring perspective, the anorexic is right. For them, there is no life-giving connection in being consciously connected to their own body and to their own center of initiative (Bruch, 1977). There is only connection – or a passable analogue of connection (like proximity) in accommodation to the caregiver’s model of what is real. Metaphorically, they learn to embrace using over-sized tongs. Nothing constitutionally real inside of them is touched by the caregiver’s “reflection.”

A false-self accommodation is in reality the means available to the child for remaining attached to their caregivers. Parents and caregivers are often seen as having a concept of who the child should be that grinds away the child’s connection to their real constitutional self. Fonagy (2002) would call this an example of categorically incorrect pathological affect mirroring which produces false self-phenomena. In the altered reality of this type of family, the child’s safety comes not from an attuned other, but from his or her own ability
to control “inner” feelings so that their “external” presentation conforms to an external standard within the mind of the caregiver. Control over the inner need becomes the central organizer of their emotional life until restriction overgeneralizes and their health collapses. In this sense, the symptom contains an accurate description of the pathological affect mirroring because the lapse in the parent’s mentalization (knowing their child had needs that were more important than appearances, for example) was reproduced as a lapse in the patient’s awareness of what his or her self actually needed.

The core idea here is that the needed real self-fragment which is preserved (or enacted) in the symptom, corresponds to or points to what the parents could not see (for reasons of their own), and therefore the patient unconsciously repeats the symptoms over and over in the fruitless attempt to have the real need met. In this sense, the anorexic restricts and restricts and restricts, but the use of control never satisfies the need for something else. Derailments which produce such large, life-defeating symptoms don’t arise from small perturbations in the mirroring relationship. They arise from large and chronic dysfunction, such as in chronic parental alcoholism, character disorder or mental illness.

**Repetition Specifies “Holes” in the Mirror.**

Ordinarily we don’t have to detail all of the self-destructive mistakes to avoid in child rearing when ordinary people have good attachment and good mental health. The proper course, what to do and what not to do, must then be obvious to those for whom “all the cards are on the table.” In contrast, the areas of self and relationship dysfunction must represent areas where something was taken “off the table.” They must refer to areas where some social mirroring has taken place which specifically “looked away” from something the child needed, and created a reciprocal pattern of “not looking” in the mind of the child. Something is still needed, but the psychological
procedure learned in the mirror doesn’t touch the need. So, unfulfilled and needing something unknown, the symptom repeats.

Consider this: very possibly we can see in the symptom what was unseen in the original mirroring. The irrational, repetitive symptom speaks a certain form of subjective truth about what happened in the original mirroring. The illogic of the symptom is the illogic of the original mirror. In the presence of someone’s symptom, we might ask ourselves, what was it in the caregiver’s consciousness that might have made this symptom necessary? What sort of lapse of awareness would have shaped this deficit in awareness in the patient? Because of the context of attachment instincts, the forces operating in support of the child’s accommodation are very great. The asymmetry of power and needfulness in the mirroring situation operates in the background, but if the child deviates from the interactive instructions provided by the parent, the child risks the loss of the parents’ interaction. Children simply cannot live without that connection to a caregiver. Even when the accommodation is difficult and painful, children comply (Cicchetti, 1987). They learn some rules for (at least minimally) maintaining connection at any cost. Therefore, the anorexic is not intending to have a heart attack or to be hospitalized, he or she is only following the rules, the rules which point to control as a solution. It is also the rules, which, in the content of their deletions, tell us something about the mind of the caregiver.

Case Example.

Clark is a gay man in his mid-40’s. He is a writer with national recognition who writes to some acclaim for a national news agency. He has an interesting job which involves national and international travel and writing on a variety of topics. He is tall, thin and angular with a deep base voice and a warm, self-deprecating sense of humor. I liked Clark almost immediately. He seemed bright and moral and passionate about social justice. He was launched on the West Coast in something of an educational uber-family; he
and his sister and brother were admitted to elite universities. His mother was an art scholar, and his father was a scientist-businessman who profited from his own scientific discoveries. By traditional performance measures, this is a very successful family, and Clark is a very successful family member.

He came into treatment for help with writer’s block. Gradually, more profound feelings of anxiety and depression emerged. At a private subjective level Clark believes himself to be a failure. He feels empty, “without a core” and that he has nothing to offer anyone in a relationship. He fears he is a fraud and lives with a background of constant anxiety that his true abilities will be revealed and he will be scorned by all those he might admire. He fears that it is only a matter of time until he is discovered by his editors and fired. He acknowledges that he can write, but only if he “doesn’t have a life” outside the 12 hour days he requires to finish the writing for his ordinary assignments. He has been attempting to write a book for the past several years, which is only half finished. Clark fears the whole effort has been a waste of time because he can’t imagine when he will have time to finish the book while working for a living. He can earn a living but only at the cost of his happiness.

Subjectively, Clark also feels very alone. He ended an 11 year relationship with a man within a year of our starting treatment. He suffered great ambivalence and guilt over the decision. From my listening perspective, Clark’s partner sounded like a bright, interesting, and successful man but also self-absorbed, insensitive and dedicated primarily to his own career. (His partner ALWAYS took the business call when they were together, no matter the circumstances.) Clark complained to his partner about always feeling under-prioritized in the partner’s life, but the problem was never resolved.

Clark associates his vulnerable or needful feelings with shame. It is difficult for him to form new close relationships because he almost never leads a relationship into greater personal self-disclosure, vulnerability and intimacy.
The entire project of creating deeper intimacy feels counter-intuitive to him. He cannot imagine anyone choosing to be with him if he reveals himself.

He believes his mother (now deceased) loved him and he remembers her as lively and fun when he was young. By middle school his mother was physically ill and conflict with the father over her illness led to a marital separation and a prolonged period of maternal absence during Clark’s middle teen years. His father ruled the home and denigrated the mother and formed alliances with the children to mock her. His older brother and sister joined in with the father. The level of empathic responsiveness in his father, sister and brother seems absent or stunningly low. Clark believes his father loves him in a dutiful way but that he didn’t really like him as a child. “You are too much like your mother” his father had noted, and Clark was clear about what that comment meant. Clark’s is a painful portrait of a family without ordinary empathic connections, a family culture wherein the father provides for but mocks the mother and the children feel compelled to take his side or become victims themselves. Something ruthless, something without ordinary concern, was operating in the emotional shadows of family life. At times I have suggested that Clark may be a “failed autistic” because he didn’t fit into his father’s unemotional model of an adequate son. Clark is very far from autistic in his sensitivity and empathic response to others. Clark was aware that his interest in men was more than it was supposed to be when he was young but did not fully understand in his own mind that he was gay until he was in college. Both parents were “pretty good about it” when Clark came out as gay in college.

He remembers his mother as having been more “lively” and spontaneous than his father and he felt close to her as a young child. His alliance with his mother was strained by the competitiveness between his parents. He cared about her but risked being dismissed as silly and incompetent if he aligned with her. By middle school, Clark was stuck between his parents, torn by his
affection for his mother on the one hand, and his desire for his father’s approval on the other.

From a mirroring perspective, Clark seems to gravitate into the role of a painfully rejected child who is unseen, alone and feels deeply unlovable. He is harsh and unforgiving in his private assessments of his “failure.” He experiences a loss of agency in his ability to make himself work (write) at the high level he should be working every day. Subjectively, he lives like a fugitive in hiding. My working hypothesis is that there is some fragment of subjective truth which resides in that emotional position that has gone unacknowledged in his family life. It is a painful but successful adaptation to an intersubjective situation. While Clark clearly understands that he is outwardly successful, the success penetrates not at all into his private sense of self. It is as if his early (award winning) professional achievement “happened to him” and now he is stuck with living up to those standards. He truly feels that he can only stave off disaster by frantically and anxiously hiding who he “really” is. The return to this position of isolation and hopelessness is what repeats endlessly in Clark’s life. I believe his symptoms are linked to the inexplicable and probably unconscious “ruthlessness” in his father. Clark has noted that there was something OCD-like in his father’s insistence that he grasp and hold the pencil in a particular way when Clark was learning hand writing; a memory fragment which seems emblematic of so many other forms of rigidity in his father’s mind and reflected in the family life.

The question, then, is what kinds of parental mirroring might have produced this form of self-experience? Is its repetitive quality an unconscious adhesion to a painful role? All the children in this family were externally very talented and successful. All of children, as adults, have struggled to be in intimate relationships and suffered depression. There is a kind of schism between public and private life where the children seem to be one thing and feel themselves to be quite another. There is a pervasive inability to regulate self-esteem of the type one might expect from narcissistic parents, but it is
accompanied by a sympathy for and a loyalty toward the father which suggests something more complex. There is surprisingly little enmity toward the father among the children. He is not hated as a tyrant (although there are angry feelings and memories) but rather treated with a kind of protectiveness.

On the surface of this description of Clark’s family life is a clear suggestion of false-self and pathological accommodation dynamics. The children in the family were applauded for (mirrored) for the degree to which their external behavior followed the shape of the parents’ mental model of who they should ideally be. Their actual feelings were not sought or validated and, depending upon the effect of those feelings on accomplishing family goals, possibly scorned.

The manner in which Clark holds himself in his own mind suggests the kind of mirroring that looks past his constitutional experience directs his attention toward external standards. This form of relatedness is painful and lonely but it doesn’t acknowledge those emotional consequences. His native gesture is not responded to and the consequence of that is that he too attempts to disregard it. When he feels happy, it makes him “nervous,” as though something is about to end badly. It would look like rejection or emotional disconnection followed by obliviousness or denial. Perhaps the pressures on Clark to perform, the very high standards of his older siblings, and his father’s bullying created an atmosphere of intense competition. Clark relates to himself as though he should live up to a level of perfection which seems idealized and personally unapproachable. While his memories of his mother are more emotionally connected, perhaps his mother was no more able to protect his emotional sensitivity from the father’s aggression than she was able to protect herself. Under those circumstances, the part of the Clark’s self which felt injured or unloved would have had no validating response. The hurtful interactions would have been followed by Clark’s shame, not by family members’ conscious acknowledgement of his pain.
In this family, emotional connectedness lost out to a fierce competitiveness. Clark has noted that his father “is not good with feelings,” but he does not think his father fits the description for an Asperger-like syndrome. He thinks my description of a version of obsessive-compulsive disorder in which the subject “cannot acknowledge being wrong” is a better description of his father.

Using the above clinical material, I would like to describe a process, from the analyst’s point of view, in which we attempt to work our way backward from:

1. A set of conflicts which are involuntary and repetitive, e.g., Clark’s depression and anxiety, to

2. A consistent set of repetitive relationship patterns, e.g. Clark’s chronic painful feelings of unworthiness, pain and sacrifice to hide his impoverished emotional state, to

3. A set of hypotheses about what “holes” in the consciousness of the caregiver would have been present in order to produce the distortions in awareness and regulatory capacity which are required for the repetitive symptoms in the patient to be established? The questions generated are not only ‘what happened?’ in the interactions between parent and child, but especially in mentalization terms, what didn’t happen? What absence of understanding within the parent was important in shaping the child? This “absence” in the mind of the caregiver is the mirrored reciprocal of the patient’s symptom. What the parent cannot (needs to not) know about themselves they cannot illuminate in their child’s self-understanding.

At the center of this process is the assertion that if the analyst is possessed of ordinary empathic abilities, has an appreciation of intersubjective needs, has some familiarity with the dynamics of mirroring and relational
complementarities and is sufficiently emotionally integrated themselves, then they will be able to trace backward from symptoms to mirroring and frame a hypothesis about the kind of empathic response, the form of recognition which would make the symptom unnecessary.

As Stolorow, et. al. (1987) have noted, the symptom is the symbolic expression of the need to preserve something real that may be felt, but which, without parental mirroring, without recognition, will remain un-named and consciously unknown. The symptom is a “doing of something without a name.” In Clark’s case the parental lapse in consciousness involves a ruthless lack of concern and painful empathic failure that allowed emotional cruelty to operate in the family and be directed at both Clark and his mother in a chronic way. When this is lived as though the situation is perfectly natural, the situation itself, the ruthlessness, disappears from conscious knowing, into the background of “how things are.”

Finally, how does achieving this insight affect the treatment? Following our metaphor of the mirror, the alteration in the treatment I am describing would not take place as a narrative interpretation, as in an explanation or restructured narrative. The change begins in the mind of the analyst where an affective as well as cognitive shift has occurred in the analyst’s “understanding-of-what-this-person-has-always-needed”. The new understanding informs the analyst’s mind, creating, in turn, a new reflection of self for the patient to experience. As the mirroring continues, the mind looking back at the patient’s experience has a slightly different emotional “hold” or attitude and, hopefully a deeper understanding of the meaning of the suffering, an understanding that the patient feels. When the mirroring process is reasonably accurate, this intersubjective exchange or mirroring creates a new form of relatedness which has a deeper form of resonance with the patient’s constitutional feelings and creates a new sense that the feelings (and self) are “real”.

The above is a straightforward description of what happens when a hole or a defensive exclusion in the parental mirroring is noted by the analyst and the inclusion of those human elements creates a greater integration for the patient. It is also a description of what is easy and least complicated about empathic attunement.

All too often, for our patients (and for ourselves), the shape of the parental defenses becomes the shape of the patient’s self-understanding. Then the patient will respond to us as their caregivers responded to them. Karlen Lyons-Ruth (2006) has written insightfully about the powerful relationship between the pattern of intersubjective communication (associated with each attachment category) learned implicitly in early attachment relationships, and the formative relation those patterns have to the kind of self which emerges by age 17. Lyons-Ruth notes that one child has learned to focus on the parent’s emotional regulation (ambivalent-resistant) while another child will focus on happy emotions but not sad (avoidant). In the crucible of childhood, patterns of interaction become patterns of being.

With Clark, for example, a more classically “interminable” patient whose false-self dynamics are painfully persistent, when I reflect upon the harshness of a self-criticism and the pain of it, he responds, “Well, that’s as it should be!” He remains trapped in a binary, (good versus bad, victim versus persecutor) complementarity which resembles the limitations of the minds which launched him into the world. Under the shadow of such a parental system, any mirroring by a therapist that opposes his punishing self-perception is likely to be discarded as merely inaccurate. When the dynamic is a false-self dynamic and it feels as though the regulatory solution is to be more the way the caregiving-other wants you to be, the inner mental approach resembles the original intersubjective situation. An alternative mirroring perspective is necessary. What kind of mind must the patient encounter that might mirror back to him a way out of the trap of cycling between the punitive father and the emotionally abused child?
In some sense, the key to understanding what kind of mirroring experience the patient needs in the current relationship hinges upon our understanding of the formative relationship with his or her caregivers. If we can come to understand what was originally excluded in the caregiver state of mind, we might better formulate an idea of what needs to be brought into the room in the current relationship, in the here-and-now, so that implicitly and procedurally more of his experience is included and he feels both more real and more accompanied by a safe other. I believe patients with persistent and repetitive symptoms are especially vulnerable in this way. With Clark, for example, when he begins a lacerating critique of his life and his work, he has no conscious awareness of how cruel he is being with himself and how unnecessary such an avalanche of contempt is. On these occasions I nearly always try to mention how painful it is to be raged at by someone who is disconnected and out of control. I want Clark to experience being in the room with someone who can experience and mirror both sides of this punishing experience in the hope that eventually, Clark will be able to experience both sides of himself.

Similarly, when I notice his expectations for himself are idealized and perfectionistic, guaranteeing failure, I comment on the pressure he must feel when those standards apply. Likewise, in the moments between us when Clark comments on the difficulty of his struggle, I try to backfill empathically with my understanding of how this feeling was shaped in the context of his family’s standards. So, for example, when he reports being depressed and unable to generate any positive thoughts and offers a series of criticisms about how meaningless and ineffectual his work is, I comment on how it feels to be in an emotional situation where one feels trapped, obligated to produce a masterpiece and feeling empty. My goal is to try to resonate in the here and now with Clark in a way that helps make his feelings more comprehensible and produces a sense of companionship and emotional connection rather than simply echoing his sense of emotional aridity and void. As David Wallin (2007)
expresses it, I want Clark to experience that his struggle is, “...knowable, nameable, sharable and changeable.” I believe the rest of the healing is just in having company.

The psychological landscape that I hope emerges from this discussion is one in which a visible thread of connection runs through the (evolutionary) human need for a shared subjectivity (Slavin, in press), through the attachment instincts and the Interpersonal Interpretative Mechanism (Fonagy, et. al., 2002) to the self-building infant-caregiver mirroring experience which creates (or not) a capacity for mentalization and reflective function. I see this as the pathway for crucial adaptive cultural information (and intersubjective connection) which confers both evolutionary advantage and personal satisfaction. Developmental derailments along this pathway produce problems in making and sustaining human connections. In an evolutionary sense, losing our connection to a sustaining network of human meanings is central to fear, anxiety, alienation the manifold pathologies of living. The connection we need may not even necessarily arise through conscious processes. It may well be that the resonances and specificities of response from a significant other constitute the warm inner lining of the emotional garment which protects us against the cosmic night. The experience of knowing and being known by our “brothers” in finitude (Stolorow, 2007), feeling companionship and having life “make sense,” in the context of that relatedness, may well be the uniquely human riff.
References


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