RELATIONAL FREEDOM AND THERAPEUTIC ACTION

Therapeutic action depends on our freedom to allow ourselves novel, unbidden experience. How does this novelty arise? What is the process by which some portion of the possibilities inherent in any moment’s unformulated experience are created or selected and emerge in consciousness? And what does it mean to think of freedom in this context? What does it mean for the formulation of experience to be free? In the frame of reference adopted here, the formulation of experience depends on the conscious and unconscious events of the interpersonal field. The field facilitates some formulations of experience and prevents others. Thus, whatever we can do to make it possible for the analytic relationship to evolve freely, without constraint or constricts, is the best way we have to encourage the freedom to experience. “Relational freedom” underpins therapeutic action. A clinical case is described at length to illustrate these ideas.

Novel conscious experience is unbidden (Stern 1990). It arrives in our minds and bodies without an accompanying consciousness of effort or memory of process; the means by which we create it are not available to our inspection. We do not have access to what we would need in order to construct a phenomenological account of the genesis of the experience we create.

There is a strangeness about the unbiddenness of novel experience, and about the hidden unfolding of its process, a strangeness we seldom notice. We have so little sensuous or even cognitive contact with what takes place in our minds to create novelty that it is in some ways as if it belonged to someone else. When experience is unbidden, we are unfamiliar to ourselves; our minds and bodies are not simply our own, at least if possessing ourselves means knowing what we possess. In itself, this fact

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Submitted for publication June 24, 2012.

DOI: 10.1177/0003065113484060
is strange; yet what is perhaps even stranger is that it seldom registers. In order to be aware of how unfamiliar we are to ourselves, it is usually necessary to pay explicit, conscious attention to how little we have to do with selecting and shaping the conscious contents of our minds. We must remind ourselves, actively and with conscious purpose, that those contents generally appear spontaneously and suddenly, out of what feels like nowhere. Experience is just there. Despite the fact, though, that we must agree that we have no prior acquaintance with much of what we find in our minds and feel in our bodies, we do not feel most of this novel experience as alien or “other” to us, nor does the ongoing process of creating, observing, and containing such experience have an alienating impact. Quite the contrary. The process feels natural, and its products, in the very moments of their arrival, feel as if they belong to us, as if they are part of us. They do not feel as unfamiliar as, in fact, they are. If anything, and oddly, or at least contrarily, they usually feel familiar. The whole process seems utterly unremarkable. Unbidden, novel experience is like the air we breathe: it is outside us or beyond us, but, at the same time, it is completely of a piece with living.

THE FREEDOM TO EXPERIENCE

What I am describing is the freedom to experience, the freedom to use our minds. But when we are free in this way, we never know what our minds will do; and so perhaps it would be better not to describe the freedom to experience as the freedom to use our minds, but as the willingness to allow our minds their freedom.

The unbidden expresses us, it manifests us. It realizes or actualizes us. It gives emotionally and cognitively tangible form to what we are. For my purposes, then, the unbidden lies at the heart of therapeutic action, at once both the core of the process of change and the index we consult to assess it.

Unbidden experience is not arcane. It is not a rare event, and it is not necessarily powerful or dramatically enlightening (although the clinical example I will offer later on happens to be both). Unbidden experience appears routinely. In this sense, creativity is rampant in our lives. It happens in the office all day long, to therapists just as often as to patients. A patient looks up at me and I have the sudden perception that she is quite sad: that is an unbidden experience. Or a tone in her voice alerts me to a note of regret that I have missed until then: that is an unbidden experi-
ence. A flash of her eye awakens my awareness of her irritation at me: unbidden again. Something she says makes me understand that her worry that I will think she is self-indulgent is her mother talking: once again, unbidden. None of these things comes about because I try or decide in any consciously purposeful way to have the experience, and all these thoughts are novel. They just happen. As a matter of fact, you can see that unbidden experience is more the rule than the exception, the result of what, twenty-some years ago, I called the process of courting surprise (Stern 1990). The freedom to experience is a deeper-than-conscious willingness to let go and allow the unbidden to come into being.

**THE INTERPERSONAL FIELD**

I may have made it sound as if I believe that this kind of experiencing goes on in the confines of one person’s subjectivity, as if all this spontaneous unfolding comes about like a spring bubbling up out of the earth. But that metaphor is terribly incomplete. Let me explain.

What I have just described as the freedom to experience is the process by which unformulated experience is articulated or formulated (Stern 1997, 2010). I have not yet made the crucial point that, even when the process of formulation unfolds without inhibition, disruption, or detour, its course is charted in the same moment that it takes place, and its final shape therefore comes into being only as it arrives in our minds. Until that moment, what will become formulated experience is only possibility. Experience, that is, does not preexist its formulation; it is not predetermined, but emergent; it is not the revelation of something that is already “there” in the mind, but a process, an activity. In fact, if we were to insist on precise expression, we would refer not to experience but to *experiencing*. We can never be certain of what our next experience will be.

What, then, determines which possibility, among the several or many that constitute any moment’s “wiggle room,” will come into being in the unbidden formulations of any given moment?

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1 Making this point always requires adding a proviso. It is not as if the mind is empty of content until the process of formulation creates it. But the content that preexists formulation remains to be given an explicit shape, and can take on any one of a number of such shapes that exist within the constraints that limit the valid possibilities for articulation in any particular instance. Regarding reality and its constraints, see the text, just below.
Reality does constrain the possibilities. If we claim validity for experience, we are not free to articulate the unformulated in any way we please. We create the articulated meanings that arrive unbidden in our minds from among the potential meanings offered by unformulated experience; and all of this meaning-making generally goes on outside awareness. Ideally, the resulting unbidden experience fits the purposes that animated it in the first place, while simultaneously respecting reality’s constraints.

How should we think about these purposes—the ones that select formulation from the unformulated possibilities offered by reality, the ones that animate the unbidden? Here we reach the interpersonal, relational, or intersubjective dimension of the experience. My position has always been that the experience that can be formulated within the analytic dyad is a function of the nature of the relatedness between the two participants (Stern 1983, 1997, 2010). The possibilities for the changing contents of consciousness, in other words, are determined by the equally mercurial nature of the interpersonal field, a concept that Harry Stack Sullivan began to formulate in the 1920s (Sullivan 1940, 1953; Murphy and Cattell 1952) and that was then developed in an explicitly psychoanalytic direction by many others (e.g., Wolstein 1959, 1964; Levenson 1972, 1983, 1991; Stern 1997, 2010; Bromberg 1998, 2006, 2011; Ehrenberg, 1992; Fiscalini 2004). Stephen Mitchell’s “relational matrix” (1988) and Jay Greenberg’s “interactive matrix” (1995) belong to the same theoretical tradition.

If we do not restrict attention to the formulations of the Interpersonal school, many other writers could be added to this list, notably relational analysts (e.g., Aron, Benjamin, Davies, Hoffman, Ogden), a number of whom are also identified with interpersonal psychoanalysis and are therefore not cited here but in the text. Other contributors are object relations theorists and other Middle School writers (Fairbairn, Winnicott, Guntrip, Balint, and so on); self psychologists and intersubjectivists (Stolorow, Lachmann, and their colleagues); students of development (Beatrice Beebe; Daniel Stern, including the work of the Boston Change Process Study Group); and neo-Kleinians and Bionians (see footnote 4). Contributors to field thinking also include Freudian writers such as James McLaughlin and Hans Loewald. The significance of Loewald’s work in this regard is not often recognized, but note Mitchell’s observation (2000): “Perhaps the central feature of Loewald’s revisions of Freudian theory is his shifting the locus of experience, the point of origination, from the individual to the field within which the individual comes into consciousness. . . . In the beginning, Loewald says over and over again, is not the impulse: in the beginning is the field in which all individuals are embedded” (p. 35).
The field is a jointly created configuration of relatedness, a social medium that is the result of the conscious and unconscious involvement and intersection of two subjectivities.³ The participants in the field may or may not be aware of the field’s influence on them, depending at least partly on the consequences that would ensue from that awareness. The field is more like what is referred to by concepts of the analytic or intersubjective third (see the conceptions of Ogden [1994] and Benjamin [2004], which overlap but are distinctly different), or what Gerson (2004) calls the relational unconscious, than a mere context or surround. We might say that the field is that configuration of influences that continuously gives clinical process its particular, changing shape and nature.

The fact that the field links two subjectivities, however, does not mean that it is a simple additive combination of influences. Instead it is a unique creation, a new and ceaselessly changing gestalt that expresses and represents the present, shifting states of relatedness between patient and analyst. The field is not synonymous with transference-countertransference. If the idea of transference-countertransference remains meaningful (if, that is, it has not become so diluted that it refers to the entire analytic relationship), it must refer to patterns of relatedness modeled on the nature of experience with significant people from the past. The interpersonal field is broader than that. It includes the influences on each participant of the entire nexus of affects, motives, and intentions, thoughts, proto-thoughts, meaningful behaviors, metaphors, and fantasies that come into being when two people are involved with one another.⁴

³By specifying both conscious and unconscious involvement, I mean to emphasize that the interpersonal field should not be understood to exclude object relations. This point has often been misunderstood, and as a consequence the interpersonal field has been mischaracterized in sociological terms. In interpersonal psychoanalysis, social phenomena and the unconscious mind have always been understood to be reciprocal and interpenetrating. Neither is meaningful without the other, and each is the context in which the other gains its significance. Interpersonal relations are simultaneously provocations or reasons for internal, individual, unconscious events and reflections of those same events. See, for instance, Sullivan 1940, 1953; Levenson 1972, 1983, 1991; Bromberg 1998, 2006, 2011.

⁴The conception of the field described in this paragraph is influenced not only by Interpersonal and relational writers, but also by neo-Kleinian and Bionian theorists of the field (Baranger and Baranger 2009; Chianese 1997; Civitarese 2008, 2012; Ferro 2009; Ferro and Basile 2009; Brown 2011). Racker (1968) might also be included in this group. This is not the place to compare the understandings of the field held by interpersonal/relational and neo-Kleinian/Bionian analysts. Two recent papers (Stern in press a,b) take up those comparisons.
Freedom in the interpersonal field is defined by the degree of latitude patient and analyst have to relate to one another without the kinds of constraints introduced by unconscious defensive purposes. In the language of relational dissociation theory, the most potent and limiting of these constraints appear in the field as enactments, jointly constructed by patient and analyst. These enactments are defensive operations that prevent the eruption of dissociated “not-me” experience into the consciousness of at least one member of the pair, thereby protecting the stability of the self, or identity. That is, the exclusion of not-me from awareness preserves one’s sense of who one is (Bromberg 1998, 2006, 2011; Stern 2004, 2010) by restricting what parts of subjectivity can become known, formulated, unbidden experience. Enactments are the attribution of one’s dissociated parts to the other, whom one then treats as the alien, dissociated part of oneself. Enactment can therefore be described as “the interpersonalization of dissociation” (Stern 2004, 2010), a rigidity in the field, an impasse or “deadlock” (Stern 2003), a single-mindedness that allows no alternatives. In the Barangers’ neo-Kleinian theory of the “bi-personal psychotherapeutic relationship” (Baranger and Baranger 1969) or in their later, more felicitous term, “intersubjective field” (W. Baranger 1979), similar jointly constructed constraints or frozen parts of the field are referred to as “bastions” or “bulwarks” (depending on the translator). Ferro (2006) describes bulwarks as “nuclei of resistance” or “the couple’s blind spots” (p. 998). In both the dissociation model and Bionian field theory, rigidities in the field lead to stereotyped interactions that can be destructive constraints on the freedom to create the future; from both perspectives, the more relaxed the field is, the more the minds of both participants are free to create unbidden experience.

6 There is a significant degree of overlap here with the concept of projective identification, at least when projective identification is used defensively. But there are differences, too. For a comparison, see Stern 2010, pp. 17–18.
7 The Barangers’ work has recently drawn renewed international attention. Their most influential paper was first published in Spanish in 1961–1962, and then revised in 1969. This revised version was published in English for the first time in 2008, and a volume of their papers was published in English in 2009.
8 But it is also true that, precisely because enactments (and bastions and nuclei of resistance) inhibit the free unfolding of the future, their resolution is one of the most important influences liberating the future to unfold more freely than the past did. This point is made explicitly in both literatures (see, e.g., Stern 2004; Ferro 2006).
How the field is composed in any particular moment encourages some unbidden articulations of experience and discourages others (Stern 1997, 2010). In turn, we can say that the composition of the field is created by the interaction of the self-states of its participants, and is therefore in continuous flux. As self-states shift in the mind of each participant, as they routinely do, in responsive reciprocity with the self-states of the other participant (see, e.g., Bromberg 1998, 2006, 2011), the field changes.

But the interpersonal field remains a concept, not an experience. In more experience-near terms, changes in the field are changes in the possibilities for relatedness—i.e., changes in the kinds of relatedness that are facilitated or inhibited. We rarely “know” the field. For the most part, it comes to our attention only through what we *sense* or *feel* of its influence. To explicitly reflect on the field usually requires a conscious effort, one that few people besides psychotherapists, with their professional interests, have a reason to expend; and there are many circumstances, or aspects, of the field that do not allow even the possibility of such reflection. On the phenomenological level, as the nature of the field shifts, generally without attracting our conscious attention, different kinds of relatedness feel most obvious or natural to the participants. Patient and analyst fall most easily into, and out of, certain relational patterns. These events are unnoticed, unremarkable—in a word, “natural.” As one kind of relatedness becomes natural (say, to take a simple example, friendliness), other kinds of relatedness (say, irritability) fall into the background and feel less comfortable, easy, or natural to create in this environment, or are even actively avoided, sometimes with unconscious defensive purpose.

From this perspective follow two further points: First, if we take seriously the facilitating and inhibiting influences of the field on the contents of individual minds, we must also take the position that the freedom to allow the greatest range of unbidden experience rests on the degree of flexibility and freedom of the field. Second, the degree of the field’s flexibility is defined by the range of relatedness available to the participants. We can summarize these points in terms that express what I am trying to say in this article: the freedom to experience—that is, our access to the widest range of unbidden experience—rests on what we might call *relational freedom*, a topic to which I will turn momentarily.

And so my answer to the question of why the metaphor of the spring bubbling up from the earth is incomplete is that this metaphor might give
the impression that the “ground” from which the “spring” emerges is solid and unmoving. But I am taking the position that unbidden experience emerges from the possibilities allowed and prohibited by the interpersonal field, which is in constant flux. And so, while each person’s unbidden experience can indeed be conceived as a continuous stream, as William James (1890) may have been the first to note, what the stream grows from is something much more complex than the earth. It is hard even to imagine the kind of mobile geometry that might represent the process, although the emergent processes of nonlinear dynamic systems offer interesting possibilities.

Let me review what I have said to this point. Therapeutic action depends on our freedom to allow ourselves novel, unbidden experience. But the particular novel formulation that appears in our mind is just one of the possibilities that can be created from any moment’s unformulated experience. We therefore need to conceptualize the process by which that particular formulation becomes the one that arrives in consciousness. That process, I have claimed, depends on the conscious and unconscious events of the interpersonal field. Therapeutic action has to do with the creation and emergence of unbidden formulations of experience from the nexus of influences that is the interpersonal field.

Now let me add the third and final piece of the puzzle, and, for my purposes in this essay, the most significant part of what I want to say.

**RELATIONAL FREEDOM**

If the interpersonal field is the gateway into consciousness, facilitating some formulations of experience while preventing others, then whatever it is that allows the most freedom in the field is also what will allow each participant in the relationship to best take advantage of whatever personal freedom he or she brings to the encounter—or creates there. We can therefore conclude that whatever we can do to make it possible for the analytic relationship to evolve freely, without constraint, inhibition, or constriction, is the best way we have to encourage the freedom to experience. Relational freedom makes the freedom to experience possible, and therefore underpins therapeutic action.

In practice, of course, psychoanalysts also think of this idea the other way around: that is, we think of new understanding as the means by which we accomplish new relational effects. In fact, this is the more traditional conception: increased understanding dissolves the rigidities of
the transference-countertransference and in that way becomes the source of greater relational freedom.

The truth is that all psychoanalysts approach the problems of therapeutic goals and therapeutic action from both of these directions. It would be impossible not to. Sometimes we work toward greater freedom to experience, hoping that such an outcome will free relatedness; at other times, we work toward a greater freedom in relation to the other, hoping that this outcome will free our capacity for unbidden experience. To the extent that our various theoretical commitments differ on this point, the differences are not absolute; they are, rather, differences of emphasis. In the interpersonal/relational perspective, the emphasis falls on the mutative effects of freeing clinical relatedness, while more traditional approaches tend to conceptualize the interpretive understanding of transference. My emphasis here on the creation of relational freedom rather than on the conventional pursuit of interpretive understanding should not obscure the recognition that analysts of all persuasions work and think in both ways.

And so my primary interest falls on this question: How can we encourage relational freedom? The dilemma here is that to answer the question of what is transpiring in the interpersonal field at any particular time, one would need to know precisely what one does not and cannot know in that moment. Our reflective grasp of relatedness is always at least one step behind the relatedness itself. That is doubly true for any problematic aspects of the relatedness, the parts that represent patterns of unconscious involvement between analyst and patient. That is, what one would need to formulate, if one were to be able to observe whatever is problematic and having a constricting effect on the therapeutic relatedness, is always unformulated, and therefore invisible, until the moment in which it resolves—until the very growth in question has become possible. And by that time, the reason the solution is visible is that it has already taken place.

I have written elsewhere (Stern 2004, 2009a, 2010; see also Bromberg 1998, 2006, 2011, who is the source of this idea) that enactments resolve not through insight but via new perceptions of the other and oneself, new perceptions that come about unpredictably. The best one can do to influence problematic aspects of relatedness is to be sensitive to the kinds of affective “snags” and “chafings,” ranging from vaguely uncomfortable to actively unpleasant, that signal the presence of dissociated
enactments (Stern 2004). One stops and attends to such experiences, asking oneself what can be learned about what lies behind them.

Enactments are a subcategory of the broader class of field rigidities that inhibit the freedom to experience. Enactments, that is, are extreme examples of these inhibitions; but in any analyst’s daily work, there are many, many other, milder constrictions in the field, and they need to be relaxed, too. Since dissociative enactments are one kind of field constriction, we can use what we know about them to think more broadly about encouraging relational freedom.

Our goal in relaxing milder constrictions of the field is the same in kind as our goal in working with dissociative enactment: we want to do whatever is possible to become aware of, and then loosen, constricted interaction, thereby promoting therapeutic action by unlocking the capacity of relatedness to serve as the crucible for the unbidden. But because these events—this relaxation of relatedness—embody an emergent quality of the relatedness itself, it is impossible to specify in advance a technique to accomplish it. Events arise from within the analytic relationship in a way that simply cannot be predicted. And so we can almost never describe exactly what needs to be done to expand relational freedom. Such episodes can be encouraged by our openness to the unexpected (an openness that is always and necessarily only partial), but only that much is possible. There can be no prescriptive theory of technique (see Tublin 2011). We do our best to court surprise. We attend to affective snags and chafing, and we allow ourselves to feel the clinical relatedness so deeply that its subtle possibilities for growth affect us in ways we do not necessarily even formulate in so many words. Our affective involvement and thoughtful study of our own experience is all we can contribute.

Sometimes the process of expanding relational freedom takes place as the result of interpretation; but more often in my experience—in the illustration I am about to offer, yes, but also in most instances in my work in which relational freedom has expanded—the change is better described as a relational effect, a kind of groping, by one or both participants in the treatment, toward affectively charged meaning, meaning that may or may not eventually be expressed in words. It often appears that verbal interpretation is the source of therapeutic action, because when new understandings do come about verbally, the words are often surprising, gripping, powerful. And sometimes verbal interpretation is mutative, of course, as I have already made a point of saying. But I believe that, usually, the key event has already taken place by the time a new verbal
understanding appears, even when the verbal understanding in question is unbidden. The key event that so often precedes verbal understanding is the appearance of new relational freedom. It is this relational freedom, a loosening or relaxing of the interpersonal field, that creates the possibility of new experience, including new verbal understanding, that each member of the relationship can have in the other’s presence (Stern 2009a, 2010). As relational freedom expands, the field changes and new, unbidden meanings appear spontaneously, the way water rushes in to fill an empty space.

The new experiences that patient and analyst can have in one another’s presence when relational freedom expands are not limited to experiences that correspond to, or represent, this new interpersonal opening. The unbidden experience that opens from new relational freedom, in other words, is not limited to the aspects of transference-countertransference that composed the previous constriction. The novel experience that becomes explicitly available may be fantasy or memory not obviously related to the new relational freedom; or it may be some kind of insight about other, seemingly irrelevant matters, such as the sudden appearance in the mind of one of the partners of an understanding of some aspect of his own or the other’s character; the novel experience may even be (as in the clinical illustration to which I will turn in a moment) a new observation or grasp of some part of the patient’s history or current life outside the treatment. The relaxation of a constriction in the field, we can say, “unlocks” the potential in certain other experiences that, while they must be in some way connected to the constriction, are not necessarily linked to it in ways that are immediately obvious.

In general, as the possibilities of relatedness expand, we become more and more able to allow our minds their full measure of creative invention and expression; we tolerate and even enjoy thinking and feeling with relative freedom, even when that freedom brings a certain amount of discomfort. The greater the degree of relational freedom, the less the interaction is guided or interrupted by the kinds of derailments, distortions, or distractions that occur when unconscious defensive needs, in order to manage affective discomfort, force relatedness into certain themes, or down certain pathways. Instead we create a relatively welcoming attitude toward our own capacity to feel, think, and innovate, allowing our conscious experience to shape itself in whatever way best serves our deepest nondefensive intentions at the moment. By “deepest nondefensive intentions,” an ambiguous phrase at best, I mean intentions that are
integrative or synthetic, and sometimes articulating or differentiating. I mean the constructive, what Freud meant by Eros.

I do not mean to suggest, though, that relational freedom is a concrete goal, as if it were a position that is possible to reach. I mean instead to present clinical relatedness as a continuous amalgam, or dialectic, of freedom and constriction, so that our work is organized by the ongoing challenge to identify constriction and create freedom. Each change in the field, including each successful creation of new relational freedom, leads to new possibilities for both freedom and constriction. The challenge of creating relational freedom lasts as long as the treatment endures.

How does the idea of relational freedom relate to the traditional way of representing freedom in discussions of technique, namely, the patient’s free association (Freud 1913) and the analyst’s evenly hovering attention?

Free association and evenly hovering attention are matters of individual intention and decision. Analyst and patient quite knowingly, and separately, take on these attitudes, functions, and ways of conduct. Bollas (2001) calls them “the Freudian pair” (p. 93). Of course, neither free association nor evenly hovering attention can be adopted in any absolute sense. Each is always compromised by unconscious factors—analyst and patient can do no more than try to fulfill the intentions described by these terms. Nevertheless, even in the presence of these compromises, free association and evenly hovering attention are understood to be consciously chosen. In this frame of reference, even if analyst and patient must maintain the greatest respect for the encroachments of the unconscious, some part of freedom can be made to happen.

Relational freedom, on the other hand, is not a set of intentions, but a welcome but unpredictable outcome, and so it cannot be adopted or “taken on” by choice at all, either separately or jointly. When it comes about, it occurs as a joint, nonconscious creation of analyst and patient. Relational freedom, like (say) Benjamin’s “intersubjectivity” (1999, 2004), is a mutually created attribute of the analytic relatedness that, while it can be hoped for, cannot be intentionally selected or chosen, by either participant, in any meaningful sense. It must instead grow spontaneously from activities the analytic pair engage in at least partly in the hope of provoking it. Unconscious encroachment has the same degree of salience it has in the classical view, but in the Relational scheme the location of its primary influence has shifted from the single mind to the dyad: the unconscious of both the patient and the analyst, both the unconscious
that encroaches and the one that expands creatively into new experience and expresses itself in a joint creation—the field. And so we cannot say that relational freedom is chosen in any sense at all; we must say instead that it emerges. In Relational terms, no part of freedom can be made to happen.  

There are myriad discussions of the subject of freedom in the psychoanalytic literature, but given constraints of space, which I am already stretching, I must be content for the time being to examine only the questions I have raised about free association and evenly hovering attention. I particularly regret not being able to carry out a comparison between my views and those presented by Symington (1983) in his classic article on the analyst’s “act of freedom” as agent of therapeutic change.

One last point before going on to my clinical illustration, a point I cannot overemphasize: relational freedom is created and reflected as much in the analyst’s experience as in the patient’s. From a Relational psychoanalytic perspective it is axiomatic that patient and analyst are each routinely and continuously involved with one another, both consciously and unconsciously.

**CLINICAL ILLUSTRATION**

When he started treatment, my patient William was a talented and successful fifty-year-old corporate lawyer who had married for the first time just a few years earlier, and now had three young daughters. He felt lucky to have met his wife, Jan. He felt close and intimate with her, and he was wildly in love with his children. He had always wanted a family of his own but had worried, as he got older, that he would never have one. Earlier in his career he had worked for a large law firm in Manhattan, and he had worked the usual horrendous hours demanded by such jobs. He had

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9 Although a discussion of Hoffman’s Relational critique of free association and evenly hovering attention (2006) would take me too far afield here, I subscribe to his argument that accepting free association and evenly hovering attention as the basic functions of our work implies the denial of three things: the patient’s agency, the patient’s and the analyst’s interpersonal influence, and the patient’s share of responsibility for co-constructing the analytic relationship. In fact, one might say that the concept of relational freedom is one way to imagine living in a psychoanalytic world in which these denials do not exist, and in which, therefore, free association and evenly hovering attention are not the key concepts that they remain for most analysts today.
enough anxiety about romantic relationships in those days to have used
the excuse provided by his work hours to avoid an active social life with
women and had instead spent most of his few free evenings either alone
at home or watching sports with men friends at bars. He met Jan, who
was fifteen years younger than he was, while collaborating on a case with
another firm, and it was then he began to feel willing, and eventually
eager, to confront his inhibitions. He felt for the first time that he just
could not bear to limit himself to professional success, and that perhaps
he really could have a family. After much soul-searching of this kind (and
before entering treatment), he managed to find a corporate job in a bou-
tique firm, small but wealthy. While affording him a lower income than
he had made as a partner in his previous firm, the new firm allowed him
enough time to develop his life with the woman who would eventually
become his wife. The relative freedom of his new job also allowed him
to pursue a four-times-a-week analysis, which Jan encouraged him
to begin, and that he himself came to feel he needed because of long-
standing anxieties (including, but not limited to, his previous avoidance
of romantic relationships) and a strong degree of self-criticism that at
times descended into agitated depression. He already took antidepres-
sants, but once he began his analysis he nurtured the hope that treatment
would eventually help him do without them.

William had grown up in the suburbs of New York City with his
parents and two sisters. The oldest of the three siblings, he had always
done well in school. From early in his life it was taken for granted, both
by others and by himself, that he would do well; and he did, all the way
along. He earned high grades and was popular, well-liked, and athletic.

During his second year of college, he had what he considered the
formative experience of his life, a terrible automobile accident. He suf-
fered broken bones, internal injuries, and disfigurement that required
extensive (and successful) plastic surgery. He had lost consciousness, and
it was not clear for some time after the accident how much brain damage
he had sustained and how well he would recover from it. It was not even
clear for a considerable period whether he would survive. Treatment went
on for months, during which time he had many surgeries and was often
in severe pain and in and out of critical condition. He spent much time in
the intensive care unit. Thin to begin with, he lost more weight. Eventu-
ally he spent time in a rehabilitation facility and recovered remarkably
well, both physically and cognitively, though he does have medical
sequelae to this day.
But I am primarily concerned here with the psychological trauma. William certainly recognized that he had been emotionally traumatized by these terrible events, but he also knew that, despite trying to be open to their impact on him, he had always maintained a certain distance from them. The trauma of his accident and the awful aspects of his treatment were important to him, and he often looked for the impact of these things in other, later happenings in his life. As I said, he thought of the accident as the single most important event of his life. But his explorations and associations about it, at least when he expressed them to me, were never as powerful as one might have thought they would be; and he was a little melancholy about this inability to feel the depths of his trauma in the relatedness between him and those with whom he was close, including me. As important as this piece of his life was, he just could not feel it as deeply as he longed to, or share it with the fullness he could sometimes imagine but could not create. He had a sense of loss about this. It was not until after the session I will recount that either he or I really formulated the fact that, despite the presence of caring people around him, he had always lacked a witness for these experiences; but in retrospect, after that session, we agreed that on an implicit level he had always missed having the sense that someone was there, during those events, who really grasped how he felt about what had happened to him. That is where we were at the time of the incident I am going to describe.

One of the sources of William’s self-criticism was his sense that, despite backing off his professional commitments to the degree he had, he was still too involved in his work life, and that his family suffered as a result. He had made a lot of money as a partner in his previous firm, and so he did not really need the income he made now. But he had not felt ready to give up a work life yet, and as long as he did continue working, his self-regard required him to do it responsibly. And so he was well aware that he had made choices that kept him from being with his family as much as he could have been had that been his only priority. He sometimes felt, guiltily, that his family should be his sole consideration. But his worries went further: he could become quite upset, even frightened, that his willingness to spend time working, away from them, would alienate his wife and children; he worried he would cease being important to them. And yet he was not willing to give up his work, either.

It may not surprise you to find out that, despite these worries, William is as involved a father as I have known. His relationship with his
wife and children, though it has its difficulties (I will detail those in a moment) is warm and intimate.

And so William’s worry about becoming unimportant to his family was unnecessary, at least as far as reality was concerned. Jan did not resent his work, though she was often impatient and sometimes quite angry about William’s need for ceaseless reassurance of her love for him. It was also obvious that William’s children felt proud of their father’s success, secure in their attachment to him, and quite happy to see him off to work in the morning. No, the problem was William’s self-criticism—and the nature of his relatedness to his parents.

William worried that he would reproduce his parents’ narcissistic relationship with him, in which a great deal of the interaction between them and him was intended to demonstrate his parents’ love and generosity. That would have been difficult enough for William; but the more significant purpose of these expressions of affection and concern from William’s parents was to harvest appreciation and gratitude, so that William’s father and mother could feel affirmed in their role as parents. There were endless presents for the grandchildren, for instance, for which not only the children, but also William and his wife, were expected to be impressed and grateful. Never mind that the gifts were never matched to what the children really wanted. The gifts and the children’s wants were so poorly matched, in fact, that the children seemed to take it for granted that the presents were nothing more than reasons that they needed to say thank you. On one hand, William resented and battled the narcissism of his parents, while on the other he unconsciously identified with this way of being. As a result, in his relationship with his wife and children, William tried to avoid a narcissistic investment in his own life that would compromise his relationship to them and, simultaneously and unwittingly, sometimes put his wife and children in the same emotional position his parents had put him—which is to say, a position in which William needed his wife and kids to appreciate him for his generosity and goodness and felt frustrated and resentful if that response was not forthcoming. When he saw all this clearly, especially his resentment, he felt guilty and ashamed. William was quite authentically warm and generous, while also angling for his family’s affirmation in ways he disapproved of whenever he understood himself to be acting on these motives. He was anxious when he worried about his selfishness, and he was resentful when he felt his family withheld the affirmation he needed.
The analytic relatedness, of course, was partly shaped around these same themes. William worried that when he had to change the time of a session or was late in arriving, I would resent him for his selfish preoccupation with himself and his own needs. And he sometimes barely suppressed his irritation with me when I behaved in a way he could tell had something to do with my own needs and not only with his. It goes without saying that I found myself being able to understand my own behavior, at times, as the reciprocal role in these two kinds of interaction. William and I had a good collaboration about these parts of what went on between us; we noted and spoke about them frequently.

One day William arrived for his session in a state of extreme upset. He had had a particularly bad time the evening before with his wife. It was one of those times when he needed her reassurance, and when she became, as she sometimes did at such moments, more and more irritated and withholding. William was in and out of touch with what he was doing, pressuring her in his subtle way, which he acknowledged could be manipulative, playing on her guilt. He sympathized with the way his wife felt; but he also needed the reassurance and felt angry that she would not give it to him. He just couldn’t stop trying to elicit it, all the time feeling more and more miserable, desperate, and alternately angry at her and hating himself. His unhappiness was palpable, and I felt bad for him. I am fond of William, and I felt keenly that, despite being able to understand his wife’s feelings, there was a way in which he really couldn’t help the way he behaved and felt.

As he was talking to me (he was on the couch), I was also having another reaction, one fairly unusual for me. I was thinking that perhaps I would have liked William to feel that he could call me during this awful time the evening before. I guessed that he would not have felt comfortable doing that, for several reasons. He would have worried that he would burden me, and he would have doubted the justification for interrupting my evening. His unhappiness was palpable, and I felt bad for him. I am fond of William, and I felt keenly that, despite being able to understand his wife’s feelings, there was a way in which he really couldn’t help the way he behaved and felt.

The people with whom I work seldom call me, and I only infrequently encourage them to do so. I usually do so only when I know they are in a terrible reality that may collapse. I have often encouraged people to call me after surgery or a crucial diagnosis, or asked them to allow me to check in with them after such events; I have told people to feel free to call if a friend or relative took a turn for the worse or died before I saw them next, as has sometimes appeared likely; I have certainly told people to call me if they were suicidal; and so on. But I cannot remember an
occasion on which I have encouraged a patient to call me because he or she felt unhappy, especially if the unhappiness had to do with a problem with unconscious roots that was a focus of the treatment. That is what I meant just above when I said that, under many circumstances, I might not encourage a patient to call me. I want to be reliable and available, but I don’t necessarily want to encourage the perception that contact with me outside the session solves problems (see Balint [1969] on malignant regression).

And so, as William talked to me, I mused about why I was having the thought that maybe he should have called me. Why did this particular incident call out this response in me? But I made no headway. The minutes ticked by. William talked to me, and I listened. I felt that my opportunity to speak my piece was draining away. Soon, I could sense, the moment would be gone, and it would no longer be possible for me to tell him that he should have called me. But what was I doing by saying this? I couldn’t tell. Finally, the last moment came, the moment after which I knew the opportunity would have passed.

I still felt like speaking, and so I did, without knowing exactly why, but feeling that my impulse was, at the very least, not merely narcissistic. I felt I was speaking up for William. I felt that saying something at this moment was in William’s interest, though I could not really give a strong argument to support that conclusion. I said simply, “Maybe you should have called me.”

William was suddenly quiet. Although he is deeply emotional, he does not cry easily. Actually, I think that until then he had never cried with me at all. After a few moments of silence, a tear rolled down the side of his face. I was deeply moved. He didn’t respond verbally, but it wasn’t necessary. I felt content to sit quietly. The silence continued for a couple of minutes. William then began to talk again, telling me about how the previous evening had eventually ended in a kind of rapprochement with his wife that had made him feel a little better.

Then he began to tell me about the next morning—that is, the morning of this same day, just a few hours before the session we were having right then. William and his wife often took their children to school together. That morning, the five of them came downstairs in their apartment building together, and William’s wife and daughters continued out the door and down the street, while William took care of some business about a package with the doorman. When William finished and walked out the door and onto the sidewalk, he saw his wife and daughters walking
down the street, their backs to him, perhaps fifty yards ahead. He was struck with a sudden, intense melancholy, seeing them together like that. They seemed to be natural in one another’s company, and here he was, alone and apart from them, looking at them walking away from him.

I felt William’s wistful sense of being left behind, and I found myself thinking about the months after the auto accident all those years ago, and about his surgeries and recuperation, first in the hospital and then at the rehabilitation facility. For some reason, I imagined what it would have been like for him at the end of each day, when friends and family would leave him alone in his room. I imagined that as they left he was sometimes in pain and frightened about the future. I had no idea then, nor do I now, why this was my association, but the thought was unbidden and very clear. I had no idea if my thought bore any relation to his experience all those years ago, but I did know that I wanted to tell him about it. I said, “I don’t know exactly why, but when I think of you looking down the street like that, after Jan and the kids, I think of you in the hospital after the accident and what it could have felt like to you whenever your friends and family left you there at the end of the day, when they went home for the night. I thought that being left alone like that could have been pretty terrible, especially when you didn’t really know whether you were going to be okay, and that maybe that feeling is something that’s been missing from our talking about that time in your life. Maybe being left behind with that pain and fear was pretty awful.”

William responded by bursting into tears. He sobbed on and off for the remainder of the session. We said very little about content, except to agree on two things: William’s feelings of being left alone and behind were indeed crucial, but had never before really been formulated in just that way; and the episode that had taken place earlier in the session, when I suggested that maybe William should have called me the night before, had somehow made possible what happened later in the session. In this case, the loosening between us seems to have begun with me and not with him. I am not sure why that was, though I have some thoughts about it that I will describe in a moment. Nor do I know, for that matter, whether, if we followed the sequence backward in time, we might find some way in which it appeared that it was not me but William who had initiated the process. I suspect, actually, that trying to establish which participant sets off such sequences is an exercise in futility. Sometimes it appears that one participant initiates the sequence, sometimes it appears to be the other;
but it is hard to imagine that the relation between the appearance of priority and its reality is anything other than complex and ambiguous.

In any case, when I told William that maybe he should have called me the night before, something released or relaxed in me. Something in me opened to him. I felt in that moment an unalloyed sense of wanting to be there for William, uncomplicated by any reservation. I had felt the depth of his need, and in that simple suggestion that maybe he should have called me I had responded to that need with a depth that (I felt) matched his own. I have mentioned that, despite the fact that William frequently had company during the recuperation that followed the accident, he had not really had a witnessing presence during that terrible time (see Stern 2009a,b, 2010, 2012). Something changed in that respect during this session, and the change continued over time in William’s life, both with me and with others. After this session he found himself able to talk about his accident and his recuperation with his wife and close friends in ways that previously he could not—and of course that difference in the way he could talk about it reflected a difference in the way he experienced it. In finding our way to the possibility of knowing this part of his experience together, William and I brought a new intensity and depth of feeling to the way he occupied this part of his life.

These events between William and me are an example of what I mean by an expansion of relational freedom. Perhaps now it is clear why I have also said that such an expansion is not usually accomplished by interpretation, and often not by any kind of verbal understanding at all. Relational freedom is usually something we grope toward. It is sometimes the result of one person serving as witness for the other. The outcome is that the way is opened to unbidden experience of other kinds, as the way was opened for me, in this instance, to imagine something entirely new and unbidden about William’s experience after his accident. Note that, as I have already claimed, the new unbidden experience that came about as a consequence of the relaxation of the clinical process cannot be described (at least not without an effort of imagination—see the paragraph that immediately follows this one) as the unbidden symbolization of the transference-countertransference exchange most relevant to the appearance of the new relational freedom. What came to light was something else, something that no doubt bears some meaningful relation to the relaxation of clinical process that provoked it, but that cannot be reduced to its representation.
But let me also acknowledge what might be the point of view of those many analysts, probably the majority, for whom the concept of interpretation is central to therapeutic action, and will remain so. I suspect that most of these analysts, to the extent that they disagree with me, do not differ so much over what I did with William, but rather over how I understand what I did. They will perhaps argue that when I said, “Maybe you should have called me,” my intervention can actually be understood as an interpretation, or, as one commentator put it, at least an “interpretation adjacent.” Their point, that is, might be that what I said can be read to imply something about the nature of the transference-countertransference, something perhaps like, “Maybe your history with your parents, and the worries you can’t help having about my emotional responsiveness as a result, leaves you in a position in which you don’t turn to me for help, comfort, or reassurance as much as you might otherwise want to do.”

But that kind of interpretive statement is not what I thought I was doing in the moment. In fact, in order to understand what I did as an interpretation, I had to feel my way into it on the basis of my imagination of the perspective held by colleagues who hold views different than my own. I also think there is something to be said for reserving the concept of interpretation for interventions that are expressly interpretive in form and intention—and mine was neither. In any case, I do want to acknowledge the possibility of looking at what I did as an interpretation, because I want to avoid the implication, which might be drawn mistakenly by some readers if I don’t make this point explicit, that I think of interpretation in simplistic, caricatured terms, as if I believe it to be an intellectualized, impersonal, emotionally removed form of intervention made “from above” by the analyst.

**CONSTRICION, RELAXATION, AND RELATIONAL FREEDOM**

To this point, I have addressed the expansion of relational freedom between William and me primarily as a matter of growth. That, I believe, is one good way to understand what took place: there is a perspective from which it seems reasonable to say that freedom found its way, without much controversy or conflict, into aspects of our relatedness in which it had been absent.
But these events can also be understood as the relaxation of constrictions in the relatedness between us. Before I end, I want to tell you something about the obstacles to relational freedom between William and me—the nature of the constrictions that may have been inhibiting the range of our relatedness, and what I think may have happened to relax them.\textsuperscript{10}

When patient and therapist first meet one another, they have not yet created patterns of relatedness between them. That fact leads to a surprising possibility: patient and analyst may be more free to formulate certain observations of one another at the inception of their relationship than they will be once they have established a relational history between them. That is not to say that a relational history is anything less than central to the possibility of favorable treatment outcomes. We all know, whatever the details of our particular theories, that the creation of patterns of relatedness, and then the use and description of these patterns, lies at the heart of therapeutic action. But as patient and therapist get to know one another and these patterns begin to be established, it becomes more and more likely that the relatedness between the two people is structured in ways that become habitual. The two participants establish mutually interlocking ways of being; they “get used to” one another. These habitual patterns of relatedness tend to be conservative; they preserve the status quo; they are safe.

Some part of the atmosphere of safety in any treatment is authentically secure, of course—by which I mean that this part of the atmosphere of safety rests on each partner’s well-earned confidence in the other’s sensitivity and emotional responsiveness. (It goes without saying that the patient’s sense of safety is more important than the analyst’s; but the analyst’s confidence in the stability of the patient’s connection to him or her is also important, and gets too little attention.) This authentic kind of safety not only does not inhibit new experience, it facilitates it.

But the atmosphere of safety also has a dark side: it is defined partly by patterns of relatedness that represent the mutually constructed avoidance of aspects of relatedness that we unconsciously fear would be unacceptably uncomfortable if we experienced them more openly or directly. As these patterns are constructed over time, the range of the unbidden experience that each participant can have in the presence of the other can

\textsuperscript{10}Samuel Gerson (1996, 2004) has explored a similar area of clinical work under the rubric “intersubjective resistance.”
actually become narrower. Unexpected moments become less frequent, replaced by a frequently comforting sense of familiarity. Harry Stack Sullivan (1956) described selective inattention, the process that mediates this kind of relatedness, as “so suave that we are not warned that we have not heard the important thing in the story—that it has just been dropped out” (p. 52), a description that conveys the feeling of naturalness that, for both parties, eventually slips into the atmosphere in a way that inhibits new experience and discourages surprise.

The constrictions of relatedness that are hidden by seamless patterns of interaction—that is, the sources of discomfort that seamless patterns of relatedness are unconsciously created to obscure—constitute knots that must be relaxed if relational freedom is to expand. As I have said throughout these remarks, successfully relaxing these constrictions, and thereby shifting the parameters of the interpersonal field in a way that frees the minds of both analyst and patient, is one of the most important ways we have to open the analytic relationship to the wider and deeper range of unbidden experience that is the hallmark of successful psychoanalytic treatment.

In retrospect, I can speculate about the patterns of relatedness that were functioning to constrict the experience that was possible between William and me. Given what I have told you already, you can no doubt imagine easily enough that William worried that his need of me would be burdensome. I believe that he often did his best, from one moment to the next, and without awareness, to give me the sense that he wanted or needed very little from the relatedness between us. And yet, of course, he did; that is, he wanted something important from me and he conveyed to me that he did, although in ways that usually allowed him to keep from himself the significance of what he was doing. I have already mentioned that sometimes he was mildly annoyed with me when he sensed my own interests, even if the evidence was as minor as my wish to share with him a funny moment.

Looking back in time, it seems likely to me that, feeling William’s worry about burdening me or being disappointed in me, I responded with a certain caution, hoping (in a way I did not formulate) to avoid the outcomes that would have let him down, annoyed him, or shamed him by making him feel like a burden to me. This was all quite subtle, if I am right to construct our history this way; and it resulted in a certain tightness or awkwardness (though “awkwardness” feels like too strong a word) around my nurture and concern for William. That tightness, in
turn, would have made William feel just a bit tighter about these things himself, resulting in a kind of subtly inhibited quality in the atmosphere. The possibility of William’s shame was, I believe, ever present. All of this (again, if I am right) was obscured by a seamless quality in our dealings with one another, a quality that, by allowing us to keep these issues blunted or dampened, protected both of us from direct exposure to our subtle awkwardness with one another.

When I think back on it I feel that, for a few weeks prior to the episode I have recounted, I had a certain anticipatory awareness of all this, a kind of orienting toward it, the way a flower turns to the sun. Without having found any words to describe it, or even explicitly noticing it—and certainly without having explicitly reflected on it—I was sensing certain affective snags and chafings related to the tightness I have described. In a less than conscious way, I was playing with these snags, noting them and giving them increasingly free rein to gambol about in my mind. I think I worked myself into a slightly different relation to these aspects of our relationship, so that when I spoke to William about calling me on the phone, I spoke from a state in which I was more relaxed about these issues between us than I had been. I think the impact of my less inhibited state registered on William. I think he might have felt, rightly, that when I spoke I was just giving voice to a spontaneous thought. He could have taken this impression from my tone of voice or my relaxed informality. The very spontaneity of the remark, in fact, probably contributed to the way it moved William. He could tell, I speculate, that what I said came from my wish to comfort him and not from a technical prescription—although it would be precisely my contention that the point here is that these two kinds of response can be, and in this case were, indistinguishable. But of course, like me, William put none of these events or understandings into words prior to our later discussion of them.

As a consequence of this expansion of relational freedom and the changes in the interpersonal field that fell into place as a result, we each became spontaneously capable, in the presence of the other, of unbidden experience we had not been capable of having before. I had the urge to tell him he should have called me, and he could be moved by it; and then, later on, I had the unbidden thought about his abandonment in the hospital; and again he could respond to it and allow himself the spontaneous experience of being witnessed. William’s response to me was just as much the result of a new relational freedom as my responses were: that
is, the fact that I could offer William an experience of witnessing did not necessarily mean that he would be able to accept it.

Or am I imagining this whole preparatory history? Maybe the episodes in that session happened pretty much the way they felt in the moments in which they came together: all at once, without anything like gradual development. Maybe events reached a tipping point and then just toppled over into change, as we might characterize the events in the language of nonlinear dynamic systems theory.

In either case, though, whether we are using a linear or a nonlinear model of change, I am comfortable with the conclusion that all the events I have described had to happen by themselves. They had to be unbidden. William and I could not have made them happen, although it is certainly fair to say that we wanted them to happen. Or at least he and I would agree that we would have wanted them to happen, if, before their occurrence, we could have imagined them explicitly enough to make wanting them possible. This was especially true of my part of the relatedness, since I can’t imagine that I would have spoken as I did to William about calling me without the hope, even if it was implicit, that what I said would somehow be useful to him. Why else would anyone say such a thing? I did not formulate what I am about to say in so many words; but it seems to me, looking back at it, that I wanted to convey that I cared about how William felt, and also that I wanted him to be able to feel whatever he would feel in response to knowing this.

If someone had stopped me in that moment, asked me to spell out my motive for wanting to tell William that maybe he should have called me, and given me a few seconds to think, I suppose that I could have offered some sort of coherent explanation. But I certainly wasn’t able to think that clearly before I spoke. I couldn’t have, not in that moment, not the way it unfolded. As I have said, even before we take account of our unconscious involvement with our patients, which of course complicates matters even further, our thoughts lag behind our conduct. Our capacity for reflection is always at least a step behind our participation; and that means that we psychotherapists often must make our decisions without knowing exactly what we are doing. In such moments of choice, which are so frequent that we cease even recognizing them, our experience is not formulated and cannot be, at least not in time to serve as the basis for our judgment about what to do next. We depend on our own analyses and the rest of our training, and on our clinical experience, all of which are in our bones. But in the end, even though our participation is educated, we
are really just doing our best to find a response that is adequate to our clinical and human purposes. We are feeling our way. We are courting surprise. This particular moment with William did surprise me. And the relatedness between us then opened in a way I could not have predicted.

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