Recognizing Recognition in Self Psychology (Part 4)

The Dialectic in Autonomy and Recognition: A View Into the Analytic Dyad

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This article contextualizes autonomy and refines it as a dialectical, developmental experience with resulting paradoxes in the relational and the self psychological dyad. In approaching the analytic conversation, the finer nuances of the tension between attachment and autonomy are delineated. Aspects of narrative difference and opposition, as they emerge between the self and the other, are emphasized as they impact the unfolding of the experience of independence. Sophisticated autonomy, recognizing the foundation of secure attachment, is distinguished from disengaged isolation. Clinical sensitivity to the unique subjectivity of the patient's center of narrative gravity is described as a process that paradoxically transforms the analytic relationship into one of liberation. Recognition by the analyst of the specifics of the patient's struggle, transform and heal. Perspectives on the autonomy of gender and the autonomy of authority are included as they impact the analytic conversation.

Este artículo contextualiza la autonomía y la redefine como una experiencia dialéctica que se da durante el desarrollo y que genera paradojas en la diada relacional y self psicológica. Al abordar la conversación analítica, se esbozan aquellos matices más sutiles en la tensión entre el apego y la autonomía. Se enfatizan aspectos de la diferencia y oposición entre narrativas, a medida que aparecen entre el self y el otro, e impactan en el despliegue de la experiencia de independencia. La autonomía sofisticada, reconociendo que se fundamenta en el apego seguro, queda diferenciada del aislamiento sin implicación. La sensibilidad clínica hacia la particular subjetividad del centro de gravedad de la narrativa del paciente es un proceso que transforma paradójicamente la relación analítica y la convierte en una relación liberadora. El reconocimiento por parte del analista de las especificidades del esfuerzo del paciente, transforma y cura. También se incluye el abordaje de la autonomía del género y de la autoridad en la medida que impactan en la conversación analítica.

Cet article offre une mise en contexte de l'autonomie et en affine le sens en la définissant comme une expérience développementale dialectique aboutissant à des paradoxes dans la dyade relationnelle et vue par la psychologie du soi. La conversation analytique y est abordée par une description des nuances subtiles de la tension entre l'attachement et l'autonomie. L'auteur souligne des aspects de la différence narrative et de l'opposition telles qu'elles émergent entre le soi et l'autre dans leur impact sur le déploiement de l'expérience d'indépendance. L'autonomie complexe fondée sur l'attachement sécurisée est
distinguée de l'isolement par le retrait. La sensibilité à la subjectivité unique du centre de gravité narrative du patient est décrite comme un processus qui transforme paradoxalement la relation analytique en une expérience libératrice. La reconnaissance par l'analyste des spécificités des efforts du patient transforme et guérit. On y inclut des perspectives sur l'autonomie du genre et l'autonomie de l'autorité qui influencent la conversation analytique.


Questo articolo contestualizza l'autonomia e la definisce come esperienza evolutiva dialettica con esiti paradossali nella diade relazionale e di psicologia del sé. Trattando della conversazione analitica, vengono delineate le sfumature più fini della tensione fra attaccamento e autonomia. Vengono sottolineati, man mano che emergono fra il sé e l'altro, aspetti di differenza narrativa e opposizione nel loro impatto sull'evolversi dell'esperienza di indipendenza. L'autonomia evoluta, che riconosce il fondamento dell'attaccamento sicuro, viene distinta dall'isolamento non coinvolto. La sensibilità clinica verso la soggettività unica del centro di gravità narrativa del paziente viene descritta come un processo che paradossalmente trasforma la relazione analitica in una liberazione. Il riconoscimento da parte dell'analista della specificità della lotta del paziente trasforma e cura. Punti di vista sull'autonomia del genere e l'autonomia dell'autorità vengono presi in considerazione quando essi abbiano un impatto sulla conversazione analitica.

**Introduction**

We only become what we are by the radical and deep-seated refusal of that which others have made of us [Jean-Paul Sartre, 1943].
This article explores autonomy as the experience of knowing the unique subjectivity of one's self. Self is defined here as “the center of narrative gravity” (Dennett, 1991, p. 410), and it is defined elsewhere as “the center of the psychological universe” (Kohut, 1977, p. xv). Autonomy is an experience that is being refined here in this writing as a boundaried aspect of clinical process that evolves while in the presence of a close and attentive other. This paradoxical view of autonomy builds on the work of Winnicott (1962) and Kohut (1977), as well as more contemporary work by Benjamin (1995), Mitchell (1997), and Teicholz (2000). This article more precisely locates the emotional struggle for recognition that goes on unconsciously within the patient, between his or her self and archaic others, and between the patient and analyst in their transference–countertransference configuration.

Theorists, such as Stolorow and Atwood (1992), have critiqued a nonexperiential, absolutized, or decontextualized concept of autonomy on the grounds that it has an isolated mind perspective. Because of the influence of Bowlby, Ainsworth, and many others' work in the area of attachment, nonlinear thinking has critiqued autonomy as a reified, linear position. It can be misunderstood as a concept that conflicts with the contemporary psychoanalytic goals of mutual recognition and attachment.

Another impediment to autonomy's evolution as a rich developmental concept is its very early history in classical drive theory. Autonomy became associated with the mechanistic, biological language and thinking of classical psychoanalytic theory. This perspective is at variance with the ideas I am putting forth in this article.

This swing of the psychoanalytic focus toward a theory of attachment and away from the isolated mind thinking of classical theory has impeded our understanding of the tension between attachment and our basic human need for the strength and self-sufficiency that is so vital to our sense of well-being. I believe that the independence we feel when we know our own mind is something for which we feel a deep longing.

**Autonomy Reconsidered**

In this article, I elaborate a relational and a self psychological view of the development of autonomy. This follows on the work of a variety of authors who write on recognition and autonomy and the development of one's self-narrative. Attachment in psychoanalysis is a step along the way to the ultimate goal of what I describe as sophisticated autonomy. *Sophisticated, as*
I am using the word, is similar in sensibility to Winnicott's (1958) writing about sophisticated aloneness being built on a belief in a benign environment. I demonstrate that rather than being a renunciation of the other, autonomy comes from an embrace of the other; a good solid memory of having been securely attached. Autonomy emanates from motivational systems (Lichtenberg, 1989) having to do with our need for exploration and the assertion of preferences, as well as our need to react to aversive experiences through antagonism or withdrawal.

Simply put, autonomy is the experience of knowing the unique subjectivity of one's self. It is a developmental achievement that emerges within the context of a dyad. It is a sophisticated state that is an emotional achievement including a coherent self-narrative and an appreciation for the privacy of the self. The basis of the evolving process of autonomy is a paradox. Whereas autonomy suggests a resilient self–other experience that belongs to the individual, the basis of this psychic experience evolves while in the presence of another, a close and attentive other. This is similar to Winnicott's (1958) thinking on the capacity to be alone. As humans, our attachment needs are so strong that it truly is a revolution when we realize our state of autonomy.

For autonomy to emerge, the analyst must have an exquisite appreciation for the primacy of the dyad's unique subjectivities. Difference is emphasized here with the warm understanding that difference is a relational experience. We are different, and our capacity to recognize that in each other allows us to be closer. Difference is not meant to be bluntly handled by the analyst. A fluid process between analyst and patient, with numerous small ruptures and repairs in the empathic field, allows difference to add minute accretions of self. This rhythmic process of empathic differentiation and merger may be out of the realm of awareness. Marking (Aron, 2006) one's words with containing affects can minimize defensiveness.

Another consideration is “opposition.” Opposition and difference are crucial ingredients to the creation of autonomy. The dyad must be flexible enough to allow flow between engaged interaction and self-reflective being. This is the transitional space where differences in subjectivities can be experienced without the patient's subjectivity being subjugated, as may have happened in prior experiences. In this intersubjective space, one might imagine one subject (analyst) saying to the other subject (patient) something like this: I have my experience and you have your experience. I am very interested in your experience. You must have plenty of room to know your experience so that later you can let me know it. I may see you first.
This may help you know your experience. Or, I may think I know you, and you may say “no.” That is not me; this is my experience. This is what I am referring to as sophisticated autonomy. This is similar to Trop and Stolorow's (1992) assertion that self-delineation serves as a selfobject function. It is a sturdy knowing of one's own subjectivity. It can include both difference and opposition. It finds its edges as it meets the object.

The Dialectic in Autonomy

“A dialectic is a process in which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in dynamic (ever changing) relationship with the other” (Ogden, 1994, p. 64). The concept here has the connotation of tension, not resolution. Much of our work in psychoanalysis is dialectical in nature and can be confusing. For example, autonomy is both created and negated by attachment. If there is an inequality between the self and the other that suppresses our true feelings, a powerful force is necessary to make a change. All too often our caregivers fail to recognize our affects, and we suppress our voice. As the patient might say, I was lost to the inattentiveness of another, the demands to be otherwise, the lack of recognition or the over-involvement of others. My inner self and its rich creative world receded, became small and irrelevant, and was hardly something that could stand up and declare itself. So now, just maybe somehow now, I can claim my voice. Within the analytic conversation, this claiming of one's voice builds over time into an experience of liberation.

A fundamental need for a revolutionary change comes when the existing structure (subjective or environmental) does not develop in a way that allows the ability to deal with the urgent problems of development. When this happens with our psychic structure, an emotional crisis occurs later because we become unable to handle the circumstances of our life. Again, as the subject might say, I can no longer grow in the ways I need to because my existing ideas about myself will not allow me to go in that direction. It would be wrong. I am confused, stuck, and in pain. I am withering here. I need something. How can I get what I need? When we can ask this question, we can apprehend a turning point, a transition, a beginning of the movement toward autonomy—autonomy being that capacity to reach way into yourself and find that sense of being that can be added to your true self. It is a stretch; and then, to pull you out and see you; to know you; to let someone else know you. The dialectic here is that autonomy is not how we
move away from the other (as Mahler, Pine, and Bergman, 1975, suggest), but how we actively engage and make ourselves known to the other.

A revolution like this sets up a new order. It means turning around. It assumes the existence of two opposing forces. As stated earlier, there often exists an oppressive inequality between the self and the other that is relived in the analytic dyad. Overcoming an oppressive internalized other can be a violent, passionate process, or it can be a slow and gradual transition. It emerges when the balance of power begins to shift. The accretion of minute experience through conversation and self-reflection slowly begins to build a new power base. The power is shifting to the self, a world of true feelings: authenticity, vulnerability, strength. It is a world that includes the whole range of feelings. It is the gradual loss of power once held by that part of our self that was compliant to an impinging environment. This is where our creativity was lost. It was lost to an excessive focus on external reality and the unfortunate requirement to live in an emotional reality that is filled by reactions to these impingements. The move toward autonomy is a move to regain the power of our world of true feelings.

**Sophisticated Autonomy**

I have developed the concept of sophisticated autonomy to distinguish it from the descriptions of autonomy that have been characterized as defensive or masculine (Jordan et al., 1991). This latter position, criticizing autonomy as being overly masculine, has impeded the embracement of autonomy as an experience free of gender bias. Gifting women with special essential characteristics inevitably leads us to gender polarity and interferes with the important liberating aspects of gender ambiguity. Gender ambiguity does not gift either gender with special, fixed characteristics, but holds gender flexibly (Benjamin, 1998). Sophisticated autonomy, as I am conceiving it, is the experience of knowing one's own unique subjectivity that also holds the awareness of connection with others. Sophisticated autonomy stands in contrast to what I refer to as disengaged isolation, which renounces a connection with others (defensive). Sophisticated autonomy, as I am conceiving it, is not masculine or feminine, but simply human. As a clinical process, the development of autonomy in the self–object relationship is relevant to our work with either gender. More on the issue of gender difference and the place of autonomy in feminist theory is described later in this article.
Attachment theory has shed light on our autonomous inner world. It elaborates the very essence of our individual psyches. Simply stated, attachment theory sees normal development as the result of secure attachment (Bowlby, 1988):

Attachment needs and behavior, while extending throughout the lifespan in both children and adults, are behaviors that result in a person attaining or maintaining proximity to some other clearly identified individual who is perceived as better able to cope with the world. For a person to know that an attachment figure is available and responsive gives him a strong and pervasive feeling of security, and so encourages him to value and continue the relationship. The biological function of attachment is that of protection [p. 26].

This aspect of attachment is particularly relevant to our discussion as it points the way, that as humans we are able to become aware of our autonomy when we feel safe. When danger looms, we need to know where our attachment figures are so that we can return to them for comfort. Attachment is a need that arises out of vulnerability. Autonomy is a need that arises out of security. With this thinking, we can begin to see the clinical heuristic limitations of attachment. Once safety is established in the analytic dyad, sophisticated autonomy can be developed.

Mitchell (1997) developed the view that autonomy is an emergent rather than a preexisting property of an individual. This is consistent with an understanding of the psychoanalytic process as fundamentally dyadic, as requiring the transformation of two people in their engagement with each other. This perspective is forthright in observing the rightful and inevitable nature of the analyst's influence on the patient:

The patient's autonomy is not something to be protected from the analyst's influence. The patient's autonomy, a particularly psychoanalytic form of autonomy, emerges as he absorbs and is increasingly able to reflect on, deconstruct, and reconstruct the analyst's influence. Termination must result in important internalizations of and identifications with the analyst as an internal object. If autonomy is to be preserved, these identifications must allow and nourish personal freedom and creativity rather than binding the patient through unconscious loyalties [pp. 25–26].
I propose that experiencing differences and expressing opposition also result in important internalizations. In this way of carefully sorting out autonomous experience, I am deconstructing attachment. The paradox, of course, is that this very intimate clinical process of sorting out and finding autonomy also enhances the attachment experience.

The issue of unconscious loyalties is particularly important to this discussion. The reason for pointing out the danger of leaning too heavily toward one side of the attachment–autonomy polarity is that we, as analysts, must always be sensitive to the paradox that patients have needs to find their autonomy even as attachment deepens. Unconscious loyalties to the analyst may interfere with a well-developed individuation. Just as with raising children, our dependency needs (countertransference) may interfere with their successful individuation. Difference and opposition suggest an experience of loss or absence that paradoxically creates a “desire for” (Vida and Molad, 2004) the analyst. This is a process of authentic growth involving absorption and metabolism through dialogue that acknowledges loss and is felt to be real. Experiencing the edges of self and other is a process that creates a flexible bond between patient and analyst.

The Analytic Dyad

Recognition of the intersubjectivity of the analytic situation, with an emphasis on the patient's subjectivity, allows autonomy to emerge. The idea here is that we become more active and sovereign within a relationship. There is a “necessary tension between self-assertion and mutual recognition that allows self and other to meet as sovereign equals, both carrying a potent authority. … Recognition is that response from the other which makes meaningful the feelings, intentions, and actions of the self” (Benjamin, 1988, p. 12). What I am saying is that this recognition allows a person to realize (either consciously or unconsciously in an affective, unformulated [Stern, 1985] sense) autonomy. “In this early interaction, the caregiver can identify the first signs of mutual recognition: ‘I recognize you as my baby who recognizes me’.” (Benjamin, 1988, p. 15).

It takes a heightened state of consciousness on the part of the analyst to exquisitely appreciate this process of mutual recognition. The focus of illuminating the patient's self is fertile soil for analytic conversation. Khan (1974) describes the regressed experience when we encounter the self of a patient. Through our emotional holding we can hear the essence of the other's self. This recognition requires quiet listening and a kind of distance.
for the patient to experience his or her self. This self can be so dislocated, hidden, and reactively defended that it can take time in this specialized relationship between two people for it to emerge. There also can be a way in which our patients unconsciously arrange a distance that both reassures connection with us and allows space to find their self; a self that is, as Dennet and Kohut remind us, at the center of both our narrative gravity and our psychological universe. This self is very private and very unique to the individual.

This self-experience, which is sophisticated autonomy, is a “new beginning” (Balint, 1968). To get to this new beginning, the analyst must respond with recognition to the unique beliefs and feelings of the patient. This will help reduce the oppressive inequality between the patient and his or her object. This involves influence and surrender. Initially, the analyst demonstrates his or her willingness to surrender to the influence of the patient. This clinical moment creates a new beginning. This new beginning is a switchpoint. A switchpoint is that point when the previously held belief changes. A new dimension of experience is excited by an adjacent idea, similar to Freud's (1905, p. 221) idea that “pine shavings can be kindled in order to set a log of harder wood on fire” (Dimen, 1997). It is where the revolution of the spirit is being ignited. “Spirit” is used here in a similar manner to Branchaft's (1991) article, “To Free the Spirit From Its Cell.” He says, “Only by reclaiming the ownership of his own sense of self and proceeding from a center of initiative within it can the patient experience the joy and enthusiasm of a life more truly his own” (Branchaft, 1991, p. 75). I am referring to the spirit as a vitalized sense of one's self.

The revolution of the spirit found in sophisticated autonomy can be thought of developmentally. Using Winnicott's (1971, p. 94) developmental schema, the sequence might go something like this: First, the subject relates to the object (primary love); second, the object is noticed to be different with a mind of its own; third, the subject uses her or his capacity to disregard (destroy) the object; fourth the subject notices the object does not retaliate—in fact, it survives and thrives; and fifth, the subject practices his or her autonomy by speaking his or her unique narrative with the knowing that the object is an outside observer. In an autonomous narrative, the object is always being destroyed. This destruction becomes the unconscious backcloth for love of a real object; that is, an object outside the area of the subject's omnipotent control.

Mitchell (1997) refers to the patient “surviving” (in a Winnicottian sense) the analyst's influence and this being critical in the formation of the
patient's autonomy. I would suggest that the patient does more that just survive in the sense of finding her- or himself after being awash in the potency of the analyst. This finding of one's self can include an active rejection, an opposition that says “that is not really me.” You may have thought that was me, and I may have thought so, too, but now I can see that this is really me. Opposition is to set ourselves against something else. It is a thoughtful deconstruction of influence. It is a state that has a point of view from which to experience the self and other. From this point, there is perspective. This is, of course, quite different than destructive anger.

Self psychology has shown a keen awareness of the tension between the self and the other. Kohut (1977) points out that the psychologically healthy adult continues to need the mirroring of the self by selfobjects (to be exact, by the selfobject aspects of his or her love objects), and he or she continues to need idealized figures for his or her idealization (p. 188). These comments by Kohut show that he was grappling with some of the same limitations of classical psychoanalytic notions of autonomy that are being noted in this article. Kohut's concept of mature selfobject relating is very close to what I am referring to as sophisticated autonomy. In Teicholz's (2000) article on empathy, she points out that while empathy is privileged by self psychology, implicit in its focus on the self of the patient is its opposite, the self of the analyst who is able to recognize. As the patient perceives the analyst's empathy, he or she also becomes aware of the analyst's separate subjectivity. Teicholz sees the analyst's subjectivity, along with the patient's, as codetermining both process and outcome of treatment (p. 39). Teicholz builds on the dialectic in empathy that she perceives in Kohut's writing.

The Case of Marie

This dream, presented by my patient of several years, helps us look at autonomy more closely. Marie relates her dream:

I am having a fierce argument with my mother. She is yelling at me and I am yelling back. This is all very painful. I am thinking about you (my analyst) while this is going on. I am feeling some comfort in the knowing that I am going to see you this afternoon and be able to talk about my pain. I lose track of time and arrive at your office 12 minutes late. You have already left. There is someone else in your office, but it
is not you. I feel desperate and frightened. Where have you gone?

Why didn't you wait for me?

In this dream we get to the very heart of the emerging process of autonomy. Paradoxically, what seems to be happening with Marie while she is relating this dream to me is that she is painfully aware of her dependency on me. She has suffered with being split off from people—what I refer to as disengaged isolation. Her emotional world had been constricted at the time of entering analysis. Now, she vividly remembers this dream and eagerly brings it to me. She is building deeper access to her emotional world, and she is able to acknowledge her desire and need for me. Ghent (1990) refers to this acceptance of one's own needs as necessary surrender. Surrender here is reflective of a force toward growth, a longing for birth of the true self. This dependency and increasing access to one's inner world are two important steps in the development of autonomy.

Marie's acceptance of her own needs is a switchpoint. Defenses soften. It is that point of contact that ignites the heat of the world of real feelings. She needs me. She cannot know herself without me. Not yet. Marie's collapse into dependency has opened the door to her vulnerability. Her panic, her longings, and the deep pain of not having been able to connect with her mother are all being felt by her. She is also feeling abandoned by me (as suggested in her dream). How I am not felt as present with her experience will need to be understood.

Marie's disengaged isolation (sometimes mistaken for autonomy) had rendered her incapable of solving the urgent problems of her development. Her theme song was “I am a rock, I am an island. And a rock feels no pain. And an island never cries.”1 Why, then, was her sister's death causing her such persistent irritability (her presenting complaint). She obviously was being affected by her unconscious connections to others. Her irritability was affecting her job security. A revolution was needed to advance her emotional development.

As the old equilibrium shifts, the chaos of transition2 is felt. Here she is dreaming of the fears in her emotional world. This fear is the chaos in the

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1 “I Am a Rock” is a song written by Paul Simon. It was first performed by Simon alone as the opening track on his album, The Paul Simon Song Book, which he originally recorded and released in May 1965.

2 In a personal communication, David Markel (December 7, 2006) noted that contributors in the self psychology–intersubjectivity area have applied themselves to this issue. They include, among others, Ornstein (1974), “The Dread to Repeat and the New Beginning”; to Brandchaft (1991), “The Challenge to Existing Ways of Organizing Experience Continues Always to Constitute a Painful and, Not Infrequently, Cataclysmic Psychological Event.” More recently, proponents of the nonlinear dynamic systems approach point to the turbulence that occurs when a system is perturbated (Stolorow and Atwood, 1997; Trop, Burke, and Trop, 1999; Bonn, 2005).
transition. My office is her transitional space. Our conversation is neither inside nor outside of her. It is both in and out. It is where her autonomy is germinating. It is a protective environment. In our closeness she can see herself. What was she arguing about with her mother there in that dream? Just what was her position? She is definitely opposing her mother's position. If she lies down on the couch, or looks out the window, does that help her move more closely into her own feelings? Microanalyze this because it is in the very place where she will know who she is. It will point out her subjectivity. It will distinguish her subjectivity from her mother's subjectivity.

Perhaps the argument in her dream goes something like this: Marie says to her mother, “I need you. I need you to give me your mind so that I can know you and you can know me. Pay attention to where I am. Let me feel you recognize me.” Her mother, who has mountains of impingements from years of neglect, says, “No.” Marie insists: “This is important. I can find myself if you will just stay close to me (i.e., let me use you).” Mother again says, “No.” Marie may begin to have a glimmer of what she is fighting for. She may be maintaining the position that makes her feel worthwhile. Her autonomy will be reflected in her ability to sustain independent thinking even when attacked. She now knows that it is important to take time together, as mother and daughter, human to human, to feel each other's closeness.

In her dream, Marie now has a new feeling—a feeling that there is still someone who can be with her. Her time with me has created a new feeling. Even if it did not work out earlier, perhaps now she can be with someone and get to know herself. Her dream reveals that this is still tentative. This is where her mother dropped her. This continues to be her transference fear. The dream reveals the continuing vulnerability of this place. We talk about it. Our conversation is the bridge between Marie's greatest fear, being left, and the reality of our relationship. As she says, “I do know that if I were 12 minutes late that you would still be here waiting.” The gap between transference and new attachment is being bridged. I inquire as to her feelings about the time limitations of our scheduled meetings. Her experience of my boundaries is being felt as abandonment, as though I am not there sometimes.
Perhaps she needs me to track her experience of me more closely in the sessions.

This dream came well after an earlier switchpoint. After several years of once-a-week sessions, Marie announced that she wished to terminate in two weeks time. She had talked of this on a few occasions, and I had interpreted her resistance to going deeper. Whereas I realized that there was a world of untouched feelings, I respected her wish to return to her disengaged isolation. It seemed as though our attachment was feeling like coercion to her at this time. She thanked me and confidently left. The next week I received a letter explaining to me that after she left, she suffered from frequent dreams of losing everything. In her dreams, her precious dog died, her lover died, and all her friends and family died. She asked to come back in. Upon her return, I recommended that she resume therapy on a twice-a-week basis. She reluctantly agreed.

At this point in time, Marie was surrendering to my influence. I had the awareness that in order for her to feel her inner strength, she needed to have an experience of closeness. She was beginning to let go of her mooring to her isolated rock and drift. She was faced with surrendering to her dependency. I let her know that I wanted to be with her, to spend more time with her, and to find her. This was a switchpoint. A move from a position of disengaged isolation to a position of dependency. She was feeling the dreaded collapse. The paradox is that this can lead to autonomy. Autonomy is a revolution: first, the simple exposure of the patient's primary voice; later, the influence of my (the analyst) subjectivity on your (the patient) subjectivity; and then, the narrative clarity of the patient's subjectivity, sophisticated autonomy.

The Analytic Action of Opposition

Implicit in the analytic conversation is the tension of two different narratives, the self (patient) and the analyst (other). The more the analyst tries to monitor his or her countertransference, the more room for negotiation he or she will be able to provide to the patient. The analytic work is found within the space between the patient and analyst, and within the patient in negotiation between his or her self and archaic relationship patterns. As our patients work out these patterns, they can also work out their relations with us. Kohut (1971) refers to this process as the working through of gradiosity. Pizer (1992) refers to this process as the negotiation of paradox. Pizer's emphasis on paradox is a significant contribution to our understanding.
of the analytic process: “As is found in Winnicott's writings, paradox abounds in the practice of psychoanalysis. These paradoxes are evident in the following juxtapositions: the subjectively conceived object versus the objectively perceived object; personal isolation versus relatedness; ruthlessness versus concern; and dependence versus independence” (p. 215). Pizer refers to negotiation as those microadjustments by which one perpetually attempts to find her or his balance in relation to the other: “Much of what is essentially mutative in the analytic relationship is rendered through mutual adjustments that occur largely out of awareness in both parties. Only some of this process need ever become explicated through interpretation” (p. 217). A nonnegotiable stance on the part of the analyst can be problematic. It is the analyst's responsibility to preserve the area of illusion for ongoing negotiation.

I am asserting that opposition, coming out of a sense of difference, is where the focus of analytic action takes place. Paradox means that two different positions stand next to each other; each makes the other more itself. More specific to our thinking about autonomy is the paradox between self and other; the understanding that influence followed by opposition leads to a strengthening of the patient's awareness of their own unique subjectivity. Awareness of difference precedes opposition, and opposition involves the push to assert difference, and even influence. It is a very intimate move; one that paradoxically reinforces the connection. Opposition in the interest of developing autonomy is different than destructive aggression, which furthers pathologic attachment. The setting for this sensitive negotiation process is within a securely attached analytic couple. Of course, the analyst will often just privately observe that difference or opposition is present and preserve the area of illusion for the patient to explore. Initially, the patient may feel dominated by the comments of the analyst. It becomes crucial to microanalyze these feelings and to track the felt oppression. On those occasions when aspects of difference or opposition are articulated, the opportunity for strong self-delineation is created.

Clinical material from the case of Marie, two years after the dream, further illustrates the concept of self being the “center of narrative gravity” (Dennett, 1991, p. 41). The focus is the immediate transference and countertransference. At the time of this session, Marie had been in her new professional position for about a year. This is a position that requires considerable responsibility and creativity. Just prior to these sessions, she has successfully orchestrated a major professional event.
Marie comes to a session moody and irritable: “I did not handle things well. I got way too anxious. Two nights before the event, I was up from 3 to 4:30 a.m. I knew things were ready, but I was still anxious. I hate myself when I am that way.” She goes on about how loathsome her anxiety is and how she should not be this way.

I am sitting in my chair thinking about how hard she is being on herself. She is hating herself, and I can feel the intensity of her criticism. The difficulty she is having seems to be more in the nature of her self-hatred than in her anxiety. I am thinking about how much difficulty Marie has in assessing an accurate picture of her own experience. Her reflective abilities are sometimes so limited that her feelings collapse into self-hatred, and she fails to take a step back and respond flexibly and moderately to her situation. So, I gently probe with my own agenda. I ask, “Did you go back to sleep after 4:30?” She answers, “Yes.” I ask, “Did you sleep the night before the event?” Again, she answers, “Yes.” Then I ask, “Well, how did the event go?” She answers, “It went well, everyone said I did a good job, but I know I was too controlling.” We go into this in more detail; all the while I am feeling gripped by her loathing, both of herself and of me, I suspect. I am thinking that perhaps she needs me to “mentalize” (Fonagy and Target, 1997) this experience with her. Mentalization requires the analyst to take a step away from the patient's and the analyst's experience and give it perspective. I cautiously approach Marie's anxiety as normal and appropriate to the importance of the event. I notice, “At least you were able to sleep well the night before the event.” I slowly add, “and the event went well.” She shoots a look that could kill. She tells me I do not understand. At the end of the session this is left hanging.

During the two days until our next session, I think about the conflict. I realize I was choosing to minimize her anxiety, and the fear that was underneath it, with the hope of containing the hatred to bring more safety, and perhaps pride, to her self-experience. Engaging this experience with her is dangerous because Marie's affects can be aversive. The problem, as she so well experienced, is that I was asserting difference and not holding her experience as well. I was disagreeing with her assessment that she did not “handle things well.” She knew that I was thinking that she handled things well. I wanted her to feel her success. I was adding a level of complexity to her affects that she did not want to contain. I wanted her to hold the awareness that she did well, while also holding the anxiety and fear she had been feeling. She opposed my position vigorously.
I realized Marie wanted to deepen her narrative. I felt her protest was a good sign and wanted to actively respond to it. Marie's opposition was being stated. I needed to survive this opposition and let her reality come more into view. The aggression that was being played out psychically in Marie was now also being played out with me. Now we could work on it. Marie was letting me know that she was ready to have a real conflict with me. Her tendency has been to split off from people rather than get into the very real conflict with them. I knew her mother had not been able to survive her protest, and Marie's anger had become internalized and harshly directed at herself.

Upon Marie's return two days later, she stated that she was reluctant to come. She says, “It would have been OK with me if we had not scheduled today's appointment.” “Why?,” I ask. “To give me more distance from Wednesday and my feelings about you.” I realize I need to find a stance that is empathic to her position. So I say, “I know there is a way that I was not understanding you very well on Wednesday.” Marie relaxes and goes on to explain that she has been reflecting on things. She has become aware that she has a deep fear of failure. That is why she is too anxious. She was maintaining her position on her anxiety. She goes on to talk about her deep fear of being rejected and not loved. In her opposition, Marie had gone home and more intentionally organized her feelings. She was very tenderly describing her fears. What a shift from the earlier collapsed narrative. In her opposition, she was able to find her true and deeper narrative.

I also wonder what happened to my position. I had been talking to her about accepting a certain amount of anxiety as going with the territory of producing a major event. I wanted her to feel her success. Perhaps that position is still around as an option. The influence of my position is ambient to Marie's greater need to express and feel the depth of her anxiety (adversarial selfobject transference). It is at this point in our conversation where there is opportunity for further treatment of self-experience. Several theories come to bear on this kind of dysjunction. Certainly, an empathic stance on the analyst's part that recognizes the dilemma of holding both subjectivities could generate a productive conversation. Aron (2006) refers to this sort of clinical situation as an impasse, and he cites Benjamin's (2004) "third" as a useful concept in working with intersubjective impasses. A "rhythmic" voice that is "marked" with affection while mirroring that I "get" Marie's self-loathing might create an experience of mutual recognition.
This case reveals the dialectic involved in creating a narrative center of gravity (a self). With every analytic dyad there will be a different balance in the interplay of the analyst's subjectivity and the patient's subjectivity. As we talk and play with the conversation, we get a sense as to who has the stronger narrative at the moment. There is no doubt that at times the analyst will have a stronger subjectivity or influence on the conversation. It becomes crucial, however, for the analyst to recognize when the patient is asserting his or her own narrative and to draw this out and reinforce it. This is how autonomy is created. This is where the revolution of the spirit is building. The patient begins to recognize and locate his or her own position on his or her life experience. This knowing emerges out of the sturdy feeling of having been very close to the analyst. This is sophisticated autonomy.

**Discussion**

In exploring autonomy as a dialectic of subjectivities, and a process in which one finds one's unique subjectivity, I emphasize the development of autonomy in analysis as a useful clinical perspective relevant to both men and women; and, I place it as a healthy life-affirming experience that is not only nondefensive, but the result of patient and analyst letting go of defenses. I am, along with others, bringing autonomy back into a vital place in contemporary psychoanalysis by reorganizing it as a vibrant dyadic drama that unfolds within a sensitive, immediate analytic conversation.

Addressing the concerns of some feminists that autonomy is a masculine concept, we need to look at what is meant by gender difference. This inevitably leads us back to Freud and the way that his theory tended to split male and female according to biological difference. This led to the unfortunate stereotyping that casts men and women as having differences just by virtue of their biological difference, which is an idea that has been highly challenged by many feminist thinkers. Freud (1925) asserted the primacy of the distinctly male anatomy, thereby destabilizing the naturally occurring balance of tension that exists in the recognition of difference. He collapsed the narrative on the subject by asserting that men and women have essential differences specifically around the issue of passivity.

The effect of Freud's narrative on gender difference has been the development of an opposing narrative developing from feminism. Feminism used Freud and “destroyed” him in Benjamin's and Winnicott's sense of the word. It was feminism's negation of Freud that allowed psychoanalytic thinking to go beyond those ideas. This was a switchpoint—the strength of
Freud's narrative kindled the voice of feminism. Feminism knew itself better because of Freud.

Freud emphasized the biological push of sexuality, which is a liberating concept; but he related his ideas on sexuality differently in men and women. Others, including Judith Vida (1991), have gone on to point out that in Freud's dissociation of the primacy of a woman's desire, he also then dissociated the power of her anatomical parts and the power of her psychic world, relegating her to a position of passivity. This led to a kind of thinking that organizes women's psyches around their ability to accommodate to others. From this perspective, a woman's self-respect comes out of accommodation. Vida reminded us that Ferenczi (1908, pp. 291–292) understands that “given the strident nature of a healthy woman's desire, she is put into the appalling dilemma of choosing between complete satisfaction and self respect.”

Sexuality can be the leading indicator of subjectivity (Buhle, 1998). Thus, to underestimate the strength of this influence in women, or to organize it in a stereotyped direction, can interfere with our listening and prevent full recognition of our patient's subjectivity regardless of gender. I am referring to this as the autonomy of gender. It may be that in most important ways there is not a difference between men and women, and in the ways that count, like narrative subjectivity, that the differences between women, or the differences between men, are as strong as the differences between men and women. In other words, simply by virtue of being human, we all have our own unique narrative, and men and women are equally vulnerable to an oppressed narrative.

Judith Butler (2004) refers to what she calls “bodily autonomy.” As distinctly as we all strive to obtain independence over our own bodies, there is a lively paradox of the body being both the cite of connection as well as the boundary of individuality (skin). Butler asks the beautiful question of “What makes for a grievable life.” Loss seems to inevitably lead us to coming forth with words to connect with others, and it can be observed that conversation has loss at its root. Conversing within the experience of loss makes living more grievable and, therefore, more alive. Awareness of the loss of the opposite gender (male and female) may subtly allow us to grieve more naturally. Here, Judith Vida's (Vida and Molad, 2004) link between loss and desire is consistent with Judith Butler's notion of a grievable life. There is much more to say about the intricacies of gender and loss that is beyond the scope of this article.

Finally, to address the critique of autonomy as being a defensive position, I am asserting that in pursuing autonomy in the psychoanalytic conversation,
defenses are released flexibly as trust and intimacy increases. The lowering of defenses occurs in both the analyst and the patient. The paradox here is that as we expose our vulnerability we become stronger. I believe that it was my willingness to tell Marie that I knew there was a way that I was not understanding what she was saying that allowed her to drop her anger and expose herself more in the conversation. Ferenczi (1988, pp. 57–58) writes:

If those in authority are more sincere, the child will then come forward on its own with confessions and proposals for good behavior. Certain phases of analysis represent the complete renunciation of all compulsion of authority. They give the impression of two equally terrified children who compare their experiences, and because of their common fate understand each other completely, and instinctively try to comfort each other. Awareness of this shared fate allows the partner to appear as completely harmless, therefore as someone whom one can trust with confidence.

He goes on to advocate discretion in this mutual analytic moment, using the patient's needs as a guidepost for countertransference disclosure. This form of disclosure has only to do with process—a particular form of disclosure relating to the natural fear, confusion, and not knowing yet, that are associated with the finding of the autonomy of the patient. I am referring to this as the autonomy of authority.

**Conclusion**

Respectfully recognizing the subjective location of the patient transforms the analytic relationship into one of liberation. This unique subjectivity is the very intimate location of autonomy. It is found in the tension of being with another—a very close and attentive other. In the moment when we know that we have been sufficiently infused with intimate connection, and allow our difference and opposition, we are free to fully know our own experience and use it creatively. This is what I mean by sophisticated autonomy. The dialectic is both how we separate from others and how we connect to and recognize others; not how we become free of the other, but how we actively engage and make ourselves known to the other. Holding and enjoying the paradox of relating is natural to being human and is the challenge of the analytic process.
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