The recent focus on mutual recognition in contemporary psychoanalysis has several roots: infant research, self psychology, feminism, Hegel, and Winnicott. This article argues that recognition is best understood as a type of acknowledgment and acceptance of our mutual vulnerability in the treatment process. It also suggests that resituating Winnicott's "use of an object" in the larger context of his work reframes it as the exception rather than the rule, and shifts the destruction approach to recognition toward an appreciation approach.

If someone sees a smile and does not know it for a smile, does not understand it as such, does he see it differently from someone who understands it?—he mimics it differently, for instance [Wittgenstein, 1984, p. 198e].

If it is good to be recognized, it is better to be welcomed, precisely because this is something we can neither earn nor deserve [Hannah Arendt].

Recognition and “mutual recognition” have become prominent in contemporary psychoanalysis though an interesting convergence of thoughts and voices. The worlds of infant research, of self psychology, and of relational psychoanalysis have intersected to produce a “Eureka!” effect. Suddenly, we seem to see (i.e., to recognize) what we have always known, that a relational process of recognition has something very central to do with everything we want to achieve in psychoanalysis. Let us look for a moment at these three strands to see how remarkable this apparent convergence is, but also to notice that there seems to be little conversation among them. I suggest that several different and perhaps incompatible ideas are at play here, and that the search for recognition in psychoanalysis may be as misguided as the politics of recognition with which it is often linked.

**Infant Research and Mutual Regulation**

From 1975 on, Louis Sander studied mutual regulation within dyadic systems (i.e. mother-infant pairs). Drawing on the work of biologist Paul Weiss (1970) on organized and organizing living systems, on their unity in complexity, Sander (1995) noticed the ways in which our self-awareness forms a gestalt “that places our awareness of our own inner experiencing—that is, the experiencing of our own state, including emotions, feelings, expectancies, plans, intentions—within a framework consisting of our wider awareness, our perception, of the ongoing outer context we are in the act of engaging” (p.). Weiss then asked, “What is it that that establishes and maintains those bonds upon which this mysterious unity of organization in the living system rests?,” to which he answered: matched specificities—“a sort of resonance between two systems attuned to each other by corresponding properties” (p. 162). By “recognition process,” Sander means that “moment of meeting” in which one's self-gestalt would meet and match the way one was known by another. We can see what Sander has in mind in the clinical situation by noting his favorite example:

I know of no better description of a process of recognition than that of the process Winnicott (1971a) describes. He describes, and illustrates with many case examples, the interactive process between therapist and child that goes on as each alternates drawings in the game he calls “squiggles.” Winnicott details the drawings by which each embellishes the squiggle of the other, within the context of Winnicott's observations,
to bring them both to a moment of shared awareness as the child becomes aware that another is aware of what the child is aware of within. This is a moment of specificity in recognition that Winnicott called the “sacred moment”—a “moment of meeting” that involves a new coherence in the child's experiencing of both its inner and its outer worlds of awareness. The consultations Winnicott describes were often single diagnostic sessions, but if the “sacred moment” of being “known” was reached, there ensued a change in the child's self regulatory organization that endured over many years, even from that single experience. Recurrence of such moments provides the conditions within which one comes to “know” oneself as one is “known” [p. 589].

Such moments of recognition, Sander (1995) believes, lead to the establishment and awareness of what Winnicott called the “true self,” the self of the spontaneous gesture not geared to the approval of the social surround.

Sander's influence is obvious in the work of Beebe and Lachmann (2002), who have studied in great detail the processes of attunement and mutual influence, and have demonstrated their importance in psychoanalysis. Even more, of course, his presence in the Boston Process of Change group can be seen in all their work, especially on now moments, moments of meeting, and on implicit relational knowing (Stern et al., 1998). A potential criticism of this point of view could be that, despite its emphasis on mutuality and on relational specificity, its examples of now moments usually involve some unusual generosity or self-expressiveness by the analyst. At the very least, the analyst is supposed to heighten the “now” moment into a “moment of meeting” so that its special significance does not get lost. (There is, however, little emphasis here on any obligation of the patient to transform the analyst as object into the analyst as subject.) What may get lost, or at least de-emphasized, is the transformative power of the slowly developing attachment processes created in the dialogic search for emotional understanding (cf. Winnicott, 1971b, quoted later).

Self Psychology and the Mirroring Process

Although self psychology rarely uses the word recognition, much less “mutual recognition,” Kohut's (1971, 1977) description of the “narcissistic transferences” placed the spotlight on developmental processes of mirroring and idealizing that created opportunities for the parent to recognize the unique qualities and talents of the child, and thus to participate in bringing them into being. Originally, it is true, Kohut applied his concept of mirroring to the early grandiose self. Still, like the Hegelian dialectic of recognition in its commonest reading, this “selfobject” function of mirroring developed the double aspect of seeing/recognizing the “always already” being of the other, and of bringing this being potential to life. Thus, the analytic situation constitutes what I have called a “developmental second chance” (Orange, 1995) for a patient to come to life, not only through the creative discernment of the patient's unrealized capacities, but through meeting the patient's suffering as a psychoanalytic witness. In this way the analyst or therapist who wants to understand what happened to the child whose grown-up comes for treatment becomes the witness who makes it possible for the adult to experience the full horror of his or her history, and thus to begin to heal. What we often call denial, disavowal, or unconsciousness may often be experience never truly experienced (cf. Stolorow and Atwood, 1992). It may be the given (the brute event) of which we can make (construe, organize) nothing. When patients tell us that no one but the analyst understands, they often mean that they are only beginning to know their history. Such clinical phenomena point to the thoroughly intersubjective character of self-knowledge (Orange, 1998).

What I would emphasize more now would be the specific capacities and qualities of the particular analyst's experiential world that make the intersection of worlds possible in dialogic processes of mutual regulation and mutual perception. Ogden's (1994) reveries sometimes illustrate this point.
Mutual Recognition in Contemporary Relational Psychoanalysis

A third type of recognition appears in the work of Jessica Benjamin, an important contributor to American relational psychoanalysis. She brings to her psychoanalytic theorizing her background in Hegel and in the critical theory of the Frankfurt School, her construal of Winnicott's later work, and her feminist concerns. These have converged to forge an interest in recognition that both resembles and differs sharply from the other two strands we have considered. Her central claim, applicable in her view both to early development, and to psychoanalysis, is that the developmental path to self-consciousness runs through recognition of the subjectivity of the care-giver (i.e., of the mother or the analyst). In relational or in Benjamin's version of intersubjective psychoanalysis, the mother or the analyst can no longer be merely the "object" created or fantasized intrapsychically. "A theory in which the individual subject no longer reigns absolute must confront the difficulty each subject has in recognizing the other as an equivalent center of experience" (Benjamin, 1995) and again, "intersubjective theory postulates that the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other's presence" (p. 30). Later she notes that Hegel had claimed that "in trying to establish itself as an independent entity, the self must yet recognize the other as a subject like itself in order to be recognized by the other" (p. 36).

Each of Benjamin's (1995) formulations contains an interesting "must." Are these the "musts" of moral life, or of the political rationality of Habermas (1972), for whom communicative reason requires that no one be excluded a priori from participation in the dialogues that establish communal life and law? Are these the demands of practical reason? What I hear, instead, is the Kantian "condition for the possibility" of something else. If I want to be recognized as a subject of my own experience by you, I must give you that same recognition. It is not just that you probably will have no interest in considering me a personal center of being if I treat you like a piece of furniture or as a product of my fantasy. Rather, I think Benjamin means there is no possibility for the parent to recognize the child unless the child is simultaneously recognizing the parent. As in Hegel's master-slave analysis (1807), each makes the other's recognition possible.

This "must" sounds at first, if I am hearing it accurately, much like the mutual regulation of Beebe and Lachmann (2002), like the squiggle process in Winnicott (1971b), and like the "moments of meeting" of the Boston group. But, I am not so sure, on several counts. First, let us notice that recognition (in English and in the Romance languages; i.e., to re-cognize, to know again something that has been known before) would be Wiedererkennung (knowing again what has already been known) in German, the language of Hegel. But in Hegel's master-slave dialectic (1807), heavily used by Benjamin (1995), the word is Anerkennung, which does not carry the wiede, the sense of “again,” but instead means something like acknowledgement, appreciation, acceptance, and what I later call recognition-as.

1 It has been noted (Aron, 1996) that “intersubjectivity” in contemporary psychoanalysis has a range of meanings from the developmental-achievement view found in Stern (1985).
Bound by Recognition. He shows that the “politics of recognition” (Taylor, 1994; Honneth, 1996) involves a seriously inconsistent appeal to a recognition of already existing identities (in the present instance, subject-status), on the one hand, and to a process of creating the actual from the potential (not-yet-existing) identities (individual or group, as in the politics of multiculturalism), on the other hand. He further argues, to my mind convincingly, that Hegel's master-slave analysis can be read quite differently, if one hears the acknowledgement and acceptance in Hegel's Anerkennung. What we acknowledge, in relation to the other, is not primarily the other's identity or status, but rather our own intersubjective vulnerability. This kind of acknowledgement also resonates for me with Ghent's (1990) conception of surrender, which further calls into question the focus on agency with which the politics of recognition is often linked.

But, let us return for a moment to re-cognition, thought to be indispensable in developmental processes. The experiential sense of “meeting what has been met before” (Wiedererkennung) could not, of course, be equally required of both mother, who brings to the encounter a lifetime of relational experience, and baby, who brings impressive relational capacities, but not the living memory of having (or not) been treated as a subject of his or her own experience. If we understand recognition as a “Wiedererkennung” or a “riconoscimento,” we will expect that the mother's recognition of the baby makes possible the infant's sense of self. The mother, we will hope, brings to the meeting some previous experience of having been known, and contributes her knowledge of how to do this to the infant's development.

This leads to my second point of doubt, regarding “mutual recognition” in the psychoanalytic situation, for which I turn to the contributions of Lewis Aron (1996). Aron has usefully contrasted the mutuality of analytic participation with the asymmetry of roles:

I conceive of the analytic relationship as fully mutual in the sense that mutual regulation needs to be assumed to be occurring at all times between patient and analyst. I view mutual recognition as one of the goals of analysis, and in addition, I advocate mutual data generation in contrast to unilateral data generation as a general principle of the psychoanalytic method. Nevertheless, I think of the analytic situation as asymmetrical inasmuch as there are clear differences between patient and analyst regarding the purpose for which they are meeting, in their functions and responsibilities, and in the consequences for the two participants if the goals of the analysis are not met [p. 99].

Although Aron (1996) and I may differ on the concept and importance of mutual recognition, I believe this asymmetry, present in both parental and therapeutic relationships, together with the presumed relative maturity of the parent or analyst, means that any recognition processes must remain profoundly lopsided for a long time, and that we should not expect otherwise. Indeed, I think that in most instances, looking to our patients or our children for their recognition of us as subjects is a serious misunderstanding. We treat our children and patients as full participants with us in the mutual search for contact and understanding, and thus do not infantilize them.

Third, in my clinical experience, admittedly shaped by my theories as well as by my personal gifts and limitations, most of my patients come from families where they were excessively required to validate the parent's experience, often at the expense of their own development of a sense of self. Self-absorbed parents, who could not put their own needs for recognition on the back burner long enough to see their children as persons in their own right, either severely inhibited or crushed their children. These children have often become adults excessively attuned to the needs of others, and largely unaware of their own needs and vulnerabilities (many of us become psychoanalysts). The last thing these patients need, in my view, is an analyst who is preoccupied with a therapeutic agenda to get patients to recognize her as a subject.

In addition, the current recognition emphasis in relational psychoanalysis sometimes seems to me to underestimate the extent of disruption of emotional experience generated by psychological trauma in most of our
patients. Although traumatic violation is an important theme in the work of Jodie Messler Davies, and the emphasis on dissociation in Philip Bromberg and Donnel Stern implies their interest in traumatic experience, the recognition literature tends to describe the developmental and psychoanalytic processes almost as if no personal destruction had occurred or mattered. It seems to me that any adequate account of the analytic process will incorporate a sense of the trauma and tragedy of the life the patient brings to us, and will place the primary responsibility for attunement and responsiveness on the analyst (Socarides and Stolorow, 1984). Because the analyst can never leave her own subjectivity at home, but employs it to understand her patient in depth, then the patient has the chance over time to find an integrated sense of himself that may come to include a valuing of the unique personality of the analyst who has been able to hold and to meet him.

Finally, I think the current emphasis on the “must” of recognizing the subjectivity of the analyst overgeneralizes the insights of Winnicott's (1971b) last papers, especially his “The Use of an Object.” Putting aside the reliance on the language of subject and object—Winnicott spoke the language that he knew—Winnicott had gradually arrived at the view, probably implicit in his earlier work too, that something besides transference and countertransference (what he called “relating” to objects of fantasy) must be involved in truly transformative therapeutic processes. He called this something more “use,” by which he seems to have meant that the analyst had to be available for the patient's attempted destruction, and able to survive. Only in this way, he thought, could the patient come to see the analyst as a personal subject, not as an object of fantasy. Usage, he wrote, “cannot be described except in terms of the object's independent existence, its property of having been there all the time” (p. 88) “… placing the object outside the area of the subject's omnipotent control; that is, the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right” (p. 89).

There are several things to note about this formulation. One is that it reaffirms Winnicott's longstanding view, Klein to the contrary, that the actual others in the infant's or patient's life matter. Engagement with another person, who both fits and escapes the patient's-child's experiential sense of that person, long described as transference, is the crucial therapeutic element. In Freud's (1914) more militaristic words, “His illness must no longer seem to him contemptible, but must become an enemy worthy of his mettle… one can easily console the patient by pointing out that these are only necessary and temporary aggravations, and that one cannot overcome an enemy who is absent or not within range” (p. 152). It, thus, is no wonder that the here-and-now immediacy of the interpersonalist school has joined forces with the real-other insights of Winnicott and Bowlby, to form American relational psychoanalysis.

Second, I detect, although I am not sure, a difference between the “musts” of Winnicott (1971b) and of Benjamin (1995). In the discussion that followed his presentation of this article in New York, Winnicott is reported to have said that:

There are patients, not ordinary patients, for whom arriving at a point where they can use him as an analyst is more important than his interpretations to them. For these patients the trouble in the transference is that “they never take the risk of something and they protect the analyst from something.” The crucial change occurs when they are able to take the risk and the analyst survives. It produces in the process a new phenomenon in the patient's life [summary by David Milrod, quoted by Rodman, 2003, p. 328].

In other words, some of Winnicott's (1971b) formulations in this famous article may have come out more universalized than he intended, rather than as a meditation on some particular treatments. Contemporary analysts then may claim Winnicott as authority or at least source for this more generalized “must.”

Even more important, there are indications in Winnicott (1971b) that he was primarily making a different point than the “must” of recognition (i.e., that analysts need to be able to stop interpreting transference and just be with their patients so that their patients have the opportunity to find alternatives to the ways they have heretofore organized their experience of the others; e.g., made them into objects of
fantasy). Winnicott began this famous article in this way:

... it is only in recent years that I have become able to wait and wait for the natural evolution of the transference arising out of the patient's growing trust in the psychoanalytic technique and setting, and to avoid breaking up this natural process by making interpretations... It appalls me to think how much deep change I have prevented or delayed in patients in a certain classification category by my personal need to interpret.... I think I interpret mainly to let the patient know the limits of my understanding. The principle is that it is the patient and only the patient who has the answers [pp. 86-87].

Thus, Winnicott (1971b) set out quite a different agenda from the one for which “the use of an object” has been recently used. This being-with is intended to permit or open a space in which the patient can use the analyst for whatever is needed. In some instances, the other will need to be someone who can withstand the patient's anger and challenge, in one of Winnicott's more Kleinian terms, destruction, just as a parent must continue to care for and limit the child who shouts “I hate you!” The distance created by the continuous interpretation of transference is not an option for Winnicott's more emotionally available analyst. The patient takes more risks now, and so does the analyst, who may not know in advance whether she can survive the engagement (Jaenicke, 2003). But this analyst, like a good parent, cannot be much concerned with whether the patient or child recognizes him or her as a separate subject. Instead, I believe, such acknowledgement comes almost imperceptibly as a side effect of the relentless treatment of the child or patient as a welcomed other, including, as Winnicott emphasized, maintaining reliability, surviving, and refraining from retaliation. Again, the analyst's actual human capacities, noticed or not by the patient, make all the difference. Winnicott's view is, I think, well summarized in Aron's (1996) mutuality-and-asymmetry formulation.

**Recognition-As**

Although I have serious hesitations about the use of recognition as therapeutic/psychoanalytic agenda, it seems to me that there is, in the idea of Anerkennung (recognition-as), something centrally important for psychanalysis. In the words of Hans-Georg Gadamer (1975),

"But we do not understand what recognition is in its profoundest nature if we only regard it as knowing something again that we know already—i.e., what is familiar is recognized again. The joy of recognition is rather the joy of knowing more than is already familiar. In recognition what we know emerges, as if illuminated, from all the contingent and variable circumstances that condition it; it is grasped in its essence. It is known as something [p. 114; first italics Gadamer's; second italics added]."

To me there are two chief senses in which recognition-as functions in psychoanalysis: recognition as a conversation-partner, and recognition as the very particular other that the patient is. But first, what does it mean to recognize something or someone as something or someone? Let us turn for a moment to the philosophical investigations of Wittgenstein (1984).

First, let us consider his notion of “seeing as.” Wittgenstein was often concerned, in his later work, with the ways in which both philosophy and psychology tend to frame theories, which then constrain and constrict our seeing. In psychoanalysis, our theory may posit a prototype (e.g., oedipal conflict, projective identification, or selfobject deficit), and we then see it everywhere, counting as real only what conforms to the prototype. “Since we confuse prototype and object [here, general ideas and particular case] we find ourselves dogmatically conferring on the object properties which only the prototype necessarily possesses” (Wittgenstein, 1984, p. 14e). In other words, we mistake our clinical experience with the patient for an instantiation of our theory, seeing the patient as a case, the patient's experience, or our experience with the patient as exemplifying our not-so-lightly-held theories. Such theory, in Wittgenstein's words, “holds us
captive,” “entangles” us. It traps us in “aspect-blindness.”

Wittgenstein's (1984) hermeneutic-sounding, but profoundly subversive, suggested response: “The question always to ask when exaggerated, dogmatic assertions are made is: What is actually true in this? Or again: in what case is that actually true?”(p. 14e).3 In other words, we assume there is some truth in the theoretical or diagnostic assertion, but we de-universalize it, or at least cast doubt on its generality.

So, for example, when a very thin (by my standards) patient says to me that she is fat, or in imminent danger of becoming so, I may immediately think that she is an anorexic. But, only the prototype, or category, actually possesses clinical characteristics; people do not. The patient is an individual (not a case) whose experiential world is that of a fat person in whose world fatness has dangerous, even horrifying meanings. Seeing her as a case means being unable to see her as an individual. To shift this seeing as, I must ask in what way, and in what world, her self-description is true. Then we are

on the way to understanding. Looking for what is true in her assertion has also called it into question but without invalidating her experience.

Or, when another one says he believes I am laughing at him, I can easily say this is an instance of transference. The prototype is his father, whose attitude toward his son was a constant smirk, and my patient is just confused. But, if I ask myself, or we ask ourselves together, what is true in his experience, we may find that three times this week, I have commented on his reactions with a thinly veiled sense of superiority. Now, although I may feel that I was simply smiling at ironic incongruities between his girlfriend's professed feelings and her recent behavior, my patient has very good reason for feeling that I may be smiling out of scorn or condescension. The patient's seeing-as constitutes a reasonable questioning of mine. If my attitude, like Wittgenstein's (1984; or that of the pragmatists and hermeneuts) can entertain the possibility of seeing something differently, in a different context, as something else, or with another meaning—then better emotional attunement emerges. Now and then the space is created in which both question our interpretive patterns or organizing principles. A great obstacle to emotional attunement and progress in analysis is the analyst's need to be right, and especially for cherished theories to be irrefutable.

The task of philosophy now becomes “to show the fly the way out of the fly-bottle” (Wittgenstein, 1953, p. 309) of (thinking)-body (seeing) dualism. In the words of Genova (1995), “Seeing-as weaves thinking and seeing together into an inextricable whole making it impossible to distinguish them” (p. 26). It refers to a double contextualization, the “fly-bottle” of our theories. Could psychoanalytic healing be similarly characterized? And if so, how does this work?

Surely, the first step, often the most difficult one, is to join the patient in the particular fly-bottle. This means understanding deeply enough how this patient got into this fly-bottle, and what it feels like inside, that it may be possible to find the way out. This means staying close to the patient's experience without identifying with it. Identification, taken in the traditional psychoanalytic sense as defense, would produce twin lost souls trapped in the fly bottle. It is partly for this reason that attunement process is a better concept for psychoanalysis than is identification. For attunement, at least two psychological worlds, each with a distinct “way of seeing,” are required. (The concept of identification is probably a concretization of experiences of self-loss like those my collaborators and I have described; Orange, Atwood, & Stolorow, 1997.)

But, how do we find our way into the fly-bottle?—By close emotional attunement to the patient's experience of emotional contexts. We find our
way into these contexts through verbal and nonverbal conversation where we establish and identify
together the nature and rules of a particular language game, a particular experiential/relational world, a
process I have characterized as "making sense together" (Orange, 1995).

But this requires another form of Anerkennung on the part of the analyst, the acknowledgement of
one's own vulnerability and finitude (Markell, 2003). A severely distressed patient may say, in response to
what I think is a clear invitation, "I cannot allow myself to call you on the weekend." As analyst, I must
hold lightly my own sense of the absurdity of this, and ask myself—if possible with the patient—"Within
what emotional world is this true?" How does a person come feel such a thing? Where does such a
conviction come from? (Such questions, by the way, are also central to Gadamer's hermeneutics (1975) and
resemble the Wittgensteinian question mentioned earlier: "What is actually true in this?" What does such a
world feel like? What are its rules? The “sustained empathic inquiry” recommended by Stolorow,
Brandchaft, and Atwood (1987) is our part of the effort to go into the fly-bottle and explore the patient's
emotional world, including the aspects of it that we create and inhabit together. The “rules” (not rules of
technique) we discover by exploring, finding our way around together in the fly-bottle, are much like the
emotional convictions or organizing principles described in intersubjectivity theory (Atwood and Stolorow
1984; Stolorow et al. 1987; Orange, 1995), and perhaps like the grammar and syntax in Wittgenstein's

This process may sound very cool and emotionally uninvolved, but we must remember how trapped,
frustrated, and injured is this fly in the fly-bottle. The fly had entered through trauma, emotional violence,
parental pathology, and so on. Unable to see either the way in or the way out, the fly repeatedly collides
with the limits. Then it is often blamed for causing its own troubles, accused of projecting and of
identifying with its own projections, as if the fly bottle were not formed and maintained relationally. We
analysts must not imagine that we will be exempt from feeling what it is like in the patient's emotional
world. No mechanism like projective identification is necessary to explain this (Stolorow, Atwood, &
Orange, 1998). We analysts need only, through dialogue and attunement, to meet enough of the patient's
emotional world to see, feel, experience, and interpret this

4 In a Wittgensteinian spirit, I have begun to distinguish prescriptive rules (the “thou shalt and thou shalt nots”) from
descriptive rules that emerge and change within specific relational contexts.

world more or less as he or she does. Otherwise, “there are problems I never get anywhere near, which do
not lie in my path or are not part of my world” (”nicht in meiner Linie oder in meiner Welt liegen”;

Seeing-as, on the other hand, places these problems within my world, purposefully collapses
perception and interpretation, undermines dualistic theories of mind, and can create the experience of a
Gestalt-shift. First, the viewer brings a history to the experience that contextualizes whatever comes into
view, and predisposes a particular way of seeing. Second, each shift in the observer's position gives
whatever is seen a different aspect and context, foreground and background. The given and the made, the
heritage of Kant's sensory manifold and categories, become far more complex and mutual. Contextualist
thinking, conceptualizing both perception and the organizing of experience as seeing-as, thus, overcomes
the subject-object split.

One of Wittgenstein's (1984) favorite examples was meeting a new person, and after a few minutes,
rather suddenly seeing him or her as resembling someone already known: "I contemplate a face, and then
suddenly notice its likeness to another. I see that it has not changed; and yet I see it differently. I call this
experience ‘noticing an aspect’” (p. 193e).

Several interesting observations can be made about this example. First, both the observer's memory
and the new person's behavior contribute to this “seeing as” which feels like a recognition. The process has
a kind of mutuality to it. Second, the uncanny and unstable quality of such moments of contact probably
means that they happen on the shifting border of conscious and unconscious knowing. Seeing-as often feels
quite involuntary, or at least not fully deliberate. Third, with effort we can usually return to our sense that this really is a different person, and begin to listen to what he or she is saying. This is analogous to the effort analysts often must make to put aside preconceptions—diagnostic, theoretical, or those derived from personal and professional history—or at least to be aware of them, and re-attune, or return to our experience with this patient. I am also reminded of Fraiberg, Adelson, and Shapiro’s (1975) “Ghosts in the Nursery.” The mothers had to be helped to care for this baby, despite overwhelming haunting by the ghosts of their own incapable or abusive caregivers.

Thus, the processes of attunement and re-attunement themselves, both products and producers of new ways of seeing, create ways out of the fly-bottles created either by theories or by organizations of experience required to survive trauma. Again, understanding how we got into the fly-bottle is for me an essential condition for the possibility of finding a way out, and often suggests a possible way out into a larger experiential world, with more possible ways of seeing.

The Illusion of Enlightenment

Is there really any such thing as being “out of the fly-bottle”? Is there really enlightenment, Buddhist-style? Is there really, as in the politics and psychoanalysis of recognition, an almost magical mutual process that creates the other in subject-subject relating? I think not, and do not believe Wittgenstein did either. But, allusions in the psychoanalytic literature to the incompletely analyzed patient, and descriptions of putatively recognition-creating enactments, suggest that we still seek a path to Nirvana. But, I do not believe that such enlightenment can possibly be what we mean by “psychoanalytic cure” (in English, a better expression is probably “healing”).

Perhaps we should give up the search for the Hegelian self-conscious subject, with its implied demand for the other to re-cognize and create it. Instead, psychoanalysis, pursued in a non-authoritarian atmosphere of respectful dialogue, can make people more at home in their own experiential worlds. They thus become more able to participate in the dialogic processes of the larger human communities of which they can increasingly feel like members. The most important Gestalt-shift, or new “way of seeing,” for many of our traumatized, humiliated, and degraded-feeling patients, can be the self-experience as a worthy participant in human conversation. This shift comes about for this painfully trapped fly, because the analyst is able to be flexible and vulnerable, to respect patients’ expertise on their own experience, and to find ways of connecting with desperate and despairing people. The analyst, we hope, can see this individual as more—more worthy, more capable, more lovable—than the patient can. By treating a person as worth understanding, as worth knowing in all the pain and confusion, we create with this person new and more flexible possibilities for self-experience. This is not enlightenment but a slow day-by-day, step-by-step liberation.

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