

## The analyst's witnessing and otherness

As Hanly (1990, p. 382) noted, "At the core of the being of each person there is a solitude in which he is related to himself ... The ground of genuine analytic work in the analyst is his attitude of respect for this solitude." Years ago, when I was a beginning candidate struggling to get patients into analysis, striving to keep patients in analysis, trying to learn what analyzing is, a dear supervisor gave me advice that has stood me in good stead ever since. Tell the patients something they can use and they will come back to get more. Interpreting, both of resistances and of emerging unconscious fantasies and even of the conflicts alive behind the two, continues to be at the heart of analyses that succeed.

In recent years, however, I have become increasingly struck by the great value of another less obvious function. Late as I was to notice it, the more I have attended to it the more I am impressed by its crucial significance. It is the action of the analyst as a witness, one who recognizes and grasps the emotional import of the patient's self-exploration in the immediacy of the moment, yet who stays in attendance without imposing his own supposed wisdom – at least not verbally. There are both times and levels where it is fitting for the analyst to be in part emotionally apart from the patient. Witnessing is but one of those ways and, I believe, a special one. This silent but active presence, this respectful attention on the analyst's part, this silence of engaged nonintrusiveness rather than of abstinence, complements the analyst's interpretive functions. The two, interpreting and witnessing, go hand in hand, each facilitating the other.

We have long been familiar with related yet different analytic functions. Witnessing by the analyst may have its origins in the analyst's empathic responsiveness or offering a holding environment, but it is an analytic function changed by maturation beyond those roots. Instead, it reflects advancing self–other differentiation, the patient's growing individuation and self-definition, even while taking place within the intersubjective clinical field. Indeed, growing self-definition and growing regard for the other's otherness are intrinsically unitary. Thus, the presence of analytic witnessing, often most clear in the termination phase of an analysis, brings into the open the connection between self-definition and the fabric of human interconnections.

Perhaps this will become clearer if I retrace steps from near the beginning of my thinking about witnessing, starting with an unhappy clinical moment when usual regard for interpretation was not immediately central. That day a bright and pleasant young woman in her late twenties came for her analytic session directly from what she had expected to be a routine appointment with her gynecologist. Unexpectedly and dreadfully, that appointment had turned out to be anything but routine. Terrible pathology had been discovered, a disorder that fortunately was curable but that unfortunately required a hysterectomy.

My patient, understandably, was horrified by the sudden stunning sentence of never being able to give birth to her own child. I could empathize and I could sympathize with her reactions to this grievous news – but only to a degree. In that tragic moment I was keenly aware that I was alongside her but not at one with her. No matter how one might view our engagement and speak of our intersubjective connection, we were together but our togetherness was like that of two people, one of whom was navigating dangerous rapids and one of whom cared deeply but stood with feet safely on the river bank. Tragic trauma exposed our essential otherness.

That young woman was courageous in the openness with which she faced her news. At that moment she had no interest in comments I might make that supposedly would sound supportive but implicitly would serve to show I was good and on her side, not to be blamed as part of evil fate. And she had no interest just then in ideas I might add linking her thoughts to pains or fantasies from other times. However, already knowing I was not indifferent, it did seem to matter to her that I stay by, understanding some of what she struggled with yet appreciating her essential aloneness dealing with a crisis in her body, in her life.

The riddle for me during the years since that hour is what it was that I was doing with that patient that she found helpful. From one angle, the moment was an ordinary critical moment in a person's life that stood on its own in a way it would have had we been two people together for reasons other than ongoing analytic work. Yet the perspective brought into view by the lightning flash of that experience raised in my mind the possibility that something akin to what then occurred might also be important within the analytic process itself, something beyond my providing a holding presence or empathic resonance.

For most of our psychoanalytic century we have tried to tease out the many subtle processes alive in clinical work behind the manifest scene of patient associations and analyst interpretations. All are cogent, but in that hour with my patient something else came clear. It mattered to my patient that I serve as an other, one whom she could see as hearing and grasping the anguish she was going through and who recognized the crucial import of her inner struggle, one who understood and witnessed her anguish and her efforts to digest her emotional trauma. It was important to her that I see her as a separate real person, one alone suffering a private pain that would alter her life.

Rather than dismiss this as simply a current trauma intruding on an analysis, with continued attention to such moments I have come to see my functioning as a witness to the patient's analytic introspective struggles themselves as a covert

but intrinsic part of the analytic process, a function once recognized that can even serve as a subtle guide to how an analysis itself is progressing.

Bits and pieces of what an analyst does can be done for a patient by someone else, like a good friend. One can gain fragments of insight from the words of passersby, as one can from experience of successful art. But it takes the uniqueness of the analytic situation to integrate those bits and pieces into a process that extends one's struggle toward insight beyond levels of ordinary conscious access. So, too, is there a particularity of this task of witnessing that calls for an analyst. While friends serve such a function from time to time, the uncommon appreciation of powerful meanings that arise from the deep can generally best be obtained from someone who has traveled a significant part of the way along with a person to those depths. Whatever its extra-analytic place, witnessing is a vital psychoanalytic function.

## Definition

Reviewing the nature of the psychoanalytic process and the patient's testimony, Felman and Laub (1992, p. 15) noted that Freud created "the *psychoanalytic dialogue*, an unprecedented kind of dialogue in which the doctor's testimony does not substitute itself for the patient's testimony, but *resonates with it*, because, as Freud discovers, *it takes two to witness the unconscious.*" The possibilities and limits of self-analysis are for another time, but a century of clinical experience has taught us to appreciate the clinical process in which it takes two to witness the unconscious.

One clarification is necessary. The patient's unfolding testimony bears witness to truths not yet known consciously. My intent now is to focus on the analyst's participation in observing the patient's evolving testimony, and especially on that part that strengthens the patient by recognizing the patient's mastery of solo flights, as it were. This is not a question of the analyst's subsequent telling or testifying to others. Psychoanalysis is a process of shared exploration, not one of the analyst's divine revelations; for a patient's testimony to come to life, a comprehending witness is needed. A catalyst to a patient's capacity to know and to define himself as a unique one among others, witnessing makes personal testimony possible and meaningful.

Being witnessed is more than being pleased at being admired. It may at first seem this is no more than an analyst's empathic response, acknowledging the patient's emotion as a mother might mirror an infant, helping the patient learn to contain impulses, to recognize feelings, to master by naming. Kohut's empathy and Bion's containing are undoubtedly related to witnessing. But witnessing refers to mature derivatives of those forces, to forces farther along on the developmental line of relational capacities.

A time comes when warm empathy is not empathic, when anxiety-limiting containing inhibits rather than facilitates growth. We know it is the case when we hear a child's plaintive cry, "If you don't mind, Mother, I would rather do it myself." We know it similarly with patients who may not yet be free enough



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to cry the same when, as Sacha Nacht (1965) described, an analyst interprets a patient's change of subjects as resistance instead of appreciating that the patient has moved on to new areas while it is the analyst who must hang back.

Also, witnessing is more than simple validation or affirmation. At moments of pain as one deals forthrightly with personal responsibility for one's role in what had been painful to oneself or others, at those moments it matters that another know, that another understand, that another have some appreciation of the implications. Recognition, not exoneration, is what is then called for. At such moments, tempting though they be, expressions of affirmation would betray the genuineness of mutual recognition. Psychoanalysis works to maximize openness to personal truths more than to comfort. We strive to analyze pain, not anesthetize.

By "witnessing" I refer to an analyst's activity: *the analyst's functioning as a patient's other who maintains an actively observing presence, who recognizes and grasps the emotional activity in the mind of the patient at work, and who is himself recognized by the patient as a distinctly separate person in his own right, not merely as a transference object. Witnessing as a psychoanalytic function refers to the analyst's grasping and respecting the patient's meanings and the meaningfulness of those meanings from a position of separated otherness. Recognition of autonomy and respect for otherness are central to witnessing. Realization of one's self as unique and distinct from the actuality of an important other's equally unique self is significant for both of the clinical partners and the growth of that realization in an analysis evidences profound maturational changes in the analytic relationship.*

Attention to this essential otherness of patient and analyst does not imply a return to the old argument of a supposed distinction between transference and real relationships. No moment of mental life exists removed from unconscious import. However, what here is crucial is the overall integrated moment of all levels come together in experienced actuality, an integration that recognizes the separateness of the patient as a full unique individual in his own right. The analyst's witnessing accompanies and follows exposure of unconscious forces; appreciation of unconscious forces and their power makes possible and enriches subsequent mutual awareness of otherness. Nothing in this concept dilutes or minimizes the relentless search to expose and explore the patient's unconscious forces. Indeed, increasing presence of witnessing is a consequence of just such prior analytic work.

Thus, while the analyst's capacity to witness as a caring other may grow out of the analyst's providing a holding presence, it goes beyond that in a relationally specific way.

Witnessing may develop from holding but it implies letting go, it implies respecting the patient's essential aloneness.

Witnessing develops from roots of interpreting as well as from holding, with the two, witnessing and interpreting, having a circular relationship. Interpretations make possible sufficient self-other distinction so as to permit the analyst to serve more fully as a witnessing other. And understandings from a witnessing position make possible openings to further understanding. Still, overlapping and circular

though their relationship may be, interpretation and witnessing are not the same. Even though what is heard in witnessing may later come to an analyst's mind for use in interpretations, silent witnessing serves its own vital developmental role for the patient, a point to which I shall return.

Though the clinical field is always dyadic, the presence of recognized witnessing evidences that self-definition and self-other distinction have significantly progressed. As a result, with roots in separation-individuation and self-definition, the process of witnessing becomes most apparent the closer an analysis nears termination, the time for dissolution of the clinical engagement. It should be no surprise. Just as maintenance of personal integrity is the developmental task demanded by aging, waning powers, and approaching death, so in a termination phase is the maintenance of a firm respect for self and otherness demanded in the face of loss of the shared clinical universe.

## Illustration

For illustration, let us consider work with a man whose analysis was close to its termination.

"If you have tears, prepare to shed them now." Those were the words that came to my mind as once more this troubled man came in for his session. I knew his entrance brought me anticipation of genuine sadness. We would not be facing the guilty grief provoked by someone depressed, but rather the sorrow elicited as with honesty this man continued to realize and face implications of his own earlier cruelty and pain.

We had worked hard through years of frustration and ever-worsening symptoms as his entrenched oppositionalism led him to hear any of my words, no matter how sensitively respectful and accurate they might be, as invitations for him to submit, and thus as threats to his private sense of himself. Everything had been experienced by him as a hostile power struggle. Whatever I said that he might have used was felt by him to be a danger undermining his very being. He felt his existence as an individual depended on his ability to frustrate others while on the surface appearing to be accommodating.

Behind whatever he wanted in life and in analysis was his deep conviction that any seeming victory was actually personal defeat. If analysis helped him, it meant to him that I won and he lost. To him, his provoking the other to deprive him was adaptive. Through it he protected his feeling of himself as a real person, even as a person with power. So, apparent defeat was for him the secret victory of guarding himself as untouchable. Whatever the actual loss, seeming defeat to him was survival of his self.

Eventually, we learned that where an exasperated parent might say to a crying child, "I'll give you something to cry about," in his fantasies were two other secret phrases. The first was his private thought, "I'll give you something to give me something to cry about". And, we much later learned, when finally he managed to get himself punished, his other fantasied phrase toward his oppressor was



"Now I have you where I want you." His life seemed dedicated to his power to seduce an aggressor.

We spent anguished years struggling to where we could learn and speak of what I so briefly summarize. And through further long months shaped by his meanness, his subtle cruelty, we came to discover an even deeper organizing fantasy – one in which, after he elicited punishment, he thought to himself, "I'm sorry; I'm sorry; I'm sorry." Buried below his masochism and below his deeper sadism was his hidden fantasy of reunion with a good mother, a fantasy that explained in part how his sadism had come to feel to him adaptive.

Now, much later, we were at a different point with different understanding and, important to our notice here, with a different relationship between us. No longer were we locked in a war in which he was consumed by efforts to infer my desires so as to frustrate me while seeming to be cooperative. We were sufficiently beyond that point that now he was recognizing and realizing the truly sad price he and others who mattered to him had paid as a result of his style, of his character, which he now saw as tragic in its consequences, no matter its having felt partially inevitable. I say "partially inevitable" because, regardless of the experiences that had helped shape that pattern in him, he now seriously acknowledged personal responsibility for his own subtle sadism.

The work with this man offers a particularly apt instance for our attention because on the manifest level much of our engagement had seemed as if structured by his maintaining a sensitivity to my, indeed to everyone's, otherness and alienation. However, as we know, manifest behavior is not a direct reflection of underlying meanings. Exploration exposed the intense engagement with his perceived opponents lying behind his air of pseudo-separateness. His seeming isolation expressed a fake otherness manifesting an underlying self-other unity despite his presenting that unity in the guise of detachment. Even my responsive feeling of alienation represented the way we each were closely tied in a transference-countertransference process. Frustrated and distant as he kept me and as I felt for many years, we were both bound in that idiosyncratic way of being-at-one. Slow and painful, step-by-step analytic work had brought us to the point where behind that transferentially shaped engagement our true separateness and distinction were validly recognized, where I came to be known by him as an other in my own right, not merely as the immediate embodiment of his ghosts and those of my ghosts he could call forth.

What we were facing when I found myself anticipating a session of sadness was not a depressive blackness but the sadness that can accompany self-honesty. The prophet in Ecclesiastes tells us that he who increases knowledge increases sorrow, and the knowledge this man now tried to face with courage and honesty was genuinely sorrowful.

As he faced cruelties delivered as well as cruelties received, my place was that of an other who had traveled with him to arrive at this point, one who stayed alongside to hear him at work. I was in attendance not merely to listen but to hear as he struggled to acknowledge what he found inside himself. He had come far

enough that he now had his own ability to know what rang true, yet my "getting the point" was important to him. If necessary, he now would have continued his introspective work on his own. Still, it seemed to matter that an other know. My place was beyond that of offering a holding environment; my place was alongside.

Facing personal horrors, he also came to learn of his personal strengths. He needed me then not as a buttressing support or as a confessor or as an interpreter. He needed me as a witness. My observing and understanding presence helped him define himself as someone in his own right who had a presence as one among others. He was prepared to stand alone in the spotlight of self-scrutiny, but he was not prepared to live alone in a world unknown by others – as, I believe, no one is so prepared or so able.

My going through the psychoanalytic engagement together with my patient, my performing all those supportive and interpretive services an analyst does to promote and deepen the work, all of that had been necessary to bring us to where we now were. But my presence as a sensitive respectful other who witnessed his growing self-analytic labors also was essential to his realization of himself as a unique one in a world filled with unique and interacting others. "Attention must be paid."

## Witnessing and the analytic process

Having defined witnessing as a psychoanalytic function, I shall next try to locate the place of witnessing within the clinical process. Then, using witnessing as the point of departure, I shall briefly turn to some of the broader implications in terms of the connection between self-definition and otherness.

Where does witnessing fit in the relational dynamics of an analysis? When I noticed that I had begun my case description with my own thought of now having tears to shed, I was struck by my having started with a feeling of my own rather than with a usual patient description. This is not simply a sign of my personal self-centeredness. Reviewing my attention to witnessing with patients in general, I realize each has involved a shift in my sense of my patient's and my relationship. At those times I become conscious of serving as a witness for the patient, and such times come clear to me most often on retrospective reflection; I am aware of a shift away from our more common mixed levels of relationship. At these moments, wittingly or unwittingly, I have, more than usual, a sense of the patient's and my separateness.

At such times I feel myself fully engaged and the other person experienced as somehow more in his own right. It is not that I am unaware of the patient's turmoil eliciting reactions in me. Rather, it is as if I am not so involved as usual with sorting out for myself how my own engagements are part of the developing process. Despite the possible presence of other emotional reactions to the patient, at these moments I have a generally comfortable and often new awareness of the patient's intact otherness even as we are together. I am more aware of the patient's personal integrity.

The unconscious never loses its power. I do *not* suggest that my own unconscious sharing, reacting, and processing forces are in abeyance at these moments. Instead, I have the impression that whatever their power, they combine to integrate a sense of genuine respect for the patient as apart. Even while considering the nature of our interaction, for certainly witnessing is a form of interaction, I am aware in such moments that we are two distinct people, two alert and sensitive to each other but two who are profoundly apart even while immediately mattering to one another.

In recent years the patient-analyst relationship has moved to the center of our study of the clinical process. The intensification of witnessing relates to a vital shift in the progressing clinical relationship, to a shift based on separation, with separation a negation of fantasied or felt merger or union. As a result, an aspect of negation takes a place at the heart of analytic progress. Let us consider a schematized review.

In his plenary address, Friedman (1997, p. 22) noted that "analytic treatment comes about, in the first place, because of the analyst's attitudes." Most, if not all, of us would agree that one fundamental analyst attitude is that of inquiry, the desire to explore for the sake of understanding taking priority over either wishes to dominate or therapeutic zeal. I believe that even that seemingly most basic of the analyst's attitudes implies one lying yet even deeper, "the analyst's profound and genuine respect for the authenticity of the patient's self as a unique other, an other's self as valid as the analyst's own" (Poland 1996, p. 7; emphasis in original). Whatever the analyst's curiosity, true analytic exploration is unlikely to occur without that underlying regard on the analyst's part.

The patient, of course, is unlikely to start with a similar reciprocal attitude. Indeed, we structure the analytic situation to allow the patient's most private and primitive forces to gain a hearing; we act to facilitate the patient's regression. Every person, analysts included, balances compelling inner developmentally regressive urges toward merger and developmentally progressive forces toward separation and self-distinction. Here "regressive" and "progressive" refer to developmental levels of relatedness, not to levels of pathology. The pressure to lose the distinction of one's own boundaries is as central to love and creativity as it is to mental disorder. What is relevant now is that the conflict between these forces is present in the analyst as well as in the patient, though ideally with the analyst's having more openness to them and, consequently, more mastery.

In practice, the analyst's sense of separation that comes from the patient's regressing provokes a pressure to stay emotionally united with the patient, to go along. The analyst foregoes a bit of personal emotional self-differentiation in an effort to stay at one with the regressing patient. As Greenson (1960) put it, empathy arises in the face of felt separation.

However, unless undue personal conflicts intrude, the analyst's professionalism and self-protective instincts combine to pull him back from that seemingly shared regression. At some point in his parallel partial regression, the analyst feels, whether consciously or unconsciously, a signal of caution. He steps back from his own regression.

This partial detachment from prior emotional engagement is implicit in the manifest message of an analyst's interpretation. No matter its helpful or even kindly quality, an interpretation implies a powerful statement of negation and separation deeply structured within it, a negation central to the analytic process. This deeper message, which I believe the patient comes at least unconsciously to recognize, is the implication that says:

No. I am not you, nor am I one of your ghosts. I am a different person from you, someone other than you or your inner ghosts. I am one who will work with you to explore your inner world, to find names for your ghosts, to help find words to say it by, words which can render fears and uncertainties namable and potentially understandable rather than hidden nameless terrors. Yet, as much as we may share this clinical universe, No, I am not your fantasy actualized. We are separate people with separate lives.

An interpretation moves the relationship from one of seeming union to one of separateness, where contact, separate people touching, replaces fusion.

Negation, we know, is essential to development, the very establishment of psychic reality itself thought to involve an act of negation. Freud (1915) hypothesized an analogue of internal negation in the mind's first recognition of itself: when first crystallized out of an amorphous affective universe, the psyche was defined by negation. If it is bad, it is outside; if it is good, it is inside, it is self. The mind is born into its sense of a self apart through this act of negation, of separation, indeed of repudiation.

Negation exposes and determines essential otherness, leading to what is perhaps the deepest effect of any interpretation. As Laplanche (1997) pointed out, this effect is more profound than is acknowledged by those who feel it is language that guarantees the otherness of the other. Otherness is deeper than verbal communication. It is dawning and growing respect for this essential not-me-ness of the analyst for the patient that helps move the patient along the relational developmental line.

As negation is present in the birth of the mind, so also is negation present in the developing capacity of a mind to hold an inner dialogue with itself. Negation is an important way one disowns an impulse so as to allow it into consciousness. "I would not dream of such a thing" negates the wish but, in so doing, allows prohibited ideas into open consideration. A value of negation lies in its ability to permit a mind to consider forbidden impulses and forbidden fantasies.

The analyst's naming and interpreting, as already noted, implies the "No" that acknowledges the patient's unique separateness. The analyst's witnessing serves as a dynamic actualization and as evidence of the patient's growing autonomy. If early holding and early empathy offer safety and receptivity, witnessing offers the same regard but without the promise of magical union. Instead, there is the acceptance of separate lives with separate patterns and separate growth potential. The analyst in both interpreting and in related witnessing provides in interaction



a model of negating in the shared clinical experience, a process that then can be internalized by the patient, leading to increasing capacity for self-observation and self-analysis.

André Green (1993) persuasively demonstrated in his study on negation that negation can powerfully imply affirmation. As Loewald (1980, p. 297) also said, "detachment in its genuine form, far from excluding love, is based on it."

While recognition of separateness leads to an increased awareness of solidity of self, sadly, it also brings a loss to one's infantile sense of power. With poignancy Shengold (1991) wrote of one's movement through life from everything to nothing, from magical omnipotence to recognition of loss of power, from the oceanic oneness with mother and universe to separateness and ultimate death. Yet he noted that it is exactly such losses that make possible the development of an identity. Emphasizing the value of dignity and integrity within this context, he was nonetheless direct in describing the inevitable movement from the magic of infancy to the losses culminated by the loss of life itself. Like the prophet who linked knowledge to sorrow, Shengold (p. 9) trenchantly added, "Every step away from the primal everything toward the establishment of an identity must be paid for since it involves a loss." The movement of a successful analysis is away from actualization of transference unions toward separate intactness of distinct people in shared but separate collaboration, all taking place in "intimate separation" (Stone 1961, p. 91).

Analytically, "We shall not cease from exploration / And the end of our exploring / Will be to arrive where we started / And know the place for the first time" (Eliot 1971, p. 145). We have said that a very deep analytic attitude that was a basis of the analyst's work was that analyst attitude of respectful separateness. Yet in the course of the work that attitude becomes at times obscured, only to be discovered with new eyes through the collaborative ins and outs of analytic progress. This is in part why each patient analysis necessarily implies at least a partial further working through of the analyst's own growth.

Now each partner can see the other a bit more genuinely, with the self and the other each now recognized a bit more accurately for who each is. In a clinical analysis such steps most often move on almost microscopic levels, bit by bit, as the relationship ratchets up from a more transference to a more open and less distorted engagement. But the move from something akin to living in a shared dream to that of recognizing the life of the dream forces, while respecting the essential separateness of the two persons, is sad even as it is both liberating and satisfying.

### Self-definition and otherness

Let us step back from the clinical phenomenon and consider just two of the many broader implications of witnessing, the issues of self-definition and the import of otherness. Competing imperatives from the individual and from the group have been driving forces in history. The concern for intersubjectivity now commanding center stage in psychoanalysis is our own inevitable portion of the zeitgeist as we

try to privilege both an individual's unique intrapsychic forces and the intersubjective community within which an individual becomes and exists.

It has long seemed to me that clinical analysis is the laboratory section of the course in which philosophy is the lecture section. Theoretical psychoanalytic questions are in their heart philosophical, questions of what is a self, what is an interpersonal unity, and how do intrapsychic and interpersonal relate.

Addressing the tension between the individual and the group, Isaiah Berlin (1958, p. 23) recognized the ironic presence of the group in the fertilization and birth of the individual. "They understand me, as I understand them; and this understanding creates within me the sense of being somebody in the world." The sense of "they" is part and parcel of the sense of "me," and the sense of "me" is part and parcel of the sense of "they." Their understanding has a hand in my sense of being.

### Intersubjectivity

How are we to integrate our sense of no man's being an island, our concern for intersubjectivity, with our sensitivity to each man's being an island, our valuing of the individual? Also, are not separate people, cognizant of their separateness, even so still part of the same intersubjective field? A very brief consideration of differing relational points of view may help clarify such confusion.

For most of our history, whenever we spoke of any clinical engagement, our ideas were based on the principle of a subject-object split. Even attention to interaction and enactments implies such a split, referring as those words do to the interaction between two separate "subjects." "Intersubjectivity" used when we speak this way, that is, to speak of an engagement, refers to the communicative emotional flow between two different parties. This usage of "intersubjectivity" can be contrasted with the use of the same word to refer to a unified field. In this alternative usage, "intersubjectivity" views the clinical universe as an intact whole, one in which experience is generated and created by the engaged pair as an essential unity.

"This second usage of "intersubjectivity" is based on the view that an individual never really exists outside an interpersonal human context. If this understanding does not arise from Heidegger's thought, it is at least rooted in the same philosophical understanding as is his. For it was Heidegger who most powerfully exposed fallacies in thinking based on a subject-object split. He saw a person as a being-in-the-world, living in an experientially unified universe that does not have the spaces between which our perceptions and dichotomizing minds create. Heidegger undid the subject-object dichotomy and provided a way to conceive of how a clinical engagement could valuably be viewed as an original construction. The dyad, a unified whole not as a symbiotic or psychotic state but as an essential quality of being, was mapped by Heidegger, perhaps the major philosophical conceptual author of this modern meaning of intersubjectivity.

Confusion can be cleared, unwitting inferential and conceptual shifts can be avoided, if we remember the difference between these two meanings and if we

also stay respectful of the need for multiple points of view. We now are in a position to identify the *relational point of view* as involving three possibilities, one consisting of our necessary, traditional, intrapsychic one-person psychology and the other two consisting of two-person psychologies, one of which involves the emotional interaction of two separate subjects and the other of which involves the *unified dyad*.

Indeed, it may be more logical not to divide relational points of view into three categories of one-person, two-person, and unitary dyad. Rather, the relational views can be seen from either person-separate or person-unified considerations, with the person-separate then examined from one-person and two-person angles.

(Poland 1996, p. 266)

This is cogent if we are to understand how patient-analyst separateness can be true at the same time that continued existence of the intersubjective field remains true. It is important to distinguish the intersubjectivity of interaction, subject-object separation, from the intersubjectivity of the dyad, unified human field. The troublesome use of the same word for the different meanings does complicate our understanding. Certainly, everything so far said about the growing self-definition of the patient carrying with it recognition of essential separateness can also be viewed from the person-united dyadic position. However, *the presence of a dyadic viewpoint does not negate the vastly significant developmental shift in self-other distinction that can be seen from the one-person and interactive two-person viewpoints.*

### The other and self-definition

We come back to our central concern, that of the place of an analyst's witnessing presence, a presence no longer simply actualizing the containing or holding human environment but now a presence as a separate and equal other who remains respectfully alongside of rather than supporting or surrounding the patient.

It has been noted that two sets of aims shape an individual's interactions, those aims "to attain a sense of self as separate" and those "to enhance attachments" (Bass & Blatt 1996, p. 270). If that is so, aims for separation and aims for attachment both manifest themselves within the transference. However, the clinical engagement that would gratify the transference fantasies of separateness is not what the analyst's witnessing manifests. It is the analyst's respectful regard for the patient's own struggle to recognize and master transference forces, whether their content deals with separateness or fusion, that facilitates the patient's authentic development and new capacities to recognize both self and other.

This brings us to the relationship between self-definition and interpersonal engagement. Mastery of transference forces does not leave a mental vacuum in its place. The enrichment of personal identity that the mastery

through insight brings forth is directly linked to the growing sense of the other as a distinct and autonomous person. *The growth of a true self is intrinsically part of growing respect for the other; growing respect for the other is intrinsically part of the growth of a true self. The capacity to appreciate self and the capacity to appreciate the otherness of the other do not simply go hand in hand; they are mutually interdependent and mutually enriching, all part of the same unitary phenomenon of growth. Self-definition and awareness of otherness are a unitary phenomenon seen from different angles.*

The attention to the place of the analyst's witnessing that we have discovered in our clinical laboratory parallels advances in thinking among our philosopher friends. Just as our own early attention to clinical phenomenology paralleled the thinking of Husserl, and just as our more recent attention to intersubjectivity paralleled the thinking of Heidegger, so now our concern with the limits of intersubjectivity, with the need to leave space for surprise between people and for individual definition, parallels the work of Emmanuel Levinas.

Heidegger showed that consciousness was rooted in a deeper level of being, of being-there, that came before knowing or mentally representing. Like our own constructivists, he emphasized the essential interwovenness of human experience.

Levinas, who had been a student of both Husserl and Heidegger, came to see behind the self that was an interwoven part of a unified world a more basic model of the self as always opening in awareness of otherness, an irreducible aspect of being. For him, one's very sense of being is always shaped by the surprise of otherness.

As for our own developmentalists, so too for Levinas, the face of an other person concretizes the essence of otherness, with the face specifically referring to an actual other person's regarding, looking at, and seeing one. In this context language is the manifestation of another person's speaking, a never fully knowable other's addressing one. "In this sense, the other comes toward me as a total stranger and from a dimension that surpasses me" (Peperzak 1993, p. 20). This sense of essential otherness is, I believe, the quality I referred to in clinical work as the negation buried in every interpretation, the surprising and crucial reminder that the two clinical partners are different people even as they share the clinical universe.

This is not the place for a substantial investigation of Levinas's thinking. However, one other major conclusion he drew is immediately relevant. For Levinas, the intrinsic link of recognition of an other to existence and to definition of a self means that an ethical relationship is central to self-definition.

Do we not now find ourselves back in familiar psychoanalytic territory? While we have in part been concerned with what has been called a decentered self (see Loewenstein 1994), generally, when speaking of a self we have always thought of a self's cohesiveness, of an ego's integrity. It cannot be chance that the same word, "integrity," refers to the intactness of a character structure and to the ethical consistency with which a person faces the world of others. Beyond matters of the superego, there are essential ethical implications of the ego's recognition of otherness as a core component of self-definition and integrity of self. In the sense of Shengold's summary of life's journey from everything to nothing, one



becomes somebody by the way one regards and respects others even in the face of the strangeness of imperishable otherness.

Clinically, we aim toward the unconscious, sailing the edge of darkness where seas are blood-red more than wine-dark. To speak of the ethical implications of analysis is not to obscure or diminish attention to the forces of rage and lust. It is rather to remember that the analyst works in the service of the other, an essentially ethical task. Seeing and being seen – more specifically, regarding and being regarded – are essential building blocks of self-definition. The analyst's witnessing presence provides opportunity for the maturing of that self-definition within the clinical microcosm.

### In closing

Witnessing implies caring yet letting go. If union and reunion, such emotionally appealing experiences, are the children of Eros, born in the heat of sexuality and swaddled in the warmth of love, then otherness may seem the descendent of Thanatos, chilled by the implications of separation, aloneness, and loss. Its relatives are indifference, alienation, and death. Can it be any wonder that we attend to it so reluctantly, often finding even the word "otherness" unpalatable, distasteful, not to our incorporating taste? From childhood on, we dread the feeling of "the cheese stands alone."

With successful growth, the early union manifest in the locked gaze of mother and infant gives way to a capacity for independent functioning, though one still warmed by a mother's receptive smile of recognition when the increasingly autonomous child comes back into view. The respectful regard of the analyst's witnessing implies acceptance of otherness. For otherness is not synonymous with alienation. Indeed, respect for otherness is the very opposite of indifference. The way a self relates to other selves in the face of acknowledged separate otherness ultimately may have most to do with defining what is integrated as a self, what is cohesive. It is acceptance, the persistence of Eros to care for the other even in the face of Thanatos, that allows each individual to be most fully human, to facilitate the growth and fullness of life of an other in that other's own way. The benefits of witnessing are thus reciprocal, enriching both patient and analyst.

None of this diminishes our central interpretive task of exposing and exploring unconscious meanings. An interpretation dissolves the merging implicit in transference engagement; and the analyst's silent, respectful regard for the patient's autonomous self-analysis reinforces the patient's growing individuality. The analyst's witnessing, a profound nonverbal communication of recognition, is an essential catalyst to the patient's increasing self-realization, growing self-definition, learning what that personal self is like, and openness to appreciating the universe of unique others with equally valid differing selves – all in all, the patient's capacity for mature hate and mature love.

In witnessing, the analyst is at once both a part of what is unfolding and apart from the patient's unique singularity. In witnessing, we acknowledge the genuineness

of what we grasp of the other while at the same moment acknowledging that we can never fully know or grasp what is essential in our patient's otherness. The part of a self that is, as Proust put it, "real and incommunicable ... otherwise than by means of art" (1981, pp. 409–410) becomes partially knowable through the high art of psychoanalysis – knowable but only partially knowable because of our essential otherness, the knowing and the not fully knowing both manifest in the analyst's witnessing.

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