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ON COMING INTO POSSESSION OF ONESELF: WITNESSING AND THE FORMULATION OF EXPERIENCE

BY DONNEL B. STERN

In this paper I use clinical theory and illustration to explore details of the formulation of experience, which depends upon the metamorphosis of experience from not-me to feels-like-me. I take the position that the movement from not-me to feels-like-me, with the accompanying possibilities for formulating new meaning that open at such moments, happens when we not only know or feel something, but also, and simultaneously, sense ourselves in the midst of this process—that is, when we know and feel that it is we who are doing the knowing and feeling. When these two events co-occur, which depends upon the process of witnessing and the breach of dissociation, we come into possession of ourselves. Witnessing of one person by another is a process of recognition, but it is also a kind of affirmation performed by “someone who is trusted and justifies the trust and meets the dependence” (Winnicott 1971, p. 60).

Keywords: Witnessing, enactment, formulation, dissociation, enactment, not-me, feels-like-me.

In the interpersonal/relational theory of dissociation and enactment, when a meaning that has been dissociated emerges in one’s mind, the creation of the meaning takes place because one can tolerate or accept something *now* that one could not tolerate or accept *then*. In the terms I have used elsewhere, *not-me* becomes *me* (Stern 2003, 2004, 2010, 2015). Subjectivity that had been unformulated, non-meaningful, dissociated,

intolerable, and non-self becomes formulated, meaningful, tolerable, or acceptable, and part of the self. *Not-me* becomes *feels-like-me* (Stern 2019). Constriction in the relevant part of the interpersonal field relaxes somewhat, and there is a new possibility for vitality and spontaneity in both experience and conduct.

I have long held that we are able to accept a meaning that has been dissociated only when the interpersonal field, within which the meaning gains relevance, comes to feel safe enough to allow it (Stern 1997, 2010, 2015, 2019). A new feeling of safety is crucial to the breach of a dissociative enactment.

Of course, the change does not happen all at once. Over time, in successful instances, spontaneity becomes more frequent in the relevant part of the field, so that eventually, events that in the past had to be dissociated and rigidly enacted can more and more often be thought, felt, and acted with relative freedom.

In this paper, I use clinical theory and illustration to explore details of the metamorphosis from not-me to feels-like-me. How does this change take place? This question has drawn my interest for most of my life, although I have just recently begun to find the words for it that I use here. In a nutshell, what I want to say is that the movement from not-me experience to feels-like-me (Stern 2019), with the accompanying possibilities for formulating new meaning that open up at such moments, seems to me to happen when we not only know or feel something, but also and simultaneously, when we sense ourselves in the midst of this process—that is, when we know and feel that it is *we who are doing the knowing and feeling*. When these two events co-occur—the knowing and feeling, and knowing and feeling that we are knowing and feeling—come into possession of ourselves. We feel something on the order of, “It is *I* who feels that (or sees it, hears it, remembers it, etc.); this experience is *mine*.” Instances of coming into possession of ourselves take place virtually and continuously, ranging from tiny flares of bodily sensations, perceptions, memories, or thoughts to vast landscapes of personal insight or scientific or artistic inspiration (e.g., Ghiselin 1952; Stern 1990).

The phenomenon I want to address is not limited to our sense of *owning* experience. Ownership is part of what I want to describe, but the center of my interest is the role in the formulation of experience of our recognition of our own participation in the creation of meaning. There

is a subtle difference between this phenomenon and the sense of the ownership of experience. To *recognize* our participation in the creation of meaning is not synonymous with *being aware of it*. *Recognition* goes beyond mere awareness. In fact, it would often be misleading to use the word *aware* in this context, because in becoming aware, the object of our attention usually is an explicit meaning. By contrast, more often than not the kind of recognition of our participation in the construction of experience that I want to describe is implicit, unspoken, even unthought. We could call it a feeling-sense of our participation, something that lets us know we are involved, vital, vibrant, alive. Winnicott called it “the sense of being real” (1960, p. 146), and wrote that, “Our patients, more and more, turn out to be needing to feel real, and if they don’t, then understanding is of extremely secondary importance” (1952, quoted by Caldwell and Robinson 2017, p. lxx).

Of course, as soon as I refer to vitality in psychoanalytic treatment, I bring to mind many writers besides Winnicott (1960, 1971). Here is just a selection: Alvarez (1992, 2012; see also Director 2009); Balint 1968; Ferenczi (1988, Ferenczi & Rank 1925); Fromm 1955, 1964/1991, 1970; Gerson 2009; Green 1986; Laub 2005; Lichtenberg et al. 2015; Loewald 1978; Mitchell 2000; Ogden 2019a, b; Schwartz-Cooney and Sopher 2021; Tauber 1959; and D. N. Stern and the Boston Change Process Study Group (2010)—and each of those resonances is entirely appropriate. But I want to find my way to something a bit different than these writers have told us.

What I am looking for is something like *going meta* on an affective level: I do not only know and feel; I also *know that* I know and feel. That is, instead of merely feeling our experience washing over us, instead of just registering its presence as if it comes from elsewhere, we have a sense of our participation in these events, and we accept this sense of our participation. We accept our involvement, we *feel* it even if it seldom occurs to us to think it in words—that is, even though we cannot say exactly what we are doing or how we are doing it. This sensing of our participation is certainly *related* to vitality, agency, and the ownership of experience, as the writers I have just cited and others have brought to our attention; but the sense of our participation in the creation of meaning is not *synonymous* with these other qualities of experience. No doubt,

vitality, agency, and ownership could not exist without our sense of participation. But they should not be confused with it.

THE LITERATURE OF WITNESSING

The activity and process that I will describe as *witnessing* is central to what I want to say. I have been writing about the subject for some time. But before turning to my own work, let me present a very brief overview of the literature.

Like so many important parts of life, witnessing is easier to refer to than to define. The difficulty in offering a definition here (at the beginning) is compounded by the fact that this essay is meant to contribute to an understanding of what we mean when we use the word. But with those provisos, I offer this simple, preliminary description: witnessing is a process of recognition of the other or of the other in oneself. But witnessing is not only recognition, it is also affirmation. It takes more to witness the other than to accept and understand the experience to be witnessed. Witnessing is more than empathy and more than recognition. Witnessing must be embedded in a relationship that gives the phenomenon its power to affirm. What I mean will become clear, I hope, as this essay moves along.

In recent decades, witnessing has become an important part of contemporary theories of therapeutic action, particularly in the case of trauma. The literature on this subject can be divided into two large categories: (1) work in which witnessing is conceptualized exclusively, or at least primarily, as the most significant tool in the understanding and treatment of trauma with a capital "T" (Boulanger 2005; Gautier & Scalmati 2019; Gerson 2009; Goodman & Meyers 2012; Grand 2015; Laub 1991, 1992a, b, 1995, 1989, 2005; Laub & Auerhahn 1989; Mucci 2019; Richman 2006, 2014); and (2) literature in which witnessing (in Eshel's [2019] work, "withnessing") is given—as in this article—an expanded role rooted in the treatment of traditionally defined trauma but not limited to it. In this body of work (Amir 2012; D'Ercole 2012; Feldman 2015; Gentile 2013; Gondar 2017; Poland 2000, 2011; Reis 2009; Richman 2009, 2013; Seiden 1996; Sheppard 2017; Ullman 2006), witnessing applies also to *developmental* or *relational trauma* (Bromberg 1998, 2006, 2011), which today, in the view of many

contemporary clinicians, comprises the largest proportion of the problems patients bring to treatment.

I share with all these writers the perspective that witnessing is a central part of treatment. We all agree on the role of witnessing in creating the capacity to give symbolic form to unsymbolized psychic material, especially trauma, and thereby to experience it explicitly. But many writers in both groups would also agree that the meaning of witnessing is not exhausted by its role in symbolization. Witnessing is also the interpersonal or intersubjective medium within which the *wordless registration* (Reis 2009) of the memory/experience of trauma comes about. Helene Bamber, for instance, founder of the Medical Foundation for Victims of Torture, writes about her experience, as a twenty-year-old in 1945, with just-liberated victims of the concentration camp of Bergen-Belsen:

People were in very difficult situations, sitting on the floor, they would hold on to you and dig their fingers into your flesh and they would rock and they would rock and they would rock and we would rock together. You saw people rocking, but the act of rocking together and receiving their pain without recoil was essential. [Quoted by Gerson 2009, p. 1352]

Clinicians generally acknowledge that witnessing without symbolization is an important part of any analyst's clinical responsiveness. But in my experience, more often than not, the position is held implicitly. Reis (2009) is one of the few who has explicitly recognized the point:

The goal of psychoanalytic witnessing, if there may be said to be a goal, is to allow and witness memory in its varied forms, without attempting to symbolize or make personally understandable the experience—to accept the experience of trauma, without therapeutic ambition. The analyst occupying the position of witness in a treatment understands that performative and enactive features of traumatic experience are not to be simply translated or transduced into *symbolic* form, and that a part of the integrity of the experience of trauma is itself its wordless registration. [p. 1359, italics in original]

One last point about the literature of witnessing. For many writers, witnessing is a process that takes place between two separate people

Others, however, also refer to witnessing of a sort that we could describe as internal or imaginary—between parts of oneself (e.g., Amir 2012; Gerson 2009; Laub 1992a, b; Laub & Auerhahn 1985; Reis 2009; Richman 2006, 2013, 2014; Sheppard 2017). I have frequently taken a form of this latter position (Stern 2004; 2009a, b; 2012), and I now take it up once again.

WITNESSING: PICKING UP THE THREAD

In 2004, I (Stern 2004) argued that as long as the self is understood to be unitary, the problem of the analyst's countertransference awareness, because it is the problem of the eye seeing itself, is insoluble. The analyst's own experience is both the object to be observed and the observer. It is not clear how we should understand seeing our own being. And yet, of course, we know perfectly well that we often do.

But if the self is multiple, made of self-states that shift in and out of awareness according to the demands of the interpersonal field (Bromberg 1998, 2006, 2011; Stern 2004, 2010, 2015), we can observe one part of ourselves by simultaneously occupying a second part of ourselves, a part from which we can see and feel the first part (Stern 2004). In this way, the problem of the eye seeing itself is resolved.

A few years later (Stern 2009a), relying on this analysis of the problem of self-observation, I began an exploration of the role of witnessing in life and treatment (see also Stern 2009b, 2012, 2015). I suggested that, throughout life, we need one part of ourselves to serve as a witness for another part. That is how we know our experience and grasp who we are. The first witnesses in our lives, I wrote then, are not parts of ourselves, but our earliest caregivers. We grasp ourselves by seeing, imaginatively, through our caregivers' eyes, hearing through their ears.

Winnicott (1956) tells us that babies need to see themselves and their states reflected in their mothers' faces. If this does not happen, babies may not be able to go on to learn who they are by exploring their mothers' minds. Channeling Winnicott, Fonagy, Target, and their collaborators (Fonagy et al. 2002) tell us that their purpose is "to capture and specify the processes by which infants fathom the minds of others and eventually their own minds." In other words, "we fathom ourselves through others" (p. 2). From this perspective, mind is created by the

interaction of the infant's inborn potentials—Winnicott's true self—with caregivers' provision of a sensitive mirroring response to what they believe they can understand about the infant's relatively undifferentiated somatosensory experience—its proto-intentions and affects. Sharing this view, Alvarez (1992) tells us the caregiver, arousing "novelty, surprise, enjoyment and delight" (p. 63) in her baby, (1992, p. 63), "[claims] her baby as her own, claiming his attention, calling him into relation with her and, in a way, calling him into psychological being" (p. 68).

Implied, and sometimes explicit, in these views is a further point that I take to be crucial: by creating the earliest portraits of those they care for, early caregiver-witnesses help to lay down the rudiments of self in the minds of their young charges. The role of these *reflected appraisals* in the formation of one's sense of oneself was emphasized by the influential Chicago School of Sociology (Cooley 1902; Mead 1934), and through them, by Harry Stack Sullivan (1940). Loewald (1960) and Winnicott (1971) have been both lucid and poetic on these points. Let me offer a brief, illustrative passage from the work of each of them. First, Loewald:

The child, by internalizing aspects of the parent, also internalizes the parent's image of the child—an image which is mediated to the child in the thousand different ways of being handled, bodily and emotionally. Early identification as part of ego-development, built up through introjection of maternal aspects, includes introjection of the mother's image of the child. Part of what is introjected is the image of the child as seen, felt, smelled, heard, touched by the mother.... The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating with the child, and communicating to him his identity, sameness, unity, and individuality, shape and mould him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. The child begins to experience himself as a centered unit by being centered upon. [p. 19]

And here is one of many poetic passages one might choose from Winnicott (1971) about the interpersonal sources of the self:

It is only... in this unintegrated state of the personality, that that which we describe as creative can appear. This if reflected back, *but only if reflected back*, becomes part of the organized individual personality, and eventually this in summation makes the individual to be, to be found; and eventually enables himself or herself to postulate the existence of the self. [p.64, italics in the original].

Eventually, our initial witnesses from the outside world are internalized and elaborated so that imaginary witnesses internal to the personality are created—and these internal presences are loving ones to the extent that our earliest witnesses have been. Self-affirmative internal conversation then becomes feasible. One self-state witnesses another, and the result is the formulation of a new and wider experience of oneself—thoughts, yes, but feelings, memories, and perceptions no less than thoughts. The boundaries of the self expand. Not-self becomes self. For this to happen, there must be a vantage point in one's own mind, a second *location*, from which to turn back and *see* or *hear* or *feel* ourselves and to care about what we see, hear, and feel. We begin to see ourselves through the eyes of others, hear and value ourselves through their ears. As I wrote then:

Even in the absence of others, we learn about ourselves by imaginatively listening to our own thoughts through the ears of the other. At the beginning of life, we need a witness to become a self. Later, patients listen to themselves as they imagine their analysts hear them.... The resolution of enactments is crucial in psychoanalytic treatment, not only because it expands the boundaries of the self, but also because it reinstates and broadens the range within which patient and analyst can witness one another's experience. [Stern 2009, p. 701]

In making reference to loving internal presences and self-affirmative internal conversation, I have already implied that witnessing is something more than the mere registration by the child of its presence in the caregiver's mind. Reliable and effective caretaking, that is, is not sufficient to create all the effects that I am addressing under the rubric of witnessing. I intend to refer not only to the creation of mind, but also to the development of an acceptable, stable, and comfortably valued sense

of self—a dependable and sometimes pleasurable feeling of being a particular person. Only to the extent that the child senses that the image of itself in the caregiver's mind is beloved does the relationship result in the seeding and tending of a fully realized and valued sense of self—realized, that is, not just in the child's cognitive recognition of itself as what Loewald referred to in the passage above as a "centered unit," or what Fonagy et al. (2002) describe as the process by which infants "fathom... their own minds" (p. 2). The self is most fully realized, in other words, when it is rooted in the confidence that one has a home in the mind of the other, a home that the child senses the other not only provides, but *wants* to provide (Bach 2006; Benjamin 1995, 1998, 2017).

What is needed is not only recognition, but also affirmation—"someone who is trusted and justifies the trust and meets the dependence" (Winnicott 1971, p. 60). Only under these conditions can the caregiver's image of the child serve a fully developed witnessing function. The more widespread this kind of atmosphere becomes in the personality of the child and then, of the adult the child will become, the wider and deeper is the range of formulations of experience that can be allowed to reach fruition, and therefore, the more often thought and feeling can be allowed free rein. While Winnicott never expressed himself in just these words, he could have; and he is surely their ultimate source.

Here, Loewald (1960, see also Chodorow 2019) again deserves mention since he beautifully conveys the links between the parent-child relationship and certain aspects of the therapeutic action of psychoanalysis. I think also of the clinical perspective presented by Fonagy and Target, heavily influenced by Winnicott and represented in one instance by these words:

The analyst needs to infer and create a coherent representation of the patient's true self, separate from but concurrent with any countertransference enactment. The psychotherapist's mentalistic elaborative stance ultimately enables the patient to find himself in the therapist's mind and integrate this image. [Fonagy & Target 2000, p. 870]

The development of stable self-regard in childhood and later, the curative qualities of the analytic relationship, require more than two people becoming significant enough to one another to develop transferences and countertransferences—more than becoming psychic objects

in one another's worlds. What is required is even more than that the relationship takes place in such a way that the child's (and the analyst's) raw sensory and affective experience is transformed into thought. (I am thinking here of Bion [1962, 1963] and Green [2005].) The caregiver's reverie, in other words—and the analyst's, too—becomes witnessing in the fullest sense, inspiring the most nuanced, inclusive, and emotionally complex formulation of experience, only when it grows from love.

This needs to be clarified: what do I mean by "love"? Let me just say, for the moment, that I am referring to a non-instrumental, affirmative bond or connection conceptualized as part of the analytic interaction since at the least the time of Searles's (1959) *Oedipal love in the countertransference*, Balint's (1952, 1968) work on primary love and the basic fault, and Loewald's (1960) classic statement of therapeutic action. It is a variety of what Schachtel (1959) called the *allocentric attitude*. When analysts love their patients, they do not express this love in so many words and certainly not in their conduct. They are not looking to their patients to satisfy their needs; they seek the best for them.

In a classic 1961 panel, "The Curative Factors in Psycho-analysis," held at the 22nd Edinburgh Congress of the International Psychoanalytic Association, Nacht (1962a) put it this way:

It seems obvious to me that only a timely and technically appropriate attitude of gratification can allow the patient to accept his need to love and be loved, and to express it without fear. But this attitude must, of course, be expressed neither in words nor in gestures, but *solely by an inner state of being*. [p. 209, italics in original]

In his very brief invited contribution to the ensuing discussion, Nacht (1962b) said that his attempt to define what the analyst's inner attitude should be had apparently "caused some astonishment," no doubt a euphemism for an uproar of controversy. The analyst's love for the patient, Nacht said by way of further explanation,

... has a great importance when he tries to come into contact with his patient's unconscious, and I should say that that inner attitude should be impregnated with love for his patient. Of

course not the same kind of love he has, for instance, for his brother, his wife, or his close friend. [p. 233]

When I refer to love, I intend a further meaning, too—perhaps one that in Nacht's terms, would be akin to some of the forms of love that we feel with our intimates outside the consulting room. This point I can only state, not explain, until I can take up the subject separately and in more depth in another presentation. Frequently in my experience, the love I intend here is fair to describe as affection or tenderness, whether it is the love of the parent for the child or the analyst for the patient—or whether it is the echo, the internalization, of those loves that imbues the perception and acceptance of one part of the self by another.

Of course, none of what I am saying should be taken as a denial of the reality that, in every kind of relationship, love is often nested in pain, hate, and struggle so that it seldom happens easily and sometimes cannot happen at all.

The last several paragraphs could give some readers the impression that I am rediscovering Kohut (1971, 1977). It is true that I have learned much from him. But what I am describing as witnessing differs from the selfobject relationship in several respects: (1) In my frame of reference, the analyst, while usually having a special degree of affective significance in the patient's mind, remains a human being like any other. The witness has no special status corresponding to the role of the selfobject. (2) Witnessing is a relational phenomenon: in the process of analyst and patient becoming partners in thought (Stern 2009a, 2010), *acceptance of being witnessed* is as crucial a contribution as witnessing itself. (3) Witnessing often or usually contains empathy but cannot be reduced to it. (4) Most important, and overlapping with the former points, the selfobject is a special kind of object used to regulate and stabilize the self, while the witness is not an object at all, but another subject who is recognized as such by the one who is witnessed.

DISSOCIATION AND THE INTERRUPTION OF WITNESSING

There are circumstances in which the state of mind that needs to be witnessed is dissociated from the states that could serve as its witness. The

pain has just been too great in the past, enforcing a dissociation, which becomes structural over time (Bromberg 1998, 2006, 2011). Consider a patient I have written about before (Stern 2009), a man whose father treated him contemptuously with such sufficient frequency that the patient grew up to take his contemptibility for granted. When I met him, he was unable to treat his contemptibility as an attribution, either by his father or by himself; for him, it was such an unquestioned (and unformulated) reality that he never really even saw it very clearly. It was the air he breathed; it was, in a word, dissociated.

One expression of this state of affairs, or perhaps just another way of saying the same thing, was that this man could not occupy a place in his mind from which he could grasp that he felt contemptible. In other words, he was incapable of thinking about his contemptibility. If he could have known that his feeling of contemptibility was an attribution, an active perception of his own—that is, if he could have grasped that his shame (which he hardly even knew how to experience directly) was a ceaseless creation, a representation of his own mind, not simply an objectively existing characteristic—then he might have had a chance of mustering curiosity about it. He might even have become able to challenge it.

Because this man could not create a witness in his internal world, he needed one in the outer world, some person (a psychoanalyst, or someone able and willing to carry out the crucial parts of that role) who, while not sharing the patient's feeling about his contemptibility, could somehow let him know, "It is *you* who feels contemptible; it is *you* who creates this representation of your experience." But it is seldom that it would be useful for the analyst to say such words as these. The role of the witness is not necessarily taken on in verbal language at all.

Here is a thumbnail sketch of the work with a dissociative enactment that set this man and me on a productive path.

The patient was a few minutes late, and I took the opportunity to have a quick snack; but he arrived while I was still eating. It took me a minute or so to finish, and I felt slightly guilty about that when I met him in the waiting room, where (as a result of this guilt, I think) I greeted him in a subdued way that lacked my usual warmth—although I did not make this observation until later, looking back at it. The patient sensed

my coolness and took it as evidence (again, noted only later) that I regarded his neediness with the same contempt he was sure his father had felt about it. (It turned out that he had always secretly worried that his neediness was betrayed by the pleasure he routinely took in my appearance and warm greeting in the waiting room.)

The episode provoked rage on the patient's part. He bitterly accused me of being an inadequate analyst and, in fact, a cruel human being who should have known better than to have entered a helping profession. We went through a painful session; but as it went on, I eventually was able to explain what had happened in a way that led him to see that, in that same moment in which he had been convinced that I was (internally) rolling my eyes at what I thought was his pathetic weakness and neediness, I had actually been flustered and defensive about his attack and had not actually been thinking what he had thought I was thinking at all. Thus, was a witness born (that is, me: the patient could now look back at himself through my eyes and see that he was suffering because he believed I felt something I did not feel). This was not something that could have come about through interpretation—although there was eventually a great deal to say about it and some of those things were interpretations in the traditional sense.

Until we loosened the hold of that rigid enactment, until we could both think, until he could mentalize his own experience (Fonagy et al. 2002), this man had only two choices, neither of which could he formulate. That is, while an outside observer might be able to formulate the possibility of the man's choices, the patient himself could no more grasp his choices in words than he could sense his own participation in creating the problematic perceptions of himself in the first place. His two choices: he could take on contemptibility as an intrinsic aspect of himself, in which case he would have had to blame himself and feel self-hateful and ashamed; or he could do as he did and attribute his feeling of contemptibility to mistreatment by me. That course, while temporarily freeing him from shame and self-hatred, led to an interpersonal impasse that, in most contexts in life, would probably have been fatal to the future possibilities of this relationship. His choices, in other words, were restricted to self-blame and intolerable shame or blame of the other with accompanying rage.

The latter solution, blaming the other, constitutes dissociative enactment: the contemptibility is located in the other, and the other is then treated—as in defensively motivated projective identification—as if they embody the not-me part of the self. Enactment is the last resort for those who face the disastrous collapse of dissociation, a collapse that not only threatens to flood consciousness with intolerable not-me experience that not only fills one with shame or terror, but also makes one unrecognizable to oneself (Bromberg 1998, 2006, 2011). In this dissociative enactment, it was as if the patient organized the analytic field around the feeling that, “I must not, cannot, will not be my father’s contemptible little boy.”

By the end of that session, I had begun to serve as the witness the patient had never had. He saw me seeing him at the very moment that he felt most certain that he had aroused contempt in me; but that is not what happened, and he could see it. He experienced it. He knew that I did not feel the way he had been sure I did. The two of us eventually became partners in thought. “In such cases,” I wrote about circumstances like these—which are not uncommon, even if they are not always so dramatic—“we not only profit from seeing a psychoanalyst, we need one” (Stern 2009, p. 725). In other words, because dissociation prevents imaginative witnessing and mentalization of one’s own experience, and therefore makes impossible the internal conversation of an experiencing state and a witnessing state, a witness in the outside world is required if the possibility of holding such a conversation is to come about. The witness reveals to us what and who we are, and in the very act of being witnessed, if we can accept it, we are brought into possession of ourselves. We have the thought, the feeling, the perception, and we know we have created them.

The patient, slowly, over time, with repetitions and variations on the theme, grasped that he did not need to fight me in order to avoid contemptibility; instead, he saw that, as much as his suffering deserved to be recognized and as little as he may have been responsible for its origins, it was at this point *his* suffering—his creation or co-creation. In accepting it, he began to be able to use the experience in the creation of different forms of living. Not-me began to become me. As time passed, he could sometimes question his suffering and in some moments, experience himself differently enough to be free of it.

OBSERVING EGO

The point that one part of the mind can observe another, as in the conception of the imaginary witness, is hardly new. You may already have been reminded of the observing ego, the perspective offered long ago by Sterba (1934), who took the position that therapeutic action is based on a dissociation in the ego that allows observation by the patient of their own mind. This work led directly to later thinking on the therapeutic or working alliance (e.g., Loewald 1960; Friedman 1969; Greenson 1965; Zetzel 1956). Sterba understood the observing part of the patient’s ego to be based on an identification with the analyst’s interpreting function.

Through this interpretation there emerges in the mind of the patient, out of the chaos of behaviour impelled by instinct and behaviour designed to inhibit instinct, a *new point of view of intellectual contemplation*. In order that this new standpoint may be effectually reached there must be a certain amount of positive transference, on the basis of which a transitory strengthening of the ego takes place through identification with the analyst. This identification is induced by the analyst. From the outset the patient is called upon to ‘co-operate’ with the analyst against something in himself. [Sterba 1934, p. 120, italics in original]

Soon after Sterba first delivered his paper in the early 1930s, Freud wrote in the *New Introductory Lectures* (1933) that,

The ego can take itself as object, can treat itself like other objects, can observe itself, criticize itself, and do Heaven knows what with itself. In this, one part of the ego is setting itself over against other. So the ego can be split. [1933, p. 57]

Friedman (1969) suggests that Freud actually began his consideration of something on the order of the therapeutic alliance much earlier, in “The Dynamics of Transference” (1912). In this view, the idea of the observing ego or working alliance is longstanding, then, and was arguably inspired by Freud himself. Friedman (1969) also writes, though, that the working alliance is not a theory of therapeutic action, as Sterba and others styled it. It is instead, Friedman says, a means to an

end, part of the working through process. Friedman (1969) says he does not intend to

... deny the alliance an instrumental value in the process of analysis, a function which may be pictured as analogous to—and perhaps an aspect of—working through. But just as working through is capitalizing on an achieved success, so the classical therapeutic alliance should not claim to explain the achievement which it propagates. [p. 143]

Note that Sterba describes the alliance as “*a new point of view of intellectual contemplation*” (see the above passage quoted from Sterba). This statement is consistent with conceptualizing the therapeutic alliance as a cognitive accomplishment, one that allows patients to observe and think about themselves more or less dispassionately—but not necessarily as a theory of therapeutic action. This is the view taken by all of those later writers who discussed the observing ego or the therapeutic alliance, with the exception of Loewald (1960), for whom the identification of the patient with the analyst is part of a relationship that has more significant aspects than the instrumental.

Friedman’s (1969) observation that the alliance should not be understood as a component of therapeutic action highlights what separates the observing ego and the therapeutic alliance from the phenomena I am addressing as the internal witness and coming into possession of oneself. I am emphasizing the creation of the patient’s grasp of their own involvement in the act of their own knowing or feeling, and I believe this process plays an important role in the therapeutic process. The patient’s grasp of their own involvement is not only a sign that the patient can now master unconscious process by symbolization in words, as it is in the therapeutic alliance. Rather, the patient’s grasp of their own active participation in the creation of their sense of who and what they are is an end in itself. *Not-me* becomes *feels-like-me*. The creation of this grasp is one way to describe therapeutic action.

I also want to draw attention to the fact that in Sterba’s (1934) therapeutic alliance, “the patient is called upon to ‘co-operate’ with the analyst *against* something in himself” (p. 120, italics added). This point differentiates Sterba’s idea from mine even further than I have already described, because the kind of observation of one state by another that I have called “imaginary witnessing”—and that is encouraged by analytic

treatment as I envision it—is not at all a matter of splitting (i.e., Sterba’s pitting of one part of the mind against another) but is instead, in an important sense, quite the opposite: It is the *new linkage* of parts of the mind that have been sequestered from one another by dissociation.

BEING WITNESSED: FEELING KNOWN, RECOGNIZED, OR UNDERSTOOD

A CLINICAL ILLUSTRATION

In the last part of these remarks, I address how it happens that witnessing leads to *feels-like-me*, and especially, why witnessing should result in coming into possession of oneself. Why should witnessing make it possible for us to know and feel that we know and feel?

I take the position that being effectively witnessed (which is to say, *feeling* witnessed) leads to the experience of being understood, and that *that*—feeling known, recognized, or understood—offers us the path that leads to our capacity to grasp our own participation in the creation of our own thinking and feeling.

Here is a clinical moment that illustrates what I mean. Near the end of a session, Emma, a talented, very bright, and highly self-critical white businesswoman in her late thirties, with whom I meet four times a week, accused herself of being skillful at “duping” or “manipulating” people: “I’m false and superficial,” she said, “because I put on a front so that people will think I am ‘normal’ and that I suffer less than I really do. I give the impression of being put together when I feel a mess underneath.”

Emma and I had explored over and over again her worry that she had somehow managed to pull the wool over my eyes so that I could not see what a “mess” she is and how skillfully she manipulates me. She knows that I do not agree with this assessment of her impact on me, but she sometimes worries that, because I am a “nice person” and don’t want her to suffer, I convince myself that she is “better” than she is. In her mind, I succumb, in this way, to her machinations. I do not carry on a battle with her about this point, of course, but I do insist that the way she sees it is meaningful—a point with which she agrees.

Emma suspects that she is involved in this same “manipulative” way with anyone who has not concluded that she is emotionally incompetent—and people generally do not conclude that at all. I have the impression that Emma is usually taken by others to be a capable, warm, friendly, and generous presence. People generally like her. I do not have the impression that this presentation of herself is dishonest, with me or with others, despite the fact that I really am deeply impressed with how profound a mess she often feels she is. (I know this largely because, despite her fears of pulling the wool over my eyes, Emma frequently tells me about it.)

You can see that this is a complicated situation, because of course Emma often really is more a mess inside than she lets on, and so her presentation of herself is, just as she says, partially designed to avoid the revelation of what she wants to keep to herself. Contributing to the complication is that I believe that Emma presents herself as she does not only to distract others’ attention from the mess she is inside, but also because she actually does feel and believe that capability, warmth, and generosity are important in life. Emma, however, can take little satisfaction in her presentation of an emotionally capable self, since she needs to maintain the conviction that she is merely fooling those who don’t see through it. Why? Because she is afraid that, if she accepts that she is more or less “good,” someone else will see how “bad” or “toxic” she is, and she will feel caught out, humiliated, and hurt much more deeply than if she accuses herself first. And so the reason she accuses herself with such ferocity of abusing other people is, paradoxically, that it makes her feel safer than she would be if she let down her guard and allowed herself to believe that she generally treats people with basic warmth and respect. Her defensively skewed interpretation of her self-presentation therefore simply reinforces her sense that she is indeed duping and manipulating people. We might say that Emma is quite literally afraid to believe in herself and to trust my belief in her. I will not go into the parts of her history that result in this sad outcome, but the history is well known to both Emma and me.

And so, when Emma accused herself of duping people on this particular occasion, you should understand my response to her from within the context I have just described. This was one of the first times I had

described to Emma what I felt was the positive side of her self-presentation. This is what I said (reproduced from my notes):

As usual, you put your observation of yourself in a more negative way than I would. I don’t see a good reason to call it “duping” or false when you present yourself as better put-together than you feel inside. I would say, as a matter of fact, that your capacity to present yourself as better-put-together than you feel is a notable strength. It grows from real self-esteem: you want to present yourself in a way that makes you feel better about yourself than you would if you just gave in to how things feel sometimes. I see it as a strength especially because you actually know you’re doing it—you know that you have all those bad feelings, and you are able to hide them anyway. It’s a choice you’re making. It’s an expression of wanting a certain kind of life, and wanting to be a certain sort of person. And it’s not “made up,” either, if you mean to say that being “made up” makes it inauthentic. What you call “put-together ways of being” are just as much a genuine part of you as the sadness and despair that the “put-together” parts sometimes let you keep to yourself.

In saying this, I was trying to represent a part of Emma that I believe exists, and that I was acutely aware of at the moment that Emma spoke about “duping,” but that Emma tends to dissociate—as she often dissociates the parts of her that might offer a sympathetic account of her experience or conduct.

Emma’s self-blame is only half the story, though. She also wants very badly to feel better, and so she is committed to thinking about why she falls into blaming herself at every turn. It is true that Emma is more or less continuously (that is, usually but not always) prepared to quash whatever thought or feeling might result in her feeling good about herself—especially if this thought or feeling originates with her. If it comes from someone else, it might just stand. But if she initiates it, feeling good is dangerous. However, it is also true that Emma is often courageous in questioning these inclinations and self-doubts, thereby leaving herself dangerously unprotected from the humiliation that threatens her whenever she is foolish enough to hope not to be unhappy. The depth and high stakes of her struggle, and her willingness to risk real danger in the

service of her treatment and her own future, lead me to look forward to her visits.

What I have just reported that I said to Emma is prosaic and commonsensical, or at least not particularly surprising; but that is not how Emma felt about it. She actually *was* surprised. She said wonderingly, "It never occurred to me to think of it *that* way. Hmm ... (long silence) I have to ponder all that." There was another long silence, and then, just before the session ended, she added, "It feels hugely unburdening or relaxing or expanding or something."

Some hours later, I received the following email message from Emma:

I just wanted to say thank you. I've had a few glimmers of a new feeling—a feeling that I have my own existence, independent of and separate from anyone else. That somehow it is okay to be my own person, separately. To just be myself, not me whose existence is contingent on other people. I never felt exactly this way before.

This is an eloquent expression of an experience of coming into possession of oneself, and it illustrates that such an experience requires feeling understood by someone else, or some part of oneself—someone (or some part) who is able to take a sympathetic view of whatever it is that, up to that point, one has had to bar from the domain of the self, of what is recognized as "me." This understanding is what is provided by the witness: in offering a sympathetic view of an unacceptable part of oneself, a view one would not create by oneself, the witness reveals the path by which one can, oneself, create this same view. The witness and the one being witnessed become partners in thought. *Not-me* becomes *feels-like-me*. Prior to having the feeling of being understood, one may have been familiar enough with the not-me part to recognize it—that is, one could have the thought or feeling, but that thought or feeling merely washes over one, like an ocean wave. It is experienced passively, as if it were a feature of the world, not a creation of one's own mind. Prior to feeling witnessed, in other words, one may be able to know or feel, but one cannot go meta-affective; one cannot know or feel that one knows or feels.

Emma's palpable sense of conviction, both in the session and the email, told me that I was right when I described the self-respecting part

of her that I stood up for in the session. She listened to me, absorbed what I said, and later on, made it her own. What began as an alien thought began to "feel like me." She did not stop at recognizing and opening up a new possibility; she also was able to sense that *she* was the one doing the opening.

You can tell in Emma's email to me that she is not thanking me for a new insight. She is thanking me because she is experiencing a new, unbidden feeling/thought that she recognizes as coming from herself. She is mentalizing (Fonagy et al. 2002); she has the feeling that her mind is her own. And once you do that, once you are no longer limited to a passive-receptive attitude toward the thought or feeling in question, but are able to make it yourself and know that it is you who have done it, you don't go back. You can't go back, not really, because the world has changed in a small way, and it can never be quite what it was before.

Information alone can't do that, no matter how subtle and accurate it may be. Interpretation, as any number of psychoanalytic writers have told us over the past decades, is not adequately defined by its semantic content. I believe that Emma could experience being understood by my act of witnessing only because she believed that I meant what I said to her. It would not have happened just because what I said was accurate, no matter how well intentioned. In fact, if Emma sensed I was making a statement that was accurate and well-intentioned but not genuinely felt on my part, that itself would have been a strong reason for her not to take it seriously. She is highly sensitive to that sort of distinction. Emma's conviction derived from mine, and my conviction was rooted in my belief in her suffering.

Like a good poem, Jeanine Vivona (2013) reminds us, an interpretation makes one feel understood at the same moment that one sees "something new about oneself that has been articulated by someone else from within that person's own experience." And then Vivona says—expressing what seems to me to be what is most significant about witnessing in the process of formulation in the analytic situation—that insight "is an experience of resonance with another person's vision of things" (p. 1129).

WORKING THROUGH, OR SOMETHING LIKE IT

But I am not describing a magic psychoanalytic bullet. Even when there is a dramatic moment of coming into possession of oneself, there remains working through to do. I am sure that Emma and I will go through some version of the brief sequence I just described many times, in different ways. Her suffering, including the suffering she brings on herself, has hardly ended. The part of Emma that hates herself will try repeatedly to hurt or destroy the part that feels better about herself, and the hateful part will not always lose. And I will be part of the struggle. Sometimes I will be idealized, as I have been often enough already, in a way that results in Emma herself being cast in the devalued role. It will then seem to Emma, as it frequently does, that she has disappointed me, or worse, that she has hurt me or that she is toxic to me; and she will suffer for believing she is having this impact on me. If we do well, one day Emma will be able to be disappointed in me or angry at me, without having to feel that either of us is monstrous—neither her for being angry nor me for letting her down. All of this, and no doubt a good deal more, awaits us. I am hopeful that we will get there, because Emma has now had a number of experiences of finding her way—her own way—to perceptions of herself as good, or at least good enough. One of these experiences is the one I have just told you about: Emma's different sense of what she is doing when she presents herself as more put-together than she is.

The therapeutic action of witnessing depends on *feeling* witnessed. It would not be right to substitute *be* for *feel* here. It would not be right, that is, to say that to be witnessed is to *be* known, recognized, and understood. To word it that way would sound a falsely objectivistic note, as if being the object of someone's intention to witness is enough. If witnessing is to help, it must be rooted in an unconscious field process between the patient and the analyst, a web of meaning that, to exist, must usually have grown to its current status over a significant period of time. Let me say this another way. If the analyst is able to *mean* what he or she perceives, senses, feels, and speaks about the patient, about the analyst herself, and/or about the analytic relatedness—and let me emphasize that the emergence of the analyst's understanding from what is personally

meaningful to the analyst is indeed what is required—it is because the analytic participants have already constructed between them a complex, affectively resonant, and (at least relatively) emotionally safe interpersonal field. The witnessing must be an emergent product of a deep, powerful, unconscious, nonrational involvement with the patient that the analyst can feel or sense, at least partly, but usually cannot describe in explicit terms.

The kinds of enactments that rigidify the field do not disappear just because dissociation has been breached, an enactment has been ended, and the field has become more spontaneous. The themes persevere; what is resolved is only these particular expressions of the themes. Each successful resolution does indeed loosen the structural, dissociative grip of mind on the formulation of experience that is yet to be created; but these moments of successful clinical work hardly do away with the patterns they express.

There are any number of theoretical perspectives from which to grasp the very simple interchange I have presented from Emma's treatment. Many of these perspectives, like mine, emphasize relational factors, and most of them might very well tell us something interesting and/or useful. My ideas about formulation, in other words, are not uniquely suited to describe this clinical moment. The vignette is, I hope, useful as an illustration; but it is not intended as empirical evidence for my point of view. My aim in this presentation has been to describe the way that the process of formulation—the determination of the shape, pattern, and content of consciousness—is thoroughly rooted in and emerges from relational life.

CODA

I end by reporting what Emma said when I requested her permission to use in this article the material from our work.

Among Emma's first reactions to my request was that she would like to read what I wrote about her because it might be like reading over the notes she takes after our sessions, which she said she likes to do. (This was the first time I had understood this, although Emma had told me she takes notes.) Emma said that she reads over her notes because they remind her of what we talked about, which pleases her.

But she also likes reading them, she said, because during our sessions she can be so deeply involved in what she is talking about (and sometimes so self-conscious) that she is unable to pay close attention to what she thinks is my experience of her—at least those parts of my experience of her that she can believe are not critical. (She does generally believe that I feel warmly toward her; but of course that conclusion sometimes comes under attack by the self-hateful parts of her.) Reading her notes after the sessions allows Emma the freedom from urgency that she needs in order to imagine more fully and freely the positive parts of what I might have been thinking and feeling. She likes to imagine these things, she said, because, as she reads, Emma knows and can feel that I feel differently about her than she feels about herself. In her words, the surprise she experiences with every reading “feels freeing” (her words). She can feel her way into my experience of her, which is usually more sympathetic to her than the portrayals of herself she creates alone.

We see ourselves through our analysts’ eyes, hear ourselves through our analysts’ ears.

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35 East 84th St., Apt. 11D
New York, NY 10028

donnelstern@gmail.com