Embracing the Limits of Psychoanalysis
A Dialogic Approach to Healing

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This article outlines my essential paradigm as it relates to self psychology, how I arrived at it, and how I would position my perspective in the context of the larger psychoanalytic and scientific community. My dialogic complexity systems model is most closely aligned with the intersubjective systems theory of Atwood and Stolorow and was shown to have acquired its defining shape in the context of an in-depth exploration of the connection between the latter theory and Kohut’s self psychology. My paradigm is part of the wider relational turn in contemporary psychoanalysis. I have characterized the evolution of my perspective as my continuous preoccupation with the deepening and refinement of my understanding of the limits of psychoanalytic theory and practice and the cultivation of a clinical attitude that allows me to fully embrace these limits, an attitude that combines the caring ambience of genuine dialogue with the spiritual calmness of nondual awareness. My perspective can, therefore, be understood as my ongoing attempt at unifying my intellect, my heart, and my spirit into one experiential whole. A dialogic complexity systems model grounded in a post-Cartesian nondual philosophy constitutes the explanatory reduction of my theory and philosophy as lived in real time.

Key words: limits; dialogue; systems; presence; window; embrace; nondual

Introduction: A Paradoxical Task

Contemporary self psychology constitutes a complex umbrella of overlapping psychoanalytic perspectives that have various connections to the psychoanalytic theory of the self originated by Heinz Kohut. In that context, I have been asked to outline my essential paradigm as it relates to self psychology, how I arrived at it, and how I would position my perspective in the context of the larger psychoanalytic and scientific community. My own approach is most closely aligned with the intersubjective perspective, a systems theory of psychoanalysis created by Bob Stolorow and George Atwood (early collaboration with Bernie Brandchaft and more recently with Donna Orange), and my perspective will be shown to have acquired its defining shape in the context of an in-depth exploration of the connection between the latter theory and Kohut’s self psychology.

The task of outlining my essential paradigm confronts me with a paradox because my conceptual approach includes a view of theory as a fluid emergent narrative of a dialogic community, a view that not only precludes any property of essentiality or universality to any conceptual system but also raises questions about the “my” in that the relative contributions of my own and other voices to my personal paradigm are in principle indeterminate. My paradigm is, therefore, neither essential nor exclusively my own but is a work in progress, a dialogic outcome of an exciting conversation I have had over the years with members of the self psychology community (and others) and of course, with my patients.

My approach will be from the bottom up, that is I will bring you right into the clinical
situation as I practice it in real time with real patients, and I will allow the theory that informs my work to speak from my actual practice. In that context, I will outline the spirit of my clinical attitude or sensibility that I bring to my work. When I use the words attitude or sensibility, I am referring to an experiential disposition that constitutes both my theory as lived in real time as well as the ground that continuously reshapes that theory. A corollary to the above is that theory as explained constitutes a reductive abstraction, an illusion of essentiality and coherence, if you will, of the lived form of the theory, a feature that insures that its explanatory form will always fail to account for the full nature of the lived complexity of the psychoanalytic process.

**My Clinical Approach**

Imagine yourself to be a patient of mine, having come to visit me for the first time. After having told me your story, you sit back, you look at me, and you say, "Well, Dr. Sucharov, could you please explain to me how you work and how you see yourself being able to help me."

I will say something to the effect that I see myself as being helpful, not only because of the insights I may provide you concerning long-standing, restricting, relational patterns and out-of-consciousness emotional beliefs but also, more importantly, that hopefully something in your experience of our relationship will be such as to provide you with something new, something that contributes to your healing. I will also find myself saying that a useful way to describe our process is that we are here for you to teach me to be the best possible therapist I can be for you. I will also try to meet you unconditionally, exactly as you are, with no expectation that you fulfill any predesigned therapeutic goal. There will inevitably be moments when I fail you in this attempt, and when I do, I will do my best to be mindful of this, acknowledge my slippage, and return to the space of unconditional meeting.

Our sessions will be open-ended conversations with no plan or agenda, with the faith that this nondirected approach will allow new and useful understandings to emerge. I will also explain that even though we are here to understand the nature of your suffering, the process by which we arrive at that understanding always includes the influence of my own unique personhood, both its strengths and vulnerabilities. If you express any discomfort with regards to your experience of me, I will never assign that experience exclusively to your own "problems" but will always attempt to identify and acknowledge my own contribution, conscious or unwitting, to your experience.

If your story has been one of continuous and horrific trauma, I might add that healing includes not only our capacity to make sense of your experience but also to come to peace with dimensions of your traumatic world that may never be adequately understood. I might also add that I have sometimes found a spiritual approach to be a useful complement to our process.

Of course, I have never said all of the above to any single patient in one mouthful. But everything in the above has been said to various real patients in real time. What is not said, but is hopefully conveyed nonverbally, is my attempt to combine my unwavering commitment to remaining in my role as a guide to our process, with a natural and informal attitude that allows for the possibility of my unique way of being, my "Maxness," to be a felt presence. Lastly, and perhaps most importantly, I attempt to convey my personal willingness to do the work, to want to be a therapist for you as a particular human being.

So, what is the theory that is being lived out in the above imaginary vignette? What conceptual principles seem to underwrite my response to your inquiry? My response to you can also be understood as a complex layering of my own development as a psychoanalytic therapist. My response is, therefore, embedded in and shaped by my dialogic history, one that contains the echoes of many voices, both inside
and outside of psychoanalysis, that have over the years shaped my current sensibility.

My comment about the importance of new relational experience speaks to the healing power of loving human connection. At the level of clinical theory, my comment reflects an expanded view of transference experience that includes not only the traditional repetitive dimension but also a developmental dimension (Kohut’s self/object transferences). When I state that you are here to teach me to be the best possible therapist for you, I am inviting and recognizing you as an active contributor to the process, thereby calling forth a view of the analytic encounter as a collaborative dialogue unique to our particular dyad where the priority will be to understand your experience from your own perspective. My acknowledgment of the continuous impact of my own personality (including my theories) on your experience speaks to the intersubjective nature of our process whereby I relinquish any notion that I can be an objective arbiter of your reality. I am, therefore, living out a nonobjectivist epistemology where the playing field between analyst and patient has been leveled and subjective reality is co-constructed by the two of us. My invitation also constitutes my living out a theory of specificity whereby every therapeutic process is unique for every therapist/patient dyad and that every healing process will be unique for that particular individual with that particular therapist. The analytic dyad, therefore, constitutes a unique intersubjective system whereby the specificity of relational context replaces universal assumptions regarding predetermined pathology and therapeutic goals. The notion that new understanding will emerge from an unplanned conversation foregrounds the phenomenon of emergence, a central characteristic of complex, dynamic, non-linear systems.

At this juncture I have abstracted from the above vignette the features of a dialogic systems model, a variation of an intersubjective systems approach, one that for me stands on three cardinal principles that are ground into my conceptual lens:

1. thoroughly phenomenological, with its focus on experience as lived in real time;
2. field-dependent experience—my own and my patient’s always take shape within our unique relational field or system;
3. dialogic—psychoanalytic understanding and/or new relational experience emerge within a continuous and coregulated empathic dialogue that includes both verbal and nonverbal dimensions.

At a higher level of abstraction, the above principles can be understood to be the application to the field of psychoanalysis of a dynamic systems/complexity theory sensibility whereby the analytic dyad is understood to be an open living system where new meanings are generated by emergent rather than prescribed processes (Dubois, 2003). Complexity is a more formal expression of the uniqueness of the dyad, one that is embedded within multiple and interweaving relational contexts, both current and historical. The complexity and emergent nature of the encounter, therefore, define the psychoanalytic process as exquisitely context sensitive and subject to irreducible uncertainty.

My attempt to meet you unconditionally with no expectations with regard to predesigned therapeutic goals and the importance of my presence as a unique other speak to the embeddedness of my perspective in a theory of dialogue (derived from the Buber-inspired Gestalt dialogues of Lynne Jacobs [Hyener & Jacobs, 1995]), one that specifies my felt presence as a dialogic other as a vital dimension of the healing process. My recognition of inevitable slippages and my handling of the same characterizes the analytic process as a zigzag in and out of genuine dialogue.

What is evolving is a perspective that blends the clinical innovations of Kohut, the system sensibility and conceptual rigor of intersubjectivity theory, and the dialogic spirit of the Gestalt therapeutic world. What is also emerging is the placing of dialogue, in the widest meaning of that term, at the center of my
clinical/conceptual universe and my subsequent preoccupation with and concern with its vicissitudes, both verbal and nonverbal. Furthermore, my stressing the importance of wanting to do the work specifies the analytic process as a quintessentially human emotional encounter and where genuine dialogue requires the presence of a caring dialogic other.

My mentioning the importance of making sense of traumatic experience and the limits to understanding imposed by severe trauma foretells my prototype for human suffering as trauma centered and interconnects dialogue, meaning, and trauma. Beginning with a view of dialogue as the relational vehicle through which we make sense of our world, I have elsewhere suggested that an important dimension to the traumatic experience is the “freezing of the victim in nondialogic space,” thereby shattering his/her capacity to generate meaning. Where trauma has been prolonged, the survivor may be left with large chunks of endured experience with no meaning, creating disquieting gaps and discontinuities in the experience of one’s life history. A therapeutic thawing of this frozen space entailed the analyst’s provision of a “window function” whereby the analyst uses his/her presence to supply a framework of orientation that can “prime the dialogic pump,” thereby initiating a meaning-generating dialogic process (Sucharov, 2007a).

I have introduced the metaphor of window, derived from the writings of Kafka (Kafka, 1971; Pawel, 1985) to refer to a relational function involving the vitalizing experience of a therapist who is felt to be fully present as an authentic dialogic other. I have introduced this term as a wider and more flexible construct than Kohut’s mirror. Windows may also reflect, and window function may, therefore, include a mirror aspect, but one with an altered meaning in the sense that the mirror experience is in the context of myself providing affirming, reflecting, validating responsiveness but not at the cost of relinquishing my own voice. At every moment of the exchange, my unique humanity is palpably present.

Including the mirror transference within the more encompassing “window transference,” therefore, contextualizes the mirror transference as a mode of experience whereby the analyst’s subjectivity is felt to be relatively opaque but where the analyst’s presence leaves “options for transparency.” We therefore have a second order bidimensionality within the developmental (self/object) dimension of the transference where opaqueness and transparency of the analyst’s subjectivity shift between background and foreground. As a primer of the dialogic pump, the window function constitutes a relational bridge to genuine dialogue.

My caution regarding dimensions of horrific trauma that may be beyond understanding speaks to the limit of the dialogic process. In a recent paper, drawing on Godel’s incompleteness theorem and the isomorphic incompleteness of complexity/dynamic systems theory, an incompleteness that can be derived from its own principles, I have formalized the latter limit. Beginning with a central thesis that the domain of lived truth, especially its horrific dimension, will always exceed the explanatory/organizing capacity of conceptual discourse, I characterized the therapeutic dialogue as a systemically constituted strange attractor that, in principle, can provide meaning to only a portion of the traumatic world permeating analytic space. There will, therefore, always be dimensions of that lived world that will forever be beyond the grasp of even the most empathically attuned dialogue, reflecting realms of no meaning that are trapped in a wordless vacuum. In my clinical work, I have learned to be cautious against filling these psychic black holes with interpretive discourse,

*The idea of window function providing options for transparency was suggested by Renee Leif-Kaplan in a recent online colloquium in the context of her personal analytic experience. “To me, in one of my analyses, mirroring from the analyst did not fill in the gap; the mirroring left me with the sense of my own agoraphobia reflected back to me more deeply—like echoes of the glassless gaps. I felt isolated in the room, trapped, confined, and frightened in a half of mirrors. But a window, unlike a mirror, opens a window provides opportunities and options for transparency, and, beautifully, a window can be closed, offering a kinder, more flexible safety.”

*This idea was suggested to me by Margaret Sperry in the same online colloquium mentioned in the previous footnote.
an action that could foreclose awareness of the vacuum. I am discovering that it is more important to facilitate the shared awareness of these gaps and to accept the impossibility of ever providing an integrated narrative meaning to the whole of the patient's traumatic world. In other words the healing process may best be served by creating a space to mourn the permanent loss of giant chunks of one's personal past (Sucharow, 2007b).

My formalization of the limits of dialogue in the context of built-in limitations of complexity/dynamic systems theory also speaks to my preoccupation with the intrinsic limits of psychoanalytic theory and practice, a preoccupation that has remained relatively invariant throughout my various conceptual and clinical transformations. As a dimension of my radical questioning attitude, itself a Talmudic derivative of my cultural heritage, my interest in limits, therefore, constitutes one of my "invariant organizing preoccupations" that structures my psychoanalytic world.

If I think of my psychoanalytic perspective as a process, I would, therefore, characterize that process as a gradual deepening and refinement of my understanding of the limits of psychoanalytic theory and practice and the cultivation of a clinical attitude that allows me to fully embrace those limits. When I use the word embrace, I am trying to capture a mode of understanding that includes but goes beyond the conceptual, an embodied knowing that is felt with my whole being, an understanding that dissolves the very distinction between the conceptual and the experiential.

In the above attempt to describe a holistic mode of understanding that dissolves binary distinctions, I have arrived at the realm of the spiritual, the final, and most difficult to articulate dimension of my clinical work, one that is still in its early formative stages. By spiritual I do not refer to organized religion but to the cultivation of a nondual consciousness, a general term for a dimension of awareness that has been described by the contemplative spiritual traditions, both Eastern and Western. The quality of this difficult-to-describe awareness is decidedly nondualistic, with a falling away of the boundaries between mind/body, inner/outer, and self/world. Freedom, serenity, and peace are prominent features (Sucharow, 2001).

For myself, I would characterize the above awareness as a stillness that sits behind my busy mind, a stillness that optimizes my staying fully in the present moment, open to our shared unfolding. I will sometimes direct my gaze to the tall evergreen trees outside my window (just above the line of vision to my patient) to resonate with their stillness.

I have discovered, through those moments when I settle into the quiet stillness of nonduality, that I am more likely to invoke a quality of relatedness, both to myself and to my patient, characterized by a letting go of agendas (to be a good therapist/healer) and by unconditional acceptance. These are the moments when I am embracing most fully the total-lived complexity of the psychoanalytic process, with its attendant uncertainties and ambiguities. I would, therefore, consider nondual consciousness as the spiritual ground of genuine dialogue. When I am in genuine dialogue, I am living out, in real time, a theory of complex dialogic systems and a philosophy of nonduality, with the latter constituting the philosophical foundation of the former.²

**My Defining Paradigm: Summary Statement**

In summary, my defining paradigm is a work in progress that I can now state as my continuous preoccupation with the deepening and refinement of my understanding of the limits of psychoanalytic theory and practice and the cultivation of a clinical attitude that allows me to fully embrace those limits, an attitude that combines the caring ambience of genuine

²The idea of distinguishing between experiential and explanatory forms of complexity/dynamic systems theory, with priority given to the former, derives from the work of Bars on (2007). The mutuality between conceptual understanding of complexity and the awareness of nonduality derives from the work of Porcar (2007).
dialogue with the spiritual calmness of nondual awareness. My perspective can, therefore, be seen as the bringing together of my mathematical, psychological, and spiritual selves and defines my growth process as my ongoing attempt at unifying my intellect, my heart, and my spirit into an experiential whole. A dialogic complexity systems model grounded in a post-Cartesian nondual philosophy constitutes the explanatory reduction of my theory and philosophy as lived in real time.

Origins

In the attempt to describe how I arrived at my current perspective, it is tempting to reconstruct a rather smooth continuous narrative that creates the illusion that my development has evolved in a stepwise linear fashion from classical psychoanalytic positions to intermediate ones and into the more contemporary relational models. However, a linear narrative does not speak to the messy and context-sensitive nature of my psychoanalytic development, a development where new ideas become incorporated in a rather slipshod fashion, become forgotten, and returned years later in a different form. It is also difficult to talk about those periods in my journey where I found myself merely bumbling along, just trying to get through the day, not to mention those periods where I have been overwhelmed by emotional crises that are an inevitable part of a lived life.

Notwithstanding the above constraints, I have already defined my paradigm as a process characterized by the attempt to embrace most fully an ever deepening grasp of the limits to psychoanalysis, thereby unifying my intellect, emotions, and spirit. The latter process can, therefore, be used as a guiding thematic framework for my autobiographical narrative, one that consists of my dialogic history with the various psychoanalytic voices that have nurtured my growth. I might also add that the theme of unification of my tripartite psychoanalytic identity can more aptly be described as the closing of the gap between my intellectual and my spiritual/emotional side, given that my agile conceptual mind has always raced far ahead of my tortoise-like empathic heart.

Beginnings: Freud, Kernberg, and an Early Challenge from Family Systems

Like other psychoanalytic clinicians whose formative years were in the 50s and 60s, I was smitten with the ideas of Sigmund Freud. His notions of unconscious mental process, his structural model of ego, super ego, and id, and his clinical practice based on transference and resistance constituted the foundational pillars to the fascinating world of psychoanalytic exploration. When I told my patients that I was there to discover what made their minds tick, I was behaving in conformity with the classical psychoanalytic tradition. The patient was there to free associate, and I would sit back in detached objective fashion to try to figure out the unconscious theme emanating from the free associations. This is what psychoanalysis was all about. The world of human relationships fit into my model under the rubric of the object relations school of psychoanalysis that conceptualized the individual as harboring unconscious internal representations of his or her relational world.

I was particularly taken by the conceptual alacrity of Otto Kernberg, who integrated in brilliant fashion the world of internal object relationships, ego psychology, and drive psychology around his elaboration of the borderline personality disorder. Influence from a Kleinian supervisor helped me appreciate the intricacies of countertransference as well as the primitive aspects of human mental functioning. All of this was very much in the context of me seeing myself apart from my patient, the detached objective therapist figuring out what was going on. In hindsight, the classical model provided a rationalization for my tendency to avoid painful emotions and to hide behind the screen of analytic neutrality.
An early window to the limitations of the classical approach was provided by my encounter with the family systems models of Satir, Ackerman, Epstein, Minuchin, and others. Within this perspective, the identified patient was understood to be a symptomatic reflection of a problem within the family system. After a brief love affair with this model, whereby I became more emotionally engaged, I retreated to the calmer and more predictable waters of the classical individual approach. However, the family systems model, whereby individual psychopathology could not be understood apart from the family system in which that individual was embedded, planted the seed of a contextu­alist sensibility in the embryonic waters of my prereflective awareness.

Early Encounter with Kohut: The Planting of a Revolutionary Seed

My initial encounter with Kohut's ideas was in the late 1970s when I read with excitement Paul Ornstein's remarkable introduction to the two volume collection of Kohut's works along with most of Kohut's papers, as preparation for the 1980 Self Psychology Conference in Boston (Ornstein, 1978). There were essentially two dimensions to Kohut's work that struck a chord with me. One is that he explored the narcissistic sector of the human condition not from a point of view of pathologizing it, as Freud and later Kernberg seemed to have done, but rather he viewed narcissism as an important dimension of human experience that had its own separate developmental line from immature to mature forms (Kohut, 1978a). Kohut's in-depth exploration of narcissism, therefore, constituted a recentering of psychoanalysis from its focus on Freud's mechanistic ego to the more experience-near concept of the self and its developmental vicissitudes.

The second dimension that captured my interest was Kohut's discovery of the narcissistic (eventually renamed selfobject) dimensions to the transference experience (Kohut, 1978b). These transferences did not take the form of a repetition of early and, supposedly, pathological relationships to early parental figures being displaced onto the analyst but rather were understood to be the reinstatement of developmental yearnings that were not met in childhood. They were thus seen to be new relational experiences that occurred in the psychoanalytic situation that served to fill in or repair a defect or gap in the analysand's self.

Notwithstanding the above new and important conceptual understandings, I was still much too clinically and personally uniformed to productively incorporate these insights into my work. The new ideas, therefore, receded into the background, a slow growing seed awaiting its flowering at some time in the distant future.

In the following decade, clinical experience with a wider group of patients that included significant trauma made it clear that a classic psychoanalytic approach that informed my work was inadequate. Patients were making demands for me to be more fully engaged, an engagement that precluded hiding behind my analytic screen of neutrality and objectivity. Furthermore, having relocated from the Canadian Midwest to Vancouver in 1984, where psychoanalytic clinicians were as welcome as a left-wing democrat in Utah, the absence of the secure support system I developed in Winnipeg severely shook my psychotherapeutic confidence to the point that I sometimes felt I had literally forgotten how to do psychotherapy. (In hindsight I was enduring an out-of-awareness but profound depression.) In the attempt to regain my equilibrium, I immersed myself in the world of books, reading voraciously. I became intrigued with the history of ideas, both inside and outside of psychoanalysis.

The Quantum Revolution: Flowering of the Kohutian Seed

In that context a pivotal moment in my conceptual evolution was my encounter and
fascination with the discoveries of quantum physics and their epistemological implications. Niels Bohr, in his Copenhagen interpretation of quantum novelties, recognized that the wave-particle duality and the Heisenberg uncertainty relations between position and momentum of a quantum particle reflected a new descriptive situation where the interaction between observer and observed could not (as in Newton's physics) be ignored but rather constituted an intrinsic feature to quantum phenomena. Bohr therefore developed a new descriptive framework of complementarity that restricted description to a series of complementary manifestations corresponding to different dividing lines between observer and observed. This new framework precluded objective and causal modes of description (Bohr, 1934, 1963).

The limits of objectivity had been reached in the world of science, a world that now had to take into account subjectivity, uncertainty, and paradox.

The time had come for my Kohutian seed to bear its fruit.

Having recalled the frequent mention of complementarity at the Boston Self Psychology Conference in 1980, I reviewed Kohut's writings and was excited to find that Kohut was indeed aware of the quantum revolution and in fact drew a parallel between his empathic method and the situation in modern physics:

And there is finally the fundamental claim of modern physics that the means of observation and the target of observation constitute a unit that, in certain respects, is in principle indivisible. This claim finds its counterpart in the equally fundamental claim of the psychology of the self that the presence of an empathic or introspective observer defines, in principle, the psychological field. (Kohut, 1977: 31-32)

Like his counterpart in the world of physics, Kohut called for complementary modes of description to account for the complexities of subjective experience:

In accordance with a psychological principle of complementarity ... a grasp of the phenomena encountered in our clinical work ... requires two approaches: a psychology in which the self is seen as the centre of the psychological universe and a psychology in which the self is seen as a content of the mental apparatus. (Kohut, 1977: xv)

The overlapping epistemological journeys of Kohut and Bohr now provided me with a window into the deeper meaning of Kohut's psychology of the self and provided (with the encouragement of Paul Ornstein) the impetus for my first psychoanalytic paper and my subsequent entry into the self-psychology community (Sucharov, 1992). My central conclusion was that Kohut's essential lesson was an epistemological one, thereby giving explicit voice to the limits of objectivity in the psychoanalytic world. Put another way, Kohut's reconceptualization of narcissism and his discovery of the selfobject transferences were inseparable from his epistemological shift.

The transition within physics from the mechanical world of Newton and Descartes to the quantum world of Bohr and Heisenberg also provided me with a narrative framework for the understanding of the complex historical process being played out in the psychoanalytic world, a drama in which Kohut constituted a pivotal and transitional figure. I now understood the evolution of psychoanalysis from Freud through Kohut as reflecting a gradual, bumpy, and uneven transition from a mechanistic world view to a quantum one. This new insight led to a series of papers in which I explored the implications of the latter transition. Using the shift from the parts to the whole as a guiding principle, I suggested that clinical findings necessitated the introduction of features of wholeness into psychoanalytic theory, culminating in the recognition of the indivisible wholeness between analyst and patient, a feature that allowed for the liberation of mental life from the mechanistic prison of intrapsychic space (Sucharov, 1993a).

My new understanding of Kohut's seminal contributions was closely followed by my encounter with Atwood and Stolorow's intersubjectivity theory. Although arrived at independently, their body of work seemed to flow seamlessly from Kohut's phenomenological
and epistemological innovations. Grounded in the traditions of personology, phenomenology, and structuralism, they developed an overall approach to mental life that embraced personality development, psychological structure, and the psychoanalytic process within a coherent set of concepts. The continuity with Kohut is reflected in their taking and clarifying Kohut’s epistemological lesson as their founding assumption: “Patient and analyst together form an indissoluble system, and it is this system that constitutes the empirical domain of psychoanalytic inquiry” (Atwood & Stolorow, 1984: 64).

For me, the above statement brought together the epistemological voices of Bohr, Heisenberg, Kohut, Atwood, and Stolorow into one harmonious chorus. It was my contention that any theory of psychoanalysis that begins with this assumption embraces in principle a model of the psychoanalytic process as a quantum system inside a quantum domain of investigation. I developed a number of propositions of a quantum system that cohered closely with existing concepts of intersubjectivity theory and anchored the theory firmly inside the quantum world (Sucharov, 1993a).

The propositions formalized the limits to objectivity and neutrality in the psychoanalytic encounter and restricted description to a series of mutually exclusive complementary manifestations. The propositions also brought forth the limitations of language in the communication of reality, restricting its power to that of a concretized abstraction of subjective experience. A corollary to this limitation is that all psychoanalytic discourse is embedded in our subjectivity (Sucharov, 2000), a conclusion that is also a natural corollary to Atwood and Stolorow’s (1979, 1993) thesis in Faces in a Cloud, where they applied a psychobiographical method to support their thesis that psychoanalytic theories are embedded in the psychological life of the theorist.

The wave particle duality in the microphysical world was understood as a particular instance of a general feature of the family of quantum domains. The application of this feature to psychoanalytic encounter reconfigured Freud’s psychoanalytic project from an archaeological search for hidden mental contents inside an isolated mind to a fluid process whereby an indeterminate subset of a dynamic array of potential events are actualized via the empathic dialogue.

The wave dimension of a quantum system also reflected the quintessential relational and contextual nature of mental life whereby the intrinsic nature of an individual mind is not a property that exists in isolation from its relational context but is a property that arises partially from its relations with other minds. Furthermore the relative contribution of each member of the system to the whole is indeterminate (property of quantum relational holism), a property that captures the interpenetration of experience in the analytic encounter.

To summarize, my integration of quantum thinking with intersubjectivity theory gave formal argument to a number of built-in limitations to the psychoanalytic process, limitations that are fundamental to the intersubjective systems perspective. These include limits to objectivity, analytic neutrality, language, universality of theories, and individual mind. Psychoanalysis, both theory and practice, was irrevocably contextual and was soaked with ambiguity and uncertainty.

Many of my subsequent contributions consisted of exploring more deeply the above limitations, initially focusing on language and conceptual discourse and moving on to challenging the time-honored notions of the intrapsychic and internal representation. These explorations were interwoven with the ever deepening application of a systems perspective, a perspective irrevocably intertwined with all of the above limitations (Sucharov, 1993b, 1994, 2000, 2002).

Clinical Integration: Unifying Mind, Heart, and Spirit

Encountering the work of Atwood and Stolorow in the immediate aftermath of
A psychological understanding of Kohut's seminal contributions constituted a conceptual watershed for me that irreversibly and profoundly altered my conceptual and clinical approach to psychoanalysis. I now had powerful conceptual tools to account for my felt sense that I could not exclude, even for a moment, my own subjectivity from the analytic process. It was there whether I liked it or not. Judicious self-disclosure could not violate an analytic neutrality that was never there in the first place.

With no need to resort to contrived role stereotypes to maintain a mythical analytic neutrality, I could just relax and be who I was, letting the cards fall where they may, taking reassurance that if who I was disrupted the process, my patients would let me know. This new attitude not only deepened my own empathic connectedness but also opened me to my patient's empathic capacity, often with remarkable perceptiveness, to tune into my inner subjective state.

The latter clinical observations lead to my exploration of the mutual nature of empathic understanding in the therapeutic encounter. (Sucharov, 1996, 1998). I introduced the metaphor of "the empathic dance" to depict a new listening stance that captured the intersubjective complexities of the dyad and that transcended the unilateral limitations of empathic immersion. The embeddedness of empathic understanding in a mutually regulated relational process has redirected the focus of my listening stance from the interior of my patient's mind (empathic immersion) to the continuous and subtle interplay between our personal worlds of experience (empathic dance).


At the higher levels of abstraction, the work of Stolorow (1997), Coburn (2002), and Trop, Trop, and Burke (1999) brought forth the principles of complexity/dynamic nonlinear systems theory as a powerful conceptual umbrella uniting the various strands of the relational shift. My recent explication of the built-in limitations of complexity/systems theory draws heavily on Coburn's lucid and thorough explication of the application of the latter theory to psychoanalysis.

Within the world of trauma, Doris Brothers' (2008) prolific work on trauma was taking a decidedly relational turn, eventuating with a thoroughly systems view of trauma, grounded in the disruption of relational processes that regulate uncertainty (systemic emergent certitudes) concerned with psychological survival. My own grounding of trauma in the shattering of meaning-generating dialogic process is intimately connected to Brothers' focus on uncertainty regulation and can be understood as a specific corollary derivative of her more general viewpoint.

Within the intersubjective perspective, Donna Orange (1995) strengthened the philosophical foundations to the theory and clarified that psychoanalytic understanding is emotional understanding. Of particular importance to my own evolution was her application of Gadamer's hermeneutics, an application that provided a more explicit dialogic spirit to the intersubjective framework. Orange's collaboration with Atwood and Stolorow provided further elaboration of the nondual philosophy.

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Donna was also a member of a philosophy and psychoanalysis study group in which I participated. Other members included Doris Brothers, Elizabeth Corry, Ed Hersch, Lynne Jacobs, Mike Reison, and Francesca Von Bromsen. The group deepened my understanding of post-Cartesian philosophy and was invaluable in shaping and responding to my ideas.
underpinning intersubjectivity theory, reflecting a shift from Cartesian minds to post-Cartesian experiential worlds (Stolorow, Atwood, & Orange, 2002). My own investigation of the epistemological consequences of the quantum revolution can now be understood as my particular entry point into a post-Cartesian psychoanalytic world.

My encounter with Lynne Jacobs' Gestalt world of dialogue, especially around the ideas of otherness, presence, unconditional meeting, and genuine dialogue, deepened the human dimension to my work and further closed the gap between my conceptual and clinical growth (Jacobs, 1998, 2006). The spirit of a Gestalt approach also served as a bridge to the spiritual dimension of my growth, an approach that gave deeper meaning to the attitudes of unconditional acceptance, surrender to the complexity of the process, and letting go.

My spiritual approach also draws heavily on the work of Judith Blackstone (2002, 2007), an experienced spiritual practitioner, psychotherapist, and author who has integrated the realization of nondual consciousness with the intersubjective perspective. In my still early attempts to integrate spirituality into my psychoanalytic work, Judith has served as both a collaborator and valued mentor.

The dialogic emphasis of both Jacobs' Gestalt world and Orange's hermeneutics brings forth dialogue as a flexible, versatile, and user-friendly concept that has brought together the various strands of my clinical conceptual universe. Depicting my perspective as a dialogic systems approach flushes out more explicitly the quintessentially human nature of an intersubjective approach, a nature that may sometimes seem hidden amidst the abstractions of the theory's conceptual discourse. A dialogic approach to theory (theory as a fluid and emergent narrative of a dialogic community) formation also provides a richer and more experiential understanding of the limitations of theory than in my earlier contributions. As the relational vehicle through which we make sense of the world, dialogue also underpins and brings together my clinical and conceptual approach to trauma.

In the world of literature, Bakhtin's dialogic theory of the novel provided me with an investigative tool by which I revisited Kohut's "The two Analyses of Mr. Z" (Kohut, 1979). This return to Kohut's classic paper disclosed a hidden subtext of dialogic tension between the voice of static intrapsychic structure and the relational voice of fluid dialogic emergence, a subtext that anticipated future debates within the post-Kohutian self-psychology community—debates that formed the dialogic ground for the above-mentioned gradual shift to relational systems thinking (Sucharov, 2007b).

My Perspective within the Wider Psychoanalytic and Scientific Community

The position of my perspective within the relational intersubjective stream of self psychology would define my approach as part of the wider relational turn within psychoanalysis, usually referred to as "contemporary relational psychoanalysis." The latter constitutes an umbrella term for a variety of approaches that have in common a view of mental life as embedded within a relational field or matrix and a view of the psychoanalytic process that imposes limits on what can be known and that prioritizes the importance to healing of new and vitalizing relational experience. The writings of Irwin Hoffman (1991), Owen Renik (1993), Lewis Aron (1996), and Stephen Mitchell (1998) and of many other contributors to the "relational cannon" overlap with my own ideas.

With respect to historic voices that contribute to my perspective, my preoccupation with the limits of psychoanalytic knowledge draws heavily from the thought of Bion (1970) with respect to his call to eschew memory and desire and his specification of the domain of O as reflecting the ineffable and unknowable. My emphasis on new relational experience in the context...
Final Thoughts on Origins: A More Personal Touch

What has been insufficiently explored in the narrative of my evolving perspective is the inevitable intertwining of my clinical/conceptual evolution with my personal growth. Also decidedly understated is the contribution of my patients. In that context, an important challenge to my evolution as a therapist was the imperative to overcome my tendency to distance myself from painful emotions, both my own and those of others. The classical model unfortunately provided me with a convenient rationalization to hide behind the screen of analytic neutrality and objectivity.

Notwithstanding the above, an important asset that served me well in the early years was my commitment and tenacity to the process whereby I stayed the course, week after week, even with very challenging patients, for many of whom I was the first person to provide regular and consistent human contact. There were, fortunately, some patients who possessed their own persistence and tenacity in bringing out my potential for a more genuine emotional engagement, one that would include judicious self disclosures concerning my own contribution to disruptive moments in our process. In the words of Barbara, while reflecting on our long, shared, psychotherapeutic journey, one that encompassed my shift from the defensive classical perspective to my current approach: “You don’t know how hard I had to work to get you to be the kind of therapist I needed.”

My pivotal encounter and openness to the post-positivistic thought of Bohr, Heisenberg, Kohut, Atwood, and Stolorow and my shift to a more emotionally engaged clinical attitude are, therefore, mutually implicating dimensions to my evolving perspective. In that context, the deepening of my understanding of the limits to psychoanalysis and the cultivation of a clinical attitude of genuine dialogue that embraces those limits are also mutually implicating processes.

An important subtext to my evolving paradigm is, therefore, my attempt to use the power of my conceptual mind in the service of the analytic process. When I practiced within the classical psychoanalytic world, my intellect was supporting my defensive distancing from emotions. By contrast, by placing myself inside a post-Cartesian world characterized by a rigorous investigation of the limits of psychoanalysis, I am harnessing the power of my conceptual mind to bring me closer to my patients’ (and my own) emotional lives.

And there is, of course, much more. Psychoanalytic growth occurs within a wider context of relational supports. Within the self-psychology community I have been blessed with the opportunity to engage not only the texts of contributors but also with the authors themselves, all who have touched me deeply with their humanity, generosity, and openness to my own voice. Given my isolation in Vancouver, I can state without reservation that the self-psychology community resuscitated my psychoanalytic life, giving me that “new beginning” that our patients hope for.

Last, but certainly not least, is the relational support of a loving network of family
and friends. The most central contributor to my growth has been my wife Rebecca who has been my “window” into a life filled with light and vitality.

Conflicts of Interest
The author declares no conflicts of interest.

References


