Kohut Memorial Lecture: Attitudes, Values and Intersubjective Vulnerability

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In memory of Heinz Kohut, this study relates his view of empathy as replacement for "tool-and-method pride" to the search for understanding in a fully dialogic psychoanalysis. Only when we embrace our intersubjective vulnerability, including the shame we clinicians bring to the encounter with the other in treatment, can we hope for the kind of healing Kohut envisaged. Attitudes toward the other and toward our work are crucial mediators of in the process of treatment; they may be authoritarian and reductive or humanistic and compassionate. Ideals like courage become embodied in the clinician's willingness to accompany the other and take on the suffering of the other.

Keywords: attitudes; empathy; shame; ideals; intersubjective; vulnerability; Kohut; psychoanalysis

I am human, and nothing human is alien to me [Terentius; Terence and Radice, 1976].

More than 35 years ago, Heinz Kohut—as he alluded to having seen Freud escaping Vienna—noted that we were approaching the second death of Freud: "the moment when there will be no

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more analysts who have come under the direct influence of Freud and his charisma—even in a brief glance at a railroad station" (Kohut, 1975, p. 327). Psychoanalysis, Kohut said, was still young and had not penetrated much beyond the surface, but Freud had left us "the legacy of an opened door" (p. 328). Now we may be nearing a similar bittersweet moment in self psychology. I may be the first in this line of lecturers not to have known Heinz Kohut personally, but many of his colleagues and friends have been my teachers, my very dear colleagues and friends, and have provided my link to Kohut, without whom I would surely not have become a psychoanalyst. In addition, my special thanks go to the entire Institute for the Psychoanalytic Study of Subjectivity community in New York, and to the Institute for Specialization in Self Psychology and Relational Psychoanalysis in Rome—mille grazie—my two psychoanalytic homes. I am also, of course, endlessly thankful for a world of mutual support, encouragement, and collaboration with Bob Stolorow and George Atwood. It would take the remainder of my allotted time to thank all of you sitting here who have taught me, inspired me, supported me, helped me to prepare this article, challenged me, even loved me. So, tante grazie, vielen Dank, merci beaucoup, and many, many thanks.

I have entitled this article "Attitudes, Values, and Intersubjective Vulnerability," intending to link Kohutian attitudes and ideals with their costs, especially to the devoted clinician. Our attitudes and values or ideals can make us vulnerable—and, I argue, they must—not only in general, but in ways that are painfully personal. What are these attitudes and ideals?

Kohut (1975) entitled his article, mentioned earlier, "The Future of Psychoanalysis." There, he observed that the value central to Freud's psychoanalysis had been the search for truth, "unembellished and unmitigated psychological truth" (p. 328). The fundamental attitude and task of a Freudian psychoanalyst—that psychologist of the complex depths—was "to establish what is fact and what is fancy with regard to man's psychological life" (p. 328). A psychoanalyst had to dig up, identify, and put aside everything in herself or himself, as well as in patients, that might interfere with this clear and unflinching scrutiny, no matter how ugly or shameful the result might look. Analysis required neutrality, anonymity, avoidance of gratification, and exactitude in interpretation. Heinz Hartmann (1960) characterized analysis as a kind of technology. Thus the battle against the false and the hidden needed the detached mind-set of the laboratory scientist, the discipline of the ascetic, but also a confrontational approach toward the powers of evil and illusion.
Now, in 1975, Kohut believed, we were on the threshold of a value shift similar to the paradigm shifts in physics from Newtonian dynamics to relativity and quantum mechanics. Our central value as psychoanalysts would henceforth be empathy. Psychoanalysis would integrate its "inherited value system" into a new worldview, but, he predicted, "it will enter a more or less prolonged period of questioning its past, of struggling against the temptation of rebelliously discarding its inheritance, followed by the examination of daring new paths into new territories. This will be a period of great danger, of excited battle and debates—but analysis will have a chance to emerge from it, to go on to live and to thrive” (p. 327).

I do not suggest that we psychoanalytic self psychologists have finished the task that Kohut envisioned, or that we are now—although change occurs faster now—at the next turning point. However, this may be an opportune moment to ask ourselves what has been the journey of the empathy Kohut so cherished and taught all of us to prize, and where its leading edges might be now.

It is probably safe to say that most of us have come to regard empathy as an intersubjective process, rather than something that one person provides to another, or as a method of gaining inside access to another’s subjectivity. Given advances in developmental research, and a considerable body of literature reflecting on this research, this is not surprising. Attunement, mutual regulation, self-organizing developmental systems continually involved with the relational context, attachment vicissitudes—all these have come to be everyday ideas in the vocabulary of most of us contemporary self psychologists. In addition, we philosophical subversives are bringing into psychoanalysis, and specifically into this community, all our phenomenological doubts about the possibility of interpretation-free knowing, as well as a conviction that our being is embodied from the start in experiential worlds. We exist together in lifeworlds.

Therefore, empathy remains what Heinz Kohut (1985) told us it was our access to the world of the other and a "something" that connects us and reassures us that we are not so finally alone. Empathy, he said, was "the resonance of the self in the self of others, of being understood, of somebody making an effort to understand you” (Kohut, 1985; Kohut, Goldberg, and Stepansky, 1984, p. 222). However, now we understand it explicitly as a process that emerges between two or more people where the participation of both or many parties creates the possibility of mutual understanding. An attitude of empathy becomes a desire to understand that evokes the needed resonance in the other, and this reverberation
modifies the experience of both or of all involved; or better said, we already live in a world of meanings in which empathy becomes a process of trying to find a sense of connection through various forms of dialogue. In summary, empathy has been deeply and explicitly relationalized by the developmentalists, by the systems and complexity theorists, and by the phenomenologists.

What self psychology—both original and contemporary—brings to psychoanalysis, I believe, is a sense of empathy as way of being-with the other, an attitude that Kohut taught us to value in place of what he called "tool-and-method pride." To those who, even today, disparage self psychology as "making nice" and ignoring the darker sides of human nature, we proclaim with Terentius that we are human and that nothing human is alien to us. We believe that our involvement in humankind means that all human experience is in principle understandable through empathic dialogue, including its nonverbal or embodied forms. This means that, although you or I may not be able to understand every patient, no patient, no psychosis, no cultural difference, no form of otherness lies outside the possibility of understanding by someone. Daily we psychoanalysts are called to be the someone who makes the empathic stretch to include in our horizons of understanding that someone whom we find challenging—that is, difficult to understand.

Becoming capable of empathic understanding—what Kohut would have called understanding in depth the psychological life of another—requires, we now understand, our full personal participation and our lifelong commitment. We are "involved in mankind," as the poet John Donne (1627) reminds us, and therefore should not ask for whom the bell tolls; or, in the words of Hans-Georg Gadamer (1975), "The person with understanding does not know and judge as one who stands apart and unaffected; but rather, as one united by a specific bond with the other, he thinks with the other and undergoes the situation with him" (p. 323). In other words, we do not attempt to be inside the other; but instead take up the attitude of being with the other, as one who shares the other's human fate. The temptation to distance by diagnosis, by reductive thinking, by adopting an impartial observer's attitude, by dissociation—all these we recognize as our daily temptations to regard the troubled and troubling experience of the other as alien to us.

This is why the attitude of accompanying has become so important to me in daily clinical practice. By accompanying I mean something close to what Gadamer (1975) describes as "undergoing the situation." Phenom-
enological philosophers tell us that we find ourselves in the worlds we inhabit. We are born—thrown, they say—into worlds of family, culture, race, and class that we do not choose. We are born into wealth or poverty or something in between, with skin color that marks us further as privileged or not depending on our geographical location, into linguistic communities that are more or less privileged and variably expressive, into families that are more or less stable and relationally capable. We are always already situated. I, for example, was born into a family without money but not in extreme want. It valued education in theory but undermined it in practice. Both parents were seriously unprepared to be parents, and then had 10 children, of whom I am the eldest. Physical and emotional violence—ridicule and humiliation, for example—were rampant. We were less than middle class. No one in my family plays tennis, skis, or has anything close to an Ivy League education. Still, with white skin and speaking the world’s dominant language, with caregiving skills and a work ethic developed as survival necessities, I have been remarkably privileged. This is a short example of what the phenomenologists mean by “thrownness,” or of what I am calling being situated. To accompany is to join the suffering other in our joint situatedness, always stretching to encompass and include the situated experience of the other in my sense of reality. Sometimes accompanying requires us to reject what Sutrie (1988) called the psychoanalytic “taboo on tenderness”; at other moments, it requires a nonintrusive presence (p. 80). Often it requires us to suffer with and for the other. Sometimes it even requires me to give up my cherished fallibilistic tentativeness, as in the story I tell you in closing.

In addition, chaos and complexity theorists are telling us that we are self-organizing systems: we individuals, we dyads, we families, we larger communities. To us intersubjective systems theorists, this means that out of our givens or “thrownness,” we soft-assemble our lives. Often the elements that we soft-assemble are anything but soft, and include deprivation and violence. Our embodied and personal worlds of experience, are both nested within, and continually emergent from the larger worlds in which we find ourselves. They consist of the kernels of emotional sense we have been able to make out of our original and ongoing givens. Among my emotional convictions are both the dire relational expectations and pervasive negativities that we have called organizing principles: I am worthless, good-for-nothing, lazy, and selfish (all my mother’s words), and not fit for human company (my father’s contempt and ridicule). However, I also assembled a sense that hard work was the best cure for anxiety, that ultimately I am on my own and
must provide for all my own needs, and that escape was the best solution to many relational problems. What analysis, subsequent reflection, and loving relationships have done for me is to make this map and its origins clearer, and to provide me with some experiential alternatives.

Now we return to the question of attitudes. Attitude is a complex amalgam of outlook, emotional perspective, and disposition taken up. Attitudes may be skeptical, suspicious, resentful, condescending, contemptuous, scornful, adversarial, indifferent, or belligerent. They may instead be receptive, involved, passionate, wholehearted, dialogic, collaborative, trusting, responsive, and generous. Most of us, I think, can find most of these attitudes in ourselves. Nothing human is alien to us. In popular culture, to “have an attitude” is to take up a confrontational stance, but I am using the term in its more inclusive sense.

An attitude shares both the where-I-find-myself-ness described earlier, and also constitutes a kind of personal choice. The self-organizing process mentioned earlier creates a kind of link. Here is what I mean. The circumstances into which I was born and in which I continue to find myself constitute my lifeworld or situation. How I regard them is not initially my choice, but more and more is up to me, as the Stoic philosopher-therapists taught. I can see my circumstances as difficult, hopeless, even tragic or criminal, and look for someone to blame. Alternatively, within systems of adequate support and understanding, I may find my way to a kind of personal acceptance—this is my life—and to finding ways to make the best of my life situation. We might call this situating ourselves within the original and evolving lifeworld.

Attitudes can be personal or communal. Of particular interest to me today are the attitudes we take up in and toward our clinical work. Lawrence Friedman (1982, p. 364) once said that “attitudes are undeliberate interpretations.” Later, he characterized the “adversarial attitude and the hunt for objective truth” as the “founding attitudes of psychoanalytic treatment.” He continued:

Do you recognize this picture? Endless curiosity; endorsement of the patient’s thrust; an evocative sort of affection; a faithful intimacy; a nervous dance around any illusion of lasting attachment; a demand that the patient rise above his wishes and face the truth; constant skepticism about all appearances; a lightness about the patient’s dramas and the drama of treatment; absence of role and judgment. And I might add … a studied disingenuousness, that is, an attitude of inno-
cent observation. ... What a dull list of hateful attitudes! What about plain human affection? How about easing pain, defeating demons and mastering fate? Where is the playfulness and creativity, the enlargement of experience? Where is the excitement of surviving risky genu-
ineness? Aren't these the daily rewards for which analysts rise in the morning and go to work? [1997, pp. 30–31].

Friedman (1982) went on to suggest that, although the second list makes our work possible, one attitude is missing, one that he calls "incubation," a developmental sense about psychoanalytic work. Maturity morality or no, a developmental sensitivity, understood not just as the story of an individual growing up but as the emergence of personal worlds within relational worlds of experience, brings to our work a patient and mindful attitude toward human struggles. However, why are our attitudes so important?

Attitudes, I believe, toward ourselves and others, become crucial mediating factors in our constantly emerging psychological worlds of experience. For psychoanalysts and psychotherapists of a self-psychological sensibility, the central attitude that shapes our work is empathy, relationally understood. Empathy, in turn, involves other attitudes, for example, egalitarianism (as opposed to the somebodies-and-nobodies system that Robert Fuller, 2006, calls rankism), a dialogic spirit (as opposed to the position of the expert-authority), and a more contemplative alternative to our contemporary hyperactivity.

By egalitarianism I mean treating the life and experience of the other as equally important with mine, and of equal dignity. Of course I can only understand the other through my own experience—this is probably what Kohut (1959) meant by "vicarious introspection" and what my collaborators mean by denying the possibility of a God's-eye-view; nor do I mean to suggest a relativistic, value-free return to Hegel's "night in which all cows are black" (Hegel, Miller, and Findlay, 1977); nor do I mean to ignore the traumatic basis of radically dichotomizing the world into good and evil, worthy and unworthy, safe and unsafe. (This I call "traumatically generated dualism.") We self psychologists understand with Kohut that our attitudes of grandiose entitlement—especially those senses of privilege culturally approved and thus likely to be unconscious—reveal and conceal fear of psychological disintegration. Unfortunately, protecting ourselves in this way from fragmentation impedes our needed capacity for empathy. On the other hand, each bit of understanding achieved or at least sought, reveals to
both patient and analyst our common human dignity and frailty, as well as our differences, our otherness. This inclusive attitude ever so slowly rolls back the undertow of racism, sexism, rankism, and all the non-playful forms of domination. It protects us and our patients from authoritarian attitudes.

Second, empathy as a psychoanalytic attitude includes a dialogic spirit. To approach a conversation as an opportunity to learn from a valued other, a chance to engage together in a search for emotional truth, involves a dialogic spirit. It means that no one has “the truth” in advance, and that understanding is emergent. This dialogic spirit continually challenges our temptations toward contempt and scorn for those who see matters differently from us, and requires us to live with the discomforts of not-knowing and of difference. Because a dialogic world constitutes who we each and both are, I am “willing to listen to what you have to say, to let it stand, and to join with you in coming to deeper insight into the significance of it” (Smith, 1997, p. 517) A dialogic analyst will be easily corrected by the patient, and will keep in mind the maxim: Do not be too sure.

A dialogic spirit creates the risks implied in my expression “intersubjective vulnerability.” To give oneself over to the play of the conversational process, as we do every day in our work, hazards our entire embodied being. It means I cannot simply dismiss the other, or the ever more apparent differences, but must listen with a willingness to learn and to be changed. Gadamer (1975) said that understanding is what happens to us beyond our willing and doing. We give ourselves over to a conversation that always turns out differently from the one we had in mind at the outset.

Dismissive attitudes also appear as theoretical reductionisms—it all comes down to aggression, neurons, drives, attachment category, diagnoses, or whatever our favorite reduction may be. In Davey’s (2006) words, “this reductive impetus is not an expression of invincibility but of an inability to face the risks of dialogical exposure” (p. 21). A dialogical spirit keeps us open and tentative all the way down, as philosophers like to say. However, these same philosophers provide few suggestions for coping with the uncertainty (Brothers, 2007), the disruption, and the losses that real dialogue can involve for both partners.

A third attitude conducive to the empathy ideal, is a mindful and meditative responsiveness—as an alternative to our frenetic contemporary life and to the reactive tendencies most clinicians find in themselves at times. Such mindfulness can help us to bear the developmental messiness and disturbance, as well as the sorrow and disorganization we so often must bear with our patients as we would with our children. Instead of rigid ideals
and rules of technique, we may need pragmatic ideals, like those of the Buddha, whose dharma is to allow oneself and one’s tools to be used and left behind, like the raft. Awareness of developmental systems, and of the complexities of our participation in them, is subversive, as it calls into question those fact-oriented “inherited value systems.”

Attitudes, I think, are closely related to values and ideals, and here we must return to the work of Heinz Kohut. This audience will already be thoroughly familiar with the developmental account he derived from his understanding of what he called the idealizing selfobject transference. For him our ideals and values—truthfulness, loyalty, courage, genuineness, and understanding, for example—make up a large part of our personal being, or selfhood. Ideals—what we aspire to—and values—what we treasure within a value-system—largely describe us. The story of our struggles to examine, perhaps to change, and finally to be faithful to our ideals and values in the face of the slings, arrows, and sirens, becomes our life odyssey. Kohut (1977, p. 182) once quoted from Goethe: Wer immer strebend sich bemüht, den koennen wir erloesen (Who always striving efforts makes, for him there is salvation). In other words, our attempt to live by our value-systems—whether truth-and-knowledge or empathic-understanding centered—constitutes us as the psychoanalysts that we become.

Kohut did not underestimate the risks involved in living according to personal values and ideals. He had lost treasured friends and colleagues as he persisted in teaching and writing psychoanalytic heresy (I hope I would be equally brave, but do not know). Not for nothing did the story of Hans and Sophie Scholl inspire him (Kohut and Ornstein, 1978; Kohut, Goldberg, and Stepansky, 1984; Kohut and Strozier, 1985; Rothemund, 2005). These student members of the White Rose resistance, killed in Munich in 1943, embodied the empathy and serenity that Kohut attributed to a fully integrated value system. A recent film, Sophie Scholl: the Final Days, based on newly discovered documents, convinced me of the rightness of Kohut’s view of these students. Here is Kohut’s (1985) translation—in his essay “On Courage”—of Sophie’s last dream:

After she had been aroused from her sleep to face the day of her execution, she told the following dream to her cellmate. In the dream, she said, “it was a sunny day, and I carried a child, dressed in a long white garment, to be baptized. The path to the church led up a steep mountain; but I held the child firmly and securely. Suddenly there was a crevasse gaping in front of me. I had barely enough time to de-
posit the child on the far side of it, which I managed to do safely—then I fell into the depth." After Sophie had told her dream she immediately explained its meaning to her companion. The child, she said, is our leading idea ("unsere Idee")—it will live on and make its way to fulfillment despite obstacles ("wird sich durchsetzen") [p. 21].

Kohut (1985) reports further: "She went to her execution without a trace of fear" (p. 21). Such ideals and values mean, as Socrates had also believed, that death is no real harm to a good human being and that doing injustice is the greater evil.

Let us now consider what the turn from the truth-ideal to an empathy-ideal implies. First it means that we believe empathy is not only possible but that it is natural to us. As Aristotle taught us, it means that we are social and political animals. In other words, we are born connected to each other, and possessing the capacity for empathic understanding. Today's cognitive neuroscientists would of course explain to us that mirror neurons provide the conditions for the possibility of empathy, and many evolutionary biologists believe that empathy and altruism have survival value. As a phenomenologist, I am more likely to say that we are always already born into and find ourselves intricately involved in worlds of human connection.

Heinz Kohut (1985) also rejected the ideals of maturity-morality ("grow up already") and demonstrated that his theory was never as isolated-minded as it sometimes sounds:

Values of independence are phony, really. There is no such thing. There can be no pride in living without oxygen. We're not made that way. It is nonsense to try and give up symbiosis and become an independent self. An independent self is one that is clever enough to find a good selfobject support system and to stay in tune with its needs and the changing of generations. To that system one must be willing to give a great deal [p. 262].

Only because these human connections are often so frustrating and hard to bear do we develop the twin defensive theories of individualism—philosophical, psychological, religious, and political—and of innate aggression or original badness. The history of the past century—to which we all bear witness to varying degrees—would seem to lead us to these theories even if previous centuries did not provide evidence of their own. In the history of philosophy, it is not hard to see that Descartes's cogito emerged both
from a childhood where isolation was a refuge from endless loss and within an adult world of suspicion and inquisition. We can see that Freud developed his theories of innate aggression and of the death instinct to explain to himself why human connection (eros) had failed so badly during World War I and after. Melanie Klein (1984) found human connection itself to be bedrocked in the aggression she claimed as fundamental in human life. In her spirit, some relational psychoanalysts—whom self psychologists and intersubjective systems theorists might expect to be our natural allies—find empathic connection so threatening that they claim we have no theory, but are merely robotic nice-makers. In Western religions, both a focus on individual sinfulness and worries about impurity of doctrine or practice have often eclipsed the centrality of connectedness and community. Politically and economically, with a few exceptions, we have chosen to believe with Hobbes in the war of all against all, and to adopt a skeptical attitude toward the “beloved community” of which Martin Luther King and Mahatma Gandhi have dreamed.

In the face of individualism, isolationism, and aggressive wars and theories, is it too late for psychoanalysis to re-find—and perhaps contribute to the larger worlds within which we live—Kohut’s turn from truth-ideals to empathic attitudes and communitarian ideals? Can we, once again, remember to understand rage, aggressiveness, contempt, even war and genocide, as expressions of profound psychological fragility, as Kohut did? Can we continue to regard empathic understanding, emergent in dialogue, as authentic and desirable? Will we continue to value attachment processes—including what Kohut called selfobject experience—over confrontation and competition, leaving these mainly to sports and games? My answer is a fallibilistic “it depends.”

On what does it depend? I think our only chance, both in our work and in our larger and smaller relational worlds, is to understand and accept what I like to call our intersubjective vulnerability. By this admittedly clumsy term I mean at least two things. First, each of us brings specific personal vulnerabilities—already relationally shaped—into every relational situation, including the clinical. Like our patients, we may feel unprotected and exposed to harm by the other’s questioning, the other’s needs and desires, the other’s challenges. We may feel ourselves easily wounded, sensitive to criticism or rejection, even exposed to harm. We may find ourselves immersed in shame, dissociative, or terrified. We may even feel that our own psychological stability is in question. We may often feel that we are easily hurt, easily thrown off balance, even psychologically disorganized. We
may feel drowned in worlds of shame or envy. We may feel disabled by the other's scorn, or by our own sense of inadequacy and clumsiness. We may have countervailing needs for acceptance and admiration, needs to feel smart or superior or powerful, that we bring to our work. However, unless we run these risks, we lose the possibility of relatedness, as Chris Jaenicke's (2008) new book, The Risk of Relatedness, explains in compelling and painful detail.

Second, as Jaenicke (2008) and others have described, this intersubjective vulnerability is specific, not just to the person or clinician, but to the particular intersubjective situation. The comfort I feel with my first patient of the day—psychotic as she may be—is gone the next hour when my grumpy accuser walks in. The third one may be richer, better educated, and more sophisticated than I. The next one has questions to which I have no answers. Some days it may seem that I feel from one vulnerability to the next, although, of course, my own emotional convictions and history make some forms especially troublesome for me. We may suffer with our patients and suffer from them. Then we may go home to families that need and challenge us to stretch further. Let us call this second form, also inescapable in our professional lives, "intersubjective vulnerability as a way of life."

However, what is the alternative? Shall we return to what Kohut (1975) called "the inherited value system" (p. 329)? Shall we hide behind the mask of the expert-authority, the one who possesses esoteric knowledge? What shall we say to our younger colleagues who wonder and worry about their desire to be somewhat more open and emotionally available in their work? Shall we tell them, as others said to us, "that's not psychoanalysis," protecting ourselves from the vulnerability we feel in the face of the unfamiliar and the uncertain? If we do not hide, what will it cost us?

Let us first consider further some forms that intersubjective vulnerability takes in our professional lives. The grumpy patient, to whom I alluded earlier, has a particular capacity to evoke my shame-ridden convictions of being worthless and good-for-nothing. She is not always grumpy, of course, and can be delightful at times. However, over the years I have felt that I fail her endlessly, much as I have felt that I failed to protect my younger siblings who relied on me. "Good morning," I greeted her recently. "It's not a good morning," she responded. "I've just had my 50th birthday and no one acknowledged it. I've just moved into the city, and feel trapped in small spaces and hate having to get rid of so many things. I feel awful, I'm screwing up my job, I'm alone, and you went away last week, and you're going away again. I
can’t even count on you.” I felt immediately cast down into painful shame. Because this pattern is so familiar with us, I just asked her to tell me more. By the end of the session, without my reminding her, she had acknowledged that her family had given her a very nice birthday party, that she loved living in the city and still having access to the farm where she had lived before, that she has the best job of her life right now. The problem had been that she was late for her session for the third week in a row because of rush-hour subway problems, and this reminded her that she had been late for work all her life. (I had not known this because for 15 years she had come early for her sessions.) I had failed her because she had not changed this pattern. With this patient, I have learned to notice but not to comment on my own sense of shame because, although she evokes it, discussing it has never seemed to help. What helps is to notice, and to refocus on her concerns. She now can acknowledge, without much help, that the grumpiness is often a needed ritual, as if without it she could not get the other to listen.

One evening she came in with what I think of as her thunder-storm-face, saying “this just isn’t working.” Oh no, I thought, “Failure after all these years. I just don’t have what it takes for this one. I really am worthless and good-for-nothing. But we’ve worked so long and hard, and we are connected in this complicated way. Well, maybe I’ve accompanied her as far as I can, and should help her to find another therapist.” Aloud I said, “Tell me more what isn’t working.” “This time,” she said, “I need a different time.”

Here again we see intersubjective vulnerability that is composed of the personal vulnerabilities of both participants, and of their emergent encounter in a particular intersubjective system.

Here is a further example: My patient, Ted, a professor at Columbia University, who had also attended there as an undergraduate and graduate student, came to me depressed and anxious about finishing the book he needed to have published before his tenure review. He knew he had the ability, and the most eminent scholars in his field respected and supported him, but he was stuck, never feeling that he had read enough, or “covered all the bases.” He knew of my academic background, and had heard that I had finished a book, and hoped I might be able to help him. He was also very much concerned that he had not been able to marry and establish a family, apparently always choosing the wrong partners, and feared that something might be irredeemably wrong with him.

We worked for several years, during which he concluded that he was stuck because he really did not want to be a professor, but had been blindly
following others' agenda for him, and found his way into another line of work that suited him very well. In addition, after years of work on his family's multiple forms of invalidation and shaming, he was able to find a partner and settle down.

Along the way, however, perhaps 2 years into a twice-weekly treatment, Ted began one day: "I've been thinking, and I'm trying to figure out why you hate Columbia. Yes, the university has hurt me, and yes, it has given me everything that my family couldn't give and didn't want me to have. But you are so supportive and encouraging to me, and yet there is this thing about Columbia. I've felt we're getting nowhere for some time now, and I wonder if it has something to do with this." Considerably surprised, and playing for time to respond, I asked him to tell me more. It seemed I had responded much more strongly to his complaints about than to his satisfaction with the university, and this for the whole length of the treatment.

I took a deep breath, and told him that I was not sure, but that I guessed that I had nothing against Columbia, but that I had grown up in a world where no one ever seemed to have heard of the Ivy League, and that no one had ever felt I was capable or worthy of a first-rate education. At that time my colleagues and patients included many people with undergraduate degrees and doctorates from these first-rate places, as well as from Oxford and Cambridge. Often these people asked me where I had gone to college, and I had to answer: "You will never have heard of it." I was never wrong about this, but always painfully ashamed. I told him I was really sorry that my envy and shame had been hurting and confusing him. He seemed greatly relieved, telling me that he had felt that my reactions had been confirming his sense that something was terribly wrong with him for working in a terrible institution like Columbia University. We were soon very much back on track, and this became one of our shared jokes.

This could seem to be an everyday garden-variety story of the analyst's envious shame. However, let us look again. Yes, I bring to every interaction of my life an experiential world structured by my mother's shaming epithets: worthless, good-for-nothing, and selfish, as well as by my father's contempt and humiliating violence. I bring with me the potential to feel either mildly or desperately inadequate, like Pigpen's cloud of dust that precedes his arrival. But no, I do not hate Harvard, Yale, Princeton, Columbia, Oxford, or Cambridge, and they come into the foreground of my dialogic-self-awareness only in specific relational contexts. The contexts themselves may or may not be shame-makers—it depends. Similarly I find that patients who grew up with trust funds—often ashamed themselves of
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their privileged lives in relation to me—can evoke shame between us that does not seem to have preexisted the encounter. My experiences with such patients, and theirs with me, have been so varied that I cannot help thinking of shame as a quality of a particular emotional world in which we both participate.

More seriously shaming patients—the ones that George Atwood (1996, personal communication) calls "coal-rakers"—have tested my personal vulnerabilities seriously. The three most challenging treatments in my years as a psychoanalyst, all involved people who attacked me relentlessly in the most contemptuous tone and by whom I felt unbearably humiliated. I was, they alleged, too caring and empathic, too self-psychological, too poorly read, too badly educated (see earlier discussion), too lower-class, too accommodating, too informal, too afraid of aggression. I was not rich, cultured, intelligent, confrontational, or connected to the right people. I was easily hurt, too vulnerable, of ambiguous sexual orientation, unreliable, dishonest, willing to do anything to curry favor with the powerful, and had no sense of style. This is the short list, drawn from all three treatments. If these accusations seem randomly strung together, they are because they felt so to me. Contemptuous patients, narcissistically vulnerable in just the ways that Kohut (1977), as well as Morrison (1989), has taught us to recognize, are most difficult for me to bear, and most challenge whatever courage I may be able to find for my work.

Therefore, we return to the topic of courage, an ideal so dear to Heinz Kohut. To risk relatedness, to bear and even embrace our intersubjective vulnerability, we need courage and support—support that helps us to bear a lot of painful self-knowledge that we gain from these situations of intersubjective vulnerability. Without these we will succumb to the temptations to avoid and evade.

We may not intend to avoid or evade. Contemporary focus on disassociation—whether Bromberg's (1998) not-me or Solorow's (personal communication, 2007) tunnel-vision description (which I prefer for its phenomenological reference to horizon restriction) shows that most of our evasion is unconscious and unintended. Embracing intersubjective vulnerability requires openness to what I call the empathic stretch, and the fallibilistc courage to allow ourselves and our organized sense of reality continually to be challenged. It means a relentless return to the dialogic spirit described earlier.

This dialogic spirit, however, requires an alternative way of thinking. Suppose that we are all born vulnerable into a dialogic community. This
community—or perhaps I should say these communities both overlapping and nested within others—exists at many levels: dyadic, familial, cultural, linguistic, and so on. The quality of emotional communication in these communities gradually becomes the quality of what Jackie Gotthold calls the “internal dialogue,” that “soft assembles” into a world of experience (personal communication, 2007). As I have written elsewhere (Orange, 2002), there is no outside, no place outside the experiential world, just as there is no self-enclosed inside, independent and self-sufficient. We are inescapably and profoundly involved in the human community, even when we feel most isolated, marginalized, unworthy, insignificant, less than nothing, and so on. We seek to understand in depth and to understand together the depth of this intersubjective vulnerability—often expressed and felt in internal conversation as existential solitude, as shame and self-loathing. Only a profound acceptance of our intersubjective vulnerability can help us to survive it in our work.

So, how comes the needed acceptance? I believe that it is mediated through the other’s acceptance and welcome. On being given the Emerson-Thoreau medal by the American Academy of Arts and Sciences in 1969, Hannah Arendt observed that “if it is good to be recognized, it is better to be welcomed, precisely because this is something we can neither earn nor deserve” (Arendt, 1969). Welcome bypasses questions of shame and deserving. Welcome is what allows us just to be, and not to need to perform, or to worry about whether what we then do will be good enough for the others or not. We accept our lack of control over almost everything, including the meanings others give to what we say and do, we accept our vulnerability and finitude in the face of illness and losses and death, we accept our own past, even those parts we regret. We come to terms. However, I cannot imagine how we can do this really alone.

Let us return to Kohut’s lecture of 1975 in which he predicted that psychoanalysis would shift from an ideal of truth-seeking to one of empathic understanding. I hope he was right, and the growth of this community suggests that he was. What I would want to add is that this shift involves profound acceptance of our intersubjective vulnerabilities, and a receptive willingness to learn about these vulnerabilities from each other, especially from our patients. Only so can we immerse ourselves in the world, field, or system that we and the other constitute together.

I conclude with a story that demonstrates and embodies this very understanding of intersubjective vulnerability—both with the patient and with all of you, who may be prepared to say that I have joined the patient’s
psychosis: Sara—a brilliant and accomplished 27-year-old with a history of religious delusions, cult involvement, and a childhood that resembled an emotional prison camp—called me one day in a panic:

You have to help me. I went to Baltimore where I stayed with five friends from college. The next-door neighbors told us about the ghosts in their house, and things being moved, and strange noises and all sorts of weird things. My friends went home and we all had a good time, but I am completely terrified. I feel these ghosts will follow me to New York and come after me. I don’t know why, but I feel it is true, and I am completely and totally scared. I can’t do anything but think about it.

After asking a few questions about the ghosts and about various aspects of the whole situation—questions that led nowhere—I put aside my familiar sense of reality and said firmly, “Sara, I have always heard that ghosts like to stay in their own houses and don’t like to travel. I believe these ghosts have no interest in you.” “Really?,” she asked, “Please tell me again.” Without any sense of where my conviction came from, I repeated my statement in the same tone of voice. “Thank you,” she said, sounding very relieved. She returned immediately to functioning well, and has not mentioned the ghosts again.

Thank you.

REFERENCES


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Translations of Abstract

En homenaje a Heinz Kohut, este estudio relata su visión de la empatía como una substitución del "orgullo del instrumento-y-el-método" para alcanzar la comprensión en un psicoanálisis plenamente dialógico. Sólo cuando incluimos la vulnerabilidad intersubjetiva, incluyendo la vergüenza que nosotros los clínicos traemos al encuentro con el otro en el tratamiento,
podemos esperar el tipo de cura que Kohut previó. Las actitudes hacia el otro y hacia nuestro trabajo son mediadores cruciales en el proceso del tratamiento; pueden ser autoritarias y reductivas, o humanistas y compasivas. Ideales como el coraje quedan corporizados en la voluntad del clínico en acompañar al otro y en hacerse cargo del sufrimiento del paciente.

Ecrite à la mémoire de Heinz Kohut, cette étude relie sa vision de l'empathie remplaçant « la fierté de l'outil-et-méthode » à la recherche de compréhension dans une psychanalyse pleinement dialogique. Ce n'est que lorsque nous embrassons notre vulnérabilité intersubjective, y inclut la honte que nous, cliniciens, amenons dans notre rencontre avec l'autre en traitement, pouvons-nous espérer la sorte de guérison que Kohut envisageait. Les attitudes envers l'autre et envers notre travail sont les médiateurs cruciaux du processus de traitement; ces attitudes peuvent être autoritaires et réductrices ou humanistes et compatissantes. Des idéaux tel le courage deviennent incarnés dans la disponibilité du clinicien à accompagner l'autre et à se charger de la souffrance de l'autre.