

The Principle of Necessity, and the Necessity of Principle: Commentary on Steven Stern's Paper "Holistic Thinking and Therapeutic Action: Building on Louis Sander's Contribution"

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Steven Stern's *principle of necessity* underscores the importance of being open to the emergence of something new, something therapeutically vital and alive to both patient and therapist, requiring a unique alertness to the unbidden, the previously not-thought-about, the on-the-edges-of-our-experience type impressions in the course of living through the otherwise familiar and the usual. This commentary addresses Stern's principle of necessity and, equally so, the continuing *necessity of principle* in analytic work—a kind of ongoing sensibility that argues for placing aside theoretical knowledge and intervention categories in favor of striving to be open to the emergence of the unusual and the unexpected, to what ultimately proves therapeutic. We strive to work at and tolerate suspending our preconceptions, our theories, and our assumptions about how things should unfold in the clinical setting—what is referred to as *analytic courage*.

Thoughts need not be sublime, nocturnal, or psychotic to be unbidden. — Donnel B. Stern (1990)

A rigorous psychoanalytic integrationist, Steven Stern has his own original ideas, clearly, but he underscores, acknowledges, and employs clinically a wide variety of perspectives from within and from without our psychoanalytic bubble. Indeed, one of his principal arguments is that we should embrace, or at least be open to, a wide variety of theories and perspectives in our quest for understanding, witnessing, and interacting with others therapeutically. He proposes that we think holistically and that we think about psychoanalytic necessity, or, his proposed *principle of necessity*. This is perhaps the crux of his paper (this issue)—one to which I return shortly.

Whereas we should remain open to a wide array of theoretical orientations, Stern cautions us that what we do and how we are with our patients vis-à-vis therapeutic action can “become obscured by our love for and attachments to our theories” (p. 90), our love for our overvalued ideas (Britton & Steiner, 1994), to the detriment of following and underscoring the selected facts (Bion, 1962) that might actually lead to coherence, authenticity, personal freedom, and growth. As Bion (1962) wrote, “The selected fact is the name of an emotional experience, the emotional experience of a sense of discovery of coherence; its significance is therefore epistemological and the relationship of selected facts must not be assumed to be logical” (p. 73).

In this commentary, I highlight and comment on several of Stern's main tenets—key concepts that deserve far more in-depth attention than is possible in this brief discussion. I turn first to the logical errors, to which Stern refers, that preclude a therapeutic action aimed at achieving the developmental goals unique to each person. The first—"confusing the means with the end" (p. 90)—has been perhaps the most insidious form of countertransference since the inception of psychoanalysis: that the analyst knows best; that the analyst has a privileged view of normalcy, health, development, human ideals, and aspirations; that the analyst has the patient's end-states in mind and consequently implicitly, and sometimes not so implicitly, coerces the patient in those directions. This is the proverbial Procrustean Bed. Perhaps even more delicate of a situation, and more insidious, is the occasional circumstance in which the patient wholeheartedly and assertively declares her own needs, aims, and goals, to which the analyst listens and responds accordingly, accommodatively, but in which said needs, aims, and goals, unbeknownst to patient and analyst alike, are the product of archaically organized, nonconscious accommodative structures (Brandchaft, Doctors & Sorter, 2010) that historically and subtly have denuded her sense of authenticity, agency, and expansiveness. In these instances, it is not so much the analyst's personal visions of health and development that reign supreme but rather the analyst's eager desire to accommodate to the patient's stated, taken-for-granted developmental aims and goals. Indeed, as Stern points out, genuine therapeutic and developmental aims often "emerge, evolve, and become articulated within the analytic relationship" (p. 90) as a function of the analytic process, over time, and hopefully are not the product of archaic accommodative structures.

Stern's second logical error—"mistaking the part for the whole" (p. 90)—is well known to us all: the overvaluing of certain categories of analytic participation—being empathic, being self-expressive, holding, containing, confronting, what have you. This is another instance of the Procrustean Bed in which one form of analytic interaction presumably fits all patients, or fits the same patient all the time. Reminiscent of Winnicott's (1965) advice to all analysts—just be yourself and behave yourself—a seasoned analyst, such as Stern, works to suspend conscious use of these participation categories and instead aims to pay attention and to be his authentic analytic self with his patients, whatever that might look like in the moment. Sometimes this works, and sometimes this gets us into trouble, and sometimes getting into trouble works.

Following Bacal (2011), Stern argues, as I do as well (Coburn, 2014), for a more holistic approach to psychoanalytic treatment. This sensibility engenders a deeper respect for the complexity of the person and the larger complex systems in which he is relentlessly embedded. Stern references my own rendering of a complexity theory approach (Coburn, 2014), citing the concepts of emergence, incompressibility, and autocatalysm. We witness these phenomena in Stern's work with his patient Sam. It is this holistic approach that more robustly and more flexibly aims to discover and perhaps provide what it is the patient presumably needs, to address and dyadically embody the "needed relationship," about which Stern (1994) has written extensively. This raises compelling questions, perhaps answers to which we have taken for granted far too long.

As we know, Freud (1900) spoke of psychoanalysis as a theory of the mind, as a research method, and as a psychological treatment. Despite all our current-day presumptions that we are here to fulfill the patient's developmental needs, or perhaps we could say facilitate the achievement of the patient's developmental aims and goals, this by some standards, in and of itself, does not make it psychoanalysis. Admittedly for decades it has been our aim to aid in the patient's emotional development—to unarrest development, to foster more mature object relations, to

increase the capacity for empathy, to gain broader insight into one's life history and experiences, to increase one's affect tolerance, or to engender more mature and satisfying relationships. I wish to make the distinction between a psychoanalytic relationship, in which the essential goal might be to examine and reflect upon one's emotional life and its attendant meanings, one's organizing themes, one's relational/interactional proclivities, and one's attitudes, as opposed to one that aims to discover our patient's developmental longings and to foster their fulfillment—not that they are mutually exclusive by any means.

A psychoanalytic relationship is not necessarily, by definition, therapeutic, and as we know, a therapeutic relationship does not have to be psychoanalytic. I reference this only in view that many of us struggle still to define what psychoanalysis *is*. In my view, it is up to the practitioner to decide. Not digressing further, talking about defining psychoanalysis, I consider that psychoanalysis is not something that is always necessarily therapeutic. That is up to the analytic dyad to decide, just as it is up to the participants to determine what is useful and what is not, what is positive change and what is not. And here, once again, we circle back to the utility of Bacal's (2011) specificity theory, in which what is good for the goose is probably not so great for the gander. In terms of the patient's longings and needs, one thing strikes me as fairly certain, though: Partly inspired by Heisenberg's (1958) theory of indeterminacy, I believe the very act of the analyst attempting to discern the patient's longings and needs probably alters them, over time. They are certainly not fixed and isolated entities. From a psychoanalytic complexity standpoint, they are an emergent property of the larger complex system of which the patient and the patient-analyst dyad are components. Also, I don't think psychoanalysis should necessarily constitute a hunt for needs and longings and a striving to fulfill them, though when they do emerge, they often rightfully take center stage, and it is up to the dyad to determine whether and in what manner those needs and longings are being addressed, and perhaps even fulfilled. Perhaps psychoanalysis is, in the words of Lear (2003), simply a "way of taking up our past and going on from there" (p. 36). In any case, the question is always "What's going on around here?" (Levenson, 1985, p. 53).

In the spirit of his holistic approach, Stern draws from the work of Sander (1995, 2002, 2008) and underscores one of our tried and true assumptions about what we are after in psychoanalysis: to come to know oneself. The progressive experience of "knowing oneself as one is known" is a tricky matter, however, but I do believe this *is* what we do in psychoanalysis. The evolution of self-knowledge, to a great extent, requires the presence of an other who is knowing me. Certainly this is the case in our formative years. As E. E. Cummings (1991) once wrote, "i am through you so i" (p. 537). Unfortunately, coming to know oneself through the eyes of another does not presuppose that the person one is getting to know is the one who one virtually really is. Sartre (1948) was onto this when he wrote, "We only become what we are by the radical and deep-seated refusal of that which others have made of us." Sartre (1944/1989) also said, "Hell is other people"—clearly reflecting his own formative life experiences. I might argue, perhaps as Stern would, that indeed the reasons that bring people to our offices to begin with is that they have come to know themselves in ways that do not fit somehow, that do not match up to perhaps some implicit hint or sense that somehow I just don't feel right inside my own skin, ways that do not reflect that ephemeral glimmer that I *am* missing something essential of myself and yet haven't the slightest idea what that might be. This may have been the case with Sam, though Sam's presenting complaint was not shared, I believe, and it is very much to Stern's credit, and to Sam's benefit, that he (Stern) could sense that ephemeral glimmer in Sam of

something other than his caretaking and storytelling. As Stern eventually discerns about Sam, “I can’t tell who the author is” (p. 96). No “internal anchors” (p. 96). This was pivotal for Sam.

Highlighting another of Sander’s brilliant contributions, Stern speaks to one of our essential theoretical conundrums vis-à-vis “fittedness”: that the objective-descriptive perspective (what I have elsewhere referred to as the “explanatory dimension of discourse”; Coburn, 2014) and the realm of the phenomenological (or lived emotional experience) frequently do not match up. For example, I may *experience* myself as alone, singular, and isolated but that does not negate or obviate the fact that I am always embedded in and connected to a complex socio/cultural/historical and relational network. Harris (2013) referred to this as a most “complex paradox” (p. 704). The bridging of these two dimensions of discourse, Stern tells us, occurs through an increasing sense of fittedness in which the “desired state of the system” and the “phenomenological experience of participating in the self-organizing processes that lead to ... this state” increasingly match up (p. 92). This articulates with what I think of as two additional elements in the evolution of a person’s increasing sense of self-delineation and integration. One is the caregiver’s (or analyst’s) tendency and capacity to identify and articulate not just self states and their associated meanings but also the specific contexts and surrounds that helped give rise to such self states originally, and the other is a person’s burgeoning capacity to tolerate simultaneously a sense of separateness, singularity, autonomy, and personal agency, on one hand, and a sense of “throwness” (Heidegger, 1927/1962), a sense of being formed and situated by complex life histories and circumstances not in one’s control, on the other hand. Indeed, a most complex paradox. I believe Stern accomplished this in his work with Sam.

Arguably the central point of his paper, Stern tells us that

we move fitfully toward progressive fittedness in part by way of the subjective “feel” of how well our current understanding and relational positioning fits with our own intuitive sense of what is needed, as well as with the patient’s implicit communications regarding whether what we are saying and doing fits with their implicit sense of what they need. Only when the two are in relative alignment or harmony has a state of sufficient specificity or fittedness been achieved. (p. 92)

I wish to add, however, that at any given point in time, there may be different levels of needs that emerge and that some may be met in the context of others not being met. Some forms of developmental fittedness may occur in which there is an emergent, evolving, mutually acknowledged set or level of needs that is not being met, on one hand, whereas a different level of needs—say, the need for witnessing and acknowledgment—is being fulfilled, on the other hand. I think Slavin and Klein (2013) illustrated this well in their case of Noah (a 6-year-old boy) and Sarah (his mother). Noah suffered from nightmares centered on death and dying. He was terrified by his impending sense of danger and finitude and turned to his mother for comfort and reassurance—that was his apparent, experienced, and emotionally relevant need of her. She responded with acceptance, patience, comfort, and soothing. He wanted reassurances he would be okay. But the effect of his mother’s caring was short-lived, with the dread and nightmares regularly returning. Another level of needs was afoot and was missed by his mother. That is, while Noah yearned for the restoration of comfort and safety, it came to light that he more deeply wanted to sense his *mother’s* fears, his mother’s lived sense of danger and finitude—on a different level of needs, he longed for a sense of authenticity from his mother that would say essentially, yes, we might not be okay; yes, we do live in a dangerous world; and yes, we will die someday, and that’s a scary thing. For a while, one need was being met

and yet another one was not, and yet the acknowledgment of the need that was not being met actually met a different level of need, with salutary effect. I think this happens frequently in psychoanalysis.

Finally, I want to turn to what arguably is Stern's most central and revealing thesis—a clinical sensibility that, in my view, we clinicians hope daily to keep in mind—that of the *principle of necessity*. In my own work, vis-à-vis the application of complexity theory to psychoanalysis, colleagues frequently ask me, Well, that's interesting, but what do I *do* with it? My answer inevitably is: Study, study, study, ride bicycles as much as possible, and then put all those ideas aside and just be yourself in the consultation room. Do what feels right. I believe this is quite resonant with Stern's principle of necessity—that we must work at and tolerate suspending our preconceptions, our theories, and our assumptions about how things should proceed. Stern highlights that his use of theory, on an implicit level, was not prescriptive at all, but was *contoured*—I like that way of phrasing it—was an emergent property of the dyadic system. Here the concepts of emergence and autocatalysm come into play: Therapeutic action (or intervention) is not something that one person (presumably the analyst) *does* to another (presumably the patient). Rather, whatever seems to work, or alternatively, gets us into trouble, is an emergent product and property of the dyad. In this way, we might think of the dyad as producing its own agent of change—hence, *autocatalysm* (wherein the system itself produces its own agent of change).

I do believe this is not a bad way to work: Again, Winnicott—be yourself and behave yourself. Stern says,

By necessity I mean our subjective sense of what to do next based on our current grasp of all of the interacting forces and tensions: within the patient; within ourselves in relation to the patient; between the patient and ourselves; and between the patient and [his] total relational world. (p. 99)

Among other things, this succinctly describes why psychoanalytic work is so very challenging. I would argue that Stern's principle of necessity also, perhaps paradoxically, reflects the *necessity of principle*—that is, this particular sensibility, of being open to, as Stern says, “the exigencies of the moment as I experienced them” (p. 99), is a guiding principle in and of itself, one that I embrace wholeheartedly. I think many seasoned practitioners embody this principle, though perhaps not always with their conscious knowledge. I can't help think of Lear's (2012) comment about Loewald: “From Loewald's perspective, if a group of people started to think of themselves as Loewaldians they would by that very act show that they were not” (p. 174) and “Loewald hoped that there wouldn't be any Loewaldians” (Lear, 2003, p. 23). I believe this was because Loewald may have practiced with the principle of necessity, not with a specific, *necessary* guiding principle—don't be a disciple of theory or person!—but with the necessity of just being his personal, analytic self. And he wanted others to experience this. Lear asks, “Is there a way I could teach how *not* to be a disciple [or guided by a particular theoretical assumption] that would get it right?” I think Stern begins to answer this question.

How does the necessity of principle show up in Stern's work with his patient Sam? First, and perhaps foremost, Stern pays close attention—of course not just to Sam but to himself, how he feels in the presence of Sam. Stern acknowledges a sense of synchrony with Sam, but something also troubles him, perhaps at first around the edges of his experience, perhaps something other clinicians might ignore. Stern is onto something: What's missing here? And then the next crucial question: Should Stern just live with it, this sense of something that's uncomfortable, or should he introduce into the analytic mix a *selected fact*. Indeed, “What is my job?” as Stern asks (p. 95). And then one day, something emerges, something changes—hard to know exactly what

that was really, in all its complexity—but Stern decides now to bring his felt sense of Sam into voice. Through exploration, they come to know that Sam did not have a sense of “internal anchors” (p. 96). This is therapeutic action, in action. Would Sam have come to this on his own accord, given Stern’s analytic presence and spirit of inquiry? We can never know. Was it Stern’s stepping out of his box of synchronicity with Sam that perturbed the dyadic system? Perhaps. All that said, or questioned, what we do witness here is Stern’s close monitoring of the edges of his experience vis-à-vis Sam, and his keeping alert for something that was missing, the presence of an absence, and perhaps something novel that could be addressed. Stern puts this well when he says, “The thinking was inexact and the exchange moved quickly like an unguided, or rather semi-guided, missile, headed we knew not where as our newly enlivened dialogue proceeded” (p. 98). I think the key word here is *enlivened*. We hope to remain alert to what feels alive, novel, full of life, emergent, and not get too quagmired in the familiar and the usual. This is what Summers (2013) refers to as the expressivist turn in psychoanalysis.

Concluding, I would argue that analytic courage (and perhaps therapeutic action?) entails being willing to suspend, as best we can, our presumptions and the comfort of relational “synchrony” in favor of remaining vigilant to our subtle (and sometimes not so subtle) discomforts and tensions that are emergent properties and products of our respective therapeutic dyads, being willing to be swept up by the emergent and the unbidden (D. B. Stern, 1990), and to respond.

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