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**What is a Weeble Anyway, and What is a Wobble, Too?: A
Discussion of Phyllis E. DiAmbrosio's "Weeble Wobbles:
Resilience within the Psychoanalytic Situation"**

William J. Coburn, Ph.D., Psy.D®

This article discusses the clinical and theoretical work of Phyllis DiAmbrosio in relation to her patient, Jackie, and proposes a contextualist perspective informed by complexity theory. The notion of individual resilience is understood as a product and property of the larger, complex relational system in which both patient and analyst live. The crucial distinction is made between thinking and speaking *phenomenologically* as opposed to *explanatorily*. The concepts of attachment and accommodation are considered vis-à-vis how therapeutic action is understood in this particular clinical context.

It's hard enough to get it right when working with patients, and of course we often don't. Kohut reminds us of this in his oft-cited passage from *How Does Analysis Cure?* (1984, p. 94). A prolonged search reveals the superficiality of the analyst's *rightness* in contrast to the profundity of that of the patient. The problem and beauty of discussing an author's work is that, superficial or profound, it remains a construction of what might be. At worst, it is a manipulated simulacrum of what was original and real, and, at best, it makes for good conversation, and hopefully we learn something. The "lemme tell you what I think and feel about that" response should be taught in medical school right along with the Babinski response

or the gag reflex. It is endemic to the academic, conference-going facet of our field, most fields, I guess, but I think more so for us analysts, given that that is what we do with patients—we tell them what we think and feel, with *rightness* or not. If writing about patients is at all a “summoning people out of words and then proposing that these word people are closer to the real thing than the real people” [Roth, 1997, p. 35], then discussing word people is even more of an Escher-like quagmire with the sound of rightness. I write this discussion at the risk of turning Phyllis DiAmbrosio herself into a word person, as opposed to the very real and gifted analyst-person she is. And thus my hope here is of course not to re-present something accurately but simply to add something—hopefully of value—to our ongoing conversation.

My asking the question “What is a weeble anyway?” is meant to underscore the potential differences in theoretical perspectives when it comes to talking about individual people, individual experiencing, and the relational matrices in which they are embedded. Some distinguish these differences through the designations of a one-person, a two-person, or a complex systems model. In understanding resilience, or any human psychological phenomenon for that matter, I’m drawn toward a contextualist and complexity theory sensibility (sometimes I like to call it perplexity theory), a great deal of which is embedded and implicit in the intersubjective systems theory of **Stolorow, Atwood, and Orange (2002)**, and others. Thus, What is a weeble? is a question I would like to thread throughout my discussion as a way of examining the different lenses through which we can consider certain facets of human experiencing, such as resilience and the appearance of resilience.

My asking the other question, “And what is a wobble too?” is meant to highlight the multitude of lenses through which we can conceptualize self-disruption, anxiety, depression, stress, conflict, human response to danger and trauma, what we do to maintain our connection with others, and, of course, what we call resilience. I would like to keep *this* question in mind as well as we reflect on DiAmbrosio’s ideas.

Let’s first turn to DiAmbrosio’s essential question, How can we understand resilience in individuals who have been abused, abandoned, neglected, or otherwise traumatized? We can then examine some of the theoretical underpinnings that help inform the conclusions she arrives at and then look at some of their implications for understanding therapeutic action and clinical work. We can then be better situated to reflect on her therapeutic relationship in which DiAmbrosio feels the experience of resilience plays an essential role.

What is resilience exactly? She states that resilience is the “capacity to self-right”; that is, specifically, the “tendency to bounce back from a setback with a developmental advance as a result of a positive interaction between the self and the environment when an inhibiting condition has been removed” [2006, p. 269]. Thus, here we understand resilience as something other than just the capacity to survive (or a likelihood of survival) but rather as an ultimately positive responsiveness and advancement in the face of adversity. Among other authors, DiAmbrosio draws from the biologist Waddington in talking about an organism's ability to “reorganize and take positive advantage of its surrounding cells” or environment.

It's perhaps not coincidental that Waddington, along with Von Bertalanffy in biology, Eugene Wigner and Rene Thom in mathematics, Edward Lorenz in meteorology, Nicoli and Prigogine in physics, and many others in corresponding disciplines, was partially responsible for the underpinnings of what we now refer to as complexity theory. In fact, for me, I would understand so-called resilience in an individual as a systems event, and consequently an experience and/or quality that, broadly speaking, is distributed across the domains of one's history, one's current state of mind, and one's environment. Using a more contextualist language, I would understand it as distributed across a complex system or field of which the individuals comprise some of the parts. If we consider the quantumholism of **Sucharov (1992)**, for instance, we would think in terms of one's resilience as being of *ambiguous ownership*. And I think DiAmbrosio hints at this when she talks about resilience as emerging out of the relational matrix that is she and her patient.

In this light, thinking about an *individual* as being resilient, or as *having* resilience, requires us to differentiate on what level of discourse we are thinking and speaking—that is, the level of *phenomenology* or the level of the *explanatory*. I think this is a distinction that is not always clearly made, and thus I would like to address it now.

From a contextualist and complexity theory perspective, when we speak about resilience on the level of phenomenology, we are necessarily talking about a *dimension of experience*, not a quality a person is said to *have*. This ultimately can only be understood through an individual's report of his experiential world, arrived at via what **Orange (1995)** refers to as a “communitarian dialogue”; that is, via the relational dialogue between two people whose shared aim is to reflect and make sense together. On the other hand, when we speak about resilience on the level of the explanatory, we are necessarily addressing the presumptions about the system's preconditions and characteristics that give rise to what appear to be those qualities that we call resilience.

For **Kohut (1984)**, these two levels of discourse often coincided. If a weeble is having the experience of fragmentation, it was thought that this was because the actual underlying structure of his weeble self was fragmenting, too; hence, Kohut's references to "the fragmenting self" (or, to use a more contemporary language, a weeble with a wobbly self). Likewise if a weeble experiences vitality, harmony, and cohesion, it was assumed that his underlying weeble self structure was well-organized and intact (or, a weeble with a not-too-wobbly self). This way of thinking constitutes a matching of the phenomenological and the explanatory. This presumption of matching is probably often why these two levels of discourse have been so unfortunately conflated. Bernard Brandchaft is in part responsible for having helped us make this vital distinction, as he had pointed out that the experience and appearance of self-fragmentation did not point to an absence of self-structure; it implied instead the *presence* of a structure that was giving rise to the experience of fragmentation (**Brandchaft, 1994**).

And if we continue to move toward a more contextualist, complexity theory perspective, we would have to say that the two levels of discourse often do *not* coincide, as well as to say that a weeble's individual self *has* no structure in and of itself. An example would be a weeble who experiences herself as resilient or able to retain a sense of aliveness, vitality, and growth in the face of adversity, when from an observer's perspective she is essentially decompensating or otherwise not functioning very well. Or consider the converse situation, in which a weeble *appears* to *have* resilience, appears to be making use of adversity and prospering, whereas experientially he feels depleted, defeated, depressed, or emotionally absent (or dissociated in some way). And of course there are other combinations as well. In any instance, we would say that it is the system that gives rise to personal lived experience and to the appearance of structure, not the individual weeble herself. This is what is meant by the presumption of being always embedded in a particular context. Let's try to keep this distinction in mind as we continue to explore DiAmbrosio's ideas.

Clearly there is a lot to be said for positive experience, positively toned emotions, the capacity for optimism, and generally experiencing life in a context of relative safety and calm. Infant researchers, for instance, talk about the advantages of the "calm alert state," in which we humans are thought to be more inclined and more able to utilize our reflective capacities and our abilities to construct coherent narratives about our lives. On one end of this spectrum, outside the calm alert state, resides psychic numbness, dissociation, or general understimulation; on the other, a sense of disregulation, overstimulation, and perhaps trauma.

DiAmbrosio draws also from the work of Kohut in regards to the positive development of the self, as well as the work of **Lichtenberg, Lachmann, and Fosshage (1992)** in the context of their self and motivational systems theory and their principles of technique. These perspectives, along with several others she cites, are to some degree resonant with a complexity theory perspective, in that they imply that remaining ensconced in a negatively toned compensatory structure or remaining mired in, say, the aversive motivational system, can perpetuate what Lachmann refers to as a *repetitive system* (**Lachmann, 2001**). In contrast, a *transformative system* (again, to use Lachmann's designation) is one in which the organism's need for self-defense does not impinge on the system's move toward greater organizational complexity (to use Emde's **[1991]** phrase) and the natural pleasure that might derive out of the "integrating of that which is novel." A transformative system, in other words, is something new and, well, transformative. As DiAmbrosio points out, this is akin to being able to sustain living from within the exploratory/assertive motivational system for greater periods of time. I believe this is exemplified in the system that emerges between DiAmbrosio and her patient, Jackie.

In many of these theories, however, there is often a conceptual tension created in talking about weebles and their experiences, in that sometimes we speak of a weeble as operating from within a particular motivational system, or as being resilient (this would suggest a more one- or two-person model), and then at other times, we speak of a weeble as a complex component of a larger system (in which case it is the larger system that is said to give rise to specific experiences and capacities in the individual weeble). As I alluded to above, a more radical contextualist perspective would say that weebles never wobble to begin with, only systems do!

Given these distinctions, many of which center on our language choice, how do we account for the experience of, or the appearance of, resilience in individuals, like Jackie, for whom familial life was largely traumatizing, abusive, and, to say the least, characterized by a series of profound rejections and misattunements? In attempting to understand this, DiAmbrosio also turns to the work of **Stein, Fonagy, Ferguson, and Wisman (2000)**, who highlight the individual's capacity to disidentify with her family of origin coupled with the availability of surrogate mentors as a way of conceptualizing individual resilience. Though not the same concept, this reminds me of Bacal's **(1990)** idea of the fantasy selfobject, in which an individual exhibits capacities and experiences that appear to evolve out of an internally generated and organized selfobject that apparently has little to no referentials in the environment. I would suggest that the ability to

disidentify from one's family of origin, thus freeing up the individual to attach to and make use of a surrogate mentor, *may* emanate from an absence of a strong attachment to family members to begin with; that is, secure or otherwise. This would not be hard to imagine considering the context and history of Jackie's life. This suggests a picture of an individual who, while experiencing relatively weak attachments in early life to abusing or neglecting caregivers, remains open to deeper and necessarily safer attachments later in life. I think this might be one way to talk about DiAmbrosio's patient, Jackie. An alternative point of view would be to speak about the presence of strong though insecure attachments, as attachment theory tells us that certain types of insecure attachments provide the groundwork for abusive relationships, depending on the history and behavior of the attachment figure. Indeed, several of Jackie's attachment figures turned out to be abusive or exploitative in some way.

Speaking of wobbles in a context of abuse and exploitation, there are other ways of answering the question And what is a wobble too? One that is particularly compelling for me, actually, is that what appears to be resilience in the face of trauma—such as the trauma that DiAmbrosio's patient endured—may usefully also be understood as the emergence of compliance and accommodative structures (in the sense described by Brandchaft) in response to tyranny. As theoreticians, and as clinicians, it's important to ask “What is the cost of what appears to be individual resilience?” This particular lens suggests that what appears to an observer as the use of Vaillant's (2000) “transformative denial,” leading to a “bouncing back” with an enhanced level of outward functioning, actually constitutes what Brandchaft refers to as the “preemptory adhesion to the dictates of authority,” the protecting of the self via accommodation to the tyrannical needs of the caregiver. This comes to my mind when I think about, for instance, Jackie's caregiving of her stepsiblings in the context of her ruthless and traumatizing stepmother. Viewing weebles and wobbles through this perspective potentially alters how we otherwise conceptualize human strengths and resilience and how we understand therapeutic action.

In DiAmbrosio's (2006) paradigm, therapeutic action and transformation are understood as emanating out of the safety and self-reflexivity provided by the establishment of a system or intersubjective field that comprises a “consistent, honest, concerned and reliable other” [p. 271], on the one hand, and an interested, curious, open-to-intimacy and open-to-attachment other, on the other hand. In particular, her perspective relies on (a) the application of the technical guidelines suggested by Lichtenberg et al. (1992), (b) the use of leading-edge interpretations, and (c) the identification

cation of organizing patterns of experience (transference). All combined, DiAmbrosio refers to this particular engagement as a new relational experience—the heart of her understanding of therapeutic action.

With this cursory view of her theoretical underpinnings, along with a few of my own, let us now turn to the clinical material. First, I think there is a lot to be said about beginnings. One of the essential tenets of complexity theory pertains to what is called the mapping of initial conditions; that is, having an appreciation for the specificity and uniqueness of how the variables of a system start out (this concept can be traced to the work of Poincare in the early 20th century). In systems theory, initial conditions are highly determinate of the subsequent evolution of the system; that is, the subsequent emergence of emotional experiencing between people and the meanings that coalesce between them over time. I couldn't help noticing that DiAmbrosio and Jackie seemed to like each other from the start, they each experienced positively toned emotions at the outset. Would the therapeutic outcome have been different had one or both parties not liked the other initially, had not shared these positive feelings? Of course, there's no way to tell.

As Jackie's story unfolds, we learn of the awful circumstances surrounding her earlier years, in particular her father's abuse of her, her mother's inability to protect her daughter, and the subsequent nightmare that was her stepmother, Greta, who, speaking of evil stepmothers, might as well have stepped out of a Grimm's fairy tale (one of the more horrific ones). Despite all this, and despite what we learn later about the sexual abuse she suffered at the hands of her grandfather, Jackie appears to be a survivor, nay, an optimist with a resilient spirit. She seems not only resilient but attuned to and desiring of caring for her younger stepsiblings. We also learn that there were indeed a few surrogate mentors in her adolescence, from whom it appears she drew strength and vitality and with whom it appears she was able to identify.

Aside from her maternal grandmother and a few teachers in school, Jackie seems, for the most part, to have developed attachments to individuals who ultimately provided the basis for repetitive and abusive relationships—not the least of which was the Freudian Doraesque triangle in which she was raped by her father's colleague, essentially becoming her father's sacrificial lamb. (In this instance, father becomes mother.) The exception—and a substantial one at that—is her relationship with DiAmbrosio, to which we will turn momentarily.

Jackie seems responsive to the inviting quality of positive affective cues in others. She also appears to accommodate to the other's needs or demands in the absence of the continuation of those cues. Can we understand

this to be a function of her resilience or the result of accommodation and the dissociation of aspects of what would be negative affective experience? Of interest here is this: Is there a qualitative difference between the two? DiAmbrosio cites Vaillant, who speaks of a “transformative denial,” as I alluded to above. Is this what we witness in Jackie—a transformative denial that essentially allows her to overlook her traumatic experiences at the hands of abusive others, or is it more a process of dissociation (as I think we did witness in her experience with Steve) and accommodation in the interest in maintaining the tie to the other? If there *is* any truth to the latter, I would want to be alert to the possibility of subtle though repetitive accommodative processes in the context of an analytic treatment, what I think DiAmbrosio refers to as the “identification of the organizing patterns of experience (or transference)” —one of the modes of therapeutic action that she outlined. In particular, I would want to remain alert to the *repetitive* aspects of the therapeutic system (Lachmann's repetitive system) and attempt to formulate a dialogue between us about them.

Jackie's ability to self-right in the presence of a soothing and attuned other (that would be DiAmbrosio providing a “needed relational opportunity”) tends to foreground the developmental or transformative aspects of the therapeutic system (Lachmann's transformative system). It seems to me that the patient's self-righting capacity is something that is supported by and is distributed across the therapeutic relationship and that then is reiterated throughout her other interpenetrating, relational worlds of experience. (Seen strictly through a complexity theory lens, we would say that therapeutic action is a process of perturbation via the introduction of novelty into a system of a variety of attractor states with the aim of the emergence of new, more useful attractor states [preferred configurations of emotional experience]; these new attractor states become potentially sustainable because they are supported by and reiterated throughout the interpenetrating systems in the patients life.) I think this is one way of understanding the changes that emerge here between DiAmbrosio and her patient Jackie.

It is essential to think about the context in which, in the early stages of treatment, Jackie begins to experience nightmares and flashbacks of her father's and grandfather's abuse and the intense feelings of shame and self-loathing that closely followed in their wake. I think we witness something significant here; that is, that perhaps it was the sustained, consistent, attuned, and soothing presence of DiAmbrosio that in fact allowed Jackie to feel safe enough to allow this painful and wrenching dimension of her experiential world to come to the foreground. This might be understood as the connecting and remembering of the *repetitive* in a new context of the

transformative. This suggests to me, though, that the heretofore-exhibited resilience in Jackie may have indeed been supported by some degree of dissociation and accommodation to the dictates of others.

Her experience of intense vulnerability and panic during sex with Aaron also emerged rather early on in the treatment. The conclusions she and DiAmbrosio arrive at center on Jackie's organizing her experience of sensual pleasure as something loathsome, dirty, repugnant, and on a sense that this organization is multidetermined (i.e., pertains to how various people in her life [her father, her husband, her lover, her mother, her grandfather, to name a few] had held her in their minds). This leads to Jackie's profound realization regarding her grandfather's perpetration of sexual abuse. I can't help wondering in what ways, if any, DiAmbrosio may have been assimilated into the repetitive facet of Jackie's organization of experience as yet another person who peers through the bathroom door, another person who is exposing the loathsome whore she feels she is. Here's an intriguing tension: with our patients in similar emotional situations, what are the relative risks, and perhaps benefits, too, of inquiring about the possibility of our, as analysts, being felt to be the dreaded object, another potentially traumatizing presence in the patient's life—this at the risk of disrupting an evolving developmental dimension of the transference, while simultaneously at the potential of helping bring to life in the consultation room the very repetitive dimensions of experience that previously had never seen the light of day in the presence of an attuned caregiver?

From a complexity theory perspective, Jackie's experience of self-loathing would necessarily be understood as emerging at the interface of her history, her current state of mind, and her environment, and, in that light, the analyst would certainly qualify as part of the environment. *Would* it have been helpful for DiAmbrosio to include herself explicitly in her patient's repetitive dimension of experience, or did it prove more salutary that she did *not* do this and instead remained with what appeared to be her patient's immediate experience (i.e., coming to learn about her being subjected to her grandfather's sexual abuse).

Also, I'm left wondering to what degree Jackie may have assimilated Aaron as well into the repetitive/traumatizing dimension of her experiential world. Her intense anxiety and panic seem to have been understood as flashback experiences vis-à-vis her grandfather and not understood ultimately as relevant to her ongoing experience of Aaron. Complexity theory, as I just mentioned, holds that all psychological phenomena are understood as emerging at the interface of one's history, one's current state of mind, and one's environment, and that each of these components remains a viable

source for understanding one's emotional experience. Viewed through this particular lens, then, we conceptualize therapeutic action not solely as the provision of a new relational experience (characterized by safety, openness, and emotional presence) but also as an ongoing process of the close reflection and articulation of the potential and actual accommodative structures that emerge in the analytic relationship and throughout the patient's life in general.

In conclusion, I want to highlight also DiAmbrosio's comment, and applaud her for it, that perhaps Jackie did not reach out for help in the context of her sexual abuse since "she had no evidence that anyone would have responded to her call for help." This was a beautiful intervention and interpretation and one I believe that led her patient actually to reach out to her analyst. Emblematic of the patient's development, at this particular juncture, was her reaching out to grasp a hand that indeed proved to be a safe, nonexploitative presence in the patient's life, one that helped expand the patient's experiential world, bring to light facets that previously had to remain under the influence of accommodation and dissociation. In this situation though, it seems to me that it wasn't simply the reaching out to another's hand—she seems to have done that at times in the past—but rather the quality and integrity of the owner of the hand she was reaching for that proved to comprise what we refer to as a transformative system. The beauty of this transformation here is that Jackie gets to be resilient in her life *and* enjoy an expanded emotional life, without dissociation, and hopefully without accommodation, in the context of a safe relationship.

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Translations of Abstract

Este artículo discute el trabajo clínico y teórico de Phyllis DiAmbrosio en relación a su paciente, Jackie, y propone una perspectiva contextualista que se apoya en la teoría de la complejidad. La noción de resiliencia individual es entendida como un producto y una propiedad del sistema relacional, más amplio y complejo, en el que paciente y analista habitan. Se hace una crucial distinción entre pensar y hablar fenomenológicamente como opuesto a explicativamente. Se consideran los conceptos de apego y acomodación en relación a como se entiende la acción terapéutica en este contexto clínico particular.

Ce présent article discute du travail clinique et théorique de Phyllis DiAmbrosio en relation avec sa patiente, Jackie, et propose une perspective de mise en contexte fondée sur la théorie de la complexité. La notion de résilience individuelle est comprise comme étant un produit et une propriété du système relationnel complexe plus large dans lequel la patiente et l'analyste vivent. Une distinction cruciale est apportée entre la pensée et le discours phénoménologiques, par opposition à ceux qui sont explicatifs. Les concepts d'attachement et d'accommodation sont considérés par rapport à la manière dont l'action thérapeutique est comprise dans ce contexte clinique particulier.

In diesem Artikel wird die klinische und theoretische Arbeit von Phyllis DiAmbrosio mit ihrer Patientin Jackie diskutiert, wobei eine kontextabhängige Perspektive auf der Basis der "complexity theory" vorgeschlagen wird. Die Vorstellung von individueller Resilienz wird als Ergebnis und zugehörig zu einem größeren Komplex verstanden, nämlich dem Bezugssystem, in dem Patientin und Analytikerin leben.

Questo articolo discute il lavoro teorico di Phyllis DiAmbrosio in relazione alla sua paziente, Jackie, e propone una prospettiva contestualista orientata dalla teoria della complessità. La nozione di elasticità individuale viene compresa come prodotto e proprietà del sistema relazionale più ampio e complesso in cui stanno sia il paziente che l'analista. Viene fatta una distinzione cruciale tra pensare e parlare in modo fenomenologico invece che in modo esplicativo. I concetti di attaccamento e accomodamento vengono considerati a fronte di come viene capita l'azione terapeutica in questo particolare contesto clinico.

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