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Subjectivity, Emotional Resonance, and the Sense of the Real

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The assumption of being inextricably embedded in one's own subjective perspective, on the one hand, and yet of being able to attune affectively to the subjective emotional states of another, on the other hand, underscores central theoretical contradictions in the study of subjectivity and intersubjectivity. More closely examining the nature and experience of subjectivity, including the notion of human "sameness" and relatedness, provides one way to reconcile these theoretical and practical contradictions. It is concluded that one's embeddedness in one's subjectivity actually facilitates the reciprocal and mutual processes of emotional resonance and unconscious communication. In this light, the notion of the "sense of the real" is understood and elaborated in the context of an additional dimension of therapeutic action in psychoanalysis.

We cannot help but construct the real, even when it pleases us to think we are doing no more than perceiving it.—D. W. Winnicott

The knower ... registers the truth which he helps to create.

—William James Strange, but not a stranger.—The Talking Heads

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First and foremost, this is an article about personal, subjective, lived experience, the domain of actual emotional transformation. It is inspired by the inherent utility of ones' personal subjectivity. It is about the lived experience of developing with another person a sense of the real—not to be confused with a belief or a faith in what is real, but the lived experience of something being real. It is inspired also by the sense of value and passion that evolves from this preeminently personal experience. So despite its jargon, despite the occasional positivist and objectivist tone, this article has as its unrelenting focus personal, lived experience.

In this article, I underscore and illustrate the salience of the analyst's subjectivity and the subjective lived experience of the analytic dyad. I emphasize the necessity of elaborating the role they play in facilitating the ubiquitous emotional resonance process. My hope and intention is that such elaboration will advance understanding of how the lived experience of the “sense of the real” coalesces and ultimately helps effect therapeutic action in the analytic process.

The continued emphasis on the analyst's subjectivity and subjective experience in contemporary psychoanalysis provides vital theoretical and clinical insights about what is constitutive and transformative for the patient. However, these notions, when coupled with the expanding research on what has variously been referred to as empathy (**Freud, 1921/1981b; Kohut, 1959**), affect attunement (**Stern, 1985**), unconscious affective communication (**Orange, Atwood, & Stolorow, 1997**), and information transfer (**Mayer, 1996**) present certain theoretical contradictions that require some reconciling. First, I attempt to account for the conceptual contradiction between our being embedded in our subjectivity and subjective experience, on one hand, and our quintessentially human propensity toward accurate or attuned emotional resonance with the subjective world of another, on the other hand—both essential tenets of intersubjectivity theory. This perspective of reconciliation strongly suggests that it is paradoxically exactly our embeddedness in our subjectivity that, far from acting as an encumbrance, enables and facilitates the reciprocal and mutual processes of emotional attunement, and the unconscious communication of what Schwaber (**1998**) referred to as “continuing underlying [affective] presence” (p. **667**). In doing so, I highlight the ubiquity of the emotional resonance process, of which Lachmann and Beebe (**1996; Beebe & Lachman, 1994; Beebe, Lachman, & Jaffe, 1997**) have written so extensively, and emphasize that our embeddedness in our subjectivity, as has been suggested by Aron (**1996**) and others, is actually what underlies therapeutic action in psychoanalysis. This includes examining

the therapeutic action of intersubjectively derived experiences. These particular types of experience are what Stolorow and Atwood (1992) and others have referred to as the “sense of the real”—the subjective sense of validity, realness, and aliveness that is relationally constituted via simultaneous prereflective sequences of sensorimotor interactions within the child-caregiver system.

The aspect of therapeutic action involving the “sense of the real” rests heavily on the process of emotional resonance as it coalesces bidirectionally between two individuals in a highly fluid, dynamic, and emergent way. Here, the “sense of the real” does not pertain, necessarily, to the development of “insight” or to what is believed to be real, that is, to the content of a consensually derived “objective reality.” Rather, it involves the mutually unfolding sense of aliveness and realness about something at hand that ultimately provides the substance, not the content, of the eventual experience of relative certainty and perhaps conviction about one's lived experience. This quality of experience is often at first prereflective. The notion of the sense of the real is elaborated in the last section of this article.

Therapeutic action in psychoanalysis traditionally has been relegated to the domain of either insight, affective bonding, or psychological integration (Friedman, 1988), or a combination thereof. With an expanded view of the salience of emotional resonance, I wish to posit that (a) this ubiquitous, quintessentially human process plays a central role in facilitating all three previously theorized modes of curative action and that (b) a fourth domain of therapeutic action can be conceptualized as the process of co-constituting an emotional sense of the real, leading to the personal, lived experience of certainty and conviction, however fluid, dynamic, unpredictable, and transitory it may be. These ideas are presented in the spirit of nonlinear dynamic systems theory (Thelen & Smith, 1994). I also contend that the sense of the real specifically coalesces via the process of emotional resonance. That is, it is not primarily the development of a mutually recognized insight into the patient's intrapsychic life and symptomatology, as originally posited by Freud and his followers, that stands out as what is therapeutic in psychoanalysis, but rather the role played by the analyst's subjectivity, in concert with that of the patient, in the formation and organization of the patient's immediate experience of trueness and realness. In this light, I begin with a few observations regarding subjectivity and our embeddedness in it.

Subjectivity and Our Embeddedness in It

Whereas Freud and his followers emphasized the necessity for objective vision and a continued attempt at an objectivist science, certain pivotal theorists in psychoanalytic history attempted to highlight and investigate the utility of the analyst's subjectivity in one form or another, though they did not necessarily explicitly state it as such. Here I am referring to Ferenczi, Balint, Heimann, Little, Searles, Racker, Kohut, and those who have followed. At times, paradoxically, Freud (1913/1981a) also recognized the benefit of using one's subjective experience, presumably emanating from the dark labyrinth of the unconscious, as the product of the analyst's mental apparatus that is receptive to the "utterances of the unconscious of the patient" (p. 320). But until relatively recently, the notion of personal subjectivity in the main had been shunted into the background like a psychic artifact that is potentially contaminating, though ultimately controllable when subjected to sufficient isolation and scrutiny. From a more contemporary standpoint, Damasio (1994) stated the following:

Our very organism rather than some absolute external reality is used as the ground reference for the constructions we make of the world around us and for the construction of the ever-present sense of subjectivity that is part and parcel of our experiences, (p. xvi)

Our subjective perspectives and experiences, while similar in many respects, may quite literally be all that we have.

Although few would argue that the world does not provide a great deal of the subject matter and kindling of our lived experience, that is, what Orange (1995) referred to as "the given," even fewer would argue in today's analytic climate that one individual can actually know the experience of another. But we often speak as if we can and do. What each of us has is our own unique lived experience and the relational history that has patterned it. When we speak of exploring and illuminating the patient's world of lived experience, we necessarily turn to our only actual source of grasping this world, that is, our own experience. Even rational thought via the library armchair qualifies as personal lived experience. The so-called intrinsic or a priori logical knowledge often associated with rationalism is inextricably embedded within the domain of personal experience, despite the philosophical, historical necessity of dichotomizing the rationalist and empiricist perspectives. I am reminded here of Magee's (1997) observation that "nothing you can ever do can make you experience

anything other than the deliverances of your own consciousness” (p. 11).

The increased focus on the analyst's embeddedness in his or her subjectivity and subjective experience, although useful, presents evocative theoretical and practical dilemmas. Indeed, some authors are displeased with a singular focus on subjectivity that might preclude the continued use of the term objectivity and its corresponding meanings (**Cavell, 1998; Gabbard, 1997; Renik, 1998**). It is the very notion that we are necessarily embedded in our own subjectivity that seems irreconcilable with what we readily accept as empathy (**Kohut, 1959**), affect attunement (**Stern, 1985**), or some method by which we come to experience and know something of another's experience. For Kohut, for example, a successful empathic process rests on a relatively clear, objective vision in the analyst. It relies on the analyst's relative capacity to set aside his or her subjectivity. The paradox of subjective emotional resonance emerges then in observing that the quintessentially human quality from which we have had to try to extricate ourselves to be receptive and observant of the experience of another—that is, our personal subjectivity—appears to be the very condition and medium through which an emotional resonance process is made possible.

Resolution of the Paradox of Subjective Emotional Resonance

I wish to underscore and extend the work of Ferenczi (**1955**), Little (**1951**), Stolorow and Atwood (**1992**), and Aron (**1996**), just to name a few, in arguing that it is exactly our embeddedness in our subjectivity, not the occasional “objective vision” that enables the reciprocal and mutual processes of emotional resonance and unconscious communication, and, further, that these processes form one of the underlying mechanisms of what is therapeutic in psychoanalysis. In this view, one individual's subjectivity is not seen as particularly closer to “objective truth” or reality than another, but rather, the points of convergence of two or more subjectivities provide the matrix for an emotional resonance process and the potential experiences of certainty and conviction.

More closely examining the nature and experience of our subjectivity, the notion of human “sameness” and relatedness, and how these factors facilitate the process of emotional resonance, begins to reconcile these theoretical and practical contradictions. How is it exactly that our subjectivity facilitates the emotional resonance process? Despite the myriad points of profound diversity and dissimilarity between individuals

(e.g., cross-culturally), it is our human sameness and its high degree of specificity that allow us the potential for resonating with the unique, affective experiences of another.

Important segments of our subjectivity inevitably dovetail or converge with that of the other. An example of this can be observed readily in the phenomena of what intersubjectivity theorists call *inter subjective conjunction* (Stolorow, Brandchaft, & Atwood, 1987). Extending this concept, it is important to note that the potential similarity of modes of experiencing in two people, as well as that of those organizing principles responsible for those modes of experiencing, derives not just from a similarity or concordance in personal histories, but also from our human sameness. Indeed “we are all much more simply human than otherwise” (Sullivan, 1962); and we are paradoxically quite similar to and different from each other. Human sameness should not be construed necessarily as having a consensual knowledge or “reality,” but as meeting points or conjunctions of experiencing life in affectively and significantly similar manners. The “sameness” to which I refer evolves from various sources (i.e., not just our personal histories), not the least of which is the highly unique, complex, species-specific neurobiological constitution with which we have all been endowed.

On a more fundamental level, the uniqueness, embeddedness, and high degree of specificity of our human sameness are effectively demonstrated in the infant studies of Davidson and Fox (1982). In this research, they found that by 10 months “the brain is lateralized for positive and negative affect” (in Beebe et al., 1997, p. 143) and that the infant is exquisitely sensitive to and resonates with the facial nuances that reflect the emotions of the other, whether or not he or she likes it. Although we often take this phenomenon for granted and as reasonable, it well demonstrates that from the outset we all share a relatively common implicit (that is, verbal, nonverbal, and prereflective) language, despite the different meanings we may come to attach to the particulars of that language. Perhaps perceptual errors can be said to occur when one individual interprets his or her emotional resonance with another's emotional state in a manner that is experientially discrepant and therefore containing a different meaning from the lived experience of the other. This then becomes not a matter of distortion of reality, but of perceptual and experiential differences. This is especially notable in multicultural contexts. However, the medium of emotional resonance, the procedural language shared by two people, remains essentially similar and identifiable enough to facilitate an ongoing and profound emotional interaction. Emotional

resonance, then, is not a matter of discerning objective truth, but rather the intermittent sharing of subjective experience via our embeddedness in what is quintessentially human. It is to the nature of this ongoing interaction, to what Schwaber (1998) referred to as the music behind the words, that I now wish to turn.

Empathy and Emotional Resonance

The notion of experientially connecting to and in some manner communing with the subjective world of the other is not only the essence of clinical practice but represents what is most salient and most essential about human existence. The essence of what is psychoanalytically therapeutic resides largely in the process and experience of empathy (in many senses of the term [Blechner, 1988; Ferenczi, 1955; Freud, 1921/1981b; Kohut, 1959, 1984; Stern, 1985; Stolorow & Atwood, 1992; Vischer, 1873, in Wind, 1963; Wolf, 1988]). Emotional resonance, in the way that I am using the term, denotes a process of dyadic, moment by moment, emotional registering, grasping, acknowledging, confirming (or disconfirming), and relating in a reciprocal though not symmetrical manner. Additionally, this process is the medium through which not just emotional experience is communicated and sometimes mutually acknowledged, but also through which these experiences in the patient and the analyst are given the opportunity to coalesce, or to be aborted. Emotional resonance is an individual's signal to another that "I am present with you, regardless of our differences." An ongoing emotional resonance process is in part co-constituted, much in the way the apparent structure of improvisational dance is determined by both dancers, simultaneously. In the spirit of Heisenberg's (1958) notion of indeterminacy, it seems impossible to determine where the character and pathos of one dancer leaves off and the other begins.

Freud (1921/1981b, p. 108) wrote that empathy "plays the largest part of our understanding of what is inherently foreign to our ego in other people." I would assert that first, "what is inherently foreign to our ego in other people" is sometimes intrinsically subjectively familiar to us though is perhaps sometimes experienced as "foreign." This highlights the vital distinction between the domain of experience and that of experience-distant presumptions of emotional state. The notion of projective identification, for example, well illustrates this distinction and the confusions that arise in the presence of this popular categorical error. As clinicians, in other words, we sometimes have difficulty differentiating specifically

between our own experience of the patient (what we clinicians often label as the patient's emotional state) and the patient's own lived, self-experience.

In his well-researched article, Blechner (1988) stated that the original use of the term “empathy” was not in psychology or psychoanalysis, but “in the field of aesthetics, where it referred to the process by which an inanimate object, an artwork, is given life in the observer's imagination, by an emotional process of ‘feeling-into’ the object” (p. 303). This is a description of Vischer's (1873; see Wind, 1963) theory of empathy, which implied connections between physical forms and emotional states. This is a particularly felicitous view of empathy, because there is never any assumption of an object, inanimate or otherwise, placing or intending to place feeling states into the mind of another. Stern (1985) alluded to this phenomenon by observing how a “two-dimensional painting creates the virtual feeling of three-dimensional space” (p. 158).

Although all experience is necessarily solely personal experience, it is largely derived from the often prereflective sensorimotor interactions of each partner in a dyad. In other words, in the spirit of Sander (1977, 1985) and the many other researchers and intersubjectivity theorists who have emphasized that psychological phenomena in early life is usefully understood as a property of the infant-caregiver system, it follows that personal, lived experience provides no exception to this premise. That is, an individual's experience is also a property of the dyadic system, though only can be “felt” in the phenomenological sense by the experiencing person.

I now turn to the work of Ferenczi (1955) for a stronger foundation on which to build our vision of the emotional resonance process. Ferenczi actually identified two related processes: *Einfühlung* and *Abschätzung*, meaning empathy and assessment. Empathy here refers to the registering in one individual of the feelings of another. Assessment refers to the formulation and appraisal of that feeling state. Subsequent theorists (such as Balint; Searles; Kohut; Trevarthen; Clyman; Sander; Gill; Basch; Stern; Beebe, Lachmann, & Jaffe; Stolorow, Atwood & Brandchaft; and Aron) have elaborated on the notions of empathy and emotional resonance, particularly those that emphasize processes that are mutual, reciprocal, simultaneous, and dynamic as well as those that shape one's relational configurations and experiences.

These views well support how I define, for purposes of this discussion, the process of emotional resonance. Drawing from the work of the theorists mentioned earlier, I envision emotional resonance as comprising two phases: (a) the registering, reconstructing, and perhaps experiencing

of the impact of the emotional state of the other and (b) an immediate prereflective appraisal of and determination about that impact, which impact itself is automatically procedurally exhibited (i.e., verbally, non-verbally, though prereflectively conveyed) and necessarily communicated back to the other. This process, then, is bidirectional, simultaneous, ongoing, ubiquitous, verbal and nonverbal, dynamic, emergent, and unpredictable.

Note that some of my descriptors suggest nonlinear dynamic systems theory, and this is not accidental. In fact, drawing from the work of Prigogine; Godwin; Thelen and Smith; Stolorow, Brandchaft and Atwood; and Shane, Shane, and Gales, I believe the emotional resonance process is a component of, a property of, and emerges out of the highly nonlinear and dynamic system that is the analytic dyad. Through this process, mutually constituted subjective experience, including the affectivity and sensory cues corresponding to it, is continually emergent and is always on the threshold of relative certainty or uncertainty, relative conviction or perplexity. Emotional resonance does not designate just the receiver's process of attuning, but also denotes the conveyance back to the "originator"¹ a similar enough cognitive-affective notation, much in the way an A string on one piano will resonate or vibrate on "hearing" a similar A from an adjacent piano when its A is actually played. This return notation is "present enough" to constitute some form of acknowledgment, albeit often prereflectively, via attunement, partial attunement, slight misattunement, or more abrupt misattunement. Certain gross approximations, or apparently outright misattunements, are not literally and necessarily misattunements, but rather on some occasions may qualify as alternate attunements. That is, there may be an initial attuning or resonating in an analyst of a patient's affect state, but then a prereflective alternate response is resonated back to the patient. This constitutes an acknowledgment, but also an affective disagreement, in effect sending a message to the originator: "I am registering your affect state within my own psychophysiological system, but I see or feel things differently and therefore am not continuing to resonate and display a similar affect in response." Hence, defined in this fashion, emotional resonance does not always imply ultimately a like response, whether cross-modally conveyed or not.

Emotional resonance operates largely within the visual modality, as

¹ The term "originator" is misleading because a bidirectional, emotional resonance process commences instantaneously when two or more individuals become present with one another.

in the case of “facial mirroring” (Beebe et al., 1997), but is quite prominent in the auditory and olfactory domains as well. Occurring on a millisecond-by-millisecond basis, this resonating process resides largely out of the realm of stimulus-response, sensorimotor “turn-taking” and more within the domain of “interaction structures,” that is, the playing out of relational expectancies that allows for a degree of creativity, unpredictability, and novelty as well. Beebe et al. termed this “hypothesis-generating or hypothesis-probing attempts by each person to understand and predict the other person's behavioral sequence in time and space” (p. 160), and I would add, the other person's sense of what is felt to be real, less real, or perhaps quite vague or virtually void of a sense of realness. Emotional resonance determines the course of present and future interactions between two or more individuals—based on the “interaction structures” that evolve therefrom—and, importantly, the degree to which they will experience a relative sense of certainty and perhaps conviction—what is usefully referred to as the “sense of the real.” It determines the course of one's therapy. Emotional resonance determines the individuals we are becoming. Ultimately, it determines one's sense of self-delineation (Stolorow & Atwood, 1992).

I hope it is by now evident from the research and personal experiences elaborated herein that emotional resonance (or empathy, or cross-modal matching) is not a function of an individual's ability to obtain and sustain an objective vision of the psychic life of another, but rather is a de facto prereflective, procedural process that determines the course not just of present and future relational patterns within the dyad, but also the lived, affective experiences of two or more people that center on the continual checking, probing, questioning, negotiating, affirming, or disconfirming of experiences of relative certainty about something, conviction about something, or both. This process is quintessentially human and is effected paradoxically via our human similarities and sameness, on one hand, as well as via the substantial discrepancies in our personal subjectivities, on the other hand. Parenthetically, this picture of the procedural interactions of analytic dyads makes obsolete the clinical question as to whether you should disclose countertransference feelings or not. By the time you begin to ask the question, it has in some respects already been decided.

Clinical Material

Lucy was 28 years old when she, somewhat reluctantly, sought consultation with me. She hoped to obtain relief from what she felt was an

intractable and chronic state of anxiety and depression. A likable woman with an alluring smile, Lucy described her experiences of the last 20 or so years; they appeared to reflect a pronounced disruption in her capacity for self-regulation and negotiation of affect states. Lucy spoke of her tendency toward self mutilation with razors, sexual promiscuity, substance abuse, abusive relationships, interpersonal compliance, and in general, what sounded to me like a profound absence of a capacity for affect recognition, integration, and articulation. She also conveyed an affinity for the “dark side of life,” evidenced in her attraction toward alternative nightclubs, industrial rock music, David Lynch films, unpredictable men under the influence of alcohol and cocaine, and generally reckless activities. She also evidenced a substantial appreciation for vintage detective stories, Sartre, and Russian novels.

Lucy reported her experience of her family (i.e., her mother, father, and two brothers) with great sadness, providing a picture of profound absence of emotional acknowledgment by her family members of her own inner life. In the same breath she made it clear to me the great depth of her love for her mother and father. Despite the pain associated with contact with her family, she clearly idealized them and would easily give over her life to them, emotionally or even physically, at the slightest provocation. I thought to myself that indeed she had already done so many years ago. Her sense of self and her affectivity seemed to be centered on the needs and states of others. She seemed exquisitely aware of me and the nuances of my own ongoing affective expressions. And this quickly became a topic of conversation between us.

Early on I felt that she was substantially prone toward states of affective compliance or accommodation—of the type posited and elaborated by Brandchaft (1994)—and that in these states any sense of emotional realness that might lead to a self-delineating experience (Stolorow & Atwood, 1992) was virtually nonexistent. I witnessed the ease with which she would reorganize her own affective expression and emotional experience to coincide with what she perceived, I think at first procedurally, as mine. Her affectivity became at times chameleon-like, with my own subjective emotional life functioning as the background material with which she would determine her affective coloration. I came to realize this through noticing that significant though highly subtle affective components, or cues, were felt by me to be missing from her contribution to the emotional resonance between us. The lack of these cues precluded any sense of realness about what appeared to be emotionally present.

I came to feel that her anticipation and at times eager acceptance of

my own emotional state was not unlike the type of masochistic submission she had become accustomed to in the physical world: While my sense of realness was not her own, by accepting it as such, she achieved at least some semblance of a sense of realness and self-delineation. Over time, I commented on and at times challenged her about her personal experience at these critical moments during which she appeared to exhibit affective expression, with which I might resonate in some manner, but from my subjective standpoint seemed to be lacking in “believability” or realness. She became more aware of my lived experience of her chameleon-like strategies, more cognizant that I was being affectively impacted by her approach to having an emotional life. Via the emotional resonance process, she became more attuned to the intricate variations in my own affective presence and thereby came to sense in me my own sense of relative realness or falseness that seemed to reflect emotional differences in her. After a while we concurred that we had begun to experience first-hand a mutually acknowledged emotional life full of variation, texture, circularity, and identifiability. This was not accomplished via imitation or the pseudoclarity that accompanies “talking about something everybody already knows” (Bion, 1973, p. 13), but via an emotional resonance process that procedurally conveyed affective guideposts to what could be felt to be real, or felt to be otherwise. I believe this identifiability, mutually and reciprocally formed at the interface of each of our emotional resonances, was what later coalesced for her, and in her experience, as a sense of something being affectively real—that is, a sense of the real. This sense of realness of her own emotional life was not necessarily about anything, but rather just was. Over time, it came to be something she yearned for and depended on our relationship to provide. This was not an experience that she apparently was yet able to have on her own—that is, the sense of realness of her own emotional life.

After the first year and a half of treatment, Lucy began to articulate that perhaps her affinity for the dark, abusive, painful, and unpredictable side of life was her attempt at grasping something tangible and real about her self, about her own personal experience—something about which she could have no doubt. After lengthy explorations and attempts at making sense of the variations in her personal experiences, we began to recognize and acknowledge a sense of certainty and at times conviction about her “dark side” and the behaviors toward which she felt compelled. It became clearer why at times Lucy's anxiety would escalate in response to my suggestions that she reevaluate the inherent dangers of her alternative lifestyle. She eventually let me know that this was her sole source of

experiencing something that was felt to be imminently real and intended for her, despite the dangers and adverse consequences. I believe that it was our continuing and increasing mutually acknowledged experiences of affective realness, or of a “sense of the real,” and our combined ability to recognize them and ultimately to talk about them in the context of our analytic relationship that afforded her alternatives to the darkness and danger that seemed always to loom in the background.

Discussion: The Sense of the Real

In view of the foregoing clinical material, I wish now to place my hands on the experiential facet of the therapeutic elephant by focusing specifically on the salience of the sense of the real—that is, those unique experiences of emotional certainty and conviction that prove to be meliorative and transformative. I speak here of a sense of certainty and conviction that is not necessarily about anything in particular, though some form of content is always implicit. In the domain of the real, what is real is less important than the experience of “realness,” or the sense of something being real.² From a phenomenological and therapeutic vantage point, it is about itself. The content, or the insight into a thing, is less significant here. For some, the experience of thinking might be more enlivening than what is being thought.

Insight without emotional certainty and conviction can represent, among other things, *defensive understanding*—perhaps something akin to Kierkegaard's notion of bad faith. Similarly, Donnel Stern (1997) dubbed the prevention of the formulation of novel experience in favor of maintaining personal safety and common knowledge “the unquestioning [and continued] acceptance of the familiar” (p. 63). Defensive understanding acts as a kind of shell or facade, in that it can serve a protective function, but also in the sense of it having no internal substance. It sounds real, or right, but it might not feel that way. This is the world of pseudocertainty in which Lucy and I could have lived indefinitely, but fortunately were able to avert.

For many individuals, the paucity of experiences supporting a sense of the true and the real is responsible for a wide range of psychopathology. Stolorow and Atwood (1992) list several “pathological outcomes of the derailment of the sense of the real,” including a

² Not to be confused with the Lacanian notion of the realm of “The Real.”

severe narrowing of the domain of reflective self-awareness, disturbances in the development of affectivity and mind-body cohesion, tormenting doubts about the reality of early traumatic injuries and about the validity of one's experience in general, and the elaboration of dramatic fantasy formations concretizing the process of psychological usurpation. (p. 28)

I believe this was the situation with Lucy. In terms of child development, Stolorow and Atwood stated the following:

The development of a child's sense of the real occurs not primarily as a result of frustration and disappointment, but rather through the *validating attunement* [italics added] of the caregiving surround, an attunement provided across a whole spectrum of affectively intense, positive and negative experiences. *Reality thus crystallizes at the interface of interacting, affectively attuned subjectivities* [italics added]. (p. 27)

The sense of the real, as with many other experiences in the analytic setting, is likewise constituted in a mutual and reciprocal fashion and, optimally, eventually articulated.

Unlike the motivational salience of the drives in Freud's drivestructure model, the conception of a need for achieving a sense of the true and the real does not exactly propel one with a specific aim toward a specific object. Instead, the experience of the real is something that we encounter, under “good enough” (Winnicott, 1965) or “optimal” (Bacal, 1998) conditions, with the sense of the real coalescing or emerging as a byproduct of useful, affect-attuning relational experiences. It is something that catches us by surprise. Donnel Stern's elaboration of the notion of unformulated experience is exceptionally well suited to conceptualizing the as yet unrealized, unexperienced, and unsymbolized though emergent sense of the true and the real. It is certainly not something that has been repressed, in the Freudian sense, but rather is something that phenomenologically coalesces within, and emerges out of, the analyst's and patient's bidirectional processes of empathic resonance.

From this vantage point, those agreed-on truths and realities that exist between the analyst and the patient because they just seem to make intellectual sense, and because, perhaps, either one or both have a theoretical or practical investment in believing them, do not represent emergent experiences of the true and the real. Rather, such experiences emerge out of heretofore unformulated meaning and experience when the subjectivities of the analyst and the patient, however in or out of awareness they may be, become affectively co-constituted on a millisecond-by-millisecond basis. Whereas some experiences are originally procedurally encoded and not symbolically elaborated, especially those of traumatic origin

(Shane, Shane, & Gales, 1997), novel emergent experiences in the context of the analytic dyad, never previously experienced and encoded in any fashion, are communicated on a procedural level first and, perhaps, grasped symbolically at a later point in time. In fact, the analyst's attempts at encouraging conscious, symbolic encoding via verbal articulation of what is thus far only prereflectively felt—the sense of the real about something—in some instances forestalls the very sense of the true and the real that is hoped for. This is applicable to the emergent sense of the real that is constructed and elaborated on, via the process of empathic resonance, by both members of the analytic dyad.

The experienced, emergent sense of the real engenders in one's experiential repertoire a sense of substance, meaning, delineation, coordinated position in emotional time and space, certainty, conviction, and eventually, most certainly, passion. Without the sense of the real, insight or understanding in the traditional sense is lifeless knowledge at best, and a bolstering of sequestration, compliance, and false self-accommodation at worst (in certain instances eventuating in suicide). Without the sense of the real, affective bonding or attachment remains in the domain of addiction to responsiveness or the realm of the antidotal (Stolorow, 1997). And without the sense of the real, psychological integration is doubtful; it is the sense of the real that imparts the mutually acknowledged certainty and conviction about previously sequestered or even unformulated dimensions of self-experience that emerge, coalesce, and ultimately engender a lived, felt sense of texture, wholeness, vitality, and relatedness in the self. Consequently, the development of a sense of the real via the process of emotional resonance is constitutive and mutative for many individuals and represents a vital facet of therapeutic action.

Summary

In this article, I have attempted to underscore and illustrate the salience of the analyst's subjectivity and the subjective lived experience of the analytic dyad. I have tried to emphasize the necessity of elaborating the role they play in facilitating the ubiquitous emotional resonance process, as doing so, I believe, advances our understanding of how the “sense of the real” coalesces and ultimately helps effect therapeutic action in the analytic setting.

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