

## Repetition and Novelty in Self-organization and Psychotherapy

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In his book “The Interpersonal World of the Infant,” Daniel Stern (1985) gives convincing evidence that infants, when awake, scan their environment for repetitive patterns. As he explains, “One of the central tendencies of mind that infants readily display is the tendency to order the world by seeking invariants” (p. 74). Stern claims that through discerning patterns in their surround, infants form “islands of consistency” as residues of organizing activity and nuclear self-organization. Such a self-organizing search for invariants has consequences for psychotherapy aimed at repairing nuclear self-organizations. This paper, therefore, proposes to explore repetition and novelty (1) in an infant’s search of the environment (2) in psychotherapy and (3) in science as objective and subjective knowledge.

### 1. Repetition and novelty in an infant’s search of the environment

To support the idea of an infant’s innate search for invariance, Stern (1985) avails himself of experimental research on infants between two and six months of age, a time that he considers to be “the most exclusively social period of life” (p. 72). He explains, “By two or three months the social smile is in place, vocalizations directed at others have come in, mutual gaze is sought more avidly, pre-designed preferences for the human face and voice are operating fully, and the infant undergoes that biobehavioral transformation resulting in a highly social partner” (p. 72), as described by Spitz (1965) and Emde and colleagues (1976).

To illustrate patterns of invariance in the infant - caregiver interaction, Stern (1985) examines “baby talk.” “Baby talk,” marked by raised pitch, simplified syntax, reduced rate, and exaggerated pitch contours, is generally accompanied by “baby faces,” which are the odd but effective faces made automatically by those interacting with infants that involve an exaggeration, longer duration, and slower composition and decomposition of the display, apparently to help capture the attention of the infant. “Baby talk” goes something like this: “Hey, honey... Yeah, honey... Hi, honey... Watcha doing, honey?... Yeah, watcha doing?... what are ya doing?... what are ya doing there? ... ya doing nothing?” As Stern explains, there are two main themes, “honey” and “ya doing,” each “restated several times, with minor variations in language or paralinguistic” (p. 73).

Calling this parental baby talking “theme with variation,” Stern points to evidence beyond word patterns to body-touching games. For example, in the game “I’m going to get you,” fingers march up the infant’s legs and torso towards the neck, possibly with a chin tickle punch line. As the game is played over and over, each finger march is different from the previous one in speed, in suspense, in vocal accompaniment, or in some other way. Stern observes. “The longer the caregiver can introduce an optimal amount of novelty into the performance of each successive round, the longer the infant will stay entranced” (pp. 73-74). So, the flip side of an infant’s ability to search for invariant patterns is the capacity to recognize novelty. These capacities to recognize novelty and patterns are enhanced with development.

This enhancement may be seen in later development. Stern indicates, “after six months the infant changes ... and becomes fascinated by, and proficient in, manipulating external objects; coordination of limbs and hand-to-eye have improved rapidly, and interest in inanimate objects sweeps the field” (p. 72). Following this infant stage of manipulating external objects, a developing person’s search for invariants and novelty in the world continues, with increasing awareness of complex and abstract patterns as he/she moves into adulthood. Albert Einstein, for example, used mathematical language to form his famous model of invariance in physics,  $E = MC^2$  (Clark, 1984).

Before an infant’s period of intense sociability in the two to six month’s period, Stern thinks that infants are already aware of the invariants that bear on physiological needs, such as sleep. For example, there is evidence that fetuses are able to recognize invariant patterns involved in their uterine environment. DeCasper and Carstens (1980) demonstrated this in their well-known experiment where pregnant mothers read the children’s book, The Cat in the Hat to their unborn fetuses, six and a half weeks before birth. After birth, the story was reread to these children and tested with a “dummy” (pacifier) that could measure their sucking responses. Compared to a control group who had not been read the story in utero, those infants who had heard it in utero stopped their sucking to a significant degree, suggesting they recognized a familiar pattern. This experiment suggests that fetuses use non-sight senses to perceive patterns of invariance and novelty.

That fetuses can recognize sound patterns is supported by the research of Mehler and Jusczyk (1988) with one month-olds, using a switch inside a pacifier that

turned on a tape recorder when the infant sucked. They demonstrated that four-day-old French babies suck harder to hear French than Russian, and increase their sucking more when a tape changes from Russian to French than from French to Russian, showing that the increased sucking is not due to the novelty of change itself. They thought the infant had learned this language pattern through the melody of the speech carried through their mothers' bodies and audible in the womb, even though muffled.

Stern's emphasis on a person's genetically endowed capacity to discern patterns does not overtly rely on Kant's concept of "apriori," but covertly, it does. There are now two hundred years of philosophical support for the idea of an "apriori" capacity to discern patterns exists "independent of the type of experience." Stern's concept of invariance searching is an "apriori." According to Kant, there are twelve "apriori" categories that are applicable to perception. These are the categories of "quantity" [unity, plurality, totality], the categories of "quality" [reality, negation, limitation], the categories of "relation" [substance and accident, causality and dependence, community or interaction], and the categories of "modality" [possibility and impossibility, existence and non-existence, necessity and contingency]. But Stern's concept of pattern discernment is more basic than these because it is a necessary pre-condition to Kant's patterns of quantity, quality, relation and modality, and therefore, is a precondition for perception itself. Stated another way, self-development would be impossible without genetically inheriting the capacity for pattern discernment.

Growing knowledge of the neural brain circuits of interest also supports Stern's concept of an infant's search for invariance. Interest involves the activity of

the Hypothalamic – Pituitary – Adrenal (HPA) axis that uses dopamine, noradrenaline, and adrenaline as ascending neurotransmitter circuits, and a glutamate neurotransmitter for the descending circuits. Circuits in this HPA neural network are always switched on because the dopamine neurons function as an endogenous pacemaker with a fairly stable firing rate throughout the day and in REM sleep when other biogenic amines are “sleeping” (p. 156). Panksepp (1998) makes a strong case for calling this complex network of circuits, the “searching system of the brain” (p. 144). In electrical stimulation studies of the lateral hypothalamus of rats, Panksepp describes how “all animals move forward in an energetic search pattern, sniffing vigorously and investigating, mouthing and manipulating prominent objects in the environment” (P. 155). As with rats and other mammals, human HPA searching networks are connected with the search for patterns that Stern reports with his two to six month old infants.

An infant’s search for patterns is also reflected in the development of language. Steven Pinker (1994) believes that language is an instinct because of the studies of Noam Chomsky. In response to the behaviorism of John Watson and B.F. Skinner who branded such words as “mind” and “innate” as unscientific, Chomsky called attention to two facts about language. “First, virtually every sentence that a person utters or understands is a brand-new combination of words, appearing for the first time in the history of the universe. Therefore, a language cannot [simply] be a repertoire of learned responses that the behaviorists claim; the brain must contain a recipe or program that can build an unlimited set of sentences out of a finite list of words. That program may be called a mental grammar....The second fundamental fact enunciated by Chomsky is that children develop these complex grammars rapidly,

without formal instruction, and give consistent interpretations to novel sentence constructions that they have never before encountered. Therefore, he argued, children must be equipped with a Universal Grammar that tells them how to distil syntactic patterns out of the speech of their parents (Pinker, p. 9). Without the capacity to discern patterns and novelty, language would be impossible.

Humans then, are born with a capacity to discern patterns, to create “order out of chaos” and to appreciate those experiences that are novel, therefore, unique or special.

## (2) Psychotherapy

Examples of repetition and novelty in psychotherapy are seen as (a) in Orange, Stolorow, Atwood and Brandchaft’s concept of co-transference and (b) in Kohut’s concept of leading and trailing edges in psychotherapy.

### (a) As co-transference

. Psychotherapists in supervision frequently present cases of patients with intense negative transferences and a psychotherapy that is stalemated or in a mess. The problem for a psychotherapist is not in recognizing this transference experience, but in failing to help resolve it. If these psychotherapists explained to the patient that he/she was distorting their relationship because of past experiences, either this explanation was rejected, or if overtly accepted, the patient’s negative view of the therapist covertly remained.

To help explore the problem of a transference stalemate, we review briefly the history of the concept. Greenson (1969) thinks that the idea of transference grew out of Freud's (1905b) disastrous failure with Dora. Because of Freud's lack of empathy, the psychoanalysis lasted only a few months and then terminated abruptly. It then took seven years before Freud (1912) – presumably after digesting the experience – to propose the theoretical concept of transference, where childhood experiences are transferred to the relationship with the psychotherapist. It is an idea that grew in importance until it dominated psychoanalysis half a century later (Greenson, 1969, p. 359). Now, nearly a century after Freud first proposed the concept, Shane, Shane and Gales (1997) offer the view that “transference encompasses experiences in the present predominantly organized by the past” (p. 69). Having said this, it is one thing for psychotherapists to recognize a transference clash of perceptions, but another to produce therapeutic change.

Freud assumed that after interpreting transference, the patient's resulting insight would gradually lead to a weakening of the patient's negative perception of the therapeutic relationship. However, although insight helped some patients, it did nothing to modify others. Freud explained transference without the aid of modern research on perception that sees it as abstracting from multi-modal sense experiences and the degenerating and reentrant properties of the brain's neural structures described by Edelman (1987).

Initially these failures to alter negative transferences were explained by Freud's concept of a positive non-transference relationship. As he stated, “not every

good relation between analyst and his subject ... was to be regarded as a [distorted] transference; there were friendly relations which were based on reality and which proved to be viable” (1937a, p. 222). Freud held to the importance of a non-transference relationship, because he believed this non-transference relationship formed the basis for resolving negative transference and because it explained if the transference remained unresolved, namely that such patients lacked the capacity to develop a good enough positive, non-transference relationship.

Psychoanalysis after Freud has attempted to increase its effectiveness in resolving transferences. Kleinian and more ‘conservative’ analysts (Greenson, 1971) believed that the positive non-transference interactions, rather than resolving transference distortions as Freud thought, contaminated the psychotherapy, weakened the effect of interpretations on the patient, and undermined efforts to resolve or lessen the negative effects of transferences. So, these psychoanalytic theorists expanded the idea of transference to include all interactions between the patient and analyst, and contended that the only way for an effective psychotherapist to respond to transference is by analysis and interpretation.

In criticizing this “only interpretation” (*sola coniecto*) position, Greenson (1969) says that seeing everything emanating from a patient as transference so broadens the concept as “to deprive it of its usefulness” (p. 362). Anna Freud also states: “The technique of ‘only analyzing’ or ‘only interpreting’ transference phenomena may stifle the development and clarification of the transference neurosis and act as an obstacle to the maturation of the transference-free or ‘real’ reactions of the patient” (Greenson, 1969, p. 361). Lack of significant therapeutic improvement



with such an approach supports their position. Although there have been no strictly designed, control group studies on the results of “sola coniecto” psychoanalysis, there is a general recognition in psychoanalytic circles that the type and number of patients who can tolerate this strict, non-gratifying approach is limited, without necessarily achieving significant increases of successfully resolving transferences. Based on anecdotal reports, this “only interpretation” approach may have actually increased the risk of suicide.

. Lack of an appreciable increase in effectiveness in resolving transferences during the past half century suggests that analytic theory had taken a wrong turn. Psychoanalysis had explored the results of a stricter technique, but ignored examining its assumption that transference is a distortion of reality. This concept of distortion, however, may contribute to the difficulty of resolving a patient’s negative attitudes towards the therapist. For example, Stolorow and Lachmann (1980) point out the nature of the dangers embedded in the concept of a “real” relationship between patient and therapist. They (Stolorow, Brandchaft and Atwood, 1987) explain: “Such dangers lie in the fact that judgments about what is ‘really true’ about the analyst and what is distortion of the ‘truth’ are ordinarily left solely to the discretion of the therapist – hardly a disinterested party” (p. 35). Undoubtedly therapists experience a patient’s negative assessment of him/her as different from his/her own self-image, but what makes this difference automatically a distortion? Difficulties are introduced into the process of resolving transferences if the therapist assumes that his/her subjective self-experience is an objective view of reality. When the therapist believes this, any clash with patients’ views creates disjunctions because the intersubjective differences of perception have been cast into objective terms.

If a divergence of perception between patient and therapist leads to psychotherapists taking the position of representing objective reality, they are adopting a “hierarchically ordered two-reality view” (Schwaber, 1983, p. 383), where the reality experienced by the patient is considered a distortion of the psychotherapist’s objectively true reality, that Schwaber so effectively criticized. As she points out, it is the therapist’s assumption of having an objectively true view from which deviation is distortion that makes the concept of transference so potentially damaging to the therapeutic process. Transference assumed to be distortion reinforces patients’ experiences that they are defective and vulnerable to be blamed if they differ in their views from the therapist. So the concept of transference as a “distortion” may re-create early childhood experiences of being blamed, and, hence, reinforce negative transference feelings. When transference is conceived as distortion, it is understandable that cases are susceptible to being stalemated, and transference experiences becoming therapeutically irresolvable.

While psychoanalysis was exploring issues around perceiving transference as “*sola coniecto*,” Kohut introduced the selfobject concept into understanding transference. This has been thoroughly covered in the self-psychology literature (Kohut, 1971, 1977, 1984; Lee and Martin, 1991). Kohut’s introduction of a narcissistic transference, strongly resisted by many conservative analysts, eventually led to an integration of both Freudian and Kohutian views. As Stolorow summarizes, there are two dimensions to transference: the conflictual and the selfobject. Stolorow (Stolorow, Brandchaft and Atwood, 1987) explains,

In certain transference configurations...the selfobject dimension is clearly in the foreground, because the restoration or maintenance of self-experience is the paramount psychological purpose motivating the patient's specific tie to the analyst. In other transference configurations, the selfobject dimension operates silently in the background, enabling the patient to confront frightening feelings and painful dilemmas [of the conflictual dimension] [p. 26].

In a later publication, Stolorow (Stolorow and Atwood, 1992) calls the conflictual dimension the repetitive dimension of experience (pp. 24 & 83).

Orange (1994) offers a way of integrating these dimensions of transference with her concept of co-transference. In co-transference she says, "the organizing activity of both patient and analyst within the analytic experience makes up the intersubjective field of analysis" (Orange, Atwood and Stolorow, 1997, p. 8). In a healthy co-transference the different points of view are used to generate a dialog that opens up new horizons (Gadamer, 1993) and new experiences. In co-transference the emphasis is no longer on how "real" the relationship is, but on its newness, that is, the possibility of co-creating Balint's "new beginning" (Balint, 1968, p. 131, and 1932, 1934) through the selfobject responding of the therapist. This shift in transference thinking from the realness of experience to its newness is one of Kohut's major contributions to psychotherapy with his concept of a selfobject and selfobject experiences.

Balint's concept of a new beginning made a very important contribution to modern psychotherapy. He illustrates his concept with a case of an attractive,

vivacious, rather flirtatious girl in her late 20's, whose main complaint was an inability to achieve anything. Balint (1968) says:

She had finished successfully the university course for a degree quite some years before, but could not take the final examination. She was popular with men, and a number of them wanted her, either for marriage or for an affair, but she simply could not respond. Gradually, it emerged that her inability to respond was linked to a crippling fear of uncertainty whenever she had to take any risk, that is, take a decision. She had a very close tie to her forceful, rather obsessional, but most reliable father; they understood and appreciated each other, while her relationship with her somewhat intimidated mother, whom she felt to be unreliable, was openly ambivalent.

It took us about two years before these connections made sense to her. At about this time, she was given the interpretation that apparently the most important thing for her was to keep her head safely up, with both feet firmly planted on the ground. In response, she mentioned that ever since her earliest childhood she could never do a somersault; although at periods she had tried desperately to do one. I then said, 'What about it now?' – whereupon she got up from the couch and, to her great amazement, did a perfect somersault without any difficulty [pp 128-129].

Balint is careful to explain that the concept of a new beginning is not the same as repetition, transference, acting out, or regression. How can her somersault be a

repetition or regression, he asks, if it had never been done before? And how can her past experience be transferred to the present if it is a new experience? Admittedly, says Balint, the patient's somersault was action, but how could this be acting out in an attempt to avoid remembering something in the past, when it is a new experience?

So, with Stolorow's concept of repetitive transferences and Balint's emphasis on a new beginning as major dimensions of co-transference, we see the process of psychotherapy having similarity to the organizing principle of Stern's early infant, namely, the search for repetitive patterns and for novelty. If a patient - psychotherapist co-transference is stuck exploring persistent repetitive patterns, such an approach is giving excessive attention to the repetitive dimension and not enough to new experience.

Psychotherapists stuck in an irresolvable repetitive transference often had feelings of despair. From exploring these psychotherapists' views about their patients, I gained the impression that their the patients were despairing too. It was a small step to realize that the stalemate between these therapists and their patients also represented a twinship of despair. Their patients had entered psychotherapy feeling trapped in a cycle of repetitive experiences and, by focusing on these experiences in the hope of resolving them; they had not given enough attention to their patients' new experiences. Caught up in the patient's defenses against despair, these therapists had tended to follow their patients' leads by obsessively and repeatedly going over these experiences, but in doing so, reinforcing the patterns, not weakening them.

(b) as leading and trailing edges in transference material

During the last three years of his life, Kohut's began using the experience-near concepts of "central material," with "trailing" and "leading edges" (Miller, 1985) in his consultations with the psychoanalyst Jule Miller. Material from Miller's session with a patient, followed by Kohut's comments on the way Miller handled the material introduce us to their meanings. Miller says,

Once again, I was going to cancel an analytic session because of a trip. The patient was upset about this and he talked about how much he was going to miss me and how he tended to feel dislocated if he had a number of free hours during the course of the day....The patient talked about how before the analysis...he would have filled this time with homosexual activities in bookstores; however, this was now much less appealing to him and less effective in helping him to feel good. I commented that his attachment to me had been intensified by our continuing analytic work so that he was now looking to me for a good deal of emotional sustenance and was, indeed, quite upset over my forthcoming absence and felt dislocated by it. The patient said that was certainly true and said that he felt like the spaceman in the movie 2001, who, while floating in space attached to the spaceship by a lifeline, was cut loose and left to die and to drift forever in space....

{Miller continues:] Kohut's concept was that in a complete interpretation, the analyst should consider more than a central portion that represents the main part of the current transference repetition; the analyst should also be sensitive to the leading edge

and trailing edge of the material in question. For example, Kohut might have commented in this instance that what was being repeated with me was the patient's wish for an idealizable selfobject or a strong father. When he learns that I am going to leave him unexpectedly, he is disappointed and angered, and he responds with the abandoned spaceman image and related feelings. This was the middle part of the interpretation, according to Kohut, and I had stayed at that level. He thought that it could have been expanded to include the leading edge and trailing edge. The trailing edge includes more genetic material when it is available either through the patient's associations, or the analyst's empathic ability to discern likely genetic configurations.... At the other edge of the formation, the leading edge, one would consider the evolving and developing aspects of the transference relationship, as well as other factors of the patient's progress – how he handles conflicts, what new or different tactics he uses to manage it [pp. 18-19].

Tolpin (2002) uses Kohut's concepts of leading and trailing edges in her clinical work and supervision. The leading edge, she now calls "forward edge." She is particularly concerned about a "one-sided emphasis on repetition of trailing edge developmental pathology while at the same time short-circuiting the in-depth reanimation of transferences of health" in modern psychotherapy (p. 170). She thinks, "analysis of the forward edge of transference is as important, at the very least, as analyzing revived trailing edge pathology" (pp. 170-171). She encourages

psychotherapists to look for the “tendrils of health” in the material that the patient presents. Tolpin (2002) says,

It is crucial to stress that fragile tendrils of remaining healthy needs and expectations are not readily apparent on the surface....we have to be primed to look for them in order to see them and tease them out from the trailing edge pathology in which they are usually entwined [p. 169].

To illustrate, Tolpin points to a Guntrip (1961) case. The patient, a professional man in his forties, presented with the symptom that he was preoccupied with breasts and felt compelled to look at every woman that passed. Guntrip thought that the patient’s breast preoccupation, which interfered with the patient’s work, was a regressive symptom. As the analysis proceeded, the symptom diminished, replaced by a fantasy that he would retire to an isolated part of the country on the sea coast, and there build a strong house and wall it off from the busy inland life. As the analysis proceeded further, the fantasy shifted to an impregnable castle on top of a breast-shaped mountain. Guntrip interpreted these fantasies as regressive wishes, first for the safety of the nurturing mother and then a return to the safety of the womb. A week after he gave these interpretations, the patient broke off the analysis.

In trying to understand the patient’s abandonment of the analysis, Guntrip realized that his emphasis on regression had been too backward looking. He had missed the possibility that the patient’s preoccupation with breasts could be a constructive and forward-looking struggle to defeat his powerful longing to take flight from the post-natal world. He realized he had been too negative in his interpretation



to the patient and had missed the tendrils of hope in the breast image. So, in fleeing psychoanalysis, the patient had avoided an intensification of his feelings of hopelessness that were stimulated by Guntrip's trailing edge interpretations. Commenting on this case Tolpin (2002) says, "When we learn to see the consequences of self-fragmentation and understand the turn toward the breast/selfobject as a fragment of health, of clinging to life, we can begin to interpret it as such" (p. 176).

Tolpin also examines a case of Matt (Egan and Kernberg, 1984), an eight-year-old referred by his school. Tolpin (2002) summarizes Matt's presenting material as follows:

Matt's intelligence was superior but his schoolwork was mediocre. He had no friend and, in fact, 'everyone at school hated him' (Egan and Kernberg, 1984, p. 42). He treated his teacher as though she was his colleague, and he mistreated his peers, with whom he was totally out of step. Awkward, anxious, and ashamed to do anything physical, Matt was unable to participate with them in any everyday eight-year-old's play. He could neither ride a bike, swim, skate, nor throw a ball. He was domineering, arrogant, demeaning with schoolmates and his five-year-old brother. He ordered them around like slaves or possessions and they either avoided or scapegoated him. Matt's problems were longstanding: he had had problems with other children at nursery school and day camp, and he was unable to acquire in-phase skills [p. 179].

Upon first meeting his analyst, Mat dutifully listed his bad habits of picking his nose, picking his fingernails, keeping his desk messy and covering the door to his room with signs. His pathological accommodation to his parents' complaints was the trailing edge of the therapy. Then Matt noticed flowers on the analyst's desk and asked if they were real. He was offering a "tendrils of health." Before a reply could be made, he noted that the analyst's clock was eight minutes ahead of his watch, and said, "I wish my watch could keep up with your clock." This statement could be given a trailing edge interpretation as a child's unrealistic wish to compete with the therapist. However, when Tolpin (2002) viewed Matt's statement as expressing the needs of his healthy self, she realized that he was communicating his desire to "catch up," to overcome his arrested development, and live more adaptively in the world, instead of being trapped in the world of his parents and his past. This wish to catch up was an indication of a remobilized forward edge (p. 180).

The importance of a balance in the forward and trailing edges of the therapeutic material can be seen in one of my cases. Ms P, a single, black woman in her late twenties, was referred by the Human Resources Department of a bank where she was an assistant document processor. She sought help because of depression and paranoia. Her downcast eyes, facial features, slowness of speech, limited sleep and lack of appetite confirmed her depression, but she had herself added the term paranoia because a person in the Human Resources Department had labeled her with this. Her willingness to use the term suggested the possibility that she pathologically accommodated others. However, when I asked about the paranoid diagnosis, P replied that Human Resources had difficulty believing her story. Then, as her story unfolded, it focused on a supervisor who had bullied her from the first day. She said

this to me with difficulty and hesitation. When I suggested that perhaps she found it difficult to share her story because she feared I would not believe her, the relieved look on her face and nod of the head confirmed that my guess had been experienced empathically. So, began a circular process of growing trust and sharing. P would share something, and when I believed it, trusted me a little more. The more she trusted me, the more she shared, and the more she shared without being shamed, the more she trusted, until she was able to share very sensitive, highly shameful material.

Focusing on the work situation, she began to reveal the emotional pressure under which she worked because her black lesbian supervisor had formed a coven from the employees reporting to her, and pressured P to join their sexual “parties.” Not interested in joining, her excuses elicited veiled threats from the supervisor, who began assigning all the unpleasant tasks to P. Following the supervisor’s cue, other employees in her section picked on her, gave her their unwanted tasks, and made her workload impossible. Feeling alone, miserable, and in a depressed state, P was then criticized for her “aloofness.” Understandably, her work productivity decreased and she despairingly believed it was only a matter of time before the supervisor would find an excuse to dismiss her from the bank.

During this story of her employment, forward edge and trailing edge material gradually presented itself. The trailing edge took center stage as P, after nine months of twice-a-week treatment, shared her background of abuse and humiliation growing up. Then, a major precipitating event occurred at a family party to celebrate her mother’s birthday, when, after the consumption of large quantities of alcohol, two inebriated cousins raped her. Exploration of the patient’s feelings about this rape led

to the revelation that family members had sexually abused her fairly regularly since her early teenage and that she had organized her life around expectations of being shamed and humiliated.

In later sessions Ms P expanded her family background and the trailing edge of her experiences of humiliation. She had no knowledge of a father because her mother didn't know who he was, having lived the life of a quasi prostitute. For years her mother had known a number of concurrent, regular male lovers, each of whom helped to financially support her, and when P reached her teens, the mother sometimes sold a night of sex with P to one of her lovers. This material was gradually revealed, accompanied by deep feelings of shame. Not all the material was training edge.

Soon after commencing psychotherapy, a forward edge emerged. P had dropped out of high school in the middle of tenth grade and had supported herself from menial jobs that reinforced her feelings of shame and humiliation. Before long, realizing she was trapped in a cycle of humiliation and poverty, she attended night classes and, after four years, received her high school equivalency certificate. The bank then hired her when it needed to increase a quota of blacks in its work force.

P showed pleasure when I took interest in her success. As she shared details about this forward move in her life, her eyes sparkled, a smile came on her face, and her depression receded into the background. When bullied at work, the trailing edge feelings of depression moved into her foreground. As she recalled each incident, P's

shame-induced mask of depression lifted to reveal feelings of disgust, contempt and anger at those who abused her.

Then, after another incident the supervisor warned her that she would be terminated on the next occasion. Until then she had contained herself out of fear of losing her job, but if she was going to lose it anyway, she felt like complaining to the Human Resources Department, even though she feared they would not believe her. It was a crisis, a time that was ripe with opportunity as well as danger – as the Chinese word for danger means. So I asked, “Do you think that I believe you?” A slight flick of excitement came over her face as she replied, “Yes, I do.” I continued, “Then it is possible that someone in Human Resources will believe you too! Think about it.”

Two days later P’s face was alive with excitement. She wanted to know that if she reported her situation to the Human Resources Department, would I support her? I responded, “Yes!” I would be willing to write a letter to the Human Resources Department of the bank that indicated I had been following the events of her section in the bank for several months and believed the essentials of her account. The letter was never needed, however. After she complained to the Human Resources Department, P was immediately removed from her section and placed in a Commercial Loan Department as an administrative assistant, a clear promotion with increased pay. The symbolic victory over the bullying supervisor (mother and family members) was sweet, but the key forward edge movement was in the experience of being believed, and the dent in the belief that she would always have to passively accept humiliation.

(3) in science as objective and subjective knowledge

This point will be brief as it is explicated in the introductory chapter of the book, “Postulates of Kohut” (Lee, Rountree, and McMahon, 2008). There we make the point that objective science seeks to measure knowledge as repeatable patterns of objective knowledge, whereas psychotherapy is subjective knowledge that forms the science of the unique. Although knowledge of the unique is not measurable using the methods of objective science, it is experienced and it is known. With it life is vitalized; without it, life withers and dies. This means that the earliest capacity of the infant to see both patterns and novelty in the “surround” reflects a basic structure of human existence that continues to be manifested in the more sophisticated and complex undertakings of adult activities. In seeing a forward edge to repetitive patterns of seemingly pathological ideas and behavior, effective psychotherapy, as a science of the unique, paves the way for new and novel discoveries that breath life into stale and despairing human entrapments.

So, there is a link between Stern’s study of the rudimentary self-organizing search for invariance and novelty in infants, the need to respond to both the forward and trailing edges in the conduct of psychotherapy, and in the need for objective and subjective sciences to balance each other. Stern’s studies help us understand why it is that an overemphasis on the trailing edge restricts the results of psychotherapy. While the search for invariance helps us to appreciate novelty, it is novelty that helps keep us interested in life and feeling alive. It is in understanding that the tendrils of health are connected to the search for novelty and that this search forms the forward edge of psychotherapy that transforms repetitive patterns and improves

psychotherapeutic results. This is why psychotherapy, as a science of the unique, is an important corrective to the modern day overemphasis of science as knowledge that is a search for objective patterns.

## References

- Balint, M. (1932), Character analysis and new beginning. In: M. Balint, Primary Love and Psycho-Analytic Technique. First Edition: Hogarth Press, London; Liveright Publishing Co. (1952)
- (1934), Critical notes on the theory of the pregenital organization of the libido. In: M. Balint. Primary Love and Psycho-Analytic Technique. First Edition: Hogarth Press, London, Liveright Publishing Co. (1952).
- (1968), The Basic Fault. New York: Bruner-Mazel
- Clark, R., (1984), Einstein: The Life and Times. Abrams: New York.
- DeCasper, A. & Carstens, A. (1980), Contingencies of stimulation: Effects on learning and emotion in neonates. Infant. Behav. & Dev., 4:19-36.
- Edelman, G. (1987), Neural Darwinism. New York: Basic Books.
- Egan, J., & Kernberg, P. (1984), Pathological narcissism in childhood. J. Amer. Psychoanal. Assn., 29:179-219.
- Emde, R., Gaensbauer, T. and Harmon, R. (1976), Emotional expression in infancy: a biobehavioral study. Psychological Issues Monograph Series, 10(1), No 37.
- Freud, S. (1905b), Fragment of an analysis of a case of hysteria. Standard Edition. 7: 125-243. London: Hogarth Press, 1953.
- (1912), The dynamics of transference. Standard Edition. 12: 97-108.
- (1937a), Analysis terminable and indeterminate. Standard Edition. 23: 209-253. London: Hogarth Press, 1964.

- Gadamer, H. (1993), Truth and Method. New York: Continuum.
- Greenson, R. (1969), The nontransference relationship in the psychoanalytic situation. In: Explorations in Psychoanalysis. New York: International Universities Press. 1978
- (1971), The 'real' relationship between the patient and the psychoanalyst. In: Explorations in Psychoanalysis. New York: International Universities Press. 1978.
- Guntrip, H. (1961), Personality Structure and Human Interaction. New York: International Universities Press.
- Kohut, H. (1971), The Analysis of the Self. New York: International Universities Press.
- (1977), The Restoration of the Self. New York: International Universities Press.
- (1984), How Does Analysis Cure? Chicago: Chicago University Press.
- Lee, R. and Martin, J. (1991), Psychotherapy After Kohut: A Textbook of Self Psychology. Hillsdale, NJ: The Analytic Press.
- , Rountree, A. and McMahon, S. (In Press), Five Kohutian Postulates: Psychotherapy Theory from an Empathic Perspective. New York: Aronson.
- Mehler, J., Jusczyk, P., Lambertz, G., Halsted, N., Bertoncini, J. & Amiel-Tison, C. (1988), A precursor to language acquisition in young infants. Cognition, 29: 143-178.
- Miller, Jule, (1985), How Kohut actually worked. In: Progress in Self Psychology, Vol. 1. ed. A. Goldberg. New York: Guilford. Pp. 13-30.
- Orange, D. (1994), Countertransference, empathy, and the hermeneutic circle. In: Intersubjective Perspective, ed. R. Stolorow, G. Atwood & B. Brandchaft. Northvale, NJ: Aronson, pp 177-186.



- Atwood, G., Stolorow, R. (1997), Working Intersubjectively: Contextualism in Psychoanalytic Practice. Hillsdale, NJ: The Analytic Press.
- Panksepp, J. (1998), Affective Neuroscience: The Foundations of Human and Animal Emotions. Oxford: Oxford University Press.
- Pinker, S. (2002), The Blank Slate. New York: Viking.
- Schwaber, E. (1983), Psychoanalytic Listening and psychic reality. Internat. Rev. Psycho-Anal., 10: 379-392.
- Shane, M., Shane, E., and Gales, M. (1997), Intimate Attachments. New York: Guilford.
- Spitz, R. (1965), The First Year of Life. New York: International Universities Press.
- Stern, D. (1985), The Interpersonal World of The Infant. Basic: New York
- Stolorow, R. & Atwood, G. (1992), Contexts of Being. Hillsdale, NJ: The Analytic Press.
- Stolorow R. & Lachmann, F. (1980), Psychoanalysis of Developmental Arrests: Theory and Treatment. New York: International Universities Press.
- Stolorow, R. Brandchaft, B., & Atwood, G., (1987), Psychoanalytic Treatment: An Intersubjective Approach. Hillsdale, NJ: The Analytic Press.
- Tomkins, S. (1962), Affect, Imagery and Consciousness. New York: Springer.
- Tolpin, M. (2002), Psychoanalysis of normal development. In: Postmodern Self Psychology: Progress in Self Psychology, Vol. 18. Ed. A. Goldberg. Hillsdale, NJ: The Analytic Press. Pp. 167-190.

This paper honours Harry Bethune, the Melbourne psychiatrist whose therapeutic results using an infectious humour kept a leading edge long before it was theoretically understood, and made him a pioneer on the “new beginning.”

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