Relational Psychoanalysis and the Tragic-Existential Aspect of the Human Condition

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I suggest we may benefit by opening relational thinking to a certain aspect of a classical psychoanalytic worldview. Opening to what we can call *the tragic and existential dimensions of the human condition*: the universal experience of a certain inner dividedness, hiddenness, and self-deception—a strangeness within the "otherness" that constitutes ordinary, good-enough human environment; as well as the equally universal experience of impermanence—lack, inevitable loss, and finitude. Such openness entails listening to themes we hear in many critiques of relational thinking—critiques that often devolve into caricaturing relationality as avoiding the dark, internally divided side of our nature. It entails listening well enough to these universal themes in ourselves and in our patients so that we can radically reframe them—*without recourse drives*—in expanded, relational terms. As in Mitchell's words, "dialectical tensions *not* taken as polarities … but rather as interpenetrating and, in some sense, as mutually creating each other."

"Psychoanalysis operates in a matrix of dialectical tensions … not taken as polarities, as if fully separable and antithetical to each other, but rather as interpenetrating and, in some sense, as mutually creating each other." — Steven Mitchell (1997)

I'd like us to consider how we may benefit by opening relational thinking to a certain aspect of what we sometimes associate with a classical psychoanalytic worldview. I am *not* talking about the classical notion of biological drives; nor am I directly questioning Greenberg and Mitchell's (1983) vital distinction between "drive versus relational" models based on fundamental differences in assumptions about mental *structure*. As far as I am concerned, that jury is out. As relational analysts, a classical, reductive, drive-based understanding of the mind is no longer useful. And its clinical derivatives usually compromise what we most value in the therapeutic relationship.

Rather, I'll be talking about opening ourselves to something larger—something that actually transcends classical analytic thinking. Namely, to certain themes that may point to aspects of what I will call the tragic and existential dimensions of the human condition. I'm referring to the universal experience of a certain inner dividedness, hiddenness, self-deception—to a strangeness within the "otherness" that may constitute even the ordinary, good-enough human environment. Equally, I'm referring to the universality of the experience of impermanence—to lack, to inevitable loss and mourning. I'm referring to all of these tensions as, in

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Steve Mitchell's (1997) words, "dialectical, interpenetrating and in some sense mutually creating" the joyful, meaningful, loving experience of the "good-enough" relational world.

TRAGIC THEMES WITHIN THE CLASSICAL TRADITION

What am I referring to?

Sometimes clichéd as the "dark side" of our nature, the tragic theme is perhaps epitomized by the Freudian worldview in *Civilization and Its Discontents* (1930). As an overarching tragic narrative the classical analytic worldview is a vision of life in which psychological conflict and pain emanate, in good part, from the ways in which we humans are seen as *inherently divided* and fundamentally *prone to self-deception*. We are seen as beings who are inevitably torn morally between profoundly self-interested urges and the interests of others—including even loved and loving others; between self-expression and necessary accommodations to others and ideals; beings who are inherently and profoundly shaped by the past, yet struggle not to be trapped in it as a destiny; a destiny that, nevertheless, is almost inevitably repeated, disguised, hidden—often precisely when our illusion-prone mind tells us that it is not (Lear, 1998; Phillips, 2014; Slavin & Kriegman, 1998).[1]

The individual in a tragic world may of course experience great joy, deep, enduring love, and fulfilling connections. But such ties will be hard-won, wrought through an individual, creative, agentic process—transformed from needs, fantasies, wishes, desires that inevitably exist in some degree of (dialectical) tension with any social environment—from the child in the family to adults in all known social arrangements.

In any social environment, society, culture—regardless of how devoted, attuned and good-enough—we will invariably confront frustration, loss, betrayal, aloneness, and grief. It is through the capacity to mourn, to experience solitude (Phillips, 2014), that grief is transformed—that enduring love, meaning, and beauty are achieved. Socialization always entails these ineluctable tensions—the "discontents," as Freud (1930) called it, of civilization. Although represented differently, this same sense of an inescapable tragic human destiny lies within the Kleinian view of the inevitable need for the "splitting" of love and hate and the lifelong, alternating shifts between "paranoid-schizoid" and "depressive" anxieties (Ogden, 1990).

THE TRAGIC DIMENSION WITHOUT DRIVES

"It is impossible to imagine that the infant does not suspect that the cathexis is the source of the nagging question: what does the breast want from me, apart from wanting to suckle me, and, come to that why does it want to suckle me?" — Jean Laplanche

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[1] There is no connection here to Kohut's (1977) use of the term "tragic man." His mixed model introduced a very important variant on the relational paradigm. But its emphasis on the centrality of a simple, expectable, harmonious fit between the individual and the relational environment (and the innate, future-oriented striving to activate and use that fit) are *not* tragic in any sense that term has been used in Western philosophical or literary thought. I hope this becomes clearer as this paper proceeds.

Keeping our core sense of relational structure in mind, I'm now asking us to imagine how—without reverting to either a Freudian or Kleinian drive-based theory—we can focus phenomenologically on certain universally conflictual aspects of human experience. Mitchell (1988) did not see the relational mind as a blank slate onto which the environment, for ill or good, simply writes its script. He saw it as configured to relate and attach, hide from, resist, and navigate the otherness of the world as that ineluctable otherness more or less predictably presents itself to us. Our challenge is to examine how certain forms of dividedness, conflict, hiddenness—inevitable body–mind tensions and loss—may represent universally human struggles. *Struggles for which a relationally structured psyche may be inherently prepared to adapt* (Slavin, 1996, 2011; Slavin & Kriegman, 1998).

HIDDEN RELATIONAL CONFLICT I: ENIGMATIC COMMUNICATION

Freud wrestled with understanding how sex is an arena of psychic and relational life that insistently seems to elude our agency and conscious intentionality. Sex is experienced, in virtually every known society throughout history, as something unusually powerful—something to be, in some way, hidden, or transcended (Hrdy, 2010; Konner, 2013; Pinker, 2002; Stein, 2007). The erotic is a realm of inherent conflict, secrecy, ecstasy, shame, and transcendence. It moves us toward love. Then, deeply and, sometimes, into enduring love. And, readily, away from it.

Although the centrality of conflict around the erotic was the centerpiece of Freud's drive theory, other, essentially relational, analytic models have attempted to preserve a phenomenological narrative of inherent conflict and its repression without recourse to a system of libidinal drives (Eigen, 2011; Phillips, 2014). Ruth Stein (1998, 2007) wrestled with what she saw as Freud's accurate depiction of the inherent tension between sexuality and attachment by making use of the unusual (for Americans) version of a relational model found in Laplanche.

Laplanche's (1999) widely quoted view that, from the outset, "enigmatic" messages around a universally conflictual adult sexuality are implanted by mothers in their infant's unconscious has huge theoretical implications. Easily overlooked in the conceptual blur of the charming term "enigmatic" is Laplanche's underlying view of human relating: namely, that the normal, good-enough mother is inevitably an "other" whose own complex subjectivity will naturally *both harmonize and clash* with that of her loved child. Mother's needs, her agendas, loyalties, vision of life, will, like Winnicott's (1949) mother "who hates her baby from the word go," inevitably be, in part, hidden from her child—and from herself. Winnicott knew and indicated that this was the case not simply for a failing, crazy, and crazy-making mother (for whom the conflict exists in spades); but also in a subtler, yet significant way for the good-enough mother for whom her deeply loved infant is, inevitably, also an "other" to her. As is she—enigmatically—to it. The elusive contradictions and tensions between her subjectivity and that of her child will be a major part of the good-enough relational environment to which her child must adapt.

Although Laplanche and Lacan differ significantly in many aspects of their theorizing, they largely share the fundamental goal of keeping Freud's tragic vision of the conflictual and deceptive nature of human development and social existence without recourse to tensions that emanate from biologically based drives; or, on the other hand, to environmental inadequacy and failure. Laplanche emphasizes the universal challenges of the inevitable, multiple, enigmatic

communications around the otherness within the ordinary family as the universal source of human, inner struggle. Lacan sees alienation and conflict as a function of the "mirror stage" in which the massive, inherent ambiguity of early experience is inevitably distorted by the very images that are needed to organize and represent it. After which the imposition of the symbolic order through culture inevitably introduces major new tensions. Both Laplanche and Lacan weave a view in which conflict, deception, and self-deception pervade bodily experience and the experience of others. A view that allows them to embrace Freud's tragic narrative in terms that never depend upon the assumption of a developmental process in which the primary clash is between the ego and the drives (Lacan, 1988).

The point here is not the specific formulations of any of these theorists, as interesting as I believe they are. It is a matter of something much broader. Namely, that the altered visions of relationality in Stein, Laplanche, and Lacan represent particular strategies for maintaining something vital in the larger, tragic worldview underlying classical theory without reverting to a drive model.

The basic idea is that there are universal, enigmatic parent–child communications rooted in the fact that parents—indeed, good-enough, ordinary parents—are subjectively complex, invariably self-deceptive others whose needs, fantasies, agendas will inevitably differ and sometimes clash with their child. Our challenge lies in bringing, or in some sense bringing back, this sensibility into the context of a relational worldview that is infinitely more attuned to the powerful shaping effects of trauma, attachment, and the warping effects of environmental failure than was Freud and the classical tradition—including the French theorists.

Hidden Relational Conflict II: Innate Probing of the (Enigmatic) Kleinian Mother

If our goal is to appreciate tragic conflict as a human universal *as fully relational phenomenon* there may be no greater challenge than to do so in regard to a Kleinian perspective. Unlike Freud, whose tragic vision the French preserved and have translated into nondrive terms, the Kleinian version of drive theory—primal, instinctual aggression and envy cast as an innate inner phantasy struggle—has eluded a relational reformulation. Meaning a relational—nondrive —view that envisions such inner phantasy struggle and its rampant projection onto objects as a tragic human universal, not simply as a functional breakdown due to trauma and a failing, pathological environment.

As an exercise in transforming the Kleinian tragedy into a relational story we'll reimagine the Kleinian mother as the complex, multiple, partially veiled, relational being who appears in Winnicott, Lacan, Laplanche, and Stein (then, as you'll see, by Benjamin and Bromberg). Born into such an environment, the Kleinian baby looks out on an incredibly ambiguous, predictably *un*predictable, agenda-filled adult world. The baby must somehow anticipate, influence, adapt to these complex relational realities.

Let's imagine that the Kleinians—unbeknownst to them—actually stumbled upon an incredibly complex vision of how such a baby might adapt to the ambiguous pitfalls and potentials around love and hate in such a relational world. In Winnicott, Stein, Laplanche, and Lacan's relational conflict terms, it is a world populated by the complex, hidden realities—the enigmatic preverbal, often veiled verbal, communication by parents.

Perhaps we may usefully reenvision the Kleinian baby as preadapted, or born prepared, as it were, to navigate the ambiguous multiplicity—the ordinary, everyday deceptiveness—of such

an adult world. How? Through a kind of visceral, body–mind, presymbolic attunement to the potential *intentionality*, the hidden motives, within that world's veiled ambiguity. Through the use of projections placed upon the world that are part of a larger capacity to probe that world. Projections that allow the infant to challenge its objects, to know them, viscerally, in action. To come to know them by experiencing how well its projections, its primitive phantasy scenarios, mirror, match, and contrast with the actual behavior of the adult world.

Klein's worldview is thus turned on its head. The classical Kleinian emphasis on primitive, persecutory fantasies—usually seen as expelled, or evacuated, onto a supposedly neutral environment—become part of a larger, complex, innate process. They become built-in ways of using imagination projectively to probe the enigmatically coded subjective biases that invariably pervade a relationally reconceived developmental space. So, too, writ larger, the paranoid-schizoid position becomes a crucial aspect of how we anticipate, represent, probe, and test—what are, in effect, the invariably obscured relational realities of a multiple, sometimes deceptive and self-deceptive, world (Slavin & Kriegman, 1992).

As you see, in this scenario we no longer view the Kleinian paradigm as a drive theory in which innate aggression, envy, and a proclivity for (paranoid) projection are internally generated experiences that arise and seek expression largely independent of what the environment has constructed. Essentially, we divorce the Kleinian paradigm from its blindly driven motivational assumptions. We incorporate some of its dramatic narratives into a larger appreciation of the ancient, evolved wisdom with which the infant is endowed (Erikson, 1980; Hrdy 2010; Konner, 2013). Narratives, now conceived as the adaptive struggle of an utterly immature, profoundly dependent baby who, nevertheless, comes into the world prepared—in its own primal, preverbal fashion—to cope and come to know the enigmatic, layered subjectivities of which the expectable adult world is composed.

I'm suggesting that, as we know from decades of infant research, the human infant is a highly complex being, preadapted to read and respond to a wide range of variations in the subjectivities of figures in the adult environment (Beebe & Lachmann, 2013). A being for whom, as Mitchell (1988, 1993, 2000) often stressed, "the immense variability and multiplicity of parental character" is a major developmental challenge. To which we add—following Laplanche, Lacan, Stein and Winnicott—the inherent enigma in parental character and elements of hate in even the truest, healthiest parental love.

This tragic relational scenario echoes and develops in more fully relational form (and, as we'll see, with quite different clinical implications) what Bion (1962), Ogden (1990), and Grotstein (2007) have called our inborn "innate preconceptions" about reality. Preconceived anticipations that we bring to the challenges of a world comprised in good part of an enigmatic otherness. I'm suggesting that such preconceptions actually operate as a complex form of implicit relational knowing—or probing and coming to know—that otherness in part through the use of projection. Though we can never know, a priori, what we will encounter in our *particular* relational and social environment, we can interpret Bion's preconceptions as signifying the way we are prepared, in primal nonverbal ways, to anticipate the kinds of archetypal, tragic features that characterize human relational and cultural space.

In other words, can we envision the Kleinian child's supposed aggression, projection, and envious primitivity as a more complex and adaptive phenomenon. Easily reduced and misinterpreted, such fantasy scenarios might represent the child's inborn imaginative capacity to

anticipate and test the elusive, normally dissociated realities behind the adult capacity to communicate enigmatically.

In short, the relationally reinterpreted Kleinian child may, from the outset, become inherently attuned to the enigmatic, inner dividedness of all familial objects and to the normal but strange, hidden multiplicity in mother (Bromberg, 1998). Attuned through phantasy to the tragic realities of living in human relational world.

It is as though Winnicott's (1949) observation that "the mother hates her baby from the word go" is innately anticipated, probed, and tested by the child through the experience of the clash of projections and realities in the context of the other's capacity to, in Winnicott's (1969) sense, "survive" it. This fundamental clash is what Benjamin (1995) defined as the move to intersubjectivity—a form of "object use"—knowing and appreciating the separate subjectivity of the other. What represented a largely intrapsychic struggle in Kleinian drive theory is reenvisioned as functional parts of a complex relational process of adapting through projection to the tragic dimension of the human condition.

EXISTENTIAL-TRAGIC CONFLICT WITHOUT THE DEATH DRIVE (DEATH INSTINCT)

"Some refuse the loan of life to avoid the debt of death." — Otto Rank

We've come this far without mentioning what most of us would see as an intrinsic dimension of a tragic worldview. Indeed, it is an aspect of our being that is conspicuously absent in the otherwise tragic themes in both Freud and Klein. Though Mitchell (1993) alluded to it repeatedly in *Hope and Dread*, I think he was moving toward a way of including it more fully what became his posthumous work, *Can Love Last?* (Mitchell, 2002). Namely, a frankly existential sensibility—with its acute sensitivity to loss, the fragility and absurdity of meaning, aloneness, and mortality.

In the 1970s Ernest Becker (1973) attempted to bring some piece of this sensibility to Freudians who, like Freud, were virtually never able to give existential anxiety—indeed anxiety about loss per se—a central place in their thinking. Indeed Freud had invented the death instinct as a higher level drive that elided the whole question of anxiety about mortality (Slavin, 2011). And Klein, equally unable to accord the existential dimension any reality, took on and reinforced Freud's death drive. Recently, contemporary Kleinians have gravitated to Bion's thinking and in the process brought to a central place our innate meaning-making process operating in face of the primordial chaos of the real, of "O." Stolorow (2007) incorporated aspects of the existential into his intersubjective systems version of self-psychology. And both Irwin Hoffman (1998) and Martin Frommer (2005) have brought to Relationality.

For the last several centuries a slew of early and later modernist, existential thinkers (from Kierkegaard, through Nietzsche, Heidegger, Camus, Sartre, Becker, Hoffman, to Stolorow) have taken as their starting point what could only be implicit in the drive-based view of tragedy in Freud and Klein. How our sense of hope, love, purpose—like most everything else we humans hold and make—basically do not last. Without, that is, never-ending efforts at building good-enough meanings in face of a haunting, background awareness of our allotted speck of time, on a speck of a planet, in an infinite universe. Endlessly, we need to discover, create, and recreate transitional space—our subjective world. Though, from birth onward, a void, some

would say an abyss—a nothingness—reveals itself at the edge, just under the surface, of the subjective universe.

But from what do we build this subjective living space—this transitional space? In good part we must absorb, borrow, co-opt and use meanings that are generated, given, imposed, passed on, through the minds, the belief systems of others. From parents, and through cultures. At the outset others' subjectivities and acts of recognition are, in tandem with the wordless vicissitudes of our bodily self, indispensible sources of literally becoming *ourselves*. And yet, as Laplanche, Lacan, and Stein emphasized, this vital Otherness is rooted in the experiences, the needs, and loyalties of others, individuals, and groups—ultimately, their interests, biases, and potential for enigmatic communication and deception. As I suggested in my relational reinterpretation of Kleinian drives, some primal part of us may innately intuit and then come painfully to know that such *inevitable bias* lurks in our need for others in the creation of ourselves. And thus the basic process of constructing one's identity must entail the probing, in part through projection, of what is enigmatic, indeed hidden, in this otherness that will become self. Developmentally, and in all human interactions, there is an imperative need to ascertain what is "real," what is "true."

The human experience of these entwined existential dilemmas may often bring despair, a vigilant sleeplessness in the broadest sense. Sometimes it becomes fanatical or violent. Yet the dilemma itself is potentially quite beautiful, bracing, generous—*tragic in a deep, moving, ennobling, in what some might call a spiritual sense*. We may come to realize that, in our humble, Sisyphus-like rites and rituals for creating and re-creating aliveness, hope, and beauty, that meaning arises not only *despite* life's transience and the realities of relational conflict, but also, as Irwin Hoffman says, *because* of it. Because, as Freud (1917) at one point recognized, time, our life's time, is a transient thing. Thus it is a rare thing. Like a gem, it is all the more precious, more valuable (Slavin, 2013).

Equally, in regard to loving. A deep human connectedness arises not only *despite* the threat of Otherness, despite differences in needs and views, but also *because* of it. Because some of the deepest shared human bonds emerge only as we transcend the gulfs of difference. Because, as Rilke reminds us, it is, in part, the respect of our "solitude," the integrity of the "expanse between us" that enables genuine intimacy to emerge. Our adaptations to the existential challenges of transience and Otherness are dialectical in the way our deepest experiences seem, literally, to emerge paradoxically out of what seem like mortal and moral oppositions.

A CLINICAL DIALECTIC OF THE UNIVERSAL AND THE PARTICULAR

"The first distortion of truth in the 'myth of the analytic situation' is that it is an interaction between a sick person and a healthy one." — Heinrich Racker

How might a greater openness to an existential-tragic perspective influence a relational conception of the clinical process? How do we hold a sense of the tragic and existential aspects of all developmental environments—the ubiquity of hidden conflict and loss—while maintaining a crucial relational appreciation of how, as individuals, we are profoundly vulnerable to the

damage wrought by trauma and environmental failure? Indeed, how we are profoundly shaped, mind and body, by the particular idiosyncrasies of any environment?

Yet, how to resist what I believe is the relational tendency to overlook and pathologize the tragic and existential side of life? And to use our rejection of drive theory and our focus on the developmental environment as a way to do so. While, of course, staying fully aware of the continuing classical tendency to use one or another contemporary, derivative form of drive theory and internalized pathology as a way of appearing to face the "dark side" while avoiding a real appreciation of the complex shaping influence of the relational environment—including the therapeutic relationship.

The basic challenge, as I see it, is once again to grasp how Mitchell's view that, indeed here at the core of the relational worldview, "*psychoanalysis operates in a matrix of dialectical tensions ... not taken as polarities, as if fully separable and antithetical to each other, but rather as interpenetrating and, in some sense, as mutually creating each other.*" (Mitchell, 1997)

What, in clinical practice, might this dialectic look like?

For me, the clinical translation lies in part in remembering that many of our most troubled traumatized patients are often extremely attuned to precisely the most challenging, universal dimensions of human experience—the tragic and existential dilemmas that, in some fashion, we all suffer and share. As I've written (Slavin & Klein, 2013) and many other relational analysts have noted (see, e.g., Eigen, 2011; Hoffman, 1998), these patients have also experienced—up close, directly—the undisguised underside, the existentially precarious and tragically conflictual context of *all* attachments. They've often seen and known the void, the precarious and illusory dimension of all meaning—the fact of loss, exploitation, and the potential for loss of self. And they are fundamentally skeptical of efforts at analytic influence that hide the elements of realness in this side of experience—this aspect of life.

So, basically, translating the existential-tragic worldview into the relational clinical context means, in part, catching ourselves evading the larger, universally human dimension of existential anxiety because our attention is drawn (as it must be) to the particulars of individual experience and trauma. It means recognizing how easy it is to pathologize the tragic and existential side of experience—and the patients who are especially attuned to it. Patients who experience acutely the terrors of annihilation—who probe, vigilantly, for the deceptions, self-deceptions, and false-self accommodations of everyday life. Who are fearfully aware of both the precariousness of existence and of the relational complexities, the moral complexities, of deeply, honestly loving both oneself and another. And, yes, how all this universally human reality is horridly compounded and perpetuated by trauma.

Easily our focus can shift into a far more reductive narrative. The realities and effects of trauma are both unbearably hard to witness and easy to pathologize in ways that serve to remove us from our own, shared existential terrors. We often turn this impossible mix into a more one-sided view of environmental failure and individual deficit, or some version of drive-defense conflict. Our personally resonating existential anxiety becomes translated into the presumption that our patient's primitive guilt creates his or her acute existential awareness of loss. As well as its denial. While, in my experience, many Kleinians (and other so-called object-relationalists) often interpret the patient's probing for the hidden multiplicity in the analyst as an effort to project inner conflict and undermine treatment.

It does no one a service to ignore the internalized pathology—the illusions of immortality—that may be subtly entwined with an existential awareness of loss. Or to turn away from the

enduring distortions wrought by environmental trauma, its transferential repetition, even as we acknowledge the analyst's own multiplicities. It is incredibly hard for us to grasp, easy to evade, the universally human level of these experiences, because they pull us powerfully and disarmingly closer to grasping and understanding this tragic legacy in ourselves and our own life narrative. As we are called upon to move more deeply into our own *versions* of these vulnerable layers of inner reality—these *shared* dilemmas—we may tend to pathologize the patient, his or her developmental environment, or our own mix of self-interest, denial, and vulnerability.

Surviving Emily: Existential Tragedy in a Clinical Moment

My patient Emily often spoke ominously of suicide. I had come, somehow, over time to live with a relatively steady fear that she might take her life. One day we are once again being sucked into Emily's omnipresent "black hole." Which meant that analysis feels like it is entirely riding on my faith and hope. Emily challenges me to enter her despair. "Your hope," she says, "is antithetical to my despair, my hopelessness." She tells me I must lose my hope to be with her in some way that she desperately needs. Yet I cannot lose it and maintain our work, our connection. And thus, in maintaining my hope, I am abandoning her. This goes on and on.

"And what if I killed myself," she asked one day. "As you know I would do anything to prevent it," I say. Then I go on, as the rest of me comes, miraculously, into words. "I think I would grieve terribly. It would totally shake me. And, over time, I think I would, somehow, find a place for those feelings and go on with my life."

I think I had conveyed a willingness to suffer with her while accepting the reality of needing, in the deepest sense, to look out for myself. To face the reality of death—in a sense my own. While loving myself enough so that some other force would operate in me—something that would ultimately safeguard my subjective world. She might die. I would survive.

For many more years Emily and I continued to work together—through all the suffering and hopelessness she would still endure. Yet she never again seemed to seriously consider, or ever again speak of, ending her life.

My sense is that I had conveyed something vital. In the only meaningful way I could. By accepting her death—and my terrible loss. If … if she lived, it would be for her—not for me. Far beyond what we usually mean by self-disclosure, I think I had, as we all must, opened myself anew to my own version of what are, in effect, the same human issues that my patient—our patients—face.

Again, as in my reinterpretation of Klein earlier in this paper, in nondrive, relational terms, our patients often need, urgently, to *probe* us, precisely to open up slowly and reveal (to ourselves, first and foremost, then, perhaps, to them) our divided, subjective frame. To see if and how we need to hide our own despair as well as the multiplicity of our own conflicting needs and agendas. Need to hide it from them. Or, more important, as in most enigmatically coded communication, hide it from ourselves.

Opening ourselves, over time, in this way may enable many of our patients to feel less terrified, trapped in the self-versus-other tensions within their own motives. It will, paradoxically, enable us to better recognize them. Help them to better access their own minds. Perhaps it will free us to better illuminate what we see in them.

For me, the ultimate test of what usefully expands the relational model lies in how well our theory promotes *the full inclusion of the analyst as a reciprocal, mutual partner in the analytic process—a complex, conflicted, perceptive, self-interested, reflective, yet often hidden, and self-deceptive, vulnerable other*. As if, in Racker's language, the second "myth of analysis" is that the core inner conflicts of both analyst and patient will, somehow, not become deeply entangled with each other.

CONCLUSION: RELATIONAL CONFLICT AND THE COMPLEXITY OF EMPATHY

"In the particular is contained the universal." — *James Joyce*

I've been trying to address and reframe in relational terms the universality of certain conflictual, hidden as well as finite and transient aspects of the human condition. This entails sometimes listening to themes we hear in many critiques of relational thinking—critiques that often devolve into caricaturing us as avoiding the dark, internally divided side of our nature. It entails listening closely enough to the tragic and existential dimensions that weave through these critiques to use them, to reframe them relationally into an overall picture in which they become, as Mitchell said, "dialectical tensions *not* taken as polarities … but rather as interpenetrating and, in some sense, as mutually creating each other."

Does this imply that I believe that relational work does not sufficiently address these aspects of life? As I've indicated, yes and no. We know that relational work looks particularly unflinchingly at trauma, its enduring internalized effects and often necessary reenactment in treatment. Yes, we conceive of the mind as intrinsically designed to attach securely to the relational world—not driven into the world by impersonal forces. But I believe we can slip, unawares, into a view that the relational world for which we are intrinsically designed is one in which a conflicted, hidden, self-interested otherness is anything less than the expectable, good-enough environment we are internally designed to face. We can slip, I think, into more of what I'd call an "ideological relationality"—a worldview that risks losing its contradiction and paradox. Into an implicit, imagined, normative relational world in which the inevitable, hidden tensions around desire and attachment that Freud, Laplanche, Lacan, Stein depict is readily seen as an aberration, as signifying a failed environment. We can slide into a relational world that is assumed to be fully integratable—one in which we and our loved others can conceivably be (or somehow should be) other than multiple, sometimes adaptively dissociated, beings—both recognized subjects and objects to each other (Benjamin, 1995). An imagined world in which we forget that what must be grieved and mourned deeply is not actually gotten over; in which we forget that the felt "goodbye" implicit in our greeting is a necessary part of what makes for an authentic "hello" (Stolorow, 2007).

You will no doubt hear and relate to this vision in multiple ways. For me, what is most important is how, in the lived clinical encounter, it becomes a call for a kind of radical, "complex empathy"—an empathy that recognizes how, in the most loving, secure attachment, the other is an inherently divided, multiple being some of whose aims and needs will at times clash with our own (Ipp, 2015; Slavin & Ipp, 2013). In the joining of the relational with the tragic and existential there emerges such a relationally achieved empathy. An empathy wrought from a sometimes painful, challenging openness to reenter, reciprocally, our own struggle to

make meaning around the same tragic and existential human issues that torment our patients and others we love. Yet, linked, ironically, to our shared tragic and existential condition—our shared mortality and multiplicity—there may emerge the most poignant yet reassuring and creative human bonds.

REFERENCES

Becker, E. (1973). *The denial of death*. New York, NY: Free Press.

Beebe, B., & Lachmann, F. (2013). *The origins of attachment: Infant research and adult treatment*. New York, NY: Routledge.

Benjamin, J. (1995). *Like subjects, love objects: Essays on recognition and sexual difference*. New Haven, CT: Yale University Press.

Bion, W. (1962). *Learning from experience*. New York, NY: Basic Books.

Bromberg, P. (1998). *Standing in the spaces: Essays on clinical process, trauma, and dissociation*. Hillsdale, NJ: The Analytic Press.

Eigen, M. (2011). Tears of pain and beauty: Mixed voices. In *Contact with the depths* (pp. 85–102). London, UK: Karnac Books.

Erikson, E. (1980). *Identity and the life cycle*. New York, NY: Norton.

Freud, S. (1917). On transience. *Standard Edition*, *14*, 243–258. London, UK: Hogarth.

Freud, S. (1930). Civilization and its discontents. . *Standard Edition*, *21*, 59–145. London, UK: Hogarth.

Frommer, M.S. (2005). Living in the liminal spaces of mortality. Psychoanalytic Dialogues, 15, 479–498.

Greenberg, J., & Mitchell, S. (1983). *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.

Grotstein, J. (2007). *A bean of intense darkness: Wilfred Bion's legacy to psychoanalysis*. London, UK: Karnac Books.

Hoffman, I. Z. (1998). *Ritual and spontaneity in the psychoanalytic process: A dialectical-constructivist view*. Hillsdale, NJ: The Analytic Press.

Hrdy, S. (2010). *Mothers and others: The evolutionary origins of mutual understanding*. Cambridge, MA: Harvard University Press.

Ipp, H. (2015, May 9). *On therapeutic action and complex empathy*. Paper presented at the Anniversary Conference of the Institute for the Psychoanalytic Study of Subjectivity, New York, NY.

Kohut, H. (1977). *The restoration of the self*. New York, NY: International University Press.

Konner, M. (2013). *The evolution of childhood: Relationships, emotion, mind*. Cambridge, MA: Belknap Press.

La Planche, J. (1999). *Essays on otherness*. New York, NY: Routledge.

Lacan, J. (1988). *The seminars of Jacques Lacan. Seminar 2: "The ego in Freud's theory and the technique of psychoanalysis"* (S. Tomaselli, Trans.). New York, NY: Norton.

Lear, J. (1998). *Open minded: Working out the logic of the soul*. Cambridge, MA: Harvard University Press.

Mitchell, S. (1988). *Relational concepts in psychoanalysis: An integration* (pp. 273). Cambridge, MA: Harvard University Press.

Mitchell, S. (1993). *Hope and dread in psychoanalysis*. New York, NY: Basic Books.

Mitchell, S. (1997). *Influence and autonomy in psychoanalysis* (p. 24). Hillsdale, NJ: The Analytic Press.

Mitchell, S. (2000). *Relationality*. Hillsdale, NJ: The Analytic Press.

Mitchell, S. (2002). *Can love last: The fate of romance over time*. New York, NY: W.W. Norton.

Ogden, T. (1990). *The matrix of the mind* (R ev. ed.). New York, NY: Aronson.

Phillips, A. (2014). *Becoming Freud: The making of a psychoanalyst*. New Haven, CT: Yale University Press.

Pinker, S. (2002). *The blank slate: The modern denial of human nature*. New York, NY: Viking.

Slavin, M. O. (1996). Is one self enough? Multiplicity in self organization and the capacity to negotiate relational conflict. Discussion of "How Many Selves Make a Person?" by Frank M. Lachmann. *Contemporary Psychoanalysis*, *32*(4), 615–625. doi:10.1080/00107530.1996.10746339

Slavin, M. O. (2010). On recognizing the psychoanalytic perspective of the other: A discussion of "Recognition as intersubjective vulnerability in the psychoanalytic dialogue" by Donna Orange. *International Journal of Psychoanalytic Self- Psychology*, *5*, 274–292. doi:10.1080/15240650701225534

Slavin, M. O. (2011). Lullaby on the dark side: Existential anxiety, making meaning and the dialectic of self and other. In L. Aron & A. Harris (Eds.), *Relational psychoanalysis: Vol. 4: Expansion of theory* (pp. 391–413). Hillsdale, NJ: The Analytic Press.

Slavin, M. O., & Ipp, H. (2013, April). *On not mistaking the parts for the whole: Preserving multiplicity and tension within relational theory.* Paper presented at the annual meeting of the American Psychological Association, Boston, MA.

Slavin, M. O., & Klein, E. J. (2013). Probing to know and be known: Existential and evolutionary perspectives on the "disorganized" patient's relationship with the analyst. In B. Beebe & F. Lachmann (Eds.), *Origins of attachment: Implications for adult treatment* (pp. 163–176). New York, NY: Routledge.

Slavin, M. O., & Kriegman, D. (1992). *The adaptive design of the human psyche: Psychoanalysis, evolutionary biology, and the therapeutic process*. New York, NY: Guilford Press.

Slavin, M. O., & Kriegman, D. (1998). Why the analyst needs to change: Toward a theory of conflict, negotiation and mutual influence in the therapeutic process. *Psychoanalytic Dialogues*, *8*(2), 247–284. doi:10.1080/10481889809539246

Stein, R. (1998). The enigmatic dimensions of sexual experience: The "otherness" of sexuality and primal seduction. *Psychoanalytic Quarterly*, *67*, 594–625.

Stein, R. (2007). Moments in Laplanche's theory of sexuality. *Studies in Gender and Sexuality*, *8*, 177–200. doi:10.1080/15240650701225534

Stolorow, R. (2007). *Trauma and human existence: Autobiographical, psycho- analytic, and philosophical reflections*. New York, NY: Routledge.

Winnicott, D. W. (1949). Hate in the countertransference. In *Collected papers: From pediatrics to psychoanalysis* (Vol. 1975, pp. 195–203). New York, NY: Basic Books.

Winnicott, D. W. (1969). The use of an object and relating through identifications. In *Playing and reality* (pp. 101–112). Middlesex, UK: Penguin.

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