MODES OF RELATEDNESS IN PSYCHOTHERAPY
Laing, Winnicott and Relational Psychoanalysis
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Introduction
This article attempts to bridge the gap between existential analysis, with its emphasis on authenticity and authentic relating, and the interpretative stance of psychoanalysis based on the “object relations” theories of Winnicott, Guntrip and Kohut. It draws on the seminal insights provided by RD Laing presented in his book “The Divided Self”, arguing that unlike the ego the self, as such, is never divided but can be starved of a sense of “core relatedness” with others. The distinction between the ego with its various modes of object-relatedness on the one hand, and the self with its capacity for core relatedness on the other, is used to clarify the concept of authentic relating and refine Laing’s and Winnicott’s distinction between the “false self”, and the “true” or “inner” self. Object relations theory is important for existential therapists, because it deals with the ego’s internal relation to the self, the way the ego represents and handles this self as an object. Conversely, existential analysis has crucial implications for object relations theory, which reveals by its very name an exclusive concentration on the “I-It” relation between the ego and its internal objects, neglecting the “I-You” relation of self and other. This I-You relation is more than just an ethical stance. Its foundation is the ontological reality of “silent communication”, the way the self’s most private perceptions of others communicate directly to them, whether these perceptions are expressed or not. Only through a conscious and healthy scission of ego and self can the therapist begin to perceive the patient’s mode of relatedness to others (“relational analysis”) and the internal ego-self relation it reflects. Only then can the therapist use their own mode of relating and communicating with the patient as the principal medium of therapeutic response (“relational therapy”).

Philosophy and Psychoanalysis
Psychoanalysis is implicitly philosophical. Conversely, philosophy has implicit psychoanalytic dimensions. Relational analysis is the child of an analytic and philosophical relationship — the result of a marriage of philosophy with psychoanalysis. It is a synthesis of the ethics of authentic relating and dialogue associated with Martin Buber and the fundamental ontology of Martin Heidegger. The psychoanalytic roots of relational analysis lie in Winnicott, Fairbairn, Guntrip and Kohut. All these analysts, like Laing, acknowledged basic ontological issues confronting certain types of patient — their felt lack and huge need for a sense of authentic self-being. “The problem here is not relations to other people but whether one is or has a self.” (Guntrip). They sought to understand the individual not just in terms of Freudian ego-psychology but in terms of a “self
psychology” (Kohut) and the fundamental need of the self for relatedness and empathic response from its environment.

“The child that is to survive psychologically is born into an empathic-responsive human milieu just as it is born into an atmosphere than contains an optimal amount of oxygen....and its nascent self “expects” an empathic environment to be in tune with its need-wishes, with the same unquestioning certitude as its lungs may be said to “expect” oxygen.” Kohut

But the whole terminology of “object relations” reflects and reinforces a fundamental confusion between the objectifying ego (the Cartesian “subject”) and the inner or “core” self from which it emerges — the self-being of the individual.

“I feel we need to use the term “ego” in a more fundamental sense than that in which psychoanalysis has traditionally used it, as representing the evolution and realisation of the intrinsic nature of the self, and ego and self are the same thing.” Guntrip

The conflation of ego and self brings about a confusion between ego-relatedness and “object-relations” on the one hand and embodied, ethical relating or “core-relatedness” on the other. The self is regarded, like the ego, as a subject relating to objects, albeit “subjective objects” (Winnicott) or “self-objects” (Kohut). Hence “...the basic drive to object-relations is at the same time the drive to self-development.” (Guntrip).

It was Martin Buber who first distinguished ego-relatedness (the “I-It” relation) from what I call core-relatedness (the “I-You” relation). But Buber himself never suggested that “I-It” relations could be simply transcended or put aside. Relational analysis recognises self and ego, object-relatedness and core-relatedness, as distinct but fundamentally inseparable aspects of a human being, and uses both object relations theory and fundamental ontology to explore the ego-self relation.

**Relating and Relationships**

It seems a truism to assert that the whole of social and economic life is built upon human relationships, and is shaped by the quality of those relationships. That the lives of families and communities, corporations and nations is not a product of their collective value systems or institutional structures but of the way in which individuals relate to one another within the group — whether this be a group of two, the couple, or a group of two hundred or of two thousand. But to
speak of the way individuals relate to one another is not the same thing as to speak of “relationships”. All too often people seek relationships (including the “therapeutic relationship”) as a sanctuary in which they are protected from the need to actually relate. Although relating is the very life of relationships, relationships are all too often the death of real relating.

Behind the extra-marital affairs and disrupted relationships that daily confront the marriage guidance or couples counsellor is a once “stable” relationship in which there was no real relating — a point disguised by references to a history of poor “communication” between the partners. On the one hand the term “poor communication” here becomes a euphemism for a much more serious and thought-provoking lack — a lacking capacity to relate. On the other hand, the identification of relating with “communication” ignores the fact that people can quite easily communicate with one another without actually relating to one another. It is a major thesis of this work that communication, verbal and non-verbal, is in fact an indirect symbolic form of relating only. Conversely, however, relating in its truest, most authentic sense is indeed a most direct and intimate form of communication, a communication that takes place without words and symbols. Such a communication requires a capacity for what I call “core relating” — relating with and from our inner or “core” self to the self of the other. Ordinary communication on the other hand more usually serves the purposes of what I call “ego-relatedness”. This is a form of relating in which both self and other become mere objects of discussion and thought. In his book “The Divided self”, Laing showed that this form of depersonalised or “schizoid” relating and communication is not unique to schizophrenics but an accepted and even required part of normal culture and sane behaviour.

“A partial depersonalisation of others is extensively practised in everyday life and is regarded as normal if not highly desirable. Most relationships are based on some partial depersonalising tendency in so far as one treats the other not in terms of any awareness of who or what he might be in himself but as virtually an android robot playing a role or part in a large machine in which one too may be acting yet another part.”

We cannot use language at all without to some extent turning ourselves and others into objects. And yet there is a world of difference between acknowledging this fact and denying the very possibility of another type of relating, one in which people do not treat themselves and others as objects of talk but listen to each other from the core of their selves. The core self is the “listening self” (Levin), a self whose responsiveness and capacity for direct interaction and communion with others is easily interrupted or foreclosed by talk and interpretation — by ego-relatedness. Core-relatedness is a type of silent listening communion with others. This sense of communion may be provided by belonging
to communities, participating in religious rituals or drug-taking. But just as relationships can become a passive substitute for active and conscious relating, so can the sense of core-relatedness provided by belonging to religious and ethnic communities and communalism become a substitute for the development of an active capacity for achieving core communication and communion with others. Indeed in an age which has seen the decline of traditional social and religious communities, core-relatedness can only be maintained by the development of this active and conscious capacity for core relating.

Martin Buber understood core relating as the capacity to relate to another person as a You rather than an object or It. The ego attends to and interprets “some-thing” — an object. Only as an “I” or self can I fully intend “some-one”- a You. Today reference to the “I-You” relation in Buber’s sense has become a cliche in ethical and psychological literature. And yet the full implications of Buber’s distinction between the I-It and the I-You relation have not begun to be recognised in psychoanalysis and psychotherapy, where, despite all talk of the importance of “empathy” and “rapport” there is still no adequate theoretical or practical distinction between ego-relatedness and core-relatedness, ego communication and core communication. Psychoanalysis as a praxis is governed by the principle of interpretation — itself a mode of ego-relatedness. And the analysis of early childhood development is based on neo-Kleinian “object relations” theory and neo-Freudian “ego psychology”. These are theoretical models, which, as their very names imply, define relationality as an “I-It” relation, and maturity as the development of a strong and well-functioning ego. This slant is not surprising in a Western social culture in which it is quite possible for individuals to be regarded as “functioning” more or less normally — doing their jobs and taking care of their material needs — even though they are not in touch with themselves, have little or no capacity for core relating, and find no true fulfilment in personal relationships but only in object relationships. Hence the paradox that the analyst Karen Horney wrote of:

“The loss of self...is a despair which does not clamour or scream. People go on living as if they were still in contact with this alive centre. Any other loss — that of a job say, or a leg — arouses far more concern...Patients coming in for a consultation complain about headaches, sexual disturbances, inhibitions in work, or other symptoms; as a rule they do not complain about having lost touch with the core of their psychic existence.”

In a social-economic culture dominated by ego-relatedness and ego communication the self is something we “have” or “express”. But to relate to others from our core self does indeed mean no longer just “having” a self but being one, no longer just expressing or seeking a mirror for our-
selves and embodying them in our relationships with others. It is being a self and bodying that self that gives the individual a sense of being real — a feeling of reality not to be confused with the “objectivity” of the ego. Being a self is not being an abstract or “transcendental” subject confronting a world of objects. Subject and object, I and It, ego and world are twin poles of object relatedness not core-relatedness. Nor is it what Heidegger called “being in the world”, for the world in which the self is is not the world of the ego at all but a world of beings. It is the self’s relatedness to people and things in their beingness, not as objects but as beings, that constitutes core-relatedness. There is a world of difference between intending the patient in their self-being and attending to the patient as a “whole person” — however “empathically”. It is the difference between relating to the individual’s Dasein as a “being in the world” (Heidegger) and relating to them spiritually — as a being in a “world of beings” (Rudolf Steiner). Heidegger described “spirit” as “a fundamental knowing resolve towards the essence of being.” Core-relatedness is spiritual relatedness: a fundamental knowing resolve towards the essence or beingness of a human being. It takes one to know one. It takes an individual in touch with their self-being to relate to another human being spiritually in this way. “Being in the world”, on the other hand, is the position of the ego that finds itself thrown into a position of mediating between inner self and outer world. An ego that is both an object for other egos and turns self and other into objects. Heidegger’s concept of “thrownness” does not transcend the subject-object dichotomy, It is the very root of this dichotomy, the words “subject” and “object” both derive from the Latin jacere — “to throw”.

Ego and Self

Psychoanalytic theory has traditionally confused the development of a sense of self in infancy with ego development. The process of ego development is identified with a growing sense of separateness from the mother, reaching its apogee with an ability to relate to the mother as a “whole object” or “real object”. Here again, the very terminology of psychoanalysis identifies mature relating with ego-relatedness ie. object-relatedness. And yet Winnicott, in particular, acknowledged that disturbances in the infant-mother relation can easily turn the developing ego into a “false self”. He acknowledges also that these disturbances have less to do with the infant’s relation to the mother as a “real object” (eg. as a body and breast) than with the mother’s responsive attunement to the infant as a real being — a self; less to do with the infant’s developing capacity for ego-relatedness and much more to do with the mother’s own capacity for core relating. Maternal absence is not the absence of the breast but the absence of the mother who isn’t really “there” for the infant with her whole being, who is absent as a self. According to Winnicott this leaves the infant vulnerable to “impingements” on its sense of “going on being”. The absent sense of core-relatedness to the mother in other words creates a basic ontological insecurity in the infant (Greek
ontos — “being”), an insecurity which Laing correctly analysed as the basis of adult psychosis. Its essence is the experience of being a mere object for the mother. It is this that leads the developing ego to fear all relationships with others.

“The risk consists in this: if one experiences the other as a free agent, one is open to the possibility of experiencing oneself as an object of his experience and thereby of feeling one’s own subjectivity drained away.” R.D Laing

The “subjectivity” in question is not that of the ego as subject but of a self which feels itself to be the object of other people’s egos. It is this sense of objectification or “petrification” that may lead the ego to treat its own self as a dead or inanimate object, and/or treat others as dead or inanimate objects in order to protect itself from their petrifying gaze. Alternatively, the individual may identify with their inner self, whilst at the same time detaching this self from the ego to such an extent that the latter becomes a hollow mask or persona — a “false self” which keeps the “true self” immune from all real contact with the world. Quoting Hegel’s analysis of the act or deed as the means by which individuals commit themselves to the “objective element” Laing writes of the schizoid personality that:

“He, his “self” is endless possibility, capacity, intention. The act is always the product of a false self. The act or the deed is never his true reality. He wishes to remain perpetually uncommitted “to the objective element”....The self, so long as it is “uncommitted to the objective element” is free to dream and imagine anything. Without reference to the objective element it can be all things to itself — it has unconditioned freedom, power, creativity. But its freedom and omnipotence are exercised in a vacuum, and its creativity is only the capacity to produce phantoms.”

In psychological terminology commitment to action and to the “objective element” is called “reality testing”. This term is unfortunate, for it confuses objectivity — the world of the ego and ego-relatedness — with the “feeling of reality” referred to by Winnicott, a sense of being real that belongs to the self. What is lacking in Laing’s otherwise astute analysis is a proper understanding of what is essentially lacking in the self-reality that the schizoid personality clings to. What is lacking is not merely the “objective” element but core relatedness. The individual experiences only two options: either to relate to the world through the ego, or to withdraw into the self and its phantasies. The attempt to do both at the same time requires a splitting of ego and self, turning the former into a “false self” and the latter into a “true” or “inner” self. But this is only because of a missing third option — that of relating to the world “authentically” ie. with and from the self. It is the absence of
core relatedness and the absent capacity for core relating — not just in himself but in those around
him — that leads the schizoid personality to attempt to defend their sense of self either by
abandoning ego-relatedness altogether or by turning the ego into a form of protective armouring for
the self. As a result the schizoid personality either does not communicate or communicates in an
entirely false and inauthentic way.

“...such communication with the world as occurs from the false self does not feel real; it is not a
ture communication because it does not involve the core of the self, that which could be called a
true self”. (Winnicott)

Winnicott understood schizoid non-communication not simply as passive withdrawal but as a way
of maintaining an active silent communication with what he called “subjective objects”. He
postulated that even in the healthy person “there is a need for something that corresponds to the
state of the split person in whom one part of the split communicates silently with subjective
objects.” Nevertheless, and in contrast with his own idea that this silent communication is a
communication with subjective objects, Winnicott adds:

“There is room for the idea that significant relating and communicating is silent.”

Winnicott develops this suggestion by linking silent communication with artistic creativity and
cultural life, which he sees as domains for the expressions of the “subjective aspect of objects”. I
believe this misses the point. Silence is a medium of “significant relating and communicating” only
if it becomes a medium of core relating and core communication. Core relating is not a relation to
internal subjective objects — it is not an object relationship at all but a relation from the core of our
being to other human beings. Core communication is not creative or artistic “self-expression”. It is
the direct communication of inner perception unmediated by cultural symbols and languages.

Relating and Communication
The root meaning of the verb “relate” is to “bear back” (re-late) a message. The way we listen to
others and the way we hear them bears back its own message in silence, whether or not this is
represented in words or expressed in non-verbal signals. In this sense we cannot avoid core
relatedness and “silent communication” however much we try. For we cannot hide from the truth
that our inner perceptions of others, however private and concealed, communicate silently. This
direct “telepathic” communication has nothing to do with either paralinguistic signals or “thought
transmission”. It is a direct result of what I call the law of perceptual interactivity. Simply stated,
this is the understanding that every perception alters both perceiver and perceived. Our perceptions of others communicate to others directly not because we represent them in symbols or transmit them as objects of thought but because perception is itself a form of direct inter-action.

Laing noted that for the schizoid personality perception is felt to be as dangerous as action. He avoids perceiving others directly — with the self — knowing that every act of perception is a relational act which communicates directly and has effects on both self and other. Deprived of core relatedness, the schizoid personality also fears core relatedness — relatedness through direct perceptual interactivity — and relies solely on ego-communication. Simply put, ego-communication is *indirect relating*: either through linguistic signs and symbols or through somatic symptoms and body signals. “Core” relatedness, on the other hand is *direct communication*. This communication is “unconscious” only for the ego. The capacity for *consciously* relating to others from our core depends on a conscious awareness of our own inner perceptions of others and the inner knowing or “faith” that these perceptions will communicate silently, whether expressed or not.

Unfortunately the schizoid awareness of the reality of silent communication is not one shared by most psychotherapists and analysts. Instead it is regarded as a pathological phantasy. The exception is Laing’s (“Communicative Psychoanalysis”), who correctly makes the point that a silent, unstated question will often elicit a truer response from the patient than a stated one. Many therapists, however, continue to believe that the only “real” type of communication with a patient is verbal communication, albeit supported by something called “empathy” or imbued with some element of “authenticity”. This position reflects the nature of ordinary “healthy” communication, which is a mix of detached objectivity and empathy, falseness and authenticity, conscious ego-communication and sub-conscious or unconscious core communication. In ordinary communication silence and sound merge in sounds of silence — in the rhythms and intervals of speech. But it requires a very special type of hearkening to hear through the voice of the ego to the silent voice of the self, and to listen in a way that *responds* to this voice.

Whilst it has always been understood that a therapist’s verbal responses and an analyst’s interpretations can of course be more or less “empathic” or “authentic”, it is only recently that a radical distinction has come to be drawn between verbal response and interpretation, on the one hand, and so called “empathic response” or “authentic engagement”, on the other. Lawrence Hedges writes of the need of the “borderline” patient to experience a sense of symbiotic relatedness to the therapist, and contrasts this attempt to replicate the infant-mother symbiosis to the relational
stance of the schizoid patient lacking a founding experience of “symbiosis” ie. core relatedness. He stresses how important it is for the therapist to respond empathically to the borderline patient’s attempts to forge a symbiotic relationship with them and how ineffective it is merely to interpret them analytically.

“The communication to the therapist comes in the form of various enactments and modes of relatedness. Not until the dyadic or symbiotic mode is expressed by the patient in the therapeutic relationship and grasped empathically by the therapist, do any alternative self and other patterns become realistically viable to the patient.”

In other words, the patient is unable to make therapeutic “progress” in terms of ego-relatedness and ego-communication with the therapist until the latter responds to their frustrated need for core-relatedness. Yet this need is understood psychoanalytically not as a basic human need but as a developmental arrest at the stage of symbiotic “merger” with the mother. Hedges has sympathy for therapists who feel their ego boundaries to be threatened by the patient’s symbiotic mode of relatedness, but urges them to temporarily assume the function of a “merger object” for the patient, allowing the latter to replicate early relational patterns and experience. But the function of therapy is nevertheless to help the individual go beyond symbiotic relating — to replace core-relatedness with “normal” ego-relatedness. This is in line with the psychoanalytic view of childhood development and human relatedness which opposes merger of self and other with ego-separation, and which lacks a true understanding of the very nature of core-relatedness. Core-relatedness is not a primitive “merger” of self and other but genuine inner contact between self and other, a contact through which distinction is not abolished but enriched. Contact with others from the core of our self-being is the very essence of what it means to relate. Both separation and merger anxieties are ego-anxieties — the product of a social culture which privileges ego-relatedness over core-relatedness.

**Winnicott and “Ego-relatedness”**

The term “ego-relatedness” was first coined by Winnicott to refer to “the relationship between two people, one of whom at any rate is alone; perhaps both are alone, yet the presence of each is important to the other.” What he was thinking of was not the frightening experience of feeling lonely despite the presence of others, but something more like a child’s experience of feeling secure in the presence of the mother and being able therefore to contentedly play by itself. This experience, he claimed, was the basis of the adult’s ability to be alone without being lonely.
“Being alone in the presence of someone can take place at a very early stage, when the ego-immaturity is naturally balanced by ego-support from the mother.”

According to Winnicott, it was the supportive or holding presence of the maternal ego “even if represented for the moment by a cot or a pram or the general atmosphere of the immediate environment” that allowed the infant to feel a sense of relaxed at-one-ness with itself. Guntrip developed this point, arguing that:

“a human infant can only grow to be a person-ego, a self, out of his original state of total mergence in and identification with his mother prior to birth, if the mother’s ego support for him after birth is adequate through the period of his separating out from her mentally.”

Through ego-relatedness, then, the infant’s original sense of at-one-ness with the mother becomes a sense of at-one-ness with itself. Ego-relatedness in Winnicott’s sense is the basis of feeling real and being a self in society. It is also a blueprint for the therapeutic relationship, in which the therapist takes over the holding function of the maternal ego. For in adult life too, the security provided by the presence of others can help people to feel real and to “express” themselves. But this may easily conceal the fact that they are not really relating to others from their core selves but only from their egos. The problem is that “self-expression” takes the form of ego-communication — people talking about themselves and others and in this way also objectifying themselves and others. Ego-relatedness in this sense is essentially object-relating, turning both self and other into objects of thought and objects of talk. This does not necessarily mean treating another person as an inanimate object or part of the furniture — though it can do. It is a form of relating in which people use each other as instruments of private need satisfaction. Two people may satisfy private needs by having sex or having a chat, talking about themselves or discussing a topic of common interest, bouncing ideas off each other or getting advice or feedback from each other, and yet do so without ever really relating to the other person on a core level — making contact with them from their core self. Ego-relatedness has to do with talking or doing things with others. Core-relatedness has to do with listening to and being with others in silence.

I believe that Winnicott was aware of the nature of core-relatedness, but, lacking an adequate distinction of ego and self, wrongly attempted to subsume this under his use of the term “ego relatedness”. What he meant by “ego-relatedness” was quite simply the satisfaction provided by a sense of relatedness as such, as opposed to object-relating based on need. That is why he emphatically contrasted “ego-relatedness” with “id-relatedness” — object relations driven by the
need for instinctual drive satisfaction. Yet his use of the term “ego-relatedness” to suggest another mode of relatedness — a type of core-relatedness is misleading. It fails to acknowledge that the ego and its object-relations are the very medium of id-relatedness and instinctual drive satisfaction.

The issues at stake here are not merely academic or semantic. For whether ego-relatedness in Winnicott’s sense does or does not facilitate a sense of at-one-ness with one’s self and core-relatedness with others depends, not on the maternal ego alone but the relation of this ego to the maternal self. It is the mother’s in-touchness with her own self that allows her to provide “holding” for the infant. That is why a therapist who follows Winnicott’s terminology, provides a type of maternalistic “ego support” alone, which, however caring, will objectify and infantilise the patient’s self. The patient may indeed come to feel “at one” with their self in an infantile way, but they will not be helped to relate to others in an adult way from this self. Only a therapist with the capacity for core-relatedness can help the latter to do this. The two stages of infantile development described by Guntrip — from at-oneness with the mother to an at-one-ness with oneself — are mediated by ego-relatedness to the mother and others in general. But the concept of ego-relatedness obscures the third stage — the mature adult capacity for at-one-ness with others — for core-relatedness.

**Ego-psychology and Ego-therapy**

The work of Winnicott, Fairbairn and Guntrip attempted to advance from Freudian ego-psychology dominated by drive theory to a relational model of psychoanalysis linked to Winnicott’s concept of ego-relatedness. But the failure to properly distinguish ego-centred object-relating from core-relatedness has left the praxis of analysis and psychotherapy and its self-conceived purposes largely unchanged. Most forms of therapy remain ego-therapies, confusing the individual’s capacity for object relating and self-expression through ego-communication, with the mature capacity for core-relatedness and core communication. The purpose of therapy is seen as encouraging ego-communication — “getting the patient to talk”. Alternatively, the therapist may see themself as providing a maternal type of ego-support and “holding”; facilitating a therapeutic regression to take place through which the patient can eventually begin to feel, perhaps for the first time, a sense of at-one-ness with their inner self. The style of relating characteristic of the ego-therapist is not unempathic or unreceptive to the self of the patient. Its essence, however, lies in the mode of response to the patient. The counsellor or therapist receives the patient’s silent communication from the self but responds to it with ego-communication. It makes no essential difference here whether this ego-communication takes the form of interpretations, elicitative questions or empathic “mirroring”. The message to the patient is still the same — the self-communication is real only in so far as it is translated into ego-communication. Ergo: the self is real only in so far as it expresses
itself through ordinary modes of ego-relatedness and ego-communication. The motto of therapy is still the Freudian one: “Where It was, the Ego shall be.” The therapist engaged in such a style of therapeutic response, in essence identifies her own self with her own ego. “Empathy” is seen as a tool in the service of ego-relatedness, not as a bridge to a different level of relatedness and therapeutic response, a relatedness and response from the therapist’s own silent core self. The ego-therapist relates to the patient like a mother who sensitively “handles” her child through her verbal responses, and the “empathic mirroring” these convey. The problem for the schizoid patient, however, is that all verbal responses are felt as intrusive objectifications of the self by an ego which stands over and above it but is not truly understanding. For in looking down on the patient’s self from above, the therapist does not understand what this feels like from below — what it feels like to be treated as a maternal or therapeutic “object”. The self of the patient spontaneously withdraws from such objectification — however much more sensitive and “supportive” the maternal ego of the therapist may be than that of the original mother.

The ego attends to an object or It — to “some-thing”. The self intends “someone” — a being or You. Attention is the principal mode of ego-relatedness. Intention is the principal mode of core-relatedness. It is the therapist’s ego that attends to the patient’s speech and mannerisms. It is the therapist’s self that can intend the patient in his or her self-being. This is a type of inner vibrational touch or “holding”. The self is not an object, even though it may become one for the ego. The moment someone stares at your eyes and views them as an optical object with the clinical eye of the ego they are no longer looking at You, and nor are they receiving your gaze. The minute you look at someone’s eyes with the clinical eye of an optician it is not longer the “I” of the self but the eye of the ego that is looking. Similarly, the moment a therapist merely attends to the words, voice or body language of a patient, their verbal or non-verbal communication, it is no longer the patient as a self — a You — that they are relating to, but instead some-thing (a “part-object” in Kleinian terminology). Ego-therapy confuses empathic ego-attention with core contact and communication from the self. The self is not essentially an object, nor does it “have” objects. For though the self of the patient may find itself empathically reflected in the words of the therapist or mirrored in their eyes, this relation to the other as a “self-object” (Kohut) is not core-relatedness. It is a transverse dimension of the Matrix of Relatedness (see diagram), not its bottom line.

**Relational Analysis and the Quest to Relate**

Freud’s motto was “Where It was I (the ego) shall be.” The motto of relational analysis is “Where It (the ego’s object) was, a You shall be.” The ego “overstands” self and other, treating both as objects or things, and using the intellect to question the relationship between them. The self, on the
other hand, does not question the “objective” relationship *between* things and people but quests a direct relation *to* them, seeking to understand or know them through the intimacy of this direct relation. The mystical desire to merge with another person, with the “true self”, or with an individual or community representing this self, is a distortion of this quest — for true intimacy is something that can only be achieved by an ego in contact with its-self, not an ego that seeks to surrender selfhood to mystical or sexual merger.

Relational analysis understands the *quest to relate* — ie the quest for core-relatedness — as the fundamental “drive” of human beings; a quest that is sublimated in intellectual questioning as it is also sexualised in libidinal drives; that may be symbolised by race or religion and yet is suppressed by a social culture which identifies healthy relating only with “normal” ego-relatedness. That is why it is rare to find individuals in whom the ordinary relation of ego and self is reversed, whose modes of ego-relatedness are themselves an expression of core-relatedness — of a power to establish core contact and communication with other human beings, or even with animals and plants. The fact that such individuals are either regarded as “saints” or branded as heretics, treated as misfits or as madmen, is a sign of social ambivalence towards the power of core relating, which is acceptable only so long as it is channelled into sexuality or institutionalised religion. The merger anxieties of the ego — its misplaced fear of losing its boundaries through core-contact with its-self and others — is the basis of neurotic anxiety and schizoid defences. Psychosis is the collapse of these defences — a collapse that can be met by attempts to rebuild the individual’s shattered ego, or by the power of core relating which responds to their quest to relate.

Sexualised, the quest to relate is what Freud called “libido”. Intellectualised, it is the ego’s search to discover “objective” relationships — a search which led Freud to psychoanalysis. Existentially, it is what Viktor Frankl called “the will to meaning”. Ethically, it is the capacity to *mean* another human being — to mean someone not just something, You and not just It. To relate from the innermost core of our self-being. This requires an ability to relate to this core itself as a being — as a “You” and not an “Id” or “It”. The capacity to embody this ethic in our relationships to ourselves and to others is the capacity for core-relating, core-contact and core-communication. The will to establish core-relatedness to others is the ego’s willingness to let go of its objectifications of self and other, its external and internal objects, and to re-link with others in a direct and immediate way from the core self. This is also the essential meaning of “re-ligion”. What I call “relational psychoanalysis” is a marriage of relational philosophy and “object relations theory”, de- and reconstructing the latter on the basis of a radical distinction of ego and self, object-relatedness and core-relatedness.
A Relational Model of Health

“The sicknesses of the soul are sicknesses of relationship.”

Martin Buber

Sicknesses of relationship to others are always and at the same time sicknesses of our relationship to ourselves. They are not healed by our interpretations of those relationships but by relating in new ways to our-selves and others. “Core relating” is the capacity to perceive with the eyes and ears of the self as well as those of the ego, to relate and respond to others from the self as well as from the ego. No analyst can hope to understand behaviour which itself expresses a mis-relation of ego and self with his or her ego alone. Nor can any mode of treatment which is essentially a mode of ego Relatedness help correct the specific mis-relation of ego and self which prevents an individual achieving relational fulfilment. Instead the analyst or helper must consciously relate to the patient with both their ego and self. Only then will they be able to (1) gain an inner understanding of the patient’s internal ego-self-relation, and (2) intentionally model and embody a different ego-self relation, a different way of relating to others from the self as well as the ego. It is the analyst’s way of relating to and from their inner or core self that is the essential medium of the therapeutic relationship; it is this that “bears back” (re-lates) a healing message, inducing and facilitating change in the patient’s own ego-self-relation.

The lacking capacity for core contact and communication and the resulting search for a feeling of core-relatedness through drugs and sexual relationships, ethnic and religious identifications, New Age sects and communitarianism, remains a ubiquitous problem of individuals living in a global technological and capitalist culture. It cannot be turned into the private pathology of schizoid, psychotic or borderline patients or resolved through the politics of family and community “values”. Laing defines the term “schizoid” as referring to: “an individual the totality of whose experience is split in two main ways: in the first place, there is a rent in his relation to his world and, in the second, there is a disruption of his relation with himself.” Thus defined, the schizoid or psychotic personality presents a parody of the “normal” or “normotic” character (Bollas) which consists on the one hand of an outward oriented ego and, on the other hand of a privatised or concealed “inner self” unable to make direct contact with the selves of others. But whilst healthy relating is based on a spontaneous but more or less unconscious blend of ego-relatedness and core-relatedness, I believe that therapeutic listening and relating depends on the therapist’s capacity to create a conscious and healthy split between them. For unless the analyst or therapist is aware of ego and self as totally distinct parts of their own psyche generating totally distinct modes of relatedness to the patient, they will not be able to therapeutically adjust and alter the balance between ego- and core-relating in the therapeutic relationship.
The theoretical split between interpretative psychodynamic styles of therapy and existential therapy, like the split between neo-Freudian and neo-Kleinian “ego psychology” on the one hand, and the “self psychology” of Kohut and Jung on the other, needs to be transformed into an experiential awareness of ego and self, not as separate and walled off entities but as totally distinct aspects of a dynamic relation. Only a therapist capable of distinguishing the ear of the self from the ear of the ego can distinguish between the voice of the patient’s self and the voice of their ego, and hear their relation. This is what I call “relational analysis”. Only such a therapist can respond with the voice of the self as well as the voice of the ego — using the power of silent, core communication. This is what I call “analytic relating”. Analytic relating is therapeutic relating — relational therapy.

The crucial contrast between “analytic” and “non-analytic” styles of counselling and psychotherapy lies, I believe, in the transformation of the will to help into the will to hear. Those involved in the helping professions, whether as counsellors or therapists, need to transform their resolve to help into a resolve to hear. This requires an ego capable of resolutely withholding its own urge to do — to say or ask something. Withholding is especially important with so-called borderline individuals whose central identification is with the withdrawn or “schizoid” self, and whose ego communication is easily mistaken for a presentation of self. By reacting to, or seeking to explore, the ego-communication of these patients the therapist fails the most important test that they may be quite consciously set. This test takes the form of a silent question: “Are you going to take what I say as me, or can you hear it and relate to me — my-self.” Only through this discipline of withholding ego-responses to the patient can we gain an inner experience of what it means to hearken to and to hold another self in the inner gaze of our listening intent.

Handling and Relational Transference

The more sensitive and withdrawn the self is, the more acutely sensitive it is to the verbal handling it receives from the egos of others. There is an intrinsic connection between relating to both things and persons as ego-objects and handling them in particular ways as objects of use. I know the thing on my desk as a “lighter” not just because I know this word is its name, but because I know it in a pragmatic way — as something I regularly pick up and handle in a familiar way in order to use it to satisfy a need — to light my cigarettes. Things become objects for the ego not only as mere objects of perception but of action — as objects of familiar use and handling. Language itself is the handmaiden of thought, an instrument by which the ego actively handles and shapes meaning. The self constantly experiences itself as an object of the ego’s thought-activity and verbal handling —
an object both of its own ego-activity and the ego-activity of others. As a result it also perceives meaning in quite different terms to those of the ego. The ego perceives the given or conventional meaning of particular words or actions. The self perceives what other people are really doing when they speak and what they are saying through their actions. It experiences both words and deeds, thought and action as a particular form of intentional handling — but without interpreting this handling in words or reacting to it in deeds.

Interpretation and reaction are ego-functions, our way of grasping in thought and responding in action to the way we feel ourselves perceived, handled or used by others. But the term “feel ourselves” is misleading. It is the self that feels itself handled. It is the ego that interprets this self-feeling and turns it into an emotional object — a feeling that it “has” and can name in words. Feeling occurs between an I and a You — it is the medium of core-relatedness. It is the ego that treats feeling as an “It” — as emotional objects “in” me or “in” you. Distinguishing between self and ego means distinguishing feeling and feelings, thoughts and thinking. The ego is focussed on the object of thought — on whatever it is thinking about. The self is aware of the thought as a thought — as an act of objectifying a mood or state of being — a self-feeling. The self feels itself as the internal object of ego-activity, feels itself handled by its own ego and the ego of others. But the ego in turn transforms this self-feeling or singular *Befindlichkeit* into “feelings” (plural) — that it “has”. These emotional feelings are the ones that can be named or symbolised, owned or disowned as internal objects “belonging” to self or other. What is called “transference” is the therapist’s feeling of the way their own self is handled by the ego of the patient. What is called “counter-transference” is the therapist’s own emotional interpretation of this self-feeling as an internal emotional object that can be named and symbolised — as a feeling which the therapist “has”, and which they see as “belonging” either to themselves or to the patient. The experience of handling and being handled by others in a particular way is the key therefore, to relational knowing, but only if we acknowledge that our own interpretations of this handling are themselves a form of handling. This is the same thing as acknowledging the reality of silent communication and the law of perceptual interactivity — the awareness that our own inner perceptions of others communicate directly to them as a form of inner touch and handling. But what I have called core relating, core contact and core communication is not transferential or counter-transferential awareness as such but the silent communication that flows from it. The basis of relational analysis is the capacity to “feel others out” directly from the self — to stretch out a tendril of intent that makes direct contact with the self-being of the other, *holds* them in our listening intent, and as a result activates their own awareness of core contact and silent communication.
What then of ego-relatedness and verbal communication with the patient? The rule of analytic relating through core contact and communication is a very simple one. Never to respond verbally to a patient unless this verbal response is itself a conscious expression of core relating — unless we have a feeling understanding of what it is we intend to tacitly communicate to the patient through our words. To know what we are really “saying” to someone through a particular comment, question or interpretation. This is not the same as being clear about what our words mean or refer to. It is more like being aware of what feeling tone they convey and what we are doing with our words — what sort of relational handling they embody. The analytic dialogue is not truly dialogical unless the therapist is able to use verbal responses to communicate dia-logos — “through the word” and not just “in” it. The analytic process is not complete until the patient, too, has the ego-confidence to relate to the therapist from the core of their self — to “bear back” a message that addresses and intends the therapist in their self-being, and that communicates through the word as well as in it.

We can never fully represent in words the messages that communicate through them, for as soon as we seek to do so we employ new words that bear their own silent and wordless message. The capacity for authentic dialogue is based on this simple paradox — that verbal communication itself is not representation but active relation. A question, for example, is the ego’s way of inquiring about “some-thing”, or about an unknown relationship between one “thing” and another. It may also be the expression of an absent or unfelt relationship to some-one. The therapist’s quest to relate to or “connect” with a patient cannot be fulfilled by “making connections” with the ego, or putting questions to the patient that demand that they make such connections. A question is meaningful when it not only asks something but says something — when it expresses the oscillation of a real and felt relation. A question that is not experienced by the therapist within the oscillation of the therapeutic relationship can carry no charge for the patient. A question that merely seeks to objectify the therapeutic relationship and aid in interpreting it deprives the relationship of living reality for both therapist and patient. The discipline of withholding is, above all, the discipline of harbouring and holding the question we wish to put to our patients in silence — at least until we have not only thought the question but felt the question. This means feeling it as our own question and not just a question for the patient (his or her private “problem”). Only in this way will the question oscillate, even in silence, as a shared question of self and other; vibrating in the between, and expressing our core-relatedness as beings.

**Psychoanalysis, Science and Con-science**
The touchstone of science is objectivity. The scientific consciousness is a form of ego-consciousness, turning all that it touches — including human relationships — into an object for a subject. But therapy is itself a human relationship, one in which the therapist must engage as a self as well as an ego, and for whom the patient must be a You as well as an It. The touchstone of relational analysis is not “objectivity” but ethical impulse, not science alone but relational self-consciousness — “con-science”. Science is impelled by questions. The therapist’s con-science is impelled by the quest to relate. Scientific psychoanalysis is based on making connections linking self and other. Relational psychoanalysis is based on making inner listening contact with others from the self. Its purpose is to “analyse” relationships in the original Greek sense of the word — to “loosen” or “free up” (analuein). Relational analysis is “analytic” relating in this sense: conscientious ethical relating designed to loosen and free up the relations of ego and self, ego and ego, self and other. It is spurious for analysts to claim that psychoanalysis is a science like any other, one based on “evidence” derived from analytic material provided by the patient. For the scientific “results” of psychoanalytic investigation are themselves conditioned by the ethical bearing of individual analysts — the way they relate to their patients. The test of relational analysis is not “evidence” provided by the patient, but (a) its scientific value in objectively articulating internal and external relationships (its ego value) and (b) its value in enhancing the relational capacity of both therapist and patient. This includes their capacity for core-relatedness as well as ego-relatedness.

**Relational Maturation**

Previous psychoanalytic models of human relatedness have concentrated only on the maturation of the ego in infancy and childhood. The concentration on the child’s development or failure to develop normal “object relating” (ie ego-relatedness) has obscured the importance of core-relatedness. The maturation of the individual’s capacity for core-relatedness takes place not in infancy or childhood however, but in adulthood, middle and old age — in the individual’s “mature years”. Traditional psychoanalysis looks back to the individual’s earliest relationships and their pathologies. Paradoxically, however, it demands from the therapist a socially abnormal degree of relational insight and maturity of the sort normally associated with the wisdom of old age. Relational analysis sees the individual as a flower — not only growing out of the roots of its early relational experience but growing towards the fulfilment of an inner potential for core-relatedness in adult life. The capacity to embody a wise and mature mode of analytic relating which fluidly and flexibly combines ego and core-relatedness, is not the result of training in therapeutic techniques or the adoption of a psychoanalytic belief system. Instead it is the product of relational experience and maturation — an “individuation” by which the individual obtains an inner awareness of the basic
scission of ego and self as inseparable but nevertheless quite distinct aspects of our own being and consciousness. This scission is not a pathological one. Pathology occurs when the scission is denied — when ego and self either merge into confused indistinction or are split into totally separate entities. This is the message of madness or “psychosis”; a message there to remind us of a fundamental distinction that our ego-culture would prefer to obliterate in favour of ordinary normosis. The relation of self and ego may be compared to the relation of Being and beings so profoundly explored by Martin Heidegger. It is the same difference. We do not “have” relationships. We are relational beings. This fundamental or “core” relationality is the very Beingness of human beings.

The Self as a Language

Laing wrote that the technical terms of psychiatry and psychopathology:

“either refer to man in isolation from the other and the world, that is, as an entity not essentially “in relation to” the other and in a world, or they refer to falsely substantialised aspects of this isolated entity. Such words are: mind and body, psyche and soma, psychological and physical, personality, the self, the organism.”

Is there another way of understanding the terms “self” and “ego” which does not turn these aspects of our being into “substantialised” entities, linguistic objects? Yes, there is. Relational analysis offers a quite different view of the fundamental nature of self and ego, a view that does not hypostatise these terms. From a relational-analytic viewpoint, each of us not only has or speaks a language. Each of us is a language. The self is the language that we are — our unique “language of being”. This is expressed in our whole way of being and relating, what Christopher Bollas calls the “idiom” of the self.

“The true self listens to a Beethoven sonata, goes for a walk, reads the sports section of a newspaper, plays basketball and daydreams about a holiday — not to know these “objects” and then to cultivate this knowledge into a communication but to use these objects to yield self-experience.”

Self-experience is not ego-consciousness, for whereas the ego separates itself from the objects of its perception the self is its experiencing, and everything it experiences in the world is at the same time a way of experiencing itself — a mode of self-experience. The ego uses words to name things as objects and uses language to objectify and articulate experience. For the self, however, things
themselves are “words” in its experiential vocabulary, a vocabulary that it uses to explore and elaborate its own experiential language. Each self, like each language is endowed with infinite potentialities for expression. But each language, like each self, is also in a certain sense finite in its potentials — for whatever is said through it will always be stamped with its own unique character or “idiom”.

Bollas’ concern is not only with the idiom of the self, however, but how this relates to the “idiom of maternal care”, the mother’s way of being with and relating to the infant. “Language is the house of being.” (Martin Heidegger). The infant first dwells in the maternal idiom which it incorporates as “a set of rules for being and relating”. It also dwells in the object world provided by the mother as part of the “vocabulary” of this idiom, a world of experienced things, which the child learns to handle and name as ego-objects. The relation between mother and infant then, can be compared to the relation between two languages. The infant ego is the “inter-language” that emerges as the child both learns its own “mother tongue” and at the same time seeks to translate its own native idiom into this tongue. This mother tongue is more than just a set of words and names. It includes the mother’s whole relational language, her way of being with and relating to, handling and responding to the child — both from her ego and from her own core self. As the child acquires language and begins to speak and act in a larger world beyond the home it seeks also to translate its own “core language” or idiom into the modes of ego-relatedness it finds established in the social world. It is then that the child learns (or, in the case of autism does not learn) to translate its self-experience and the quest for core-relatedness into the acceptable verbal and behavioural languages necessary for successful “socialisation” ie. adaptation to the social ego-culture. The relation between the child-self and the child-ego, therefore, is embodied in the child’s developing relationship to language itself, its ability to feel at home in language and use it to translate the language of its self-experience.

In any translation there is a danger of losing the spirit of the original. The unique idiom of the self may be overlaid and obscured by the ego’s adaptive or compliant translation of this idiom into conventional rules of speech and behaviour, modelled initially by the parents or caretakers. Indeed it may already be overlaid or distorted on a pre-verbal level by the infant ego’s incorporation of a type of maternal handling unresponsive to the infant’s own “language”. This being the case, although the child may still learn to speak, the verbal language he or she acquires will not be a true “mother tongue” but an empty shell — its words a hollow set of building bricks out of which the “false self” is constructed. But this false self too, is not a “thing” but a language — a distorting
object-language which serves only ego-relatedness and which fails to translate the native language of the self, its in-born experiential and relational idiom.

**Relational Ethics and the Suicidal Ego**

Winnicott saw suicide as “the destruction of the total self in avoidance of annihilation of the true self.”

“When suicide is the only defence left against the betrayal of the true self, then it becomes the lot of the false self to organise the suicide.”

In relational terms, lacking acknowledgement of and response to the core self, the ego feels increasingly disconnected from this self and fears for its very existence. Suicide is not self-destruction but egocide — the absolute withdrawal of the self from the world of the ego and from ego-relatedness. This withdrawal may be precipitated by repeated disappointments in the quest to achieve core-relatedness — to be truly heard and received by others as a self. Indeed, it was Martin Buber’s personal experience of receiving a young man who came to see him, but not actually receiving him in his whole being — not hearing the silent cry of his self — that led Buber to so passionately contrast the I-It and the I-You relation. The young man committed suicide shortly after this mis-encounter with Buber. The “moral” of this story is also the moral of “relational analysis” as I have presented it in this essay, with its emphatic distinction of ego and self, ego- and core-relatedness.

**Postscript**

“The Divided Self” can be seen as the first attempt to apply a relational ontology to the deconstruction of psychopathology and its vocabularies. Relational analysis is the continuation of this project — the deconstruction and reconstruction of psychoanalytic theory and praxis on the basis of a relational ontology of “ego” and “self”. It is impossible in the space of a single article to explore all the detailed ramifications of relational analysis and its implications for the socio-cultural, existential, phenomenological and psychoanalytic understanding of psychopathology. An example is the relational understanding of object loss, mourning and the depressive process as a healing process of *dis-objectification* — a re-identification with the self, and a recovery of inner relatedness to others facilitated by the withdrawal from ego-relatedness. Nor is it possible to convey fully the experience of applying the practical disciplines of “withholding” and “core communication”, and their effectiveness in therapeutic work. I invite response to this article from all existential therapists with an interest in Laing, object relations theory and psychopathology,
and/or from those wishing to experience and apply what relational analysis and “core relating” can offer to their own relationships with patients.

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