

The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology Study Guide

The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology by Daniel N. Stern

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Plot Summary

Daniel Stern's *The Interpersonal World of the Infant* is a theory of the subjective life of young infants. Stern asks whether infants have a sense of self, how they unify experience, perceive objects, share experiences with others, and so on. The point of the inquiry is not only to teach the reader something about human nature but to use his theory of Self Psychology to unify differing scientific perspectives and to make recommendations about clinical practices.

Early on Stern distinguishes between "the observed infant" and "the clinical infant." The observed infant is the theoretical conception of the infant created by scientists who study infant behavior in an experimental setting. In contrast, the clinical infant is the theoretical conception of the infant created by clinicians who provide therapy to adults based on complex psychological models of children. The models of infant psychology provided by the clinical infant model are typically more macro-level and general, but also less scientific than those provided by the observed infant model. Stern believes that both perspectives provide important insights into the subjective life of the infant that can be integrated. His book is an attempt at such integration.

A major aim of the integration is to produce a method of evaluating clinical practice. When clinicians operate independently of experimental data, their developmental models may misidentify, overlook or overemphasize important elements in a patient's life that are crucial to his/her mental health. Much of therapy involves the construction of a life narrative which is used to work towards greater psychological function and bad developmental theory can hamper this process.

Stern calls his view Self Psychology because he holds that senses of the self are the key organizing principle of the subjective experience of the infant. Unlike many of his predecessors, Stern believes that children have rudimentary senses of the self practically from birth and that the original senses of self never disappear. Instead, more developed senses of the self build upon previous senses and rely on them for proper function.

The first two chapters of the book review the themes of the book generally and sets up the contrast between the clinical and the observed infants. Chapters 3 through 8 are the meat of the book and outline Stern's four senses of the self. Chapter 3 reviews the original sense of self, or the emergent sense of self. Chapters 4 and 5 explain the sense of a core self and how it is defined against the infant's sense of others and with the infant's sense of others respectively. Chapter 6 introduces the sense of a subjective self and Chapter 7 explains this sense in terms of Stern's conception of affect attunement. Chapter 8 then builds the final sense of the self, the verbal sense, on top of the previous three.

The final three chapters discuss the clinical implications of Stern's Self Psychology. Chapter 9 explains how the "observed infant" should be utilized by clinicians, Chapter 10 covers the implications that the "observed infant" has for the theories implicit in

therapy and Chapter 11 shows how Self Psychology aids in reconstructing a development past for therapy patients.



Part I, The Questions and Their Background, Chapter 1, Exploring the Infant's Subjective Experience: A Central Role for the Sense of Self

Part I, The Questions and Their Background, Chapter 1, Exploring the Infant's Subjective Experience: A Central Role for the Sense of Self Summary and Analysis

The Interpersonal World of the Infant will explore the subjective life of young infants in order to teach the reader about human nature. The author will explore whether infants have a sense of self, how they unify experience and how they perceive objects, along with other related questions. These questions may seem mysterious since accessing infant experience seems impossible in principle but we can use psychopathology to generate hypothesis; the book is an invention of a starting place for this process.

Enormous new research has opened doors for acquiring new information and generating new theories from that information, something heretofore impossible. The process will also aid clinical psychological theories like psychoanalysis because such theories are based on hypotheses about the subjective experience of infants. The author is a psychoanalyst and developmentalist, one who studies child development, and he looks to resolve the tension between the two views.

Stern's inquiry into the infant's subjective experience begins with the nature of the infant self and the infant self of other. While many cannot agree on what the self is, it has many forms, such as the integrated body, the agent of actions, the experience of feelings, the creator of plans, and so on. Many of these senses are found outside of awareness though others are not. The nature of the self may always be too much for the behavioral sciences but it must still be theorized about.

The sense of self is certainly present following language use and self-reflective awareness, but what about before? Language and self-reflection might reveal already existing sense of self, they could transform the sense of self, or they could create the sense of self. Stern assumes at the outside that some sense of the self exists prior to self-awareness and language, such as the sense of agency, physical cohesion, temporary continuity, intentions and the like. We then look for developmental continuities and discontinuities.

Stern places the sense of self at the center of his inquiry because only a self can generate an invariant pattern of awareness and because it is a theoretical device that



helps understand psychological development. Third, there have been new attempts to think clinically about various psychologies that have involved the use of the idea of the self as a central theoretical device. Fourth, the idea of the self helps to make sense of the continuity of child development.

New stages of development create altered senses of the self, such as with newly acquired behaviors and capabilities. For instance, at nine months infants seem to sense that they have an interior subjective life themselves and that others do as well.

A brief summary of the theory of the book is as follows. From birth, infants start to experience an emergent self and are pre-designed for experiencing the self-organization process. They never experience being only a self or being undifferentiated from others. From two to six months, they consolidate a core sense of self without a symbiotic-like phase. From nine to eighteen months seeks independence but also the creation of intersubjective union with the other. New forms of self-experience begin but others that existed before are still developing, which is why Stern would like to question the entire idea of phases of development. Older stages do not "end" but new stages are built on top of the old and these senses are integrated.

Stern will describe four distinct senses of the self: (i) the emergent self, forming from birth to two months; (ii) the core self, forming between ages two and six months; (iii) the subjective self, forming between seven and fifteen months; and (iv) the verbal self, which forms after. These senses build on one another. Psychoanalysis seems to make much more sense after this developmental process is over, so Stern is somewhat starting anew. However, psychoanalysts should still be able to employ his theory to understand how pathologies begin.



Part I, The Questions and Their Background, Chapter 2, Perspectives and Approaches to Infancy

Part I, The Questions and Their Background, Chapter 2, Perspectives and Approaches to Infancy Summary and Analysis

Stern borrows methods and findings from developmental psychology and clinical practice, so Chapter 2 must explain the assumptions of both disciplines and the challenges of integrating them. First, Stern distinguishes the clinical infant and the observed infant, the first of which is the infant theorized about in clinical practice and that is somewhat a theoretical construction, the second of which is comprised of the observed behavior of the infant. These two approaches must be integrated.

Collaboration between these two points of view was not always possible. Observed infants engaged primarily in nonsocial behavioral while the clinical infant was thought to be connected to the social world. But not infant observers have begun to think about how infant senses work and how they think about others.

A secondary theme of the book is the dialogue between the observed view of infancy, which focuses primarily on simple cognitive tasks and the clinical view, which appeals to more developed concepts. The clinical infant is an important construct composed of the patient's life story. However, how could any such account be validated? Some worry about reactivity: that the infant's self concept is created by or at least altered by the narrative she receives.

However, observed infants are constructed as well, because all behaviors have to be interpreted. Any inferences made about infant experience involve hypothesizing about unobserved "felt quality." However, both views contribute to one another. The clinical infant contributes subjective experiences, whereas observed infants contribute the objective. Combining these perspectives allows integrating the subjective and objective.

Psychoanalysis defines progressive reorganizations of infant psychology in terms of larger, macro-level organizing principles of mental life, such as Freud's oral, anal and genital stages. Erikson's development from trust to autonomy to industry is another. Stern's account is closest to Mahler and Klein because it focuses on the infant's experience of self and other.

All psychoanalytic theories, however, assume that development moved from one stage to another, and Stern sees these views as reading developmental facts about adults into infants. Stern prefers a normative approach where he does not seek to use his senses



of self to describe normal development; it is also prospective in that it focuses on forward-looking development. Stern then goes on to illustrate difficulties in how the main psychoanalytic schools identify developmental stages and the inferential process they employ. Stern believes that they all identify important behaviors that can be unified from theorizing prospectively. Infants regulate and initiate behavior which generates the cues that psychoanalysts identify as marking new stages of development.

Stern thinks cross-cultural studies show that the relative predominance of certain factors of development is not native to infant psychology. He also thinks there is relatively little evidence that psychological insults and trauma at one age reliably predicts clinical problems later on.

Infant observers also see stages of development but they define these stages prospective in terms of adapting to tasks due to maturation, such as physiological regulation, regulation of exchange, social exchange and environment regulation and so on. These describe theories have more psychological credibility. Still, it is not clear how these stages map onto meaningful social experiences.

Thus, higher order constructs must be employed to organize our understanding of the development process. So Stern will embrace psychoanalysis theorizing about macro-level principles but eschew their retrospective method of constructing developmental phases. Stern believes that the sense of self is the primary organizing principle of development.

Next Stern distinguishes between the senses of self. First, there is the experiential sense of self or the "sense of a core self" that is tied to the physical self experienced as a coherent, willful, physical entity. This sense of self relies on interpersonal capacities because it relates core features to others who are different.

Second, between the seventh and ninth month, infants develop a second organizing perspective when they find that other minds exist, and so self and others acquire subjective mental stages. This creates the "sense of a subjective self" and creates a new form of relatedness, "intersubjective relatedness." Mental states can now be read and the self utilizes new capacities, such as sharing attention focus, attributing intentions, and so on.

At around fifteen to eighteen months, a third organizing subjective perspective arises, the "sense of a verbal self" which can employ symbols. It produces a "domain of verbal relatedness" which has limitless possibilities for expansion.

From birth to two months, however, employs the "sense of an emergent self" which is involved in relating diverse experiences, affects, perceptions, events, etc. And this produces a "domain of emergent relatedness." However, no single subjective organizing principle exists yet. The four senses of self are the focus of the book.

What happens to each domain when the second develops? The traditional view emphasizes sequential phases, but Stern believes that these phases build upon one another because they require building upon simple mental tasks that comprise the



previous sense of self. Describing this process is more complex for the emergent sense of self. Subjectively experiencing social interactions involves all four senses of self. So all domains of relatedness remain active and no one has privileged status all the time.

Stern believes that psychology is impacted more substantially at earlier stages because earlier stages impact the formation of later stages, since they build on previous stages rather than replacing them. Thus the formative stage of each sense of self is an important topic that will be covered in detail. Stern will not ignore previous developmental and psychoanalytic categories but believes that they are not primary organizers of subjective experience.

In sum, the infant is endowed with observable capacities that mature and when available they are organized and transformed in mental leaps according to organizing subjective perspectives. These senses of self form new domains of relatedness. The initial formation stage is sensitive and subjective social experience follows from the integration of experience in all four domains.



Part II, The Four Senses of the Self, Chapter 3, The Sense of an Emergent Self

Part II, The Four Senses of the Self, Chapter 3, The Sense of an Emergent Self Summary and Analysis

At around eight weeks, infants begin to make direct eye-to-eye contact and exhibit other behaviors that create a social world. Prior to this period, however, how might the infant experience the world? Stern believes that the infant is forming a sense of an emergent self, a sense of organization in the process of formation which will remain active for the rest of life.

A number of revolutions in collecting information have enabled the formation of new experimental paradigms for learning about the clinical infant. They have taught us that infants seek sensory stimulation and have distinct biases or preferences about the sensations they seek, biases or perceptions that are innate. Infants have a central disposition to create and test hypotheses about the world - they are constantly evaluating. Finally, affective and cognitive processes cannot be readily separated.

Clinical and parental views tend to converge in believing that infants have an active subjective life that includes changing emotions, confusions and an experience of undifferentiation and confused social events. The developmentalist picture helps to make sense of this lack of differentiation in experience.

The sense of the emergent self has two parts, the results of connections drawn between particular experiences and also the process of emerging and learning. Non-organization is not experienced, only experiences and the integration of experiences. Organization is experienced through amodal perception and constructionistic efforts. The former is based on the abstract elements of experience, including particular emotional affects and vitality affects that arises from interactions with others. Constructionistic efforts are rooted in assimilation, accommodation, association and the identification of invariant elements of experience.

But there are deep problems in discovering unifying concepts and language to represent these processes. Stern then describes the different domains of experience without making any primary: the experience of the infant's actions, pleasure and lack of pleasure—hedonic tone, discrete categories of affect, infant states of consciousness and perceptions and cognitions. Yet infants do not see the world in terms of these separate domains; rather, their experience is unified and global. This global emergence is the more basic domain of human subjectivity.



Part II, The Four Senses of Self, Chapter 4, The Sense of a Core Self, I, Self versus Other

Part II, The Four Senses of Self, Chapter 4, The Sense of a Core Self, I, Self versus Other Summary and Analysis

By two to three months, infants begin to seem like distinct individuals and have a more wholly integrated mode of social interaction. But clinical developmental theory does not represent this apparent integrated sense of self. But recent infant research suggests that the infant is capable of having an integrated sense of self and others. In fact, its first aim in development is creating an interpersonal world that requires a sense of a core self and of others. Stern believes that infants have "fusion-like" experiences but these are dependent on an already existing sense of self, thus the sense of self's development is pushed far back in time.

The sense of a core self involves the sense of (i) self-agency, (ii) self-coherence, (iii) self-affectivity, and (iv) self-history. In the sense of a core self, these experiences are integrated. Formation of each requires identifying invariant aspects of the self and uniting them. Evidence shows that infants often seek to identify invariants. In fact, infants usually respond to parental behavior in part to provoke invariant behaviors.

The sense of self-agency contains (1) the sense of volition that comes before a motor act, (2) the proprioceptive feedback that the act may or may not generate, and (3) the sense of predictability of the consequences that result from the act. Stern then reviews the evidence for these senses. The infant, however, needs a sense of self-coherence to make sense of these three senses of self-agency. Self-coherence integrates the (A) unity of locus, the experience of being at a place at a time, (B) coherence of motion, (C) coherence of temporal structure, (D) coherence of intensity structure, that intensities of particular behaviors match others, and (E) coherence of form, or the sense that an obvious property "belongs" to someone.

Next comes self-affectivity, which involves the sense of self that experiences affects and emotions. Each separate emotion is assigned invariant self-events to associate with it. These include (a) the feedback received from the results of motor patterns, like face, respiration and vocal responses, (b) the internally unified senses of being sensorily aroused or active, and (c) qualities of feelings specific to emotions. The sense of a core self also requires self-history because otherwise the sense of the core-self would evaporate with each new event. Memory involves the recall or recognition of invariants for the infant.



Agency, coherence, affectivity and continuity must be integrated, and memory may provide the answer. Thus, integration is experiences as an episodic memory. An the basic unit of memory is a coherent "episode" which is an indivisible unit containing perceptions, affects, and actions. Episodes may recur and persist, or may not recur and still persist. Experiments suggest that episodes are "Representations of Interactions that have been Generalizations" or RIGs and that these are made up of "Generalized Event Structures" or GERs. RIGs represent the sense of the core self. Social interactions provide numerous opportunities to develop this sense of integration.



Part II, The Four Senses of Self, Chapter 5, The Sense of a Core Self, II, Self with Other

Part II, The Four Senses of Self, Chapter 5, The Sense of a Core Self, II, Self with Other Summary and Analysis

The last chapter covers the infant's sense of self versus other but not the sense of self with other, a sense which can be among the most forceful in life. Yet how can this social nature of infant experience be captured? Stern will argue that the experiences of being with an other are active acts of integration which comes about due to the active integration of a distinct self with a distinct other. The infant is embedded within a social matrix which is the consequence of the actions of others. Thus, Stern will conceive of the infant's subjective viewpoint as a "we self" and the solitary self and other. The infant's initial experience is thoroughly social.

We can understand the experience of the social self by seeing the nature of the self with the other as an objective event, a commingling of behaviors. The infant comes to see the other as self-regulating, just as she sees herself. She then begins to experience arousal from the self-regulating other, and a sense of security or attachment. Caregivers can regulate the infant's attention and engagement as a result.

The Self with Other is also a subjective experience, including merging, fusings, security gratifications and so on. These are simply experiences of being with someone conceived of as a self-regulator. The infant has a sense of core self for herself and for the other and can then form relations between the two.

The two core selves do not get confused because it experiences different invariants for the two selves and different affects are associated with these invariants. Thus, variety enables identifying what property belongs to which person.

Self-experience becomes tied to the behaviors of the self-regulating other because they occur together. Lived experiences of this sort involve (i) significant changes in an infant's affect state that belongs to the self though created by both the self and the other, (ii) the other person sense at the moment the alteration occurs, (iii) a coherent sense of core self and core which forms a background for these events and (iv) a number of situational and context-specific events. The sense of self with other is the product of these four experiences. RIGs are formed from repeat events of this sort.

Ultimately a distinct sense of being with the historical other over time generates a sense of an "evoked companion" where a particular person is schematized. The schema of



RIGS becomes a representation that is assigned a set of retrieval cues; the retrieval cue generates an activated memory from the RIG set which generates the evoked companion. The evoked companion is an experience of being in the presence of a self-regulating other. Stern then reviews various distinctions between RIGs and evoked companions.

Eventually the evoked companion becomes so integrated into experience that it no longer needs to be distinctly evoked over time. They will operate during actual interactions with others and in their absence. Thus evoked companions produce constant social experience and felt sense of self with other. Real and evoked companions are constant presences in the subjective life of the infant. Stern then briefly reviews the mother's side of the experience.

Infants can also develop self-regulating experiences with inanimate things which can develop early, such as security blankets. Mothers very likely lend properties to inanimate objects, such as toys and the like. The objects then acquire organic rhythms and feelings of force and generate infant states. Thus the evoked companion inanimate object is imbued with its power from the evoked companion person.

In sum, the experience of self-regulating others and personified things show that the subjective world of the infants is deeply social, though they have a distinct sense of a core self. Relations with others are constantly being constructed and increase in complexity over time.



Part II, The Four Senses of Self, Chapter 6, The Sense of a Subjective Self, I, Overview

Part II, The Four Senses of Self, Chapter 6, The Sense of a Subjective Self, I, Overview Summary and Analysis

The next self to develop is the subjective self. The infant finds that she has a mind and that others do as well. This realization usually occurs between the seventh and ninth month of life. Infants learn that they can share their subjective experiences with others and develop a working "theory" of other minds and how others will behave. Interpersonal action then transitions from overt actions to the internal subjective states behind those behaviors.

The subjective self opens a domain of intersubjective relatedness which builds on the emergent self. A new domain of intersubjective relatedness opens up as well. Core-relatedness establishes physical and sensory distinctions between self and other and the subjective self builds a theory of self and others' subjective stages on top of this.

The interpersonal world changes; empathy becomes a possible experience, as does the empathic process. The infant becomes capable of psychical intimacy and parental socialization comes to be an issue.

Academic psychology has neglected intersubjective relatedness for a number of reasons, though psychoanalysis has not, assigning the seven to nine months period a special importance. But now clinical evidence concerning intersubjective relatedness is building up. Insubjective relatedness involves deliberately seeking to share experiences about events and things. Infants at this stage are still preverbal, so how does such seeking work? Pointing is one example: infants utilize various means to shift attention to create shared experiences. Intentions are often shared as well through protolinguistic forms. Infants also seek to share affective states with caregivers, such as shared happiness. Evidence shows that infants recognize these intersubjective stages in others.

The emergence of intersubjectivity is somewhat mysterious. Stern thinks the various theories must be harmonized. He thinks that some special form of awareness must arise at this point and the capacity must unfold through maturation; this special awareness is an organizing subjective perspective, but the capacity requires tools such as rules, action formats and methods of discovery. Primary psychological needs for relatedness may also play a role, a need for human-group-psychic-membership may be innate.

Stern holds that evolution ensured survival through group membership in the species and has generated ways to mesh subjective experiences for survival purposes. The domain of intersubjective relatedness arises from what Stern calls affect attunement.



Part II, The Four Senses of Self, Chapter 7, The Sense of a Subjective Self, II, Affect Attunement

Part II, The Four Senses of Self, Chapter 7, The Sense of a Subjective Self, II, Affect Attunement Summary and Analysis

Stern sees the sharing of affective states as the most important and clinically observable aspect of intersubjective relatedness. Infants become emotionally responsive to the perceptions of the emotional states of others. It is not clear how this occurs; most have concluded the imitation is not enough to get the process of the ground. Actual mind-reading must occur. Mothers often demonstrate this mind-reading, which the infant can sync with. Mothers start to add a new dimension of affect attunement to her interaction with her infant around seven to nine months. Stern then gives some examples, which are very comments.

Attunements give the impression that a sort of imitation was successful. The matching is cross-modal, that is it can cross sensory modalities—a mother's body movements may match the intensity of a child's tone of voice. It is not behavior per se that is being matched but the aspect of a behavior that reflects another's affective state. This quasi-imitation produces affect attunement. Stern then discusses why he characterizes affect attunement as a form of attunement rather than as something else.

There is evidence for affect attunement which involves operationalizing an intuition about how match occurs. Intensity, timing and shape of behavior can be matched, which can be broken down into six types of match: (i) absolute intensity, (ii) intensity contour, (iii) temporal beat, (iv) rhythm, (v) duration, and (vi) shape. A lot of experimental data was gathered from observations of mothers. Experimenters find that the attunement process often occurs beyond awareness.

The interpersonal communion created by attunement is crucial for helping the infant realize that internal feeling states are forms of experience that can be shared with others. In the process of attunement, sensory experience comes to be unified, and experimenters believe that discrete affects and vitality affects are attuned to, but perhaps primarily vitality affects.

Vitality affects can be communicated through art and behavior. Activation that leads to attunement can occur through representations of affects and configurations in art or images generally. Perceptions in many media can be translated to feelings. Learning about the vitality affects of others begins with interpersonal interaction but can be

extended to art and other domains. Attunement is also seen as a stepping stone towards language.



Part II, The Four Senses of Self, Chapter 8, The Sense of a Verbal Self

Part II, The Four Senses of Self, Chapter 8, The Sense of a Verbal Self Summary and Analysis

Once a child's second year begins her life language arises and her senses of self acquire new properties. The self and the other can now related in an enormous number of ways and shared varied meanings. This creates a new subjective perspective and domain of relatedness. "Being with" relations multiply. However, language causes a split in the experience of the self because it can only partially represent the three other senses of self - emergent, core and intersubjective.

Between fifteen and eighteen months, children start to imagine and represent things with signs and symbols. They can also perform "deferred imitation" where they repeat behaviors observed and acquire new skills. To do so, they must accurately represents actions and events done by others, have the physical ability to perform the action, and the representation must be laid down in long-term memory, so evocative memory must be develops.

Two new capacities mark the boundary between the verbal self and preverbal self. Infants must have two versions of the same reality available: the representation of the original act and their execution of the act and the ability to change between these two realities through "reversibility." They must also sense a psychological relationship between themselves and those who perform the original act.

Children begin to see themselves objectively at this time, for instance through their behavior in front of a mirror. Thus, they can objectify themselves and treat the self as an external category. They also start to use personal pronouns and engage in empathic acts. They also acquire a capacity to engage in symbolic play, to imitate the activities of adults. Thus infants can transcend immediate experience. This is an important milestone because infants can now represent how they wish the world to be and so develop plans.

The use of language builds on a lot of world knowledge. It is not yet clear how language acquisition generates world knowledge and language. Some believe that the process occurs through understanding which self "owns" meanings.

Infants and others negotiate meanings together which generate self-other relatedness. Verbalization allows complex mutual negotiation of meanings, and the creation of "we" meanings. This theory emanates from a "dialogic" theory of language where language is worked out through dialogue and generated a "personal order" of "being with" between self and other. Stern then reviews some empirical literature on the subject. Language, in sum, provides a way to relate to others by sharing personal world knowledge and using

it to construct shared meanings. Further, the acquisition of linguistic ability creates the ability to narrate a life story.

However, language has alienating effects because it recasts the experience of other sense of self. Language represents only part of the unity of feeling, sensation, perception and cognition and thus only partly represents subjective reality. Different relationships can exist between language and the overall unity of experience.

Sometimes language perfectly represents reality but other times it leaves information out which can be frustrating and leave the self with a feeling of an inability to connect with others. The narration a child engages in of her own life and the creation of shared meanings therefore can only communicate part of the self, and so language is a mixed blessing because the force of original experience is often lost. Stern then describes several types of frustrations that result from language learning. Adults often wonder what others mean by what they say and thereby feel separated from them; infants have the same experience.

As various communicative channels form, nonverbal and verbal messages can conflict, such as in the "double-bind message." Some communications are deniable and others are held accountable for them all the same. Many prevent aspects of experience from being represented by language to keep a channel deniable. Thus, multi-channel communication systems will produce constant environmental and cultural pressure to restrict some forms of communication. And the individual will also acquire the ability to deny things to herself. As a result, the self can feel fragmented. Further, the experience of life and the retelling of life will begin to diverge. Reality can be transcended and distorted.



Part III, Some Clinical Implications, Chapter 9, The

Part III, Some Clinical Implications, Chapter 9, The Summary and Analysis

Stern will argue that the neurological and ethological viewpoints provide evidence that a sense of self is most sensitive during its formation. He will identify some patterns that are tied to the emergence of each sense of self and will then speculate on how these forms, when established, are critical to function well down the line. A number of caveats are then reviewed, such as that formative periods are hard to observe, as are pathological developments, without an already isolated sample.

Stern believes that the capacities that tie diverse experiences of the social world together are largely genetically determined. Deficits in these capacities may therefore be genetic as well. Pathologies might result from difficulties translating information from one modality to another. Some evidence suggests that learning-disabled children have these difficulties. An infants' ability to tolerate stimulation or regulate arousal may be linked to anxiety disorders later in life as well. Problems arise for identifying deficits in senses of self with pathologies, however, because of specificity problems.

Next Stern speculates as to whether clinical observation can indicate future dangers to the core sense of self. One indicator might be whether an infant's tolerance for overstimulation is high. If not, then deviations from the temperament of the mother might present problems for develop a core sense of self from interacting with her. Overstimulation, though, can generate a number of reactions with varying degrees of negative outcome. The infant might be able to adapt. What we have said about overstimulation goes for under-stimulation as well.

In both cases, the sense of a core self is built out of patterns of experience which come to maintain themselves in an equilibrium that becomes a sense of self. Consistent over or under-stimulation can threaten the formation of this equilibrium. Sometimes equilibria form but require a lot of input to maintain from others. Thus, some may have a core sense of self that is highly reliant on what others do.

Negative affect appraisal can cause similar problems by creating "primitive agonies" or forms of non-localized distressed and cause cause ongoing functions required to maintains social states to fail. The experience of a "primitive agony" may be felt as dissolution of the core sense of self.

Dissolution of the core sense of self can often manifest as sleep or eating problems though few mental disorders exist at these stages.



A number of clinical issues come to the fore when intersubjective relatedness forms as well. The infant, for one, might not be able to share her inner experience with others. So the focus shifts from regulating experience to sharing it. Stern terms this "non-attunement" where individuals cannot engage in an attunement of affect. This might be caused by a mentally unstable parent whose patterns of affect cannot be predicted by the infant.

A selective attunement might manifest as well by attuning to particular sets of affects that cause pathologies later. Selective attunement is understood as when emotional sharing is permitted or not and parents must choose how to go through this process. Problems with state-sharing can create social problems that last for a lifetime.

Misattunements and tunings are another way parental behavior can share the intrapsychic experiences of the child. However, these phenomena are hard to isolate in the lab. Stern then discusses some cases. Some cases involve parents trying to manipulate their children's affective states who thereby create opposite effects unawares. Parents may also attune to infant states, which makes adjustment more difficult as well.

Authenticity of behavior is also important for normal and abnormal development. Inauthenticity is mostly a problem caused by parents. For instance, parents will often send mixed messages to children by prohibiting a behavior through one channel and permitting it through another. Inauthentic attunements, however, are not always bad, as parental emotions are not always in the right place.

Overattunement can also create problems. Some mothers engage in "psychic hovering" and try to crawl into their child's every experience which creates a sense of intrusiveness though Stern does not think it necessarily hampers individuation.

Subjective infant experience can be influenced by social referencing, such as when infants look to mothers for cues about how to react to or behave in a particular situation. Attunement must adjust for this cuing phenomenon but the two processes are complementary. Psychopathology can form during this period through the formation of neuroses, character malformation and self pathology. Sometimes these pathologies can be observed by a year of age though less so beforehand.

Finally Stern covers verbal relatedness. Again verbal relatedness presents the possibility of the distortion of reality, such as creating "false self" experiences. Thus what goes spoken and unspoken in development is important for development. What goes spoken and unspoken often presents in the forms of repression, disavowal and denial. In the formation of the "true self" and "false self" experiences are classed into two groups with one group repressed, denied or disavowed and the other not. Parent and child often negotiate the true self through shared meanings.

Though sometimes the private domain of experience that isn't shared impacts the formation of the self and can create a private self separate from the social self. The infant may therefore have three groupings of verbal self experiences: the social, the



private and the disavowed. However a fourth "no-me" sense of self can arise when some experience, like a trauma, cannot be integrated into self-experience at all. The "not-me" experience probably must have preconditions in a problem in the sense of core self.



Part III, Some Clinical Implications, Chapter 10, Some Implications for the Theories Behind Therapeutic Reconstructions

Part III, Some Clinical Implications, Chapter 10, Some Implications for the Theories Behind Therapeutic Reconstructions Summary and Analysis

Chapter 10 focuses on the developmental theories therapists use that influence how a reconstructed "clinical infant" is generated. Stern will use information about the "observed infant" and the development of domains of self to examine this process. Stern cautions that the comparison may not reveal anything definitive.

Freud believed that in the first few months of life infants had a "protective shield against stimuli" to allow development. However, it appears that infants have optimal levels of stimulation that they will seek and other levels it will avoid. The only barrier comes with the levels of stimulation that are tolerated. Infants have the same active regulatory traffic with the external world as does anyone at any age. Stern, however, thinks that the whole chain of reasoning that led to the idea of a barrier should be discarded because it is based on the idea of a period in infant life when it is uninterested in stimulus.

Stern also omits discussion of an "oral" stage; first, most research has focused on visual and auditory development but also, few therapists think that the idea of the mouth has special significance. There is cross-sensory coordination of information but it is not focused at the mouth or feeding.

The observed infant does not present an overwhelming dominance by the Freudian notion of the "Id" either. In fact regulation through the Freudian notion of the "ego" is always present. Motivational and regulatory systems operate from an early age. Infants also appear to have "ego instincts" for regulation in certain areas. Further, what the infant enjoys and what reality she accepts arise together, not the latter after the former. Thus, Freudianism has been largely undermined by infant studies.

Stern also believes that evidence shows that the notion that the infant has an initial experience of undifferentiation is problematic. The infant always has some, at least rudimentary, sense of separateness. The infant is always a social being and this affects attachment theory and object relations theory. Stern's "Self Psychology" also maintains that the process of individuation and separation is not stage-specific but is ongoing throughout a life, as the self/other barrier is always being negotiated.



Psychoanalytic theory has also given intense emotional states an important organizing role and there is some evidence from memory research to support this view but affective intensity may not be the decisive influence. Stern then raises a number of complications. For instance, the notion of the "repressed" traumatic experience suggests a strong potential separation of the traumatic intense moment from others but there are likely no totally impermeable states of experience. Most moods, for instance, can permeate one another. Intensity may also be more important than degree of trauma. An intense but not necessarily traumatic experience may be more formative rather than the reverse. Infants may learn more about themselves from observing themselves under normal conditions rather than unusual ones.

Psychoanalytic theory also thinks that intense moments of affective experience are the central factors in constructing object relations, and this allows experience to be cleanly divided into "good" and "bad." However, the notion of a "split" clinical infant, one who engages in "splitting" by internalizing the good and externalizing the bad, is not well-supported. The "hedonic tone" of an event is not the only or most potent attribute.

Thus many metrics matter for development. Also, traditional psychoanalysis ties "good" and "bad" with "pleasure" and a lack of pleasure, but the infant may think of things differently. However, Stern still thinks that infants class experiences into "hedonic clusters" though he emphasizes the other metrics matter as well and that all metrics are used to construct a "higher-order" categorization of experience.

Freudian psychoanalysis also believes that fantasy, or experience that is distorted by wishes or defenses, is a distinct area of inquiry and other therapists have followed Freud in this. But the evidence speaks against the notion that fantasies are a basic unit of psychological analysis. Reality experiences and desire experiences co-exist and develop together and so the categories of fantasy and reality do not neatly separate.

Stern thinks that the infant primarily begins experiencing reality and her desires are very primitive. The senses of self develop based on reality experiences. Thus reality proceeds fantasy distortions because distortion is mostly made possible by the verbal self, which develops last.



Part III, Some Clinical Implications, Chapter 11, Implications for the Therapeutic Process of Reconstructing a Developmental Past

Part III, Some Clinical Implications, Chapter 11, Implications for the Therapeutic Process of Reconstructing a Developmental Past Summary and Analysis

In the last chapter, Stern addresses how his Self Psychology should affect clinical practice, in particular how the client and patient should reconstruct an effective narrative about the past. First, Stern recommends foregoing analyzing concepts like orality, dependence, autonomy and true in terms of specific phases of origin in development. Traditional theories think these concepts are age-sensitive but most experienced clinicians keep development theory in the background during active practice, which is good. Instead, they look for narrative points of origin. Second, the period of emergence of each sense of self is probably a sensitive period and should be focused on. Focus might generate testable predictions.

Stern's notion of layering sense of the self as different ongoing aspects of experience helps to develop a therapeutic metaphor because feelings can now be decomposed into particulars which allows closer analysis of the problem. Stern then illustrates with a case. Often cases can be isolated according to particular senses of self which makes pathology easier to diagnose and treat.

For Stern, psychopathology should be seen as manifesting in a continuum of pattern accumulation. Cumulative interactive patterns may be the source of many extreme personality disorders; locating a point of origin may be indeterminate, which can confuse many therapists.

Domains of sense of self also help to identify a helpful narrative point of origin. Identifying how patients feel and act and the connections between the two may seem obviously important but domains of senses of self can aid the identification process. For instance, affective components are experience can often be found in one domain of relatedness.

Self Psychology can also aid in searching for causes when a diagnosis is already known. When searching for a cause of borderline personality disorder, differing theories look for an experience of abandonment or isolation as a cause of the experience. All the

major theories have some truth to them and can be located in different aspects of senses of the self. All domains of relatedness may be relevant.

Stern believes that the nature of therapy will be best determined by which domain of experience is most affected. Unfortunately, search strategies and certain therapeutic approaches cause therapists to overemphasize some problems in development and ignore others, though this is not always problematic if the therapeutic approach tracks the actual problem. Stern then analyzes a case in detail. In sum, Stern believes his Self Psychology offers the most clinical value when it suggests search strategies that help to construct life narratives that are helpful in therapy. Flexibility in theories of developmental origin should be maintained.

Epilogue

Epilogue Summary and Analysis

The central aim of Stern's book has been to describe the development of the infant's sense of self and to infer the subjective experience of the sense of self by considering new experimental findings. Stern recognizes that his theory's value remains to be proved. He hopes it will be proved and wants his work to serve as a metaphor for clinical practice and for family life as whole.



Characters

The Clinical Infant

While the clinical infant is not a real person, it is a theoretical construction of a number of persons and in many ways is the most important "person" of The Interpersonal World of the Infant. Early in the book, Stern sets up a contrast between the two central theoretical constructs of two fundamentally distinct perspectives on infant psychology - the developmental psychologist's perspective and the psychoanalysts' perspective. Stern worked as both a clinician and a developmentalist and seeks to unify the two perspectives.

However, Stern is not primarily interested in doing original research by observing infants. Instead, he seeks to employ information gathered by infant observation to shape, deepen and correct the perspective represented by the clinical infant. The clinical infant is the theoretical construct employed by clinicians or psychoanalysts. It tends to understand infant psychology and subjective experience in terms of macro-level psychological principles. Traditional pictures of the clinical infant employ large scale concepts like the ego and id of Freudian psychoanalysis to therapy.

Stern worries that the clinical infant, when uninformed by information from the observed infant, will go awry and will lead to therapy that is ineffective or destructive. One important point of therapy is to construct a life narrative that helps to identify and correct pathology. The clinical infant is employed towards this end and the observed infant can help the clinical infant be a more accurate theoretical construction.

The Observed Infant

Like the clinical infant, the observed infant is not a real person or even a real set of persons. Instead, the observed infant is a theoretical construct composed from observations of infant psychology made by developmental psychologists through experiments with infant behavior. For a long time, the observed infant was rather crude due to the dominance of psychological theories that saw reasoning about internal mental states as fundamentally unscientific. Since subjective mental states cannot be directly observed, then it was not the proper subject of science.

However, during the 1960s and '70s, this perspective on the subjective unraveled and an increasingly complex set of experiments came into being. Developmental psychologists now believe that they can make inferences about infant subjective experience in the lab by testing infants under certain conditions and establishing regularities between outward behavior and postulated internal feelings.

The observed and clinical infants are both constructs that center around subjective experience but the observed infant is composed of simple organizing principles and mostly do without senses of the self and focuses instead on direct and simple



perceptual experiences as experiences of more complex theoretical ideas like senses of the self is too complex for current scientific practice. Thus, the clinical infant has an important role in organizing and interpreting the observed infant and then applying the information from the observed infant to clinical practice. Thus the observed infant plays a kind of "back-up" role to the clinical infant in the book, refining and deepening the clinical infant's subject matter.

Daniel Stern

A prominent and current developmental psychologist and psychoanalyst who is the author of the book. The theory of Self Psychology developed in the book is widely known and deeply influential in the field of psychoanalysis.

Sigmund Freud

The father of psychoanalysis, Stern argues in detail that the observed infant leads to a clinical infant that is much more like Stern's infant than the Freudian infant.

Erik Erikson

An important mid-20th century psychologist whose work in psychology has been deeply influential. However, Stern believes that the observed infant undermines many of Erikson's ideas as well.

Margaret Mahler

An important mid-20th century physician and psychology who developed a prominent theory of child development. Stern embraces much of Mahler's research but rejects her theoretical constructs.

Melanie Klein

An important mid-20th century psychoanalyst who studied infant psychology. Stern employs a lot of her observational work but rejects many of her theoretical ideas.

Mother

Stern is well-known for his theory of affect attunement between mother and child. Mothers therefore have a profound influence on infant psychology and sense of self on Stern's view.



Psychoanalysts

Clinicians who employ the clinical infant construct in order to help patients construct a life narrative and manage pathology. Stern believes that the practice of psychoanalysis can be greatly improved by employing the construct of the observed infant.

Developmental Psychologists

Experimental psychologists who have created the construct of the observed infant.



Objects/Places

The Sense of Emergent Self

The sense of self that arises at two months where infants not only have perceptual experience but begin to experience the process by which these experiences and their associated affects are unified. This experience of unity of process is the sense of the emergent self. This sense of self then generates the domain of emergent relatedness, the area of experience where infants experience the relations between their experiences.

The Sense of Core Self

Between two and three months, infants begin to demonstrate a unified personality. They developed an organized sense of self for the first time and have a sense of self-agency, self-coherence, self-affectivity and self-history. The infant now experiences a sense of a self-regulating self and of self-regulating others. The experience of self-regulation and the experience of self with other creates a domain of core relatedness.

The Sense of Subjective Self

The sense of the self that emerges between the seventh and ninth months. The infant discovers that she has a mind and that others do too. Until this point, the infant dealt with others in terms of outward behavior but she now acquires the ability to reason about her own internal states and the internal states of others. She even experiences these internal states directly. These experiences create a domain of intersubjective relatedness.

The Sense of Verbal Self

The final sense of the self that develops in the second year of an infant's life along with the process of language. Before this sense of self, the infant has pre-verbal experience but now verbal experience opens up a whole domain of experience of shared meanings with others, the domain of verbal relatedness. However, language cannot perfectly represent pre-verbal experience - which still exists - and can therefore create a sense of alienation from other within the infant when she cannot represent how she feels linguistically but desires to share it nonetheless.



RIGs

Representations of Interactions Generalized which are representations of experiences that infants have within the domain of core relatedness that allow the construction of the experience of an individual.

Evoked Companion

The sense of another person composed of RIGs that can be psychologically evoked when the person is present or by cues when the person is not.

Self Psychology

The name Stern gives for his theory that the organizing principle of subjective infant experience is the four senses of the self.

Affect Attunement

The process of infant and mother adjusting and matching their affects vis-à-vis one another. The concept of affect attunement is an important theoretical and experimental contribution of Stern's.

Freudian Psychoanalysis

The old, original school of psychoanalysis whose theoretical constructs are mostly undermined by information provided by the observed infant.

Subjective Experience

Studying subjective experience is difficult because it cannot be observed by others, but both developmentalists and psychoanalysts reason about the subjective experience of infants and adults.

Life Narrative

Therapists help to construct a life narrative for patients which helps them to identify and overcome pathology. Stern believes that the process of constructing a life narrative, which is crucial to effective treatment, can be deeply aided by information from the observed infant and his theory of Self Psychology.



Infancy

Occurring within the first twenty-four months of life, the infant develops four experienced senses of the self that operate simultaneously.

Adulthood

The period after pubescence where the adult is a product of the interaction of her senses of self, functional or no.

Pathology

Problems of unified self experience often genetically caused or produced early in life by problematic or non-existent affect attunement.



Themes

Senses of the Self

Daniel Stern's "Self Psychology" is the central idea of *The Interpersonal World of the Infant*. Stern's goal is to make sense of subjective infant experience. His method is to understand subjective experience in terms of senses of self. Senses of self tie together and unify experience; they are also able to be experienced themselves. Sense of self allow the mind and brain to draw together disparate sensory modalities and their information and create an equilibrating system of affect, perception and action.

Stern argues that there are four senses of the self that coexist within normal adults and that develop in infancy, the subsequent stage building on the previous. The first sense of self is the emergent sense of the self, or that sense of self that not only unifies perceptual and affective experience but enables the experience of the process of unification. This sense of self produces a domain of "relatedness" known as the domain of emergent relatedness.

The second sense of self is the sense of the core self or the sense of the self as having a coherent personality and as a self-regulating individual. At this time, the core sense of self also distinguishes between self and other, both seen as self-regulating systems, and perceives the self with others. The third sense of self is the sense of the subjective self; this sense of self arises when the infant acquires the capacities to realize that she has internal feels and mental states and that others do as well. Thus the infant is able to add a "subjective" sense to her conceptions of herself and others. These two senses of self create, respectively, the domain of core relatedness and the domain of intersubjective relatedness.

The final sense of self is the sense of the verbal self that arises with language use; this sense of self allows for the creation of a vast amount of social unity through the creation of share meanings but also alienates the individual from others when she cannot express her experience verbally. The domain of relatedness created by the sense of verbal self is the domain of verbal relatedness.

Clinical vs. Observed Infant

Stern repeatedly emphasizes that one of the aims of his book is to bring together insights from two distinct fields that have views about the subjective experience of infants. The first perspective is that of the developmental psychologist who runs experiments involving infants in order to make sense of their internal subjective life and to learn more about the process of subjective development. The work of developmental psychologists generates a theoretical construct known as "the observed infant." The observed infant is the more scientifically-based, micro-level perspective that appeals to scientific studies and local organizing principles.



In contrast, the clinician, or the therapist, forms the other perspective. Therapists and clinical theorists work at the "macro" level of the human mind, developing theories of how the person is organizing as a whole; they often employ theoretical concepts like the id and ego to make sense of the sense of self and how experience is organized at the most complex level. The clinical has hands-on experience with adults and applies clinical theories to patients in the process of constructing their life narratives. By doing so, they create the theoretical construct Stern calls the clinical infant.

The two constructs interact fruitfully. The observed infant lacks the information needed to unify experience at the macro level. Clinical theories provide the theoretical resources to do so. However, the observed infant provides an empirical base upon which often untested clinical theories can be evaluated, reformulated and created. The observed infant also can help the clinician to construct appropriate life narratives for their patients.

Implications for Clinical Practice

After explaining the four senses of the self and their associated relatedness domains, Stern begins Part III of the book which discusses the implications of Self Psychology for clinical practice. Chapter 9 discusses how the observed infant is understood from the perspective of the clinical. In short, this chapter shows how the experimental evidence from the observed infant can be organized and interpreted through the lens of clinical theories of infant psychology and subjective experience. Stern discusses how experimental observations of overstimulation can be made sense of in terms of Stern's affect attunement, to give one example. It is in this chapter that Stern develops in detail his conception of the attunement relationship between mother and infant.

Chapter 10 covers some of the implications for how the theories behind therapy are affected by the observed infant. Stern is particularly concerned to attack Freudianism, arguing that the oral stage is not a focus in observation of infant development. Stern emphatically denies all theories that follow Freudianism that separate infant development into discrete stages with the subsequent stage leaving the previous stage behind. On Stern's view, each stage of development persists through a person's life and subsequent stages build on previous ones.

Chapter 11 covers how the observed infant may be used by therapists to help construct a development past for patients not only to diagnose but to treat their pathologies. In short, employing the sense of the self makes more sense of the actual biological and psychological life of persons and promises a more accurate and helpful identification of a "narrative point of origin," a concept crucial for therapy.



Style

Perspective

Daniel Stern's most prominent work is *The Interpersonal World of the Infant*. Born in 1934 in New York City, Stern is one of the most prominent developmental psychologists and psychoanalysts. He specializes in infant development and at the present date has spent more than thirty years studying infants in observation and through clinical work. He is most well-known for his theory of child-mother bonding and the Self Psychology advanced in *The Interpersonal World of the Infant*.

Stern's perspective in the book is comprised of his major thesis. His first major emphasis is that the subjective experience of the infant is best made sense of through employing senses of the self as unifying elements of experience across the infant's varied sensory modalities. Each stage of the sense of self unifies more and more complex forms of experience. Stern argues therefore that senses of the self extend far back into infancy, as early as the first two months of life and rejects theories that see infants as having an "undifferentiated" psychology at this stage of life.

Stern also is at pains to claim that the two perspectives of developmental psychology and psychoanalysis must be integrated by pulling together the two fields' respective theoretical constructs, the observed infant and the clinical infant. The observed infant gains an organization of experimental data into macro level principles from the collaboration and the clinical infant gains being empirically informed from the collaboration.

Tone

Daniel Stern conveys a scholarly but passionate tone in *The Interpersonal World of the Infant*. Stern, like many other pathbreaking social scientists, must straddle the line between careful argument and assertions apportioned to evidence and the excitement and allure of advocating a new theory. Stern makes a number of big promises and describes a number of big hopes in the process of the book and consequently sometimes comes off as one who claims too much for his theory. However, by and large Stern's tone is modest, careful and scholarly. While *The Interpersonal World of the Infant* is not a long book, it is not a short book either. Stern gives a helpful introduction to his theory and his main methodological aims in the first two chapters of the book. These chapters manage to avoid the hurried feel of many summaries; Stern's tone is calm, comfortable and clear.

In Part II, the heart of the book, Stern focuses on developing his conception of the four senses of the self — emergent, core, subjective and verbal. In these chapters, Stern slows down and explains his theoretical concepts in depth and illustrates their usefulness by recounting a number of case studies and experimental data, showing



how the concepts are supported by the data. These chapters also introduce a number of Stern's new ideas, such as his notion of affect attunement. In these parts of the book, the tone lightens and Stern's excitement for his subject matter comes through. Stern is eager to articulate and vindicate his theory and while some may worry this will come off as dogmatic, Stern avoids sounding this way entirely.

In Part III, Stern ably applies his duality between the clinical and observed infants to organize the experimental data and show how the observed infant should influence clinical practice. In these passages, Stern's tone becomes more critical at times, particularly with respect to Freudian psychoanalysis.

Structure

The *Interpersonal World of the Infant* has a clear structure, particularly for an academic work that advances an original and comprehensive theory, such as the Self Psychology of infant experience. The book contains eleven chapters divided into three parts. Part I, *The Questions and Their Background*, contains two chapters. Chapter 1, *Exploring the Infant's Subjective Experience*, is a brief overview of Stern's Self Psychology theory; he also briefly describes his distinctions between senses of the self. Chapter 2, *Perspectives and Approaches to Infancy*, advances Stern's unique methodological approach which combines developmentalist and psychoanalytic perspectives.

Part II, *The Four Senses of Self*, contains the detailed elaboration of Stern's theory of the self as an organizer of subjective infant experience. Chapter 3 through 8 cover each of the four senses of the self - emergent, core, subjective and verbal. The emergent and verbal senses of the self are covered in Chapters 3 and 8 respectively, while the core and subjective selves each get two chapters, the core sense is covered in Chapters 4 and 5, and the subjective sense Chapters 6 and 7.

Part III, *Some Clinical Implications*, applies Stern's theory of Self Psychology to a number of problems that arise with both the observed infant and clinical infant theoretical constructs. Chapter 9, *The "Observed Infant" as Seen with a Clinical Eye*, shows how clinical approaches and theories of psychology can organize and unify the data provided by developmental psychologists.

Chapter 10, *Some Implications for the Theories Behind Therapeutic Reconstructions*, uses the data from the observed infant to critique clinical theories of the infant self and infant experience; Stern goes after Freudianism in particular. Finally, in Chapter 11, *Implications for the Therapeutic Process of Reconstructing a Developmental Past*, Stern shows how his Self Psychology can aid the therapist in helping her clients construct an accurate life narrative. The epilogue is a brief review.



Quotes

"Because we cannot know the subjective world that infants inhabit, we must invent it, so as to have a starting place for hypothesis-making. This book is such an invention. It is a working hypothesis about infants' subjective experience of their own social life."
(Chapter 1, 4)

"The dialogue between these two views of infancy and how they may influence one another is a secondary theme of this book. The way in which they together can illuminate the development of the infant's sense of self is the primary theme." (Chapter 2, 15)

"I am suggesting that the infant can experience the process of emerging organization as well as the result, and it is this experience of emerging organization that I call the emergent sense of self." (Chapter 3, 45)

"These four self-experiences [self-agency, self-coherence, self-affectivity, self-history], taken together, constitute a sense of a core self." (Chapter 4, 71)

"The notion of self-with-other as a subjective reality is thus almost pervasive." (Chapter 5, 118)

"The next quantum leap in the sense of self occurs when the infant discovers that he or she has a mind and that other people have minds as well." (Chapter 6, 124)

"The sharing of affective states is the most pervasive and clinically germane feature of intersubjective relatedness." (Chapter 7, 138)

"... with the advent of language and symbolic thinking, children now have the tools to distort and transcend reality. ... Prior to this linguistic ability, infants are confined to reflect the impress of reality. They can now transcend that, for good or ill." (Chapter 8, 182)

"The capacities that permit the infant to yoke his diverse experiences of the social world are to an enormous extent constitutionally—that is, genetically—determined." (Chapter 9, 188)

"Paradoxically, while language vastly extends our grasp on reality, it can also provide the mechanisms for the distortion of reality as experienced. ... It is for this reason that so much of what is clinically important when language emerges is invisible and silent."
(Chapter 9 226)

"Knowledge of the observed infant seems to have the greatest potential impact on a number of theoretical issues at the level of metapsychology." (Chapter 10, 232)

"In effect, the nature of the therapeutic approach determines which domain of experience will appear to be primarily distressed." (Chapter 11, 266)



"In sum, the greatest clinical value of the views put forth here lies in their suggesting search strategies to aid in the construction of therapeutically effective life narratives." (Chapter 11, 273)

"The central aim of this book has been to describe the development of the infant's sense of self." (Epilogue, 275)

"Just as infants must develop, so must our theories about what they experience and who they are." (Epilogue, 277)

Topics for Discussion

What does Stern hope to gain by combining the perspectives of the developmental psychologist and the psychoanalyst?

What is the distinction between the observed infant and the clinical infant? How does Stern propose to integrate them?

What is Self Psychology? How does it differ from previous approaches to the subjective experience of infants?

What is the sense of the emergent self? Explain in detail.

What is the sense of the core self? Explain in detail.

What is the sense of the subjective self? Explain in detail.

What is the sense of the verbal self? Explain in detail.

How does Stern conceive of psychopathology and identifying psychopathology in light of his Self Psychology?

How does Stern think that Self Psychology should affect clinical practice? Develop two examples.