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"BOSTON CHANGE PROCESS STUDY GROUP"

Engagement and the Emergence of a Charged Other

Abstract. Engagement is intricately woven into the fabric of development and the fabric of psychoanalysis. However, there has been little effort to describe the process and essence of therapeutic engagement itself, or closely consider its effects. We propose that engagement with others occurs under highly specific circumstances. We identify three conditions: 1) a core positive affective investment; 2) prioritization; and 3) continuity. When these conditions are conjoined in the context of certain relational parameters, they can initiate a process that catalyzes the development of the mental, affective, and social capacities fostered in relationships. Through this process, a "charged other" emerges, a person who holds increased positive value (though not consistently positive affect), with whom this catalyzing of capacities becomes possible.

Keywords: engagment, therapeutic change, embodied mind, dynamic systems, therapeutic alliance, developmental change

> She thought of how much people changed you. It was the opposite of what you always heard, that no one could change a person. It wasn't true. It was only through other people that one ever did change.
>
> Susan Minot, *Evening*, 1998

Introduction

In life, there are special relationships with others that shape who we are and who we become. In these relationships, a lot is different from what goes on when we are having a conversation with an

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acquaintance or relating to a friend. These special relationships necessarily take place over a long period of time and are ones in which the partners in the relationship have a special quality for one another. Their one-to-one involvement creates a highly charged relation, a relation of engagement.

The relationship between a mother and an infant is one example of a relation of engagement, a long-term spousal relationship is another, and the relationship between analyst and patient yet another. It has been said that therapy fixes what early development didn't build and what marriage has failed to repair. Indeed, opportunities for creating change in adult life often come down to engagement with a therapist. Likewise, in the infant–caregiver relationship and in the spousal relationship, we know intuitively that the issue of engagement is crucial. But what is it that constitutes engagement and what is it about engagement that is critical?

Engagement in Psychoanalysis

We've previously discussed the processes of change in relation to the concept of implicit relational knowing, focusing closely on the second-to-second level of interaction (BCPSG, 2010). We considered how within the fundamental asymmetry of the analytic relationship (Aron, 1996) moments of meeting between two subjectivities link the two participants in a dynamic system with chaotic and untidy properties that can lead to unexpected shifts in organization of the system. Here we want to deepen the concept of implicit relational knowing by considering how this intense human process takes on more subtle and complex forms in the context of an engaged involvement with another and brings about therapeutic change.

It is important at the outset to differentiate engagement from terms such as "rapport," "connection," or "alliance" that refer to a positive feeling about the quality of relationship with another person. These terms are likely to apply to engaged relationships, but do not convey the full complexity of what we mean by engagement. Neither is engagement necessarily synonymous with interaction, as that term, too, is not specific enough in its meaning.

Although psychoanalysts regularly employ the term "engagement" (e.g., Ehrenberg, 1982, 1984; Grossmark, 2012), there has been little attention paid to differentiating the process of engagement from the processes referred to above, such as connection, alliance, or rapport.

Thus, the term has remained largely nonspecific or simultaneously holds several different meanings. Teicholz (2006a, 2006b) has suggested that today analysts broadly agree that in addition to the reflective, cognitive–symbolic processing of experience long associated with interpretation and insight, the affective, relational, and procedural dimensions of treatment are also of central importance. She also notes that the quality of engagement is not the creation of the analyst alone, but is the cocreation of patient and analyst, and therefore not merely a matter of technique. Still, she writes,

> . . . even as this new consensus is integrated into our various analytic paradigms, additional sources of disagreement have emerged. For instance, now that we recognize the importance of relationship in the analytic endeavor, we find ourselves arguing about what kinds of relationships—or what qualities of engagement—are essential to psychic growth. (Teicholz, 2006b, p. 48)

Her comment illustrates the natural tendency within the field to atomize approaches to the topic of engagement, as well as a need to ground the concept of engagement within the particular dyad. She notes that analysts have emphasized various individual qualities of engagement in their approach (e.g. creativity, spontaneity, authenticity, playfulness, empathy) and have advocated for these as central to their technical method or attitude.

At times in the literature, individual qualities such as creativity or authenticity are stressed. At other times, what is given attention is the tension between two qualities (e.g., ritual and spontaneity). Atomization of this sort is often meant to stress the specific quality of engagement that a particular analyst feels is important to therapeutic action. This focusing in also extends to qualities of dyadic interaction, as when analysts write compellingly of emotional engagements (e.g., Maroda, 1999), transference–countertransference engagements (e.g., Cooper, 2010), and engagement as a meeting of minds (e.g. Aron, 1996). Maroda, Cooper, Aron, and other authors certainly recognize that the intensity of the psychotherapeutic relationship is not limited to the single focus of their investigations, yet there is a tendency to break down the process of engagement into its component aspects.

In contrast to the tendency to atomize the qualities of engagement into single elements, there has also been the tendency to move to

general and ill-defined definitions of the term. Although acknowledging the central importance of the relationship to the success of treatment, clinicians and researchers alike have historically relegated the particularities of engagement to broadly defined categories such as "the working alliance," "the therapeutic alliance," or "nonspecific factors" in the treatment relationship (e.g., Greenson, 1967; Horvath & Luborsky, 1993). In previous work, we have taken a different approach to this issue, writing that,

> Most often, the relationship between the patient and therapist is conceptualized as "nonspecific" because it exists in all approaches, or is at least the necessary "context" for therapy, or is held "in common" by all approaches. This view of "non-specificity" permits people to forget that the relationship is the most mutative aspect of therapy. In so doing, the relationship escapes serious study and the focus falls on the specific techniques that differentiate different schools. (BCPSG, 2010, p. 203; 2013)

Engagement and the Process of Development

The primacy of intersubjective relatedness has been demonstrated both theoretically and empirically not only in relation to therapeutic change, but also in relation to developmental change. Stern's (1984) work on attunement, Trevarthen's (1979) work on primary and secondary intersubjectivity, and Sander's (2008) studies of systems evolving in an intersubjective field of mutual recognition have led to the increasingly widely held conclusion that "We begin life 'connected,' as part of each other. . . . We begin in relationship (Sander, 2008, p. 170)." Yet it remains a matter for investigation how this readiness for connection becomes engagement and gives rise to a "self through others," one constituted through engagement with the multiple perspectives of others.

In the relationship between the infant and caregiver, a special bond is formed, one vital to development. The bond begins while the baby is still in utero and, when conditions are positive, continues at its earliest stages in the comforting and continuous mutually regulating interaction of mother and neonate at the bodily level. As development proceeds, the entraining of physiological rhythmicity through the modulation of states of arousal continues the process of mother–infant rhythmic coupling and bidirectional coordination begun before birth

(Jaffee, Beebe, Feldstein, & Jasnow, 2001). A new mother endorses an identity characterized by her new responsibility for her infant's survival, growth, and well-being, as well as for developing a unique emotional relationship with him or her (Stern, 1995; Stern & Bruschweiler-Stern, 1998). The process of mutual engagement unfolds during the neonatal period in a succession of steps resulting in a connection where parent and infant each know the other and are uniquely recognized as special individuals by the other (Bruschweiler-Stern, 2009).

But what is the *function* of this fundamental connection and communicative ability beyond the regulation of immediate states? Does this bond serve larger ends as well? Relational psychoanalysis has integrated conceptualizations from the infant literature having to do with the importance of self-and-other mutual regulation, but there are additional lessons to be learned by considering other developmental outcomes of engaged relationships that begin in infancy and unfold over the course of childhood and beyond.

Being addressed by other minds is understood to be necessary for the developing understanding of self and others (Gallagher, 2008; Reddy, 2008). Reddy and Uithol (2016) posit a gradually expanding awareness of aspects of mind emerging from direct experience with them in interaction. *Being* the object of attention develops new capacities for the infant, allowing her or him to grasp the meaning of another's attention directed to others and the world. In their words,

> From a simple grasp of attention directed to self, the infant comes to understand attention to other objects—to parts of the infant's body within the first 6 months (such as in action games on the infant's hands and feet) to the infant's own actions from around 7 or 8 months of age (such as repeating funny faces or sounds or movements to re-elicit adult attention or laughter) before attention to objects in distal space between 9 and 12 months of age (such as following gaze to distal targets and pointing). (Reddy & Uithol, 2015, p. 7)

The process of caregiver–infant engagement seems to mean something special and unique. It is also a process that emerged late in evolutionary history as a joint function of our larger and more slowly developing brains that allowed us to transfer a cultural heritage from generation to generation. At the heart of this cultural transfer is the human ability to "try on," and integrate the attitudes of others into one's

own self-structure. This ability depends on a long relationship with an emotionally invested caregiver that confers a deep implicit knowing of and connection with the other. Hobson's (2002) definition highlights what we would agree to be the "particular quality" of such engagement:

> We are not simply talking about the infant interacting with someone else. An infant might interact with a person in the street, or with some other passing acquaintance, without this amounting to interpersonal engagement. We are not simply talking about smiling to someone else, or being shy of someone, or even requesting something of someone. In these cases, too, the interchange may be transient and have little lasting impact on either party. Truly interpersonal engagement is something more. It means that each person experiences a particular quality of emotional contact and exchange. It is almost as if each has a grip on the mind of the other. I could struggle to find better descriptions of what I mean, but I doubt that this is necessary. Most of us know what interpersonal engagement means, from our own personal experience. (pp. 142–143)

This experience of engagement is crucial for normal development to occur. The experience of two people, each having "a grip" on the mind of the other, is fundamental to the particular quality of connection and exchange that we would assert marks engagement. This in turn is the ground for the organizing of mental, affective, and social capacities as well as the bringing about of a process of unfolding development in the individual. The child developmentalist Bronfenbrenner has written,

> What we learned is that the engine of human development is the ping pong game that goes on between parent and child, the reciprocity, the back and forth that gets more complicated between two people who have a tremendous involvement in each other in terms of affection. . . . Not just, I love you and you're wonderful. Not just, two weeks from now we're going on this great hike. But what happens every day at meal time, the old story telling time when children are put to bed, the games families play on a regular basis, watching a television program and talking about it, instead of just watching it. (cited in Addison, 1992).

The Development of Mind is Predicated upon Relationships

In 2004, Stern wrote of a revolution taking place within the human sciences, a revolution largely inspired by the work of phenomenological

philosophers such as Husserl (1960), reflected now in work by contemporary philosophers such as Varela, Thompson, and Rosch (1993), Gallagher (1997), and Zahavi (2002). The approach of these philosophers was to regard the "mind" as being "intersubjectively open," because it is partially constituted through its interaction with other minds. Stern (2004) wrote:

> This new view assumes that the mind is always embodied in and made possible by the physical sensory activity of the person, that it is interwoven with and cocreated by the natural environment that immediately surrounds it, and that it is constituted by way of its interactions with other minds. The mind takes on and maintains its form and nature from this open traffic. The mind emerges and exists through self-organizing processes that emerge in interaction with other minds. Without these constant interactions there would be no recognizable mind. (p. 95)

As Hobson (2002) and Stern (2004) observed, the development of mind is predicated upon relationships, and as we are emphasizing here, upon the particular quality of engagement within such relationships. In the absence of having experienced this particular quality of relationship, infants fail to develop emotionally, cognitively, behaviorally, and physically. Most important to our thesis here is that in the absence of engagement, more flexible, complex, and integrated forms of relatedness may fail to emerge. Attachment theory and research has been one important forum for moving psychoanalytic developmental theory from an intrapsychic view of conflict and lack of self-integration to a more relationally based view of how self-integration and self-coherence converge developmentally (Cassidy, 2016).

From an attachment viewpoint, some states of dyadic relational systems are inherently more flexible, coherent, and integrated than others. In particular, a secure attachment, characterized by a flexible balance between seeking help and comfort and engaging in autonomous exploration of the world, is associated with the most coherent and integrated states of mind in childhood and adulthood (Weinfield, Sroufe, Egeland, & Carlson, 2008). In nonlinear dynamic systems theory, these are called attractor states. One model of developmental change is to view development as moving through a series of attractor

states, states that are more stable than others and hence more likely to organize and persist in stable form until new experiences or new capacities provoke another period of destabilization, reorganization, and relational stability. Here we want to consider what kinds of relational contexts are most likely to destabilize old organization and catalyze the emergence of something new.

The positive effects of engaged relationships are perhaps most strikingly evidenced in situations of their absence. Recent studies of infants developing in deprived institutional settings, conducted as a part of the Bucharest Early Intervention Project (BEIP), reveal how conditions of social deprivation and rotating caregivers in orphanages in the early years of life lead to absent or deviant patterns of relatedness that may persist long after adoption into warm and loving homes. Nelson, Furtado, Fox, and Zeanah (2009) describe institutional life for the young Romanian children they studied as having consisted of high ratios of infants to caregivers, caregivers who were largely uneducated and untrained in child development, and who rotated on fixed shifts during the week. "In the stark environment of institutions," write Zeanah et al. (2005, p. 1026), "a positive relationship with a caregiver is possible, although unlikely." *In other words, the conditions necessary to forge an engaged relationship or selective attachment—where one person becomes special to the other—are unmet.* In its most severe consequence, infants in institutions who receive little interaction from caregivers—although adequately fed—suffer rapid decline and death, illustrating that in the absence of engaged relationships with a caregiver, the infant will not survive (Spitz, 1965; Bruschweiler-Stern, 1995).

The BEIP study also included the first randomized intervention for young children in institutional care at 22 months (Zeanah et al., 2005). Half of the children were placed into high-quality foster care, with low infant-to-caregiver ratios and with paid foster parents who were trained and encouraged to develop loving, committed relationships with the previously institutionalized infants. The other half remained in the institution. In cognitive and physical domains, children randomized to foster care made rapid and significant developmental gains when compared to children who remained in institutions. However, the unexpected and concerning finding was that even when placed in foster care by 22 months of age, many children did not develop normal

attachment relationships. Instead, they were more likely to display a pathological condition referred to as disinhibited social engagement disorder or indiscriminate attachment behavior (Gleason et al., 1979). These children were less likely to look to an attachment figure for guidance in new and potentially threatening situations and were more likely to go off with a stranger or to make physical contact with a stranger than were children raised in foster homes. Thus, care that includes only routine and distanced caregiving by rotating shifts of adults is not sufficient to guide the normal development of selective engaged attachment relationships.

However, indiscriminate attachment behavior is not confined to children in institutional care. It is also seen among infants and young children reared at home (Lyons-Ruth et al., 2009). Those children are more likely to have mothers with histories of psychiatric hospitalization or to have been maltreated (Zeanah et al., 2004; Lyons-Ruth et al., 2009). When interactions between these mothers and infants are observed, the mother's interaction with the infant or toddler is marked by a dissociated, distanced feel, as though the mother does not have access to an authentic emotional response to the baby. This leaves a stilted, detached feel to the interaction, not unlike what one might experience in the case of an overworked and detached institutional caregiver.

These studies clearly establish that despite the enormous adaptive potential of the human infant, the human capacity to adapt and develop normally is not infinite. It requires not only basic physical resources but also a breadth and depth of emotional engagement with a stable caregiver for a process of deep sharing to occur. For development to proceed well, there must be a particular quality of engagement in the earliest relationship with a committed caregiver, characterized by an authentic positive emotional connection, and continuity over time so that the partners get to know each other in depth. It is this combination of quality and depth that we propose to call engagement and that we define further below.

Engagement and the Emergence of a "Charged Other"

What then are the particular qualities that will transform simple interaction into an engaged relationship that can foster development or psychotherapeutic change? In the caregiving context with an infant

and in the therapeutic process with a patient, some similar qualities must be in place. We propose three such essential qualities:

Core Positive Affective Investment. There must be an affective investment that, at its core, is positive. Bronfenbrenner (cited in Brendtro, 2006) said, "Every child needs someone who is irrationally enthusiastic about them." That is to say, the child must feel special to someone, must feel that to this other person they have unique and special value. At the birth of her child a new mother often says, "My baby is the most beautiful baby in the world!" or "My baby is perfect!" Although this does not mean that she won't also have other feelings and frustrations in relation to the baby, this is the expression of her core positive affective commitment.

In treatment situations, therapists are not likely to make such strong declarations. However, they will communicate support for a patient, warm up and smile when the patient is able to master challenges in life, and hold in their own minds the hope and confidence that he or she can take on and meet future challenges. A psychotherapist may be "irrationally enthusiastic" in working with a patient in a number of ways that creates tolerance for the difficult aspects of the patient.

Priority. The caregiver centers her attention around the needs of the child, making the child a priority. There is a continuous holding the child in mind, holding the infant's needs, preferences, and history, and a consistently attentive awareness of the child's state. Winnicott (1960) was captured this idea of priority in his coining the phrase "primary maternal preoccupation."

A relationship of this kind conveys the feeling that the other is on your side and can be counted on for as long as you need him or her to be there. For the caregiver or the therapist, there is a prejudice in favor of that other person, or a bias towards the person. A basic sense of trust develops from the "givenness" of this prioritization. In a treatment situation, the therapist's attention remains on the patient and the patient's needs. The therapist conveys this to the patient in the discussion of regular meeting times, in attention to the inner state of the patient, in recall of what the patient has shared in the past and in his or her availability in times of crisis.

Continuity. In both human development and psychoanalytic therapy, the relationship is enduring and reliable. The value of the engaged relationship to both parties is latent in the initial special properties

described above, and gains valence as the density of shared experiences increase over time. These initial special properties and accrued experiences link the participants to each other's motivational and emotional centers.

The process of all three factors coming together creates a context of heightening trust. A "charged other" is created, an "other" whose importance holds a special and positive value. The emergence of the charged other represents a powerful and singular node through which much of development takes place, both in early and in later life. We will return shortly to emphasize the importance of the charged other.

First, however, having expressed our concerns about atomizing the qualities of engagement, a note of explanation is needed regarding the three essential qualities emphasized above. The process for which we are reserving the term engagement requires all of the above conditions operating together. Each factor is important in itself, but not sufficient to constitute engagement. Affective investment, priority, and the enduring nature of the relationship operating in concert enable a process that would not occur in the absence of any of these three essential components. One might imagine a door that is opened by the simultaneous turning of three keys. One or two keys will not work, but all three keys used together open the door. In this case, all three qualities, when operative at the same time, initiate a process that can lead to reorganizations in the relation of self to others.

An excellent example comes from the work of Mitchell (2000), who describes his experience of treating an aggressive and attacking patient, "Helen." Over the course of the patient's explosive rages and plaints, and her devaluation of the analyst, Mitchell remained deeply empathic for quite some time (affective investment), understanding Helen's rages as linked to early familial relationships. Eventually, however, he reported feeling a growing anger that seemed to alternate with his genuine enjoyment and admiration of the patient. Mitchell reported having explored, to no avail, multiple ways to address the patient's devolving concerns about him. He then found himself in the midst of a personal attack by Helen who demanded he acknowledge his hatred for her: "I know you are hating me. Why don't you just come out and say it. Look, if we were out on the street, if this weren't an analytic relationship, what would you say to me right now?" (p. 142). Feeling angry and trapped, and wishing to avoid retaliating

against her, Mitchell replied: "If this were *not* an analytic relationship, if this were out on the street and you were talking to me this way and I weren't your analyst, I probably would say 'FUCK YOU!' But I *am* your analyst" (p. 142). The resulting laughter on the parts of both patient and analyst led to a deepening of the positive therapeutic relationship over time.

This brief vignette illustrates the combination of the three qualities we've identified as being essential to engagement. The treatment occurred over time, with patient and analyst having formed a density of shared experiences that were reflected in the analyst's confidence that the relationship allowed such a response. Moreover, Mitchell's clear prioritization of the patient was evident in this treatment. He had checked his retaliatory impulses and remained empathic over many rounds of evaluation. In the face of Helen's direct personal attack, he continued to work on her behalf by taking responsibility for the process, remaining analytic past the point at which interpretation and exploration had broken down. In these ways, in addition to his report of his positive feelings for the patient, Mitchell demonstrated the affective investment essential to engagement across differing relational configurations between patient and analyst.

The ways in which we conceptualize affective investment and prioritization embrace the ambivalence and contradiction in the relationship. Such relationships are complex by their nature. Sometimes, as Mitchell noted, feelings of hatred need to be worked with "before the relationship can become safe enough for warmer feelings" (Mitchell, 2000, p. 142). The vignette also illustrates our view that the three conditions we've identified are not to be thought of as static properties. Affective investment, for instance, takes many forms and depends on multiple other variables, which are always in flux.

Thus, the cooccurrence of the three conditions in catalyzing change needs to be understood in the context of our longstanding emphasis on processes of nonlinear dynamic systems in development and psychotherapy. The three keys we imagine, as well as the locks on the door, represent aspects of a dyadic system or relationship. From this view, the factors that come together do so in dynamic fashion, as processes that slowly form the conditions for destabilizing an old organization and giving rise to a new organization. Engagement itself is therefore an emergent property of a dyadic

system that is self-organizing. It is not something that either analyst or patient can simply will oneself to do. Rather, it is a negotiated process for each dyad that occurs primarily at the level of implicit relational knowing. What this means is that the three qualities we've identified—positive affective investment, priority, and continuity—do not initiate the process in a linear fashion. From our perspective, it follows that the three conditions that catalyze change need not be constant, as engagement will include what Sander (2008) observed to be the "open spaces" in a relationship, marked by a disjoin between the participants in the dyad. During these times, he described, the individual's "agency for generating self-organization . . . can take off and initiate and organize. . ." (p. 173). New initiatives and new forms of creativity are also fostered by this experience of disjoin or, in the language of psychoanalysis, an experience of being alone in the presence of another (Winnicott, 1958), making these experiences an integral part of what we regard as a process of engagement.

Our work finds many areas of agreement with philosophers currently working within an "enactive" approach to social cognition (De Jaegher, 2015; Fuchs, 2013; Thompson, 2007). Their focus on the level of enactive processes mirrors our own interest in these phenomena (BCPSG, 2013; Lyons-Ruth, 1999; Reis, 2009a, 2009b, 2010), and their nondeterministic approach is well-suited to our own emphasis on the improvisational nature of relational moves occurring between two diverging organizations attempting to fit together in a nonlinear fashion. We see the process of engagement not merely as the reciprocal expression and perception of intentions, but as itself a system with its own processes, not entirely determined by individual actions. Thus, for De Jaegher (2015), as for us,

> . . . social interactions are conceived as patterns of coordination that can sustain themselves in an encounter between subjects, who themselves do not lose their own autonomy while coordinating with others. . . . Thus, when two subjects meet, the meeting itself (i.e., the set of processes of coordinating, co-regulating, coupling, etc.) can influence the individual's intentions, over and above what they can do with and to each other. (p. 124)

The dynamic, nonlinear nature of the process of engagement is well illustrated by Seligman (2014), who has discussed how individual

factors in systems interact with, and themselves are altered by, other features of the system:

> For example, a young infant who is constitutionally hypersensitive to arousal would likely do better with a marginally depressed mother who would not overwhelm him with what *for him* would be disorganizing overstimulation. He would likely fare less well with a hypomanic mother, whose exuberance might well upset him. The vulnerability to hyperarousal would itself be altered differently by each caregiving context, such that it could not be usefully understood as a variable in itself. . . . With the quieter mother, the baby might develop an enhanced capacity to organize, which might in turn reduce *her* depression, while with the intrusive mother, sensory input might be harder to contain. The baby might withdraw. The mom might become more frenetic and overwhelm him further, and so on. Similarly, a talkative analyst may evoke an "intruded-upon" transference, while a quiet analyst may evoke the patient's childhood experience of neglect. (pp. 651–656; emphasis in original).

We have referred to this dynamic process occurring in dyads as being "sloppy" (BCPSG, 2010) because it is cocreated in a noncausal, unpredictable, and shifting fashion. The application of nonlinear systems thinking aids our understanding of the dynamic, fluid nature of these processes.

The Psychoanalyst as a "Charged Other"

Much of the psychoanalytic literature focuses on therapeutic relationships that contain these three essential qualities and hence give rise to a "charged other." In agreement with Seligman (2014), Bass (2014) has written that "psychoanalysts of all persuasions mean to listen carefully, with dedicated, highly concentrated attention to their patient's experience" (p. 668) and considers this aspect of analytic work one that unifies our pursuit as analysts. From a different psychoanalytic school, Bach (2006, p. 132) has also written of the power of "paying very close attention in a particular kind of way" (p. 132) to his patients. He describes his thinking about patients, not just in the hour, but at other times too, in an ongoing way, so that the patient becomes a "living presence" to the analyst. Added to this is the emphasis Bach places upon developing feeling about the patient's basic goodness, which he terms "basic trust," as well as a feeling for the patient, which he terms "sympathetic resonance." He writes:

> If you can find this basic trust in the patient, feel sympathetic resonance with him, and hold him in your mind so that he becomes a living presence, then you have become connected to him in a very special way. In my experience, the effects of this kind of attention and connection maintained over a long period of time can be very profound indeed, for the person with whom you are thus connected, whether patient or friend or lover, begins to feel held together by your attention and to feel that more and more parts of himself are becoming meaningfully interconnected. (pp. 132–133)

Bach evidences the three "particular qualities" we identified earlier, as essential to our view of an engaged relationship. He clearly demonstrates affective investment in his patient and prioritization by the way he describes paying close attention and developing a sympathetic resonance. His development of a feeling of "basic goodness" about his patient also attests to Bach's deployment of these two qualities and the enthusiasm of the analyst for the patient. Also, Bach emphasizes that these experiences of the analyst must endure "over a long period of time" for it to have profound effects.

The therapeutic participants engaged in such a relation have a special quality for one another. For the participants, there is a high level of vitalization or sense of possibility in the interaction. Stern (2010) observed that such experiences are primordial and necessary for the development of the individual through relationship:

> That person must have a special relationship with us. We cannot get away from this notion. There must be a way that the behavior of the other has more value because of who they are to us, in reality or imagination. We must love, hate, respect, fear, admire, be attached to, or be dependent on them (i.e., be in an important relationship with them). Their presence, then, has a special value (conscious or unconscious). (p. 143)

These initial special conditions and accrued experiences link the other to one's own motivational and emotional centers. By virtue of this linkage, others become "charged others," and their presence alone will cause some activation of the arousal, motivational, and emotional centers associated with them. Thus, our use of the term engagement also necessarily involves a particular way of being together and implies the necessity of a "charged other."

In a recent article (Boston Change Process Study Group, 2018), we considered the question of "What then?" Why is the emergence of an engaged relationship with a charged other so important? What are some of the further processes that are catalyzed through an engaged relationship with a charged other? However, our concern here is simply to lay out what we see as the critical conditions for a transformative relationship, and to expand Bach's and others' descriptions to encompass the mutual nature of the analyst's and the patient's experience.

Our description of an engaged relationship considerably deepens such related concepts as a "therapeutic alliance," and centers the process in the relationship rather than in a process more characteristic of one or another participant (e.g., insight, countertransference, conflict resolution). In addition, "therapeutic alliance" has often been used to describe a process occurring in an early phase of the relationship, more akin to feeling an initial connection with the therapist and committing to work together. But most important, therapeutic alliance is seen as occurring in therapeutic relationships of varying quality and duration. What we have in mind is that engaged relationships reach deep into our core beings and affect processes of self-constitution.

From a contemporary psychoanalytic approach, we then find it important to reconsider and deepen previous thinking about what constitutes the conditions for a transformative process between patient and analyst. To extend Susan Minot's observation, we would suggest that it is only through an engaged relationship with a charged other that one ever does change.

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