

# The Humanistic Scientist: An Appreciation of the Work of Daniel N. Stern

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## SYNOPSIS

I never met Daniel Stern, personally. Even so, his research and writing have meant a great deal to me over the years, both personally and professionally. In this appreciation of his life's work I aim to identify those features which seem to be of most relevance to humanistic therapy. In doing so, I celebrate his wonderful contribution to our understanding of the way human beings necessarily develop in *relationship*. This underpins the central importance of the relationship between client and therapist, rather than the supposed efficacy of a particular style or approach.

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I first came across the work of Daniel Stern at a time of transition in my life and work. I was moving away from an academic career in early childhood education to train as a Gestalt psychotherapist. Stern helped me begin to build bridges between the two. His painstaking, innovative research into the parent–infant relationship was itself linked to his clinical interest as a psychoanalytic psychotherapist, uniting the two disciplines.

I loved the energy and authenticity of Gestalt process-oriented therapy, but felt keenly the lack of a coherent theory of human development to underpin the therapeutic work, especially when this was long term and based as much on the therapeutic relationship as on 'Wow!' moments of cathartic change. Coming across Stern's *The Interpersonal World of the Infant* (1985) at that time was exciting. Here was a developmental theory for Gestalt (Gillie, 1999). Instead of the patchy view of infant development which Gestalt therapy theory had largely inherited from psychodynamic thinking, Stern's research provided a more promising humanistic 'fit'. On a professional level Stern's work offered a real opportunity for me to integrate my knowledge of infant and early

childhood development with my new and growing interest in adult psychotherapy.

But Stern never wrote purely as a professional. He wrote from his experience as a father, as well as a clinician and psychiatrist. He said of babies that his 'sense of being able to understand their experiences, at least in part, always came naturally to me, even if impossible to prove' (1990: 5). This statement resonated for me on a personal level, as a mother as well as an early childhood educator and beginning therapist. Stern helped me to work through my own experiences of 'primary relatedness', as a mother myself, and as my mother's daughter; a personal process which greatly influenced how I became the kind of psychotherapist I now am. What struck me about Daniel Stern, then as now, were his humanity, integrity and modesty, all of which balanced his commitment to detailed observation, objective description and scientific analysis.

## The Real Infant, Not the 'Clinical Infant'

In the earlier works Stern, as a 'participant observer', focuses on the detail of what actually happens *between*

infant and parent. His investigations concentrate on those things it is possible for the baby to 'tell' us non-verbally. These observations provide experiential evidence of a human developmental story drawn from actual observation of infants in their relationships with others. Nowadays, with all the renewed interest in 'relational' human development, this may seem obvious, but at that time such an approach was a rarity. Freudian and post-Freudian stories of infant development still dominated. These theorists tended to infer backwards from their adult clients' experience, which was often pathological. The baby was viewed from the perspective of the psychoanalysed adult it would become. Stern refers to this construct as the 'clinical infant' (1985: 14). The clinical infant is arguably constructed from the rather circular projections of psychoanalysts seeking a developmental theory to support their psychoanalytical interpretations.

Stern's re-descriptions offer ample evidence, to my mind, that such a view about babies is plain wrong. I have always found it impossible to reconcile, for instance, the Kleinian view of an 'envious' or 'enraged' or 'hate-filled' infant with my experience of actually being with tiny human beings in the first weeks and months of their lives. This has been reinforced for me recently with the birth of another grandchild. What we might see as infant 'rage' stems rather from the baby's urgent hunger, need to be held, or desperate attempt to respond to the torrent of new experience that threatens to overpower them. 'Envy' or 'hate' are not, I think, emotions it is possible for a newborn infant to feel. These are more likely to be among the normal range of *maternal* feelings towards their baby, who is a constant demand on a mother, who is probably exhausted and at times overwhelmed with responsibility.

Stern also successfully challenged the notion of the infant as some kind of incomplete adult, striving in the first weeks and months to individuate her- or himself. Instead, he showed that human beings are relationship-seeking persons, from the very beginning of life. The infant is a partner (with the caregiver) in their own regulation. This entails the infant's having a developing sense of him- or herself *and* of the other, even in the very first relationship.

Stern studied parents – usually mothers – at home with their newborn babies, and followed them through to the age of about two years. He accumulated incontrovertible evidence that human infants are 'hard wired' to be relationship-seeking, from the word go. Then, as the baby's aptitudes develop, possibilities for more complex relational interactions occur. As Stern sees it, nature planned for babies not to use language for the

first year or so because 'infants have too much to learn about the basic processes and structures of interpersonal exchange' (2010: 110). His earlier works track these processes and structures in detail, identifying 'domains' of relational experience, each suited to the physical and social-emotional aptitudes of the infant at that point in normal development. The infant's 'sense of self' develops out of these intersubjective experiences.

## Looking after Baby

Stern's research showed that most normal human beings know instinctively, from the age of about eight years, how to respond to a baby. His clinical work as a parent-infant therapist focused on 'dis-inhibiting' mothers, in particular, from following their instinctive emotional and behavioural responses (1977: 146–8). His mothers learned how their own experience of being mothered influenced the way they in turn mothered their newborns. In *The Motherhood Constellation* (1995) Stern examines the whole network of micro-macro relationships that impact on that first relationship. Refreshingly, he is never mother-blaming, especially in his books written explicitly for parents (1990 and 1998). His aim is to support parents to be self-aware and self-regulating whilst *being with their* babies. He encourages parents to see their infants as the 'fully mature' six week old or six month old that they are at that point in their development, so focusing on the baby's present capacities and appropriate parental responses. He also lives in the real world, not in the rarefied atmosphere of the clinic or the impossible world of the 'supermum'. He understands the social pressures that militate against parents trusting their best instincts in caring for their infants. For example, of the so-called choice for mothers about whether to return to work whilst still caring for a baby, he says this:

Clearly, we as a society are doing something wrong if there is such turmoil, no matter what decision a new mother makes. We financially reward mothers who return to work. To support this we have gone on to produce an entire class of child-care workers. However, we can't afford to pay the caregivers too much because it would deplete the mothers' salaries and not make it financially worth their while to work. In turn we expect perfection from the caregivers, but not so much perfection that they threaten the maternal bond between mother and child. Everyone involved is put in an impossible position.

(Stern and Bruschiweiler-Stern, 1998: 212)

As this shows, Stern is nothing if not realistic about the limitations of parental 'choice' in Western societies. He

singles out mothers because they are the ones who in pregnancy prepare physiologically and emotionally for the birth of their new baby and who, typically, still are the primary caregivers in the first two years, with all the inherent adjustments of responsibility and identity thereby entailed. After the birth, a new mother 'becomes a vibrant receptor field... facing at the same time an irrevocably lost past and an undefined future' (ibid.: 1998: 68). Stern also highlights other potentially inhibiting influences on a new mother, closer to home. There is her own life story, in particular the kind of mothering she received and continues to need in an adjusted form from the grandmother(s) and other older relatives of the infant. There is the relationship with the child's father, whether a 'traditional' father out at work 'surveying the Savannah' or the 'egalitarian' new man who takes some or all of the maternal role. Within this constellation of relationships, the mother is 'born' along with the baby. Her own sense of identity and all her existing relationships are opened up and reconfigured.

Despite his realism about the negative possibilities, Stern's research in fact strengthens the concept of what D.W. Winnicott famously described as the 'good-enough mother' (Winnicott, 1965). Good-enough parenting is, Stern argues, not only realistic but developmentally necessary. Central to the parenting process is a concept that has become widely known, though I fear only half understood by many therapists: 'affect attunement' (1985: 142). Affect attunement is not 'mere imitation' or mimicry, as when a parent reflects back, more or less exactly, the sounds, facial expressions and behaviours they perceive their baby to be making. Stern was among the first to observe that infants treated to this kind of interaction quickly lose interest, become distressed and try to halt the interaction by repeatedly looking away, or eventually crying. He imagines the baby saying, 'You could be a mirror, or a Martian. How do I know you even have a mind?'. This is a complaint we might hear expressed by our clients, too, if they are treated to a 'mirroring' comment, rather than a contact-ful response.

Affect attunement works more naturally and effectively when the caregiver is able to match and share – without 'stealing' them – the infant's 'vitality forms', or patterns of energy and attention (2010: 42). For example, a parent might explicitly 'match' an infant's apparently excited arm-waving and bubble-blowing smile with an utterance that reflects the dynamic gestalt expressed in this way by the baby. They might say something like, 'w-e-e-e-l-l, little one, you a-r-r-e e-x-c-l-t-e-d'. The

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likelihood is then that the baby feels 'met' by the parent's mutual expression of feeling. But in a healthy interaction the infant is not merged or overtaken by the adult carer's affect because the parent has offered not a mirror, but a partial attunement; an empathic response. The baby retains a sense of him- or herself, whilst at the same time feeling the 'fit' of the energetic response from the carer. As Stern puts it (2010: 115), 'the matching or mismatching of vitality forms can shape what the infant does and how he feels about doing it. It is like sculpting his mind from the inside out.'

Occasions of misattunement, or 'mismatching', are at least as important as 'matching' parental responses to their baby's behavioural and non-verbal expressiveness. Again, Stern was among the pioneers of the idea that perfect regulation of attunement is neither desirable nor possible. Attunement 'derailments' occur often between carer and infant. So do repairs of such derailments. It is this ongoing process that teaches the developing infant 'coping mechanisms' which continue into adult life. These are the ways of soothing, calming and recovering from ruptures in the sense of self-other relationship which allow for intersubjective as well as intrasubjective development. Since then, many researchers have explored the role of rupture and repair in infant and early childhood experience (for instance, Knox, 2003 and Gerhardt, 2004) as well as in therapy (Kearns, 2007 and Owens et al., 2012). The working through of misattunements or partial attunements is crucially important in building – or re-building – that primary relationship which plays such a strong part in a person's intrapsychic 'holding'.

These experiences in infancy and in therapy give a person the sense of *being with* the parent or caregiver that is not – nor should it be – unerringly consistent. For a mother is a person with many different relational possibilities. If not, she is likely to be depressed or in other ways emotionally hampered. Stern argues convincingly that it is the experience of *being with* the primary carer that is internalised, not any kind of ‘object’. Arguably, too, it is the experience of being with a ‘good-enough therapist’ which transforms a client’s internal representations of relationship.

## Stern’s Research and Humanistic Psychotherapy

So far I have been hinting at links between Stern’s body of parent–infant research and our current practice as therapists. In his later work, Stern introduces two major, cumulative concepts, the ‘present moment’ and ‘forms of vitality’, which he thinks ought to change the emphasis of psychodynamic therapy. This is where he is most explicit about his acceptance of humanistic insights, in particular Gestalt and existential therapy.

When we read that Stern is exhorting therapists to pay attention to the process of therapy rather than become absorbed in the content, to focus on the healing value of the relationship rather than on approach or method, we humanistic therapists might permit ourselves a self-congratulatory ‘This is what we’ve been saying for decades!’ And Stern readily acknowledges that he is talking about what we might call ‘contact’ or ‘person-to-person meeting’. But instead of the ‘broad-brush’ approach that we might agree characterises much of our founding theory, Stern once again offers a more detailed phenomenological account of the experience of intersubjective contact. The intersubjective ‘present moment’ in psychotherapy and everyday life is ‘a world in a grain of sand’:

This involves the mutual interpenetration of minds that permits us to say, ‘I know that you know that I know’ or ‘I feel that you feel that I feel’. There is the reading of the contents of the other’s mind. Such readings can be mutual. Two people see and feel roughly the same mental landscape for a moment at least. These meetings are what psychotherapy is largely about. (2004: 75)

As humanistic therapists we will recognise Stern’s experiential description of such moments and, like him, may also now draw on supporting evidence from neuroscience and attachment research. The ‘mental

landscape’ shown on brain scans of partners experiencing such moments are indeed ‘roughly the same’ (Gilbert, 2005). Patterns of attachment, made up from repeated experiences of intersubjective ‘moments’, do continue into adulthood (Gerhardt, 2004). ‘Vitality forms’ are the energetic building blocks of such experiences. Just as a baby who understands no words and does not differentiate between various modes of perception ‘feels the dynamic’ of *being with* the mother, so the adult client is aware of the therapist’s ongoing pattern of vitality, and vice versa. These ‘fluctuations in excitement, interest and aliveness’ – what a Gestaltist might call the ‘structure of the contact’ – are as much a part of the content of a therapy session as that which is spoken, enacted or observed. Stern argues that the ‘present moment’ has indeed been neglected in psychodynamic therapy, in favour of constructing narratives and explicit, verbal dialogue. He claims that intersubjectivity is the ‘new’ arena for psychotherapy, and that the relational experience between client and therapist is the ‘real’ place of healing and transformation. Vitality forms, as energetic exchanges, ‘play an essential role in the expansion and adjustment of the intersubjective field between patient and therapist’ (2010: 45 and 141).

These ideas have significant consequences for Stern’s appraisal of the work of traditional psychoanalytic psychotherapists. Their emphasis on transference interpretations of the patient’s intrapsychic experience often leads, in Stern’s view, to ‘the rush towards meaning’ (2004: 142). Even in therapies that do focus on interpersonal process to access intersubjective material, Stern points out that there is a tendency to end up verbalising and conceptualising the experience in psychoanalytic language. Think, for example, of the adoption of terms like ‘transference’ or ‘countertransference’ in humanistic therapies. Stern says we should use our process orientation to evince an even more detailed description and conceptualisation of the ‘here and now’ experience with the client. To that end, he identifies three kinds of present moment:

**The regular present moment:** such moments are the ‘units’, so to speak, of the ongoing flow or cycle of awareness.

**The now moment:** *kairos*; a big opportunity is given or created.

**The moment of meeting:** contact; intersubjective meeting; the felt experience of *being with*.

Present moments are those human intersubjective experiences that lead to a person feeling themselves to

# '...there are real possibilities for integration across the old psychoanalytic/humanistic divide.'

be in relationship with another; rooted both in a sense of self and in a sense of connection. Stern's discussions of the therapeutic process are inextricably linked to his earlier investigations of parent-infant relationships. This makes the human developmental story of central concern to therapists, whatever our professional orientation. It also underlines our need, as humanistic therapists, to work with the client's past *in the present and ongoing relationship with the therapist*. As Stern puts it, we can 'begin to see how the experience of the present moment can rewrite the past' (2004: 218).

Take this recent example from my practice. Florence is over 80 years old and has been in therapy with me for several years. Sessions are run at her home these days, as she is too frail to visit me as she used to. She has a way of launching herself into the session, driven by an urgent anxiety to 'tell me all about it'. This represents a real need both in her current, rather difficult life, and developmentally as a way of releasing anxieties that was not available to her as a child. On this occasion, she interrupted the flow of talk after a minute or two.

**Florence:** I've been going on and on. I haven't properly greeted you today.

**Patti:** OK, see if you can stay with this experience a bit. What do you feel like now you've realised that maybe you haven't yet greeted me? Perhaps take some time to see what it might be like to greet me now? [*Kairos? An opportunity for something new?*]

**F:** It's too difficult. I want to get away and get on with what I want to talk about. I might fail to meet you. I probably will get it wrong somehow. I must get away.

**P:** Breathe... see if you can stay in contact with me. It's me, Florence. You know me after all these years. And you've allowed me to know you. It's just me and you, being together.

**F:** [thoughtful...looks across at me...suddenly bright and joyful] Ah, I am so happy to see you here. I've felt so isolated in the house. I have such an urgent desire to tell you everything that's been happening. [*Beginning of contact. Meeting?*]

**P:** Just today, try not to leap over the difficulties about meeting me, in order to talk?

**F:** [quiet, tearful, smiling with her eyes] What do I want to get away from? I love being with you! [*An acceptance... an invitation to connect? Contact?*]

**P:** [*Moment of meeting.../Thou...being with*] I have a sense that when you do start to talk without meeting me first, you might be stepping away from a part of yourself, in order to be 'out there' and talking. Maybe a shy part of you?

**F:** [very moved] Shy?... Shy... That is so true of me and yet I didn't know. I'm imagining the shy part of me in a winkle shell on this table and I *won't* come out while that big, blustering one is out there being me.

We went on to discuss how, as a childhood invalid 'alone and in the corner of the living room' with no one available to invite her out or encourage her, Florence had been trapped inside her shell. In later life, she had found a way to 'burst out' into better health and live in the adult world. But perhaps she'd left that 'shy' Florence behind. She came to refer to our exchange that day as a 'profound moment' both of self-realisation and of 'meeting' me. This has proved to be transforming. Florence says she now feels allowed to be vulnerable and 'shy' in her intimate relationships – with me and one or two others – as well as retaining her old 'bold and rebellious' self.

Stern reminds us that if we attend to the unfolding therapeutic process with a client, together we create 'something that needs to be lived through and worked out rather than understood' (2004: 159). Being 'understood' has too often meant being fitted into a theory – being 'thing-ified' – and such theoretical explanations ultimately make a person feel psychically alone; whereas the lived process of 'working through' to create meaning between two people remains contactful – full of psychic belonging-ness. If psychoanalysts like Stern can say this, and they increasingly do, it seems to me that there are real possibilities for integration across the old psychoanalytic/humanistic divide.

This is not 'integration' as usually meant: a pick-and-mix approach where therapists 'use what works with the client' despite discrepancies and a sometimes ill-fitting relationship between theories and real therapeutic experience. Stern, along with others now,

offers a coherent integration of the infant developmental story with the human experience of intersubjective relationship over a lifetime. He tries to describe, more fully than is possible in any one therapeutic 'approach', what human intrasubjective *and* intersubjective experience is like, in therapy as in life. He believed, as I do, that integration of this kind is both possible and necessary. The focus is on interpersonal processes common to all humanity, yet open to infinite individual variation.

In conclusion, Stern's contribution as a 'humanistic scientist' means that there are some things we now *know* about human development in relationship, and about the foundations of psychotherapy. Above all, we know that human beings are both uniquely individual and essentially relationship-seeking, right from the beginning of our lives. We also know much more about the composition of the experience of relationship, if we add to the research of Stern and others the existing experiential accounts of

humanistic writers, such as Mearns and Cooper (2005). It does seem that therapists now are at least talking about the same things, if in different language. As Stern says at the end of his last book *Forms of Vitality*, 'We all know it's the relationship that transforms and heals, not the specific approach' (2010: 149). Yes, we do know now. Thank you, Daniel N. Stern. 📧



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