Chapter 2 Self Psychology and Intersubjectivity Theory

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The purpose of this chapter is to compare and contrast the clinical theories of self psychology and intersubjectivity. Self psychology and intersubjectivity theory are often seen as synonymous or on a continuum. There are broad and extremely important similarities between the two theories, but there are also important differences between them that have significant clinical implications.

Self psychology and intersubjectivity theory stand together in that both are relational theories and both reject the concept of drive as a primary motivational source. Also, both theories use the stance of empathy and introspection as a central guiding principle. However, the motivational theories of self psychology and intersubjectivity theory differ significantly. The motivational theory of self psychology is centered in the concept of the selfobject. In two significant review papers, entitled “The Selfobject Theory of Motivation and the History of Psychoanalysis” and “Selfobjects and Selfobject Transference: Theoretical Implications,” Basch (1984a, b) summarizes the centrality of the selfobject concept for self psychology. In the second paper, describing Kohut's discovery of selfobject transferences, he states:

Together he called them selfobject transferences, differentiating them from object-instinctual transferences, and indicating that they represented aspects of the development of the self…. Indeed, he found that the interpretation and resolution of the selfobject transferences did not lead to formation and resolution of an oedipal transference and then to object love, but to a maturation in the area of ambition and ideals that left the patient free … to lead a life that was satisfying and meaningful to him or her [p. 25].


Kohut (1984), in describing psychoanalytic cure, states that “the essence of the psychoanalytic cure resides in a patient's newly acquired ability to identify and seek out appropriate selfobjects—both mirroring and idealizable—as they present themselves in his realistic
surroundings and to be sustained by them” (p. 77). Kohut further goes on to describe his feelings about the unique contribution of self psychology and states, “The only really forward move provided by self psychology is its expansion of psychoanalytic theory, specifically its theoretical elucidation of the whole area of the reactivation of thwarted developmental needs in the transference via the discovery of the selfobject transferences” (p. 104). Self psychological theory thus has as its central tenet that patients will be motivated to mobilize and seek out selfobject experiences to transform developmental deficits.

The motivational principle of intersubjectivity theory is not centered in the concept of the selfobject but in a more broad-based striving to organize and order experience. Atwood and Stolorow (1984) describe their conception of motivation in intersubjectivity theory as follows: “The evolution of our framework has led us to propose an additional, more general supraordinate motivational principle that the need to maintain the organization of experience is a central motive in the patterning of human action” (p. 35).

The intersubjective framework thus proposes that each person establishes unique organizing principles that automatically and unconsciously shape his or her experience. For example, a person, invited to an event where there are unfamiliar people, may enter a room and someone in the room may immediately turn his back. One person may organize this to mean that he is undesirable and repugnant. Another person may conclude that he is better than anyone at the event and assume a haughty indifference. A third person might interpret the other’s turning away as a random occurrence, and it would not be assimilated as having a personal meaning regarding his or her entrance into the room. Thus, each person will automatically organize experience according to the unique psychological principles that unconsciously shape his or her subjective world. Atwood and Stolorow (1984) further elaborate their concept of organizing principles as follows:

The organizing principles of a person's subjective world are themselves unconscious. A person's experiences are shaped by his psychological structures without this shaping becoming the focus of awareness and reflection….. In the absence of reflection, a person is unaware of his role as a constitutive subject in elaborating his personal reality. The world in which he lives and moves presents itself as though it were something independently and objectively real. The patterning and thematizing of events that uniquely characterize his personal reality are thus seen as if they were properties of these events rather than products of his own subjective interpretations and constructions [p. 36].

Intersubjectivity theory does recognize the importance of selfobject longings. Selfobject transferences represent one of a multiplicity of unconscious, automatic, and repetitive ways that patients organize their experience of the analyst. Selfobject transferences, in other words, are a class of invariant organizing principles.

Transference, from an intersubjective vantage point, can thus be conceptualized as unconscious organizing activity. Unconscious organizing principles that have emerged in the interactional
system of child and caregiver form the essence of personality development. Intersubjectivity theory thus adds a unique dimension to the concept of empathy. Empathic inquiry can be redefined “as a method of investigating and illuminating the principles that unconsciously organize a patient's experience” (Stolorow, 1993). This definition of empathy emphasizes the elucidation of unconscious organizing principles as a primary focus and differs significantly from Kohut's (1984) characterization of empathy as “the capacity to think and feel oneself into the inner life of another person” (p. 82).

The different definitions of empathy offered by intersubjectivity theory and self psychology are derivative of the significant differences between their motivational theories. These distinctions also lead to very different views of the curative process.

The clinical theory of self psychology emphasizes the strengthening of the weak self through what Wolf (1988) describes as “the disruption-restoration process” (p. 110). Wolf describes the curative process in self psychology as follows:

The emerging selfobject needs will spontaneously focus on the therapist; that is, a selfobject transference develops. This transference will be disrupted, often very painfully, when inevitably the therapist somehow fails to respond in precisely the manner required by the patient. The therapist then explains and interprets this disruption in all its dimensions but particularly with reference to analogous early and presumably etiological situations with significant persons in the past. These explanations and interpretations restore the previous harmonious selfobject transference, but the mutual understanding achieved and experienced thereby serves to replace the previously frustrated archaic selfobject need with a reciprocal empathic resonance with the therapist, which strengthens the self. The selfobject experience with the therapist strengthens the self and it becomes better able to integrate into a social selfobject matrix, that is, to successfully find responsive selfobject experiences in the social surround unhampered by defenses [p. 97].

Self psychology thus emphasizes a process of cure in which archaic selfobject needs are replaced with an empathic resonance with the therapist.

Cure in self psychology is evidenced by the patient's new capacity to seek out appropriate selfobjects. The danger of this formulation is that it underemphasizes the acquisition of reflective self-awareness regarding the patient's constitutive role in shaping his or her own reality. The theory of intersubjectivity pictures the curative process differently. The curative process is conceptualized as resulting from the elucidation and understanding of the unique unconscious organizing principles of the patient that shape disruptions of the bond with the therapist. The emphasis, thus, is not only on the restoration of the tie to the analyst but, most centrally, on understanding the principles that organize the disruption of the tie.

Intersubjectivity theory therefore has a concept of therapeutic change that differs from that of self psychology. Stolorow et al. (1987) described the oscillation in treatment between the selfobject dimension and the repetitive dimension of the transference. In the selfobject dimension, the patient longs for the analyst to provide selfobject experiences that were missing
or insufficient during the formative years. In the repetitive dimension, the patient fears the analyst will repeat previous traumatic experiences from childhood. Each of these two dimensions has unique and specific meanings for the analysand and provides opportunities for the illumination of the unconscious organizing principles that structure the transference.

The presence of a background selfobject transference tie with the analyst provides a trusting relationship for the investigation and illumination of the old repetitive organizing principles both within and outside the transference. The new selfobject experience with the analyst facilitates the development of new, alternative organizing principles and a capacity for self-reflection. Thus the essence of cure within intersubjectivity theory lies in the acquisition of new principles of organizing experience (Stolorow and Atwood, 1992). The capacity for self-reflection enables the patient to recognize the patterns inherent in the mobilization of old, constricting organizing principles and their relational foundation. Stolorow, Atwood, and Brandchaft (1992) summarize their view of the curative process as follows:

Psychoanalysis, above all else, is a method for illuminating the prereflective unconscious, and it achieves this aim by investigating the ways in which the patient's experience of the analyst and his or her activities is unconsciously and recurrently patterned by the patient according to developmentally preformed meanings and in variant themes. Such analysis, from a position within the patient's subjective frame of reference, always keeping in view the codetermining impact of the analyst on the organization of the patient's experience, both facilitates the engagement and expansion of the patient's capacity for self-reflection and gradually establishes the analyst as an understanding presence to whom the patient's formerly invariant ordering principles must accommodate, inviting syntheses of alternative modes of experiencing self and other [pp. 28-29].

I now describe two vignettes that illustrate the intersubjective approach. The first situation occurred briefly in the elevator of my building, and I was a peripheral participant. The second vignette is a description of an ongoing case in psychoanalytic treatment.

Joan was a toddler who entered the elevator on the eighth floor with her mother. Joan was sitting in her stroller as her mother walked into the elevator, and she looked at me shyly and started to smile, and then looked away. She then immediately glanced up at the numbers above the doors in the elevator. They were lit up in different shades of colors, and she seemed transfixed and excited by the changing numbers as the elevator descended. Her face was alive and happy with excitement. At this point, her mother looked apprehensive and said to Joan, “Don't worry. The elevator ride will be over in a minute.” The elevator stopped at another floor; Joan looked back at her mother quizzically and then resumed looking up at the lights above her. She remained excited and was leaning forward in her chair as she looked at the lights. At this point, her mother bent down with a look of agitation and pushed Joan's chest vigorously, so she was forced backward in her seat. Her mother looked intensely at Joan and repeated angrily her previous admonition and said, “Don't worry. The elevator ride will be over shortly.” At this point, Joan stared at her mother's face, became subdued, and leaned back in her chair with a blank look on
her face. The mother now faced the front of the elevator and appeared considerably less agitated and more peaceful. The elevator door opened, and her mother pushed Joan into the lobby. I stopped and said to the mother that her daughter had actually seemed excited with the lights and did not seem worried. The mother looked away from me and continued to push Joan's stroller.

This event can be understood in the language of self psychology as a massive deficiency of mirroring and lack of responsiveness to Joan. However, the language of intersubjectivity theory, in particular the concept of unconscious organizing activities and principles, is uniquely suited to describe a situation such as this. Joan's initial feeling of enthusiasm was not only not supported but was reorganized for her as an experience of danger and concern. Joan was told not to worry, even though she did not appear to be worrying at all. Her mother appeared to need Joan to share the mother's feeling about elevators and persisted in presenting her own experience to Joan until there was some evidence that Joan had surrendered her own experience. This helped Joan's mother reestablish her own equilibrium. Here we see an unconscious organizing principle in the making. If her mother is afraid of elevators and requires Joan to share this experience, then Joan will probably grow up frightened of elevators. She in all likelihood will experience her fear of elevators as if it is a property of the machine itself. She will not recognize that her fear has arisen in a conveyed message from her mother, who required her, as a condition of their relationship, to incorporate this anxiety and make it her own. It is also possible that Joan's relationship with her mother could have a more pervasive effect. Her mother's reaction might be a more generalized response to Joan's experiences of aliveness and vitality. In this case, affects related to vitality and aliveness would have to be disavowed more ubiquitously by Joan in order to maintain the tie with her mother. Joan would then unconsciously organize her experience according to a conviction that states of expansiveness were dangerous. While my hypothesis regarding Joan's future is speculative, it seems clear that the concept of unconscious organizing principles has great value in forecasting the legacy and outcome of relational patterns.

David was referred by his family physician at age 28 for symptoms of intense anxiety and panic precipitated by his having inhaled a small amount of a drug while celebrating his graduation from law school. At our first meeting, David, a strikingly handsome man of Scandinavian descent, appeared apprehensive, agitated, and fearful that he had done some permanent damage from which he would never recover. As I inquired about the incident, it became clear that David had become fearful and worried before smoking the drug and that his symptoms had developed immediately after attempting to inhale his first and only puff.

As I listened to him describe the events, I began to inquire about the details, and he became less pressured while talking about the incident. At the end of the first session, he asked me what I thought. I told him that I was very confident that no permanent damage would result from this episode and that his fears did not seem grounded in anything that was inherent in the event. I assured him that he had not harmed himself in any irrevocable way, but I told him that I thought it would be valuable to understand how this event had unfolded in terms of its psychological meanings for him. David became visibly relaxed and said that he would very much like to come in and talk some more.
In the ensuing sessions, he gradually began to tell me his history, and the initial episode began to recede as a source of concern to him. It was my belief at that time that my reassurance had supplied a calming and soothing function and that this had contributed to an underlying idealizing transference that unfolded in subsequent weeks.

- 36 -

David described an extremely tumultuous background. He was an only child, and his mother had abruptly left the family when he was two years old. His father continued to raise David by himself. David remembered his father's intermittent bouts of alcoholism, which were accompanied by rage and even beatings. These were infrequent but terrorizing. He also remembered his father as a man who was kind and loving when not drinking, and who took him all over the city, pointing out beautiful landscapes and sunsets. His father died suddenly when David was six years old. He was told about his father's death in school, and he remembered feeling devastated. He was adopted by a brother of his father who was married and had three other children. David's new parents attempted to integrate him into their family as an equal sibling. They were dedicated to giving him every economic and educational opportunity and were delighted at his graduation from law school.

In the first several months of our work, David and I tried to understand what had precipitated his initial feeling of panic. We discovered that his relationship to his adoptive parents was dominated by their reactions to issues concerning his expansiveness and health. His father was preoccupied with drug abuse and used any opportunity to drum into David how dangerous drugs were and how one could “go crazy or become brain damaged with drugs.” This “ammunition” was presented to David incessantly, long after it would have been useful to him from any educational perspective. There was also a more general feature of the relationship to his father that involved his father's reactions to David's states of expansiveness. David described how he would run exuberantly at the beach when he was growing up. His father would invariably be concerned and tell him repeatedly to settle down.

Thus it became clear that one of David's organizing principles was that states of intense excitement and aliveness were dangerous and that his tie with his father repeatedly conveyed this meaning to him. I interpreted that the act of smoking a drug had taken on enormous symbolic meaning for him. He was at a party feeling excited and expansive and was unconsciously attempting to free himself of the relationship with his father and its constricting impact. He wanted to have his own experience of being alive and excited. He had, however, become reactively panicked. I told him that he had not recognized his act of taking the drug as an attempt to free himself from his father's view of him as fragile and vulnerable. He felt that my interpretation was correct, and he felt very relieved.

As we talked together in the ensuing months, David began to describe a recurrent and painful experience in relationships. He had difficulty dating women and feeling at ease with himself. He felt wary of losing himself and being taken over in a relationship and had a pervasive
feeling that he would not measure up. In particular, if he went out with a woman who was dating someone else, he would inevitably have a feeling that she would choose the other man, and he would act on this feeling by withdrawing morosely. He would be similarly threatened if he was talking to a woman and another male friend merely walked up to them. He would feel anxious, exposed, and unacceptable. Any situation involving a triangle with another man was organized by David as a certain threat and a confirmation that he would never be special. He described a relationship with a high school sweetheart that had ended with her dating someone else on the side. He was thrown into turmoil and a sense of devastating betrayal, and he remembered his pledge to himself never to get hurt again. His emotional devastation was compounded by his adopted mother's reaction to the event. She became extremely solicitous and concerned about his reaction. Her solicitousness and concern were voiced daily, with inquiries about his state of mind and about whether he was still feeling depressed. This had a paradoxical effect on David. Her intense concern actually reinforced his anguish. He felt that she must know that something was really wrong with him, because her concern communicated a fear that he would not be able to manage his feelings.

About four months into our work together, an episode unfolded that stimulated these intense feelings of vulnerability in David's relationship with me. One day he was in the waiting room and came in looking subdued and glum. He began to talk about his work at his law firm but seemed to have none of his customary enthusiasm or energy. I commented on this, and at first David said that he was feeling good earlier in the day and that he could not account for his feeling of glumness. I asked if anything had taken place between us. David was silent and then confided shamefully that he had heard a woman leaving my consulting room and she had been laughing and joking with me. He said that he knew that it did not make any sense to be depressed, but he did feel down. As we explored the specific meaning of this experience, David said that he had always felt I was fond of him, but that he had had a sudden feeling of competitiveness with this woman, and he began to feel that he would not interest me as much as she did. After all, he said, how could he compete with a beautiful and funny woman? He felt now that he had misconstrued our relationship and that he must be boring and vacuous. I commented that the conversation between me and the woman patient had left him feeling excluded and destitute of any concept of his value in my eyes. I clarified for David how he had automatically organized the meaning of my interchange with her as a confirmation that he was not interesting or compelling in his own right. He agreed, and we both noted how quickly this could occur for him.

As we continued to explore his family background, David and I identified one aspect of his relationship with his original father that had set the stage for this way of organizing his experience of himself. His father, when he was drinking, would take David with him when he went to see women. This occurred repeatedly until the time the father died. The setting was usually a dingy, one-room apartment where David would be confined to a bathroom or balcony. His father would have sexual relations with the woman while David was sequestered in the hallway or behind the door. David remembered hearing noises and that he would try to block his awareness of the sounds and smells. As we reconstructed his feelings about these episodes, I hypothesized that one of the origins of his feeling of not measuring up was the sudden loss of his
father and the repeated experience of abandonment in isolated hallways. It made sense to both of us that this experience had repeatedly established the central theme that he would not be the one who was chosen. At various times I attempted to understand the impact on him of his mother's leaving him, but David said that he had very few memories of her and did not feel much about her leaving the family.

As we discussed these issues, David gradually grew more confident and more enthusiastic about his life. This began to manifest itself in several ways. He began doing more painting, a passion that he had given up at the age of 9 or 10. He and I established that his artistic nature and interest in painting had been displeasing to his adopted parents, because they wanted him to have a professional career. He had thus renounced his interest in art and ended up going to law school. At this point in the treatment, he also began feeling more confident with women and began dating. Over the next year, he dated several women. Although none of the relationships worked out, the two of us were able to observe the recurring pattern of his feeling threatened by the women's interest in other men, and the feeling of threat began to lessen.

Soon David met a woman he truly liked. He described Ruth as funny, lively, and attractive. He had met her at a party where she was joking and being very playful. He confided that she was the type of woman that in the past he would have avoided and would have admired from a distance. He said she was just too desirable, and he knew that other men would find her attractive. The relationship proceeded, and David found himself falling in love with her. She was supportive, kind, and very interested in him. David responded to her vivacious and outgoing nature. She was very friendly and would start up conversations with many people. David would become intensely anxious and apprehensive and would feel as if he were losing her. On several occasions, when she was engaged in talking to a man at a party or at a restaurant, David became agitated and angry with her. She became hurt and confused and withdrew from him. David and I explored these episodes and understood his reactions as a manifestation of his old way of unconsciously organizing his experience. I noted David's difficulty maintaining a feeling of well-being when her interests were directed at other people. I interpreted this reaction as an automatic and unconscious revival of the meaning of the experience of being suddenly abandoned by his father.

Soon after this discussion, David came to a session in an acute state of agitation and rage. He told me that he thought his relationship with Ruth was over. Ruth had told him the night before that she was taking a walk and would be back in 10 minutes, but she actually returned in an hour. When she came home he felt enraged with her and told her that she was totally irresponsible. It was about 11 o'clock at night, and he had told her that he had almost called the police. He also told her that he was afraid that something dangerous had befallen her or that she had been kidnapped. She had never seen him so angry and she broke down in tears. They did not talk about this episode in the morning, and he still felt enraged with her. He looked at me incredulously and asked, “Do you want to hear her explanation of what had happened to her?” He said that she had told him that she had been transfixed by the moon and the stars and had lost
all concept of time, because the air and the stars were so beautiful. He looked at me intensely and said, “Can you believe that?!”

At this point, for the first time in my relationship with David, I felt in the grip of a dilemma within myself. Clearly he was turning vigorously to me for support. He felt extremely upset with Ruth and wanted me to validate the correctness of his experience. I felt conflicted, because there was a bitterness in his tone that seemed to mask some underlying painful feelings about himself. I also began to reflect on the tie that had developed between David and me. I had always felt that David and I had developed a good rapport since our initial meeting when I reassured him. David had developed an idealizing transference: he looked up to me and admired me. I wondered if our tie would be damaged if I conveyed my perception of his vulnerability. Could David tolerate my communicating to him my understanding of the episode, which was distinctively different from his?

I decided to articulate my dilemma. I told David that I could certainly agree that what Ruth had done was an act of unreliability. I also said that it seemed clear that he wanted my support, not only as a confirmation that what she had done was unreliable, but for his perception that this meant there was something centrally flawed about Ruth. I told him that I was reluctant to support this perception because I felt there were feelings underlying his rage that would be valuable to explore. David brushed aside my concerns about our relationship and said, “I trust you and I want to know what you think.”

I said that there was a tone in his reaction to Ruth that I wanted to understand further, that it felt to me that he was reacting as if she had chosen to be with the stars and had not chosen him. I told him that her action seemed to have reexposed him to a familiar feeling that he was not special and valuable. I asked him what he had been thinking when she was away, if there were any other thoughts that had occurred to him. He was silent for a while and said that his other thoughts were difficult for him to disclose because they made him feel embarrassed and humiliated. While she was gone, he had imagined that she had gone to someone’s house. He admitted further that the worst fantasy was that she had gone to see an old boyfriend. That thought, however, had soon become buried beneath a torrent of rage at Ruth. I said that his rage seemed to be an attempt to recover his equilibrium and that his anger had been codetermined by her thoughtlessness and his automatically and unconsciously organizing her lateness to mean that he was not compelling and special to her. The sky and the stars were equivalent to the other man in the triangle, and anything that engaged Ruth and took her away from him was experienced as a confirmation of some defect in himself. He smiled ruefully and asked plaintively, “Will this always sneak up on me? Will I ever be free of this?” I replied that I was confident that he would come to recognize this pattern, but that I also thought there were aspects of his reactions that awaited further understanding.

Several sessions after this, David came in feeling anxious and agitated. He had repaired the relationship with Ruth and had been feeling better, but had a dream that left him feeling shaken.
He had dreamed that he was in an automobile or a machine that was going back in time. The vehicle was shaking as images flashed before his eyes and eventually stopped at some time in his past. A very young baby boy had been thrown out of the car, and he felt frantic as he looked for him. Finally he found him at the side of the road, alive but wrapped up in bandages.

He was clearly shaken by this dream, and I asked him what he thought. He said that the dream was about an infant and he felt scared and confused, but he knew the dream was important. He said that maybe the dream had to do with his mother. I said that I also wondered if the dream might pertain to feelings or memories that he had about his original mother and her abandonment of him when he was two years old. He became tearful, and over the next several sessions many memories and feelings that had been repressed began to emerge.

David did not recall his mother's leaving, but he did begin to remember other reactions and feelings that he had had subsequently. His mother lived several blocks away from his original father's apartment. He remembered that when he was four or five years old he would wander over to her house and play in front of her yard. He longed for her to see him, recognize him, and come out and be with him. He thought that she could easily see him, but that she just refused to look at him or turn toward him. He played in front of her house many times, but she never came out. He remembered feeling subdued and crestfallen and more and more depressed. He also recalled an early incident that happened with a five- or six-year-old girl at about that time. They were playing together in a playground, and she ran away from him to play with another friend. He felt that she had left him because he was repulsive and disgusting. Thus, his central organizing principle was established—that he could never be centrally important to a woman.

David then recalled that he had gone back to see his mother when he was 16 years old. He knocked on her door, and she opened it. He told her that he was her son and tried to talk to her, and she refused to speak to him and closed the door. David then went and talked to the neighbors about his mother. They described her as reclusive and paranoid. He recalled these events tearfully, and we both recognized the powerful role these experiences had played in shaping his core feelings about himself.

These memories supplied the foundation for our understanding that he had unconsciously organized her repetitive abandonment of him as a confirmation of a central and loathsome defect in himself, leaving him feeling that he could never be central to a woman. No one, including his natural father, had ever talked to him about his experience of her abandoning him.

The new understanding of his mother's impact on him proved to be pivotal to David. He was increasingly able to recognize how he automatically assimilated Ruth's enthusiastic interest in other things as a confirmation of his defectiveness. It was Ruth's capacity for aliveness, vitality, and engagement that stimulated his own archaic organizing principles. The very qualities about her that he valued most when they were directed at him were the source of the most profound pain when exhibited outside the relationship. David now understood his reactions to Ruth as
replicating the way he unconsciously organized his experiences of abandonment by both his mother and his father. The earlier experience with his mother had been reinforced by his having been repeatedly left isolated and alone while his father had sexual relations. This new awareness helped David to understand his reactive rage and withdrawal as attempts to protect himself from these painful meanings. He has continued to develop a greater capacity for affect tolerance and self-reflection through our work together.

- 42 -

I have presented two vignettes to illustrate the clinical unfolding of an intersubjective vantage point. An unwavering focus on the unconscious principles that prereflectively organize experience creates a significant shift in emphasis from that of self psychology. The emphasis in self psychology on the disruption-restoration sequence lends itself to a particular therapeutic stance. The task of the analyst, from such a perspective, is to restore the analytic bond, thereby providing the patient with an empathic attunement that promotes a gradual internalization of the analyst's selfobject functions. The central therapeutic outcome of the self psychological curative process is the patient's enhanced capacity to choose more mature selfobjects in future relationships. This theory of cure directs the analyst's attention to the impact on the patient of disruptions of the therapeutic tie and leads to a preoccupation with the selfobject dimension of the patient's experience. In self psychology, the patient's attainment of self-reflective awareness of his own constitutive role in structuring his reality is not emphasized.

In the case of Joan, her mother required Joan to alter her own unique experience of the elevator ride as a condition of maintaining her tie to her mother. Joan's initial experience of excitement had to be surrendered, and she became subdued and crestfallen. The theory of self psychology, with its emphasis on selfobject longings, does not illuminate adequately the interactional dynamics of this situation. Describing this event as entailing an absence of selfobject responsiveness does not provide a full understanding of the meaning of this experience for Joan. The outcome of repeated experiences of usurpation is an unconscious organizing principle. Joan will probably repetitively organize affects related to vitality and excitement as a source of apprehension and danger. The theory of intersubjectivity, with its central focus on how experience becomes unconsciously organized, is uniquely suited to facilitate a clinical understanding of the patterning and thematizing of experience when selfobject functions are missing.

In the case of David, at a critical juncture in our work he had an intense experience of Ruth as unreliable and flawed. The underlying impasse that David experienced with Ruth did not primarily involve Ruth's inability to provide selfobject responses to him. The impasse was a consequence of David's unconsciously and automatically assimilating her interest in outside activities as a confirmation of a central defect in him. He defended himself against this painful awareness by a reactive rage and devaluation of Ruth. David's wish for me to support his devaluation of Ruth was also a wish for me to support a defensive avoidance of the painful affective experience of not feeling special to her.

Self psychology, because of its emphasis on the selfobject dimension of experience, lends itself to seeing all transference wishes as selfobject
longings. There is thus a significant danger of reinforcing the patient's defenses by misinterpreting defensive transference wishes as selfobject longings. This has the effect of covering over painful affective experiences that derive from repetitive organizing principles. My interpretations to David touched on his selfobject longing to feel special. However, I primarily emphasized the repetitive organizing principle underlying his rage—his belief that he would never be centrally important to any woman. In this situation, an exclusive emphasis on the selfobject dimension would have focused on the absence of mirroring and its impact on David. However, such a focus would have neglected what was centrally present—his repetitive experience that he did not even exist in her mind.

Intersubjectivity theory conceptualizes the disruption of selfobject transference ties as an inevitable by-product of the interaction of the unique and different organizing principles of patient and therapist. Inter-subjectivity theory recognizes the importance of selfobject transferences as a very important class of organizing principles. The emergence of selfobject transferences and the elucidation of unconscious repetitive organizations are two indivisible aspects of a unitary process. The illumination of old organizing principles occurs in the context of a new self-object experience with the analyst. The process of cure in the case of David required an awareness of his organizing principles in the selfobject dimension and the repetitive dimension. David's initial experience with me was that I provided a calming and soothing selfobject function. There was also a disjunctive episode involving his overhearing a woman patient, and it was crucial that I did not reject his reactive feelings of injury. I gradually became established as a longed-for parental figure. The stability of his experience of a selfobject bond allowed David to make use of my analysis of the repetitive dimension of his experience with me and with Ruth. The analysis of this repetitive dimension opened up the possibility of an alternative organizing principle—that he could be special to a woman.

The curative process as seen from the perspective of intersubjectivity theory is thus distinctively different from what is pictured from the perspective of self psychology. Intersubjectivity theory emphasizes the opportunity for the patient to become aware that the legacy of absent selfobject responses during childhood is the constricting and limiting way of unconsciously organizing experiences. I contend that it is primarily by acquiring self-reflective awareness of their own unique organizing principles, in concert with the new selfobject experience with the analyst, that patients can develop alternative ways of organizing their experience so that they can be free of this pathogenic legacy.

References


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