



# INTERSUBJECTIVE SELF PSYCHOLOGY

A Primer

Edited by George Hagman,  
Harry Paul, and Peter B. Zimmermann

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– **Doris Brothers**, PhD, Private practice, New York City, Author, *Falling Backwards: An Exploration of Trust and Self Experience and Towards a Psychology of Uncertainty*

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# Intersubjective Self Psychology

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*Intersubjective Self Psychology: A Primer* offers a comprehensive overview of the theory of Intersubjective Self Psychology and its clinical applications. Readers will gain an in depth understanding of one of the most clinically relevant analytic theories of the past half-century, fully updated and informed by recent discoveries and developments in the field of Intersubjectivity Theory. Most importantly, the volume provides detailed chapters on the treatment principles of Intersubjective Self Psychology and their application to a variety of clinical situations and diagnostic categories such as addiction, mourning, child therapy, couples treatment, sexuality, suicide and severe pathology. This useful clinical tool will support and inform everyday psychotherapeutic work.

Retaining Kohut's emphasis on the self and selfobject experience, the book conceptualizes the therapeutic situation as a bi-directional field of needed and dreaded selfobject experiences of both patient and analyst. Through a rigorous application of the ISP model, each chapter sheds light on the complex dynamic field within which self-experience and selfobject experience of patient and analyst/therapist unfold and are sustained. The ISP perspective allows the therapist to focus on the patient's strengths, referred to as the Leading Edge, without neglecting work with the repetitive transferences, or Trailing Edge. This dual focus makes ISP a powerful agent for transformation and growth.

*Intersubjective Self Psychology* provides a unified and comprehensive model of psychological life with specific, practical applications that are clinically informative and therapeutically powerful. The book represents a highly useful resource for psychoanalysts and psychoanalytic psychotherapists around the world.

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Edited by George Hagman,  
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Peter B. Zimmermann

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# Contents

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<i>List of contributors</i>	ix
<i>Preface</i>	xi
GEORGE HAGMAN, HARRY PAUL, AND PETER B. ZIMMERMANN	
<i>Acknowledgements</i>	xv

## **SECTION I**

<b>The theory and practice of Intersubjective Self Psychology</b>	<b>I</b>
1 An introduction to Intersubjective Self Psychology	3
PETER B. ZIMMERMANN, HARRY PAUL, AVIVA ROHDE, KAREN ROSER, GORDON POWELL, LOUISA LIVINGSTON, AND GEORGE HAGMAN	
2 Empathy in Intersubjective Self Psychology	14
KAREN ROSER AND AVIVA ROHDE	
3 Transference in Intersubjective Self Psychology	25
AVIVA ROHDE AND KAREN ROSER	
4 The therapeutic action of Intersubjective Self Psychology, Part 1	37
PETER B. ZIMMERMANN	
5 The therapeutic action of Intersubjective Self Psychology, Part 2: the case of Ricky	57
AVIVA ROHDE	

6	Working with the trailing edge: resolving the fear of repetition	69
	GEORGE HAGMAN AND SUSANNE M. WEIL	
7	Working with the leading edge: when the selfobject tie is intact	80
	HARRY PAUL, PETER B. ZIMMERMANN, AND GEORGE HAGMAN	
<b>SECTION 2</b>		
<b>Clinical applications</b>		<b>97</b>
8	Melancholia revisited: depression and its treatment from the perspective of Intersubjective Self Psychology	99
	PETER B. ZIMMERMANN	
9	Addiction: an intersubjective self psychological perspective	113
	HARRY PAUL	
10	Child treatment: working with the leading and trailing edge	131
	KAREN ROSER	
11	Working with couples in Intersubjective Self Psychology	141
	NANCY HICKS AND LOUISA LIVINGSTON	
12	Sexuality and Intersubjective Self Psychology: what matters	162
	GORDON POWELL	
13	A suicidal patient: gasping for air	178
	LAURA D'ANGELO	
	<i>References</i>	189
	<i>Index</i>	193

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# Preface

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*Intersubjective Self Psychology: A Primer* is an introduction to the theory and clinical practice of one of the most versatile and useful models of modern psychoanalysis. Intersubjective Self Psychology, or ISP, fully integrates the core ideas of Self Psychology with Intersubjectivity Theory into a seamless, comprehensive framework which provides the clinician with tools to understand and treat patients and engage in a dynamic and creative interaction with the social surround. Most important, the perspective of ISP elucidates fundamental dynamics of the psychoanalytic relationship.

The authors of this volume, all analytic clinicians, have collaboratively developed the ISP model and have used it with great therapeutic benefit in clinical practice for the past 30 years, refining many of the core concepts, through trial and error of clinical practice and through extended dialogue among ourselves. We have taught this model as members of the TRISP faculty, and several other psychoanalytic training institutes, and have trained scores of psychodynamic therapists and psychoanalytic candidates to become highly effective clinicians. It is with the intention of sharing our knowledge and clinical experience that we offer this primer.

In the 1970s and 1980s, Heinz Kohut brought about a major revision in psychoanalysis. This involved several publications which laid out the basic tenets of what he called Self Psychology, but he also sparked a movement, a new community devoted to the refinement, application, and promotion of his new ideas for psychoanalysis. The core concepts of self psychology are the concept of the self and the selfobject transferences. Kohut discovered that people, in order to develop their self or self experience, need the caregiving surround to provide certain experiences: selfobject experiences of mirroring validation, idealization and twinship. As a result, Kohut came to recognize that patients look to the analyst not only as the figure onto whom they project their internal conflicts, as Freud and in his wake traditional psychoanalysis maintained, but also as the figure that they need to perform previously unmet developmental functions, selfobject functions, to resume self development where it was derailed. This understanding of emotional development resulted in a fundamental shift in how psychoanalytic therapy is practised.

Later, during the 1990s, Robert Stolorow and George Atwood argued that the traditional psychoanalytic model of the isolated, private mind was inaccurate and misleading. They offered an alternative, Intersubjectivity Theory, which understood human psychological life as inextricably embedded in the felt interaction between people and thus, they argued, any and all psychological phenomena, from emotional health to the most severe forms of emotional disorder can only be understood from within the intersubjective context within which they occur. They conceptualized the psychoanalytic situation as an “intersubjective field”, constituted by the differently organized experiential worlds of patient and analyst, (Stolorow, Atwood & Brandchaft, 1987) which, engaged at the deepest levels of human interaction, provide the opportunity for growth and transformation.

As Stolorow and Atwood joined the Self Psychology movement, an attempt was made to develop a unified model, a model founded on both the principles of intersubjective theory and self psychology. However, over time Intersubjectivity Theory abandoned core clinical ideas of Self Psychology, in particular the selfobject transferences, and instead evolved into Intersubjective Systems Theory, while Self Psychology continued to focus on the vicissitudes of self experience, gradually adapting many of Kohut’s ideas to the new perspectives of Relational Psychoanalysis.

That being said, the authors of this volume have continued the important effort of integrating the key clinical concepts of Self Psychology with the fundamental theoretical insights of Intersubjectivity Theory and have developed the framework of ISP. We have demonstrated how the flawless compatibility of the two models enhance the understanding and clinical utility of each and we have further developed the ideas to provide a new platform for a highly effective clinical practice. And, ISP makes a significant clinical addition to both theories by proposing that psychological growth and development not only occurs when there is an analysis of the break in the selfobject tie, as Kohut originally conceptualized, but that generative psychological health is advanced through the ongoing and sustained selfobject relationship itself and in the interpretation and understanding of the leading edge. That is, the ongoing selfobject tie itself is curative and the attuned engagement of clinicians utilizing the ISP model, discussing and exploring the generative leading edge with the patient also facilitates growth and solidifies psychic structure. Speaking with the patient about the leading edge and its’ function, at moments in the treatment when the patient will neither be shamed by a discussion of the relationship, nor experience the therapist as taking credit for the patients’ progress, focuses the therapy on the process between the participants, and the importance of the healthy connection between them.

This ISP primer will be very useful to new clinicians interested in an approach which is sophisticated, practical and relatively easy to grasp. Key concepts are: the intersubjective field, the selfobject and repetitive transferences and trailing and leading edge. However, the elegance of the ISP

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model belies its flexibility in understanding and treating virtually an infinite variety of clinical situations. More senior, experienced clinicians will find in this volume a clear introduction to an important analytic model, a perspective which can enhance and empower any psychoanalytic practice.

In other words, although ISP is a refined model of psychotherapeutic practice as well as of human relationships, it is also practical, useful, and filled with clinical concepts and ideas which the reader will readily be able to apply to his/her therapy practice.

The following is a brief overview of how we have organized and structured *Intersubjective Self Psychology: A Primer*. As a whole we have designed the book as an introductory text intended to provide the reader with a basic understanding of the theory and practice of ISP. It is not a scholarly work, it is a clinical guide. If the reader wishes a more extensive and in depth discussion of the theoretical foundations of ISP, we refer you to the texts which are identified in the references. In this book we give just enough of a literature review to put our ideas in context and credit our major predecessors and sources. Each chapter is organized to review relevant areas of ISP theory, followed by in-depth clinical examples. Except for the introductory chapter, this method is followed throughout the book. We want this to be a useful tool, which the reader can readily apply to his or her daily psychotherapy practice. The book begins with an introduction to the theory of ISP, written collaboratively by the contributing authors. We give a bit of history, followed by a discussion of the theories of Self Psychology and Intersubjectivity, the integration of which constitutes ISP. Chapter 2 (written by Karen Roser and Aviva Rohde) explores the role of empathy in ISP, its use as a mode of understanding and a source of growth and healing. Chapter 3 (also by Karen and Aviva) discusses the complex nature of transference, which ISP posits as having multiple dimensions and functions. Chapter 4 (written by Peter B. Zimmermann) is an extended discussion of the theory of therapeutic action in ISP and Chapter 5 (written by Aviva Rohde) is an extensive case example which demonstrates how the ideas from Chapter 4 are applied in clinical practice. Chapter 6 (written by George Hagman and Susanne Weil) deals with clinical work with what ISP calls the “trailing edge”, meaning the repetitive fears and defenses which can block therapeutic progress. This is followed by Chapter 7 (written by Harry Paul, Peter B. Zimmermann and George Hagman) which discusses the work with the “leading edge”, the aspects of transference which are growth promoting and which constitute the drivers of therapeutic change. These introductory chapters are followed by chapters which apply ISP to various clinical challenges: melancholia and depression (Peter B. Zimmermann), addiction (Harry Paul), work with children (Karen Roser), couples (Nancy Hicks and Louisa Livingston), the topic of human sexuality (Gordon Powell), and the treatment of a suicidal patient (Laura D’Angelo).

In the course of writing these various chapters we chose to hone in on some of the essential and clinically useful ideas of ISP. This is an

important part of the design of the book: to introduce the reader to a handful of key concepts in ISP, and then to elaborate on these concepts as they pertain to certain topics, such as empathy, selfobject transference, therapeutic action, depression, addiction, etc. As you will see, we return to these essential concepts time and again – intersubjective field, generative and repetitive transference, leading and trailing edge – each time viewing them from the perspective of the authors and the ways in which these concepts elucidate important concepts and show how they apply to various areas of clinical practice. In fact we believe the true value of the book is in the numerous, detailed clinical examples that illuminate the central ideas of ISP. We hope that, by taking this approach, the reader will grow more and more knowledgeable about ISP concepts, how they can be usefully applied to psychotherapeutic work, how ISP can increase clinical efficacy. Finally, we hope this book encourages the readers to use the ISP perspectives to think in a new way about their own role in the clinical process and appreciate the rich complexity and opportunity of the intersubjective field.

Finally, the editors and authors have assured that the identity of the patient and all other persons has been disguised in all of the case reports in this volume. Several are composite reports which combine the details of work with different people, yet these are also disguised. And in several instances the patient has reviewed and approved the case report, yet even in these cases the report has been written in such a way as to preserve anonymity.

The authors of this book are a group of senior psychoanalysts in clinical practice in the New York Metropolitan area, who are all affiliated with TRISP – the Training and Research in Intersubjective Self Psychology Foundation, either as graduates or teachers. Over the past 30 years they have collaborated and debated, supervised and consulted about the core concepts of ISP and the clinical application of the model. As instructors in the ongoing workshop series at TRISP, they all have been active in the elaboration, refinement and promotion of the ISP model. This volume marks the first time that these analysts have attempted to bring together in one volume, the basic concepts of ISP and communicate them in a concise, clear, and practical primer.

George Hagman, Harry Paul, and Peter B. Zimmermann

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The authors want to thank the psychoanalytic innovators whose work have made *Intersubjective Self Psychology: A Primer* possible. They are Heinz Kohut, the inventor and founder of the field of Self Psychology. Robert Stolorow with his collaborators George Atwood, Bernard Brandchaft, and Donna Orange who, against much opposition, developed and promoted the intersubjective perspective in a field then dominated by the paradigm of the isolated mind. And Marian Tolpin, whose vision of patients as basically hopeful and healthy, more than dreadful and ill, led to the recognition of what she called the Forward Edge of development and treatment. The profound influence of their ideas are felt throughout this book. They compose the generative intellectual intersubjective field with which the authors are engaged.

The editors wish to thank their patients and supervisees, for sharing their worlds and engaging in the intersubjective journeys with us. Ongoing discussion with supervisees provided an intellectual forum and emotional support for the development of our ideas. Without this shared commitment, this manuscript would not have been possible. Lastly, we recognize the importance of our own emotionally sustaining relationships, the generative, leading edge of our personal intersubjective lives. Our life partners and relationships with family and friends, are critical to our ability to engage our patients. We are deeply grateful to our partners, Moira H., Amy P. and Suzanne Z., and our children, families, and friends whose love and support helps us to fully participate in the work.

Last but not least, Peter and Harry and all the contributors want to thank George Hagman who, with his enthusiasm, intellectual rigor and editorial drive, has brought this project to life.

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Section I

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# The theory and practice of Intersubjective Self Psychology

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# An introduction to Intersubjective Self Psychology

*Peter B. Zimmermann, Harry Paul, Aviva Rohde, Karen Roser, Gordon Powell, Louisa Livingston, and George Hagman*

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In this chapter we present the fundamental concepts of *Intersubjective Self Psychology* (ISP) which combines the core concepts of Heinz Kohut's Self Psychology (Kohut, 1971, 1977, 1984) with the essential ideas of Robert Stolorow and George Atwood's Intersubjectivity Theory (Stolorow & Atwood, 1992; Stolorow, 1997). From these established theories we create a new, cohesive psychological, and therapeutic model that transcends both theories and that we call *Intersubjective Self Psychology* or *ISP*. We believe that ISP provides an orientation to psychotherapeutic practice that recognizes and promotes forward development in therapy (the leading edge) as well as addresses and works through the repetitive patterns (the trailing edge), all with a deep appreciation for the interdependent nature of the human experience.

## **Self psychology**

### ***What are the essential ideas of Self Psychology which undergird ISP?***

At the heart of Self Psychology is the concept of selfhood. "The Self" is a theoretical abstraction that stands for the complex set of experiences and fantasies each of us has about our self, and who we know and feel our self to be. These experiences and fantasies become organized according to significant patterns of beliefs, feelings, memories, and values. These cognitive and affective notions of oneself constitute the experiential and motivational center of our sense of being and of being-with-others. Ideally, these varied experiences that constitute the self are organized into a cohesive whole, but are not fixed or rigid; rather they are emergent and fluid. The experiences of vitality, coherence, continuity, and personal initiative characterize the essential qualities of our experiential center, the sense of self. The sense of self is highly contingent upon and embedded within a matrix of relationships.

The foundational listening and exploring stance of the Self Psychological analyst is empathic immersion in the patient's experience. Empathy was famously defined by Heinz Kohut as "vicarious introspection" (Kohut, 2010). In other words, empathy is the often difficult and slow process of feeling and thinking oneself into another person's subjective experience, as fully as possible; hence understanding the person from within that person's frame of reference.

Kohut later expanded that understanding and came to see empathy as both a mode of exploration of the experience of another human being and a way of relating to another human being. As a means of exploration, the analyst seeks to understand the patient's experience from within the patient's experiential world as it unfolds in the shared psychological field of the analytic relationship. As a form of relating, the analyst's empathy communicates the value placed on the patient's lived experience as well as a fundamental acceptance of it as something that can be understood, even if not always condoned. The analyst's commitment to empathy as a mode of exploration, and as a means of relating to the patient, lays the groundwork for the whole of the analysis.

Kohut discovered that not only are the development of self and the sustained experience of healthy selfhood contingent on the felt responsiveness of caregivers in childhood and significant others throughout life, self development relies on experiencing the other as part of the self. The self also relies on the emotional availability of others to perform necessary developmental functions and tasks. Kohut identified three specific lines of development along which self development can successfully unfold. He labeled them mirroring, idealizing, and twinship experiences (Kohut, 1971, 1977, 1984).

In the mirror line of development, we look to others to feel truly known and accurately seen. In the archaic mirror experience, we feel admired, the object of the other's adoring gaze. In the more mature mirror experience, we feel recognized and valued for who we know ourselves to be. A successful mirror experience contributes to a cohesive, reliable, and realistic self-esteem, and a solid sense of self-worth.

In the idealizing line of development, we look for a merger with someone whom we experience as calming, strong, and wise; one who offers him or herself for our protection and guidance. A successful merger with an idealized other provides opportunities for soothing, which results in a reliable capacity for affect regulation.

Finally, in the twinship line of development, we look to find in the other an experience of alikeness, a feeling of sameness that is shared, which results in the consolidation of self experience. We seek to recognize ourselves in the other and yearn for the other to recognize themselves in us. Twinship lays the groundwork for a sense of shared humanity, a feeling of being human among humans.

In all three lines of development – which correspond to relational experiences that facilitate the development of a cohesive sense of self – the other is experienced as part of the self and as providing essential functions in maintaining the self. For these reasons, Kohut called these relationships selfobject relationships (Kohut, 1971, 1977, 1984). Selfobject experiences are fundamental human needs akin to the needs for air and water. Like plants turning toward sunlight, humans strive to find relationships that provide the selfobject experiences that generate and sustain self development and that enable previously stalled development to resume. As such, they are ubiquitous and, given a responsive other, they will emerge spontaneously.

Because Kohut believed that the availability of emotionally responsive others – those who provide opportunities for selfobject experiences through the life span – is a basic human need, he located the source of most human suffering in the absence of reliable, emotionally attuned others and/or in the presence of emotionally misattuned others, which results in the failure to find sustained, attuned selfobject experiences with others. The absence of empathically attuned others results in the failure in the development of an adequately vital, coherent, and continuous sense of self. This lack of necessary responsiveness, in concert with the child's inherent vulnerabilities, sets the stage for psychological, emotional, and/or behavioral disorders. Selfobject failure in the formative years that is either protracted or traumatic results in rigidified structures of self and other, emotional scar tissue that manifests itself in specific character formations and personality disorders. Conversely, psychological and emotional healing is possible when the opportunity for a reliable selfobject experience is restored with an emotionally responsive and empathic other. This conceptualization of psychological development is the basis of all forms of self psychological treatment (Kohut, 1984).

Kohut recognized the unfolding of the selfobject tie with the analyst and called this the selfobject transference. Selfobject transferences are relational pathways established and facilitated in the analysis in the service of self development. The three lines of development that Kohut identified as pathways for self development take the form of specific transferences in the analytic setting. In the mirror transference, patients seek a sustained experience of affirmation and validation that generates a positively toned self-esteem and sense of agency. In the idealizing transference, patients seek an experience of merger with the felt strength and emotional reliability of the analyst, in the hope of being calmed and soothed. In the twinship transference, patients seek an experience of essential likeness with the analyst and appreciation of the analyst's felt likeness with them. This leads to a feeling of shared humanity and an affirmation of who the patient knows him or herself to be. As patients' selfobject needs emerge and are properly responded to by

the analyst, restoration, consolidation, and structuralization of the self experience occurs and the sense of self unfolds and solidifies.

Kohut understood that felt experiences of self and others – or selfobject fantasies<sup>1</sup> – constitute the bedrock of psychological life. These selfobject fantasies are established at the beginning of life and constitute the template for a sense of self as well as for all relationships. Over time, in interaction with caregivers and others, these fantasies are modified, and gradually transformed into increasingly mature, adaptive, and self-esteem-enhancing conceptions of self and other. Consistent with the selfobject themes described above, Kohut believed that the most important of these fantasies for the development of the self are the fantasies of the grandiose self, the idealized parent imago, and the twin in the twinship transference.

In its most archaic form, the grandiose self describes a self-experience in which perfection is attributed to the self and all imperfections are attributed to the other. Likewise, the most archaic form of the idealized parent imago is an image of the other as perfect and the self is only perfect when merged with the other. The most archaic form of twinship is a fantasy of a perfectly identical other.

All three of these selfobject fantasies undergo a similar developmental process. In interaction with empathic and attuned caregivers, these selfobject fantasies evolve and are transformed in age-appropriate stages to adapt to the increasingly complex reality at hand. These transformed fantasies then become the basis for mature self-esteem (mirroring), a reliably established capacity for self-soothing (idealization), and a solid sense of feeling human among other humans (twinship). In the absence of attuned caregivers, or in the face of traumatic ruptures in the tie with them, however, the child will retain early, archaic versions of these fantasies. In such cases, these fantasies will interfere with the development of a healthy and robust sense of self. To the extent that a person remains organized around archaic fantasies of self and other, he or she will struggle with feelings of fragility and vulnerability and will be prone to feelings of fragmentation and/or depletion. Defensive behaviors will be employed to maintain the incompletely developed sense of self and to ward off fragmentation due to anticipated failures of attunement or traumatic disappointment by needed others.

Kohut also discovered that patients often fear the sense of vulnerability and potential retraumatization that may accompany the emergence of selfobject needs in treatment. Patients might be fearful that emotional intimacy and the reactivation of selfobject needs in relation to the analyst will lead to pain and a repetition of childhood experiences. Patients who have experienced significant selfobject failures or damaging misattunement by caregivers may protect themselves against retraumatization through psychological and behavioral strategies that deny, devalue, deflect, or otherwise neutralize the emotional connection with the analyst. Patients employ these