

## An Intersubjective View of Self Psychology

Robert D. Stolorow, Ph.D.

This article locates self psychology within the context of the evolving paradigm for psychoanalysis that the author calls *intersubjectivity theory*. It is argued that Kohut contributed significantly to the new paradigm but stopped short of fully embracing it. Self psychology and intersubjectivity theory are compared and contrasted, and an intersubjective view is offered of the patient's transference, the analyst's transference, and the system created by their reciprocal interaction.

A NEW PARADIGM HAS BEEN BREWING IN PSYCHOANALYSIS. IT GOES BY several names. Mitchell (1988) calls it *relational-model theorizing*; infancy researchers (Beebe, Jaffe, and Lachmann, 1992) call it a *dyadic systems perspective*; Hoffman (1991) calls it *social constructivism*; my collaborators and I (Atwood and Stolorow, 1984, 1993; Stolorow, Brandchaft, and Atwood, 1987; Stolorow and Atwood, 1992) call it *intersubjectivity theory*.

The philosopher Richard Rorty (1989) has characterized the evolution of scientific paradigms as the successive creation of new languages—new vocabularies and metaphors—for redescribing what one seeks to comprehend. The central metaphor of the new psychoanalytic paradigm is the larger relational system or field in which psychological phenomena crystallize and in which experience is continually and mutually shaped. Our vocabulary is one of interacting subjectivities, reciprocal mutual influence, colliding organizing principles, conjunctions and disjunctions, attunements and malattunements—a lexicon attempting to capture the endlessly shifting, constitutive intersubjective context of intrapsychic experience, both in the psychoanalytic situation and in the course of psychological development. From

---

Robert D. Stolorow, Ph.D. is a faculty member and training and supervising analyst at the Institute of Contemporary Psychoanalysis, Los Angeles, and a core faculty member at the Institute for the Psychoanalytic Study of Subjectivity, New York City.

the perspective of this new paradigm, the observer and his language are grasped as intrinsic to the observed, and the impact of the analyst and his organizing activity on the unfolding of the therapeutic relationship itself becomes a focus of analytic investigation and reflection. Phenomena that have been the traditional subject of psychoanalytic investigation are seen not as products of isolated intrapsychic mechanisms, but as forming at the interface of interacting worlds of experience. Intrapsychic determinism, a variant of "the myth of the isolated mind" (Stolorow and Atwood, 1992, p. 7), gives way to an unremitting intersubjective contextualism.

I believe that Kohut in his later works was *moving toward* an intersubjective paradigm for psychoanalysis, but that his untimely death in 1981 abruptly truncated the evolution of his framework, with the result that the paradigm shift implicit in his ideas remained incomplete. The concept of *selfobject function*, in emphasizing that the organization of self-experience is always codetermined by the felt responsiveness of others, is a prime example of intersubjective theorizing, as is Kohut's (1984) insistence that "self-selfobject relationships form the essence of psychological life from birth to death" (p. 47) and that in psychoanalysis "the field that is observed, of necessity, includes the observer" (p. 41).

Despite such powerful contributions to the new psychoanalytic paradigm, relics of the doctrine of the isolated mind persist in Kohut's writings. One such remnant can be found in the persistent use of the term *self* to refer both to a psychological structure (the organization of self-experience) and an existential agent (an independent initiator of action). The latter usage of *self* as an independent existential entity transforms the experiential, agentic "I" into a reified "it," a concretization that clouds Kohut's central contribution—the recognition that *self-experience* is always organized within a constitutive intersubjective context.

A second remnant of isolated-mind thinking in Kohut's work can be seen in the idea that the self possesses an innate nuclear program or inherent design (Kohut, 1984) awaiting a responsive milieu that will enable it to unfold. My own view is that the trajectory of self-experience is shaped at every point in development by the intersubjective system in which it crystallizes (Stolorow and Atwood, 1992).

As Bacal and Newman (1990) and Gill (1992) have pointed out, Kohut seemed reluctant to consider his framework a relational theory, probably because he wanted to preserve its link to the intrapsychic tradition of Freudian psychoanalysis. But the reifications of the concepts of the self, the selfobject, and the self-selfobject relationship that pervade the literature of self psychology threaten to transform it into just the sort of crude social psychology that Kohut wished to eschew. I believe that a solution to this quandary can be found in the perspective of intersubjectivity. The concept of an intersubjective system brings to focus both the individual's world of inner experience and its embeddedness with other such worlds in a continual flow of reciprocal mutual influence. In this vision, the gap between the intrapsychic and the interpersonal realms is closed, and, indeed, the old dichotomy between them is rendered obsolete (Stolorow and Atwood, 1992; see also Mitchell, 1988; Hoffman, 1991; Beebe et al., 1992).

For me, Kohut's most important contributions to psychoanalysis are threefold (see Stolorow et al., 1987): 1) the unwavering application of the empathic-introspective stance as defining both the empirical and theoretical domains of psychoanalytic inquiry, 2) the emphasis on the motivational primacy of self-experience, conscious and unconscious, which leads inevitably to a central focus on affect, the principal organizer of self-experience (Socarides and Stolorow, 1984/85), and 3) the concepts of selfobject function and the selfobject dimension of transference. These invaluable ideas are seamlessly integrated into my own viewpoint. In contrast, I have never embraced the concept of a supraordinate self, which seems to me to universalize and objectify a dimension of self-experience. From the perspective of the new paradigm, the metapsychological problem of the supraordinance of the self is replaced by empathic inquiry into the question of whether a particular person at a particular juncture *experiences himself* as a supraordinate center of volition, this *experienced* supraordinance, or its absence, being a product of a constitutive intersubjective context (Atwood and Stolorow, 1993).

How does the concept of an intersubjective field differ from the concept of a self-selfobject relationship? An intersubjective field is a system of *reciprocal mutual influence* (Beebe and Lachmann, 1988). Not only does the patient turn to the analyst for selfobject experiences, but

the analyst also turns to the patient for such experiences (Lee, 1988; Wolf, 1979), and a parallel statement can be made about the child-caregiver system as well. To capture this intersubjective reciprocity of mutual influence, one would have to speak of a self-selfobject/selfobject-self relationship.

More important, *subjective world* is a construct that covers more experiential territory than *self*. Therefore, an intersubjective field—a system formed by the reciprocal interplay between two (or more) subjective worlds—is broader and more inclusive than a self-selfobject relationship. An intersubjective field exists at a higher level of generality and thus can encompass dimensions of experience—such as trauma, conflict, defense, and resistance—other than the selfobject dimension. From my collaborators' and my perspective, for example, it is not sufficient to identify a patient's experience of rupture of a selfobject transference bond. It is crucial, in addition, to investigate and illuminate the *invariant principles*—unconsciously organizing the patient's experience during the disruption and to identify the qualities or activities of the analyst that are lending themselves to being interpreted according to those principles. Such unconscious organizing principles and invariant meanings, derived from recurring patterns of intersubjective transaction within the developmental system, form the basic building blocks of personality development and, in our view, constitute the quintessential focus of psychoanalytic investigation and interpretation (Stolorow and Atwood, 1992).

The concept of an intersubjective field is not meant to replace the concept of transference in general or selfobject transference in particular. We define transference as referring to the ways in which the patient organizes his experience of the analytic relationship. (Stolorow and Lachmann, 1984/85; Stolorow et al., 1987). So defined, transference is always multidimensional. In one dimension, which, following Kohut (1977, 1984), we term the selfobject dimension, the patient longs for the analyst to provide selfobject experiences that were missing or insufficient during the formative years. In a second, called the repetitive dimension, which is a source of conflict and resistance, the patient expects and fears a repetition with the analyst of early experiences of developmental failure (Ornstein, 1991). These and perhaps other dimensions continually oscillate between the experiential foreground and background of the transference in concert with the patient's

perceptions of the analyst's varying attunement to the patient's emotional states and needs. A parallel description applies to the analyst's transference, which analysts call countertransference. The larger system created by the reciprocal mutual interaction between the patient's transference and the analyst's transference is an example of what we call an intersubjective field or system.

When the patient experiences the analyst as malattuned, foreshadowing a traumatic repetition of early developmental failure, the conflictual and resistive dimension of the transference is frequently brought into the foreground, while the patient's selfobject yearnings are driven into hiding. On the other hand, when the analyst is able to analyze accurately the patient's experience of rupture of the therapeutic bond, demonstrating his understanding of the patient's reactive affect states and the principles that organize them, the selfobject dimension becomes restored and strengthened and the conflictual/resistive/repetitive dimension tends to recede, for the time being, into the background. Alternatively, at other times, the patient's experience of the analyst's understanding may heighten the conflictual and resistive aspect of the transference because it stirs the patient's walled-off longings and archaic hopes, along with his dread of the retraumatization that he fears will follow from the exposure of these longings and hopes to the analyst. In still other circumstances, it is the repetitive dimension of the transference that is resisted because the patient fears that its articulation will jeopardize a precariously established and vitally needed selfobject tie to the analyst. For us, the essence of transference analysis lies in the investigative and interpretive tracking of these and other shifting figure-ground relationships among the various dimensions of the transference as they take form within the ongoing intersubjective system constituted by the patient's and analyst's interacting worlds of experience (Stolorow et al., 1987; see also Lichtenberg, 1990). Psychoanalytic interpretations, I have contended (Stolorow, 1994), derive their mutative power from the intersubjective matrix in which they crystallize.

From the continual interplay between the patient's and the analyst's psychological worlds, two basic situations repeatedly arise: *intersubjective conjunction* and *intersubjective disjunction* (Stolorow and Atwood, 1992). The first of these is illustrated by instances in which the principles organizing the patient's experiences give rise to expressions that

are assimilated into closely similar central configurations in the psychological life of the analyst. Disjunction, by contrast, occurs when the analyst assimilates the material expressed by the patient into configurations that significantly alter its meaning for the patient. Repeated occurrences of intersubjective conjunction and disjunction are inevitable accompaniments of the therapeutic process and reflect the interaction of differently organized subjective worlds.

When the analyst is able to become reflectively aware of the principles organizing his experience of the therapeutic relationship, then the correspondence or disparity between the subjective worlds of patient and analyst can be used to promote empathic understanding and insight. In the absence of reflective self-awareness on the part of the analyst, such conjunctions and disjunctions can seriously impede the progress of an analysis. When the principles unconsciously organizing the experiences of patient and analyst in an impasse are successfully investigated and illuminated, however, we have found that such analysis can transform a therapeutic stalemate into a royal road to new analytic understandings for both patient and analyst (Stolorow and Atwood, 1992).

For me, the concept of an intersubjective field or system is a theoretical construct precisely matched to the methodology of sustained empathic-introspective inquiry (Stolorow et al., 1987). What an analyst investigates through empathy and introspection are the principles organizing the patient's experience (empathy), the principles organizing his own experience (introspection), and the psychological field formed by the interplay between the two. The perspective of intersubjectivity, in my view, offers a broad methodological and epistemological net within which self psychology—and, indeed, psychoanalysis itself—can expand into a more thoroughly relational and experience-near paradigm.

#### REFERENCES

- Atwood, G. & Stolorow, R. (1984), *Structures of Subjectivity*. Hillsdale, NJ: The Analytic Press.  
 ——— & ——— (1993), *Faces in a Cloud* (rev.). Northvale, NJ: Aronson.

- Bacal, H. & Newman, K. (1990), *Theories of Object Relations*. New York: Columbia University Press.  
 Beebe, B., Jaffe, J. & Lachmann, F. (1992), A dyadic systems view of communication. In: *Relational Perspectives in Psychoanalysis*, ed. N. Skolnick & S. Warshaw. Hillsdale, NJ: The Analytic Press, pp. 61–81.  
 ——— & Lachmann, F. (1988), The contribution of mother-infant mutual influence to the origins of self- and object representations. *Psychoanal. Psychol.*, 5:305–337.  
 Gill, M. (1992), Kohut's self psychology. Presented at 60th Anniversary Conference of the Chicago Institute for Psychoanalysis, October 24.  
 Hoffman, I. (1991), Discussion: Toward a social-constructivist view of the psychoanalytic situation. *Psychoanal. Dial.*, 1:74–105.  
 Kohut, H. (1977), *The Restoration of the Self*. Madison, CT: International Universities Press.  
 ——— (1984), *How Does Analysis Cure?* ed. A. Goldberg & P. Stepansky. Chicago: University of Chicago Press.  
 Lee, R. (1988), Reverse selfobject experience. *Amer. J. Psychother.*, 42:416–424.  
 Lichtenberg, J. (1990), Rethinking the scope of the patient's transference and the therapist's counterresponsiveness. In: *The Realities of Transference: Progress in Self Psychology*, Vol. 6, ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 23–33.  
 Mitchell, S. (1988), *Relational Concepts in Psychoanalysis*. Cambridge, MA: Harvard University Press.  
 Ornstein, A. (1991), The dread to repeat. *J. Amer. Psychoanal. Assn.*, 39:377–398.  
 Rorty, R. (1989), *Contingency, Irony, and Solidarity*. Cambridge: Cambridge University Press.  
 Socarides, D. D. & Stolorow, R. (1984/85), Affects and selfobjects. *Annual of Psychoanalysis*, 12/13:105–119. New York: International Universities Press.  
 Stolorow, R. (1994), The nature and therapeutic action of psychoanalytic interpretation. In: *The Intersubjective Perspective*, ed. R. Stolorow, G. Atwood & B. Brandchaft. Northvale, NJ: Aronson, pp. 43–55.  
 ——— & Atwood, G. (1992), *Contexts of Being*. Hillsdale, NJ: The Analytic Press.  
 ——— Brandchaft, B. & Atwood, G. (1987), *Psychoanalytic Treatment*. Hillsdale, NJ: The Analytic Press.  
 ——— & Lachmann, F. (1984/85), Transference: The future of an illusion. *Annual of Psychoanalysis*, 12/13:19–37. New York: International Universities Press.  
 Wolf, E. (1979), Transference and countertransference in the analysis of the disorders of the self. *Contemp. Psychoanal.*, 15:577–594.

11726 San Vicente Boulevard, # 410  
 Los Angeles, CA 90049