One Case, Four Theories

Finding Matthew

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In this chapter, clinical material illustrates key theoretical concepts and underscores the value of Heinz Kohut's radical approach to psychoanalysis. The psychodynamic treatment of "Matthew" spans over a decade and traces the therapist's immersion in four clinical modalities. The transition from Kleinian and British object relations orientations to a therapeutic style informed by psychoanalytic self psychology and intersubjective systems theory broke through impasses generated in the earlier chapters of Matthew's therapy. The empathic listening stance, the impact of the analyst's subjectivity on the treatment's progress, and the vital role of selfobject experiences in the development, restoration, and maintenance of an individual's sense of self constitute a few of the crucial and enduring curative elements brought to the field of psychoanalysis and psychodynamic therapy by Kohut's pioneering efforts.

Key words: **self psychology; intersubjective systems theory; empathy; comparative psychoanalysis; organizing principles; impasse; sense of self; Kohut; self-cohesion**

Matthew walked into my office in 1989, extremely anxious and unaware that he was among my first private-practice patients. I was probably more nervous than he, veteran as he was of nearly 10 years of individual therapy and several years of couples therapy. At the time I was nearing the end of an internship at a community mental health clinic with serious Kleinian psychotherapy leanings. Although I was acquainted with and intrigued by Heinz Kohut's newer psychology of the self, my teachers and supervisors were certain that the work of Melanie Klein and Wilfred Bion provided the sole foundation for what could truly be called psychoanalysis. This chapter traces my path, and that of Matthew, through the highly varied landscape of psychoanalytic theory and practice. After briefly discussing elements of Matthew's treatment as they emerged using the object relations theories of Klein, Fairbairn, and Winnicott, I will review the ways in which self psychology and intersubjective systems theories assisted me in finding Matthew.

Matthew, a research scientist in his mid 30s, decided to begin treatment with me after interviewing a number of therapists because, he informed me, I seemed smart and strong and because he was intimidated by and fearful of me. This was music to the ears of my clinical supervisors, listening as they were for signs of the innate aggression central to Kleinian theory. Matthew's paranoia, they posited, resulted from his projection into me of his own unwanted aggressive tendencies, which he then experienced as generated by me and directed toward him.

Klein's theory (1932) was a radical departure from the classical Freudian theory of the time and was the first of what came to be known as object relations theories. Rather than being the recipient of Freudian drives toward tension release and pleasure seeking, the Kleinian mother functions as a stage upon which the infant can project and play out the internal tensions and conflicts generated by temperament and

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biology. Tormented by inherent leanings toward disintegration by what Klein postulated to be a death instinct (the companion piece to Freud's eros, the life-preserving instinct), Klein's baby defensively perceives the mother to be the carrier of his own intolerable physical and affective states. Hence she is both the provider of good things (milk, comfort, attachment) and the source of pain (hunger, anger, abandonment, persecution). This duality is a source of massive anxiety for the baby, who attempts to manage the anxiety by splitting the mother's representation in his mind into an all-good mother he loves and an all-bad mother he repeatedly attempts to destroy. Upon maturing into the ability to recognize that there is only one mother and that by destroying the bad mother (in his mind) he is also harming the good mother, the child is filled with remorse and panic.

Analysis with adults proceeds with the above formulations in mind. The goal of a Kleinian analysis is to help the analysand reclaim the projections misdirected at the analyst, which permits the development of greater tolerance for ambivalence and increased comfort with dependency needs. This is accomplished by addressing interpretations to the analysand's deepest level of anxiety. The analyst keeps a sharp eye out for envy, devaluing, spoiling, and other manifestations of the death instinct. This, then, was the first form of therapy with which I encountered Matthew.

Paranoid, angry, and victimized, Matthew certainly had the look of a Kleinian baby. Additionally, the qualities he attributed to me felt foreign to my nature, and it was easy to believe they were projections originating in his mind and projected into me, as purported by the theory. Prompted by my supervisors at the clinic, I set about interpreting what seemed to be Matthew's deepest anxieties. According to the clinical theory, interpretations were to be in the form of a statement, never a question, and invariably related to the transference. Therefore, a standard interpretation might go something as follows: "Your own angry feelings are so frightening and destructive that you have to experience them as coming from me." Matthew's angry responses to such interpretations seemed to prove the point! Clearly I had enabled him to take back his projection and experience his own anger. Unfortunately, this did little to diminish his "paranoid" feelings that he was being chastised and blamed by me, or that I was telling him he was wrong about what he thought he was feeling.

Perhaps another therapist would have been able to help Matthew in this fashion or perhaps Matthew's particular vulnerabilities rendered him a less than suitable candidate for a Kleinian treatment. In any event, it was clear to me that this approach was leading us into impasse after impasse. Fortunately, my private practice supervisors were not Kleinian, and I looked to them for a new direction to take with Matthew.

The so-called Middle School of British object relations theories provided that new direction. D.W. Winnicott, R.D. Fairbairn, and Ronald Guntrip were key adherents of the movement made up of those analysts who fell into the demilitarized zone between the warring camps of Melanie Klein and Anna Freud in England. Winnicott's famous dictum, "there is no such thing as an infant," meaning "that whenever one finds an infant one finds maternal care . . . the infant and the maternal care together form a unit," applies as well to the analytic dyad (Winnicott, 1975). Winnicott's emphasis on the safety of the "holding environment" that the therapist provides in adapting to the patient's needs proved to be a corrective for the coldness Matthew was experiencing in our relationship.

Nevertheless, the therapy was by no means a painless one for either of us. Matthew had been seriously traumatized in his childhood and was exceptionally wary and terribly vulnerable to the slightest of misunderstandings, which terrified and enraged him. I do not believe he noticed the shift in my manner of working with him; he still experienced me as intrusive, blaming, cold, and critical. However, I was much

more comfortable looking for signs of life rather than indications of his death instinct. We had increased the session frequency to two increasingly miserable sessions a week by this point. I was sustained in part by Winnicott's (1969) admonition that it is essential for the therapist to survive the destructiveness of the patient and to demonstrate that survival by refraining from retaliating or withdrawing in the face of anger or devaluation.

Often, of course, I did feel the urge to withdraw from Matthew's withering sarcasm or strike back in anger when he would call me late at night after a particularly difficult session to rail against me for making him worse. His explanation for staying in this incredibly painful treatment was that I had made him dependent on me, had stripped him of all the defenses he had devised over the years, and that the only option he would have if he quit the therapy would be to kill himself. I tried to be compassionate about his terror and pain, but it was difficult because they were so consistently expressed as anger, hatred, and a seemingly intentional twisting of my words and intentions.

Matthew's anger was not confined to me. He was also exceedingly hard on himself and berated himself for every perceived failure or weakness. This was especially true when it came to his emotional needs. He derided himself for being "a bucket shot through with holes," such that no matter how much approval or positive feedback he received, it was never enough. I turned to another of the British object relations theorists for inspiration in this area. One of the first proponents of a primarily psychological theory of development and psychopathology, W.R.D. Fairbairn, understood pathology in relational terms. He believed the chief emotional problems of patients to be a result of the disruptive nature of the bad objects patients internalized in childhood (Fairbairn, 1944).

Fairbairn devised a complicated schema to explain how the traumatized child copes with the painful discovery that the people he most loves, and depends on, hurt him. This schema involves splitting—the child splits the object (the internal mental representation of the parent) into a good part-object and a bad part-object and represses the bad part-object in order to experience the parent as all good. In tandem with splitting the object, corresponding parts of the child's ego are split and repressed as well. The term Fairbairn bestowed on the split-off part of the ego connected to the bad object representation had Matthew's name written all over it: the *internal saboteur* (also known as the antilibidinal ego). Surely if we brought the internal saboteur under control, Matthew would not be so hard on himself.

Of course it is not that easy, especially because the role of the internal saboteur is actually to protect the individual from the longings of what Fairbairn called the "libidinal ego"—that part of the individual that yearns for love and closeness. Because yearning for contact with the hurtful parent resulted in such traumatizing pain, the antilibidinal ego (internal saboteur) springs into action whenever the child, or adult, reaches out for self-sustaining connection with an important other, threatening the beleaguered self with further traumatization. Whenever Matthew came close to acknowledging a need for me or experiencing positive feelings for me, he almost simultaneously experienced massive amounts of shame, engendering harsh attacks on himself and me and sabotaging his movements toward connectedness.

While these theoretical notions allowed me a platform from which to experience empathy in the face of Matthew's intractable attacks on himself and on me, they did little to ameliorate his distress. Matthew was able to accept the information that a part of him was being very cruel to himself in the face of his attempts to reach for connection with others. However, he experienced me as once again blaming him for his problems. My pointing out that this attacking part developed as an attempt to protect him from reinjury did nothing to assuage those feelings. As a scientist and an adult, he believed that he should be smart enough to refrain from such an illogical defensive maneuver and felt

that I was calling him childish. Thankfully I did not take one consultant's advice to inform Matthew that he had "an internal Nazi that was stomping out his desire to live and love." I do not think either of us would have survived the imagery.

The central aim of Fairbairn's theory of psychoanalytic cure is to facilitate the patient's ability to reexperience with a caring other the painful experiences banished into repression during childhood. Matthew was not experiencing me as a safe enough person with whom to venture such an undertaking, and the risk of rejection, abandonment, or exploitation was just too great for him to take. I became increasingly aware that Matthew's efforts to his keep his vulnerability hidden and his needs disparaged or out of awareness was impeding our ability to form a therapeutic alliance. Something critical was lacking in my efforts to create a safe enough space to facilitate Matthew's emergence into the treatment.

Psychoanalytic Self Psychology

While the foundational spirit and development of Kohut's self psychology emerged predominantly in Chicago, exposure to this revolutionary theoretical turn occurred in Southern California primarily by word of mouth; this changed when a handful of senior analysts from traditional conventional institutes founded the Institute of Contemporary Psychoanalysis. Weary of the unrelenting dogmatism and dismissive attitudes of the psychoanalytic institutes of which they were members, friends and colleagues of Kohut's, among them Estelle Shane, Robert Stolorow, David Markel, Arthur Malin, and Louis Breger, braved the anger and scorn of their contemporaries to create an institute less rigidly organized and more open to the scientific discoveries of the latter part of the century. Kohut's essential early theses encompassed many of these discoveries in the context of a more scientifically sound psychoanalysis. Primary among them were his contentions that, in analysis as elsewhere in science, the observer impacts the observed and that the method of observation must match the focus of study. These theses are discussed below.

Kohut (1959) was the first to examine, and then embrace, the implications for psychoanalysis of the turn from the objectivist science that reigned early in the 20th century to the relativism that ushered in the postmodern era. The qualities of the Freudian psychoanalyst, the fabled "blank screen," neutral and objective, were incompatible with findings that demonstrated the inevitable impact of the observer on the observed. Not only was the analyst imparting his subjectivity to the proceedings by viewing the patient's material through the lens of his own beliefs, ideas, and expectations, his verbal and nonverbal participation in the analysis influenced the patient in ways that were not typically taken into consideration. Furthermore, these findings threw into question the previously unassailable veracity of the analyst's pronouncements; he could no longer be considered the objective observer of the patient's mental workings, an authority with access to the heretofore hidden "truths" about the patient's motivations, desires, and fears.

Kohut also redefined the field of psychoanalysis and the subject matter under psychoanalytic investigation, moving from the traditional focus on abstract mental structures, such as the id, ego, and superego, to attending to emotional events discernable through empathy, also called vicarious introspection. He explicitly introduced the empathic stance as the sole valid method for investigating the patient's world of experience. The analyst, he contended, can only truly understand the patient by attuning to his or her affective experience, which understanding is subsequently conveyed to the patient through interpretation. For Kohut, the only aspects of the patient's emotional world relevant to psychoanalytic inquiry come to light through vicarious introspection.

Human nature looks very different when approached from the perspective of Kohut's psychology of the self versus that of classical

Freudian theory. Kohut (1980) labeled the Freudian patient, "Guilty Man," stymied in his or her efforts toward seeking pleasure or discharging tension by internal injunctions forbidding them. The patient he observed via empathic introspection as endeavoring to achieve an authentic and cohesive experience of self, Kohut called "Tragic Man," in consideration of the many failures man encounters in such attempts. Kohut presented psychoanalysis with a new model of development, one that took into account the motivational strivings of "Tragic Man" toward a cohesive sense of self as well as the data gathered by way of the empathic-introspective method.

Initially intended as adjunctive to Freud's object-based line of development, Kohut (1971) eventually posited the idea of a separate line of narcissistic development, delineating the development of the self. By 1977, he no longer saw justification for any model of development other than that supporting his supraordinate theory of the self. Kohut's model underscores the caregiver's responsiveness to the child as critical to development. According to the self-psychology model, under optimal conditions the child develops a vital, harmonious, cohesive experience of self that is relatively stable across time (Wolfe, 1988). To that end, Kohut outlined the various functions provided initially by the infant's caregivers and then throughout life by other significant people as well as increasingly abstract symbols and personally meaningful aesthetic experiences.

The development and maintenance of a healthy sense of self rests on various specific needs of the child being sufficiently met in his relationship with primary caregivers. Kohut chose the term "selfobject experience" to denote the child's subjective experience when these (selfobject) needs are being met. The selfobject needs fall into a number of categories. Kohut called the child's needs for affirmation, validation, acceptance, and appreciation "mirroring" selfobject needs. The child's "idealizing" selfobject needs are for experiences of acceptance by and merger with a calm, protective, strong, wise person admired by the child, and "alter ego" or "twinship" selfobject needs denote longings to bear a significant likeness to a significant other. "Adversarial" selfobject needs are met when one can successfully oppose a caregiver, thereby confirming one's autonomy while retaining necessary connectedness, and the need to experience having an impact on the other falls into the category of "efficacy" selfobject needs. Theorists following Kohut continue to describe selfobject needs as they see them arise in their patients (Trop & Stolorow, 1991) and understand them as specific dimensions of experience.

The caregiver is not a selfobject per se, as is often mistakenly thought, but performs functions that meet selfobject needs. The child has selfobject experiences; that is, the child experiences a more cohesive and vital sense of self as the result of having selfobject needs met in the relationship. To illustrate, the child feels valued, and thereby valuable, upon experiencing mirroring selfobject needs being met through his or her relationship with a mother who expresses delight in him. Feeling valued enhances self-esteem, one phenomenological indicator of a cohesive sense of self.

Self-sustaining selfobject experiences are needed and take place over the course of a lifetime. This has profound implications for therapy, as will be demonstrated when I return to the case of Matthew. For the infant, the fulfillment of selfobject needs is taken for granted until their frustration by caregivers generates the development of defenses against exposure to potentially injurious responses or other such distortions. Chronically and traumatically unmet selfobject needs lead to deficits in self-development, which increase vulnerability to blows to self-esteem or narcissistic injuries. Narcissistic injuries can trigger self-defeating behaviors and further damage an already wounded self. Additionally, defenses against the mobilization of such needs, understandably constructed in response to painful selfobject failures, prevent exposure to potential sources of selfobject need satisfaction.

By the time an individual seeks therapy or analysis, he or she may have completely disavowed any needs for selfobject responsiveness because continued neglect or harsh treatment poses such a tremendous threat to an already fragile sense of self. Defenses that have arisen to keep potential retraumatization at bay may have resulted in an isolated, lonely, unfulfilling life. In addition, shame and rage, understandable reactions to injuries to the self, may have wreaked havoc with interpersonal relationships and become an ingrained pattern of reactivity. Given a therapeutic ambiance that is sufficiently respectful, accepting, and understanding, the selfobject needs of the patient are gradually remobilized in anticipation of a new beginning for healthy self-development. The analyst's task entails empathic engagement with the patient in order to recognize, understand, accept, and respond to those nascent needs in an appropriate manner. This kind of healthy selfobject responsiveness strengthens a self weakened by prior faulty selfobject experiences.

Kohut described therapeutic intervention as occurring over two basic steps, an understanding phase and an explanatory phase. During the understanding phase, the analyst listens for and elicits affect-laden material, and during the explanatory phase, the understanding developed in the previous phase is conveyed to the patient in some meaningful way, traditionally through an interpretation of the selfobject need manifesting within the therapeutic relationship. In practice, there is more to this process, especially as these needs for merger, recognition, validation, approval, and soothing, for example, can be experienced as highly anxiety provoking and shameful. Above all, the patient longs to be deeply and compassionately understood by someone trustworthy, a process carried by the empathic resonance set up in the therapeutic dyad. Substantial healing occurs during these times, but inevitably and repeatedly the therapist loses empathic connection with the affective experience of the patient, at which times the therapy grinds to a halt, sometimes surprisingly and painfully so for both parties.

Periods of rupture in the empathic connection between therapist and patient, as anguishing as they may be, also provide considerable opportunity for self-development in their repair. Repair of the rupture requires that the therapist identify the source of the rupture, that is, where and how the empathic tie broke down, the meaning the patient ascribes to the event, the therapist's ability to take responsibility for his or her lack of understanding, and restoration of the empathic tie. The patient experiences the therapist's genuine interest and concern, which substantiates his or her selfhood, and renders a sense of efficacy when the therapist ultimately restores an environment in which selfobject needs are being welcomed and acknowledged.

Perhaps most importantly, the repair conveys that the therapist finds the patient's feelings to be valid. Such breakdowns frequently entail emotional dysregulation and expressions of rage or withdrawal, feelings that were often unacceptable to early caregivers. When the therapist communicates acceptance of these feelings, the patient is affirmed as valuable even though the emotions he or she is experiencing may be less than comfortable for others. As a result, he or she will be more likely to risk new behaviors that could result in selfobject needs being met, thereby strengthening his or her sense of self. Importantly, the therapeutic relationship itself ordinarily emerges much stronger for the reparative transaction and opportunities for valuable selfobject experiences in the therapeutic relationship increase. Additionally, previously threatening affect states can be newly integrated into a more cohesive sense of self.

Kohut's psychology of the self carried profound implications for the practice of psychoanalysis, from its stance regarding the impact of the analyst's subjectivity on the analytic situation to its repudiation of the analyst's objectivity and from its theory of development to the clinical theory that follows from it. Nowhere is that

more apparent than in the way in which it repositions the role of rage. In contrast with those theories that consider rage to be a manifestation of an innate primary drive, self psychology regards it as an understandable byproduct of cohesion-threatening psychological injuries. Thus, rather than guiding the analyst to search for the murderous hostility hiding behind anxiety or lurking in the latent content of a patient's associations, self psychology instructs the clinician to seek out the empathic rupture in order to discern the origins of a rage reaction.

Treating a narcissistically vulnerable individual as though his or her rage is innate can reinforce a sense of inherent badness and general hopelessness. Reconsidering Matthew's anger in the context of his mother's neglect and criticism as well as the substantial physical abuse he suffered at the hands of an older sibling became a critical element in his therapy. Matthew felt less defective as we began to regard his long-simmering frequently erupting rage as the normal and understandable response to emotional injuries sustained over the course of his childhood and into the present. His capacity to tolerate being angry progressively improved and he expressed it increasingly directly, without the venomous sarcasm and fury that had accompanied it for so long. As Matthew's shame about being angry subsided, he felt more entitled to protest the wrongs he suffered in a healthy and constructive manner. Incorporating self psychology into the therapy enhances its efficacy in many ways, as I hope to demonstrate as we return now to the case material.

Returning to Matthew

Late Tuesday evening approaches; it is my last session of the day and our first of the week. Matthew studiously keeps his eyes averted as I open the door to the waiting room, carefully places a bookmark in his well-worn paperback, and slouches dejectedly toward the couch. I wonder to myself how he has processed our last session in which more childhood abuses were slowly and painfully recounted. Sprawled, half sitting, half reclining on the couch, he stares determinedly at the floor between us. Occasionally he sighs or pushes his glasses back on his nose, turning to glare at the clock before looking down again. Too much pain-filled time left in the session, or not enough? Or both? I wonder if I should break the silence and rescue him (us? me?) from the atmosphere of tension that thickens with every passing second. A mixture of relief and dread settles over me as he exhales, with seeming resignation, the sigh that usually signals the onset of his unique blend of beseeching complaint and resentful accusation.

"All my life," he begins in a voice that is chillingly low and even, still fixing his eyes on a spot on the rug between us, "all my life I have trained myself to think logically about things and not to let my feelings get the best of me. There's a *Star Trek* episode where Spock's logical Vulcan side breaks down and his emotional human side takes over. He can't think, his priorities change, and he cries and falls apart."

He also loves, I think to myself; our shared familiarity with this TV cult favorite provides a mutual language occasionally bridging the chasm that exists between us so much of the time. My anxiety diminishes as I recognize the fear and anguish behind his barely contained rage. I know the episode he is referring to and am not at all surprised that he does not mention the deeply passionate human feelings Spock experiences for the first time.

"You encourage me to get in touch with my feelings, even though you know how important it is for me to stay in control," he continues, his voice intensifying. "Everything I have ever accomplished has come from being able to think logically about the situation. But you," he continues, raising accusing eyes to mine, "want me to feel things for no good reason. What good is it going to do me to get angry and sad about things I never had any control over?" The rage is no longer contained and hostility emanates from him in nearly palpable waves.

We hold each other's gaze and, as I strive to hold onto the nascent compassion I felt when

he was talking about Spock, I sense the panic shrouded behind his anger. He is not buying the beauty of Spock's briefly enhanced capacity for connection with others in the absence of his logical Vulcan self; how can he, terrified as he is of losing all connection to himself, of "falling apart" as Spock does, an experience Kohut referred to as "fragmentation"? Often, the strategies that individuals employ to forestall such an experience exact a high price in terms of genuine self-expression, intimate relationships, and feelings of well-being.

"I think it must be really terrifying to have me so intent on getting you to feel that kind of anger or sorrow in spite of your having told me how intolerable those feelings are—especially since there's no apparent upside to doing so. And I know you worry about displeasing me by not going along with it." I want to let him know that I can feel how scared he is and how alone he feels himself to be with a caregiver at best oblivious to his needs and at worse manipulating him into certain breakdown.

He sits in silence. Watching him clean his glasses with his shirt tail, I am taken once more by the gauntness of his face, the furrows between his brows, and the shadows under his eyes. When he finally speaks his voice is flat.

"Apparently I can't even feel the right thing. Add that to my list of failures." He snorts in disgust and looks away from me.

"Failure? What do you mean you can't feel the right thing?" I am honestly confused at this turn.

"You said it must be terrifying . . . I don't feel terrified at all, just frightened. And it worries me that you base everything you think is going on with me on erroneous data." Terrified? Frightened? I resist the brief temptation to accuse him of attempting to divert us from his feelings by picking a fight.

"I can imagine how worrisome that is, that I could be creating my own made-up picture of who you are. Not only that, but how alone it could leave you if I'm only relating to my image of you. I think you are really trying very hard to give me a full picture of yourself, so that I can give you something that will help."

"I do feel so alone," he admits, his voice quieter now. "And even though I understand that if I don't let those feelings out they will just fester, I don't think I can handle it."

"Yes, of course they feel overwhelming; nobody ever helped you bear them or make sense of them in your family. In fact, you were shamed for expressing them and wound up feeling bad for even having them. So it's understandably hard to imagine that we might manage them more easily together than you can do by yourself."

"No, I just don't have a template for that," Matthew agrees. He falls silent again but this time the deep line between his brows is drawn less sharply and his hands lay quietly by his side. Tension no longer fills the room; instead a contemplative silence falls over us both.

What kept this exchange from devolving into an increasingly dysregulating and angering encounter for both of us? Self psychology would point above all to the empathic connection that remained largely intact throughout the exchange. Matthew felt that I understood his anxiety about feeling forced into emotional experiences he fears are dangerously intolerable. Furthermore, as Kohut argued, I know that I am far more than an observer in this process and that it is in the context of my participation that Matthew is objecting to my use of the word "terrifying" in place of "frightening." By staying close to his experience instead of venturing my own thoughts about why he makes a stand against the word choice (i.e., resistance, distraction, diversion from his feelings), I have the opportunity to validate and speak to his actual concern. One of the most demeaning interpersonal experiences from which Matthew suffers is being treated as though what another perceives about him is true, when in fact the other person is misinterpreting his actual experience. What might seem to be resistant or argumentative on his part—quibbling about the apparently minor distinction between terrifying and frightening—is actually the best way

he knows to make sure that I am addressing him rather than my projection of him, thereby ensuring that my words are meant for him.

In addition, I understand Matthew's refusal to relinquish his Spock-like adherence to intellect over emotion as an attempt to maintain his self-cohesion in the face of overwhelming affect. His anger about my perceived attempts to force him into feelings he cannot tolerate makes more sense to me as a by-product of the breakdown of the self-sustaining empathic bond connecting us than it does as a wayward manifestation of a death instinct or innate aggression. Not only is he apparently being asked to experience extremely painful feelings, he is being asked to bear them in the absence of a caring, protective, understanding other. When he feels the resumption of an empathic connection between us, he feels more inclined to engage with his frightening feelings.

Matthew's distress about not conforming to my agenda is also evident and can be understood as the result of potentially risking our emotional bond in order to maintain the integrity of his sense of self. Self psychology advocates the recognition and appreciation of healthy strivings made in the service of health and growth. Interventions that recognize the patient's often subtle "forward-edge" movements toward renewed growth (Tolpin, 2002) validate even minute strivings in this direction, thereby reinforcing and encouraging the resumption of healthy development. My acknowledgment of Matthew's wish for healthy emotional growth, as evidenced by his reluctance to embrace my perspective at the cost of his, enhanced his ability to stay with his own experience, and his protest of its distortion by others grew more centered and less antagonistic.

Intersubjective Systems Theory

Coinciding with Kohut's work on the 1977 volume *Restoration of the Self,* which established self psychology as a revolutionary new voice in psychoanalysis, Robert Stolorow and his colleagues were arriving at many similar ideas independently. Intersubjective systems theory, a purely phenomenological approach, emphasizes the intersubjective field generated between two or more mutually influencing subjectivities, the inherently self-organizing properties of the mind, and the centrality of affect in the organization of self-experience. It augments the selfobject (developmental) transference of self psychology with a repetitive (or conflictual/resistive) dimension of the transference. Employing an intersubjective systems theory approach in concert with self psychology permits clinicians to enhance the latter with the former, eventuating in a more comprehensive treatment than that which Kohut developed.

Whereas Marian Tolpin emphasized listening for the nascent tendrils of developmental strivings in her forward-edge/trailing-edge distinction, Stolorow and his colleagues provided self psychologists with a perspective from which to understand an individual's reluctance to engage with the therapist. The repetitive dimension of the transference refers to the ways in which patients anticipate that their developmental longings will be met by the analyst in disconfirming or hurtful ways, similar to the experiences they had with their parents.

Intersubjective systems theory views transference as unconscious organizing activity in which the principles arising from the transactions taking place within the child/caregiver system come to organize all subsequent experience. The child whose expansive self-expressions were met with indifference or disapproval by caregivers subsequently expects that significant figures, including the analyst, will respond similarly to developmental longings for approval and admiration. This was certainly the case for Matthew, whose self-centered narcissistic mother and competitive older siblings consistently shamed his attempts at self-expression. He grew to believe that the only way to avoid ridicule and criticism and garner anything in the way of approval was through

a self-effacing perfectionism and denigration of his own legitimate needs for positive attention.

An intersubjective perspective greatly enhanced my understanding of Matthew's tendency to follow any bids for warmth or attention with devastating self-attack. As mentioned above, Fairbairn maintained that such attacks were the work of an "internal saboteur." Stolorow's theory reduces the self-blame such a concept can trigger by denoting the intersubjective field as the context for mental activity. Matthew was much more receptive to my suggestions that, because he expected me to chastise him for being defective and needy as his family so routinely did and as he had previously experienced me as doing, he either tried to keep his needs for warmth and attention out of the analysis or beat himself up for expressing them in my presence. He acknowledged the truth in what I was saying, and it made sense to him that his fearful expectation that I would respond disdainfully to him was the result of unconscious organizing activity that plugged our interactions into an old equation, the historical outcome of which was his being shamed for having legitimate needs. He could then risk expressing his needs in my presence and experience a completely different outcome in which his needs were acknowledged and appreciated instead of ridiculed.

As Matthew's experiences in this new relational context grew in number, his expectations changed as well. He began taking pride in his accomplishments, fully anticipating my enjoyment of his success as well. The repetitive and selfobject (developmental) dimensions of the transference occupy shifting foreground/background positions. Often the relational fears represented by the repetitive dimension of the transference exist outside of awareness and are uncovered only when particular, threatening, selfobject needs arise.

True to its phenomenological roots, intersubjective systems theory warns against the reification of the self-construct as it appears in Kohut's writings. The self is more accurately understood as an experience, a sense of self, as opposed to a static entity. One's sense of self is fluid, extremely context-dependent, and varies according to the person we are with or the situation we are in. This understanding keeps therapists from labeling and objectifying patients and maintains an adequate level of curiosity about the patient's experience. Curiosity permits the work to take place based on what is happening rather than what is expected by virtue of a diagnosis or other fixed understanding.

My work with Matthew also benefited greatly from an appreciation for intersubjective conjunctions and disjunctions. Simply put, in an intersubjective conjunction a high degree of apparent similarity between the ways two individuals experience the same event can lead the therapist to erroneous assumptions about the meaning of an experience for the patient. This can result in the premature foreclosure of exploration that could prove useful to the dyad as well as the establishment of a conclusion in the therapist's mind that goes unchallenged because it is not even brought to the patient's attention. Intersubjective disjunctions occur when a relative absence of similarity in the ways the two experience the same event renders an empathic understanding nearly impossible.

Matthew and I have in common a few characteristics that make intersubjective conjunctions rather likely in some arenas. Both of our fathers were scientists that served in similar branches of government-sponsored explorations. In addition, I very nearly followed the same career path Matthew did, right down to the college he attended, an institution to which admission is all but limited to the offspring of alumni or parents who work for the government-based facility employing my father. These similarities provide Matthew and myself with certain common values, similar organizing principles, and likely responses to various situations. Therefore, on various occasions when our dialogue faltered, I would finally recognize the breakdown to have originated in an assumption on my part based on

our seemingly identical reactions to something that transpired earlier. An awareness of the nature of intersubjective conjunctions allowed me to be more alert to the clarification I needed from Matthew to prevent the kind of serious misunderstandings that needlessly interrupted the flow of our work.

Currently Matthew and I have settled into a more comfortable and productive therapeutic relationship, one that is marked by mutual respect and affection. While there remains much in Matthew's still emerging sense of self that requires my help in the way of acknowledgement and other selfobject experiences, he is much more confident and stable than he has ever felt before. He is far less anxious about the intentions and judgment of others and recovers far more quickly from the depressions that historically rendered him nonfunctional in his life. I am very optimistic that our ensuing work together will lead to increasingly greater self-esteem and happiness.

Discussion

Heinz Kohut's psychoanalytic psychology of the self opened the way for analysts/therapists to treat a broader range of patients than was previously considered to be "analyzable." In spite of Sandor Ferenczi's (1931) assertion that a paucity of skill was at the heart of the clinician's inability to treat an individual, most theories, until Kohut's, lacked an approach that gave the analyst the skills or theoretical platform for success with certain patients. Armed with an empathic listening stance, a phenomenological theory of mental functioning, a theory of development that accounts for the needs of an optimally functioning self, and an awareness of the impact of his or her own subjectivity on the patient, the clinician is prepared as rarely before to provide a healing experience for even difficult patients.

Matthew, with his fragile sense of self so vulnerable to narcissistic injury, rage, and shame, required from me the kind of attention to the empathic bond between us that only self psychology stresses. As his reactions to empathically delivered object relations-oriented interventions consistently indicated, he felt misunderstood, criticized, blamed by my interpretations, and very much alone in a hostile environment he could not seem to impact. Although not without considerable difficulty and very painful periods, the therapy proceeded in a much more satisfying way for both of us when I immersed myself in self psychology and intersubjective systems theory, finding my way to Matthew and his experiential self.

In the decades since the publication of Kohut's last book *How Does Analysis Cure* (Kohut, 1984), the theory and practice of self psychology has continued to progress in vision and complexity. Its enhancement with contextualism, theories of attachment, infant research, subjectivity, philosophy, and other relational forms of psychoanalysis has given rise to pluralism within the discipline that enriches its healing potential. New ways of thinking psychoanalytically, such as that arising from complexity theory (Coburn, 2002), inform and are informed by practitioners of self psychology and intersubjective systems theory in ever exciting fashions, keeping the art and practice of psychoanalysis of the utmost relevance to contemporary human beings.

Conflicts of Interest

The author declares no conflicts of interest.

References

Coburn, W. (2002). A world of systems: The role of systemic patterns of experience in the therapeutic process. *Psychoanal. Inq.*, *22*(5), 655-677.

Fairbairn, W. D. (1944). Endopsychic structure considered in terms of object-relationships. *Int. J. Psycho-Anal.*, *25*, 70–92.

Ferenczi, S. (1931). Child-analysis in the analysis of adults. In *Final Contributions to the Problems and Methods of Psycho-Analysis*. Brunner/Mazel, New York.

Klein, M. (1932). *The Psycho-Analysis of Children*. The Hogarth Press, London.

Kohut, H. (1959). Introspection, empathy, and psychoanalysis—an examination of the relationship between mode of observation and theory. *J. Amer. Psychoanal. Assn.*, *7*, 459–483.

Kohut, H. (1971). *The Analysis of the Self*. International Universities Press, New York.

Kohut, H. (1977). *The Restoration of the Self.* International Universities Press, New York.

Kohut, H. (1980). Selected problems in self psychology theory. In J.D. Lichtenberg & S. Kaplan (Eds.), *Reflections on Self Psychology, 1983*. Analytic Press, New York.

Tolpin, M. (2002). Chapter 11 doing psychoanalysis of normal development: forward edge transferences. *Progress in Self Psychology*, *18*, 167–190.

Trop, J. L., & Stolorow, R. D. (1991). A developmental perspective on analytic empathy. *J. Amer. Acad. Psychoanal.*, *19*, 31–46.

Winnicott, D. W. (1969). The use of an object. *Int. J. Psycho-Anal.*, *50*, 711–716.

Winnicott, D. W. (1975). *Through Paediatrics to Psycho-Analysis*. The Hogarth Press and the Institute of Psycho-Analysis, London.

Wolf, E. (1988). *Treating the Self*. The Guilford Press, New York.