This is a 1 point course sponsored by the Relational Track that will meet for 6 sessions. We will examine the key constructs of self psychology, initially laid out by Kohut and subsequently elaborated by the intersubjectivists (Stolorow, Brandchaft, Atwood and Orange). These constructs - the motivational primacy of self experience, the essential nature of the selfobject relationship in development, in the transference and throughout life, and finally, the epistemological significance of empathy as our primary way of “knowing” the other - contributed to the paradigm shift to a constructivist understanding of therapeutic action. The psychology of the self is a developmental, teleological theory at heart, keeping the patient’s strivings for growth and transformation always in mind, even as we struggle with painful enactments of earlier trauma. Contributions by Winnicott, Fairbairn, contemporary Kleinians, and mother-infant researchers/theorists will be integrated into the readings and discussions as they enrich and intensify our understanding of the criticality of recognition and the self-immolating quality of defensive structures erected in response to overt negation, confusing double binds or “insidious absence,” as described by Kohut.

Required readings are marked with asterisk*

**Week 1:**

We will begin with an examination of the empathic introspective tradition, a complex construct first introduced by Kohut in 1959, challenging the positivist stance of American ego psychology and pointing the way to a radical paradigm shift. Kohut asserted that in the psychoanalytic situation or field, the analyst has no objective perch, and can use only his/her subjective experience, i.e. the empathic/ introspective mode of investigation and participation, involving affective resonance, self reflection and imagination, to begin to understand the experience of the other. Sustained empathic inquiry requires a tolerance of uncertainty for prolonged periods of time and a disciplined awareness of the possibility of premature interpretation. Kohut did, in his final writings, allow that the experience of an empathic other constituted a bond that was not only therapeutic but an essential “psychological nutriment,” a sense of profound connectedness that is necessary throughout one’s life.


**Weeks 2 and 3. The origins of the self:**

*Self develops in the constructivist matrix of the infant/mother or self/selfobject relationship. Just as with Winnicott’s mother and baby, there is no self without a selfobject. Kohut states that self is not a reified structure, that it is ultimately unknowable, akin to Winnicott’s “incommunicado core.” Kohut concludes that the “virtual self” begins to emerge at the point of convergence “of the baby’s innate potentialities and the selfobject’s expectations with regard to the baby.”*


**Weeks 4 and 5. The selfobject experience/relationship:**

*Selfobject reflects simultaneously one person’s experience of self in relation to another, and the quality of the relationship itself, creating a synergistic relationship between intrapsychic and interpersonal configurations. The selfobject transference underscores the developmental primacy of the psychoanalytic undertaking in which the patient exposes her most vulnerable self experience to another to whom she has given a transitional power in the form of a selfobject relationship. The selfobject aspect of transference is by definition a growth-promoting experience, reflecting the patient’s capacity to use the relationship to open up pathways to new, more expansive ways of being and competing with the expected repetitive transference configurations co-constructed by patient and analyst.*


Week 6. Conceptualizations of conflict/defense, countertransference and enactments:

The intersubjectivists provide an experientially-based conception of intrapsychic conflict based on the chronic experience of affects, primary ways of being, as unacceptable to the caregiver/selfobject and thus inimical to the life-sustaining bond, resulting in dissociation/disavowal of affective experience considered to be at the core of self consolidation. One cannot underestimate the patient’s vulnerability to confusion and doubt, or powerful beliefs regarding their destructiveness based on the parent’s blaming the child for his/her angry or depressive reactions to the parent’s failures to affirm or recognize. Countertransference is conceived both in terms of challenges to the analyst’s equilibrium and as inherent in the empathic perspective requiring our continual openness to our patients’ challenges to what we do not yet know


