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A Discussion of Darren Haber's Paper: Through The Lens of Intersubjective Self Psychology

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ABSTRACT

Two principal resources will be used to discuss Darren Haber's paper Simulated Selfhood, Authentic Dialogue: An Intersubjective Systems Look at Treating Addiction. They are Intersubjective Self Psychology: A Primer and Narcissus in Wonderland: The Self Psychology of Addiction and its Treatment. Both of these resources provide a different and more complete way of understanding this excellent case presentation.

KEYWORDS

Intersubjective self psychology; self psychology; addiction; psychoanalysis of addiction; psychotherapy and addiction

Darren is right. Darren states in his first sentence that addictions are notoriously difficult to treat. Freud himself was addicted to cocaine and he died from complications of his addiction to cigars. Psychoanalysts failed miserably in understanding addiction and analysts through the first half of the twentieth century failed to protect and offered addicts only a modicum of help, if that. Classical theory regarded all addictions as evolving from a masturbatory addiction and the idea that successful treatment was defined by interpretation alone and creating more room for the impact of understanding alone led to treatment failures and the failure of psychoanalysts to help addicts.

This is a beautifully written case, artful and a pleasure to read. Darren's openness allows us as readers to observe his thoughtful, human, sensitive self, engaging his patient who is truly stuck in the throes of an existential crisis, stuck in a room in which he sees no doors out or windows to open, trapped in his own solitary narrative, desperately waiting for someone to be brave enough and skillful enough to enter that room with him. Courageously, Darren entered that room with him. And, part of what makes it possible for Darren to enter this jail cell with Tyler is that he knows the way out, and he knows what it is like to experience that jail sentence, alone in a cell by himself. He hopes that his path to his own abstinence and sobriety will foreshadow a road he hopes to find with and for Tyler. Darren's treatment of Tyler is a wonderful example of the best that psychoanalysis has to offer patients like Tyler and myself. I too am in recovery and myself 45 plus years in recovery and free from the pain of the isolating aloneness of relying on substances and other addictive behaviors and things. By bringing my own experience into the mix, I hope to enter a new intersubjective field with Darren and Tyler, as we discuss this paper.

Darren utilized intersubjective systems theory to help him find a path to reach Tyler. I would like to offer a different way of understanding Tyler and the treatment process, through the lens of two resources. The first is through a book I co-authored with Richard Ulman, "Narcissus in Wonderland: The Self Psychology of Addiction and Its Treatment." And the second is my current area of interest represented by a book in which I participated as a contributor and co-editor: "Intersubjective Self Psychology: A Primer." Intersubjective Self Psychology or ISP is a perspective that melds the best of intersubjective systems theory and self-psychology. Like Intersubjective systems theory, ISP is focused on the subjective experiences of both participants at all times, but unlike Intersubjective systems theory, ISP regards the intersubjective field as composed of the intersection of the selfobject transferences for the analyst as well as the patient, and what we more broadly call the generative transferences.

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Also, the focus of ISP is not only on the repetitive transferences, the trailing edge, but we focus theoretically and practically on the generative transferences, the leading edge, the selfobject transferences, that dimension of the therapeutic relationship that promotes growth and healing. Focusing on the "we" of the therapeutic relationship, even when it is functioning well, broadens and deepens the relationship, providing more stability and psychic flexibility. More about ISP and how it differs in theory and practice from Intersubjective systems theory later in this discussion.

My reference point in understanding addiction is rooted in "Narcissus in Wonderland": The Self Psychology of Addiction and Its Treatment." In this book, Richard Ulman and I combine the myth of Narcissus with Lewis J Carroll's Alice in Wonderland. The addict is lost in an addictive wonderland of narcissistic fantasies and these fantasies are so powerful that like Narcissus, the addict becomes dissociated and anesthetized by using these inanimate things and activities, such as drugs, alcohol, gambling, food. Addicts are addicted to fantasies that trigger fake selfobject experiences in place of the psychic structure that they never developmentally achieved. These selfobject-like fantasies, first identified by Kohut, involve powerful experiences that trigger experiences of idealization, mirroring and twinship. A child born into a good enough psychically nourishing environment absorbs the real selfobject experiences of good enough caregivers to begin to experience healthy self-esteem, by feeling mirrored for who they are, experiencing the protection and safety of an idealized other, and lastly the powerful impact of the effects of a healthy enough twinship, and the sum of all three of these good enough selfobject experiences begins a path towards healthy self-esteem.

There were so many times in reading this paper, when I felt like Darren and I were speaking a similar language, that we shared a similar past, like cognates that share similar origins. For example, Darren states that "addictive processes . . . are chosen and 'controlled' by the person alone, like a transitional object." I too believe that it is critical to understand the role of transitional selfobjects in the etiology of addiction and how their depraved form becomes the root of all addictive attachments. The addict is developmentally arrested at a stage of development which involves transitional selfobjects, which devolve into addictions to people, things and activities. While most children, other than addicts, advance through a healthy phase of development where transitional selfobjects first become imbued with the functions of caregivers, the child who becomes an addict, becomes overly dependent on these transitional selfobjects, and transitional selfobjects, healthy by definition, devolve into an unhealthy form, leading to the overuse and abuse of people, things and activities which provide fake selfobject functions, fake because their functions never ever go inside, leaving the addict forever trapped with them, the proverbial monkey on their back.

Darren also makes mention numerous times that the relational world is a mystery to the addict and that this is a profound dilemma particularly at the beginning of the treatment. I couldn't agree more. Darren states "at the outset, we are asking patients to reorient themselves entirely." Addicts require a particular relational approach, an approach that is rooted in understanding the etiology of addiction, that is particular to addiction. Addicts too often do not experience empathy in their childhood surround, but their strivings are met with antipathy, in which the child is treated like a nonhuman thing, eventually leading the addict to treat him or herself like a nonhuman entity or machine. The addicts' principal attachments are to people, things and activities that are experienced as part human, part nonhuman, which the addict uses and abuses. The addict includes him- or her-self in this exploitative process. Therefore, in the initial phase of the therapy, the therapist is experienced by the addict as part human, part thing. At one point, Darren suggests that "we might begin to feel like a bottle or pill in human form" and I couldn't agree more. Often the therapist experiences this using and flees because they essentially feel unseen, unmirrored, and if the therapist is an addict who has not yet fully worked through their own experience of being used and met with antipathy, he or she will flee. However, if like Darren, there is an understanding of where the addict comes from and why, and what the addict patient is capable of, and their limited capacity to relate; if this therapist does not desperately need the patient to be *for* him as a person, he might consciously and unconsciously offer a helping hand to a fallen brother.

Darren recognized Tyler's objectless world when he stated that "Tyler seemed removed from relational engagement in general: his one friend (and friend is in quotes) was his pot dealer and that he had no romantic interests, content with pornography alone. Addicted patients, generally speaking,

are new to the concept of relational process." His one "friend" is transactional, and romance remains in the fantasies elicited by the silver screen. Addicts use and abuse people as they do things and activities. His or her world, dependent on the level of addiction, consists mostly of things and activities that I believe provide selfobject-like experiences, and when they do engage others there is some aspect of the others humanness that is unseen. To the degree to which the therapist's humanness is experienced it is both frightful, because of past traumatic failures, and hopeful, hopeful that there is the possibility of joining the human race with others who experience themselves as more fully human.

Darren mentions the addicts use and abuse of control, and I agree that this is critical to understanding the addicts' experience. Take a pill, take a drink, spend hours watching pornography, as if one is in the movie. One has the experience of controlling immediately how one feels. I conceptualize this as the addict's megalomaniacal experience that is part and parcel of addiction (Ulman & Paul, 2013). The addict is the wizard directing others to be where he demands they be and failing like Mickey Mouse, in the Sorcerer's Apprentice, whose initial use of the broom is magical; but all that seems magical disappears and soon turns to disaster.

Darren describes his understanding of the treatment process, in the last sentences of the abstract after describing how his own understanding of himself and how his background freed him to see Tyler. He declares that "A dyadic loosening occurs, with a reinforcement of the analytic frame, and my deeper understanding of the patient's dilemma; this recognition frees the patient to self-initiate steps towards expansiveness, easing his compulsive reliance on antidotal and isolating self-protections." Through this process, I believe that Darren not only understood Tyler's dilemma but that he assumed the psychological functions of the alcohol and pornography. The compulsive reliance on antidotal and isolating self-protections lessened only as Tyler began to trust that Darren would understand him in the specific ways in which he needed to be understood, through the ongoing protection of the idealized and twinship selfobject transferences. The idea of a dyadic loosening and that Darren's deeper understanding of Tyler's dilemma freed Tyler to self-initiate towards expansiveness doesn't do justice to the process in which they were engaged, one in which Darren takes on the selfobject-like functions of alcohol and pornography and offers Tyler a generative selfobject experience.

At numerous points, in this case, Darren points to the addicts 'existential despair, depression and loneliness. I believe that a derailed developmental process leaves the addict longing for the selfobject experiences that he or she did not receive, accounting for the anxiety, depression, loneliness and existential despair the addict experiences. Facing such an abyss, my way of understanding the specific functions of the treatment of an addiction is that over time, the addict can only relinquish his or her addictive substance if the selfobject functions of the therapy and the therapist replace the addictive selfobject-like functions of the addictions. A developmental process is reinstated in the provision of selfobject experience. In the successful treatment of addiction, first the therapist, in this case, Darren, replaces the fake selfobject functions of the weed and pornography with a selfobject transference fantasy, in Tyler's case the need for an idealization and twinship. Through a successful treatment, the patient gradually comes to metabolize the necessary psychological structure, and from the perspective of ISP this occurs when the leading edge is engaged and intact. And now to my second point of reference.

My second reference point in discussing this case is drawn on a newly completed book that I co-edited and authored with George Hagman and Peter Zimmermann, the title of which is Intersubjective Self Psychology: A Primer. Intersubjective Self Psychology, or ISP, fully integrates the core ideas of self-psychology with Intersubjectivity. It is an immersion in what I believe are the fundamental dynamics of the intersubjective psychoanalytic relationship, integrating Kohut's developmental psychoanalysis.

I believe, as incorporated in ISP, that the sum total of all development enhancing modes of relatedness and of these, the selfobject transferences being the foremost, are gathered under the heading of the leading edge, a term first used by Marion Tolpin (Tolpin, 2002). Tyler's leading-edge experience of Darren is either one of an idealization or twinship selfobject experience. When his leading-edge experiences were in the foreground, during these extended periods of time there was a consolidation of new self-states and dimensions of self-experience. Our focus through an ISP directed treatment is the on-going therapeutic action that results from a sustained experience of

engagement of the patient's and therapists leading edges of experience, the generative transferences. And, any activity, including transference interpretations, even and particularly when there is not a rupture in the tie, when the patient and therapist are thriving, that these are the most valuable moments when a discussion of the relationship may deepen and broaden. The focus of ISP is the leading edge and how to deepen these moments and explain them within an ISP informed therapy, not as extra therapeutic or outside the purview of the psychoanalyst.

Self-disorders are also characterized by fears related to the emergence of the selfobject transferences and accompanying vulnerabilities associated with the fear of repetition of trauma and selfobject failures. The sum total of all repetitive modes of relatedness comprise the repetitive transferences and derive from trauma and selfobject ruptures under the heading the trailing edge, a term also borrowed from Marion Tolpin. From our perspective, though stated differently by Darren, the intersubjective field is composed of hopes and dreads, leading edge and trailing edge divergence and convergence. The work of the analyst is to understand the expression of both and to understand the derailed trailing edge psychological experiences in the treatment of both participants and how this then ushers in leading-edge selfobject experiences for both patient and analyst, wherein most psychological growth occurs.

The working through of failures of patient and analyst represent unique opportunities of transformational experiences for patient and analyst but if one focuses only on the trailing edge, treatment doesn't differ from Kohut's strained effort to demonstrate that self-psychology was not different from classical analysis. Most importantly, from the ISP perspective, during periods of sustained and vital collaboration between patient and analyst, a generative selfobject transference (Zimmermann, 2019) unfolds leading to psychological health and healing. Critical to the treatment is actively promoting and sustaining the intact selfobject experience. Even self psychologists have failed to adequately address the critical growth-promoting role served by intact leading-edge interpretations, formulated from an active discussion of the ongoing selfobject relationship, a discussion initiated by either patient or therapist. It is in the more deeply oxygenated context of the leading-edge experiences of patient and analyst that real change occurs.

There were many moments in this case report when Darren beautifully describes his process of coming to find Tyler through the jumble of his own trailing edge, finding a path to the generative experiences that Tyler desperately needed. Darren engages in a process of remarkable self-examination. At one such critical moment, as Tyler is painfully relating his interactions with his mother, Darren almost falls into the abyss of what I would call his own trailing edge but grasps his own voice and tells Tyler that he would smoke pot too, if left with the voice of his mother in his ears. As I read this, my eyes welled up with tears, and I felt the power of their bond and I am sure that this resonated for me as I too wished that a paternal figure would have been present for me at a critical juncture of my life. From an ISP perspective, Darren's experience of the Sisyphean nature of treating Tyler reflects the trailing edge repetition for himself and Tyler. Both are locked in the repetitive trauma of their own experience, their own "gifted child" experience, as Darren states, until Darren decenters from his own traumatic past and instead uses it to understand Tyler's experience, helping to reinstate what I believe is a developmental selfobject experience for Tyler, which also mirrors Darren's experience of himself as a "gifted" therapist. The two leading-edge experiences of both participants are now in the forefront and the treatment is generative for patient and therapist alike.

Darren talks about stepping outside the bounds of the "usual" in recommending AA or making direct suggestions as extra analytic, disconfirming as he states, "the cordon sanitaire, with a willingness for us to be real or get our hands dirty, unlike distracted caregivers or former therapists, all of this reflecting on what may be experienced as a novel desire to know them rather an induction for them to clean up your act."

Conceptualizing this case through the ISP lens, directing Tyler or suggesting that when Darren himself was directed to AA with a fatherly firmness by a therapist, these experiences fit within the frame of the generative transferences, foremost among them the selfobject transferences, in this case the idealization and the twinship. Accepting the idea that generative transferences of all kinds can be incorporated within the analytic setting makes that frame more powerful. Invoking terms like the real relationship only diminish the power of the therapeutic transferences and harken back to analysts like Ralph Greenson (1967) who needed to describe the real relationship outside the analytic frame.

Darren uses intersubjective systems theory to explain the role he and the treatment served his patients. The primary role of the analyst in intersubjective systems theory is the integration of affect (Stolorow, 2013) and that the need for relationships pertains most centrally to the need for attuned responsiveness to affect states in all stages of life. I believe that affect integration is only one dimension of the selfobject experience, albeit an important one, and just as important is the consolidation of the self-experience. If in treatment a developmental line is reinstated, then everything that contributes or facilitates the development of the self is a part of the new selfobject experience. Think of all the things that we do as therapists to facilitate the development and consolidation of the patient's self. I believe that Darren makes himself available to his patient in ways that are beyond affect integration. I often use language like "We" or "US" in discussing the leading edge with patients when the transference is not disturbed. And, there are so many experiences we have as therapists with patients in which we show up for the "we" of our relationships.

Only some of the moments I am talking about and have experienced include: reaching out to a patient with a text or unsolicited call, going with a patient to an anniversary AA meeting, going with a patient to a terrifying doctor's appointment, showing up with a gallon can of gas for patient whose car had run out of gas a mile from my home, accepting delayed payment for a six-month period of treatment until a patient could access assets. All of these experiences need to be talked about within the context of leading-edge experiences which then broaden and deepen the relationship for both participants. All of these broaden and deepen the treatment experience beyond the patient's affect integration.

It has been a pleasure to consider Darren's work with Tyler. I felt Darren in it with Tyler from the onset and if I felt him, I know Tyler did too, on the road to his recovery.

Notes on contributor

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