Welsh Psychotherapy Institute

Please complete front sheet

Course- Advanced Diploma in Psychotherapy

Name of Trainee: John Dray

Essay Title: Explore how you understand Intersubjectivity as a core underlying principle of working Relationally. How does this develop beyond traditional notions of Transference and Countertransference? What are the challenges of embracing this philosophy in your client work? Your essay will need to make reference to key theorists such as Stolorow & Atwood, Kohut, Orange.. Word count 2500 +/- 10%

Word Count: 2436

Date of Submission: 30 April 2025

Overall Score 77% Grade Merit

Date Received

ESSAY MARKING SCHEME Year 2-4 onwards

Trainees Name: John Dray Year: 3

1st Marker: Rosy Wood-Bevan Date Marked:11.05.25.

Essay Title: Intersubjectivity

Assessment criteria & 1st Marker Comments	**Marks**
A very clear exposition and discussion of the theory, enlivened by good examples from your practice and your personal experience. You interweave issues of AOP into the whole but could have made a more explicit point about addressing the relationship between our own intersectionality and the client's, being fundamental to engaging intersubjectively. Some of your theoretical passages could also have done with some brief examples to demonstrate your grounded understanding. Nevertheless, a very good exploration of the subject which you have made your oen!	
1.Organisation and Planning There needs to be a structured plan for the work with an introduction, development and conclusion. The work should address the essay title. Very well structured and focussed.	9/10
2. Argument and Application to Practice Own ideas will be developed and others included and referenced to show application of theory to practice and self-awareness. Where relevant, indicate further ways in which the themes could be developed. You write with your own voice, offering opinions in relation to the theory. You give good examples of countertransference, and some pertinent examples from client work and your own personal history which very much demonstrate your understanding in practice.	22/30
3. Theory and Analysis Theory must be used to support the essay title. It must be critically evaluated and clearly linked to specific areas of application including self-awareness and own process. Your account of the development of theoretical ideas is very clearly and logically laid out and well expressed. I think you could also have made reference to Stark's notion of 'one, one and a half and two person psychology' to offer further philosophical clarity and similarly distinguished between 'Proactive' and 'Reactive' countertransference. Some sections, particularly that on Kohut whilst accurate, feel somewhat descriptive and could do with breaking up and enlivening with examples, perhaps hypothetical, to more fully ground and demonstrate your understanding of theory.	22/30
4. Ethical and Anti-oppressive Practice Discussion of Ethical and Anti-oppressive practice and an understanding of the impact of intersectionality must be integral to the written work, reflecting the significance of such practice within psychotherapy. Reference can be made to ethical dilemmas, boundary negotiations, legal matters, personal transferential phenomena and any other issues related to power dynamics. You give a very alive account of the gender issues within your training group, to illustrate a	11/15

cultural and personal transference which impacted you. You also recognise the greater level of challenge and responsibility in working intersubjectively, than in 'one' or 'one and a half-person' psychotherapy and are open to exploring your own countertransference. It would have been important also to look at differing intersectionalities as a fundamental aspect of working interubjectively.	
5. Research and Referencing All work will be referenced and include a full bibliography. Harvard referencing system to be used throughout. Reference can be made to books, articles, journals and web links. Well referenced and a good bibliography. One or two terms needed referencing on first introduction and dates of key works given for your authors in the introduction	8/10
6. Style and Presentation Assignments are to be typed and double spaced with pages numbered and named. Front sheets must be included. Marking will take into account spelling, grammar and adherence to word limit (+/- 10%) unless special dispensation has been agreed. Correctly presented and very well written	5/ 5
Total **Grade**	**77%** **MERIT**

0 – 39% = fail, 40% - 49% = REFER; 50% - 59% = PASS; 60% - 79% = MERIT; 80 % + = DISTINCTION

2nd Marker Comments: General Comments required if grade agreed.
Grade agreed Between Both Markers? YES / NO **If NO, the 2 markers will discuss and may alter the mark to agree.** **If the markers do not agree then the second marker will grade the essay and average grade will be given.**

Average Grade if required	

See Handbook section 3, Policy 15 if you wish to appeal this.

1st Marker Signature : **Date: 11.05.25.**

2nd Marker Signature: **Date:**

Please use this document to write your essay. Start on the next page.

Explore how you understand Intersubjectivity as a core underlying principle of working Relationally. How does this develop beyond traditional notions of Transference and Countertransference? What are the challenges of embracing this philosophy in your client work? Your essay will need to make reference to key theorists such as Stolorow & Atwood, Kohut, Orange.. Word count 2500 +/- 10%

Introduction

Intersubjectivity, the mutual and dynamic co-creation of experience between therapist and client, is a foundational concept in relational psychotherapy. It moves beyond traditional psychoanalytic notions of transference and countertransference by focusing on the shared psychological field rather than treating the therapist as an objective observer. However, this concept did not arise from nothing. The early psychoanalysts saw themselves as objective observers of the client's 'state'. Gradually the concepts of transference and countertransference came to the fore, first as 'resistances' that impeded the therapeutic work, and then as useful insights into the client's processes. Subsequently the notion of the objectivity was challenged and the concepts of subjectivity and intersubjectivity were brought into the clinical field. This essay will explore intersubjectivity as a core principle, its implications for relational practice, and the challenges it presents. The work of key theorists such as Stolorow and Atwood, Kohut, and Orange will be critically examined to contextualise its relevance and utility in clinical settings. Very good clear intro, setting out the key principles. References are needed for transference, countertransference and dates for the theorists you list.

Traditional Understandings: Transference and Countertransference

Classical psychoanalysis centred therapeutic action on the management and interpretation of transference and countertransference. Transference referred to the client's displacement of early emotional patterns onto the therapist, while countertransference was initially pathologised as the therapist's unresolved conflicts intruding upon the therapeutic process (Freud, 1912, p. 100; 1914, p. 154). Both were seen as impeding the therapeutic process.

However, as Jacobs (2017) argues, privileging the therapist's interpretations as "truer" than the client's experience risks reinforcing hierarchical and, at times, oppressive dynamics within therapy. Instead of fostering mutual exploration, the classical model often reasserted

the therapist's authority, creating a relational imbalance that relational theorists would later seek to redress. This is accurate and the last is a good point. However, you need a further sentence between the third and the fourth sentence, to make sense of your 'however' which needs to be in relation to some kind of statement about the therapist being the one who interprets what is going on, in classical psychoanalysis.

Classical psychoanalysis emphasised the therapist's neutrality, positioning them as an objective observer of the patient's intrapsychic processes. However, this stance has been increasingly critiqued by intersubjective theorists, who argue that such objectivity is neither possible nor desirable, as it overlooks the therapist's own subjectivity and its impact on the therapeutic encounter Dunn (1995). Good.

As Jacobs (2017) argues, privileging the therapist's interpretations as "truer" than the client's experience risks reinforcing hierarchical and, at times, oppressive dynamics within therapy. Instead of fostering mutual exploration, the classical model often reasserted the therapist's authority, creating a relational imbalance that relational theorists would later seek to redress.

Transference and countertransference phenomena often illuminate the field. Rather than blocking the understanding of what is going on, they can give clues as to what is going on between the people involved. Can you state that this is your opinion or reference For instance, in my training group, I observed differing reactions to anger depending on gender. When women expressed anger, it was met with compassion and encouragement. The expression of this emotion was seen as an important investigation into an emotion that had lain suppressed. When I, identifying as a man, expressed anger, some group members reported feeling unsafe. I know, from my own therapy, that anger is a very difficult emotion for me to express and be with, so it was an important exploration for me. There was no actual threat present. I was not endangering my fellow students in any way. This suggests that past experiences and culturally based expectations — rather than present realities — were being transferred onto me. This not only impeded my ability to engage authentically with my own anger but highlighted the enduring impact of cultural and personal histories

within the field. Given time, it could have been therapeutically helpful to examine these transferences and where they came from. I checked with other groups containing a solitary man and they had had similar experiences. Very valuable point, explored through your own experience.

Countertransference, too, requires careful attention. With one client, a gay man with a complex maternal relationship, I noticed a 'brotherly' feeling towards the client arise. In supervision, I explored how my own desires for an accepting sibling relationship might colour my perceptions. Maintaining awareness of this dynamic enabled me to remain attuned to the client's needs rather than allowing **my** own unmet relational longings to distort the work. This did not restore me to some paragon status of being objective, but it acknowledged my own subjectivity. Another way of examining this is to look at the very notion of 'distort the work' - a phrase that seems to require an objective stance in order to give life to the concept of distortion. Perhaps, instead, I was forming, with the client, what Kohut might refer to as a 'twinning' relationship - providing a brotherly relationship that the client might require, developmentally, to grow within our work together. Some very good points here and it might help your analysis to include notions of Reactive and Proactive Countertransference (as Delineated by Clarkson, after Racker) which can of course dovetail.

Such examples underscore Stolorow and Atwood's (2014) contention that there is no objective observer in therapy. Instead, both participants bring their full subjectivity into the room, co-constructing a shared reality that constitutes the therapeutic process.

Kohut and the Emergence of Self Psychology

Heinz Kohut's Self Psychology represented a major departure from traditional Freudian thought. Kohut (1971/2009) shifted the emphasis from drive conflict to the developmental needs of the self, particularly the need for empathic responsiveness from caregivers. Central to his theory is the notion that empathy is not merely a method of data collection but a crucial mode of psychological understanding.

Kohut's reconceptualisation of empathy fundamentally altered the therapeutic frame. Rather than maintaining emotional detachment, the therapist was encouraged to enter into the client's subjective world with emotional resonance. Kohut (1977/2009) viewed transference not simply as a distortion to be interpreted, but often as an attempt by the self to find cohesion and stability through the therapeutic relationship.

Self Psychology thus paved the way for relational and intersubjective approaches by highlighting that psychological experience is inherently relational and that the therapist's responsiveness plays a constitutive role in the healing process. As Orange, Atwood, & Stolorow (1997) notes, Kohut's work offered an early vision of therapy as a co-created process, even if the full implications of intersubjectivity were not yet fully developed within his framework.

Central to Kohut's developmental framework is the concept of **selfobjects**—others whom the developing self experiences as part of itself to fulfill essential selfobject functions. He identified three primary selfobject functions:

- **Mirroring:** Selfobjects provide empathic attunement and validation, reflecting the child's burgeoning sense of worth and ambition, thereby fortifying self-cohesion. (Kohut, Goldberg, & Stepansky, 1984, p. 23)
- **Idealizing:** Selfobjects embody calm strength and omnipotence; the child merges with these figures to internalize an imago capable of sustaining grandiose aspirations under stress. (Kohut et al., 1984, p. 20)
- **Twinship (Alter-Ego):** Selfobjects who offer a sense of likeness and shared identity, satisfying the individual's need to feel "one of us" and mitigating profound feelings of aloneness. (Kohut et al., 1984, p. 20)

In the therapeutic context, the analyst functions as a selfobject by providing optimal responsiveness—mirroring the client's emotions, holding idealizing transferences, or sharing

in twinship experiences—thus facilitating repair of the self and the gradual internalization of stable self-structures. (Kohut, 1971/2009, pp. 200–202)

By specifying these self-object functions, Kohut not only advanced an empathically grounded model of therapy but also laid crucial conceptual groundwork for later relational and intersubjective approaches that view therapeutic change as emerging through co-created experience. (Kohut, 1971/2009, pp. 135–137) A very well-expressed passage which tracks the development of these ideas. Some examples, hypothetical or from your own practice would more fully demonstrate your understanding, particularly of Kohut's self-object functions.

The Intersubjective Turn

Building on foundations laid by Kohut, Stolorow & Atwood (2014) fully articulated the intersubjective perspective. They argued that all psychological phenomena are contextually embedded within relational fields, rejecting the idea of an isolated, observing analyst. For Stolorow and Atwood, the therapeutic relationship is always shaped by the intertwining of two subjective worlds, each participant inevitably influencing and being influenced by the other.

Greenberg (2016, p. 43) echoes this vision through the metaphor of the tango: a dynamic dance of mutual responsiveness, rather than a one-way process of interpretation. Similarly, Spooner (2011) explores the therapeutic relationship as an evolving and intimate co-creation, wherein both therapist and client continuously negotiate meanings.

An example from my practice illustrates this: prior to a session focused on a client's relationship difficulties, I had been reading Zinker (1978) on interruptions between energy mobilisation and action. When the client spoke with a flat affect about positive events, my interventions naturally drew on these readings, highlighting interruptions in emotional expression. Although unplanned, my subjective state influenced the intersubjective field. This had a profound impact on the trajectory of that session. Good example

Understanding compassion through an intersubjective lens deepened my clinical work. Orange (2008, p. 6) highlights that compassion derives from “to suffer with”. Initially, I misinterpreted compassion as simple kindness. However, true compassion involves a felt sense of standing alongside the client in their suffering — not rescuing them, but supporting them empathetically within their emotional reality. This reframing impacted how I spoke about self-compassion with clients. Encouraging a client to have compassion for their inner child became an invitation to acknowledge and be present with their pain, rather than merely ‘being nice’ to themselves. Well explored.

Challenges and Ethical Considerations

While intersubjectivity enriches the relational possibilities of therapy, it also introduces significant ethical and practical challenges. If both therapist and client are active participants in co-creating the therapeutic field, then therapists must take responsibility not only for their technical interventions but also for their affective presence and unconscious contributions. Yes, important point!

Stolorow & Atwood (2014) stress the importance of continuous self-reflection on the part of the therapist to monitor these influences. Therapists must remain attuned to how their own emotional histories, countertransference reactions, and contextual realities shape the relational field.

Organisational structures, such as those on my placement, often undermine this intersubjective ideal. Before I see a client, they will have been exposed to assessment tools like the CORE10 (Barkham et al., 2013) and International Trauma Questionnaire (Cloitre, Roberts, Bisson, & Brewin, 2018). While clinically useful, they risk predefining clients within medicalised narratives before relational contact is established. This pre-framing can inhibit the emergence of authentic intersubjective experiences and reinforce hierarchical dynamics that relational psychotherapy seeks to transcend. Good In many ways it goes back to an era before Kohut, where the analyst attempted to be consistent in working with their analysand

rather than delving into the intersubjective realm. Worse, if the client has an interpretation of the questions that is different to those of the question setter it can endanger life. For instance, one client answered the question, ‘do you have suicidal thoughts’ as, ‘no’. Consequently, in the pre-assessment the client was marked as not being at risk of suicide. However, one day the client turned up having taken significantly more of a prescribed medicine than should have been fatal. From their description of their behaviour they liked to binge on substances as a way of coping with pain. The client had not seen this as having suicidal thoughts. One way of describing this is that a client with low suicidal ideation had a high chance of accidentally killing themselves through the use of medicines deliberately taken in excess.[1] What I have learned from this is to creatively engage with the answers to the ‘objective’ questionnaires in order to find out what is going on for the client. Good point. The dangers got missed by the semantics, and, as you say, this could much more easily have been picked up in an inter-personal assessment.

As Orange (2008) highlights, mutuality in therapy does not erase asymmetry. The therapist still holds institutional power, professional training, and cultural authority, all of which require ongoing ethical reflection to avoid unconsciously replicating oppressive dynamics within the therapeutic space. Good point Or, to paraphrase one client after their first session with me, “Right, I have told you what the problem is, what advice do you have for me?” A clear example of them deferring their experiences of their life to my “professionalism”. How did you respond? It would have been good to show here how you might negotiate the challenge of the power dynamic without enacting the client’s expectation.

Working within an intersubjective framework demands heightened ethical sensitivity. Therapists must be vigilant of their own emotional and cognitive contributions to the therapeutic field. The challenge lies in remaining open to mutual influence without slipping into enmeshment or reinforcing unhelpful narratives.

[1] The whole situation was taken through the safeguarding procedure. Fortunately the medication had caused the client to vomit profusely, saving their life.

For example, a client recently entered therapy carrying a ‘shopping list’ of issues diagnosed by another practitioner. Although we had already been exploring these themes, the imposition of an external diagnostic narrative risked reinforcing the client’s belief that something was inherently wrong with them. In supervision, I reflected on how our work had valued the client’s coping strategies rather than pathologising their experiences — an important stance within an intersubjective, relational approach. The intervention had significantly changed the intersubjective field. I had to balance several competing demands:

- Valuing the other clinician, while feeling that they had ‘short-circuited’ some of the work I had been doing with the client. In other words, I was feeling annoyed at what I felt was a ‘ham-fisted’ intrusion into our work.
- Discerning whether the client had felt the other clinician as shaming them, for not getting to these conclusions earlier. I also wondered whether the client had taken this as ‘proof’ that ‘something is wrong with me’.
- Within myself feeling concerned that the client might feel that I had been taking a long time to get to conclusions the other clinician had got to in a matter of minutes (and needlessly spending the client’s money on my time)
- Realising that we now had some valuable new information in the field with which to work over coming sessions
- Feeling guilt and inadequacy that I had not stated the items on the shopping list explicitly to the client myself. This latter point was ameliorated in supervision where we re-visited the nature of working relationally with this client. The client may not have been ready to ‘hear’ the shopping list earlier in my work with her. Additionally, the client may have taken the other clinician as a Kleinian ‘bad breast’ that was cold and hard and uncaring, whereas I was the ‘good breast’ that continued to support and nourish her and was there when she needed me.
- An excellent exploration of your own process here in relation to a challenging issue.

This brought home to me that the intersubjective field can change at any moment. A useful metaphor might be that the client had moved from a gentle three-time waltz to a quickstep and that I now felt that I had to keep up with the client. I am noticing that in responding to my client's 'shopping list', I have come up with a shopping list of my own. I think it useful to notice how the style of the process they brought to the session has impacted my processing of the session. Very good awareness!

Conclusion

Intersubjectivity fundamentally shifts the focus of psychotherapy from a one-way treatment of pathology to a mutual exploration of meaning. It transcends traditional notions of transference and countertransference by recognising that both therapist and client are active participants in the co-creation of the therapeutic relationship.

While this philosophy offers profound possibilities for connection and healing, it also presents significant challenges, particularly in navigating ethical boundaries, managing organisational constraints, and maintaining awareness of mutual influence. Through ongoing reflection, supervision, and theoretical grounding in the work of Stolorow, Atwood, Kohut, and Orange, therapists can embrace intersubjectivity as a vibrant, compassionate, and ethically grounded mode of relational practice. Good

References

Barkham, M. … Evans, C. (2013). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies. *Counselling and Psychotherapy Research*, *13*, 1–13. https://doi.org/10.1080/14733145.2012.729069

Cloitre, M., Roberts, N. P., Bisson, J. I., & Brewin, C. R. (2018). The international trauma questionnaire: Development of a self-report measure of ICD-11 PTSD and complex PTSD. *Acta Psychiatrica Scandinavica*, *138*(6), 536–546. https://doi.org/10.1111/acps.12956

Dunn, J. (1995). Intersubjectivity in psychoanalysis: a critical review. *The International Journal of Psycho-Analysis*, *76*(4), 723–738.

Freud, S. (1912). The Dynamics of Transference. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud: Vols. XII (1911-1913)* (pp. 97–108).

Freud, S. (1914). Remembering, Repeating and Working-Through. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud: Vols. XII (1911-1913)* (pp. 147–156).

Greenberg, E. (2016). *Borderline, Narcissistic, and Schizoid Adaptations: The Pursuit of Love, Admiration, and Safety* (1st ed.). CreateSpace Independent Publishing Platform.

Jacobs, L. (2017). Hopes, fears, and enduring relational themes. *British Gestalt Journal*, *26*(1), 7–16.

Kohut, H. ([1971] 2009). *The analysis of the self: a systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. The University of Chicago Press.

Kohut, H. ([1977] 2009). *The restoration of the self*. The University of Chicago Press.

Kohut, H., Goldberg, A., & Stepansky, P. E. (1984). *How does analysis cure*. The University of Chicago Press. https://doi.org/10.7208/chicago/9780226006147.001.0001

Orange, D. M. (2008). For Whom the Bell Tolls: Context, Complexity, and Compassion in Psychoanalysis. *International Journal of Psychoanalytic Self Psychology*, *1*(1), 5–21. https://doi.org/https://doi.org/10.2513/s15551024ijpsp0101_2

Orange, D. M., Atwood, G. E., & Stolorow, R. D. (1997). *Working intersubjectively: contextualism in psychoanalytic practice*. Analytic Press.

Spooner, C. (2011). Explorations in Intimacy. *Therapy Today*, *22*(2), 17–19.

https://welshpsychotherapy.org.uk/images/PDF_STORE/Spoonercexplorationsinintimacy.pdf

Stolorow, R. D., & Atwood, G. E. (2014). *Contexts of Being: The Intersubjective Foundations of Psychological Life*. Taylor and Francis.

Zinker, J. C. (1978). *Creative process in Gestalt therapy* (1st Vintage Books ed). Vintage Books.