Psychotherapy Guidebook

Object Relations Therapy

Vincent Frein
Carole Dilling

Object Relations Therapy

Vincent Frein and Carole Dilling

e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

Table of Contents

Object Relations Therapy

Vincent Frein and Carole Dilling

DEFINITION

In his book Schizoid Phenomena, Object Relations and the Self, H. Guntrip states, "I cannot think of psychotherapy as a technique but only as the provision of the possibility of a genuine, reliable, understanding, respecting, caring personal relationship in which a human being whose true self has been crushed by the manipulative techniques of those who only wanted to make him not be a nuisance to them can begin at last to feel his own true feelings, and think his own spontaneous thoughts, and find himself to be real."

To expand on this definition:

1. An analyst can't guarantee a therapeutic relationship or a relationship with a therapeutic result or, in fact, a relationship. He can only provide time and provide for the possibility of some kind of genuine relationship developing in which the patient is able to be helped with his subjective difficulties.

2. What the analyst sees in an adult as psychic flaws represents the efforts of a child to deal with terror and fear, to make whatever adaptions were necessary to survive and to

preserve relations within his original family.

3. Analysis and cure demand of the analyst a readiness to be more a "scientific researcher" or a "professional" or a "therapist." He must be able to become personally and emotionally involved in a unique relationship with this particular individual.

4. It is within the context of this caring and personal relationship that the patient will have the courage to begin to experience the analyst as possessing the same qualities as the parental figures who originally interfered with spontaneous and healthy growth. Rather than discouraging this misperception, the analyst helps the patient to experience and relive these feelings in relation to him. The analyst also helps the patient understand the childhood origins of the feelings, and the way in which they have been internalized and are projected into all present relationships (transference analysis).

5. When the original failures of childhood are uncovered and understood, the patient stands face-to-face with needs that were never met. At these deepest levels of regression, the analyst must, now especially, be more than a projection screen or scientific researcher and must (symbolically or actually) meet these needs that are no less real in the present than they were in the original childhood situation. The failure of the analyst to meet these needs is equivalent to a repetition of the original trauma of childhood. It is only when the analyst is able to supply the human provision needed in childhood that the patient is able to grow in a real

and spontaneous way that was formerly impossible.

In essence, with all of his symptoms and defenses, a patient comes to analysis to find someone who, in taking the place of the parents, will enable him to grow. Psychotherapy ultimately depends on the analyst's ability to supply this human provision.

HISTORY

Although a study of object relations theory would have to begin with Freud (Mourning and Melancholia; The Ego and the Id), Freud's thinking did not emphasize the object but rather remained basically an understanding of personality in terms of drive theory. Freud saw the satisfaction of the impulse or inhibition of impulse as the primary determinant in early development, and he pointed to the significance of various erotogenic zones in the evolving personality structure. In this framework thumb sucking in earliest infancy would be seen as an attempt to satisfy a sucking impulse. In object relations theory, the shift is toward an emphasis on the object; all libidinal strivings are seen as the seeking of an object rather than satisfaction of impulse. In this case the erotogenic zone becomes merely a pathway to the object. The infant's desire is for the mother. The mouth is merely a channel of contact with the object — the mother's breast. Here thumb sucking can be seen as the infant's attempt to provide a substitute object (the thumb) for his natural

object (mother-breast).

The shift from a theory of libido to a theory of object relations has been in process since the late 1930s, even though object relations theory has only recently begun to achieve popularity in the United States. The major theoretical contributions have been from British analysts, especially Klein, Fairbairn, Winnicott, Gun-trip, Kahn, Milner, and Balint. While object relations theory can be considered a school of thought, it is important to note that there is no one founder. It is rather a body of theory that has been developed by many analysts, each doing his own independent thinking and each making his own unique contribution. The common theme that emerges in the work of each of these contributors is the focus on the importance of the object relation in the earliest stages of human development. It is their enormous contributions to the understanding of the earliest beginnings of life that lead them to important implications for therapy and the patient-therapist relationship.

TECHNIQUE AND APPLICATIONS

The words “technique” and “application” are more suited to the sciences than they are to persons and personal relations. Technique or application are words that could apply to some kinds of therapy — chemotherapy, shock therapy, desensitization techniques, goal-directed short-term therapies, and

the various forms of behavior modification therapies. All of these aim in some way for a regulation or modification of behavior where the individual can easily be seen in impersonal terms.

When we look at the personal, we realize how unsuited thinking in terms of technique becomes when we start to talk about what is human, unique, and individual. It is clear that for human development what is essential are the qualities of the parent and who the parent is in relation to the child. Similarly, the goal of psychoanalytic training should be not to teach a theory of a technique but to allow the analyst to develop into a fairly self-aware, well-related, integrated, empathic human being who desires to and is able to enter a relationship with another person, enabling that person to overcome his fears and discover his own individuality. It is with this understanding that Winnicott concludes that "the ultimate outcome of psychotherapy depends not on what the analyst does in relation to the patient but rather on who the therapist is unself-consciously in relation to the patient." (1958)