

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

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Object Relations, Spring 2015

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We are looking forward to meeting you and beginning our study of Object Relations together. In year I of analytic training, you had classes on Freud's early writings and on Ego Psychology. Earlier in year II, you have had courses on Freud's later writings and on Melanie Klein and the neo-Kleinians. As you may know, during the middle part of the 20th century, the British Psychoanalytic Society was nearly torn apart by competing ideas about psychoanalytic theory and technique. On one side were the Anna Freudians, and on the other were the Kleinians. Analysts were often forced to take sides and declare their allegiance. However, a group of analysts formed a third group, the Middle Group, and this group developed what we now think of as British Object Relations. This group of analysts emphasized how internal object relations (how we unconsciously envision ourselves and others in relationships) are shaped by both intrapsychic forces as well as actual engagement with important figures in one's early life. The Middle Group are diverse, and developed novel ideas about psychopathology, clinical technique, and what brings about therapeutic change in an analysis. All of them were influenced both by the ego psychologists and the Kleinians. They took Klein's focus on the internal object world, but often did not emphasize or agree with her views about the importance of the death instinct. In fact, the Object Relations perspective can largely be seen as following from Fairbairn's idea about what really drives people. Freud postulated that instincts/drives seek pleasure or gratification, and that the object is just a means to this end. Fairbairn's contribution was to postulate that libido is object seeking, that what most drives people is their wish to be in contact with others. The British Object Relations school opened up new ways of looking at psychopathology and at clinical technique. It was in part a self-conscious attempt to widen the range of patients who could be treated with psychoanalysis, with its theorists continuing Klein's focus on early infantile life before the formal Oedipal period.

Week 1: Overview: Drive Theory and Middle Group conceptions of the object

For our first week, we will start with the first half of Freud's Mourning and Melancholia to demonstrate his evolving understanding of how the internal object is transformed by the ego and its demands. One intention of this early psychoanalytic example of object relations is to show how Freud's initial focus was less on the influence of actual figures in the patient's development, and more on how the patient's neurosis and tolerance of difficult affects and ambivalence shapes the internal object or imago. We then look at a paper by Arlow, an American Ego Psychologist, and see how a later theorist who stayed close to Freudian ideas thinks

about “objects”. The emphasis remains on how conflict within the ego, as well as early (and distorted) internalized views of parental relationships, affects later object relations. You will notice Arlow’s particular emphasis in this paper on how Oedipally-based the ‘construction’ of present day love relationships is. This will help us understand what is novel about the British Object Relations perspectives as we go on to study them. Finally, in order to provide an additional broad overview, we have included an optional reading: Stephen Mitchell’s chapter on the “British Object Relations School.” Having read the previous chapter on the Kleinians in your Basic Concepts course, you will hopefully appreciate how clearly Mitchell contrasts these seminal metapsychologies.

Freud, S. (1917) Mourning and Melancholia. *S.E.* XIV: 237-249 only.

Arlow, J.A. (1980). Object Concept and Object Choice. *Psychoanal Q.*, 49:109-133.

[PEP Web Link](#)

<http://pep-web.org/document.php?id=paq.049.0109a>

Optional: Mitchell, S. and Black, M. *Freud and Beyond*. Chapter 5, “The British Object Relations School”. pp. 112-141. [Available in the [Library](#)]

Week 2: Fairbairn and the drive to relate.

This week we will read the theoretically dense writing of Fairbairn, and Ogden’s contemporary views on why Fairbairn remains relevant. Fairbairn not only discusses his revision of drive theory but also lays out his own view of the internal structure of the mind, particularly of the Ego. Fairbairn has new names for different parts of the Ego, which have not become part of most analysts’ everyday language, but you should pay careful attention to his divisions, and think about whether they seem to make sense. Do they make you think about how your patients are actually functioning? His divisions within the Ego (the libidinal ego, the central ego, and the anti-libidinal ego/internal saboteur) bear a resemblance to the id/ego/super-ego.

But Fairbairn places them all within the ego. Does this make sense, and does it change how we understand clinical material? For some, Fairbairn at least provides fresh approaches to the treatment of self-defeating personalities, and for patients who seem to always choose partners who seem outwardly bad for them. For Fairbairn the internal object world and the structure of the ego are inseparable.

Fairbairn, WRD. “Endopsychic Structure Considered in Terms of Object Relationships” in *IJP*, 25: 70-92 (1944). [PEP Web Link](#)

<http://www.pep-web.org/document.php?id=ijp.025.0070a>

Ogden, TH. “Why read Fairbairn?” in *IJP* 91:101-118 (2010). PEP Web Link:

<http://www.pep-web.org/document.php?id=ijp.091.0101a>

Week 3: Winnicott: Transitional objects and primitive object relations

Winnicott’s writings and contributions to psychoanalysis are stimulating and, most important for some of us, clinically powerful. He has a unique approach to understanding what is important to the developing infant, and how this is relevant

to the clinical situation and the therapeutic action of psychoanalysis. This week we take up some of his most famous ideas, such as the transitional object and good enough mothering. Does the idea of the transitional object help you understand what an infant needs in their moves towards independence and a sense of wholeness? Does it help you understand what patients (or some patients) need in their treatment? In reading the second paper this week, does Winnicott's ideas about the role of regression in therapy help you to reconceptualize how therapeutic growth takes place? Do you find Winnicottian concepts convincing enough to adjust the frame for certain patients to address unresolved pre-Oedipal developmental needs? (For all patients, perhaps...?)

Winnicott, DW. "Transitional Objects" in *Playing and Reality* (1971). [PEP Web Link](http://www.pep-web.org/document.php?id=zbk.017.0001a)
<http://www.pep-web.org/document.php?id=zbk.017.0001a>

Winnicott, DW. "Metapsychological and Clinical Aspects of Regression Within the Psycho-Analytical Set-Up" in *IJP* 36:16-26 (1955) [PEP Web Link](http://www.pep-web.org/document.php?id=ijp.036.0016a)
<http://www.pep-web.org/document.php?id=ijp.036.0016a>

Week 4: Winnicott: Internal objects and development

We continue to explore the thinking of Winnicott. The environmental response to the infant plays a huge role in Winnicott's thinking. This can be contrasted with how Klein's focus was on the internal conflicts within the infant. How do you respond to Winnicott's formulations and the paradoxical way in which he tends to present his ideas. In the first paper, he shows how the capacity to be alone, and with it a secure sense of independence, develops only in the presence of another person. In the second paper he explores his ideas about depression and anxiety, and how guilt and depression are developmental achievements. How are his ideas different from Klein's?

Winnicott, DW. "The Capacity to be Alone" in *IJP* 39:416-420 (1958) [PEP Web Link](http://www.pep-web.org/document.php?id=ijp.039.0416a)
<http://www.pep-web.org/document.php?id=ijp.039.0416a>

Winnicott, DW. "The Depressive Position in Normal Emotional Development" (1955) in *Through Pediatrics to Psycho-Analysis* (1975). [PEP Web Link](http://www.pep-web.org/document.php?id=ipl.100.0001a - p0262)
<http://www.pep-web.org/document.php?id=ipl.100.0001a - p0262>

Week 5: Object relations and the difficult-to-reach patient

Guntrip was in analysis with both Fairbairn and Winnicott, and sought to clarify and unify their ideas. He focuses on "The Schizoid Problem" (following Fairbairn). Notice how he adds a fourth division in the ego, a "regressed" ego, and views much of psychopathology as attempts to defend against passive, withdrawn (schizoid) experience. Does his description of the vicissitudes of the schizoid dilemma make sense to you? Does the idea seem to all-encompassing, or does it have value for just a portion of the clinical range of patients?

Balint starts with the question of why some patients are difficult to help in analysis, and shares his views about the "Basic Fault" in development, and how to address it

clinically. His ideas about the role of regression and the patient's use of the analyst have a lot in common with Winnicott. Are there important differences? Does his understanding of the role of language and the problems of using language to explain pre-verbal issues make sense to you? At this point in the seminar, you may be getting the impression that we are now far from the lenses of Freud and Klein, hurtling towards a field of psychoanalysis which wants to reach a far wider clinical population and includes far more emphasis on the reparative actions of certain kinds of patient/analysis interaction, with less emphasis on interpretation of unconscious thought and conflict in helping the patient. You may or may not agree with the new balance in therapeutic approach that these Object Relations authors express.

Guntrip, H. Chapter 2 ("The Schizoid Problem, Regression, and the Struggle to Preserve the Ego") in *Schizoid Phenomena, Object Relations and the Self* [Available in the [Library](#)]

Balint, M. *The Basic Fault*, Sections 1,3,4 + Chapter 24. [PEP Web Link](#)
<http://www.pep-web.org/document.php?id=zbk.033.0001a>

Week 6: Integrating modern ego development with object relations

Loewald is another unusual figure in the history of psychoanalysis. Almost every psychoanalytic school would like to claim him for their own. In this paper he a re-integration between ego formation and object relations. Like Winnicott, he compares the analytic situation to the experience of the infant with its mother, and thinks about what it is that the infant/patient needs in order to foster development. Do his ideas about levels of organization help you in your work?

Loewald, H. "On the Therapeutic Action of Psychoanalysis" in *PsaQ* 30: 16-33. (1960) [PEP Web Link](#)

<http://www.pep-web.org/document.php?id=ijp.041.0016a>

*Optional--*Chodorow, N. "A Different Universe: Reading Loewald through 'On the Therapeutic Action of Psychoanalysis' in *PsaQ*, 78:983-1011 (2009). [PEP Web Link](#)
<http://www.pep-web.org/document.php?id=paq.078.0983a>

Week 7: Conceptualizing object relations in borderline and narcissistic Characters
We can use two papers by BPSI analysts from the 1970's to see how Object Relations ideas get incorporated into more contemporary ways of addressing two challenging patient types: borderline and narcissistic patients. Both papers can be seen as attempts to address the challenges that Kohut and self-psychology posed to the reigning ego-psychological views and techniques. If we read these papers from the perspective we have gained in reading the British Object Relations theorists, we can see how central it is to assess the level of organization of the patient's internal object world and guide our interventions accordingly.

Adler, G., Buie, D. "Aloneness and Borderline Psychopathology: The Possible Relevance of Child Developmental Issues" in *IJP* 60:83-96 (1979). [PEP Web Link](#)

<http://www.pep-web.org/document.php?id=ijp.060.0083a>

Modell, A.H. "A Narcissistic Defence Against Affects and the Illusion of Self-Sufficiency" in *IJP* 56:275-282 (1975). [PEP Web Link](#)

<http://www.pep-web.org/document.php?id=ijp.056.0275a>

Week 8: Object relations and the American relational movement

For our final week we have chosen two papers from the American Relational school that clearly show how British Object Relations influenced American Relational thought. What are the differences between early contemporary American relational approaches presented here, and the British Object Relations theorists? Would the authors we've read endorse the ideas and types of interactions that Greenberg and Renik have with the case examples they present?

We are happy to read these papers, but we would also like to give you the option of changing one or both of the final readings, if you feel there is an area of Object Relations proper that you would like to explore further. In last year's class, for example, candidates wanted to spend more time on Fairbairn's approach to the hysterical patient, and also read additional Winnicott papers on his ideas on the baby and pre-oedipal development.

Greenberg, J. "Theoretical Models and the Analyst's Neutrality" in *Contemp. Psychoanal.*, 22:87-106 (1986). [PEP Web Link](#)

<http://www.pep-web.org/document.php?id=cps.022.0087a>

Renik, O. "The Ideal Of The Anonymous Analyst And The Problem Of Self-Disclosure" in *PsaQ* 64:466-495 (1995). [PEP Web Link](#)