Object Relations Theory: April 2021
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Introduction: Object Relations Theory refers to the evolving formulations of our basic theories of development and psychopathology that are based on the patient’s experiences with important others. Imbedded within this basic description are also varying ideas about internal reality and external reality, and how they are mutually influencing each other with the consequent development of the individual’s subjectivity and mind. Our understanding through the object relating lens forms a developmental line of these theoretical models from Freud to Klein to the British Independent Group and beyond. In this introductory comparative theory seminar, we will put into historical context the evolution of some of the theoretical concepts based on classical theory, Kleinian theory, and the theories of two members of the Independent British Group: Fairbairn and Winnicott, focusing in greater depth on Winnicott’s theories. We will also look at particular aspects of these specific models and how they elucidate our understanding of normal development and psychopathology. And, we will touch upon how theoretical understanding of each model has implications for technique, addressing therapeutic action and interventions. The ideas formulated by Object Relations Theory continue beyond what is being addressed in this course. You will further explore and elaborate your understanding of this diverse area as you take other seminars such as Self Psychology Theory, Relational Theory, Bionian theory, and Development Theory, to name a few.

Core Competency Issues: The student will begin to consider how Object Relations Theory addresses aspects of clinical moments that include the real relationships in a patient’s life, and how this is perceived and experienced by the patient as a result of internal dynamics. The student will consider how transference and countertransference matters evolve from the lenses of different Object Relations theories and how each model conceptualizes psychic change, therapeutic action, and technique. Are there models that work better with certain patients than others? Are there layers of psychic reality that are better addressed with a particular model? Are there moments in a treatment when one model gives you better understanding than another? Does our role as an analyst change with each model? Each candidate is encouraged to bring in case material to elucidate the workings of the theoretical models to his or her clinical experience. This may include bringing to class an experience where the readings opened your understanding, confused you, made you argue a point, and/or influenced a clinical choice you made with a patient. While the lenses of gender, race, and sexuality are not readily accessed in the papers we will read, the issues are fundamentally an aspect of the overarching themes of Object Relations theories, and will be a part of our ongoing dialogue.
**Resources:** I used these sources a good deal in my readings for the course. References to the first two sets of authors are from these books.


4) Ogden, Thomas. Reading the works of this master teacher and clinician is rewarding, as it is educational, and furthers one’s understanding of psychoanalytic matters. It also enriches the way of approaching a particular theory. I have included Ogden’s work wherever he has written about relevant topics and theories to further elucidate our understanding about Object Relations Theory. With his unique style of *writing his experience of reading the paper*, he often further elaborates the theoretical position being made by the respective theorist. This style of writing also engages the reader to elaborate his or her own understanding of the paper being read.

**Class Format:** In adherence with the recommendations of BPSI’s Faculty Executive Committee, the participants will read the first paper, and optionally read the second paper. I will discuss both articles and if you’re able to read both, I encourage you to do so. I think that this endeavor will enrich your experience. In each class, I will organize the material for about 20-30 minutes and then we will open the process to a conversation. I look forward to our learning together, and to sharing our thoughts and experiences of these rich and relevant topics.

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**Week 1—4/22: Introduction to Object Relations Theory // Freud.** We will look at the position of Object Relations Theory in our field and at the assumptions that are shared with these theories about *self with others*. The developmental line of theory making has a movement from intrapsychic drive and structure theories to theories that address the influences of the other on the development of the child, and the child’s mind. How does this change our focus as clinicians and our understanding of normal development and psychopathology? We will also begin our specific theory review by looking at Freud’s theoretical models and how they contribute to object relations theory.

**Objectives:** 1) Describe some of the basic tenets shared by the various object relations theories.

2) Discuss how Freud’s drive theory contributes to understanding the individual’s relationship with the object. How does this relate to clinical work?


Recommended Future Reading:

1) Fonagy, P., & Target, M. (2003). Introduction to object relations theory. In *Psychoanalytic theories: Perspectives from developmental psychopathology* (pp. 107-117). Routledge. [Download from the Reading folder or request from library@bpsi.org].

2) Greenberg, J., & Mitchell, S. (1983). Object relations and psychoanalytic models. In *Object relations in psychoanalytic theory* (pp. 9-20). Harvard University Press. [Download from the Reading folder or request from library@bpsi.org].


4) Freud, S. (1914). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). *The standard edition of the complete psychological works of Sigmund Freud, volume XII (1911-1913): The case of Schreber, papers on technique and other works* (pp. 145-156). PEP Web Link

5) Ogden, T. H. (2019). Ontological psychoanalysis or “what do you want to be when you grow up?” *Psychoanalytic Quarterly, 88*(4), 661-684. [Download from the Reading folder or request from library@bpsi.org].

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**Week 2—4/29: Klein.** You have just completed a Klein course in the prior semester. Our task is to see how Klein further developed the understanding of how the child relates to the object. Klein’s understanding of the inner world contained the concepts of *internal objects* and *unconscious phantasy* [contrasted with Freud’s fantasy], and posits that from birth a child’s inner world already has templates for organizing experiences with another that are shaped by the drives. This further elaborates the notion that the child’s internal object world shapes the experience of the outer world interactions, and the development of the child’s mind.

**Objectives:** 1) Discuss how Klein’s theory contributes to Object Relations Theory. 2) Describe how the concepts of *internal objects and unconscious phantasy* contribute to understanding the individual’s relationship with the object. How does this relate to clinical work?

**Recommended Future Reading:**


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**Weeks 3-8: British Object Relations: Middle Group = Independent Group.** With the Controversial Discussions occurring in 1941-1946, the group following Anna Freud and the group following Melanie Klein were in intense debates and disagreement. At stake was who would be considered the heir to Sigmund Freud. This time seems to have been a fertile time for many reasons. One development was the emergence of a new group of theorists who came forward with revolutionary ideas of what the external world and real objects bring to the experience of the child’s inner world and development. Their various models are recognized as British Object Relations Theory. This group included Balint, Fairbairn, Guntrip, Winnicott, and more recently Parsons and Williams, to name a few. This group showed an increasing recognition of the pre-oedipal dynamics that will bring new understanding and techniques to the psychoanalytic field, broadening the scope of patients and the levels of psychic reality that can be worked with.

**Week 3—5/6: Fairbairn.** Klein has been a strong influence on the London scene of psychoanalytic training. But in various parts of Great Britain, there are dissenters moving against her theoretical positions that were based on classical theory. One such person is Ronald Fairbairn, who challenges the basic assumptions of Freud’s libido and psychosexual developmental theories. Rather than holding the drives as primary motivators for activities of psychic functioning, Fairbairn felt that the impulses could not be separated from ego activity that is directed towards objects from the infant’s earliest days. His model is particularly helpful to understanding negative relationships, with masochistic, addictive, and self destructive patterns.

**Objectives:**

1) Describe Fairbairn’s contribution to Object Relations Theory.

2) Describe Fairbairn’s concept of *endopsychic structures* and how it contributes to understanding the individual’s relationship with the object. How does this relate to our clinical work?

**Recommended Future Reading:**


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**Week 4—5/13: Introduction to D.W. Winnicott and The Period of the Subjective Object*.**

Winnicott was trained as a pediatrician prior to becoming a psychoanalyst. In his experiences watching children in relationship with their primary caretaker, he came to understand the infant in the context of a maternal-infant matrix and not a baby separate from the mother, thus coining the famous phrase *There is no such thing as an infant*. We will begin the second half of our seminar with a deeper dive into understanding some of the important contributions that Winnicott’s ideas have made to our field and in clinical work. Our first session addresses the infant’s earliest experiences of a *holding environment* and *continuity of being*.

**Objectives:**

1) Describe how Winnicott’s work on early infant-maternal relationships contributed to Object Relations Theory.

2) Describe Winnicott’s concepts of *holding* and *primary maternal preoccupation* and how they contribute to understanding the individual’s relationship with the object. How does this relate to clinical work?


**Recommended Future Reading:**


4) Ogden, T. H. (1985). The mother, the infant and the matrix: Interpretations of aspects of the work of Donald Winnicott. *Contemporary Psychoanalysis, 21*, 346-371. [PEP Web Link] [this reference serves as an overarching paper for the first 3 sections on Winnicott’s work.]


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**Week 5—5/20: Winnicott—The Period of Transitional Phenomenon*.**

Winnicott the pediatrician is the consultant for Winnicott the psychoanalyst as he takes the developmental process of childhood and the elements of play, and theorizes a transitional space/process that includes internal world and external world, reality and fantasy, me and not-me, subjective and objective, being and becoming. This is the psychic space necessary for developing a subjective sense of self, and the capacity for symbolic functioning. We will understand why it is important not to ask the question *Did the infant create the object or was it always there?*

**Objectives:**

1) Describe how Winnicott’s work on transitional phenomena contributed to Object Relations Theory.

2) Describe the concepts of *transitional objects* and *transitional phenomena* and how they contribute to understanding the individual’s relationship to the object. How does this relate to clinical work?

**Readings:**


**Recommended Future Reading:**


4) Adler, G. (1996). Transitional objects, selfobjects, real objects, and the process of change in psychodynamic psychotherapy. In L. E. Lifson (Ed.), *Understanding therapeutic action: Psychodynamic concepts of cure* (pp. 69-84). Analytic Press, Inc. [Download from the Reading folder or request from library@bpsi.org].

5) *Ogden, T. H. (1985). The mother, the infant and the matrix: Interpretations of aspects of the work of Donald Winnicott. *Contemporary Psychoanalysis, 21*, 346-371. [PEP Web Link] [this reference serves as an overarching paper for the first 3 sections on Winnicott’s work.]


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**Week 6—5/27: Winnicott—The Period of Whole Object Relatedness**

Winnicott trained with Klein and her contemporaries, being supervised by Klein and having an analysis with one of Klein’s inner circle colleagues, Joan Riviere. [He was also in analysis with James Strachey]. He drew inspiration from the intellectual milieu of Klein’s ideas, often revising ideas to fit his new model of development. Winnicott’s paper this week speaks not only to the individual’s growing capacity to use an object as a whole person, an idea that incorporates the notion of Klein’s *depressive position*. He also looks at the fundamental role that aggression plays in the development of a capacity to experience reality.

**Objectives:** 1) Describe how Winnicott’s elaboration of whole object relatedness contributed to Object Relations theory.

2) Describe the concepts of *use of an object* and *relating to an object* and how they contribute to understanding the individual’s relationship to the object. How does this relate to clinical work?


**Recommended Future Reading:**


6) *Ogden, T. H. (1985). The mother, the infant and the matrix: Interpretations of aspects of the work of Donald Winnicott. Contemporary Psychoanalysis, 21*, 346-371. [PEP Web Link](https://www.pepweb.org) [this reference serves as an overarching paper for the first 3 sections on Winnicott’s work.]

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**Week 7—6/3: Winnicott—Playing**

Winnicott’s appreciation of the transitional space as an intersubjective experience where being and becoming are actualized are most elaborated in his ideas of play. Play’s relationship with psychotherapy is elaborated when Winnicott states: “Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together.” We will unpack the meaning of this statement and what the work of the analyst is when a patient cannot play.

**Readings:**


(Optional) 3) Frankel, J. B. (1998). The play’s the thing how the essential processes of therapy are seen most clearly in child therapy. *Psychoanalytic Dialogues, 8*(1), 149-182. [PEP Web Link](https://www.pepweb.org)

**Recommended Future Reading:**

1) Benjamin, J. (2018). Paradox and play: The uses of enactment. In *Beyond doer and done to: Recognition theory, intersubjectivity, and the third* (pp. 143-179). Routledge. [Download from the Reading folder or request from library@bpsi.org](https://www.readingfolder.com)

2) Benjamin, J. (2018). Playing at the edge: Negation, recognition and the lawful world. In *Beyond doer and done to: Recognition theory, intersubjectivity, and the third* (pp. 181-214). Routledge. [Download from the Reading folder or request from library@bpsi.org](https://www.readingfolder.com)


4) Cooper, S. H. (in press). The limit of intimacy and the intimacy of limit: Play and its relation to the bad object. [Download from the Reading folder or request from library@bpsi.org](https://www.readingfolder.com)


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**Week 8—6/10: Winnicott—Fear of Breakdown Model of Trauma // Review**

In our final class, we will look at Winnicott’s model of trauma, and how severe disruption in the infant-maternal matrix can lead to disruptions in *the continuity of being*, referred to as the
primitive agonies. Winnicott declared the word anxiety is insufficient for this level of dread. There are devasting consequences in how the individual functions in the world when this layer of psychic disorganization has not been integrated. We will also review the work that we have done in our seminar and make concluding comments and connections. As a result of your work in the seminar, what are you now understanding that is different from what you understood in the beginning? Has your work experience with patients changed, and if so, how?

**Objectives:** 1) Describe how Winnicott’s model of trauma contributed to Object Relations Theory.
2) Describe the concept of fear of breakdown and its contribution to the understanding of how the individual relates to the object. How does this relate to clinical work?

(Optional) 3) Di Domenico, L. (2017). The psycho-somatically ill: A Winnicottian perspective. (unpublished- paper will be sent the week before the class).

**Recommended Future Reading:**