Refinding the Object and Reclaiming the Self

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Our patients, who have lost parts of themselves and their objects, come to us to find them. In working with them, we, in turn, lose ourselves in each of our patients. If things go well —and with their help—we eventually find ourselves in them.

Although the infant is born constitutionally ready to be in a reciprocal relationship, it is only through the experience of relating to a devoted parent that the infant's self is born. Only within relationships does the self grow through being

validated, responded to, and loved by others. From the beginning we need to be recognized and understood. We each need to love and be loved.

Object relations psychotherapy and psychoanalysis have as their purview the problems in loving and relating that stem from our fundamental need for relationships. The relationship between patient and therapist is at the center of the therapeutic field, just as the relationship between the growing child and parents is at the center of development. For therapists who work from an object relations point of view, it is axiomatic that the need for relationships motivates development. We are all organized by the way we have taken in the satisfactions and disappointments of our primary relationships. Internal reflections of experience

with others structure a person's experience of himself or herself. These “internal objects" of our psychological structure carry the experience of the past relationships with the people most important to us, our “external objects." Each individual struggles to maintain a self within these primary relationships.

Fundamentally, patients seek psychotherapy because of troubles in relating. Such diverse therapies as individual psychotherapy, group therapy, family and marital therapy, sex therapy, and psychoanalysis are about difficulties in relating. These psychotherapies are therefore most usefully constructed out of theories that put relationships at the center, theories that help us to understand the encounter between patient and therapist, which is the crucible of change and growth.

Psychoanalysis began both as a theory and as a therapy in the most intense of encounters, the kind in which a patient got truly inside the therapist. Freud's early experience with hysterical patients, the work through which he invented dynamic psychotherapy and psychoanalysis, left him uncomfortably exposed, altogether too close to his patients. His collaborator, Josef Breuer, fled from his first patient, Anna O., when she attempted to live out her erotic transference with him. The theory that Freud subsequently elaborated helped him to keep an intellectual and emotional distance from such patients. It gave him a way of “knowing" what was happening that kept him at a safe distance, for the patients he saw were frequently of a kind who, we now know, have the capacity to get under a therapist's skin.

Thus the strengths of psychoanalysis also led to a weakness. Freud eschewed the surface of relationships in order to plumb the depths, and psychoanalysis became the premiere depth psychology of our time. In a corrective theoretical contribution, family therapy has focused on the surface of relationships, the interactions between family members and between therapist and patients, in order to mine the richness at the surface that analysts had treated with relative neglect. The result was that psychoanalysis and family therapy each ignored half the picture.

Object relations theory, through the psychotherapy, psychoanalysis, and family therapy that characterize its practice, corrects both of these omissions. It values surface and depth equally, and in so doing adds the

resonance that comes from understanding how the depth mirrors the surface and the surface reflects the depth. I can make an analogy to the situation with modern poetry. When the poetry loses its capacity to make surface sense, to tell a story, it loses part of its capacity to lead the reader into contact with the depth. On the other hand, older forms of poetry could elaborate the surface without representing the in-depth richness. The "poetry" I would promote here would make sense at the surface—it would tell a story or convey a readily understandable experience—and would at the same time resonate deeply with human truths and complexity. It is through the surface that we can be led to understand the deepest and most hidden of our experiences. The theory and therapeutic tasks of the object relations approach

look for stories we can all understand, and aim at the same time to resonate with the deepest of human enigmas and conflicts. They do so in terms of our fundamental need to relate and in terms of the unending difficulties relating always brings. It is this paradox that brings the complexity of the therapeutic relationship to the center of our study.

Patients and therapists are in it together, as I was with Adam, the patient presented in Chapter 1. Freud's theory, as fundamental as it has been to psychotherapy and psychoanalysis, built a picture of a therapist who was a trusted scout for a patient's expedition of discovery in the wilderness of the patient's unconscious world. It was the scout's job, wrote Freud, to understand that he was not himself or herself on such a journey, and to understand the patient's use of

the therapist as transference from the patient's past. This was the understanding of analytic therapists for approximately the first 50 years of our field.

The second 50 years have brought many shifts. The contributions of Klein (1961, 1975a,b), Fairbairn (1952, 1954, 1958), Winnicott (1958, 1965, 1971a), Bion (1961, 1967, 1970), Balint (1952,1957, 1968), Guntrip (1961,1969), and others, who were loosely grouped as the school of British Object Relations (Sutherland 1980), along with the allied contribution of Bowlby (1969, 1973, 1980), from the vantage of ethology were among the first to recognize that relationships were at the center of human development, and therefore also at the center of psychotherapy. In the United States, Sullivan's (1953a,b, 1962) interpersonal

theory of psychiatry represented a similar point of view. In more recent years, Kohut (1977) and other Self psychologists (Stolorow et al. 1987) have posited the centrality of each person's use of objects as the fundamental feature of development and the maintenance of the self. Among modern and current contributors, Khan (1974, 1979), Loewald (1960, 1980), Money-Kyrle (1978), Shapiro (1979), Zinner and Shapiro (1972), Mitchell (1988), Stern (1985), Emde (1988a,b), Stolorow and co-authors (1987), Beebe and Lachmann (1988), Modell (1984), Kernberg (1975, 1976), Gill (1984), Bollas (1987, 1989), Lichtenberg (1989), Ogden (1982, 1986, 1989), Searles (1965, 1979, 1986), Sutherland (1989), Hamilton (1988), Box and colleagues (1981), Wright (1991), and many others have offered fundamental contributions

toward the theoretical ways in which the self forms and is maintained by the presence and action of the other, which in object relations terminology we call the "external object."

In this vision of the human, each of us exists not as a single unit, but within the context of our relationships. Our desires and fears, our sexuality and our aggression acquire meaning within relationships and are expressed in relationships. Our minds are organized in "relational configurations" (Mitchell 1988), and we can understand each other and ourselves fully only through understanding these relational patterns of each individual and the way they constantly interact with an individual's external relationships. Kohut's "self–selfobject relationship" (1984), Atwood and Stolorow's (1984) "intersubjective context," and Mitchell's

"relational matrix" (1988) are varying expressions of this central point.

To date, however, no theory has been fully able to keep an eye on *both* subject and object, on the self and other in constant interplay. Self psychology has focused on the self-seeking growth and cohesion through use of the object. Object relations theory has focused on the vicissitudes of the object while leaving the growth of the self in relative shadow. It is difficult to keep both self and object simultaneously in focus. Because they form a figure-and-ground relationship to each other, focusing on one necessarily tends to put the other into the role of forming the background. Yet both are crucial to theory and therapy.

This book is an exploration of the inextricable relationship between self and object. It begins with the thesis that there is no self without an object, and at the same time, there is no object without a self. Whereas both self and object are functions of an overarching self, the self is not the comprehensive unit of consideration. Rather it is a graduated and interlocking series of relationships. Perhaps the series begins with the mother and infant. This pair relates to their larger family, including a father or grandparents, which in turn relates fundamentally and inescapably to larger social units. In turn, all of these external relationships are taken into the internal world of each individual as his or her psychic organization, in forms that guide the individual in future relationships with others.

We each have selves organized in this way, and we are each the “others" to whom other selves relate, guided not only by our self-organizations, but by our own lifelong need to be another's object as an integral part of being our selves. The vicissitudes of this endless ebb and flow organize our lives from birth to death.

THE INEXTRICABILITY OF SELF AND OBJECT

The object relations view of the personality took root from the work of Ronald Fairbairn and Melanie Klein. This chapter introduces some of the general directions offered by major contributions, saving the theoretical details and my own elaborations on them for Chapter 3. The reader who is new to this material may wish to

read Chapter 3 before this one for an introduction to object relations theory.

Fairbairn (1952) began the path we are following by disagreeing with Freud about the center of human development (Jones 1952). Where Freud put the unfolding of the drives as the engine of personal development, Fairbairn put the fundamental need in each of us for relationships. It is only within the context of this need for relationships that the unfolding of drives—of desire and aggression—and the gradual structuring of our psyches have meaning. From this beginning, Fairbairn (1952) elaborated a theory of the relationship between self and object. In his model, psychic structure is built from the experience each person has with the people most important to him or her. The operations of splitting and repression are

fundamental to the handling of object relations as well as to the progressive structuring of the ego. And in Fairbairn's view, the self and object are always in intimate contact. The relationship between an internal object and a corresponding part of the ego that is attached to it constitutes the basic building block of psychological structure. Although Fairbairn used the term "ego" in referring to the part of the self that was in intimate relationship with the internal object, he accepted Guntrip's amendment that "self" was a better term (Sutherland 1989).

Fairbairn's clinical and theoretical writing focused equally on the relations of the self and the object, leading to the idea that they were, finally, inextricably intertwined and interdependent. We are always dependent on our objects, but development leads us from infantile

dependency to a mature form of dependency. Guntrip (1969) extended Fairbairn's work, pointing to the problems of the self. He explored what he called the "repressed libidinal ego," a withdrawn part of the self that has great difficulty finding any object to which it can relate.

Klein's work began with closer links to Freud's drive theory. Although Klein is also credited with originating an object relations approach, in her view the infants relate to their mothers and other external objects based on their own needs and impulses, governed by their instinctual tensions and constitutional drives. Fairbairn saw a child influenced by the actual treatment of the primary objects. This experience was then incorporated as psychic structure. In contrast, Klein saw a child who was

driven by its own conflicts to impose them on the primary external objects, fear the consequences, and react further to those fears. Klein's theory held relatively little regard for what the external object actually did in relating to the child. Her work was later elaborated by Bion (1967) whose model of the mother as the container for the infant's unmanageable primitive anxieties introduced the role of the actual psychological functioning of the mother as a factor.

It is when we put these views together that we can construct a model that captures the reciprocal influence of primary objects on the developing child, and the influence of children on the family and on their own psychological growth. Winnicott (1971a) and, more recently, such writers as Kohut (1984), Stern (1985),

Mitchell (1988), and Wright (1991) helped us to have a richer idea of the complexity of the situation and have moved us toward a growing understanding of the relationship of self and object, both as they are lived out between people and as they provide the seeds of psychological structure for each of us.

THE SELF WITHIN THE OBJECT

The internal object relationship is born into the relationship with the external object. In therapy, it is born into the relationship provided by the therapist. Patient and therapist working together provide the holding for each other's work in support of a potential space that becomes the therapeutic space. In this process,

the therapist takes the lead with the patient's cooperation.

The model for this activity is that of the mother or the father with their baby. Each of them—separately if one is a single parent —provides for the infant and its growth, offering to secure the environment, to enfold the infant in their arms, and to be receptive to the infant's efforts to return their concern with the first minute signs of encouragement that let the parents proceed with a sense of validation.

A series of concentric circles holds an infant. At first unable to hold themselves, infants rely on the parents, both one at a time and together, to hold them in their arms, to look into their eyes, touch and comfort them, clean and feed them. But an infant's responses also strengthen

and hold the parents to their task—and even more, hold them in their relationship with the infant. In the widening circle, the mother holds the infant who holds her attention by returning her concern. As the two of them hold each other, a father holds the two of them by his concern for the baby, the mother, and for the two of them as a pair. In a reciprocal way, the mother holds the father and infant as they reach and hold each other. Then the parents as a pair provide a holding for the infant, for the three of them as a family, and for the larger family of the other children or extended kin.

Within this series of concentric circles that hold the infant and the family, the parents offer something else. They become the objects of the infant's desires and hopes, fears and aggression, love and hate. The parents are the first objects

for the infant in the original sense of the term *object,* used by Freud (1905b) to denote the person who was the *object* of the child's sexual desire or aggressive impulses. Winnicott (1963b) called this aspect of the mother the *object mother.* Now that we are more aware of the father's importance to the infant and growing child, we know that both parents become the infant's earliest objects of love and aggression. Fathers and mothers are similar and have different intrinsic qualities in relationship to children-mothers offering a biological propensity for steadiness, and fathers for enhanced stimulation. (Scharff and Scharff 1987, Yogman 1982). Here, I simply want to introduce the term *the object parent* (adapted from Winnicott 1963b) and to distinguish this

aspect of the child's experience from that with the *holding parent*.

In the relationship with the parents, the infant finds its objects, explores ways of relating with them, internalizes them, and lives with them both as real external people and as internalizations. I have previously described (Scharff and Scharff 1987) the way in which the infant forms a direct relationship with each parent as an object of desire and aggression, and have called this the focused or eye-to-eye (I-to-I) relationship, emphasizing the importance of gaze interactions in this process and the way it occurs as an intimate relationship between self and other. This eye-to-eye or “centered relationship" provides the experience of objects out of which the infant's internal world is built.

But it is in the arms-around envelope, created by the parents' readiness to be relatively in the background as providers and guards, that infants find themselves (Scharff and Scharff 1987). In this safe harbor, or in the ravages of rough or violent holding, the self is born and nurtured, and then gradually takes over the activities of providing, guarding, and navigating from the parents.

So, too, in therapy. The therapist takes the lead in the provision of the therapeutic space, but is encouraged by the patient's reciprocation. For therapy to go well, there must be this reciprocation, although it does not have to be conscious or rational. The universal desire to relate, to love, and be loved for ourselves must eventually nurture the therapeutic relationship.

The therapeutic relationship has these similarities to the parent-infant one, but it also has differences. The single parent family has to carry the entire potential of human development despite the lack of a central male-female couple. Similarly, the therapeutic relationship carries a larger potential than that of a two-person relationship. Each male therapist must be able to represent the female element in relation to his own maleness, and each woman therapist the male connection. Therapists can do so because of their own internal object relations, which include themselves in relation to others, male and female, and which provide an internal universe receptive to the patient's experience.

Therapists are also like parents in offering both arms-around and focused experiences to their patients. Like parents, they provide a

background of holding like the parental arms-around experience, which allows patients to venture forth and deliver aspects of their internal worlds into the therapeutic space. And, on the other hand, in the I-to-I relationship, therapists offer themselves as objects of the patient's desires and hates, longings and fears-emotions that focus on therapists and convey the dynamics of the patient's internal object relations.

Both these aspects of relationships are relevant to therapy. Patients come with a lifelong experience with both from every previous primary relationship, and therefore with transferences both to the therapeutic space provided—the contextual transference —and to the person of the therapist—the focused transference. Each aspect is present in every intimate relationship, intertwined almost

inextricably. We explore these aspects of transference in Chapter 3.

Mr. and Mrs. D.

Mr. and Mrs. D. managed their couple therapy sessions by giving long speeches that could not be interrupted. When Mr. D. launched into his, Mrs. D. would occasionally laugh at him in such a way as to make it clear that she not only disagreed with him but was ridiculing him. If Mr. D. had started, he would resist interruption, often saying, "Let me finish." However, her pattern was much the same. She would launch into a tirade about his unreasonable and demeaning treatment of her, and if he eventually protested, it was her turn to erupt by saying, "Let *me* finish." If, however, I tried to intervene with a comment about their shared pattern, an observation about their interaction, or even a question about aspects of an incident, whoever currently had the floor would berate me for

interrupting while the other spouse was apt to feel that I was unfair in failing to intervene. Mr. D. especially felt that I was unfair in interrupting him because he thought I was unwilling to be even-handed and stop her tirades.

For my part, I felt brought to a stalemate, rendered ineffective and silenced, forced to become an open vessel into which they could both pour their anger and disappointment without protest. Occasionally I could tell them that they were joining together to treat me this way. I guessed that their fights must feel as though each was trying to treat the other in a similar way. Their agreement with this point did not alter the pattern of the discussions in our sessions.

As the marriage and the couple therapy broke down, I began to see Mr. D. individually. There I experienced the same thing, although with a greater degree of relaxation when I was free to become the kind of container he longed

for. In one hour, Mr. D. spent the first 40 minutes "filling me in" on the events since his previous session, including a weekend with his wife in which she had decided to take him back. He talked nonstop. After 40 minutes he suddenly stopped, laughed, and said, “Do you have anything to say?" As I opened my mouth to reply, Mr. D. resumed speaking.

Later in the session, Mr. D. accused me of failing to stop his wife from taking the decision to initiate a trial separation. He blamed me for failing to confront her self-satisfied determination that had led to the decision and for failing to be even-handed in defending his wishes.

In this hour I was able to formulate the frustration that had remained wordless in the couple setting. I felt like a container strained to bursting with discharge, a balloon thinned by the force of its contents that had been pumped into me under pressure. Rather than feeling like a tolerant container of anxiety (Bion 1967),

with walls capable of absorbing and processing unmanageable infantile anxiety, I felt filled to the point where the cellular architecture of my balloon walls had broken down. I hung on in exhaustion. I felt lucky to have survived the hour, yet relieved that I had barely been called on to respond —and further that the patient was more satisfied that I could be a compliant mouth open to receive what he poured in, rather than his anxious wife who would spit his projections back at him.

It was easier being with Mr. D. alone, where I felt free to be the inflated, stretched envelope, thinned to the point where I lost all tone. I could even relax and enjoy the feeling of being powerless to resist being stuffed even fuller. His checking with me late in the session seemed not so much to represent his concern whether I could survive, as it was to see if a baby wanted to burp before a parent resumed the overfeeding.

In this situation with Mr. D., I felt like a parent accused of providing inadequate holding. I felt attacked when Mr. D. blamed me for leaving him alone to survive without my protection and without the object of his love. Had I been a better parent, he contended, a more practiced protector, he would not have been abandoned and would not have faced such terrible loss and humiliation. I had let him down. And in the transference, when I felt attacked, it was clear that the threat of loss and humiliation had changed his image of me. I began the hour feeling I could function like a parent who was needed to absorb all that he could pour into me. Now I felt I had become nothing more than a failed container for the couple's love and hate. As he felt attacked and threatened by her, so he turned the attack on me rather than face loss. Feeling now the sting of his attack provided some life to my overstretched elastic walls, which had felt so lifeless. The attack thus revived me. Springing back to life, I could ask him about the loss

and the humiliation. He was able to agree that it was these that triggered his attack on me. But I was puzzled why I had felt somehow freed by the attack on my therapeutic role, more relaxed and able to respond than when he had relentlessly pumped more into me.

Only later did I realize that when I felt more organized by his attack, my feeling echoed the way the couple treated each other. Their fights vented the excess pressure, allowing them often to resume a more intimate relationship. The fights often led to lovemaking. With me, the attack seemed to vent the disabling inflation of my containing capacity and led to relief and reorganization of my thoughts. This led to my being able to rejoin him in the therapy, no longer disabled by his evacuation into me.

The little I knew of Mr. D.'s history fit with my experience of being used as a necessary object. He now told me more. He viewed his mother as crazy. She

would demand that he stand in place listening to her ravings. Usually she insisted that he not move. He blamed his father for failing to shield him from her demands that extended to taking him into her bed, holding him clutched to her anxious, scantily dad body. In therapy hours, he put me into the place he had so often occupied, while he became his mother. He forced me to absorb his anxieties without moving as he had been forced to become the container for his mother. Having stood my ground without flinching until he asked if I wanted to speak, he then moved to a later part of the enactment in which an angry exchange would puncture the stalemate and bring both him and his mother back to life. I was able to respond to his blame, now in his place as a young boy who wished to defend himself. He and I both felt vented and relieved. In defending myself, I spoke for him. He became more responsive, and later more self-reflective. The frozen scene was mobilized. He could begin to absorb the losses inherent

in his position and to see me again as the sympathetic and containing parent he longed for.

Mr. D. longed for a mother who would take in his desperation without spitting it back or turning the tables so that he had to become the parent. From my experience of his internal object relationship, I thought more about his relationship with his wife. I began to see that they both felt threatened by the other's demands and accusations. They were like two cobras in reverse. Each put venom into the other not to devour, but in order to paralyze the victim into becoming a frozen, open mouth with a compliant, passive receptiveness. The mutual demands naturally broke down at home. There, when both spouses felt overstuffed, they acted like an overstretched bladder, closing down quickly and evacuating a venomous urine back into the other. At times, their fights helped them to reorganize by venting unmetabolized projections and thereby

recovering the resilience of their boundaries.

In therapy, Mr. and Mrs. D. joined forces to pour their anger and sorrow into me, taking turns at pumping me full, then accusing me of failing to contain themselves and each other. Now they agreed I was failing in my arms-around function and that it was my failure that accounted for their inability to find loving objects in each other. As a couple, they hoped to find themselves within each other. In a similar way, the husband hoped in his individual therapy that I could take him in so that he could then find himself in me. And while the couple was together with me, each of them feared that if I was "taken in" by one of them, I would no longer be there to take in the other.

This vignette describes the use that a man and his wife made of me. His transference and their shared transference refer to a particular

parental function and its failure. Mr. D. felt that his mother had failed to contain his anxieties and, moreover, that she reversed the ordinary situation by filling him full of her madness, demanding that *he* stand still lest *she* burst. The arms-around holding of the mother for the child was reversed until he could no longer stand it. He then blamed his father for building a family based on the assumption that his mother had to be tolerated and pampered, and for failing to protect him from her filling him with madness. He blamed his father, as he now blamed me, for never standing up to her and thereby forcing my patient to have to take it, too.

In this therapeutic situation, we can see the use and abuse of the object as a container. In the couple, the shared reenactment became mutually reinforcing of a static, frozen repetition. If it was

difficult to stand the anxious evacuation of my single patient, it was downright paralyzing when he was joined by his wife.

THE SELF AND THE OBJECT

The self is inextricable from the object. It is always defined by its relationship with the object. Fairbairn's description (1951) of *techniques of relating to objects* as methods of compensation for unsatisfying relationships was an early effort to define the particular use of objects by the self. Thus Mr. D. attempted to define himself by controlling his objects in a particular way. He hoped to control me into containing his anxieties as a substitute for his own deficient tolerance. Approaching the problem differently, Kohut (1977, 1984) coined

the term *selfobject* to capture this use of an object—the attempt to get another person, including a therapist, to fill a function for the self, to get a sense of self-cohesion through ridding the self of the fragmenting effects of aggression. Fairbairn's term (1952) *object relationship* emphasizes the *mutual relation* between self and object rather than the *fused use of the object* conveyed by Kohut's term.

Wright (1991) has elaborated a theme earlier stated by Searles (1963) in studying the therapy of schizophrenia. In the developmental situation, Wright notes, "The mother's face is the child's first emotional mirror, and that it is through her responsiveness (her reflections) that the child is able to come to know his own emotions" (p. 5).

The parallel situation applies to the therapeutic situation. Searles (1986) writes: "… in the therapeutically symbiotic, core phase of the work with any one patient, each of the two participants' facial expressions belong, in a sense, as much to the other as to oneself" (p. 379).

The self is always defined in relationship to its objects. By the same token, internal objects have no meaning except in relationship to the self. Fairbairn's early description (1952) of the internal object emphasized that it was organized inevitably in relationship to a part of the self, bound together by the set of affects that characterized the repressed relationship. It has been less recognized in this description, partly because it was less emphasized by Fairbairn himself that internalization includes not merely

an object (an image of a part of a primary person) but a relationship, with a part of the self in an emotional relation to the crucial other (Ogden 1986, Sutherland 1989). This is so because there is no other without a self, and in a reciprocal way, there is no self without an other, any more than there can be a baby without a mother (Winnicott 1971a). So in the inner world, we cannot conceive of our selves without invoking and relying on our objects. We see ourselves in the reflection of the other's eyes, gaze, expression, mirroring body responses, and echoing sounds.

Just as we are a self defined by our bodies—that is, we cannot be a disembodied self—so we cannot be a dis-othered self. Our relationships to others in the external world and to the traces of

these in our internal worlds continue to define our selves.

THE OBJECT WITHIN THE SELF

But the object is also defined by the self. Winnicott's (1971a) paradigm is that there is no baby without a mother. The other half of this paradigm must be that *there is no mother without a baby*. No one can be an other without someone to whom they belong, by whom their otherness is defined and validated. Fairbairn placed at the center of life that we each long to love and be loved for ourselves (Sutherland 1989). Love and development form a reverberating circuit in a relationship of reciprocity. We each need the parent to love, and we need the parent to love us. And then, later as

parents, husbands, wives, or lovers ourselves, we need to feel we can care for others with love- that they will grow in our holding. But it is not only later that we need this. From the beginning, the baby needs to feel that the parent grows in the light of the child's love and care.

There is a further wrinkle. Within us, we also need to have taken in an image of the object of our love that is also felt to be loving to us in return. Internal objects—the loving, hating, beckoning, accepting, and rejecting objects — are embedded within us as cornerstones of our psyches. They are part of our selves. But they are embedded in us in a particular way: Deep within us, they must also have us inside them. The image of the object we carry must have room for us within it —that is, it must be an object capable of relating to us, whether kindly

or cruelly, lest it be felt to have abandoned us altogether. The image I am trying to draw is one of parallel mirrors facing each other, each containing the image of the other with its own image inside. A series of these mutually contained images extends back to an infinite beginning and forward to the infinity of the future.

In a simpler vein, we can see that what is carried inside is an ongoing object relationship, one either characterized by aspects of mutual concern and caring, or by antagonism, rejection, and rage. Where mutuality and concern are insufficient, the internal object relationships become static, skewed, and distorted. When internal and external relationships go well, the individual is operating closer to what Klein (1935, 1945) called the depressive position—

one in which there is concern for the well-being of the object as a whole person. When they go badly, the individual operates in what Klein (1935, 1940) called the paranoid-schizoid position where part object relationships predominate in relation to a fragmented experience of the self.

Ogden's (1989) addition of an autistic-contiguous position to Klein's paranoid-schizoid and depressive positions extends our understanding of the lifelong resonance between self and object. The autistic-contiguous position concerns the person's struggles to form and maintain a self. The depressive position involves the person's concern for and relationship to objects. And coming between them, the paranoid-schizoid position reflects splitting and repression in response to problems of integration

during life's continual movement between concern for one's self and concern for objects.

Autistic/Contiguous Position ⇆
Paranoid/Schizoid Position ⇆
Depressive Position

The balance among the three positions alters during different developmental stages and various psychological tasks, while movement also occurs among them along the continuum from health to pathology.

The vitality of the self and its relationships with significant others rest on, and are expressed by, the degree to which relations between self and object are gratifying.

SELF AND OBJECT MUTUALLY HELD

Since there is no self without an object, the well-being of the object is of central concern to the self. Therefore, an object relations approach always considers the concern of one person for another's well-being. Actually, the term *object relations* is itself problematic in that it obscures the problems and centrality of the self. In contrast, the term *self psychology* obscures the centrality of the object, not only as an object to be of service *to* the self, but as a structure in intimate and mutually defining interaction *with* the self. A complete study has to take into consideration the mutual influence and concern of self and object, of what we might call personal relations (Sutherland 1989). This study can be informed not only by psychoanalysis, object relations, and Self psychology, but by the fields of infant research and of family and

marital studies as well. Children and parents in interaction, or wives and husbands in marriages of frustration and repair lead us from the galaxy of external interaction to the universe of our inner worlds, to those regions where our blocked paths of mutual concern lead to the narcissistic disorders of an arrogant, empty triumph of self over object, to the despairing loss of self at the hands of the inner object, and to the brutal substitution of aggression for caring in attempts to keep alive relationships between self and object.

This book deals with the way our internal worlds are daily given birth through our external interactions, while at the same time these internal object relations spawn meaning and enrich the interpersonal realm. Born originally in the cradle of our primary relationships, our inner

worlds seek meaning from and give meaning to our everyday interactions. In our professional world, they give life to the transferences and countertransferences of our psychotherapeutic relationships.

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