Refinding the Object and Reclaiming the Self

Epilogue: Refinding Our Selves through Our Patients

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At the heart of the object relations approach is a way of working that occurs in the interplay between two people, in an area of overlap that is both between them and within each of them. When the approach is effective, it is so because of the mutual involvement of both patient and therapist as complete human beings, each with a range of conscious and unconscious communication through which they can share

complementary, resonating object relations systems.

And so we must also consider the object relations of the therapist —of ourselves —in this examination of the inextricable relationship between self and object. Our patients are our objects. They are a repository for split-off parts of ourselves. And at the same time, they put into us parts of themselves, some of which we take in and identify with, changing our own object relationships-for better or for worse. At times, the pleasure in our patients' growth or identification with their better qualities pulls the therapist toward growth. At other times, our object relations are affected negatively, to the consternation of our spouses and families.

I can well remember an episode—because it was not long ago-when I came home to my family with an abruptness and anger, which, although not beyond my own repertoire, had no discernible trigger in immediate family or personal events. It was not until my 12-year-old daughter asked, "What's got into you, Dad?" that I had a flash of insight that it was my last patient who had got into me. I had taken in, with a kind of glee, his previous evening's temper tantrum because I partly admired his verve and aggression in the face of family constraints.

But more often, it is the mature, resilient object relations set of the therapist that is at the leading edge of the work, available to be taken in by the patient, modified, and made the patient's own. To be sure, we projectively identify with our patients, put into them aspects

of ourselves that do not belong to them. But if we can help the patient to contain and modify them, we take them back in a form that is our own, while leaving the patient free to accept the useful aspects and reject others.

This therapeutic struggle, which is the everyday stuff of our work, occurs because it is our selves that form our therapeutic instrument. Patients become our objects. Against and with them, we evaluate our selves as therapists. What we take in from them, what we provide to them, what we offer to them for their own use are all functions of our selves. And we judge and understand our selves according to how the experience with these patients reflects us. Our professional self-esteem is just as intertwined with our patient-objects as our personal self-

esteem is intertwined with our families and friends.

This is not to say that therapists should not have professional distance from patients. They need distance to manage the flux of self and object inherent in psychotherapy. No other profession so deliberately teaches its practitioners to put themselves on the line in this way every day, and at the same time calls for the reflexive examination of that experience.

Ultimately, it is not the simple reflection of ourselves by the patient that determines our judgment of our professional effectiveness and contributes to our self-esteem generally. It is a complex interaction between our self-evaluation and the reflection of our objects in our patients, along with that reflected image of our selves

provided by internal and external objects constituted by our peers, teachers and supervisors, parents, and other primary objects who all contribute to our object relations set in which our self resides. In the process, we must find new internal objects and we must grow new and changed parts of our selves to relate to them. We must—just as our patients must —reclaim lost and buried parts of our selves. In the therapeutic crucible with our patients, we experience a reunion with those parts of our selves, parts we had forgotten, parts we had never known directly, parts that grow new capacities with experience and age.

This is the experience that brings personal renewal. An evolving process, it goes on as long as our work goes on. Threatening and challenging, it is fundamental to our work. It is,

finally, the relationship between our own selves and our own objects —patients and families— that requires renewal and yet that brings renewal throughout the life course of our work.

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