Bruce R. Brodie

Object Relations and Intersubjective Theories in the Practice of Psychotherapy

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The evolution of psychoanalytic/psychodynamic psychotherapy has been marked by an increasing disconnect between theory and technique. This book re-establishes a bridge between the two. In presenting a clear explanation of modern psychodynamic theory and concepts, and an abundance of clinical illustrations, Brodie shows how every aspect of psychodynamic therapy is determined by current psychodynamic theory.

In *Object Relations and Intersubjective Theories in the Practice of Psychotherapy*, Brodie uses the theoretical foundation of the work of object relations theorist D.W. Winnicott, showing how each of his developmental concepts have clear implications for psychodynamic treatment, and builds on the contributions of current intersubjective theorists Thomas Ogden and Jessica Benjamin. Added to this is Brodie's vast array of clinical material, ranging from delinquent adolescents to high-functioning adults, and drawing on nearly 40 years of experience in psychotherapy. These contributions are fresh and original, and crucially demonstrate how clinical technique is informed by theory and how theory can be illuminated by clinical material.

Written with clarity and detail, this book will appeal to graduate students in psychology and psychotherapy, medical residents in psychiatry, and young, practicing psychotherapists who wish to fully explore why psychotherapists do what they do and the dialectical relationship between theory and technique that informs their work.

Bruce R. Brodie received his B.A. from the University of California, Berkeley, and his Ph.D. from the University of Chicago. He worked for 20 years at a secure residential treatment center for delinquent adolescents. He was adjunct faculty at the California School for Professional Psychology for 20 years and has been affiliated with the Saturday Center for Psychotherapy and Training for 35 years. He is currently in private practice in Santa Monica, CA. He is the author of *Adolescence and Delinquency: An Object Relations Theory Approach*.

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I am a part of all that I have met.
Tennyson, *Ulysses*

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Acknowledgments

This book owes a huge intellectual debt to three giants of psychological theory: two living and one long dead. The two living are Jessica Benjamin and Thomas Ogden. Both have shaped and informed my thinking in ways I cannot give justice to. The third is the great D.W. Winnicott who has informed so much of modern psychodynamic theory.

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Preface

The birth of our first child was difficult. Labor had been induced which meant that my wife went into powerful contractions when her cervix was still only minimally dilated. To compound matters, the baby was big (well over eight pounds), he was in an "anterior presentation" (which meant that he was pushing out with the broadest part of his head instead of the narrowest), and . . . Brodie babies have big heads. I was my wife's "Lamaze" coach.

In our Lamaze classes we had been taught not to use the word "pain." "Discomfort" was the preferred word. In hindsight, this seems to have been an early attempt at "positive psychology." If you think of childbirth as painful you will feel pain. If you think of childbirth as discomfort, you will feel discomfort instead of pain. Not true!

By the end of 22 hours of intense, powerful, fruitless, and *painful* contractions my wife was physically and emotionally exhausted. During the last of the contractions (before the doctors went in with an epidural and forceps), my wife and I would do the breathing exercises that we had been taught, our eyes inches from each other. Looking into her eyes I saw the desperation with which she was holding onto my gaze and I suddenly realized that my gaze was the only thing between her and a screaming insanity. I was – my eyes were – the only thing she was still holding onto. I realized that I was, in that moment, absolutely essential to her.

But I got no pleasure from that realization. To the contrary, here was the person I loved more than anyone else in the world, in agonizing pain, and I was completely helpless to take any of that pain away from her. In that moment I felt – simultaneously – absolutely essential and utterly useless. These two opposing feelings seemed to coexist completely independently of each other. My feeling essential did not mitigate my feeling useless. And my feeling useless did not detract from my feeling essential. I felt both.

I have since come to see that experience as a metaphor for what it is like to be a therapist. Clients come into therapy in some sort of discomfort, and with our help they gradually get in touch with the buried pain of which the discomfort is but the tip of the iceberg. I doubt very much whether there is any psychotherapy client who does not wonder, at some point, if the process is worth it and, more to the point, if the as-yet still buried pain might not be, in fact, unbearable.

New therapists have to learn that they cannot take away their clients' pain and that they do their clients a huge disservice if they attempt to do so. Yet they also have to learn that, in spite of this, they become essential to their clients. A therapist's two-to-three-week vacation can be a well-deserved respite for the therapist and a re-traumatizing abandonment for a client.

How do therapists understand, how do they deal with, how do they negotiate this paradox? In what way do they become essential to their clients if they cannot (and should not attempt to) take away their clients' pain? And is being essential a good or a bad thing? Are we talking about a healthy dependency here (as with my wife's momentary use of me as a last tie to sanity) or a pathological dependency in which a client metaphorically attaches himself, leech-like, to his therapist's "breast?" And how do we know the difference?

The answers to these, and countless similar questions, are found in more-or-less systematic bodies of thought that are called *clinical theories*. Without a theoretical foundation, therapists are not just babes-in-the-woods, not just babes-in-a-pitch-dark-woods, they are babes-in-a-minefield. Worse yet, they are babes trying to help another human being, someone who is paying them, trusting them, counting on them to have *some* idea of what the hell they are doing and where the hell they are leading them.

When I retired from The California School of Professional Psychology after more than 20 years as adjunct faculty, the School was in the midst of a curriculum change. The three core courses on clinical theory (psychodynamic, cognitive-behavioral, and systems) were out. In their place were a series of how-to courses (how to do therapy with adults, therapy with children, therapy with families, etc.). I realized with horror that an entire generation of clinical psychologists may end up "doing therapy" without any theoretical understanding of what they are doing, why they are doing it, beyond "this procedure works; that doesn't." This is "evidence-based practice" carried to its most insane extreme. Indisputably, to blindly follow the dictates of a particular theory despite evidence that it is not helping or even harming a client is the height of irresponsibility. But it seems

equally irresponsible to me to assert that clients are best served by programmed robots. Jessica Benjamin (1998, p. 15) quotes Gallop (1985) as saying, "No one wants to be unlocked by a skeleton key." I think that it is even more profoundly obvious that no one wants to be (or can be) nurtured by a robot.

This book aims to provide a link between two overlapping theories – object relations theory (as elaborated in particular by D.W. Winnicott) and intersubjectivity (as formulated primarily by Thomas Ogden and Jessica Benjamin) and clinical technique. The last part of the book's title, "*in the Practice of Psychotherapy*," should by rights be, "and why we do what we do as therapists," (though that would have been a bit unwieldy as a book title). As psychotherapists, we need to be intelligent and we need to be empathic. And we need to be informed. But we cannot allow our "being informed" to be limited to what the latest research data indicates about "what works and what doesn't." We need to be informed about *why* what we do works, about *how* it works, about how and why it affects the client in the way it does, about who the client is (beyond a set of diagnostic criteria), about what changes the client needs to make (beyond thinking more like the therapist does), and about how and why the client seems to have to go through so much pain to achieve those goals.

That is the goal of this book.

Introduction

The issue that this book addresses – the relationship between theory and therapy – was noted by psychoanalyst Jay Greenberg over 30 years ago. Greenberg wrote: Few issues in psychoanalysis are quite so muddled, or tend to generate so much confusion in the mind of the clinician, as the relationship between theory and technique (Greenberg, 1986).

This book comes out of almost 20 years of teaching graduate students in psychology. What I found in the process is that there are basically two kinds of textbooks: books on theory and books on technique. There are excellent books in both categories. But I find a paucity of books that try specifically to bridge the gap between theory and practice. What is it exactly that we do as psychodynamic psychotherapists and why is it that we do these things? How does theory inform our practice and how does our clinical work reflect back on our theory?

Cognitive Behavioral therapists have it relatively easy. Aron Beck's (1979) theory, for example, is simple, elegant, and easily understood: *psychopathology is the result of "cognitive distortions."* And the theory inexorably points to clear therapeutic interventions: *Correct cognitive distortions*. But psychodynamic theory (theories) is (are) much more subtle (unclear?), nuanced, and ambiguous in their implications. And the fact that psychodynamic theory has undergone over a century of evolution, diversification, and contestation among practitioners has not added to its simplicity or clarity.

Freud's (1916–1917) original theory was as simple and elegant as any: *the psychoneuroses arise out of an excess of repression*. And his theory points to a clear path of intervention: *remove the repression*. To be sure, this turned out to be no easy task. Freud's early difficulties in meeting this goal led to significant changes in both his theory and his technique. The evolution of psychoanalytic theory has proceeded dramatically since Freud's time, such that the master would hardly recognize what is practiced

today under the name of "psychoanalysis." The role of instincts in general and sexuality in particular have shifted from a central to a marginal focus. What is valued in a psychoanalyst (psychotherapist) has flipped from objectivity to subjectivity. Fundamental concepts such as the unconscious and transference have undergone serious rewriting and the concept of countertransference has shifted from being described as problematic in analysis to being an invaluable psychoanalytic tool.

It is not the goal of this book to detail the history of, and the justifications for, these changes. The changes have been overwhelmingly positive and have kept psychoanalytic theory intellectually relevant in the twenty-first century and psychoanalytic practice clinically effective (see Schedler, 2010). Rather, my goal is to address a critical problem resulting from this profound evolutionary change: the loss of a clear, simple link between psychoanalytic theory and technique. Freud's original theoretical formulation (neurosis arises from an overabundance of repression) led to a clear and direct prescription for a treatment technique (remove repression!). But that original conceptualization of neurosis bears little resemblance to our modern views of psychopathology. So, we are left with some huge questions: What does the current state of the "psychoanalytic dialog" (Ogden, 1990) tell us about the nature of psychopathology and how does that inform our clinical technique? Put simply, what do we do as therapists and why do we do it?

In this book I try to address those questions. To do so, I will focus on a branch of psychodynamic theory, *object relations theory* (and the theories of D.W. Winnicott in particular), that I have found particularly useful, and on a relatively recently melding of philosophy and psychology known as *intersubjectivity*. In doing so I will try first of all to show how object relations theory and intersubjectivity can be seen as simply two versions of, or two facets of, the same overall theory or belief system. Second, I will attempt to show how that theory or belief system leads implicitly to a set of behaviors and interventions that produce "therapeutic change."

At this point I need to clarify some of my terms. In doing so, I make no claim to actually giving *definitions* of object relations theory and intersubjectivity. Rather, I will attempt to simply give as clear an idea as possible of what it is that I am talking about when I use these terms.

Object relations theory

Object relations theory is difficult to define because there is no single, dominant figure, no establisher-of-orthodoxy. There is no single Freud

one can look to and quote to define "classical psychoanalysis," no Jung to define "Depth Psychology," no Kohut whose writings one can quote to define and understand "Self Psychology." This is a help as well as a hindrance. The absence of a central, defining figure in a theory makes the theory obviously harder to define (although even with someone like Freud one always has to ask whether one is dealing with earlier or later Freudian theorizing). But the absence of an "arbiter-of-orthodoxy" also allows a theory to be continually cross-pollinated, to be forever infused with new blood. Orthodoxy contributes simultaneously to clarity and to stagnation.

Object relations theory refers to an amalgam of theoretical material to come out of a group of psychoanalytic writers between the 1920s and the 1960s, most of whom were then referred to as comprising the "Middle School" of British psychoanalysis (called "middle" in part because they were caught in the middle between, and arbitrated between, the personal feud/war-of-orthodoxy battle between Anna Freud (classical psychoanalysis/Ego Psychology) and Melanie Klein (Kleinian psychoanalysis). The Middle School theorists all owed a strong intellectual debt to Melanie Klein but were never bound by her orthodoxy. They also maintained a profound respect for classic Freudian thinking (and to its then current iteration, "*Ego Psychology*"), but were united in their rejection of Freud's (and for that matter, Klein's) adherence to "drive theory." The names most often included in this group are Ronald Fairbairn, Donald W. Winnicott, Wilfred Bion, John Bowlby, Michael Balint, and Harry Guntrip. Otto Kernberg (1976, 1984) recombined object relations theory with Freudian theory, suggesting that they were complementary rather than divergent theories, each being more appropriate to a different developmental level of pathology. More recently, the American psychoanalyst Thomas Ogden has synthesized his own version of object relations theory that neatly morphs into a theory of intersubjectivity.

If defining classical psychoanalysis is complicated by having to differentiate between early Freud and late Freud, this is nothing compared to having to define object relations theory by compiling a list of only partially-in-agreement theorists. Thomas Ogden (1990) lists Bion as a major contributor to object relations theory, but Mitchell and Black (1995) call Bion a definite Kleinian. John Bowlby, a clear member of the then "Middle School," is more commonly known as the founder of his own theory: "Attachment Theory." Otto Kernberg who, in my mind, is one of the major American contributors to object relations theory, is listed by Mitchell and Black (1995) as a "Post-Freudian." To make matters even less clear, in my statement that object relations theory has evolved or

morphed into intersubjectivity, it needs to be pointed out that one of the major intersubjective thinkers, Robert Stolorow, whose name is most commonly associated with intersubjectivity, came out of a Kohutian, Self Psychology tradition rather than an object relations tradition at all and Stolorow makes scant references to object relations theory in his writings.

Clearly, names, or a collection of names, are not particularly helpful in defining a theory. Let me try and outline the basic components of what I am referring to as an object relations theory. First, object relations theorists share a common rejection of the kind of drive theory that served as a foundation for both Freud and Klein. More specifically, they reject libido theory as an all-encompassing explanation of human behavior. In this they differentiate themselves from the Ego Psychologists who wrote in the same era, but who tried to tweak and modify drive theory in an attempt to preserve it as a fundamental explanatory concept. This is not to say that object relations theorists completely rejected the role of biology or even of instinct in human psychology. But they clearly downplayed these factors. Winnicott (1968a), for example, acknowledged that anger, rage, and aggression may have some genetic/instinctual component, but he argued that the primary cause of these reactions was likely to be situational frustration.

Instead of Freud's hydraulic-modeled libido theory, object relations theorists suggest a less specific but equally powerful need for human contact (object relatedness). *Homo sapiens*, they suggest, are biologically programmed to live in groups, to form and value social contacts, and to focus especially on the mother-child relationship. Like all primates, Homo sapiens are social animals. Were we felines, we would be like African lions which live together affectionately in prides, rather than like the American mountain lion which seems to thrive on solitude.

What I refer to in this book as "object relations theory"[1] is a model of the psyche primarily crystallized around Melanie Klein's concepts of the paranoid-schizoid position and the depressive position.[2] These concepts, however, have evolved significantly since the time of Klein's own writings. Klein seems to have envisioned both positions as fundamentally intrapsychic processes. In both positions, she saw the individual as dealing with internal objects, which were then projected onto external objects (as a slide would be projected onto a screen). The difference between the two positions was that in the paranoid-schizoid position one dealt with split (or part) objects while in the depressive position one was dealing with internal whole objects.

Part objects will be discussed in detail in Chapter 4. For introduction purposes, they are internal (psychological) constructs representing real,

external objects, which are marked by a uniformity of affect. A part object is felt to be all good or all bad, all desirable or all repulsive, all safe or completely threatening. Part objects abrogate the need for ambivalence. Whole objects (like real people) have good qualities and bad qualities, are sometimes loving and sometimes hating, are at times brave and at times cowardly.

In Ogden's more contemporary version, the paranoid-schizoid position remains essentially unchanged from Klein's version (or at least from Klein's later version as influenced by Fairbairn). In this version, what are internalized are not simply objects but *object relationships*. That is to say, it is more of a *dialog* that gets internalized than simply an object. And each internal dialog has two components: the voice (not literally heard as an internal voice) of the object (person) that has been "internalized," and the corresponding voice of the individual (the self) that completes the dialog. These dialogs are internal (intrapsychic) and generally unconscious. As a result, they tend to be cut off from external influence and therefore don't change easily. They are endless-loop tapes that play in our heads over and over again. In this position these internal dialogs get projected out onto the world, onto "external objects" (real people), who then have the disconcerting experience of being seen not as themselves but rather as a fill-in for some earlier, unknown soul. In object relations theory this kind of projection is seen as the mechanism for what Freud called "*transference*."

Building on Winnicott's (1968a) contribution, most modern object relations theorists reject altogether Klein's notion of internal whole objects. Internal part objects are an extremely useful psychological mechanism for dealing with the world. But internal whole objects have no such useful function. They add nothing to the experiencing of the reality of an external whole object (there is no such thing as an external part object. All external objects are whole). Thus, rather than seeing the depressive position as simply a more advanced platform for projection and projective identification, Winnicott, Ogden, and others sees the depressive position as the mind's mechanism for dealing with external objects, with real people and the real world. In this way, Ogden melds object relations theory with intersubjectivity.

Relational psychoanalysis and intersubjectivity

Like object relations theory, intersubjectivity is made more difficult to define (but also enriched and unfettered) by the absence of a single, proprietary voice. The person who claims credit for introducing the term to

psychology (from philosophy) and the name most commonly associated with the term is that of Robert Stolorow who comes out of a Kohutian, Self Psychology tradition. Other seminal names in intersubjectivity are those of Jessica Benjamin and Thomas Ogden, both of whom cite a more object relations background. My own bias is strongly for the object relations foundation. Object relations theory, after all, is basically about the relationships between people and either other people or the internal representations of other people, in other words, about intersubjectivity. Self Psychology, on the other hand, arose out of an exhaustive study of Narcissism.

To make things even less clear, the term "intersubjectivity" is poorly differentiated from the term "relational," as in "Relational Psychoanalysis" (cf. Mitchell (1988, 2000), Wachtel (2008)). What is meant by "intersubjectivity" (and the difference in meaning between intersubjective and relational) depends on whom one asks. Stolorow (2013) uses the term in the context of a specific theory (Intersubjective-Systems Theory) that he and his colleagues (Atwood, Orange, and others) have been devising. Intersubjective-Systems Theory, says Stolorow, is characterized as being "contextual" (the self is defined exclusively in terms of its relational context) and phenomenological (focusing on the emotional experience).

Jessica Benjamin uses the word intersubjectivity to refer specifically to that state of developmental achievement in which the "other" is recognized as a separate, autonomous, subject. In contrast to Benjamin, who appears to use the term to reflect a heightened state of consciousness, Brown (2011) says that essential to the "intersubjective experience" is a kind of direct, unconscious to unconscious communication. Ogden (1994, 2004) uses the term in both senses. He says that there are "innumerable forms" (1994, p. 4) of intersubjectivity but that only the highest forms (those in the depressive position) achieve the levels demanded by Benjamin's criterion. Lesser forms of intersubjectivity (e.g., a "subjugating" form of intersubjectivity) characterize the paranoid-schizoid position.

For the purposes of this book I will refer to intersubjectivity in both a broad and narrow sense, as involving all levels of interpersonal engagement but with various levels of real connectedness, culminating in the *conscious awareness of mutual subjectivity* as described by Benjamin (1998, 1990, 2004). I add one criterion to those listed previously in an attempt to differentiate what I see as intersubjectivity from my reading of what others refer to as relational psychoanalysis. Intersubjectivity, as I will use the term, implies a dialectical relationship between the intrapsychic and the interpersonal. As I read them, "interpersonal" writers argue (correctly, I believe) that psychoanalytic theory historically has focused too

myopically on the intrapsychic. But, to my mind, they tend to throw the baby out with the bathwater in their consequent diminished focus on the intrapsychic.

The essential question in object relations theory is how one gets from the paranoid-schizoid position to the depressive position. The parallel question in intersubjectivity is how one gets from the experience of self and other as *object* to the experience of self and other as *subject*. As I have indicated, I believe that these are the same question. As Ogden (1884, 1990, 1994) has painstakingly demonstrated, the experience of self in the paranoid-schizoid position is that of object. The corresponding experience of self in the depressive position is that of subject. But as Klein indicated, the depressive position is never fully achieved. There is always a dialectical tension between the two positions. We seesaw back and forth between them. And, as Ogden (1990) has pointed out, fully achieving the depressive position wouldn't be that wonderful an accomplishment anyway. As the paranoid-schizoid position is essentially one of intrapsychic functioning and (the modern conceptualization of) the depressive position is one of interpersonal functioning, then we must be willing to consider a constant seesawing, a constant dialectical tension, between the intrapsychic and the interpersonal.

Intersubjectivity, defined as any interaction between two subjects, of course begs the question of what constitutes a "subject?" A "subject" is defined dialectically in contrast to an "object." The easiest and most direct way of understanding these terms is in reference to grammar. In grammar, the subject of a sentence is the performer of an action and the object of the sentence is the one to whom the action is done. In the sentence, "Dick hit Jane," Dick, the doer of the vile deed, is the subject and Jane, the innocent to whom the nefarious deed was done, is the object of the sentence. What intersubjectivity adds to grammar is consciousness: in intersubjectivity *subjects* are those with some awareness of their agency, their ability to take action, to affect their environments. *Objects* are people who experience themselves as things to which actions are done. The experience of self as object is frequently reflected in the way people speak. "That guy made me mad." "I got caught up in something." Or, in the words of a teenage boy explaining how he got his girlfriend pregnant, "Something just came up." When one asks people in the paranoid-schizoid position "Who are you?" they will answer with a recitation of everything that has happened to them or that has been done to them. "They" are the sum-total of everything that has happened to them. Other than that, there is no "they." *Subjects* (people with depressive position functioning), on the other hand,

tend to begin the answer to that question with the words "I am . . ." They experience a sense of *self*, a sense of *identity*, that transcends a simple listing of life experiences. They are aware that life events have shaped who they are, but they have an entirely different experience of who they are as opposed to what has happened to them.

Ogden emphasizes one crucial aspect of subjectivity, of experiencing oneself as a subject, that I want to focus on here. If being a subject is defined as being an agent, an actor, as opposed to being the one things are done to, then one of the most important "acts" a subject does is to create meaning. If one experiences oneself as an object, then meaning is "done to you" as much as anything else is: "It is what it is." People who experience themselves as objects (people in the paranoid-schizoid position) are likely to say "It is hot today!" as though it being hot was an objective fact. People who experience themselves as subjects (people in the depressive position) might use the same words, but for them the statement is short for, "I find it hot today," recognizing that heat is a subjective experience and that different people may have different standards of "hot."

This is what makes an intersubjective encounter such a profoundly important and such a deeply disturbing experience. When I, as a subject, encounter another subject, I am encountering another *subjectivity*, another way of attributing meaning to the universe. Two people experiencing themselves as objects may get into an argument about which of them possesses the "true" (objective) viewpoint. But two people experiencing themselves as subjects have a more difficult and potentially much more growth-enhancing experience: each must come to terms with the fact that another being exists who may see the world profoundly differently from the way he or she sees it.

The Question, in intersubjectivity, is how one gets, developmentally, from experiencing oneself and others as objects to experiencing oneself and others as subjects. And to find an answer to this Question, Ogden looks to object relations theory, and in particular to D.W. Winnicott, for how one progresses from the paranoid-schizoid position to the depressive position.

This book is an act of intersubjectivity. In it I present the work of two major intersubjective theorists, Jessica Benjamin and Thomas Ogden, and the work of their joint inspiration, object relations theorist D.W. Winnicott. I do not simply *present* their theories, or even give *my understanding* of their theories. Rather, I attempt to interact intersubjectively with each of them. Winnicott, of course, is long dead, and I do not have a collaborative relationship with either Ogden or Benjamin. Nevertheless, I cannot help

but to have formed a mental dialog with each of them, a meeting of the minds between my own psyche and the words that these theorists have expressed in print. The result then, is something new, something that is neither entirely mine nor entirely theirs, but something that has been created in the "intersubjective third" that has arisen between us.

Of course, the intersubjective dialog between me and these three thinkers becomes frozen the moment I put my (co-created) thoughts into print. But it is replaced (unfrozen) by a new intersubjective dialog between my words in print, and the thoughts and reactions of you, the readers. This dialog began long before this book actually went to press. It began in my mind as a dialog between me and hypothetical readers, as I imagine various readers scratching their heads, wondering what such-and-such means, nodding in agreement, or shaking their heads in disagreement. And these fantasized reactions help shape my words and my thoughts.

I imagine younger, relatively inexperienced therapists shaking their heads and muttering, "What the hell is he talking about?" And I imagine older, more experienced therapists shaking their heads and muttering, "He doesn't know what the hell he is talking about." And with both sets of readers I ask that you join me in an intersubjective dialog, much like the one I engaged in with Ogden, Benjamin, and Winnicott.

If you do so, my ideas, co-created with Ogden, Benjamin, Winnicott, Freud, and Klein, will interact with the ideas and reactions of you, the readers, and a new set of ideas will be co-created as you interact cognitively and emotionally with the words printed on these pages but that are now spoken with your voices, inside your heads. None of you will read my words purely cognitively. To the extent that they are useful to you, it will be because they touch and influence an intuitive understanding that each of you already has.

This is how it worked for me. I worked for 20 years in a locked, residential treatment center for severely delinquent adolescents. And on a daily basis I would scratch my head and struggle to understand the psyches of those kids. And as I gradually discovered object relations theory and intersubjective theory, I began to formulate an understanding. These theories did not *explain* anything to me. Rather, they gave form and structure to my previously unformed or inarticulate intuitions. "Oh yes," I would exclaim, "that could be how it makes sense."

> April was a third-generation gang member who helped disillusion me from any glorification of gang life that I might have been prone to. She had grown up living in a series of cheap motel rooms, sleeping on

floors crowded with extended family members. She remembered one time her father slapped her for smiling. "Gangsters don't smile," he barked. She knew he was doing this for her own good.

In her early teens she formed an intense, Romeo and Juliet type of relationship with a boy, Marco, from an enemy gang. Although Marco was willing to violate the one cardinal rule of gang loyalty, he was in every other respect a hard-core gangster. He had the kind of nearly paranoid jealousy that is common among male gangsters, and this jealousy was exacerbated by his frequent drug use.

April became pregnant and began to show. One night Marco came home high on methamphetamines and nearly psychotic with jealousy. "That's not my baby," he told her, and he began to beat her, and her stomach in particular. A few days later, April miscarried.

April told me this story with neither anger nor hatred. Although everything in me was appalled and horrified, somehow I recognized that she was telling me a love story. "He loves me that much!" she was trying to tell me. "He loves me so much that I can drive him crazy with rage and jealousy. He loves me so much he would kill his own unborn child out of love for me."

But, of course, April was not *telling* me a love story. She was telling me a story of violent abuse and killing. Her problem was that she didn't feel abused. She felt loved. More accurately, she didn't know what she felt, nor how to make sense of her own story – any more than I knew how to make sense out of her confused and conflicted account. The fact that it was a love story she was telling me was arrived at intersubjectively: it was co-created.

An outline for this book

The chapters of this book follow a semi-developmental progression based on the developmental contributions of D.W. Winnicott. I say "semi-developmental progression" because Winnicott's developmental schema is not strictly linear. Certain developmental lines parallel each other, while others seem to leapfrog one another. In any case, Winnicottian developmental concepts are presented in as linear a fashion as I can, and the clinical implications of each developmental issue is discussed. At the end of the book there is a shift in theory from object relations theory (Winnicott) to intersubjective theory, although, as with the earlier chapters, even this shift is not strictly linear.

A brief précis of each chapter follows. These summaries are repeated at the beginning of each chapter.

Chapter 1

Commencing a semi-developmental structuring of this book, Chapter 1 reexamines Winnicott's concept of the "holding environment" in terms of both the mother/infant and the therapist/client relationships. The holding environment is commonly thought of as a unidirectional communication: the mother/therapist communicating safety and caring to the infant/client. I argue that Winnicott actually presented a two-way communication model wherein both the mother/therapist and the infant/client communicate to the other and, in doing so, learn about themselves. As such, the holding environment becomes not a precursor to therapy but a prototype of therapy.

Chapter 2

Although quite similar, the holding function and the "mirroring function of the mother" are different in terms of the experience of both the infant and the mother. The holding function begins before the infant has learned to differentiate between self and non-self (environment or object). The mirroring function begins when the infant is beginning to be able to identify the mother as a separate object. It is the infant's first intersubjective experience.

Chapter 3

Winnicott's "mother-infant unit" may be seen as another kind of prototype for therapy, but a different kind from the holding environment. In the mother-infant unit, the infant learns about itself and others by the use of the mother as a surrogate ego or, more specifically, through the fantasy that its own ego and its mother's ego are fused. The fantasy of fused egos also becomes a part of the psychotherapy relationship and allows for the repair of early ego damage.

Chapter 4

"Potential space" is one of the least understood and most ignored of Winnicott's concepts. But I argue that it is crucial for the understanding of the

goals of psychotherapy. Potential space is the space "in which we live." If potential space is empty our lives are empty. If potential space is full, our lives are full. The task of the therapist is not to try and fill the client's potential space. Rather, it is to discover and repair potential space damage that stems from disruption of the early separation/individuation stage of development.

Chapter 5

The "paranoid-schizoid position," along with the "depressive position," is one of Melanie Klein's two modes of emotive-cognitive functioning. The paranoid-schizoid position is defined by the use of "splitting." Splitting happens for emotional reasons, but it leads to certain cognitive consequences. I argue in this chapter that splitting leads to a complex, interwoven, and consistent logical system: what I call "the logic of splitting."

Chapter 6

Fairbairn contributed an important modification to Klein's original conceptualization of the paranoid-schizoid position. Rather than consisting simply of "internal objects," the psyche in the paranoid-schizoid position consists of "internal object relationships." These are not of the voices of internalized objects but of the internal dialogs between the self and significant objects. Kernberg coined the term "Object Relation Units" (ORUs) to described paired substructures of the psyche representing the internal object, the self in relation to that object, and the characteristic affect that defines that particular relationship. Ogden argues that internal objects are not simply representations of unfinished business from the past. They represent structures of the psyche; they constitute who a person is. Either component (self or object) can be projected out onto others. This makes the analysis of the transference much more immediately important, and much more complex, than in the traditional Freudian paradigm.

Chapter 7

In Chapter 5 I argue that the paranoid-schizoid position can be seen as the template for the notoriously unstable Borderline Personality Disorder. In this chapter I present a long vignette that demonstrates how extremely stable character structures can also occur in the paranoid-schizoid position.

Chapter 8

Chapter 8 reexamines the Freudian concept of "resistance" in light of object relations theory. This, in turn, leads to a reanalysis of the entire concept of the unconscious. In this chapter I argue that while in Freudian theory the unconscious is defined primarily by its contents, object relations theory tends to think in terms of unconscious processes. This leads to a significant difference in how the task of the therapist is conceptualized in terms of working through the resistance.

Chapter 9

Chapters 9 through 15 deal with the problem of how one leaves the paranoid-schizoid position and enters the depressive position and, in the process, how one disavows internal objects and discovers external objects. Chapter 9 shifts out of object relations theory and into intersubjectivity theory long enough to discuss the concept of the "psychological third." Relational and intersubjective theory argue that the only way out of the binary relationships that comprise ORUs is the introduction of some form of internal or external "third." It can be argued that all the different ways of emerging from the paranoid-schizoid position – all the different ways of discovering external objects and the external world – involve some variant of the psychological third.

Chapter 10

This chapter focuses on the work of Thomas Ogden on projective identification. Ogden argues that, paradoxically, projective identification is both a hallmark of the paranoid-schizoid position and a vehicle out of that position. In this chapter I catalog a number of different ways in which projective identification leads to character changes in both the projector and the recipient of projective identification.

Chapter 11

This chapter is unique in this book in that it focuses on a single article – a highly controversial and misunderstood article by Winnicott – that seems to have as many different interpretations as readers of the article. I offer my own interpretation of what I think Winnicott is saying and I discuss some important clinical implications.

Chapter 12

"Interpretation," the bedrock of Freud's clinical approach, has become the subject of much controversy in both object relations theory and relational and intersubjective theories. In this chapter I attempt to cool the often overheated rhetoric on the subject and offer a view of this intervention that respects and acknowledges its dangers and shortcomings while recognizing its contribution to our therapeutic work.

Chapter 13

As with interpretation, "transference" – the other foundational Freudian concept – has come under much recent attack. In this chapter I examine the controversy and try to extract from the debate a working definition of transference that I consider to be reasonable while justifying the notion that working in the transference is an essential part of any psychodynamic work. As in Chapter 8, I try to differentiate between Freudian and object relational conceptualizations of transference both in theory and in clinical application.

Chapter 14

In this chapter I argue that while all psychodynamic theories have implicit or explicit focuses on loss and on dealing with loss, most treatises on clinical work tend to ignore or understate the role of grieving in psychotherapy. My position is that some form of grieving is an essential part or all clinical work, across all diagnostic categories.

Chapter 15

As Chapter 10 focuses on the work of Ogden and Chapter 11 focuses on Winnicott, Chapter 15 is derived primarily from the work of Jessica Benjamin. Benjamin argues (persuasively, to my mind) that we can help our clients only to the extent that we can "identify" with them. This represents a fairly radical departure from the traditional view in which a therapist's identification with the client was greeted with fear and innumerable cautionary notes.

Chapter 16

While previous chapters have focused on the process of getting from the paranoid-schizoid position to the depressive position, this chapter focuses

on a pathology of the depressive position: what Winnicott called "False Self" pathology. I argue that, as with so many of Winnicott's concepts, the concepts of the True Self and the False Self are frequently misunderstood and misapplied. I also argue that these are extremely important concepts and that the recognition and abandonment of False Self functioning and the discovery/creation of the True Self is an inherent part of all psychotherapy.

Notes

1 This model is derived primarily from the writings of Thomas Ogden.
2 Although these two concepts are primarily associated with Melanie Klein, they owe as much to the influence of object relations theorist Ronald Fairbairn. Klein had originally proposed that external "objects" (people) get internalized as part of the psyche. It was Fairbairn who ultimately prevailed in postulating that it is "object relationships" that get internalized (see Grosskurth, 1986).