The Therapist as a New Object

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Abstract

This article explores the concepts of introjective and projective identification as a way to understand the dynamic of transference. Object relations theory highlights the importance of the objects in a child's life and how the child learns from his or her relationships with those objects. In therapy, the therapist becomes a new object in the client's life, thus activating the dynamic of transference. The way a therapist works with transference sheds light on his or her view of the role of the therapist and leads to a discussion of methodological differences between psychoanalysis and transactional analysis.

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Transactional Analysis and Psychoanalysis

As a transactional analyst, my journey in relation to psychoanalysis has been challenging and interesting. It brings to mind a client I had some years ago who was lovingly raised in a family among several brothers and sisters. Julia loved her parents and was close to her siblings. One day as an adolescent, during a biology lesson at school, she found out that her brown eyes could not have come from her parents, who both had blue eyes. She confronted her mother, who then admitted to the affair that led to her becoming pregnant with Julia. Finding her real biological father was a journey in itself for Julia. The issue in her therapy with me was her emotional journey through disappointment, shock, fear, anger, betrayal, and the related losses. One of the most difficult dynamics she had to deal with was her experience of living in both her old and new families at the same time. Issues of loyalty, the stress of choosing and not choosing, and her anxiety and fear of betrayal dominated the therapy for a long time. Only after facing all of these feelings could she slowly start to embrace the gains of this discovery.

For many transactional analysts, the journey of discovery in relation to psychoanalysis is like finding one's real father—and dealing with the shock that it is not Eric Berne but Sigmund Freud. We were lovingly raised in this adopted family of transactional analysts; we learned from them, we found a home, and we feel committed and obligated to this family. But many transactional analysts become aware that this home has been something of a halfway house, a step in a journey that unavoidably leads toward contacting that other family and with it the real father.

The current rapprochement between transactional analysis and psychoanalysis, as shown in this theme issue of the *Transactional Analysis Journal,* probably expresses the wish to find access to this home. As with my client, this process of discovery is a painful way of being confronted with loyalties and different notions of belonging. But in the end, it makes no sense to deny or avoid family ties.

Transference

There is no human development without identification. In psychoanalysis, identification is considered the earliest expression of an emotional tie with another person (Freud, 1921, p. 68). Transference is part of the dynamic of identification and development. Transference, as we engage it in our practices, is that highly emotional relationship between the client and the therapist that is central in Freudian psychoanalysis. The strength of the client's emotions —such as resentment, hate, love, disappointment, or fear—is often more powerful than what the real therapeutic relationship calls for. Feelings from unfinished business are repressed by the client in his or her unconscious but released in the therapeutic relationship and transferred to the therapist.

Freud had already described this phenomenon, but Ferenczi took it a step further by saying that these processes occurred in everyday life as often as they do in the analytic situation. In chapter 2 of *Contributions to Psychoanalysis* (Ferenczi, 1916), he worked

this out in a particular way. When people transfer their repressed feelings onto other people, it is a way of avoiding contact with them, and the most powerful means of doing so are introjection and projection. The paranoid client projects his repressed feeling onto the other—the outside world—whereas the neurotic client introjects (parts of) that outside world into the self. Ferenczi noted that these processes are important for our learning and our view of the world and that there is only a difference in degree (not in kind) between neurotic and normal behavior. "We came to the conclusion that the paranoid projection and the neurotic introjection are extreme cases of psychical processes, the primary forms are to be demonstrated in every normal human being" (p. 42). Thus, the twin psychological mechanisms of introjective and projective identification are central in thinking about human development.

Introjective Identification

It was Ferenczi who put forward the concept of introjection as the expression of the person's wish to be like the other and thus to introject that other into his or her ego. He also said that the child has the tendency to make pleasant experiences part of the self (introjection) while pushing away those that are painful (projection). The other is, in both situations, viewed as the object of the child's attention, and he or she creates an emotional tie with the introjected object based on introjective identification. Freud added that the ego deals with this by creating an "ego ideal" (as cited in Kohut & Wolff, 1978, p. 414). In the process of learning by identification, the introjected object is added to this ego ideal or even replaces it. The ego ideal has a sort of control of the ego, through self-observation and through providing moral conscience and censorship. In addition, the ego ideal deals with repression. What is taken in from a wish to bond with a loved object becomes, however, repressive over time. Freud (1913/1951) would later replace this concept of the ego ideal with the superego. Introjective identification of the object stimulates the longing to be like the introjected object. This is the area that links the individual to a family, group, tribe, or any form of primary group. A primary group is comprised of individuals who have substituted the same object for their ego ideal and have consequently identified themselves with one another in their ego (Freud, 1921, p. 80).

Projective identification

A person's world is actually filled with thousands of objects, and identifying with them can provide all sorts of experiences, from pain to pleasure and from happiness to sadness and despair. The world of the child, however, is filled with only a few objects simply because it is so much more limited. An important impact on the child's experience is that almost all of what happens, happens for the first time. In this context, the first object in an infant's life (usually a parental figure, and most often the mother)—the object of the child's first relationship—is of extreme importance, as demonstrated in the work of Melanie Klein (1935/1986). From her observations of young children, she suggested that certain developments in children, such as the growth of the superego, were not so much based in the oedipal orientation at 3-4 years of age, but occurred much earlier, probably even before 6 months.

The breast is the only object in the infant's world that can be the source of utter satisfaction and pleasure or complete frustration and anger. Klein had a strong belief in the existence of both libido as the pleasure principle and mortido as the death instinct. Through the death instinct, the child experiences anxieties that he or she feels as fear of annihilation and often persecution. Klein (1935/1986) subtly described the delicate process of the child's development from an innate internal fantasy through interaction with the external other (the mother) to a concept of the interpersonal.

For the young infant, the breast is the only object to which he or she relates; the baby projects unpleasant feelings onto the breast as a hostile, uncontrollable object. At the same time, this breast provides intense satisfaction. Klein supposed that the infant, experiencing these two completely different feelings, must split them into "good breast" and "bad breast." Herein lies the key issue for our earliest object relations, for our earliest experiences of good and

bad or love and hate and for the earliest experience of splitting and integrating. In transactional analysis, these concepts have been addressed in the literature since Moiso's Eric Berne Memorial Scientific Award winning article on transference was published in 1985 up through Blackstone's article in 1993 to more recent writings about object relations by Little (2004) and Cox (2004).

The Therapist as an Object

There is a basic human need for "real" object relationships. The use of "real" here refers to the way that ordinary life—as opposed to the consulting room—is real, and that we all need contact, love, respect, food, drink, and shelter. This basic human need for realness comes up when two people meet, and it is normally actualized in a real relationship. When a client and a therapist meet, however, the therapist alters this by creating a therapeutic relationship, which is different from a real relationship. The therapist says to the client, "I am not going to treat you as any other real person would do. I am not going to react and have my human needs realized through you. Instead, I am going to listen, attend, think, and then speak" (Whelan, 1992, p. 45).

The therapeutic relationship, therefore, differs from a real relationship and, in fact, includes a barrier to reality called a "therapeutic barrier" (Whelan, 1992, p. 46). The therapist imposes this barrier to a real relationship by his or her abstinence and by inviting the client to freely remember, associate, and think out loud. The rationale for this structure is that the less real the therapist is, the more space there is for fantasy and unconscious process. In other words, the therapeutic barrier allows more space for transference. Unresolved issues from early object relations can then be activated in the therapeutic relationship and will more easily be transferred onto the therapist.

Tasks for the Therapist

The therapist is not only an object in the client's life; he or she is a new object. Within transactional analysis this idea has been discussed by Novellino (2003), Shmukler (2001), Hargaden and Sills (2002), and others. As a new object, the therapist offers the client an opportunity to test transference against reality within the context of the therapeutic relationship. This relationship creates a state of deprivation and tension because ordinary needs are not fulfilled. Therapy works from the assumption that one can only learn from experience, and, in particular, one can only learn about one's personal self from emotional experience. Thus, the therapist gives the client and himself or herself three therapeutic tasks.

1. *The therapist needs to maintain the therapeutic setting as opposed to creating a real relationship.* The therapist offers himself or herself as a new, contemporary object and offers a new object relationship. This interesting idea (Loewald, 1960/1991) is similar to Bollas's (1984/1987) idea of the transformational object. The therapist is what he or she is. The reality of listening, feeling, thinking, being, and speaking is imminent and can be explored. The therapist can thus become the object of the longing by the client for the parent, although the therapist neither is the parent nor does he or she act out as a parent. This is the essence of relational therapy. The therapist offers the client the possibility of internalizing the interaction between them, of internalizing a relationship with an object. The creation of the illusion of the transference, experienced by the client in the holding environment of the relationship with the therapist-object, develops the client's self-awareness and enriches his or her internal world of object constancy (Hartmann, 1964).

To reiterate, the therapist does not take the real role of the parent that the client longs for but remains available for the transference of the client's longing. This dynamic stimulates the creativity of the client, who needs to close the gestalt of the frustration of an unfulfilled need. Filling the need with "reality" (by both the client and/or the therapist) is, in fact, a way of acting out. Inside and outside of the consulting room there are constant opportunities for both therapist and client to act such feelings and longings out, to treat each other as real objects. However, for therapy to be successful, the therapist needs to deny himself or herself to the client as a real object.

Acting out by moving into a real relationship

can also be an issue in group settings, such as training groups, teams, or organizations. The barrier to real relationships, created by the consultant, helps the group and the individuals in it to first experience and then explore their transferential issues in depth. In this way, individual and group scripts can be tested, challenged, and altered in the reality of the group process.

2. *The therapist needs to refrain from interventions and instead offer hypotheses and interpretations.* Interventions in general—such as interrogation, confrontation, illustration, explanation, offering alternatives, exploring options, and so forth—confirm reality and thus undermine the transferential process. Berne (1966) wrote that interventions "have their primary object [in] the cathexis and de-contamination of the Adult" (p. 241). Hypotheses and interpretations, on the other hand, interfere with reality, which allows transference and unconscious fantasies to emerge and be expressed. Berne also wrote, "Psychodynamic interpretation deals with the pathology of the Child and serves the de-confusion of the Child and this corresponds to the therapeutic plan of orthodox psychoanalysis" (p. 242). Interpretations provide unconscious processes with greater flexibility; there is no real person to restrict them, and so they can more easily emerge into the world of consciousness (Whelan, 1992).

3. *The therapist needs to reflect on his or her own tendency to act out into a real relationship.* Countertransference is not something to condemn or about which to think badly; it is actually an important source of information that can guide the therapist in maintaining the therapeutic relationship. Extended case studies are particularly helpful in exploring the countertransference (Berenstein, 1995; Hargaden, 2001). For example, to return to Julia for a moment, my countertransferential response to her was very strong. In relation to her search for her father, I wished the best for her, wanted her to find her real father, hoped she would go through the process without too much difficulty and pain. I felt caring and protective. Being a father myself, I felt as if I were observing how my own lost child was finding me while I was reaching out to comfort him and include him in my family. And I also became aware of how much I wished myself to be free of confusion and pain from my own journey of discovering my professional paternal roots in psychoanalysis, including the hope that there will be someone out there welcoming me while at the same time my siblings still love me.

All of this was important information for me in my therapeutic relationship with Julia. It helped me to understand the power of the transference and to contain the client's process instead of crossing the boundary into reality. In this case, the therapist has done a better job by reflecting about his countertransference through writing this article than by acting out in the consulting room!

Discussion

These considerations offer us the opportunity to discuss some methodological differences between transactional analysis and psychoanalysis. In both modalities there are different emphases and approaches. For transactional analysis, Tudor and Hobbes (2002) discriminate between seven different approaches. Sills (2004) argues that all of them use a relational lens, although with a very different focus. What the therapists says and how he or she says it, how he or she deals with boundaries with clients, is eventually based on how the therapist makes sense of the way the client relates to him or her and how the therapist sees himself or herself in response. Historically, transactional analysis seems to provide a frame of reference in which the therapist attempts to become the object for which the client longs. Transactional analysis (think of classical, redecision, Cathexis, and constructivistic approaches) provides a relational model of comfort. When the client needs a good object, transactional analysis therapists from these schools see their role as providing this good object for the client. The transactional analyst would take as a real desire what is manifested as an expression of transference. Psychoanalysis would consider this to be a discount of the dynamics of the unconscious and the dynamics of transference. By filling in the deficit and supplying the object the client never had, the transactional analysis therapist does not adhere to the notion of trans-

ference as it is used in psychoanalysis. Drawing on recent developments within transactional analysis that suggest a more relational approach (think of integrative, psychoanalytic, relational, and cocreative approaches), the notion of the therapist as an object is emphasized more and considered deserving of attention.

Epilogue

Being a child of his time, Berne's genius was to merge relational principles of third-force humanistic psychology with Freudian psychoanalysis. Instead of having a language to communicate with his peers, Berne wanted to develop a language to communicate with his clients, thus stepping over the boundary into a more real relationship and away from the notion of a therapeutic state of deprivation in which real needs are not fulfilled.

This was the watershed moment when Berne fathered a new family, and transactional analysis and psychoanalysis split. Over time, they have done as many families do: have their family feuds. However, recent developments, such as Novellino's (2003) concept of "transactional psychoanalysis," seem to show a growing awareness that transactional analysis and psychoanalysis are close family after all.

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