# OBJECT RELATIONS THEORY AND SELF PSYCHOLOGY IN SOCIAL WORK PRACTICE

EDAG. GOLDSTEIN, D.S.W.

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Initially, my understanding of clients and my clinical work were heavily influenced by Freudian theory and ego psychology, but during the course of my career, I became conversant with other psychodynamic and psychosocial theoretical frameworks and their practice applications. I shall always be grateful to Dr. Otto Kernberg for affording me the opportunity to work closely with him when he was conducting research on borderline disorders. I grew professionally during the seven-year collaboration in which we co-led an intellectually stimulating interdisciplinary clinical research group at both the New York State Psychiatric Institute and the New York Hospital—Cornell Medical Center, Westchester Division. During this time, our research tried to operationalize many Kernbergian concepts and treatment principles. We vigorously debated the utility of a range of theoretical and treatment frameworks within American and British object relations theory and self psychology.

After leaving my position as Assistant Director of Social Work at New

York Hospital to become a faculty member at New York University in 1981, my clinical work expanded and I experimented with different approaches. I shall always be indebted to Dr. Marjorie Taggart White, a courageous and generous woman and a creative clinician and scholar, who helped me to grasp the significance of self psychology and to understand and implement its core concepts and treatment principles in depth.

As a faculty member at the New York University Shirley M. Ehrenkranz School of Social Work, I chaired the Social Work Practice Curriculum Area for fourteen years and then was appointed Director of the Ph.D. Program in Clinical Social Work in 1997. In these roles, I have tried to help social work students, practitioners, and supervisors to gain knowledge of and to apply a range of contemporary psychodynamic concepts and treatment principles to social work practice with a broad range of clients. Much of my teaching, writing, speaking, and dissertation advisement has been related to this challenge. I am particularly appreciative of my colleagues, professors Jeffrey Seinfeld, Rose Marie Perez Foster, Judith Mishne, Carol Tosone, Theresa Aiello, Barbara Dane, Lala Straussner, and Judith Siegel. I also am grateful to the late Dean Shirley M. Ehrenkranz and former Deans Tom Meenaghan and Eleanore Korman for their encouragement and provision of a facilitating environment.

Over the years, I have learned a great deal from my students, supervisees, and clients. They have made the theories and treatment principles that this book addresses come alive. Likewise, I have had the opportunity to meet with social work practitioners and faculty, both locally and nationally, and in some instances internationally. I am grateful for the warm welcome that I have received in many settings and for the rich dialogue that I have been able to have with numerous individuals and groups across the country about the current state of clinical theory and practice.

The task of writing a book is lonely and arduous. I want to thank the wonderful friends who have been a source of support along the way, Enid Ain, Norma Hakusa and Robert Counts, Dick Rizzo, Lucille Spira, and especially Patricia Petrocelli. I have also been fortunate in having the expert assistance of Mr. Philip Rappaport, senior editor at The Free Press.

### HISTORICAL, THEORETICAL, AND CLINICAL PERSPECTIVES

## OBJECT RELATIONS THEORY AND SELF PSYCHOLOGY

#### THEIR SCOPE AND SIGNIFICANCE

A person-in-situation perspective has been a defining characteristic of social work practice historically. The social work profession has relied on numerous distinctive theoretical frameworks that help to explain the nature of person-environmental transactions during the lifelong developmental process (Goldstein, 1983). Psychodynamic theory has occupied a prominent position in this knowledge base. Although its place as an underpinning to social work practice has waxed and waned over the years (Goldstein, 1996; Specht & Courtney, 1994; Strean, 1993), it has provided practitioners with important insights into human motivation, needs, capacities, and problems and has played a major role in shaping social work practice from the 1920s to the present.

As we begin the twenty-first century, psychodynamic theory is by no means the only theoretical paradigm that is available to social workers, but it continues to have significance for social work practice. It has moved far beyond its Freudian and ego psychological base, however, and reflects newer and more diverse views of personality development and the nature of human problems. Psychodynamic thinking and treatment principles are applicable to a broad range of clients, in both short-term and long-term intervention, and across a variety of treatment modalities. This broad and varied framework can be used to complement other formulations that inform social work practice, such as ecological, cognitive-behavioral, family systems, and group theories. Evidence that psychodynamic theory has stood the test of time can be found in a study of practitioners drawn from the 1991 National Association of Social Workers Register of Clinical Social

Workers. Respondents said they utilized 4.2 theoretical bases in their work, but 83 percent reported using psychodynamic or psychoanalytic theory (Strom, 1994: 80–81). Additionally, it is common for social work students and practitioners to seek to advance their knowledge of psychodynamic theory and treatment principles by taking academic courses, participating in in-service training programs, enrolling in psychotherapy institutes, and attending professional workshops and conferences.

# THE ASSIMILATION OF PSYCHODYNAMIC THEORY INTO SOCIAL WORK

Sigmund Freud's classical psychoanalytic, or drive, theory was the first psychodynamic framework that was introduced into social work during a period called "the Psychiatric Deluge" in the 1920s (Woodroofe, 1971: 118-51). Throughout the next several decades, Freud's writings had a dramatic impact on social workers, particularly on the East Coast, who belonged to the diagnostic school associated with Mary Richmond, Gordon Hamilton, Lucille Austin, Annette Garrett, Florence Hollis, and others (Goldstein, 1995a: 31-33). Many social work practitioners underwent psychoanalysis and sought supervision from psychoanalysts, some of whom had recently emigrated from Europe. Enthusiastic about their own treatment and educational experiences, social workers began to employ Freudian theory and psychoanalytic treatment principles in their practice (Hamilton, 1958). The only competing psychodynamic framework at this time was Rankian theory, which provided the theoretical underpinnings to the functional school associated with Jessie Taft and Virginia Robinson and the Pennsylvania School of Social Work (Brandell & Perlman, 1997; Goldstein, 1995b).

#### THE EXPANSION OF PSYCHODYNAMIC THEORY

Beginning in the late 1930s and especially after World War II, Freudian theory underwent major modifications and transformations as social workers

began to become familiar with ego psychological writings. Throughout the 1950s to the 1970s, ego psychology, which focused on the more autonomous and rational aspects of the ego, led to major changes in the diagnostic approach and its successor, the psychosocial model. It also contributed to Perlman's problem-solving approach, crisis intervention, the task-centered approach, and the life model (Brandell & Perlman, 1997; Goldstein, 1995a & b; and Strean, 1973).

In the last several decades, psychodynamic frameworks and treatment models that present alternatives to Freudian theory and ego psychology have captured the attention of social workers and other mental health professionals. Among the most significant of these formulations in today's practice arena are object relations theory and self psychology, which arose in reaction to and have a different philosophical base from Freudian drive theory and ego psychology. They have expanded psychoanalytic thinking to encompass the whole person rather than the drives or ego functions alone, a person's here-and-now functioning as well as childhood fantasies and experiences, the strengths and resilience of people alongside or in addition to their areas of pathology or weakness, and the impact of interpersonal, social, and cultural as well as intrapsychic factors on development and personality functioning.

Object relations and self psychological treatment approaches have moved traditional psychoanalytically informed treatment beyond its earlier rigidity and narrowness of focus and in some ways, they have provided a theoretical basis for many of the tried and true principles that have been characteristic of clinical social work practice. These newer frameworks have led to ten important changes in the ways in which psychodynamically oriented treatment is carried out.

- 1 Treatment has moved away from the traditional psychoanalytic stance that requires that the therapist be neutral in his or her interventions, abstinent with respect to gratifying patients' needs, and anonymous in terms of revealing personal information. Therapists are encouraged to be more empathic, involved, real, and genuine in their responses.
- 2 The treatment structure is more flexible and individualized.
- 3 The use of the therapist's self in engaging the patient and in pro-

- viding a safe and accepting therapeutic holding environment and a reparative and facilitating relationship that offers opportunities for participation in new, more positive interactions is a crucial component of treatment.
- 4 The repertoire of treatment interventions has expanded beyond the use of insight-oriented techniques to encompass a broad range of developmentally attuned interventions that include active efforts to meet some of the patient's developmental needs, to facilitate and support the patient's growth, and to provide environmental supports. It is recognized that insight-oriented techniques, such as confrontation and interpretation, too early in treatment are not suited to work with many patients.
- 5 The therapist pays greater attention to the patient's subjective experience and personal narrative than previously and is advised to adopt a collaborative rather than authoritarian stance in the treatment relationship.
- 6 Treatment is based on revisions and expansions of personality theory so that it considers the impact of early relationships and self-development in influencing the nature of a patient's strengths and pathology.
- 7 The concept of transference has been expanded to include more recent views on the type of relational patterns and selfobject needs that patients bring into the treatment relationship.
- 8 The concept of resistance has been broadened to encompass the fact that many factors may be influencing what appear to be patients' difficulties in using treatment. These may stem from their efforts to maintain safety in the face of fear, hold on to coping mechanisms that have seemed to work for them in the past, sustain their attachment to internalized relations with others, and deal with what they feel to be realistic threats to their well-being. Moreover, impasses in the treatment may reflect a therapist's lack of correct attunement and responsiveness to the patient's concerns.
- 9 The concept of countertransference has been reconceptualized to encompass not only the therapist's reactions that stem from unresolved unconscious conflicts and other developmental issues but also those that stem from the impact of the patient's personality on the therapist. Additionally, there is recognition that the therapist always brings his or her own personality and organizing prin-

- ciples to the treatment relationship and this affects how he or she perceives and interacts with the patient.
- 10 There is greater appreciation of the need to understand patients' total biopsychosocial situation, which includes the nature of their cultural and other types of diversity, the effects of oppression, and the impact of the difficult and sometimes traumatic and tragic circumstances of life that patients have experienced.

# OBJECT RELATIONS THEORY AND SELF PSYCHOLOGY DEFINED

Like Freudian theory and ego psychology, object relations theory and self psychology are developmental in nature and view adult personality characteristics as dependent upon early childhood experiences. In contrast, however, to Freud's emphasis on biological instincts as the driving force behind personality development, all object relations formulations are relational—that is, they share the view that human beings are social animals and that interpersonal relationships have a major impact on development (Aron, 1996). They describe the process by which the infant takes in (internalizes) the outside world, thereby acquiring basic perceptions of and attitudes toward the self and others that become structuralized within the person. Many object relations theorists have put forth somewhat different formulations, so that there is not a fully unified set of concepts.

Although the term object relations originally referred to the quality of a person's actual or *external* interpersonal relationships (Bellak, Hurvich, & Gediman, 1973), it was later used to describe the *internal* images or representations of the self and others (objects) that a person acquires in the course of early development. As noted by Greenberg and Mitchell (1983: 10), "people react to and interact with not only an actual other but also an internal other, a psychic representation of a person which in itself has the power to influence both the individual's affective states and his overt behavioral reactions."

The following six propositions characterize object relations theory's view of human development, psychopathology, and treatment.

- 1 Early infant-caretaker interactions lead to the person internalizing basic attitudes toward the self and others, characteristic relational patterns, and a repertoire of defenses and internal capacities. Important developmental processes involve attachment, separation-individuation, early object loss, experiences with frustrating or bad objects, and the move from dependence to independence.
- 2 Characteristic underlying problems that result from early object relations pathology include maladaptive attachment styles, separation-individuation subphase difficulties, borderline, narcissistic, paranoid, and schizoid disorders, severe and chronic depressive reactions, and false self disturbances. These difficulties also may present in clients who show a variety of clinical symptoms and syndromes.
- 3 Patients bring their pathological internalized object relations, primitive defenses, developmental deficits, as well as their capacities and strengths to the treatment situation.
- 4 Treatment can modify pathological internal structures or create facilitative and reparative experiences in which new and stronger structures are acquired.
- 5 Change processes in treatment result from both reparative and new experiences within the treatment relationship itself and from insight into and modification of entrenched object relations pathology.
- 6 Providing a therapeutic holding environment, pointing out dysfunctional relational patterns and defenses, engaging in a range of developmentally attuned techniques, and focusing on transference-countertransference dynamics, particularly with respect to what the client "induces" in the therapist or is "enacting" in the relationship are important components of treatment.

In contrast to object relations theory, self psychology places the self rather than internalized interpersonal relationships at the center of development. Whereas object relations theories tend to view the self as reflecting what the child takes in or internalizes from the outside, self psychology defines the self as an innate and enduring structure of the personality that has its own developmental track. It views the self as possessing organization, initiative, and potentialities, regulating self-esteem, and giving purpose and meaning to the person's life (Wolf, 1988: 182).

The following six propositions characterize self psychology's view of human development, psychopathology, and treatment.

- Infants are born with innate potentialities for self development but require the responsiveness of the caretaking environment in order to develop a strong, cohesive self. The individual needs to have idealizable caretakers, experiences of validation, affirmation, a sense of feeling like others, and other forms of empathic selfobject responsiveness.
- When the self-structure is weak and vulnerable as a result of unattuned, neglectful, or traumatic caretaking, both the self-concept and self-esteem regulation become impaired. The person may be at risk for developing self disorders and narcissistic vulnerability that lead to chronic problems or to periods of acute disruption later in life.
- 3 Clients bring their early unmet or thwarted selfobject needs to treatment, which provides them with a second chance to complete their development.
- 4 Treatment aims at strengthening self-structures, creating greater self-cohesion and self-esteem regulation, and enabling increased self-actualization and enjoyment of life.
- 5 Change results from the worker's empathic attunement to the client's subjective experience, optimal responsiveness to the client's needs, and empathic interpretations of the link between the client's current needs and problems and his or her early experiences with unattuned caretakers.
- 6 Engaging in empathic attunement and responsiveness, helping the client to develop and maintain a selfobject transference, exploring past caretaker failures and their sequelae, and removing obstacles to the worker's ability to be empathic to the client's selfobject needs and their manifestations, even when they appear to be demanding or unreasonable, are important components of the treatment.

Because both object relations and self psychological theories address the impact of interpersonal relationships on personality development, there are those who do not view these two frameworks as fundamentally different from one another (Greenberg & Mitchell, 1983; Bacal, 1991). Never-

theless, Kohut, who originated self psychology, saw his formulations as distinctive from those of object relations theory, and many of his followers have continued to hold to his position (Ornstein, 1991). Throughout the book, however, I shall strive to show how both theories can contribute to understanding and working with particular individuals.

Object relations theory and self psychology are not unitary frameworks. Object relations theory is a broad term that encompasses diverse concepts, and it has generated different and sometimes conflicting treatment approaches. For many years, the American object relations theorists such as Edith Jacobson and Margaret Mahler-who showed loyalty to Freud and his daughter, Anna—were highly critical of the writings of the British object relations theorists such as Melanie Klein, W. R. D. Fairbairn, D. W. Winnicott, and Harry Guntrip for rejecting many Freudian tenets. More recently, other theorists such as Otto Kernberg and Stephen Mitchell have attempted to put forth integrative models. Likewise, since the death of Heinz Kohut, who originated self psychology, some of his associates and followers, including Daniel Stern, Michael Basch, Arnold Goldberg, Howard Bacal, Joseph Lichtenberg, Robert Stolorow, Frank Lachmann, Beatrice Beebe, and Morton and Estelle Shane, have extended his ideas, and others have branched into different directions that have led to refinements and modifications of his views on development and the nature of treatment.

#### SIGNIFICANCE FOR SOCIAL WORK PRACTICE

Object relations theory and self psychology are holistic frameworks that are consistent with the humanistic stance, values, and person-environmental focus of the social work profession and fit well with the existing body of clinical social work theory and practice.

- 1 They are biopsychosocial theories that address the interplay among a person's innate endowment and interpersonal, familial, environmental, and cultural factors in shaping behavior.
- 2 They focus on a person's here-and-now functioning as well as on how past development has contributed to a person's capacities, talents, ambitions, values, patterns of relating, and sense of self.

- 3 They recognize the strengths and resilience of people and their push for growth as well as what goes wrong in the course of development.
- 4 The treatment approaches that stem from object relations theory and self psychology require a more human therapeutic environment and are optimistic about the reparative and facilitating role of the treatment relationship. They emphasize the importance of an individual's subjective experience, the therapist's need to be where the client is, and the mutual and reciprocal impact of client and worker.
- 5 Object relations and self psychological concepts apply to a broad range of problems, including life crises and transitions, the effects of physical and sexual abuse and other types of trauma, emotional disorders, substance abuse, physical illness, disability, loss of loved ones, violence, parenting and family problems, and work issues. They have implications not only for individual long-term treatment but also for crisis and short-term intervention and work with couples, families, and groups.

Along with Freudian drive theory and ego psychology, object relations theory and self psychology comprise the contemporary psychodynamic base of social work practice. Because of their divergent elements and emphases, no simple theoretical integration of these four frameworks is possible at present (Phillips, 1993; Pine, 1988). Yet, it is likely that each formulation has some value and no one particular perspective constitutes the only truth about human behavior. Consequently, it is important for practitioners to be competent in their understanding and use of diverse theoretical formulations and treatment models so that they can utilize them differentially depending on the needs of a given client. This eclecticism is necessary because it is likely that clients have difficulties at multiple and different levels, that some aspects of their problems may be more prominent at one time than another, and that some of their problems may be more readily explained and worked with from one framework than another. The need for flexibility in the use of a particular approach may result in confusion and stress for the practitioner because it is difficult to decide when to do what to whom.

#### IMPETUS FOR THE BOOK

There are numerous reasons for my choosing to write about object relations theory and self psychology despite my having been associated with ego psychology for over fifteen years. The book received its impetus from my long-standing interest in demonstrating the applicability of the major concepts and treatment principles of contemporary psychodynamic theory to social work practice. In the years following the publication of the first edition of Ego Psychology and Social Work Practice (Goldstein, 1984), which became a widely used social work text and resource, object relations theory and self psychology gained popularity in the social work and therapeutic community. The second edition (Goldstein, 1995a) commented on new directions in personality theory but it was beyond its scope to consider these fully. The growing interest in object relations theory and self psychology has generated numerous books by social work authors (Applegate & Bonovitz, 1995; Berzoff, Flanagan & Hertz, 1996; Brandell & Perlman, 1997; Edward & Sanville, 1996; Elson, 1986; Jackson, 1991; Levine, 1996; Mishne, 1993; Rowe & MacIsaac, 1989; Seinfeld, 1990, 1991, 1993; Siegel, 1992). In most instances, these are geared to more advanced clinicians engaged in psychotherapeutic work. Despite their value, there is a need for a basic social work text that describes the main concepts and treatment principles of object relations theory and self psychology and shows their application to a broad range of problems encountered by social work practitioners.

A second reason for undertaking the task of writing this book arises from my own interest in and use of object relations theory and self psychology in my work with clients and supervisees. Employing these frameworks has expanded my ability to understand and relate to a wide range of clients and has produced fundamental changes in the ways in which I listen, what I observe, where I focus, and how I use myself in the treatment process. I cannot imagine working without drawing on these perspectives and believe that a knowledge of these frameworks will help other social work practitioners.

A third motivation for writing this book stems from concerns about the current state of education for direct practice. In contrast to earlier times,

currently there is little, if any, curriculum space allocated to the teaching of psychodynamic theories. Consequently, students graduate without acquiring even basic understanding of this body of thought. Upon graduation, many social workers take courses at psychodynamically oriented training institutes, but they are taught by members of other disciplines who are not conversant or identified with the nature of social work practice and with the types of clients that social workers generally see in agency practice. It is my hope that a basic social work text that describes the major concepts of object relations theory and self psychology and their implications for social work practice will provide trainees and instructors with a resource that can guide their learning and teaching of these important frameworks.

There is an old joke that aptly conveys one of the consequences for the practitioner of the multiplicity of psychodynamic theories that exist at present. As the story goes, a man visits a psychiatrist and complains of stress at his place of employment, explaining that his job is to sort the oranges, grapefruits, and melons that roll down a chute by putting each type of fruit in an appropriate container. When the psychiatrist asks, "But what is hard about that? It seems so simple," the client replies, "Doctor, you don't understand. All day long it's decisions, decisions, decisions."

Although this book may not make treatment decisions any easier, I hope that it will enrich practitioners' knowledge base and that it will be read not only by those social work practitioners, students, and instructors who are interested in working within an object relations or self psychological framework but by all those who are committed to direct practice. The ideas generated by these theories offer new ways of understanding the needs and problems, struggles and triumphs, of our clients and open exciting and creative approaches to the interventive process.

#### THE FOCUS AND PLAN OF THE BOOK

This book is written primarily for social work students, practitioners, and educators as well as for trainees and members of other mental health disciplines. It will focus on the practical use of the concepts and treatment principles of object relations theory and self psychology to the clinical situ-

ation. Although it presents these two frameworks as distinctive, it attempts to show how they each can be used in a complementary way to work with a broad range of clients and client problems. I have tried to write in a handson, user friendly style. In most instances, the numerous case examples and excerpts that I have utilized throughout the book are based on my own practice, supervisory, and teaching experience. They have been disguised and edited and sometimes reflect composites of similar client situations.

The book is divided into two parts as follows:

Part I first describes the significance of object relations theory and self psychology and traces the evolution of this body of knowledge, considering both the similarities and differences among these frameworks and their recent trends and new directions. It then describes their major structural and developmental concepts, views of psychopathology, and treatment principles and techniques.

Part II discusses and illustrates the implications of object relations theory and self psychology for social work practice. It starts with a discussion of the nature of assessment and treatment planning and moves to a consideration of beginning phase issues, particularly the establishment of a therapeutic holding environment, overcoming obstacles to developing a positive relationship, and the use of selective techniques. It then discusses important middle phase issues, including the ways in which the worker addresses disruptions, enactments, and resistances that arise in the course of treatment. The book shows the application of object relations and self psychological concepts to the treatment of clients who are undergoing life transitions, illness and disability, loss of significant others, and other stressful life events, and to those manifesting special problems such as substance abuse, child maltreatment, and the effects of childhood sexual abuse. It concludes with a chapter on couple and family treatment.

Although the process of helping clients to improve their lives has been challenging, it has been personally gratifying. It has expanded my "self" more than I could ever have imagined. It is my hope that this book will prompt students and practitioners to try out some new ideas and to enrich their work with clients.

# THE EVOLUTION OF OBJECT RELATIONS THEORY AND SELF PSYCHOLOGY

In order to understand the evolution and significance of object relations theory and self psychology, it is necessary to set the stage for their emergence by reviewing earlier formulations. This chapter first will briefly review the development of Freudian classical psychoanalytic theory and ego psychology and then it will trace the evolution of object relations theory and self psychology.

#### **CLASSICAL FREUDIAN THEORY**

Sigmund Freud, the originator of classical psychoanalytic theory, was born in Moravia in 1856 but spent most of his life in Vienna. Wanting to be a scientist, Freud underwent medical training in neurology but entered private practice for economic reasons and because of the limited opportunities for academic advancement for Jews. In Paris, he studied with Jean Charcot, a French psychiatrist who utilized hypnosis in the treatment of mental disorders, and soon began to experiment with Joseph Breuer's talking methods for relieving symptoms. Freud gradually evolved his own views about the origins of mental symptoms and their treatment.

Freud began writing when Darwin put forth his theory of evolution, which linked human beings to their animal ancestry. Medicine was emerging as a science and was dominated by the mechanistic and energic principles of the Helmholz School, which viewed mental disorders as organic in nature (Wyss, 1966: 45–145). The psychology of the day focused on consciousness; philosophical writings prized rationality; and society reflected the aftermath of a repressive and restrictive Victorian period with respect to sexuality and the role of women.

Freudian theory derived largely from accounts of childhood related to Freud by his adult patients during the course of their treatment. His beliefs about the importance of the unconscious and the "seething caldron" of a person's instinctual life were revolutionary and represented a radical departure from prevailing views about consciousness and rationality. Likewise, his views about the significance of infantile sexuality shocked many people in the lay and scientific communities. Despite the controversy Freudian theory engendered, it gathered numerous followers. Nevertheless, criticism and rejection of Freud's ideas both by those outside and within his inner circle contributed to his feelings of depression and embitterment. During his lifetime, Freud experienced anti-Semitism, witnessed the devastation of World War I and the rise of Hitler, withstood many losses, and suffered from cancer of the jaw, for which he took pain-relieving drugs for many years. He continued to do research and to write extensively, however, until his death in 1939 in London, where he had fled to escape the Nazis (Jones, 1953; Gay, 1988).

Freud's writings reflected his pessimistic view of human nature (Horney, 1945: 19). He viewed infants as innately pleasure-seeking and as driven by sexual and aggressive instincts, which sought immediate discharge. He placed considerable importance on psychic determinism (that all behavior is motivated and does not occur by chance); the role of unconscious fantasies, wishes, fears, prohibitions, and conflict in the genesis of emotional disorders; the experience of anxiety and the resultant defenses utilized to protect against it; and the impact of fixation and regression points related to childhood sexuality (psychosexual stages) in the development of personality traits and psychopathology (Mishne, 1993: 147–168; Mitchell & Black, 1995: 1–22; Greenberg & Mitchell, 1983: 21–78).

Unlike the theorists who followed, Freud did not believe that human life was motivated by an innate tie to others. He saw interpersonal relationships or object relations as a by-product of the child's growing libidinal (sexual) investment in others and use of others and inanimate objects to discharge or relieve instinctual tension (Mitchell & Black, 1995: 39). Thus, he minimized both the relational aspects and impact of the child's actual interactions with others on personality development.

In Freud's early topographic theory, he divided the mind into the

regions of the unconscious, preconscious, and conscious (Freud, 1900). Later, in what became known as structural theory, he classified the mind into the id (the seat of the drives), the ego (the executive arm of the personality), and the superego (the conscience and the ego-ideal) and revised his thinking about the ego's role in perceiving anxiety and mediating conflict among these internal structures (Freud, 1923, 1926, 1933, 1940).

A significant aspect of Freud's developmental theory was his description of the psychosexual stages (oral, anal, phallic or oedipal, latency, and genital). He focused particular attention on the controversial oedipal period, when the child was 5 to 6 years of age and already possessed a more intact intrapsychic structure. He argued that the child's fantasies connected to the Oedipus complex, in which the parent of the opposite sex is desired and the parent of the same sex is feared, result in anxiety and conflict (Freud, 1905). According to Freud, when this stage is resolved optimally, superego development, gender identification, and sexual object choice ensue, but when it is not, the basis for later neurotic symptoms is laid down. This view replaced an earlier one in which Freud thought that parental seduction or other types of sexual trauma were at the root of adult neuroses. In abandoning his so-called seduction hypothesis, Freud opted in favor of fantasy rather than the objective realities of the child's life in explaining adult psychopathology.

Consistent with Freud's ideas about development and psychopathology, psychoanalytic treatment aimed to relieve neurotic symptoms by making the unconscious conflicts that were thought to underlie them conscious. Freud thought that once conscious, these conflicts would come under the ego's control. Psychoanalytic treatment attempted to stimulate a therapeutic regression in which patients would come into contact with their early childhood experiences and conflicts and relive these in the treatment relationship (transference) and to enable patients to recall their childhood wishes, fantasies, and fears. The procedures and techniques that Freud and his later followers recommended included free association; the patient's lying on a couch; dim lighting; frequent sessions (as many as five a week); a focus on the patient's dreams, fantasy life, and early childhood memories; the analyst's abstinence or non-gratification of the patient's expressed wishes; the analyst's anonymity with respect to aspects of his or her per-

sonal feelings, attitudes, and personal life; and the analyst's neutrality and reliance on interpretation. In order to tolerate the demands of the treatment and use it optimally, patients needed to possess personality strengths, psychological-mindedness, and the ability to engage in an often lengthy and intense process. Thus, psychoanalysis favored those whose difficulties were at the higher end of the health-illness spectrum and who were self-reflective and verbal.

#### **EGO PSYCHOLOGY**

The writings of the ego psychologists—including Anna Freud, Heinz Hartmann, David Rapaport, and others—introduced expansions and revisions of Freudian psychoanalytic theory beginning in the late 1930s and continuing through the post–World War II period. The table on pages 23–25 compares the major components of classical Freudian theory and ego psychology.

It is noteworthy that ego psychology originated in Europe but quickly took root in the United States, to which many European psychoanalysts immigrated in order to escape Nazi persecution. They found the intellectual climate in the United States to be stimulating and open. No doubt the resilience necessary for many of these individuals to survive and relocate to a different country contributed to a respect for human strength under conditions of adversity, and the freer American atmosphere generated hopefulness (Hamilton, 1958: 22).

Ego psychologists attempted to correct for Freud's instinctual emphasis, minimization of the strength of the ego, focus on the unconscious, and inattention to the impact of reality. Ego psychology drew attention to the individual's more innate and autonomous capacities, the more conscious, rational, and problem-solving capacities of the ego, and the individual's active attempts to adapt to the environment. It also incorporated new ideas regarding the impact of interpersonal relationships, the environment, and the culture.

#### ANNA FREUD

Freud's oldest daughter, Anna, who is known for her major contributions

to the study of child development and treatment, was among the first psychoanalysts to strengthen and elaborate on his conception of the ego. She became a significant and forceful proponent and advocate of psychoanalytic ego psychology both within the British Psychoanalytic Society and the United States. Anna never married, was fiercely loyal to her father, and at different times served as his secretary, companion, business and personal courier, colleague, and nurse. She died in 1982 (Dyer, 1983: 1–44).

In Ego and the Mechanisms of Defense (1936), Anna Freud described the adaptiveness of the ego's defenses in helping the individual cope with external reality, delineated a greater repertoire of defenses, and showed how their origins were linked to specific developmental phases. Also elaborating on the role of the defenses, Wilhelm Reich (1949), another psychoanalyst, described how character traits and defenses become crucial components of a person's personality.

In keeping with these new emphases, psychoanalytic treatment expanded its focus to working with the ego's defenses—which Anna Freud believed were the major resistances in treatment—strengthening more adaptive defenses, and modifying pathological character traits. It is noteworthy that in her work with children, Anna Freud also began to use environmental interventions as part of her own adaptation of psychoanalysis (Levine, 1996: 42).

#### HEINZ HARTMANN

Heinz Hartmann generally is considered to be the father of ego psychology. Born in Vienna in 1894 to a prominent, politically active, and intellectual family, Hartmann was exposed to a range of people and ideas. He studied medicine, became a psychiatrist, and entered analysis with Freud. Having a wide range of interests and educated broadly, Hartmann became a synthesizer of many diverse areas of knowledge. His goal was to transform classical psychoanalytic theory into a more general psychology of human behavior and to address the impact of the real world on development. He collaborated extensively with Ernst Kris and Alfred Lowenstein, and their collective writings were seminal in the development of ego psychology. Hartmann died in 1970 (Mitchell & Black, 1995: 34–35).

In Ego Psychology and the Problem of Adaptation (1939), Hartmann pro-

posed that the ego is an innate and autonomous structure with its own energy source. He argued that human beings possess inborn rudimentary capacities and are born "preadapted" to an "average expectable environment" for the species as a result of evolution. He described a set of ego functions that are "conflict-free," having a "primary autonomy" from the drives, and wrote that "apparatuses of perception, thinking, object-comprehension, intention, language, recall-phenomena, productivity, motor development (grasping, crawling, and walking), maturation, and learning processes generally develop outside the area of conflict" (Guntrip, 1973: 107). Hartmann believed that these capacities mature during the course of development given certain basic environmental conditions. He also viewed the ego as having an organizing or synthetic function and emphasized how all ego capacities can be used for the purposes of adaptation to the outside world.

Following Hartmann, numerous authors delineated the concept of ego functioning more systematically and attempted to integrate ego psychological concepts with Freudian theory. For example, Bellak, Hurvich & Gediman (1973; Goldstein, 1995a: 53–71) delineated twelve ego functions and traced their development, and David Rapaport (1960) described six vantage points from which the personality could be viewed, including the topographic (conscious, preconscious, unconscious), the structural (id, ego, superego), the genetic-developmental (historical), the dynamic (the drives), the economic (distribution of energy), and the adaptive (relationship to reality).

#### **ERIK ERIKSON**

20

Although Hartmann recognized the role of interpersonal and environmental influences on development, his writings tended to be abstract and theoretical rather than specific and personal (Guntrip, 1973: 103–144). In contrast, Eric Erikson, another prominent ego psychologist, described human interactions in more real and human terms. His writings were philosophical and humanistic in tone, highly readable, and achieved considerable popularity.

Born in 1902, Erikson never had a formal education beyond high school but nevertheless became a prominent psychoanalytic author. He was bril-

liant, creative, and artistic and was invited to teach at a school based on psychoanalytic principles that was headed by Anna Freud and her close friend Dorothy Burlingham. Erikson also entered analysis with Anna. He moved to the United States in 1933, where he lived until his death in 1994 (Mitchell & Black, 1995: 142–143).

In Childhood and Society (1950) and Identity and the Life Cycle (1959), Erikson portrayed ego development as biopsychosocial in nature. He was among the first theorists to describe the nature and process of forming and maintaining an identity and to portray adulthood as a period in which people were capable of growth and change. Erikson described how progressive mastery of developmental tasks in each of eight successive stages of the human life cycle resulted in a solid sense of identity. He also showed how the transition from one stage to another constituted a "healthy" crisis or period of instability. He called attention not only to biological and psychodynamic factors but also to interpersonal, environmental, societal, and cultural influences in the developmental process.

Erikson's views, along with those of Robert White (1959, 1963), who postulated that a person is born with a drive toward mastery and competence, had considerable impact on social work practice. They emphasized the importance of early developmental task mastery in the acquisition of a solid ego identity and showed how the caretaking and social environment provide the conditions that foster mastery, competence, and a positive or healthy identity all through life. Erikson's ideas also contributed to the use of more supportive treatment strategies aimed at helping caretakers to meet children's needs more optimally and enabling clients to deal with the problems engendered by life-cycle transitions and failures in mastering previous life stages.

Psychoanalytically oriented treatment following ego-psychological principles expanded to encompass patients whose egos were less intact and who showed developmental arrests prior to the oedipal stage. A more supportive treatment approach, which attempted to use a patient's strengths in order to address and alleviate certain problems and to strengthen, build, or facilitate a person's ego functioning or coping, evolved alongside a modifying approach that aimed at structural or personality change. Supportive treatment might employ encouragement, ventilation, reassurance, and

suggestion instead of insight-oriented techniques, and focus on a person's current life situation and his or her more conscious thoughts and feelings and problem-solving capacities rather than on childhood conflicts. Even in more modifying treatments, there was greater attention to the more hereand-now aspects of the patient's life situation, including the real relationship in contrast to an exclusive focus on the transference relationship with the therapist (Greenson, 1974).

#### AMERICAN OBJECT RELATIONS THEORY

Despite ego psychology's potential in bridging the individual and the environment, most early ego psychologists retained Freud's instinctual and mechanistic emphasis and, with the exception of Erikson, tended to minimize the more personal impact of the caretaking and social environment. They viewed object relations as an ego function that referred to a person's capacity for mature interpersonal relationships.

Numerous theorists began to expand and revise their conception of object relations, often in response to the findings of studies of infants and their mothers. Rene Spitz, Edith Jacobson and Margaret Mahler were developmentalists who were trained in classical psychoanalytic theory and ego psychology. In contrast to many of the British object relations theorists, who will be discussed later in the chapter, Jacobson and Mahler adhered to Freud's dual instinct and structural theory but focused attention on how the developing infant builds up *internalized* representations of self and others that form the core of one's identity, view of the world, relationships with others, and personality traits and capacities. Jacobson and Mahler usually are credited with building object relations thinking into ego psychology. These two women, along with another prominent theorist, Otto Kernberg, who attempted to integrate Freudian theory and ego psychology with Kleinian object relations theory, sometimes are referred to as American object relations theorists.

The writings of the American-born psychiatrist Harry Stack Sullivan (1953, 1956) also reflected an interpersonal view of personality that anticipated later theoretical developments in many respects. Although attracting a core of followers, Sullivan's work remained outside of mainstream psy-

#### COMPARISON OF CLASSICAL FREUDIAN THEORY AND EGO PSYCHOLOGY Classical Freudian Theory Ego Psychology Focus of Inborn instincts and their vicissitudes: Innate ego functions and the role of past Theory unconscious childhood conflict; neurotic and present person-environmental transsymptom formation and personality traits actions on ego development and adaptation throughout life Factors Freud's scientific bent Reaction to Freud's emphasis on instincts Influencing and minimization of ego and reality Theory Medicine in its infancy; organic view of mental disorders Interest in making psychoanalysis a psychology of normal development Emphasis on rationality Interest in impact of interpersonal, social, Darwin's theory of evolution and cultural factors Helmholtz school of medicine-man is Focus on adaptive capacities like a machine Development of behavioral and social Victorian society sciences Freud's personality and long illness Effects of emigration from Europe and of new United States culture Defections by members of Freud's inner World War I and Hitler's rise to power Nature of People are driven by sexual and aggres-People are born with innate adaptive Individual sive drives and unconscious wishes and capacity; the person is a biopsychosocial fears; people are doomed to suffer or being; early childhood and adult life destroy unless impulses are tamed; events all through the life cycle are critical behavior is strictly determined; childhood events are important Structural ld, ego, and superego The ego's numerous functions are Concepts described and emphasized Develop-Infantile sexuality and psychosexual The maturation of conflict-free or mental autonomous ego functioning Concepts Fixation and regression The role of the average expectable environment Identification Psychosocial stages Anxiety, conflict, and defense The importance of stage-specific parenting The process of coping and adaptation

Person-environmental mutuality

Stress and crisis