OBJECT RELATIONS THERAPY
(Self-Psychology)

Major Proponents
Melanie Klein, Michael St. Clair, Edith Jacobson, D. W. Winnicott, Margaret S. Mahler, Ronald Fairbairn

Brief Overview

There are several object relations theories. Originally based on psychoanalytic concepts, object relations investigated the very early formation and differentiation of psychological structures—primarily an infant’s relationship with objects, one of which would later develop into its mother. While Freud saw aggression as an instinct, modern object relations theorists see aggression as a response or reaction to a pathological situation. Freud focused on repressors and neurotic personality disorders, not on an examination of the structures of personality, which modern theorists believe manifest themselves in serious difficulties in adult relationships.

Object relations theorists focus on the relationships of early life, which they feel leave a lasting impression within the psyche of the individual (St. Clair, 1986).

Modern object relations counselors give more emphasis to the influence of the environment in shaping the personality than did traditional psychoanalytic theorists such as Melanie Klein, who retained Freud’s belief that gratification of the instincts was the fundamental human need. Modernists believe that the “inability of an individual to make a satisfying connection with his or her family of origin carries over into later life and affects that person’s new family system” (Peterson & Nisenholz, 1995, p. 280). Object relations counselors give primary importance to the influence of interactions with the external environment and interpersonal relationships, and secondary focus to innate biological factors in the shaping of human personality.

Mahler’s Stages of Development. Margaret S. Mahler’s (1979) four stages of development offer an object relations perspective on development from birth to age three.

Normal autism (birth to one month): Child fuses with mother, in an object-less state.
Symbiosis with mother (three to eight months): Mother and child reach a dual unity.

Separation/individuation (beginning at the fourth month): Child begins awareness of separateness of mother figure.

Constancy of self and object (beginning at the thirty-sixth month): Child sees consistency of self versus object.

Goals

The goal of object relations counseling is to foster the reemergence and ultimate integration of primitive objects that manifest themselves in intense feelings that hinder individuals’ relationships and shape how they feel about themselves (St. Clair, 1986). An additional goal is to analyze and interpret the client’s early relationships with objects as they manifest themselves in the client’s transference relationship with the counselor.

Counselor’s Role

The counselor refocuses the client’s development pattern to one that leads to satisfying human relationships rather than gratifying instincts. The counselor centers on early relationships of the client, particularly the relationship between mother and child and how this relationship shaped the client’s inner world then and his or her current adult relationships. In addition, the counselor emphasizes the environment, studies the disorders in the client’s relationships, and focuses on developmental processes and relationships (Freud’s oedipal stage).

Techniques

Counselors attempt to direct overly attached or overly dependent clients away from the “repeating patterns of relating” that were formulated with their mothers when they were infants. Basic psychoanalytic techniques such as dream analysis, analysis of resistance, free association, analysis of transference, or other techniques that move clients toward independence and appropriate attachment are used.

Quote

Whereas Freud identified instinctual gratification as each individual’s fundamental need, the object relation theorists (Melanie Klein, Ronald Fairbairn, and others) maintain that a person’s need for a satisfying object relationship constitutes the fundamental motive of life. (Peterson & Nisenholz, 1995, p. 280)
Key Terms

Definitions of the following terms associated with object relations counseling can be found in Chapter 18: ego, environment, instinct, object, object relations, self-psychology, and splitting.

Effectiveness

Object relations illuminates early childhood development and experiences. It has proven effective with borderline personality disorders, narcissistic personality disorders, schizoid personalities, and attachment disorders.

Limitations

The obscure jargon of object relations is a major factor in keeping it largely inaccessible to many counselors (St. Clair, 1986). Its concepts do not form a unified, discrete, or universally accepted body of truths, but are rather a collection of suppositions.

Major Proponents

Frederick "Fritz" Polster, Mariam Polster, Irma S.

Brief Overview

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Gestalt counseling focuses on awareness. Interpreting, Gestalt coun to achieve insight.

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Keys for Living in t to help clients live more j

1. Live right now future).
Horney’s Neurotic Needs

Karen Horney (1967) believed that children develop anxiety if they feel isolated and helpless. These insecure children handle their feelings by developing irrational (neurotic) solutions to problems. Horney’s 10 neurotic needs are

1. The neurotic need for affection and approval.
2. The neurotic need for a partner to take over your life.
3. The neurotic need for restructuring your life within very narrow bounds.
4. The neurotic need for power.
5. The neurotic need to exploit others.
6. The neurotic need to have prestige.
7. The neurotic need for personal admiration.
8. The neurotic need for personal achievement.
9. The neurotic need for self-sufficiency and independence.
10. The neurotic need for protection.

Rogers’ Needs

Carl Rogers (1980) said there are two universal needs. They are:

The need for positive regard, which comes from others and from self. This develops as our awareness of the “self” emerges in early life, eventually leading us to the desire for acceptance and love from important people in our life.

The need for self-regard, which develops from our self-experiences associated with the satisfaction or frustration of our need for positive regard.

Counselor’s Role

In speaking to the issue that clients are generally knowledgeable about their need deficiencies, Gary S. Belkin (1988) said, “Often when individuals come for counseling many of their need-satisfying abilities are impaired. It is not unusual for a client to know exactly what he or she wants, but to lack the emotional, intellectual, familial, or social resources to obtain it” (p. 154). It is the role of the counselor to help clients develop the resources necessary to satisfy their needs.