



4

Post-Freudian psychodynamic counselling

◆ Introduction

Freud attracted a number of talented people who were interested in psychoanalysis, and who wished to be associated with the work he was doing. However, not all of them agreed with him on every aspect of **psychoanalytic** theory. Two of the earliest revisionists were Adler and Jung, both of whom disagreed with Freud's emphasis on the central role of sexual instincts in human behaviour. The Oedipus complex was another key concept that caused disagreement among some of Freud's early and later colleagues.

Many of these followers developed theoretical frameworks that differed in many respects from Freudian theory. Therefore, Freudian theory began to evolve and expand at a very early stage, and it continues to develop and expand today. This unit is concerned with those revised ideas and the theoretical concepts that have developed from the work of Freud.

Alfred Adler (1870–1937)

Individual psychology

Alfred Adler was a qualified doctor, who practised for a time in ophthalmology. Later he qualified as a psychiatrist and, in 1902, joined Freud's circle of admirers and friends. By 1911, however, Adler's theoretical views were becoming more divergent, and he criticised many aspects of Freudian orthodoxy. These differences of opinion forced Adler to resign as President of the Vienna Psychoanalytic Society; and in 1912 he formed the Society for Individual Psychology.

Adler disagreed with Freud's emphasis on the sexual instincts and biological determinism as the basis for human behaviour. In contrast to this, he believed in social determinism and in the influence of family and environmental factors in shaping the individual's behaviour. The following is a summary of the main areas in which Adler has made significant contributions:

- the development of personality and family position
- the inferiority complex
- style of life
- social interest.

KEY TERM

Complex: The word 'complex' is used in both Freudian and Adlerian theory. The *Oedipus complex* is a Freudian term, while the *inferiority complex* stems from the work of Adler. In both cases the term complex denotes a cluster of interrelated conscious and unconscious feelings and ideas, which affect a person's behaviour.

The development of personality and family position

An important departure from traditional Freudian theory concerned Adler's emphasis on the relationship between children and parents and his focus on sibling relationships and ordinal position within the family. Freud did address the parent-child relationship, but only in as far as it affected the development of sexuality and the resolution (or otherwise) of the Oedipus complex. Adler's focus was much more comprehensive and encompassed other variables, including family size and the way in which parents relate to individual children. Adler's interpretation of what he termed the 'so-called Oedipus complex' is that it occurs when the family is too insular and lacking in healthy relationships outside the home (Adler, 1931: 56). In other words, victims of the Oedipus complex are, in Adler's view, people who have been constrained by the family in a way that inhibits the development of maturity and social skills. The Oedipus complex is, therefore, adapted by Adler to explain certain kinds of anti-social and selfish behaviour; it is this shift away from the original and much more specifically sexual definition, which marks the difference between Freud's views and the ideas expressed by Adler. Certain experiences within the family and the position of each member within the group could produce, according to Adler, unique problems for the individual. Distorted goals and life styles can also result from the influence of these factors. Adler described several formative childhood influences, which he believed were important in determining later adult behaviour, including illness and physical disadvantage, neglect, lack of affection and overindulgence.

EXERCISE

Family position

In groups of three to four, discuss your individual family positions and say how you think these positions have affected you. Are there any differences, for example, between those who are first, second or only children?

CASE STUDY

Tony

Tony, by his own admission, had never wanted for anything in his life. Then, at 53 years of age he found himself widowed, alone and unable to cope. He was the only child of older parents, who had never believed they would actually have a child; he had received a great deal of attention throughout his childhood, much of it pleasant but some of it oppressive too. When his wife died, Tony felt that he would not be able to manage and he became resentful that other people were unwilling to help him more. Tony's wife had continued where his parents left off, so his home life had been comfortable, even indulged. It took some time, and a great deal of support, before he was able to function in an autonomous way. Tony's experiences in childhood had not prepared him for certain aspects of adult responsibility. He received counselling and, over a period of time, was able to

CASE STUDY Cont...

see that he would, in fact, be capable of coping, once the acute trauma of his bereavement had diminished. This realisation was not achieved without a lot of effort on Tony's part. One of the factors that helped him was an interest in his own past experience and an ability to look critically at outdated assumptions and beliefs. It should be added that the Adlerian approach may not be suitable for all bereaved clients, a factor which is discussed at the end of this unit.

The inferiority complex

In Adlerian terms, sexual impulses are not accorded the central position they hold in Freudian theory. As far as Adler was concerned, sexual problems represent another aspect of what he called the 'inferiority complex' (Adler, 1931: 56-7). People who confine themselves to the family, with little or no outside contact, are bound to lack healthy sexual and relationship interests. A sense of inferiority follows, therefore, and in adult life such people tend to strive for superiority through attachment to others they can dominate. Adler described many other factors in family life that can produce feelings of inferiority for the individual. A belief that one is not intellectually inclined could, for example, lead to feelings of inferiority, and a person whose home environment is impoverished in any way is also liable to feel inferior. Indeed, Adler believed that inferiority feelings are inevitable in childhood, since children are small, weak and subject to adults and their whims. It was the ways in which people deal with feelings of inferiority that interested Adler. Compensation is the term he used to describe the mechanism whereby people strive for recognition or superiority (Adler, 1927: 70-71). The desire to compensate is seen as a healthy one, since it motivates people to achieve their potential. When people are unable to develop successful compensation, an inferiority complex follows. Adler believed that all of us strive for superiority in some area of our lives, and it is this striving that moves us towards achievement and perfection.

Style of life

Adler believed that each person develops a strategy for living; and this 'life style', as he called it, is firmly established by about the age of five years (Adler, 1931: 45). The strategy each person adopts is designed to cope with feelings of inferiority and may take the form of artistic or intellectual achievement, for example. Other, less positive, strategies are also sometimes used, however. One example is the kind of superiority that some people achieve through bullying or domination of others. Others may seek superiority through illness, an approach which serves two purposes – on the one hand, the child who is ill receives a great deal of attention, while on the other hand the illness can be used as a weapon to control others. The idea of life styles is one which features in other theoretical approaches to counselling; transactional analysis, which we shall consider in Unit 7, is one example.

EXERCISE

Life style

Working individually, try to remember when you first decided what it was you were good at and wanted to do. What were the factors that prompted you to choose a particular life style in the Adlerian sense? Then discuss your recollections with other group members.

Social interest

The concept of social interest is an important one in Adlerian theory. The foundation for social interest is nurtured within the family; it encompasses an interest in and a feeling for others. Again, we see the contrast with Freudian theory, which pays little attention to this human predisposition and need. Altruism is another way of describing this specific Adlerian concept, and it indicates a radical shift in perspective from the orthodox psychoanalytic position. People are, according to Adler, much more than a mass of conflicting biological needs. There are people, however, who because of early experiences do not develop social interests, and the price they pay for their isolation is unhappiness and emotional problems. Adler's view about social interest and involvement is, in fact, a very pertinent one today. We are increasingly aware of the problems isolated people have, and social workers, nurses and care workers, generally, are constantly in touch with many of these people. The elderly population is a good example of one section of society that is acutely affected by this problem. Many of the people who seek counselling are also frequently isolated and lonely.

The position of women

We have seen that Adler did not give sexual impulses a central role in his theory of human development. The experiences of men and women were, however, of great interest to him; he used the term 'masculine protest' to describe an attitude he felt was manifest in many aspects of male and female behaviour. This attitude takes the form of chauvinism and macho behaviour in men, while it may be seen in aggressive and resentful behaviour in women. Adler did not subscribe to the notion that men are in any way inherently superior, and he was concerned to point out that most relationship problems were, in fact, caused by this very attitude. To Adler, male dominance was not a 'natural thing' (Adler, 1927: 106); in this respect, his work anticipated many later psychodynamic theories.

Counselling skills

The work of Adler is important because it sheds light on the social factors which contribute to a person's development. It is probably true to say, though, that his ideas are significant because of their *influence* on psychotherapy and counselling generally. Counsellors who are interested in the work of Adler will use all the skills described in Unit 2. These include the skills of listening, attending, reflecting content and meaning, asking questions and helping

clients to set goals. The following is a summary of other skills and attitudes that are highlighted in the Adlerian approach:

- 1 The counsellor–client relationship is a collaborative one, in which both people work towards agreed objectives and goals.
- 2 The major goal of therapy – for the client – is the achievement of insight. (The major goal for Freud was also client, or patient, insight.)
- 3 The counsellor is concerned to understand the client’s individual experience or subjective reality.
- 4 The counsellor’s role is a teaching one. There is an emphasis on helping clients to identify self-defeating behaviour.
- 5 There is a corresponding emphasis on helping clients to re-educate themselves for positive change.
- 6 The Adlerian approach encourages clients to become more socially involved – relationship problems are identified, and clients are encouraged to relate more effectively to others.
- 7 Interpretation is used in the approach and is specifically meant to help clients to identify faulty attitudes and motivation.
- 8 Confrontation and encouragement are used in the approach; these are set within the framework of an empathic relationship.
- 9 Clients are encouraged to pay attention to dreams, to record them and use them as a means of gaining further insight.
- 10 Transference, while acknowledged, is not regarded as a problem in Adlerian counselling, because the relationship between counsellor and client is seen as one that is based on equality.

Clients who benefit from the approach

There is a wide spectrum of clients who would probably benefit from this approach. These include people with relationship difficulties, those with problems of addiction or substance abuse, and clients who specifically need marriage and family counselling. It can also be used to help older people who – like the client, Tony, mentioned earlier – have reached a stage in life where change is imperative. Adlerian counselling is applicable to groupwork; in fact, Adler and his colleagues used groupwork extensively, especially when he worked in the field of child guidance. Groupwork is the ideal medium for this approach, since the educative or learning aspects of it are reinforced in a groupwork setting. When there are a number of people present to give feedback and encouragement – two important elements in the Adlerian approach – participants are more likely to gain positive results from the experience.

Some limitations

An Adlerian approach may not be suitable for some clients. A person who is in the middle of a crisis situation, for example, will want immediate help and may be unwilling to engage in the process of looking at the past and the influence of family position and relationships. Another potential limitation is concerned

with cultural expectations. People from different cultural backgrounds will have different views about family relationships and, indeed, may not wish to discuss them as a part of counselling. Although the Adlerian approach is phenomenological in the way that the person-centred approach is, the former is nevertheless more directly educative in a way that may not suit everyone. Clients who are in deep distress, or those who are grief-stricken, will probably not benefit (initially at least) from this approach. This is not to say that they might not benefit later on, because in many instances they could well do so.

Carl Jung (1875–1961)

Analytical psychology

Jung was another admirer and one-time associate of Freud. He, too, became disenchanted with several aspects of Freudian psychoanalysis and broke away from the original school in 1913. The main point of difference between the two men was Freud's definition of sexuality and libido. Although Jung conceded the importance of the sexual instinct, he considered Freud's view of it to be imbalanced. He pointed out, for example, that there are societies and cultures in which the instinct for food and survival must take precedence over sexual interest (Jung, 1957). In addition to this, Jung's theory of libido is more wide-ranging than Freud's and is invested with spiritual, mystical and, above all, creative meaning. His theory of personality has a much wider base and, in this sense, his approach to psychoanalysis is quite different from the orthodox position. Another important difference between Freud and Jung is the type of clinical experience they both had. Freud had worked with patients who suffered from neurosis, whereas Jung's experience was mostly with people who suffered from schizophrenia. Jung may have developed his interest in symbolism as a result of his work in this area, although he probably drew on other sources including archaeology, religion, astrology and Eastern philosophy. Like Adler, Jung was a qualified doctor and psychiatrist. His branch of psychoanalysis is called analytical psychology. The following is a summary of his most important contributions:

- personality structure
- archetypes
- ego orientations or personality types
- symbolism and dreams.

Personality structure

Jung formulated his own version of personality structure and divided it into three basic components: the ego, the personal unconscious and the collective unconscious. The ego is the conscious part of the self and is made up of thoughts and feelings, perceptions and memories. In this sense, the ego is the centre of awareness and is similar to Freud's Ego. In contrast to this, the personal unconscious is that area of personality which contains forgotten and

repressed material that can, however, be made conscious without great difficulty. The third part of Jung's personality structure, the idea of collective unconscious, is the most radical and innovative in terms of theory and sets Jung apart from any other thinker in the field. In Jung's view, the collective unconscious is common to all of us and is the foundation of what people in ancient times referred to as the 'sympathy of all things' (Jung, 1961, p.160). By this, Jung appeared to mean that each person has an area of mental functioning that is shared by all of humankind. The collective unconscious is, therefore, impersonal in a sense and contains universal elements that are of significance to all of us. Every society has, according to Jung, collective convictions and problems that affect each person in the group (Jung, 1957). The cumulative experience of our ancestors is contained within the collective unconscious and dates back millions of years in time. This knowledge acts as a guide and is essential for our survival.

Archetypes

Archetypes are primordial images that form the structural elements of the collective unconscious. These images present themselves in symbolic form and, though there are many of them, Jung described just four in detail. They are as follows: the persona, the anima and animus, the shadow and the self. The word 'persona' describes that part of ourselves we present outwards to society. This is an image of how we think we should appear, and it is based on convention and defined largely by the way other people expect us to be. There are certain accepted images of individuals, or groups of people, which are almost universally familiar. In many ways, this is similar to stereotyping, but it does serve a purpose in that it gives us a blueprint, or formula, for viewing people and interpreting their behaviour. Problems arise when we identify too closely with our persona. When we do this, we hide behind the mask and fail to acknowledge the existence of our true selves.

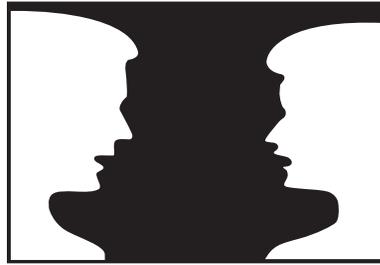
The 'anima' describes the collective image of woman in the male psyche, while the 'animus' describes the image of man in the female. These images have arisen over millions of years and are derived from contact with, and observation of, the opposite sex. A symbolic anima image might, for example, take the form of goddess, witch, prostitute or seductress, while the animus might take the form of hero, adventurer or villain.

The 'shadow' is the base, evil or sadistic side of our personality and accounts for the cruelties people have inflicted on each other since the beginning of time. In religious terms, the shadow is symbolised by Satan, and in fiction the shadow is seen in many guises. Faust, who made a pact with the devil, is one example, while Dr Jeckyll, who is turned into the evil Mr Hyde, is another (Fontana, 1993).

The 'self' is that image of perfection that prompts us to search for meaning, unity, wholeness and harmony in our lives. According to Jung, religion is one aspect of this search for integration, although there are others (Jung, 1964: 58). Full integration is impossible to achieve before middle age, however, but when it is achieved the individual becomes more balanced, more whole and more in tune with all aspects of the personality.

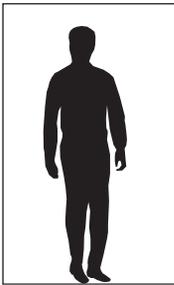


The persona
(or outward mask)



Animus
(male image)

Anima
(female image)



The shadow



The self

Figure 4.1 Archetypes of the collective unconscious

CASE STUDY

Carol

Carol was a middle-aged woman, whose children had grown up and left home. She was going through the menopause and had suffered several physical and psychological symptoms as a result. In addition to her health problems, Carol felt strongly that she lacked a sense of purpose and self-fulfilment. Once her menopausal symptoms were under control, she decided to ask for careers guidance at her local college. As a result of this, she was able to go into full-time education and train for the kind of work she wanted to do. During this time, she had a series of dreams in which she was swimming strongly, although in reality she couldn't swim at all. Carol was able to interpret her dreams without too much difficulty and could see that they reflected, in symbolic form, the success and harmony she felt she was currently achieving in her life.

Ego orientations and personality types

The terms ‘introversion’ and ‘extraversion’ refer to personality types and are used by Jung to describe the way people relate to others and their surroundings (Jung, 1961: 414–5). The word introversion is meant to denote a subjective orientation, while the word extraversion denotes an interest in external reality, or the outer world. Introverted people are more inclined to be reserved and interested in ideas. The extravert person is likely to be sociable and more involved with others generally. These orientations are not static, however, and may change with life experience. It is also possible that a natural introvert may, for example, live life as an extravert in order to fit in with the expectations of others. The same is true, of course, for extraverts. One reason personality types are of interest to counsellors is that they highlight the importance of clients’ subjective experience and the way other people and reality are perceived by them. It is also important that counsellors know as much as possible about themselves, including the ways in which they relate to others and to the external environment.

EXERCISE

Personality types

In groups of two to three, discuss the two ego orientations just described. Say whether you think they help us in our understanding of clients, and whether they also help us in our understanding of ourselves. Then consider your own individual preferences and share these ideas with the group. Are you interested in thoughts, feelings, ideas and imagination, or are you more concerned with your surroundings and with other people? Remember, when you do this exercise, that imagination is just as real and valid as external reality. Jung himself pointed out that much of what exists in the outside world existed in someone’s imagination first (Jung, 1957).

Symbols and dreams

Jung was interested in symbols, and he believed that they represent complex ideas that cannot be described in any other way, since these ideas defy reason (Jung, 1957). Symbols are the language of dreams and often give us clues about important issues in our lives. The following dream illustrates this last point.

CASE STUDY

Mrs Edwards

An elderly woman, called Mrs Edwards, was very ill in hospital and recounted this dream to one of the nurses:

In the dream I am near the sea, and I suddenly realise that the water is coming over the sand beneath my feet. I am not worried about this, just mildly excited. At the same time I am filling my old car at a petrol pump, which is just there on the sand. There is something about the amount of petrol: I don't seem to need as much as I thought.

The nurse who took care of Mrs Edwards was a student on a counselling skills course. She was interested in the patient's dream and discussed it with her. Mrs Edwards was aware that she was dying and could, therefore, make sense of the symbolism in her dream. She could see that the car represented her now-almost-complete journey through life, while the sea represented the next stage of experience. It should be emphasised that the nurse listened carefully to the patient's account of her dream, and did not at any stage try to impose her own interpretation on it. As a result of her dream, Mrs Edwards was less frightened about the prospect of dying.

EXERCISE

Symbols

Working individually, take a large sheet of paper and divide it into six squares. Draw a symbol in each square to represent the following: life, love, food, rebirth, mother, loss. When you have finished, discuss your images with other members of the group. Are there any which are common to all of you? Where do you think these images came from?

It has often been pointed out that Jung's theories are not 'scientific' and cannot be tested or proven in any way. In spite of this, however, his ideas have had a substantial impact on various theoretical approaches to therapy, including the person-centred approach and the work of Abraham Maslow. Jung was also interested in the whole of a person's lifespan and, in this sense, he differs from Freud. This is not to say that Freud was actively disinterested, but he certainly did not focus extensively on the middle or later years of life. Jung's emphasis on the spiritual dimension is also important, and his description of the process of '-individuation' is significant in this respect. This concept is roughly equivalent to Rogers' actualising tendency (to be discussed in the next unit) and to Maslow's description of self-actualisation needs. In Jungian terms, individuation is a process of psychic development that culminates in the achievement of wholeness or selfhood. He likens it to an evolutionary process, similar to that which takes place biologically in the body (Jung, 1957: 206).

EXERCISE**Individuation**

Individuation is a gradual and lifelong development of one's unique personality. It is a complicated and often difficult journey of self-discovery and is likely to become more marked during and after middle age.

Working in pairs, discuss the kinds of changes which commonly affect people at midlife or later.

Skills used in Jungian therapy

Although there are Jungian therapists who train exclusively in this approach, it is a model that tends to influence rather than dominate the work of some counsellors. All the basic skills of counselling are used in this approach, along with others listed as follows:

- assessment and the establishment of a contract
- free association: the client speaks at his or her own pace
- interpretation, including interpretation of dreams and of transference
- interpretation, by the therapist, of personal counter-transference feelings: this is seen as an invaluable aid to understanding the client.

Jungian therapeutic techniques do vary, but the general aim of therapy is to help clients or patients to become more reflective, self-aware and more in harmony with their internal world without losing touch with the realities of the external world. The relationship between client and therapist is a cooperative one. A central goal of therapy is the integration of all aspects of the personality, including the shadow and the anima or animus. Spiritual awareness and problems of later life are also a focus. Clients may be asked to fulfil certain tasks, including reading books, doing homework or drawing to illustrate dreams ('active imagination'). The issue of transference is discussed when it arises. In Jungian therapy, the concept of transference has special meaning, since it is understood that clients project onto the therapist archetypal images, as well as images derived from important early figures, like parents.

Clients who benefit from this approach

Clients who are sufficiently interested in a Jungian approach would certainly benefit from it. In its purest form, analytical psychology is time-consuming and requires some dedication and commitment. Some therapists see clients once or twice a week; others may see them as many as five times. Time and cost are important considerations, therefore, for clients. In Jungian terms, therapy is a spiritual quest with the aim of achieving individuation for the client.

People who feel alienated or psychologically ‘stuck’ will probably benefit from the approach. Those who have reached a certain stage of maturity, the middle years for example, may also find it helpful, and problems related to meaninglessness or ‘dis’-ease in life are addressed in Jungian therapy. Because of its emphasis on creativity as a medium for healing, Jungian therapy tends to attract people who are involved in the arts.

CASE STUDY

Mr Richards

Mr Richards was 70 years old and had recently been widowed. Prior to his wife’s death he had been involved in a wide range of activities and interests, but after her death he lost interest in most things and became deeply depressed. He had worked as a teacher until his retirement, and after he left full-time employment he studied for a wide range of courses, including a higher degree. In addition to his academic studies, Mr Richards was interested in spirituality and comparative religions. When his wife died he experienced what he described as a ‘chasm or void’ opening up all around him. The things he had been interested in before seemed pointless to him now.

Mr Richards saw his GP, who prescribed medication for him. This helped in the short term, but when he started to feel better Mr Richards decided he would find someone who could help him make sense of the new and frightening life phase he seemed to have entered. He was able to locate a Jungian psychotherapist in the city where he lived and, in the course of his work with the therapist, was helped to look at the overall pattern of his life. The therapist also encouraged him to examine his progress and psychological adaptation following his wife’s death. Mr Richards was able to identify connections and links between all the significant events of his life.

Throughout, he was encouraged to record his dreams and to analyse these. In the initial stages of therapy, Mr Richards experienced a great deal of emotional upheaval and catharsis; at a later stage he looked back on his early relationships and discussed these. He also discussed his transference responses to the therapist, and then began the longer phase of self-education. Mr Richards became familiar with the concepts of personal and collective unconscious and with his own protective façade or persona. He also came to see that denial of his shadow had caused him to project many of his less pleasant characteristics onto other people, including his late wife. This gradual self-realisation was difficult for Mr Richards, and though he was now seeing the therapist less often, he continued with therapy until he felt sufficiently independent to continue the process of individuation alone.

Some limitations

Although trained counsellors often use ideas borrowed from Jungian therapy, there are some limitations in terms of the way it can be used with certain clients. In common with Freudian psychodynamic counselling, it is not suitable for clients in acute crisis situations with presenting and pressing problems that need to be addressed fairly quickly. Although the client (Mr Richards) in the above case study had been bereaved, he was not in the initial acute stage of grief, and he was interested in Jungian therapy as an aid to self-realisation

and individuation. The approach may be too intellectual for some clients, and others may not be able to give the time and commitment needed for a course of therapy. It is true that shorter forms of therapy are available in some areas, but not all potential clients have access to these. However, developments in the theory and practice of Jungian psychotherapy continue worldwide, which suggests that many people value the approach and benefit from it.

Ego psychology and object relations theory

Ego psychology and object relations theory represent two important extensions of Freudian psychology. To some degree, both Adler and Jung had focused attention on certain aspects of both these schools. Adler had, for example, looked at the central role of relationships in shaping personality; and human relationships, especially those which are formed in infancy and childhood, are a fundamental consideration in object relations theory. Although Jung gave special emphasis to the collective unconscious, he is also noted for his descriptions of personality types or ego orientations. In this sense, it could be said that he gave a greater role to the ego, a role that is extended and highlighted in the work of the ego psychologists.

Ego psychology

Heinz Hartmann (1894–1970)

Heinz Hartmann, an American doctor and psychiatrist, is generally considered to be the father of ego psychology. Hartmann did not believe that the ego is simply a mediator in conflicts among id and superego. On the contrary, he took the view that the ego is responsible for many important functions, including perception, language development, attention, planning and learning (Hartmann, 1958). To Hartmann, therefore, the ego is capable of interaction with the external world, and is much more autonomous than Freud's definition of it. Hartmann was influenced by the work of Darwin (as was Freud) and he believed that humans, like animals, are designed to fit into their environment. This ability to fit into the environment is reflected in each person's physical and psychological make up. An important point of difference between Hartmann and Freud is that the latter was preoccupied with the physiology and biology of human nature – what Guntrip refers to as the 'the workings of human experience' (Guntrip, 1971: 5). Hartmann, on the other hand, shifts attention to the essential quality of the ego and identifies it as the core of human selfhood.

Anna Freud (1895–1982)

In Britain, Anna Freud was the leading proponent of ego psychology. She continued the work of her father, Sigmund Freud, and became a pioneer of child analysis. Her most important work was, however, devoted to the subject of ego defence mechanisms, and in 1936 she wrote *The Ego and the Mechanisms of Defence*. Like Hartmann, Anna Freud attached more importance to the ego or conscious mind. What interested her most was the way in which the ego seeks to defend itself against external as well as internal forces, and she was especially concerned with the ways in which children deal with threats from the external environment. She also stressed the role of environmental conditions and their critical influence on human development. Her work is important because of its focus on the ego rather than on the id. This represents a significant shift of emphasis, as well as a departure from her father's insistence on the supremacy of the id. Although Anna Freud did not abandon interest in the unconscious and in human sexuality, she did, nevertheless, give a greater role to the ego and, in doing so, paved the way for further developments in ego psychology and object relations theory.

Erik Erikson (1902–1994)

Erik Erikson has a unique place among ego psychologists, because his theory of psychosocial development, first described in 1950, directs attention to difficulties people experience not just in early life, but throughout the total lifespan. Erikson, who trained as a teacher to begin with, met both Freud and his daughter, Anna, and became interested in psychoanalysis. He completed his training and afterwards became a member of the Vienna Psychoanalytic Institute. Erikson, who was Jewish, was forced to emigrate to the United States when Hitler rose to power; and in 1950 he published his book *Childhood and Society*, which laid out his theory of psychosocial development. The following is a summary of these stages.

Erikson's psychosocial stages of development	
Trust versus mistrust:	From birth to 1 year
Autonomy versus shame and doubt:	1 to 3 years
Initiative versus guilt:	3 to 6 years
Industry versus inferiority:	6 to 12 years
Identity versus role confusion:	12 to 20 years
Intimacy versus isolation:	20 to 35 years
Generativity versus stagnation:	35 to 65 years
Ego integrity versus despair:	65 years until death

(Adapted from Erikson, 1995)

Erikson asserted that Freud's stages of psychological development are paralleled by psychosocial stages. At each of these stages the individual is presented with a crisis, and the way in which this is dealt with will determine the person's capacity to cope successfully with the next stage. Although Erikson, like Freud, highlights the concept of stages, there are some vital differences. In the first place, Erikson places more emphasis on the social aspects. There is also more focus on problems of adolescence, adulthood and old age. This has implications for people who work with the elderly, for example, and, indeed, for counselling where the concerns of the elderly have not always been adequately addressed. Helpers who work with the elderly, whether in a residential or hospital setting, should be encouraged to read Erikson's work. His theoretical approach will illuminate some of the special difficulties elderly people have.

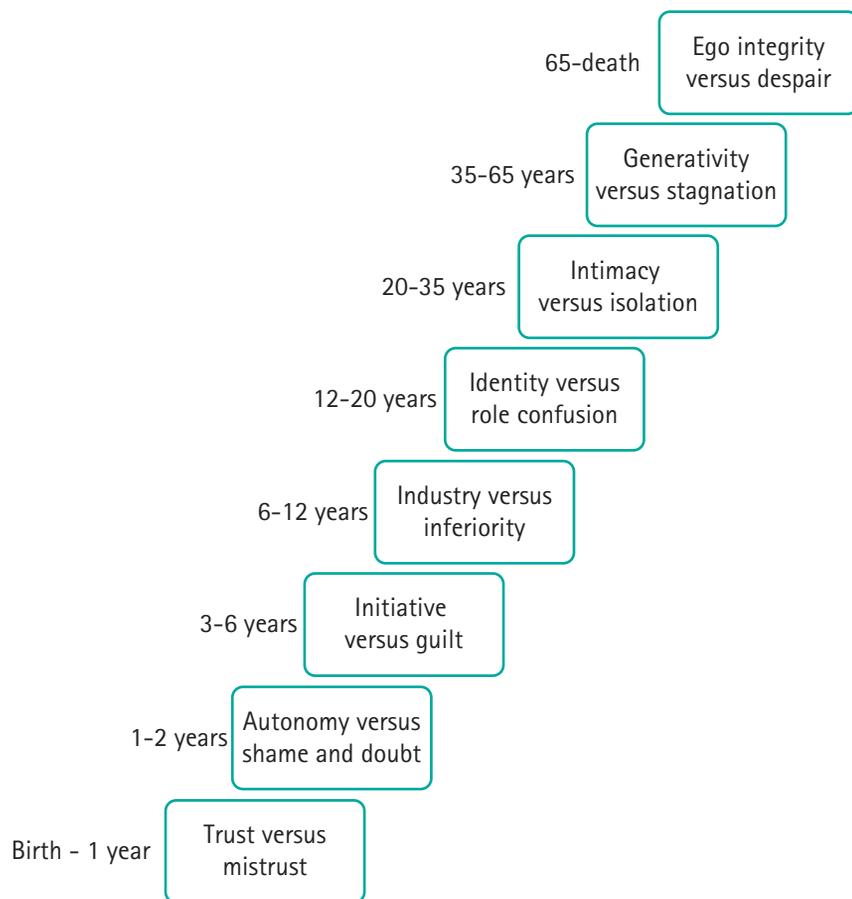


Figure 4.2 Erikson's psychosocial stages of development

EXERCISE**Environmental factors**

Working in groups of three to four, identify any environmental factors that could have adverse effects on growing children. What are the coping strategies children may use in adverse circumstances? How do children deal with loss, pain, abandonment or threats, for example? Which defence mechanisms are they likely to use?

Implications for counselling

Most ego psychologists subscribe to the belief that the ego is present from birth and capable of developing independently of the id. In their view, the ego is able to deal with the demands of the environment and is concerned to make sense of experience. Cognitive processes are emphasised in this approach; these include learning, perception, thinking and memory. The importance of the id and biological drives have not been totally rejected by ego psychologists, but the balance has been redressed in favour of a more comprehensive and less mechanistic view of human development and motivation. People are seen as independent and autonomous in a way which conflicts with the orthodox Freudian model. This has implications for counsellors – and for people who work in a helping capacity with others generally – since it emphasises cognitive and thinking processes, as well as emotional experience. If each person has an autonomous ego which is concerned to make sense of experience, then each person is also capable of change, adjustment and control of the environment when necessary. In simple terms, this means that people have the resources to deal with problems, even if they need some help initially in order to identify these resources.

Another important contribution of the ego psychologists – especially in the work of Hartmann – is the idea that pleasure does not depend solely on the satisfaction of instinctual impulses but is, to some extent, dependent on the quality of a person's external environment and the amount of pleasurable experience it provides.

In common with orthodox Freudian theorists, most ego psychologists have concentrated their interest on childhood experience. Erik Erikson, who is sometimes referred to as a self-psychologist, is the exception here, since he describes a sequence of developmental stages occurring throughout the total lifespan. However, in ego psychology, generally, there is particular and frequent reference to the anxieties and challenges of early childhood and to the potential problems these can produce. In ego psychology, too, the ego is regarded as a representation of the 'self', and, in this respect, the approach has some affinity with object relations theory, which we shall now consider.

KEY TERMS

Object: In object relations theory the word 'object' refers to another person to whom emotional energy, including love and desire, is directed by the subject. An object may also be a part of a person, or a symbolic representation of either a person or part of a person. Additionally, an object may be external, or it may be an internal image derived from an actual external relationship.

Psychosocial: This is a term used to describe Erikson's stages of human development. The first part of the word 'psych' refers to the mind, while the second part 'social' refers to one's place within society and our relationships with others. Erikson's stages, therefore, describe mental and social development throughout the lifespan.

Object relations theory

Object relations theory is concerned with human relationships and the way these are imagined and represented mentally by each individual. This is quite different from a theory of interpersonal relationships where, for example, the focus is on the dynamics of an external relationship, rather than on each person's experience of it. In classical Freudian theory, the word 'object' refers to a person or thing, towards which an individual's emotional or libidinal drive is directed.

In object relations theory, the objects referred to are mental representations of significant people in an individual's life. The word 'subject' is frequently used to describe the individual whose mental representations we are concerned to discuss. Object relations theory may also involve consideration of the way in which parts of other people are represented mentally by the subject. Objects (or part objects, as they are called) include anatomical divisions of others, such as hands, voices, breasts, hair, and so on. Human relationships theory is another, and more straightforward, way of describing this particular psychodynamic approach, although it should be added that the term 'object relations' is probably more precise, since it does not denote interpersonal relationships in the way that the former tends to. However, the point to be emphasised here is that object relations theory does highlight the importance of relationships in human development and motivation. In this respect, it differs quite significantly from the Freudian approach, with its stress on the gratification of sexual and aggressive drives as the prime motivating forces of all human endeavour. Object relations theory is associated with several important names in psychodynamic theory, including the following:

- Melanie Klein
- Donald Winnicott
- W.R.D. Fairbairn
- Harry Guntrip
- John Bowlby
- Heinz Kohut.

Melanie Klein (1882–1960)

Melanie Klein, born in Vienna and the youngest of four children, is generally regarded as the most significant figure in the context of object relations theory. She was a contemporary of Freud and trained as a psychoanalyst, after which she developed a special interest in working with children. During the 1920s and 1930s many prominent analysts, including Freud, left Germany and settled in either England or America. Melanie Klein moved to London, where she became acquainted with Anna Freud and other members of the British Psychoanalytical Society. Many in the society came to regard Klein's work as heresy, although Klein herself claimed that she was fundamentally orthodox in the Freudian sense.

In spite of her claim, however, there are certain important points of difference in her work. Perhaps the most striking of her contributions is the emphasis on early infancy, and the primitive phantasies, or unconscious mental images, which a small baby experiences in relation to the mother. Although Freud had certainly been interested in family relationships – especially in the context of the Oedipal drama – he had not focused attention on the mother–infant bond to the extent that Klein eventually did. While continuing to use Freudian terminology and many of his concepts (for example, the structural scheme of id, ego and superego), Klein succeeded in opening up the realm of psychodynamic thinking, so that her work has become an evolution as well as a departure from Freudian theory. It is worth mentioning here that Freud never worked directly with children, whereas Klein did. Freud's experience of children was limited, in the main, to adult recollections, including his own, of early childhood. Klein also pioneered a method of analysing children using play therapy as the basis of her work, which enabled her to communicate directly with them. The most significant contributions of Kleinian theory include the following:

- 1 The belief that an infant has, even before birth, some innate, unconscious knowledge of the mother. As Cashdan (1988) points out, this is similar to Jung's concept of the collective unconscious.
- 2 The belief in a destructive inner force or death instinct. Klein suggested that the infant is caught up in a struggle between the forces of life and death. Another way of saying this is that human beings are, from the very beginning, striving to deal with feelings of goodness and badness.
- 3 The concept of positions, as opposed to developmental stages, in the early life of the infant. Klein agreed with Freud's emphasis on oral, anal and genital preoccupation in early childhood, but she suggested that movement from one to the other is not rigid or definite. The positions Klein describes are the paranoid–schizoid position and the depressive position.

The paranoid–schizoid position

The paranoid–schizoid position spans the first three or four months of life. After the trauma of birth and the loss of security in the womb, the baby feels persecuted and distressed. The word 'paranoid' is appropriate in this respect, since the idea of attack or imminent attack is very real. During this time the baby encounters its first 'object', which is the mother's breast. According

to Klein (1932), this presents an opportunity to vent the strong aggressive feelings she believes the child to have. Aggression, then, is directed towards the mother's breast, which is also the source of sustenance and comfort. Positive feelings are also experienced in relation to the breast, but these are less powerful than those which are disturbing, frightening and destructive.

One way of dealing with the intense and conflicting sensations, and also of making them more manageable, is to 'split' or separate the images one from the other. The baby's inner world is thus divided into good and bad experiences, which are kept rigidly apart. This 'splitting' is necessary from the infant's point of view, since it serves to identify the nature of 'goodness' and 'badness' – a distinction that is important if parents and others are to be trusted. Later on, these good and bad sensations become, according to Kleinian theory, the very foundation of feelings about oneself. An infant who is subjected to neglect or cruelty, for example, is likely to introject or 'take in' negative images about 'self' and these will persist into adult life. It would be impossible, however, to eliminate all frustrating experiences in early life, and fortunately most of these experiences do not cause lasting damage. Episodes of frustration are usually balanced by the love and attention the mother frequently provides. Problems arise when strong feelings of worthlessness are absorbed early on, with no modifying influence to temper these. A client called Alan recounted the following experience.

CASE STUDY

Alan

I can remember several times in my life when I became very depressed when things did not go the way I wanted them to go. The depression was usually out of all proportion to the incident that triggered it, and I can honestly say that I never really understood why my reactions were so marked and so illogical. I remember once when I entered a drawing competition and failed to make the grade, I became depressed for a very long time and felt that I was 'no good' and a failure. Even when I became successful in art, I still felt hopeless when I thought about that early rejection. Another time I got depressed for a long period, when a girl I really liked wouldn't go out with me. Again, the depression lasted for ages, and even though – on one level – I knew we weren't really suitable for each other, I felt intensely rejected and worthless.

Alan was unaware of the origin of his depression, but he did identify it as illogical though very real. One possible reason for his feelings concerns his early experience (which he could not remember but believed may have had a detrimental effect on the way he regarded himself). He had been neglected and abandoned by his mother, though he was adopted by parents who loved him a great deal. It is important to remember that experiences like these are recorded by the child at an early stage, even before language has developed. This explains why it is impossible for some clients to put into words the nature of their experience, or the reasons for the feelings they have in relation to these. In Alan's case, he was baffled by the intensity of his depression, though he knew it was out of proportion to his disappointments. It is quite likely that his exaggerated reactions were prompted by feelings about himself he had absorbed in early infancy. In his view, he was never good enough or likeable enough to make the grade with other people. Fortunately, he was interested enough to seek help in finding out why he should feel like this.

The depressive position

The second position – the depressive – begins at around four months and continues until the end of the first year. During this time, the baby begins to perceive the mother as a whole and separate object, in whom both good and bad are simultaneously embodied. This dawning realisation that mother is fallible is a significant step in terms of development and maturity. It does, however, present other problems for the baby at this stage. The intense and aggressive feelings that were first experienced in relation to the mother are now a source of guilt, sadness and anxiety. The person, for whom both love and hostility were felt, is now identified as mother. This necessitates some form of reparation for the imagined damage and hate that have been directed against her (Klein, 1932). The outcome of this crisis is important for later development, and people who suffer depressive problems in adulthood are said to be fixated at this point. Other problems, related to both positions, include difficulties in forming relationships, low self-esteem and inability to make commitments, or trust others. In addition, small babies do not possess language, so distress is often registered at a physical level, which may lead to psychosomatic conditions in later life.

Some difficulties

Several aspects of Kleinian theory are often the focus of controversy when students discuss the subject. It is often pointed out that not all babies are breast fed, for example, and, of course, this is true. However, both object relations theory and psychoanalytic theory use symbolic language and metaphor, in order to illustrate complex ideas. A bottle-fed baby cannot make the distinction between a bottle as object and the breast as object. At that early stage, both serve the same function. It is important also to remember that the mental activity Klein referred to is taking place at an unconscious level, and the Kleinian concept of ‘phantasy’ is relevant here. Phantasy describes a different, more primitive kind of mental activity, composed of vague, often frightening images and sensations present long before the development of language. This term is used very specifically in object relations theory and differs from the word ‘fantasy’, which usually refers to conscious mental activity. The word ‘projection’ is also significant in relation to Kleinian theory and describes the way in which the infant disowns everything he or she experiences as ‘bad’. These disowned parts of the ‘self’ are then attributed to the ‘other’. ‘Introjection’ is another term Klein used more specifically than Freud and refers to the process of internalising external material – especially external material relating to the mother. Aspects of the mother are monitored and metabolised in this way (Klein 1932).

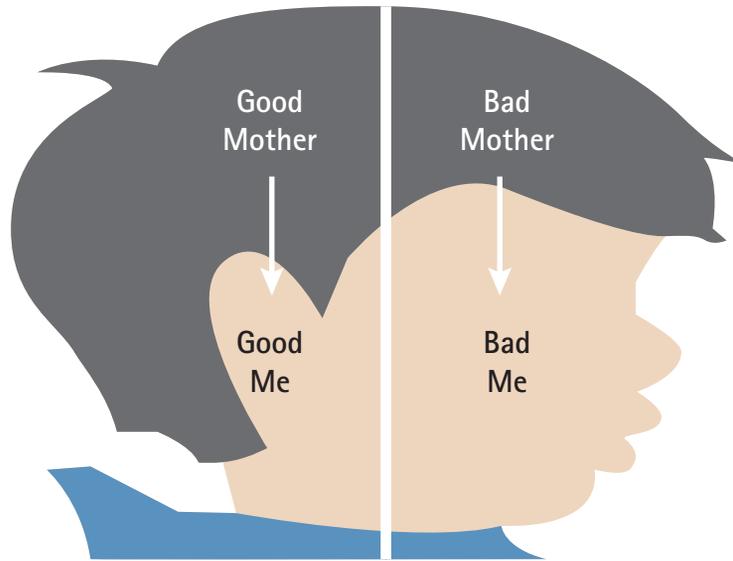


Figure 4.3 Transformation of maternal images into images of 'self'

KEY TERM

Introjection: This is the process whereby objects (or other people) are internalised and become mental representations. The mental structure resulting from this is referred to as an *internal object* or an *introjected object*. These internal objects then form the subject's values, beliefs and attitudes and are the basis of the superego.

Donald Winnicott (1896–1971)

Winnicott was a paediatrician, as well as a psychoanalyst. He worked closely with mothers and babies and was in a very good position to observe infant–mother interaction first hand. One of Winnicott's most important contributions concerns the concept of 'transitional objects' (Winnicott, 1991). These transitional objects include dummies, pieces of cloth, teddy bears, blankets or clothing, all of which are invested with emotional significance by small children. The purpose of these intimate possessions is that they provide comfort and security when a child's mother is absent. Winnicott also highlighted the need for continuity of care in childhood, and stressed the importance of a mother being there when she is needed. He elaborated on this, however, by saying that it was equally important for a mother to give a child space by receding into the background when she is not needed. The position of the father is emphasised, too, especially in relation to the necessary and supportive family environment he needs to help create.

EXERCISE

Transitional objects

Many adults retain their childhood transitional objects, including teddy bears or other toys. Work with a partner and discuss the range of objects which children value in early life. Did you have a transitional object and, if so, what was it? Can you remember what it represented to you and how long you kept it?

CASE STUDY

Loss of a transitional object

A 25-year-old client recalled the loss of a blanket which she had valued highly as a small child.

CLIENT: I can't remember what age I was at the time, but I must have been very small. My mother was in hospital and an aunt came to stay. She burned the blanket; she said it was smelly.

COUNSELLOR: She took it from you and burned it?

CLIENT: Yes. She did tell me she was going to do it, but in a way which didn't give me any choice.

COUNSELLOR: So this possession, which was valuable to you . . . she couldn't see that.

CLIENT: No, and the thing is that it was smelly. It smelt of my mother. That is why I liked it.

COUNSELLOR: It was a link to your mother who was in hospital, when you couldn't see her.

CLIENT: Not see her, or even know where she was.

COUNSELLOR: And that would have made the blanket very important to you. And it was taken away, too, when you needed it most.

CLIENT: I've never cried about it until now. In fact, I've never known why it should have been so important. A bit of old blanket, after all. But yes, it was my mother I was trying to hold on to at the time.

EXERCISE**Adult transitional objects**

Many adults also have 'substitute' transitional objects which are very important to them. These include the following:

- ◆ photographs
- ◆ items of jewellery
- ◆ special items of clothing
- ◆ books
- ◆ cars
- ◆ furnishings.

Can you add anything to this list and say what you think these possessions mean to people? There are other, less healthy transitional objects which people become attached to in adult life. Look at the following list and say what you think these may represent to the people who use, or abuse, them:

- ◆ cigarettes
- ◆ alcohol
- ◆ drugs
- ◆ food
- ◆ mobile phones.

Other views

W.R.D. Fairbairn (1899–1964)

The other object relationists, including Fairbairn, Guntrip, Bowlby and Kohut added their individual ideas to this theoretical approach. Fairbairn, for example, published a series of papers in the 1940s in which he stated that human behaviour is motivated towards the establishment of meaningful human relations. He reformulated the Freudian concept of libido and defined it as object seeking, rather than pleasure seeking. Human development in the early years is not, according to Fairbairn, prompted by erotic impulses. On the contrary, the desire for relatedness is an evolutionary imperative, necessary for human survival. Fairbairn does not dismiss the erotic element in human development, but sets it in context as a key part of object seeking and the desire for intimate relationships.

Fairbairn (1954) also emphasised the importance of the mother–child bond, with special reference to the nature of dependency. He focused on three phases through, which he believed each child would pass. The first stage is early infantile

dependency, in which the child is psychologically fused with the mother. In the second and last stages the child becomes gradually more independent, while still remaining (maturely) dependent on the mother. Fairbairn also addresses the subject of ego ‘splitting’ and divides the infant’s inner world into good and bad objects. Extremes of splitting in the very early stages of development could, according to Fairbairn, lead to abnormal behaviour in later life.

Harry Guntrip (1901–1975)

Guntrip wrote extensively about the work of Fairbairn and Winnicott and was, in fact, analysed over a long period of time by both these men. Guntrip’s childhood relationship with his mother had been distant and unhappy, a situation that led in later life to periods of depression and various psychosomatic problems. In addition, Guntrip had vivid childhood memories of the death of his younger brother, and this became a trauma which haunted him for the rest of his life. As a psychoanalyst, Guntrip drew on his childhood experience to formulate and describe his unique contribution to object relations theory. Besides interpreting and explaining the contributions made by Fairbairn and Winnicott, Guntrip also focused on a particular aspect of Klein’s original object relations theory and set out to extend and explain it.

In the section about Melanie Klein, we described the two important infant experiences, which she identified as the paranoid–schizoid position and the depressive position. Guntrip was particularly interested in Klein’s thesis on the paranoid–schizoid position; though he noted that in her original work she spoke exclusively of the ‘paranoid’ position and only later added the term ‘schizoid’ (Guntrip, 1971: 61). To Guntrip, however, the term schizoid represented a third and separate position and one in which the infant is withdrawn from any relationship with its primary carer. This, according to him, is in direct contrast to the paranoid position in which the infant is in a relationship, but feels persecuted by it. Guntrip’s extension of object relations theory led to his later interest in patients with schizoid problems; he described these problems as stemming from impoverished early relationships, and he included ‘feeling of not belonging’ and alienation among the experiences his patients expressed (Guntrip, 1971: 148). As a result of his work, Guntrip came to believe that the early relationship deficit suffered by his patients could only be ameliorated by a form of psychotherapy, in which the psychotherapist replaces the missing parent, who, in infancy, is essential for growth, development and a sense of self.

John Bowlby (1907–1990)

Bowlby also argued that human nature is orientated towards relationships with other people. Like Winnicott and Fairbairn, Bowlby did not subscribe to the Kleinian view that aggression is innate. On the contrary, he believed that human beings only become aggressive when they need to defend themselves against threat. It is on the subject of deprivation, however, that

Bowlby has proved to be most controversial. In his view, the infant needs a continuous bond with the mother during the first two years of life. Bowlby believed that the infant–mother bond – or infant–mother substitute bond – is different from all other relationships. Change from one mother figure to another during the first three or four years would, in his opinion, result in emotional problems for young children (Bowlby, 1990). Even though these views have been disputed by other child care experts, they have, nevertheless, had an influence on child care practice generally. This is especially true in areas like social work, where it became usual to keep children at home, if possible, rather than have numerous other people care for them. Hospitals also developed more flexible attitudes to visiting in mother and baby units, and maternity hospitals stopped separating babies from their mothers. Feminists have not been entirely happy with Bowlby's views, since they place enormous pressure on women to supply the continuous and uninterrupted care, which he felt was necessary. There is resentment, too, that women are almost invariably blamed when children do develop emotional problems.

Heinz Kohut (1913–1981)

Heinz Kohut, who was Jewish, emigrated to England in 1939 and later to America to escape the deteriorating situation in Austria, as Hitler rose to power. In America, Kohut studied psychiatry and psychoanalysis and worked mainly at the University of Chicago. His theoretical and practical approach to psychoanalysis was Freudian to begin with, but over time he evolved his own ideas about the way humans develop a sense of 'self' from infancy onwards. A central tenet of Kohut's work is that humans are motivated by the need for relationships; this is in contrast to Freud's 'Drive' theory, according to which we are motivated by our (mainly sexual) instincts. Kohut's two most important books are: *The Analysis of the Self* (1971) and *The Restoration of the Self* (1977), though he wrote numerous papers delineating his theories, as well.

Kohut is referred to as a self-psychologist, but his work has discernible links with object relations theory, since it, too, is concerned with the way we internalise aspects of significant people, in order to develop a secure sense of self. Because of his early allegiance to Freudian theory, Kohut initially subscribed to the classical definition of 'narcissism', a term used by Freud (1900: 355) to denote a particular way of relating to other people. In Freudian terms, 'primary narcissism' refers to the way in which an infant directs all libidinal energy or love towards self. At this stage, the infant is believed to be unaware that anyone else exists as a separate person, but later realises that others are needed to gratify his or her personal needs. The infant then turns to others for gratification of these needs. In Freudian terms, therefore, love of self is seen to precede an ability to reach out to and love other people.

Through his extensive work with patients suffering from personality disorders, Kohut came to formulate his own theories about early childhood experience. In Kohut's view, the developing infant is destined from the very beginning to establish close relationships, in order to fulfil basic psychological

and other needs. It is only through this kind of interaction with parents or carers that the child is able to develop a sense of self. 'Selfobjects' is the term Kohut (1977: 275) uses to denote significant adults in the child's life. These Selfobjects are gradually absorbed into the psyche of the developing child and become, in turn, the very essence of the child's being. Kohut did believe that the developing child is basically narcissistic; by this, he meant that each child naturally prefers good or rewarding experience, in order to develop a positive sense of self. Additionally, each small child seeks to be admired and praised, in order to believe in the reality of their own intrinsic goodness. Kohut also suggested that another fundamental need is the child's desire to incorporate an idealised image of a parent (usually the mother) into his or her own representational world. When these needs are neglected through lack of parental empathy or unreliable care giving, the child grows into adulthood without a proper sense of self. This can then lead to the condition known as narcissistic personality disorder (NPD), which is manifest as an inflated or grandiose self, along with a lack of empathy for others and a need for constant admiration. Kohut worked with many such patients, and he came to see that there were frequent problems in the transference with them. Many were unable to detach from early narcissistic internalisations, which meant they often feared yet more relationship failure, this time with the analyst. Many were also grandiose or superior and expected admiration from the analyst. Others left therapy early, which Kohut saw as a failure of understanding on his part. As a result of his honesty and insight, Kohut came to believe that the most effective way of understanding his patients' own unique experiences was through empathic listening. This approach has obvious links with person-centred therapy, which we shall consider in a later unit. Kohut discovered that if he set aside all assumptions about his patients and listened empathetically instead, he would understand their experiences from their point of view, without any clinical assumptions on his part. Empathy, therefore, became a central concept in Kohut's approach to understanding the internal world of people whose early relationships were inadequate or dysfunctional. In one reference to empathy, he describes it as 'an irreplaceable tool in depth psychology' which actually 'defines the field of depth psychology' (Kohut 1977: 305).

Contemporary object relations theory

Object relations theory and practice continues to develop and evolve. However, it is impossible, within the scope of this section, to consider all the contributions to this very important field of psychodynamic theory. Some significant names within the evolving sphere of object relations include the following:

Otto Kernberg (1928–)

Otto Kernberg, who is an American psychoanalyst and professor of psychiatry, is best known for his integrative work, especially in relation to Klein's object relations theories and those of ego psychology. Like Kohut, Kernberg is also

interested in pathological conditions including narcissistic disorders and borderline personality disorders.

Hanna Segal (1918–2011)

Hanna Segal was a British psychoanalyst, who was born in Poland. She, too, was a follower of Melanie Klein and has written extensively on the subjects of envy and narcissism. Her specific area of interest was in symbols and symbolism. However, she was also deeply interested in the meaning of creativity and dreaming. Another area of interest was conflict and war, with particular reference to the symbolic and psychological factors attendant upon the events of September 11 and the subsequent war in Iraq.

Eric Brenman (1920–2012)

Eric Brenman trained in medicine and psychiatry and then psychoanalysis. He became senior training analyst and supervisor in the British Psychoanalytic Society. Brenman was a follower of Klein and wrote a collection of papers on aspects of object relations theory. He was concerned about the usefulness, or otherwise, of interpretation when used in therapy and emphasised that it could only be meaningful in the context of a close relationship between analyst and patient.

Integration of object relations theory

In Unit 6 we shall look at some of the ways in which aspects of object relations theory is being integrated with Gestalt therapy. This has been achieved by Delisle (2013), clinical psychologist and Associate Professor of Psychology at the University of Sherbrooke. The work of Delisle and colleagues is on the integration of Gestalt theory with other theoretical approaches, with special reference to the work of Fairbairn. Other theoretical approaches have incorporated aspects of object relations theory into their work and practice, and there is currently a selection of books available dedicated to the theme of integration in general.

Object relations theory and its influence on therapy and counselling

Object relations theory has had an enormous influence on the therapy movement generally. This is largely because of its specific focus on the early mother–child relationship, which is seen as a template for future relationships throughout life. We can see from the work of Klein and the other object

relationists that the development of an individual's sense of self is a central concern in all their deliberations. There are, of course, some differences in their individual theories, but what is striking are the similarities between them. All, for example, redefine the earliest human impulses as object seeking, rather than pleasure seeking, and all place greater emphasis on this dynamic than on any other. Many counsellors now integrate aspects of object relations theory into their work with clients. This is because counselling is a relationship, too, and has the potential to mirror or reflect aspects of early client experience. The emphasis on human relationships and their central importance for everyone means that transference and countertransference are especially significant in the counselling context. Countertransference (described in Unit 3), which is the emotional response of the counsellor to the client, will probably provide some indicators about the client's interpersonal problems in other relationships. The following case study illustrates aspects of transference and countertransference in the counselling context.

CASE STUDY

Veronica

Veronica came into counselling because of the eating problems she had suffered for many years. She had difficulty in expressing her feelings and, in many ways, could hardly identify what her feelings were. Veronica's mother had been depressed for as long as she could remember. Each time she expressed any negative feeling as a child, Veronica's mother became upset and anxious. When her mother was 'down', however, Veronica had to console her. This pattern meant that the client had difficulty in separating herself from her mother, and, indeed, she had no clear idea who her 'self' was. The anorexia, which had plagued her for so long, was an attempt to regain some control of her relationship with her mother. She described it as a form of control herself and added that it was one way of getting her mother to notice her and show concern. During sessions, Veronica seemed concerned to please the counsellor at all costs, and this was something which the counsellor was able to sense and experience at an emotional level. The task for the counsellor was to highlight the client's relationship style and then help her to establish a firmer sense of who she was. This was done over time and involved encouraging the client to identify and express her feelings and needs in a supportive and accepting environment.

The therapeutic relationship

Bowlby (1990) took the view that therapy could provide the kind of secure corrective experience clients may have lacked in childhood. It is probably true to say that any successful relationship established in later life has the potential to ameliorate early dysfunctional experience. However, in therapy clients are given the opportunity, time and support to explore less problematic ways of relating to people. The therapist becomes another, though temporary, attachment figure, who should prove to be more reliable, more consistent and certainly more reliable than parents were in the past. There is a definite switch of focus in object

relations theory, from the father to the mother, and this is both problematic and reassuring from a feminist viewpoint, since it stresses the role of the mother, while highlighting the problems that can arise in relation to maternal provision.

EXERCISE

Infant experience

Working individually, try to imagine that you are a newborn baby. Write down all your sensations for a day, concentrating on your sensory experience and emotional needs. Discuss your experience of the exercise with other members of the group.

Skills essential to the theoretical approaches outlined

The theoretical approaches described in this unit are important because of the way they increase our knowledge of human development and the problems that can arise at different stages of life. All the basic counselling skills, including listening, reflecting and asking questions are used by counsellors who are familiar with, and influenced by, any of these theories. However, the relationship between client and counsellor is perhaps more important than anything else, since it is relationships that are generally highlighted by all these theories. This is referred to in the previous section (The therapeutic relationship) within this unit and Unit 3, where we defined the concepts of transference and countertransference. A central area of therapy is to help clients become more aware of their inner emotional world in the hope that their capacity to relate to others will improve as a result. The skill of interpretation is especially important when helping clients to connect the past to the present, but it should be used gradually and sparingly, and always accompanied by the empathy Kohut valued so highly.

Clients who benefit from these approaches

Because of the emphasis on early development (central to all these theories) and the focus on problems that can arise in later life (implicit in psychosocial theory), the approaches are certainly applicable to clients who experience relationship problems. Many people have the experience of repeated difficulty in relating to others, and attempts to resolve these problems alone are often doomed to failure. This is because of the unconscious components, which frequently operate in the perpetuation of interpersonal problems. In such instances, outside help may be needed, in order to locate the source of current difficulties. Disturbed relationships in childhood are often re-enacted in the present, and clients who become aware of this repetition are likely to benefit from these approaches. Clients who experience crises at different life stages are also likely to be helped by a therapist who is familiar with (among others)

Erikson's psychosocial stages of development. People who feel stuck and unable to make sense of their lives may also benefit through working from this perspective. It should be added, however, that it is not enough for a counsellor or therapist – or indeed any other helper – to be well versed in theory. Practical experience of working with people in a caring capacity is essential too.

Clients who have been ill, or who suffer from disability, are also increasingly helped by a psychodynamic, or an object relations, approach in therapy. Many chronic illnesses result in psychological as well as physical difficulties. Research carried out by Mikolajczyk and Bateman (2012) into the psychological effects of stroke measured responses to psychodynamic therapy among 15 patients who had suffered this condition. High levels of anxiety, depression, grief and recurring themes of loss and attachment dependency, were just some of the after-effects they identified in those patients who had suffered a stroke. Many of the issues addressed in counselling related to some aspect of loss, including loss of a significant family member, retirement, and loss of mobility. Difficult family relationships were also identified, including previous relationship break-up and divorce. Mikolajczyk and Bateman make the point that an understanding of unconscious object relations is important in the work they were doing, because 'in relation to stroke, the lost object may be part of the self' (Mikolajczyk and Bateman, 2012: 17). This can lead to lack of confidence in many areas, including lack of confidence in one's own body, which is likely to have changed as a result of stroke.

It is probably true to say that a psychodynamic approach is likely to help clients who have suffered a range of physical or disabling illnesses. Most serious physical illness has the potential to create deep anxiety and to precipitate difficulties in close relationships. The following short case history illustrates this dynamic.

CASE STUDY

Tess

Tess had been diagnosed with cancer and was told she had only months to live. She was cared for at home by her husband and daughter and a number of professionals, who came to help as part of a 'care package' designed to support the family. Tess was reluctant to take some of the medication prescribed for her, and this refusal caused deep anxiety for her husband and daughter, who, having no experience in caring, were 'at sea' in this new situation. Tess misread their anxiety as reluctance to care for her and became deeply depressed and anxious, in return. She talked to a visiting social worker, who arranged for her to receive some respite care in a Macmillan unit of the local hospital. While in the hospital, Tess received counselling from one of the nurses trained to give this kind of support. During counselling, Tess was able to talk about her relationships at home and the difficulties she experienced in relation to her own parents when she was younger. As a result of having someone listen to her feelings of anger, resentment and loss, Tess was helped to accept the reality of her impending death and to forgive herself and family for relationship failures, past and present. Because of the continuing problems at home, she was admitted to the hospital and cared for there until her death.

Some limitations

Clients, who are in an immediate crisis situation, including sudden bereavement, may not wish to examine relationships straightaway. Once the crisis is over, however, a focus on family or other relationships will probably be beneficial for them. Clients who are in the acute stage of addiction are unlikely to benefit either, although they, too, may benefit later. Through a focus on object relations, especially in childhood, such clients may come to a deeper understanding of their problem and may, in fact, be helped to identify the underlying cause of their addiction. Working with problems that stem from the past requires commitment, as well as a capacity for reflection and self-awareness. Clients who are deeply depressed may benefit from a different approach to begin with, for example cognitive behaviour therapy. Later on, though, they may wish to consider their relationships (past and present) from a psychodynamic perspective. However, therapy of any kind may be financially unavailable for some clients, unless it is provided for them within the health service. Long-term psychodynamic therapy may be expensive and unobtainable in some areas, though short-term counselling is increasingly offered by counsellors who are trained in these approaches. Other counsellors may integrate their knowledge of object relations theory and practice into their work with clients.

Since it is an interpersonal approach, object relations counselling can also be used with clients in family or couples therapy. However, one criticism of this approach centres on the fact that object relations is specific to family members or partners (past and present), but it may not take into account the cultural and social structures in which a particular family lives. These structures will invariably impinge, either positively or negatively, on individuals and families. In addition, there are many other figures in any person's life; all of them affecting (directly or indirectly) that person's development. On the other hand, practitioners of object relations therapy are not oblivious to these considerations and increasingly take them into account.

SUMMARY

In this unit we considered the psychodynamic theories which have evolved from the Freudian approach. These include the work of Adler, Jung, the ego psychologists, the object relationists and the psychosocial stages described by Erik Erikson. The counselling skills that are central to these approaches were also discussed, with special reference to the importance of the therapeutic relationship in all of them. We considered the influence of different theories on counselling and stressed the need for adequate training – both practical and theoretical – for students who wish to develop their skills in these areas. The usefulness of each theoretical model was discussed, along with consideration of their limitations for certain clients.

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Further reading

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Resources

Websites

www.adleriansociety.co.uk

Based in London, this is the Adlerian Society (UK) and the Institute of Individual Psychology. Offers residential courses, lectures and group discussions.

www.adleriansummerschools.org.uk

Offers courses for trainees and qualified counsellors.

www.jungiananalysis.org

The Society of Analytical Psychology and a provider of training in Jungian therapy. Also offers supervision courses.

www.jungiananalysts.org.uk

This is the Association of Jungian Analysts.

www.object-relations.com

This is the object relations home page. Provides information about object relations theory and practice.

www.orinyc.org

Object relations Institute for Psychotherapy.

www.selfpsychology.com

Dedicated to discussion and information about Heinz Kohut.

www.simplepsychology.org

Designed to help psychology students on academic courses, with links to other sites and information about Erik Erikson and others.

Journals

The Journal of Analytical Psychology.

Published on behalf of the Society of Analytical Psychology, UK. Wiley Online Library.

www.psypress.com