

Objective Relations Family Therapy



Object Relations Family Therapy

- ▶ Offshoot of psychoanalytic theory focuses on interpersonal relations in the family and especially mother and child.
- ▶ In 1980s, Object relations therapies led to development of *object relations family therapy*.
- ▶ Family is a nexus of relationships that support or impede development and functioning of members.
- ▶ Therapy involves:
 - Analyzing intrapsychic and interpersonal dynamics.
 - Promoting client insight.
 - Working through insights to develop new ways of relating.

Theoretical Framework

- ▶ Refers to the dynamic internalized relationships between the self and significant others (objectives).
 - How are others and their behaviors perceived
 - ▶ Relationships are a core need—life is the story of the need to be connected and to separate
 - ▶ Early life experiences shape later relationships
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Theoretical Framework

- ▶ Melanie Klein and Object Relations Theory
- ▶ <https://www.youtube.com/watch?v=HU3iSW6WTo8>

Melanie Klein (1882–1960)

- ▶ THE PARANOID–SCHIZOID POSITION
- ▶ The infant believes that his fantasies, both loving and hateful, have powerful actual impact on the objects of those fantasies:
- ▶ The “good breast” a protective and restorative effect, his hatred for the “bad breast” an annihilating destructiveness.
- ▶ Paranoid refers to the central persecutory anxiety, the fear of invasive malevolence, coming from the outside.
- ▶ Schizoid refers to the central defense: splitting, the vigilant separation of the loving and loved good breast from the hating and hated bad breast.

- ▶ Mitchell, Stephen A.. Freud and Beyond

Melanie Klein (1882–1960)

- ▶ THE DEPRESSIVE POSITION
- ▶ The good breast and the bad breast begin to be understood not as separate and incompatible experiences, but as different features of the mother as a more complex other, with a subjectivity of her own.
- ▶ The infant experiences herself as more durable, less in danger of being crushed or contaminated by external or internal forces.
- ▶ Klein termed the intense terror and guilt generated by the damage done to the child's loved objects by her own destructiveness depressive anxiety

- ▶ Mitchell, Stephen A.. Freud and Beyond

The British Object Relations School: W.R.D Fairbairn and D.W. Winnicott

Donald Winnicott and Object Relations Theory
<https://www.youtube.com/watch?v=ZaZkvvB367I>

D.W. Winnicott

- ▶ Good-enough mother: provide the kind of environment the infant requires as “primary maternal preoccupation.”
- ▶ The good-enough mother intuits the child’s desire relatively quickly and shapes the world around the child so as to fulfill that desire.
- ▶ The baby’s experience in this extraordinary time is one in which he is the all-powerful center of all being—subjective omnipotence is the term Winnicott used (moment of illusion)
- ▶ The mother creates a “holding environment.”: a physical and psychical space within which the infant is protected without knowing he is protected.

Object Relations Theory

- ▶ Suppressed Childhood memories are the reason for pathology
- ▶ Child seek forming relationships
- ▶ Child can deal with frustration in relationships by
 - Repression –removal from consciousness
 - Splitting—separates the good from the bad
 - “Teddy” is the bad one, I am good
 - “bad Mommy” says no to a cookie

Object Relations theory

- ▶ An object relations involves 3 Mental representations of
 1. The object as perceived by the self (e.g., My mother is good because she feeds me when I am hungry)
 2. The self in relation to the object (e.g., The fact that she takes care of me must mean that I am good" (representation of the self in relation to the object)
 3. The relationship between self and object (e.g., I love my mom)

Views on problem

- ▶ when child is overwhelmed
 - Copes by splitting into good (satisfying) and Bad (not satisfying)
 - If circumstances are too frustrating, child cannot be open to new circumstances
- ▶ Crippling self-development: crippling all areas that rely on aggression such as self-assertion, ambition, and competitiveness due to bad parenting

Views on problem

- ▶ Winnicott– the split between the “true–self” and the “false–self”.
- ▶ Developing false–self occur to please others and protect oneself from pain
 1. if a child is not satisfied with parenting and mothering
 2. When a child arrests the development of essential components of the self (excitement, interest, aggression, sexuality, and enjoyment) due to the relationship with mother
- ▶ All psychopathology is a function of self–arrest induced by anxiety–driven object attachments

Views on problem

- ▶ Projections : Child projects onto the mother both child's 'aggressive, death instinct (the bad mothers) and their life-affirming views (the good mother)
 - ▶ Projective Identification : the mother takes the anxiety of the infant and processes it in a structured way that is manageable for the child. The child identifies with the mother and her processing of anxiety, he/she develops personal psychic structures for coping with anxiety.
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The Nature of Problems

- ▶ Problems are generally seen as coming from impaired object relations. Failing to see a person as a whole object, utilizing certain defenses, chronic use of a false self, etc.

Major Tenets of Object Relations Family Therapy

- ▶ Bring to current family the object–relations system
- ▶ Project internal object relations on the spouse or other family member, who in turn can fit and identify with this projection
- ▶ Problem arises when family members are unable to separate from these projections and grow as individuals
- ▶ Help family members reduce anxiety and respond to people in a more open and healthy manner
- ▶ Transference and countertransference are important tools in therapy

Role of the Counselor

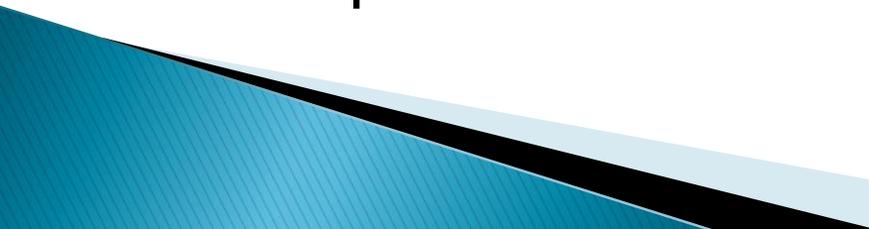
- ▶ Create a holding environment
 - ▶ Help reexperience their previous experiences with caregivers (good and bad) / New attachment figure
 - ▶ Enables the family members to tolerate and experience difficult painful life events in such a way that they can tolerate the anxiety and integrate them in a manageable way.
 - ▶ Encourages understanding and the ability to handle anxiety. The therapeutic stance is calm and helpful.
 - ▶ Help understand their object relations and roles of projections and projective identifications
 - ▶ Help develop healthy ways of coping with anxiety and responding to each other
 - ▶ Self understanding by the therapist is crucial
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Assessment

▶ Assess

1. Interlocking pathologies: caused by constant exchange of unconscious processes within in families
 2. Self-object relations patterns: how people relate to others based on expectations developed by early experiences with primary attachment objects (ideal object vs rejecting object vs exciting object)
 3. Splitting: there's “all good” or “all bad”; caused by frustration with primary caregiver
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Assessment

4. Projection/projective identification– in a way of coping with anxiety by projecting unwanted parts of themselves onto partner
 5. Repression– Children *repress* anxiety when they experience separation from attachment object. Awareness of repression pattern make CT to get out of the problematic relationship pattern
 6. Transference and Countertransference– Involves one family member projecting introjects and repressed material onto others
 7. Parental interjects– internalized negative aspects of parents
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Treatment Process

- ▶ Interpretations: link events, increase insights
 - ▶ Transferences and countertransference issue
 - ▶ Empathic listening: verbal and nonverbal
 - ▶ Identification of unconscious projections
 - ▶ Use of adjunctive methods
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Object Relations Family Therapy Case and Video

- ▶ Lewis and Emily
- ▶ The Brown Family (Object-Relations Family Therapy)

Group Practice

- ▶ Read the Hayman Family
 - ▶ Explore Jennifer, Ronald and Anthony's object relations
 - ▶ Explore patterns of projections and projective identifications
 - ▶ Discuss initial treatment goals for object relations family therapy
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Critiques on Object Relations Therapy

- ▶ Require a longer time commitment than other therapies
 - ▶ Underestimate the biological basis of some conditions (i.e., autism spectrum disorder, learning difficulties, and some forms of psychosis)
 - ▶ Some individuals are appropriate brief approaches such as solution-focused therapy.
 - ▶ Non-directive style of object relations therapy is not fit for some individuals such as a person with addiction or conditions that may lead to self-harm.
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