

**PROJECTIVE AND INTROJECTIVE IDENTIFICATION
IN A COUPLE THERAPY CASE STUDY:
A HERMENEUTICAL EXAMINATION**

by

David M. Moore

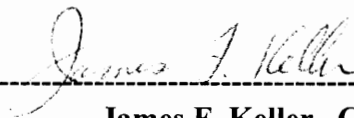
**Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
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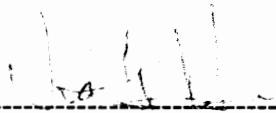
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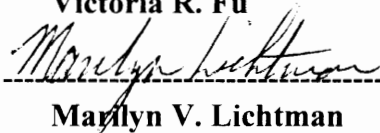
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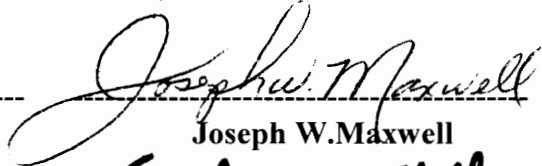
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**Committee Chairman: James F. Keller
Family and Child Development**

(ABSTRACT)

A series of interpretive dialogues with one object relations, couple therapy, case study were performed to research the role of projective and introjective identification within an intersubjective context. The method, Gadamer's (1993) philosophical hermeneutics, involved a dialectical moving back and forth between the more intrapsychic standpoint of the case study and the intersubjective perspectives of philosophical hermeneutics and recent object relations thinking (Ogden, 1994). These interpretive dialogues became written mediations yielding increasingly coherent and in depth understandings of projective and introjective identification.

The mediations delineated three turning points in the case study. In each, projective and introjective identification was critical to understanding the marriage's conflict and possible repair. Further interpretation of these turning points yielded an understanding of projective and introjective identification as a part of what Klein (Ogden, 1989, 1994) and Fairbairn (1952) have called the paranoid-schizoid position, as opposed to the higher functioning depressive position. Ogden's (1994) contention that these positions are in dialectical relationship, and not developmentally exclusive,

avoided the objections (Kernberg, 1974) (Meissner, 1974) that projective and introjective identification is a psychotic defense mechanism. While most couples are in the depressive position, the mediations revealed that under stress, couples regress to the paranoid-schizoid position, where projective and introjective identifications render the relationship chaotic but also repairable through the re-enactment of old conflicts.

Projective and introjective identification also was central to the process of transference and countertransference by which the therapist gained understanding of the couple and enabled them to work toward repair.

Projective and introjective identification was understood as an intersubjective process that occurred between persons, as opposed to some form of mind invasion. This intersubjective perspective enabled the research understandings to be highly interpersonal without denying the richness of the intrapsychic world.

As a research method, philosophical hermeneutics proved, as anticipated, unwieldy, circular and highly dependent on the researcher's interpretive abilities. However, this method was highly commensurate with the subject matter at a depth inconceivable in a quantitative analysis. This post-modern method valued the relationship between subjects over objectivity in a way that was congruent with therapy relationships and helpful in understanding them.

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Dr. James Keller blended the roles of educator and mentor at levels beyond human expectation. He encouraged me from beginning to end with patience and forms of paradox that allowed me to doubt my self doubts as well as my certainties. Upon his 1996 retirement, a great loss will be experienced by this university.

The doctoral committee was superb and caring. Their questions during my preliminaries, proposal and final defense stages opened up new horizons for me and were consistent with the highest standards of Socratic dialogue.

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offered . . . increased coherence and depth of

understanding to marriage, couple therapy and ...

human interaction”

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Understanding Four: “intersubjective process”

Understanding Five: “post-modern approach . . . commensurate with
human beings”

Understanding Six: “bridge between object relations theory and marriage
and family therapy”

Marital Understandings

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CHAPTER I

PROJECTIVE AND INTROJECTIVE IDENTIFICATION

IN A COUPLE THERAPY CASE STUDY:

HERMENEUTICAL EXAMINATION

No one knows the end of that progress which starts from uniting the perceiver and the perceived--the subject and the object--into a single universe (Gregory Bateson, *Language and psychotherapy--Frieda Fromm-Reichmann's last project*, 1991).

Overview

The focus of this research is the concept, projective and introjective identification, as it facilitates our understanding of couple interaction and couple therapy. This concept may help us understand how husbands and wives project intolerable aspects or feelings of themselves onto a spouse, who then takes on and becomes in part what was projected, e.g., the wife takes on the husband's disavowed anger and is thereby angry for both of them. This concept, from a less pathology focused perspective, may also contribute to our awareness of how understanding itself takes place between spouses and also between therapist and couple.

David and Jill Scharff (1987, 1991a, 1992), in object relations therapy, have used projective and introjective identification as the pivotal concept toward an understanding of couple therapy, and in so doing have contributed significantly to moving object relations theory beyond an individual approach to a more interpersonal couple and family therapy approach. However, the Scharffs remain significantly locked in an intrapsychic perspective

which appears to restrict a more intersubjective understanding of couple therapy.

D.E. Scharff and J.S. Scharff (1991a, p.6), however, contend that, in general, marriage and family therapy "stress[es] the importance of the external world, the family system, and the structure of relationships in the immediate, original, and extended family, acknowledging in only a secondary way the importance of the contribution of the individual's capacity to initiate and modify experience," while object relations covers "motivation, development and relationships." By contrast, D.S. Becvar and R.J. Becvar (1993) question whether the Scharffs and object relations family therapy, in general, are not too pathology oriented, and unaware of the observer as a part of the observed. This later concern is addressed in this research by extending interpretively the Scharff's intrapsychic perspective toward an intersubjective perspective.

The concept of projective and introjective identification even in the context of the Scharff's writings (e.g., J.S. Scharff, 1991a) seems to be pushing open the intrapsychic envelope from the inside, as if indeed the concept's intrapsychic framework were too confining. And yet the Scharff's concern, similar to Nichols (1987), that there is a tendency for the marriage and family literature to lose sight of the individual, appears persuasive. A way out of this impasse appears to be found in the concept of intersubjectivity which represents a middle ground between intrapsychic and external perspectives. This concept will be essential in elucidating the concept, projective and introjective identification.

With post-modern philosophical origins, the concept, "intersubjectivity," may be replacing cybernetics in marriage and family therapy (Gergen, 1985; Hoffman, 1992), and even has some following within object relations therapy (Atwood & Stolorow, 1984; Ogden,

1994). This concept has been characterized by the preposition, "between," such that understanding in therapy or any interpretive venture is metaphorically located more "between" persons than exclusively as a function of the isolated human mind or as a pattern of interaction. However, the concept of intersubjectivity also assumes a decentering of the subject such that a fixed location of the subject is not possible. As projective and introjective identification implies, there is no fixed line separating the subject from the other, as the other is in dialectical and mutually constituting relationship to the subject. Marriage and therapy represent a collision of subjectivities such that a constant location of the subject is not possible. The research herein seeks to privilege neither an external perspective nor an intrapsychic one, but seeks a mediation between the two by weaving the intrapsychic language of projective and introjective identification with an intersubjective perspective.

What especially prevents neither the intrapsychic nor the external perspectives from being privileged is the assumption herein that these concepts are dialectically related such that each requires the other, i.e., the preposition, "between" is parasitic on the existence of two subjects/objects, just as "inside" requires an "outside." Object relations has privileged the "inside" and marriage and family therapy has privileged the "outside." However, given the emerging intersubjective trends in both disciplines, a stronger rationale exists for a mediation between the two standpoints in the "between" realm of the intersubjective. If the concept of projective and introjective identification can be mediated with an intersubjective perspective, without unnecessarily reducing the intrapsychic perspective nor the external interpersonal perspective, then this concept may open a deeper understanding of couple therapy.

The method and intersubjective perspective of this mediation will be the interpretive approach of Hans-Georg Gadamer's philosophical hermeneutics, which seeks understanding and mediation "between" interpreter and text (or between two persons), which Gadamer (1993, p. 307) calls a "fusion of horizons." The work of Ogden (1994) in the area of intersubjectivity also will be of central importance. This Gadamerian mediation between interpreter and text can also represent a mediation between different perspectives, i.e., intrapsychic and external. The assumption is that understanding is the goal and differing perspectives can be woven together into a new coherence in a common or mediated language in the process of dialogue. I will apply this method and intersubjective perspective to one of David Scharff's object relations couple therapy case studies (D.E. Scharff & J.S. Scharff, 1991a), in which projective and introjective identification appears prominent. Therefore, the purpose of this research is to show the possibilities for couple therapy that the concept of projective and introjective identification opens when this primarily intrapsychic concept is mediated hermeneutically with an intersubjective perspective.

In the couple therapy case study (Appendix A), the wife is angry much of the time at the husband and the husband is walled off emotionally. The marriage and the possibilities for repair in therapy initially seem hopeless, which sets up an interesting test case with which to evaluate projective and introjective identification. This becomes especially interesting when it begins to appear that this concept is centrally involved in the misunderstanding contributing to the impossibility, and the understanding contributing to the possibilities in the marriage and the therapy.

One preliminary, although oversimplified, interpretation is that the husband, who

encountered cold rejection as a child, has split off his anger internally, has projected the anger onto his wife, and has identified it as in her. The wife who experienced early trauma and rejection, takes on her husband's anger unconsciously and identifies with it as her own. This taking in of someone else's projective identification is understood as introjective identification. Projective and introjective identification here helps us understand what the massive anger is about which might otherwise seem beyond explanation or perhaps attributable to the wife alone.

It is envisioned that this one case study can open the world of marriage and couple therapy as well as by what might be gained from a wide statistical sample. The post-modern focus here is on interpreted meaning, understanding and context in a particular couple therapy case, as opposed to a quantitative analysis. Lincoln and Guba (1985, p. 127) in emphasizing the qualitative particular over the quantitative general note that the world can be imaged like holographic film in which each minute part of film contains the whole or as the authors phrase it, "That full information about a whole is stored in its parts, if only we knew how to get at it." Object relations going back to Freud has emphasized the interpretation of case studies over empirical research. Hermeneutics in its post-modern and ancient forms emphasizes that we understand the part in the context of the whole and then rethink the whole in relation to the new understanding of the part in a never ending hermeneutical circle. Post-modern thought is coming to the conclusion that such an interpretive approach underlies modern empirical research (Rorty, 1979).

Philosophical hermeneutics: method and perspective

The perspective and method of philosophical hermeneutics perceive human interaction and understanding as an intersubjective process, in which subjectivity and intersubjectivity are dialectically related. The human mind or subject in isolation is a myth, as society, history, language and the presense of other persons have significantly formed and are constantly reshaping my subjectivity, which paradoxically means that I am intersubjectively constituted. Even Freud showed preliminary awareness of the intersubjective dimension of the psyche in terms of the superego, as well as in his decentering the subject in terms of a dialectical relationship of the unconscious (the “not I”) from the conscious (the “I”).

In the marriage and family therapy literature, Gergen (1992, p.180) wrote "Selves are only realized as a byproduct of relatedness," which obviously emphasizes "relatedness" but unfortunately could give the false impression that the subject or self is only a "byproduct." Intersubjectivity cannot dismiss the subject however much it is constituted by otherness without deconstructing the very concept of intersubjectivity. Gadamer (1993) makes clear that the intersubjectively constituted subject has a role as interpreter of her own experience and in application of her interpretations to her present personal possibilities, which involves not the reified self of ancient and modern thought, but still a self no matter how thoroughly constituted by others or society. Ogden (1986), in object relations theory, emphasizes that subjectivity is a developmental accomplishment such that the inability to experience another as a subject and to mourn their loss is a developmental inadequacy. Intersubjectivity need not

lose the subject, just as the self need not be lost in the system (Nichols, 1987).

Gergen, as does Gadamer more positively (1993), finds truth not in universals, but in temporally relevant, co-constructed, dialogical agreement between persons: "There are only accounts of truth within differing conversations, and no conversation is privileged" (Gergen, 1992, p.180). However, Gadamer is unwilling to diminish the powerful "truth" of these moments of mutual understanding between persons which give each possibilities for their lives.

Understanding, therefore, is not to be understood as occurring in isolation; it is a social event, as even my private musings are constituted by thousands of years of history and language, and the social support I imagine surrounds me. Therefore, in trying to understand another person, I am not delving into their head but negotiating meaning with another person in the intersubjective space where dialogue through a partially shared language can enable us to weave and forge a more specific common language around a specific subject matter. This weaving and forging can involve a mediation of our differences, as what seems foreign is translated into what seems more familiar. This process results in a common (but temporally and context limited) understanding between us.

This post-modern method avoids the dualistic and hierarchical thinking of modern knowledge in which a separate subject observes and comes to a knowledge that corresponds accurately to an equally separate object. Instead of this optimistic concept of "knowledge," "understanding" is emphasized in philosophical hermeneutics. Understanding comes about between persons (or a person and a text) through the medium of language in a horizontal circular dialogue. In other words, a person projects her horizon (viewpoint) about the subject

matter in response to the projections of the other and so on in an attempt to find overlap.

A vanguard of theorists in marriage and family therapy have moved theoretically in post-modern directions, but their methodologies have often been incongruous with their theories. Guba (1990) asserts that post-modern methods need to be hermeneutical and dialectical. Philosophical hermeneutics is grounded in the long history of biblical and legal hermeneutics and especially in the dialectical and hermeneutical philosophy of Martin Heidegger. He along with Ludwig Wittgenstein may represent the two central philosophers of this century. The central resource for applying this method will be the work of one of Heidegger's disciples, Hans-Georg Gadamer's Truth and method (1993), which is not only more accessible to understanding but also more applicable to the human sciences than Heidegger.

The hermeneutical and intersubjective standpoint of Gadamer represents a major assumption of the research herein, as it radically transforms standard notions of methodology and thus shapes this entire research effort. While most research has more or less logical end points and involves a great deal of narrowing of focus, hermeneutics is an ever widening circle of dialogue which has no logical end point. This research is intended to be circular, multi-layered and even repetitive in contrast to a linear research approach that moves in a straight line toward a fixed point. This hermeneutical research moves in the sense T.S. Eliot described, "And the end of all our exploring will be to arrive where we started, and know the place for the first time" (Eliot, 1971, p. 145). Therefore, this research may seem hopelessly circular to anyone looking at it through a linear lens.

This research will take the written form of a series of hermeneutical dialogues and

written mediations between the researcher and the text. The final mediation appears as chapter five and will be summarized in chapter six.. This final mediation and summary will represent the goal of forging a mediation or common language between researcher and text, as well as a mediation between the intrapsychic concept of projective and introjective identification and an intersubjective perspective. In other words, the researcher will significantly adopt the philosophical hermeneutical method and the intersubjective perspective of that method in addition to adopting and giving voice to the more intrapsychic perspective of the case study (thus allowing the text to project its own perspective). This will result in the mediation of two languages in a couple therapy case study that seems centered around the question of impossible marriages and impossible or hopeless couple therapy. The concept of projective and introjective identification will be interpreted as to how it brings misunderstanding, understanding and therapeutic possibilities to this seemingly impossible marriage and therapy.

Projective and introjective identification

Projective and introjective identification, understood primarily from an intrapsychic perspective, involves one person's splitting off from consciousness intolerable (or valued but internally threatening) intrapsychic aspects (impulses or parts of self or internal objects plus associated affect) and projecting them onto another person. These projected aspects are then assumed by the projector to lodge and belong to the personality of the other person, while the other person in fact may have no experience of these projections. In that the other

person does not experience the projection, we call this "one body" projective identification, as only the projector's internal perception of the other person receives the projection. However, in two body projective identification, the other person may introject (take in), identify with these projections and thus take on the feelings or understandings projected onto her.

Interpreters differ whether projective identification is only a one body concept or whether it also can involve two persons. The two body perspective however is in the minority among object relations theorists. J.S. Scharff (1992), in responding to the critics of the two body perspective, has argued that what more definitely makes the interaction interpersonal (or two-bodied) is the less emphasized concept of introjective identification, in which the partner unconsciously identifies with the projector's projections.

What J.S. Scharff in essence does in adding introjective identification to the equation is merely to include two persons instead of one, which reveals the absurdity of those clutching to a one body intrapsychic view. Nevertheless, the one body proponents are at a loss and the two body proponents struggle to explain how one person's unacceptable feelings or parts of the self end up in another person's mind. This sounds like a mind invasion that seems absurd, especially if one holds rigidly to an intrapsychic, or a purely external perspective.

Interpreters also struggle over the meaning of "identification," ranging from simple identification in the sense of awareness of material not mine to identification in the sense of feeling controlled and intrapsychically transformed by the projection, (J.S. Scharff, 1992). Projection is considered common phenomena, but identification with one's own or someone

else's projection, which is projective identification, is widely debated. One side sees this as a phenomenon that occurs only in infancy and in adult borderline or psychotic patients (Meissner, 1987), while others see projective and introjective identification as a phenomenon of all human interactions, which contributes not only to pathology and human misunderstanding but also human understanding.

Need for research

Within object relations theory

While David and Jill Scharff are the central theorists expanding the concept of projective and introjective identification into object relations marital and family therapy, many traditional psychoanalysts have been resistant to the expansion of object relations theory into marital and family therapy. They have also been resistant to the expansive manner in which the Scharffs and others are interpreting the concept of projective and introjective identification (Meissner, 1987). Others, Atwood and Stolorow (1984, 1994), in self psychology (a peripheral subset of object relations theory) go even further than the Scharffs as to de-emphasizing the intrapsychic and examining what they call "the intersubjective field," especially as to transference and countertransference in individual therapy.

As early as 1951, Winnicott (1971) introduced the concept of transition objects, such that a blanket or teddy bear could symbolize the mother to the point of enabling the infant to tolerate a mother's absence until a latter stage of development in which a mental representation of the mother could act as transition object to ward off the anxiety of

separation. Especially significant were Winnicott's understandings of the more advanced (in terms of development) transition objects which by extension could include language. Language, as symbols endowed with considerable emotional investment, enables us to overcome through meaning and understanding the anxiety of our recurrent feelings of isolation. Language, like teddy bears, resides in the metaphorical "between" space that underlies our ability to relate to others and find common meaning without degenerating into utter isolation.

Ogden (1994) has built on this work of Winnicott and reinterpreted Fairbairn and Klein toward a more integrated intersubjective approach, but only as to individual therapy. Ogden envisions therapy as an interweaving process in which therapist and client contribute, as the subjectivity of each is in dialectical relationship to the intersubjective space between them. There is at the lower end a collision of subjectivities such that primitive projective and introjective identification processes represent a fusion of two persons constantly getting lost in each other. At the higher end, sufficient intersubjective space between persons is present such that the projective and introjective identificatory processes involve understanding which allows for connectedness but also separateness. The intersubjective space allows for understanding between subjects, while the collapse of the intersubjective space represents a chaotic collision of subjects who become more like objects or extensions of oneself.

Ogden (1994) offers an example in which in the process of doing therapy his mind wanders over to his desk and he focuses on an envelope that has the appearance of being a bulk mailing. This upsets him, as he had originally thought that it was a personal letter from an esteemed colleague. In focusing back on the client, Ogden feels annoyed at the hollowness

of the client's words and then he connects that with the emerging memory that the patient is the head of a nonprofit, fund raising agency. In broaching these thoughts and feelings with the client, the client's words begin to seem more connected to feelings. Ogden's mind wanders back to the letter and he notices that his name and address have been typed irregularly as if by a typewriter, and he dismisses the notion that the letter represents a bulk mailing. What is emphasized here is the "between," the intersubjective space, into which therapist and client project and introject identifications. Emphasized is the way in which the subject become a part of the other and thereby experiences the other within as mediated through the intersubjective space between.

To a lesser extent, the Sharffs have made implicit, tentative strides toward more of an intersubjective approach (D.E.Scharff, 1992). J.S Scharff (1992, pp. 313-314) writes: "Analyst and analysand experience each other through the processes of introjective and projective identification. These processes are the mechanics of intersubjective knowing." D.E. Scharff (1992) and J.S. Scharff (1992) borrowing from Duncan (1981, 1989 and 1990) emphasize the concept of "collateral interpretation." This concept is similar to the example of Ogden above, in emphasizing the need for the therapist to make explicit one's own often very internal personal dialogue that can include the subjectivity of the other as mediated by the intersubjective space between. For example, D.E. Scharff (1992) interprets a client's dream about being in the major leagues and dropping the ball in right field with regard to the client's issues with his demanding father but also to the therapist's issue of being a beginning analyst in training, who fears he also may drop the ball. The Scharffs also emphasize Duncan's (1990) concept of "atmosphere" which J.S. Scharff (1992, p. 291) describes "as a

coloration of the transitional space in which therapist and patient are at play . . . the transitional space is almost tangible . . . it deserves independent status . . .”

However, despite the above implicit strides toward an intersubjective approach, J.S. Scharff (personal communication, March 3, 1995) associates "intersubjectivity" more with the subdiscipline of self psychology than her own work. Thus, the bulk of the Scharffs theory is still primarily intrapsychic despite the fact it involves couples and families. Also, object relations theorists overall still see projective identification as only a one body intrapsychic concept. Therefore, there is a need to explore further not only the interpersonal but especially the intersubjective possibilities of the concept, projective and introjective identification. This is done by utilizing a philosophical hermeneutic concept of intersubjectivity, as well as utilizing the object relations, individual therapy work of Ogden (1982, 1986, 1989, and 1994).

Marriage and family therapy perspective

Besides the need for this research from an object relations perspective, a need for this research is also present from the perspective of marriage and family therapy. Object relations therapy has been focused primarily on individuals with a rich tradition going back to Freud and continuing with Adler, Jung, Rank, Klein, Fairbairn, Winnicott, Gundrip and Kohut. However, marriage and family therapy, while many of its early founders were originally trained in this psychoanalytic tradition (Bell, Ackerman, Bowen, Jackson), no longer significantly appropriates this psychoanalytic heritage, even in its updated form, i.e., object relations theory.

Historically, marriage and family therapy has taken scientific or post-modern

standpoints that appear to render psychoanalytical thinking as suspect. Thus, many assume a bridge is not possible. However, Nichols & Schwartz (1991) assume a bridge is possible, although they noted that success thus far has been lacking. Integrating the two has proven conceptually difficult. The two disciplines have seemed to operate out of irreconcilable philosophical bases (a nineteenth century modern and intrapsychic orientation versus a twentieth century systemic orientation) and secondarily because object relations theory is quite obscure and therefore not easily accessible.

Many prejudices of marriage and family therapists concerning psychoanalysis have been based on an orthodox Freudian view of psychoanalysis instead of its updated revision, object relations theory. Likewise, object relations theorists have been largely unaware of the interpretive direction in marriage and family therapy that has occurred through the new emphasis on narrative and social constructionist theories (Gergen, 1985). Thus, a linguistic or intersubjective turn is occurring in both disciplines largely in isolation from each other.

The work of David and Jill Scharff (1987, 1991a) in couple and family object relations therapy seems to offer a beginning in bridging the two disciplines, especially with the concept, projective and introjective identification, which bridges the intrapsychic with the interpersonal. This possibly new breakthrough needs to be evaluated by marriage and family therapists without the intrapsychic language unnecessarily interfering with that evaluation. It is also possible that marriage and family therapists need to incorporate a deeper appreciation of "the self in the system," (Nichols, The self in the system, 1987). D . E . Scharff (personal communication, November 19, 1994) remarked that in being asked to teach marriage and family therapists, he often focuses on enabling them to do individual therapy,

as that is often an area of weakness. My personal impression is that many therapists steeped in individualist object relations theory seem to have not only a limited perspective as to couple and family dynamics but seem especially uncomfortable dealing with more than one person in the therapy room. Ideally "the truly systemic" therapist could move back and forth from individual intrapsychic issues to intersubjective and interpersonal couple and family therapy issues without experiencing severe dissonance. The concept of projective and introjective identification, without the weight of unnecessary intrapsychic limitations and with more of an intersubjective (but intrapsychically informed) perspective, might open systemic therapists to a wider and deeper systemic approach to couple, family and individual therapy.

Organization of research

This research proposal will include the following: chapter two, a literature review of object relations therapy, projective and introjective identification; chapter three, philosophical hermeneutics; chapter four, methodology; chapter five, results in the form of a final mediation; and chapter six, results in the form of a summary. The appendices include the case study (Appendix A), an outline of the case study (Appendix B), and the seven mediations of the case study included in a supplemental volume made available to the dissertation committee as Appendix C.

Addendum: Pre-understandings

Hans-Georg Gadamer (1993) contended that understanding would not be possible if it were not for the prejudices or pre-conceptions that we bring to any research. I will share some of my own pre-understandings that drew me to object relations therapy, philosophical hermeneutics and the topic of projective and introjective identification.

The years of individual therapy with a Jungian-object relations therapist have been foundational for my own understanding of therapy, but of equal foundational value has been my doctoral work in marriage and family therapy. These two important bodies of experience contributed to the tension between the intrapsychic and external perspectives that this dissertation seeks to resolve through the bridging concepts of projective and introjective identification and intersubjectivity.

The tension between these perspectives was especially focused for me in two marriage and family therapy courses taught by Dr. James Keller in which a semester studying constructivism was followed by a semester focusing on individual approaches to therapy. The final paper required the class to take one individual therapist's theory and deconstruct its individualistic structures and reconstruct it from a systemic/constructivist perspective. This dissertation in many ways is merely a variation on that assignment.

After fifteen years as a pastor, I have deep affinities with the hermeneutical approach to human meaning, as hermeneutics has deep roots in theology and philosophy (the two sides of my seminary training to which I have devoted life-long reading). I believe that hermeneutics recaptures the fullness of human existence in ways that are often lost in

empirical research and are more consistent with a post-modern and a systemic perspective. Thus, not only am I trying to determine the extent that different psychological perspectives can be integrated, but, also, how my personal history of interpreting ancient and philosophical texts can be related to what I find to be the central activity of therapy: the hermeneutical interpretation of human dialogue.

Another prejudice of mine which drew me to projective and introjective identification is quite odd. I have an aesthetic taste for certain types of books and especially certain kinds of texts. I prefer texts which seem rich in depth and complexity; obscure at first but upon several readings continue to yield further understanding. I believe that texts that represent a long history of reweaving and re-contextualizing of one tradition with other traditions by many interpreters carry a profundity which empirical research often lacks. Gadamer (1993) calls this an appreciation of the classics, such that classic texts have a reliance on tradition that deepens understanding. This feel for multi-layered texts drew me to philosophical hermeneutics and object relations theory, a revision of Freudian psychoanalysis that is deeply embedded in Greek mythology, philosophy, art and Western Civilization. In other words, it is my prejudice that object relations language is the repository of decades of clinical insight left out of marriage and family theory at a cost.

My deepest prejudice is that systemic thinking to be truly systemic must encompass not only human interaction but also human subjectivity in ways that understand the social construction of subjectivity but also the power of the interpreting and relation seeking subject. Otherwise, therapy is only a sprint to solutions that disregards subjectivity as no more than an empty black box. Brief therapy is sometimes all that is needed, but not enough

for the client who, out of a desire for self-knowledge or because of massive trauma and pain, wants the long journey in which intrapsychic and interpersonal understanding is valued in the intersubjective space between therapist and subject.

CHAPTER II

OBJECT RELATIONS LITERATURE REVIEW

In this chapter the origins and development of object relations theory are reviewed (including object relations family and couple therapy) to lay a foundation for a more focused review of projective and introjective identification. I will belabor the object relations material, as I am assuming a marriage and family therapy audience that is not familiar with object relations theory. This extensive contextualizing also is in keeping with hermeneutical method in which context is central to understanding. Therefore, in a hermeneutical sense, the interpretive research has already begun in the setting of the context of the case study in object relations theory.

Object Relations Therapy

The Scharffs (1992) defined object relations as:

... an inclusive technical term that spans the intrapsychic and interpersonal dimensions. It refers to the system of in-built parts of the personality in relation to each other inside the self. These are expressed in the arena of current relationships by which the original intrapsychic constructions of object relations are further modified. Internal objects and other parts of the self are reciprocal with outer objects so that, in any relationship, the personalities are mutually influenced by each other. Our external relationships are in

interaction with our internal psychic structures (p. 4).

The Scharffs (1992) defined an internal object as:

... a piece of psychic structure that formed from the person's experience with the important caretaking person in earlier life, captured in the personality as the trace of that earlier relationship. Not a memory, nor a representation, it is a part of the self's being (p. 5).

The word, "object," at first glance may feel too abstract or impersonal, and thus requires some clarification. While an "object" can refer to an external person, i.e., an external object, even there, the word, "object," reminds us that this is my construction or "object" of another person, not my possession of your essence. This distinction instead of being a depersonalizing way of thinking, is an unassuming way of respecting the otherness of others by distinguishing how my issues have shaped significantly my construction of another person.

Object relations theory has its origins in the work of Sigmund Freud. But where Freud emphasized human personality as primarily determined by the instincts, i.e., drive theory, object relations theorists view human beings primarily in terms of relationships. The parent-infant relationship and not the instincts is the earliest determinant of personality (D.E. Scharff & J.S. Scharff, 1992). An empirical base for such an assumption can be derived from attachment theory that also gives precedence to relationships over drives (Bloom-Feshbach, J. & Bloom-Feshbach, J.S., 1987). Fairbairn (1952), one of the earliest and most important of the object relations theorists, saw the various biological zones (oral, anal, phallic) as merely the areas of the body through which libidinal energy flows; what is central is the goal

of this energy that is primarily other persons. Drives are not some autonomous force but are the result of what Lacan lists as need, demand and desire, which more depend on an object than some hydraulic pressure (Grotstein, 1994).

Freud nevertheless set the stage for object relations therapy. For example, in the concept of superego, Freud theorized that it is constructed through internalization of the parents during the resolution of the oedipal phase (Slipp, 1988). Fairbairn (1952) contended that in Freud's work on groups and identification between group members, Freud came close to developing a full blown object relations theory, but then pulled back to his structural theory (superego, ego and id). As to groups, Freud had explained how the internal world of group members can suddenly identify massively with other members of the group, whose internal worlds are predisposed to such identification. Freud (1917/1961) especially anticipates object relations in describing how in mourning the individual who is unable to tolerate the loss of the object internalizes it within the ego. With increasing de-emphasis of the drives and increasing emphasis on the ego and relationships, followers of Freud moved more toward an object relations theory.

In the late 1930's and into the 1940's in Great Britain, especially following Freud's death, a debate occurred over the direction of psychoanalysis. On one side was Anna Freud and on the other was Melanie Klein, but a third or middle school was represented by Fairbairn. Object relations is distinctive in being a mix of Klein and Fairbairn, although neither of them saw their work as breaking away from Freudian psychoanalysis; they perceived their work as merely extending the implications of Freud's work (Grotstein, 1994).

Anna Freud held firmly to the orthodox Freudian line with the modification that

more weight was given to the ego than in Freud's theory. This work of Anna Freud especially coupled with the work of H. Hartman came to be known as ego psychology (G. Blanck & R. Blanck, 1974, Grotstein, 1994). Ego psychology until recent years has dominated the American psychoanalytic scene, while object relations shared the psychoanalytic scene in Great Britain with ego psychology. Now object relations is the more dominant force on both sides of the Atlantic, although not without assimilating a good deal of ego psychology. This ascendancy of object relations is especially true if one subsumes within object relations, self psychology, which gives more attention to the self and less to objects. Especially important in self psychology is how objects are understood as "self-objects" to emphasize the ever present contribution of the self in the construction of our experience of others (Kohut, 1971, 1977, 1984).

Melanie Klein had been influenced by her two analysts, Ferenczi (who coined the term of introjection which Freud adopted) and Abraham, whose major contributions came in the area of the pre-oedipal development. Abraham encouraged Klein to focus on therapy with children, especially play therapy (Grotstein, 1994). In her work with children Klein believed that she could interpret children's play similarly to the way in which she would interpret adult free associations. While Freud based his work on adult reports of childhood, Klein based her thought on the actual behavior of children interpreted through the lens of psychoanalysis, and thus, came up with a different perspective, (Segal, 1979).

Klein saw the pre-oedipal experiences of children as more formative of personality than the Freudian oedipal phase. Grotstein (1994) pointed out from the perspective of gender that Freud emphasized the penis and the father in the oedipal phase, while Klein, a woman,

emphasized the mother and the breast of the oral stage, as foundational of personality. The move from the oedipal to early infancy would have a major impact on the future directions of psychoanalysis.

Klein was the first theorist to extend projection into the concept, projective and introjective identification, (Segal, 1979). Projective identification was understood first in relation to infants whose overwhelming anxiety and aggression were defensively projected into the mother, who then is perceived by the infant as embodying this projected material. This results in the infant fearing the mother, especially during times when the mother fails to be attuned to the infant's needs, e.g., in breast feeding. This defensive position of the infant was first called "the paranoid position" by Klein, who observed that the infant does become literally terrified of the mother at certain intervals. Influenced by Fairbairn's emphasis on the schizoid aspects of this phase (that the infant splits internally the good mother from the bad mother and in parallel fashion the good self from the bad self), Klein later altered her terminology and called this phase the paranoid-schizoid position (Segal, 1979).

In part the mother carries this projected aggression/anxiety of the infant, but also in part the mother represents the good mother, whose breast fills the infant's emptiness. The infant, not able to integrate the good and bad parts of the mother, splits them; just as, after internalizing these divergent aspects of the mother, the infant splits herself into the good and bad infant. The infant can alternate rapidly between these good and bad objects depending on her mood and mother's interaction. (J.S. Scharff, ed., 1989).

As the infant gets older these primitive split images of the mother and of the self no longer work. The infant ideally can have a more thorough image of the mother and of the self

that includes the good and bad aspects of both. This results in a progression beyond primitive projection and splitting to ambivalence, repression, mourning and guilt or what Klein has called the depressive position. For example, if the mother leaves the room, instead of projecting and splitting off one's anxiety onto the bad departing mother, the infant can feel tolerable mourning (as opposed to intolerable anxiety) for the temporary loss of the mother (J. S. Scharff, ed., 1989).

Freud also talked about this projective aspect of infancy, but in a way that contributes to an understanding of how human beings first come to experience reality as external. In discussing Freud's contribution, Sandler & Perlow (1987) pointed out that the infant through projection first separates and thus distinguishes herself from the mother. This assumes that the infant-mother relationship originally is a fusion or matrix in which the infant does not have an awareness of being separate from the mother. Sandler & Perlow (1987, p. 3) quote Freud in defining projection in the context of this early infancy stage:

a primitive mechanism, to which . . . our sense perceptions are subject, and which therefore normally plays a very large part in determining the form taken by our external world . . . (Freud, 1912-1913).

Freud primarily talked of projection as a primitive defense mechanism, e.g., paranoia, but here he is writing about projection as the way an infant (emerging from the maternal matrix) forms her external world, and even how she becomes aware of an external world. Projection in this sense is central to human understanding in terms of our first constructions of an external world.

As to how the infant first experiences the external world, Winnicott (1971) offered

an extension of Freud's ideas concerning projection as the means of constructing and being aware of a mother and things that are not-me. As referenced in chapter one, Winnicott described the thumb and later the blanket or teddy bear as transition phenomena which are objects for negotiating mother's absence, as they represent the breast and mother. In other words, it is mother's absence that gradually and painfully inaugurates the infant's experience of that which is not-me. Bad internal feelings are projected onto the mother that set up the infant's fear of the bad mother according to Klein. Winnicott adds that ready-to-hand substitutes, e.g., a blanket or teddy bear, receive the projection of the infant of the good mother that endows them with magical and soothing qualities in the painful absence of the mother. This process is extended to language and other objects that provide a sense of holding or security in the midst of human feelings of isolation. Thus, the infant's awareness of external reality comes into existence magically in the intersubjective space between mother and infant.

From the important contributions of Klein with a reference to Winnicott, we now turn to Fairbairn, who lived in Scotland and therefore did not take an extensive role in the London psychoanalytic circle, as did Klein. This resulted in his contributions being minimized during his life and for many years later, but the significance of his work has recently been growing (Grostein, 1994).

Sutherland (1989), a disciple of Fairbairn, claimed that Fairbairn, was the first to propose in a systematic manner the Copernican change of founding the psychoanalytic theory of human personality on the experiences within social relationships instead of on the discharge of instinctual tensions

originally solely within the individual. In short, he replaced the closed-system standpoint of nineteenth-century science with the open system concepts that were evolved by the middle of the present century to account for the development of living organisms, in which the contribution of the environment has to be considered at all times (p. 162).

Fairbairn was indebted to Klein's revolutionary work, especially her primary focus on the early parent-infant relationship instead of the oedipal stage. However, Fairbairn differed from Klein in radically de-emphasizing drive theory: "Since libido is a function of the ego and aggression is a reaction to frustration or deprivation, there is no such thing as an 'id, '" (1963, p.224). Nevertheless, Fairbairn in redressing the excesses of Freud's drive theory may have gone too far in minimizing the importance of the instincts.

Fairbairn coined the term, "splitting," which Klein and others have adopted as a central concept in object relations theory. Because of the infant's limited ability to synthesize frightening and divergent (good/bad) experiences, the infant splits off and projects outward intolerable feelings or experiences. Nevertheless, to the extent the experiences are tolerable and internalized, the infant still defensively splits them off into various inner regions or levels of awareness (Grotstein, 1994).

Fairbairn (1952) theorized (more figuratively than literally) that the ego (or self) is divided into three areas or regions: central is the ideal ego and at each extreme is the rejecting ego and the exciting ego. These three regions correspond to the affects and objects which the infant/child experiences, so these three regions correspond to: rejecting object, exciting object and ideal object experiences internalized with the ideal ego/object

experiences kept closest to consciousness. To repeat an earlier example, the primary care giver might walk out of the infant's room with the infant crying. The infant (based on clinical conjecture) would split this representation of the primary care giver into a rejecting affect stored as a rejecting part object in the rejection region of the ego, along with an excited or longing affect toward the departing mother stored in the exciting region of the ego. Experiences of the good care giver would be kept close to consciousness in the ideal ego (and would self soothe the infant in the crisis of the departing mother), but the rejecting or too exciting (too longed for) experiences would be split off into regions less close to awareness with the rejecting region being closer to awareness than the longing or exciting region. Splitting involves the division of an object whereas the more mature way of dealing with intolerable affect is to repress the object into these various regions or levels (without splitting or dividing the object).

As in Klein's thought, this early splitting of the internal object world of the infant in time (with cognitive and emotional maturing) seeks to be integrated. For example, the split off rejecting father, the ideal father and the exciting/longed for father need to be integrated such that the child begins to deal with the ambivalency of a father who is alternately ideal, rejecting and exciting. Splitting is replaced by repression as the less tolerated parts of an object or self are kept mostly out of consciousness but not through the splitting of the ego. For the ego or self to be split (for example the dualism of the good and bad mother objects which would parallel the good and bad self) as opposed to integrated means that there has been a serious developmental arrest, which will affect future relationships. For example, the borderline personality makes drastic shifts from trust to distrust of others with accompanying

dramatic mood swings. These abrupt shifts result from splitting, whereas a more integrated sense of self and objects would not be so volatile (Sutherland, 1989, D.E. Scharff & J.S. Scharff, 1991).

Grostein (1994) summarized Fairbairn's major contributions as moving away from Freud and Klein's drive based and pleasure/pain oriented theory to a relationship and reality-based theory. A deep sense of guilt or original sin underlies the theories of Freud and Klein as the infant is overwhelmed from the beginning by the id and the drives. In Freud and Klein the pleasure/pain principle is primary and reality principle is secondary; Fairbairn (1963) reverses this, such that "Libido is a function of the ego . . . and aggression is a reaction to frustration or deprivation," (p.224). The ego in the pursuit of object relations is primary and the libido is in service of the ego in this pursuit, and therefore aggression comes only when object relations are blocked.

Thus, for Freud and Klein the human predicament relates to guilt in the depressive position. For Fairbairn there is a sense not of depression and guilt as primary but a twentieth century, existential split-offness and alienation, as that original split of the internal object (the primary caregiver) is there in all of us and especially revealed if we come under a great deal of stress (Fairbairn, 1952). This split-offness of our schizoid human condition stemming from inadequate attunement or holding environment of the infant by the parent often reappears in later in the next extremely close relationship, marriage.

Individual Object Relations Therapy

Object relations therapists in working with individuals in therapy follow much of the traditional psychoanalytic method. The therapeutic relationship is central, working through of resistance, transference and countertransference issues are the means for progress and understanding of and by the client. The therapist in object relations therapy provides a holding environment, the sense that the room, the therapy arrangements and especially the therapist and the therapeutic space feel warm and secure. In that context a therapeutic relationship can develop, which in time can evolve into a transference and countertransference relationship. Especially important are the interpretations by the therapist of the client's narrative especially in relation to the transference and countertransference material. In classical psychoanalysis, the transference is thought of as projection of impulses, whereas in object relations, transference and countertransference are thought of more in relational terms as parts of objects or ego, and a variant of projective and introjective identification (D.E. Scharff & J.S. Scharff, 1992).

In object relations individual therapy, as in object relations couple and family therapy, a distinction is made between contextual transference and centered transference. These concepts are derived from the way the parent provided a safe holding space for the infant (contextual transference) and how the parent related to the infant in such moments as breast feeding and eye to eye mirroring (centered transference). Individual therapy begins at the level of the contextual transference that relates to how safe or anxious the client feels in the therapy room with the therapist. If the holding environment is sufficient, then a positive

contextual transference occurs which in time opens the way for the client to develop a centered transference with the therapist. This means that the therapist ceases being only an external object to the client but becomes a permanent internal object around which shifts in the client's constellation of objects can occur (D.E. Scharff & J.S. Scharff, 1987).

The therapist experiences countertransference in response to the client's transference (projections and projective identifications). This enables the therapist to experience (take in or introject) and picture the internal object relations of the client (especially if the therapist's own issues illuminate but do not contaminate the process), and return to the client the projected material (a client's transference) in a modified or detoxified form, which enables the client to accept previously intolerable aspects of herself. This requires a long process of listening, interpreting, caring and mirroring which in part re-parents the client in ways that restructure, integrate and synthesize split self and split objects (including projected parts of the self and objects) into more wholeness (D. E. Scharff & J.S. Scharff, 1992).

Nevertheless, this knowing of the client through transference and countertransference in individual or marital/family object relations theory is not as objective as it first appears. Stolorow (1994) emphasized the intersubjective dimension of transference and countertransference, such that the therapist is not a blank screen but a full contributor to the understandings that emerge between therapist and patient.

J.S. Scharff (1992) emphasized in the training of therapists a phrase coined by the poet, John Keats, called "negative capability," which Keats defines as a capacity for "being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason," (J.S. Scharff, 1992, p. 249). The therapist takes in the projections or transference(s) of the client(s)

and contains them "so that the meaning of the experience can emerge from inside the experience itself . . . The therapist allows herself to take in the projections, to be affected by them without trying to explain them, to become aware of them, and then to work on understanding her experience and what it means . . . "(p.249). This awareness on the therapist's part of "not knowing" parallels hermeneutics, especially as to what Gadamer (1993) and subsequently Anderson and Goolishian (1992) call "a position of not-knowing," (p. 28).

Object Relations Family Therapy

The earliest American pioneers of object relations family therapy were Roger Shapiro and John Zinner who were doing adolescent research for the National Institute of Mental Health in the 1950's and turned to object relations theory in the 1960's. It should also be noted that as early as 1965, Murray Bowen was writing of "family projection processes," (Bowen, 1978, p. 204) but seemingly not attributing this concept to any object relations school. As early as 1959, Bowen was writing of schizophrenia in families where something akin to projective identification was occurring. Also, in the 1960's important work about groups and families was being done by the Tavistock group in Great Britain. What Shapiro and Zinner were finding in the 1960's was that the adolescents with serious problems correlated with parents who were in one way or another projecting their own issues onto the adolescents. By connecting these projections with object relations theory, these early pioneers could see the benefits object relations theory has not just for individuals but also for

families (Shapiro, 1989, Zinner and Shapiro, 1989).

Other family therapy theorists were influenced by object relations in their development of family therapy theory especially in the early days of marriage and family therapy. They include the following: John Bell (Broderick & Schrader, 1981), James Framo (1981), Ivan Boszormenyi-Nagy (Boszormenyi-Nagy, Grunebaum & Ulrich, 1991), and Skynner (1981). The indebtedness to Bowen of Boszormenyi and Framo's intergenerational perspective is evident, but also influential was the work of Fairbairn.

While the central figures in object relations couple and family therapy today are David and Jill Scharff, others of note include Samuel Slipp (1987), who, while being more systemic in his approach, lacks the precision and thoroughness of the Scharffs, who rely more on group theory than formal systems theory. Michael Nichols (1987) is primarily systemic while drawing significantly from self psychology. Schwartz has written (1987) about our many selves, which focuses on the inner world neglected by much systemic therapy, but he has not yet attempted a full presentation of his ideas. Siegal (1992) writes about object relations marital therapy, as does McCormack (1989). Catherall (1993) is one of the few recent marriage and family therapists to address specifically the subject of projective identification. The Scharffs, more involved in psychoanalytic circles than marriage and family circles, rely for their theory primarily on Fairbairn with secondary emphasis on Klein and Winnicott.

In describing the Scharffs' approach to object relations family therapy, we must return to the concepts of contextual (holding) transference and centered (focused) transference mentioned above regarding individual object relations therapy. When a family enters therapy,

they bring their contextual transference with them, (i.e., how well the family holds or secures each member) which will be revealed in how the family responds to the therapist's holding or securing of the family in therapy. Each family member will have a contextual transference (i.e., how one family member reacts to the therapeutic space and holding capacity of the therapist). Nevertheless, the attention of the therapist is primarily on the collective contextual transference of the family. The therapist offers her holding context to the family which may range from such mundane aspects as making sure everyone is comfortable, or expressing concern about an absent family member. Primarily this relates to providing a feeling of emotional safety for the family. The family in feeling safe will more likely relax their possibly flawed family contextual holding patterns and explore new ones with the therapist. In other words, the work of family therapy is repair of the family's impaired holding context as opposed to working individually with each family member.

The therapist experiences the family similar to that of a group therapist trying to be attuned to a group's collective mood and interpret individual responses as representative of that group mood (D.E. Scharff & J.S. Scharff, 1987). For example, at a conference at the Washington School of Psychiatry (1993) in watching hours of taped therapy, I was struck by the bent listening posture of the therapist, who seemed almost like a Quaker in prayer at the meeting house, trying to discern the collective experience of the family as they subtly mixed with her own.

Object Relations Couple Therapy

Family therapy focuses primarily on the contextual transference of the family to the therapist with only occasional attention to focused transference by individual members onto the therapist. Even these individual transferences are normally interpreted as representing the entire family's transference and not one individual. In individual object relations work the therapy begins with contextual transference but becomes primarily focused transference, i.e., the client is projecting her individual unconscious object relations onto the therapist. In couple therapy the process is in-between what goes on in family and individual work; there is a rapid moving back and forth between these poles of primarily contextual transference (how the couple handles the therapeutic space and relationship) and focused transference by the individual onto the therapist. In other words object relations couple therapy emphasizes how the couple is held or secured by the therapist's holding capacity and what the individual partners project onto the therapist. However, while the therapist may be aware of individual intrapsychic dynamics from these transferences, the therapist tries to be aware of the therapist's own countertransference as a response to the couple. This countertransference effected by the couple or individual partner relates to the therapist's world of internal couples, which is based on the therapist's experiences as child, husband, therapist and so forth with a variety of couples (D.E. Scharff & J.S. Scharff, 1991a).

For example, the couple or one of the partners on behalf of the couple may present a stone wall to the therapist which makes the therapist feel excluded by the exciting and rejecting couple and this may resonate with childhood feelings by the therapist of being

excluded from her parents' marriage. The couple may be projecting their past and present history of rejection outward onto each other and the therapist. Or one of the partners may act seductively toward the therapist which the therapist experiences in the countertransference as exciting. This leads the therapist to wonder if the couple are fearing their own closeness and are having to project it off onto a third party (D.E. Scharff & J.S. Scharff, 1991a).

The Scharffs (1987) attribute their theory, beyond its obvious object relations roots in Fairbairn, to the work of Dicks (1967). Dicks working in England with the Tavistock group did a study of couples by doing individual psychoanalytic work with each partner individually and then comparing the internal object relations world of each. His findings showed that couples come together related to how their internal object relations constellation fits the other partner. The Scharffs connect Dicks' findings with Bion. He showed how group interactions are based on what he called the valency which one group member might have for another, such that immediate identification could occur, which is similar to what Dicks discovered with couples (J.S. Scharff, 1991a).

This object relations fit between partners is what draws the partners into marriage and is accomplished through projective and introjective identification, as couples project family of origin objects onto marital partners. The internal object relations fit between partners in a marriage allows a re-creation of the family of origin and an attempt to redress old conflicts in acting out and getting one's partner to act out old scripts.

Given a sufficient therapeutic holding context the projective and introjective identifications will occur in the therapy room between partners and between partners and therapist. In individual therapy such projective and introjective identifications

(transference/countertransference) take time to build, but in marital therapy such projective processes are already present between the couple and thus do not require the same long building process. These projective identifications may be of self or object. In other words, a partner may project his angry father (an object) onto the therapist or the hurt child (a part of the self).

The Scharff's (1991a) see the therapist's task as, "the reception and clarification of the couple's projective identifications with parts of self or object, followed by analysis of the interpersonal conditions under which these occur," (p.112). The therapist like the mother takes in the projective material and detoxifies it and returns it to the couple in a healthier form for them to introject and re-identify (D.E. Scharff & J.S. Scharff, 1991a).

The Scharff's contend that love is the repetition of the original, parent-infant bond cemented by the complementarity of the couple's internal fit. Fairbairn (1952) is important here in his idea of the rejecting, ideal and exciting or longed for object. In courtship the longed for exciting object and ego are at work, while the rejecting counterparts are split or repressed. When the marriage seems permanent before the marriage, immediately afterwards or after the birth of the first child, the repressed rejecting part of the self and object return. Disillusionment can set in. These rejecting objects may be projected onto the spouse and the spouse may identify with them (i.e., projective and introjective identification).

An important aspect of the Scharff's marital work is the behavioral sex therapy component that has been emphasized especially by D.S. Scharff who has written extensively in this field. If a couple has difficulty holding each other in a psychological sense, then it often follows that their sexual relationship may be flawed. Their sexual relationship may

parallel or epitomize the nature of their holding relationship, as well as their object relations fit. Rejecting object relations that are projected and identified with can overwhelm the exciting object relations and affect the sexual relationship. In other words, projective and introjective identification can affect physiological sexual functioning and vice versa (D.E. Scharff & J.S. Scharff, 1991a).

In the courtship stage the sexual or exciting dimension is strong, but when the repressed rejecting side of the relationship emerges the holding and sexual relationship goes underground or splits off onto another exciting object. The Scharffs often see a couple for couple therapy and then interrupt couple therapy for a time of sex therapy or run the two therapies concurrently. The behavioral sex therapy is based on Masters & Johnson's (1970) behavioral tasks and Kaplan's (1974) integration of behavioral tasks with psychodynamic therapy.

Thus, what is central to the Scharff's couple therapy is the concept of projective and introjective identification that has not only intrapsychic and interpersonal dimensions but also physical. It has been mentioned above that projective and introjective identification bridges psychoanalysis and systemic therapy. Where this bridge becomes most clear is in marriage and marital therapy where partners and therapists' worlds intersect and are experienced, understood and worked on. As one's projective identifications or the couple's projective identifications are recognized, understood, re-internalized and owned what began as discord/misunderstanding can become understanding.

Projective Identification

In this section I shall look first at projective identification and then, in a following subsection, only briefly at introjective identification, as introjective identification is a reciprocal sub-phase of projective identification. In this subsection on projective identification, I will begin with some key questions raised in the projective identification literature, and then discuss the origins of this concept especially in terms of the work of Klein. Subsequently, I will offer the perspectives of more recent contributors ranging from Messner (1980) and Kernberg's more critical approaches concerning projective identification, to Sandler's (1987) middle ground approach, and finally to Malin & Grotstein (1966), Ogden (1982) and J.S. Scharff's (1992) more open and more interpersonal interpretations of projective identification. Throughout, I will intersperse various comments from the Scharffs, as their perspectives are the most important context hermeneutically for understanding the case study in Appendix A, although their perspectives are not to be privileged from a critique. I will end with summaries of the literature that J.S. Scharff (1992) has compiled to make this very complex concept more manageable.

For some persons, projective identification may appear more complex than is necessary, even to the point of being a pseudo-explanation; whereas, for others, while it requires a great deal of mastery, it proves to be a concept that seems indispensable for sorting out the complexity of human and especially marital relationships. J.S. Scharff (1992) contends that it is the very elusiveness and ambiguity of the projective identification processes which give them so much heuristic power vis-a-vis therapy. The concepts can be

stretched to move from intrapsychic to mother-infant interaction to couple interaction to couple-therapist-interaction. Meissner (1987) argues that projective identification "obscures more than it reveals," and prefers to write of "patterns of projection and introjection," (p.44). Gadamer (1993) in his philosophical hermeneutics emphasized the fluidity of all language and saw this fluidity as enabling language to move across the myriad of contexts to which it must be applied. Thus, this obscurity of projective and introjective identification will need to be examined in the tension with the need for clarity and the need for a clinical tool reflecting the complexity of human subjectivity and human relationships.

Besides the question of the obscurity of projective and introjective identification, other important issues remain. The differences of perspective in the literature appear to revolve around the following: the distinction between "projection" and "projective identification"; the distinction between "identification" as merely recognition versus significant intrapsychic restructuring; whether projective identification is one body (intrapsychic) or two body (interpersonal); whether projective identification is present in all persons or only borderline/psychotic persons; and whether intrapsychic structures represent something concrete or something of a more linguistic and intersubjective.

This last distinction, upon which much of this research hinges, raises the question whether many above differences in the literature might dissolve in a post-modern, intersubjective context. Note also, that to a lesser extent, some of these questions, especially the one body/ two body question, may resolve themselves once the concept of introjective identification has been introduced in our next subsection.

Projective identification, as alluded to earlier, was first used by Klein in 1946

concerning the infant in the paranoid-schizoid position who splits anger and anxiety and projects it into the mother/breast. Thus, these split parts of the infant are now in the mother/breast from the perspective of the infant's unconscious fantasy. This makes the mother an object to be feared, although in another sense the infant does not yet fully distinguish the breast as separate from the infant. Note that Klein does not assume that such projective identification is an entirely negative concept in that the good parts of the mother can be projected and taken in as well. Klein does not explicitly define projective identification, thus leaving the task to her latter interpreters, who differ among themselves.

The most recognized expositor of Klein's work is Hanna Segal, who, according to J.S. Scharff (1992) offered two interpretations of Klein's concept: one being intrapsychic and one being interpersonal. As for the intrapsychic definition, J.S. Scharff (1992, p. 21) quoted Segal's 1964 work, Introduction to the work of Melanie Klein to the effect that projective identification "is the result of the projection of parts of the self into [in fantasy] an [internal] object. It may result in the object being perceived as having got the characteristics of the projected part of the self, but it can also result in the self becoming identified with the object of its projection." This intrapsychic definition involves two interpretations: that the self identifies part of oneself in the other but assumes that one is experiencing the other person (only perception); one not only mistakenly perceives oneself in the other but then goes further and identifies with parts of oneself as if they were from the other. Both interpretations are intrapsychic and involve a one body interpretation.

Earlier in the same work Segal wrote (J.S.Scharff, 1992, p.21), "In projective identification, parts of the self and internal objects are split and projected into the external

object, which becomes possessed by, controlled and identified with the projected parts." This involves two bodies as it is asserted that the external recipient introjects the projection of the subject and thus in some way is controlled by the projector. The projector is getting rid of part of the self or an internal object but also wants to be identified or attached to that projected part. So at a safe distance the projector feels connected to the other person but also able to control the other person as if she is a part of oneself.

Sandler (1987) referred to this Kleinian phase (above) as the first of three phases of the projective identification literature. Contrary to Segal's interpretation of Klein, he interprets Klein as understanding projective identification as involving only an internal object with no reference to an external object taking in the projection. Sandler (1987, p.16-17) described Klein's position as involving the notion that "the real object employed while projective identification is not regarded as affected-- the parts of the self put into the object are put into the fantasy object, the 'internal' object, not the external object." Sandler contends that many would see this as merely projection, but Klein called it projective identification.

In discussing this first stage, Sandler (1987) stated that while Klein's language is very concrete, one has to keep in mind that we are talking about the infant's fantasy. This is more metaphorical than concrete, especially when this language is transferred from discussing infant processes to adult processes. In addition, he points out that control is an important aspect of projective identification. The getting rid of unwanted aspects of the self and projecting them into the internal object is followed by identification with those projected aspects to control them and keep them in the internal object. Sandler refers to how projective identification plays a role in the infant's establishment of subject/object boundaries but also

to its importance in understanding psychotic persons who are desperately trying to maintain subject/object boundaries.

Sandler (1987) represents an important position in the projective identification literature as he stands in the middle (phase two of his three phases) in his understanding of the concept, projective identification. However, before looking at his second phase, let us look at the work of Meissner (1987) and Kernberg (1987) which represent a more skeptical approach to projective identification. In many ways these theorists do not agree with even stage one of Sandler. However, they find projective and introjective processes as clinically very useful, but have difficulty with the fuller concept of projective identification interpreted broadly.

Meissner (1980) offered a very involved critique of the literature from Freud to Zinner and Shapiro. He points out that Freud saw projection as a part of paranoia and therefore pathological. The projector rids herself of a rejecting internal part by projecting it onto another and then one becomes fearful or paranoid of that other person. Meissner (1987, pp. 27-28) also quotes Freud concerning projection in relation to the infant's understanding of the external world, "'it makes its appearance not only in paranoia . . . it has a regular share assigned to it in our attitude toward the external world. For when we refer the causes of certain sensations to the external world, instead of looking for them (as we do in the case of others) inside ourselves, this normal proceeding, too, deserves to be called projection' [p.66], (Freud, 1911)". Here Meissner is pointing out that Freud not only saw projection as a defense mechanism but also as a developmental concept by which the infant distinguishes herself as well as constructs and comes to understand external reality. Meissner understands this

projection, which Freud was referring to, as actually constituting projective identification, as the infant identifies with the projections, especially projections toward the mother, in ways that build up the infant's self or ego in relation to external reality.

Therefore, Meissner (1987) is in agreement with projective identification being a part of the infant's developmental process. However, he faults Klein's seeing projective identification as a part of normal adult object relations. Meissner sees Klein as slippery in extending the concepts of projection and introjection into the concept of projective identification and into normal adult development. Meissner (1987) sees projective identification in adults as representing severe pathology especially when: "what is projected is simultaneously identified with and is experienced as part of the self," (p.55). This involves "a diffusion of ego boundaries, loss of self-object differentiation, and a taking of the object as part of the self, and experienced as such," (p.55). In other words, if the ego becomes confused about where I end and another person (as an internal object) begins to the point of taking the other person into me indiscriminately, then serious psychic restructuring is occurring, which shows evidence of serious ego boundary issues that reflect severe pathology.

Meissner, in a discussion of projective identification involving external objects, quotes Klein, "By attributing part of our feelings to the other person, we understand their feelings, needs and satisfactions; in other words, we are putting ourselves into the other person's shoes," (p. 54). While Klein contends that this is projective identification and a part of everyday life, Meissner (also seeing it as a part of everyday life) sees "putting ourselves into the other person's shoes," as no more than projection and introjection. To project feelings

toward another person (the external object) and then introjecting back those feelings having the feeling of cognitively knowing how that person is feeling is projection and introjection according to Meissner, no more. Here again, Meissner reveals his unwillingness to define "identification" on a continuum. He will not accept identification as meaning recognition with mild effect (normal cases) and will only accept identification as assimilation with major intrapsychic restructuring (psychotic cases). J.S. Scharff (1992) believes that Meissner's perspective is too concrete such that the interplay between the structural identities of "I" and "other" are too fixed and lack fluidity. She writes, "projective identification is only a concept, not a concretization of experience," (p. 27).

Similar to Meissner, Kernberg (1987) has had difficulties with projective identification when it is used to describe routine adult interactions. He sees projective identification as a primitive defense mechanism as it requires splitting in contrast with the more mature defense mechanism of repression, which accompanies simple projection. Thus, according to Kernberg, projective identification is observed primarily in psychotic and borderline patients, although neurotic persons occasionally regress to the point of splitting and thus projective identification.

Kernberg (1987) defined projection as,

a more mature type of defense mechanism . . . consists of (a) repression of an intrapsychic experience, (b) projection of that experience onto an object, (c) lack of empathy with what is projected, and (d) distancing or estrangement from the object as an effective completion of the defensive effort. There is neither sympathy with what is projected nor induction in the object of a corresponding intrapsychic

experience, (p. 94).

Kernberg saw that there is a developmental line that moves from splitting which is a part of projective identification as well as psychotic and borderline personalities to repression which is a part of projection and neurotic personalities. Thus, like Meissner, Kernberg holds that projective identification is not a part of normal interactions of self and internal objects, as splitting would have to occur. In other words, the ego would split parts that would be projected onto internal objects, and not merely repressing unwanted aspects in the intact ego.

Kernberg (1987) takes the developmental position, which is different from the clinical psychoanalytical point of view, that the infant is "wired in" (p.97) as if it were in the infant's ability to differentiate self from objects in the first weeks; thus, projective identification is not the mechanism for initially separating the self from the external world. Furthermore, projective identification uses fantasy that requires that the infant can symbolize before projective identification can take place. Symbolization from Kernberg's perspective involves "the infant's associating contiguous stimuli, that one element in a series of stimuli may come to represent the entire series . . ." (p.98).

Once this early capacity for symbolization is in place, the infant takes in or introjects symbols ("one element in a series of stimuli") when the associated affect is of a pleasurable kind. When the associated affect is painful, the symbol or element is not taken in but projected outward. This taking in of symbols or elements therefore takes place during peak affect states.

Both pleasurable and painful peak, affect states can be the means for the development

of a subjective sense of self. Kernberg delineates three stages in the development of the self:

- (a) an earliest state of primary consciousness or subjectivity, first activated by peak affect states and characterized solely by affective experience without any sense of self;
- (b) a later stage of self-awareness, that is, a reflective awareness of a subjective state that differs from other subjective states, and
- (c) integrated sense of self as the basis for a self-reflective awareness of any particular subjective state--the 'categorical self' of the philosophers, (1987, p.98).

Kernberg saw stage one as not involving symbolic thinking and therefore too early for projective identification to be occurring. Projective identification occurs at stage two. "Projection," Kernberg stated in contrast to projective identification, "requires the achievement of a further state of development in which continuity of self-experience under contradictory emotional circumstances is matched by a clear differentiation between representations of self and object, and between self and external objects." (1987, p.99). Kernberg is here referring to the need for a stage three self or what is called above a "categorical self." This cohesive self is thus cohesive enough that it does not split parts of the self and therefore projection is possible but not projective identification.

Kernberg (1987) offered two examples one of which involves a neurotic woman who uses projection as a defense mechanism and the other involves a narcissistic/borderline woman who uses projective identification as a defense mechanism. The woman with hysterical neurotic features presents to Kernberg as very rigid and tense around sexual issues;

early in therapy she complains in essence that Kernberg is looking upon her as a sexual object and she resents this. Kernberg reports that in examining his own countertransference he does have sexual feelings toward her. Later, after progress is made in therapy (increased awareness by the woman of her sexual feelings), the woman shares with Kernberg fantasies of going to bed with him. This evokes an erotic fantasy in Kernberg and some rationalizations, but only fleetingly, as to having sex with her. Kernberg contends that this is still projection because he does not feel sufficiently controlled by the client for this to be projective identification. Here Kernberg is referring to projective identification with an external object, namely, the therapist.

J.S. Scharff (1992) in discussing Kernberg's case wrote that this is projective identification and not merely projection. The case points out two issues regarding projective identification. One is the issue of degree: pinpointing where projective identification stops and projection begins is not easy, as with where splitting stops and where repression begins. In other words, we can be too precise with our language when the phenomena do not lend themselves to that precision especially given different therapists' experiences of equivalent phenomena. The second issue is the degree to which the therapist feels controlled by the projection. This may depend more on the therapist's predispositions than how forceful was the projector's projective identification. One therapist might feel extremely controlled by the woman in Kernberg's case whereas another therapist might feel mildly erotic feelings and thus not feel controlled. J.S. Scharff (1992) using a term from Bion calls this the valency that a person has to another person's projection or projective identification. The notion of valency assumes that the ego is especially permeable in certain areas to others' projective

identifications, especially if that other person in some way has interlocking object relations issues.

Kernberg, in his second case, dealt with a sophisticated woman with borderline personality disorder, who after desperately seeking out Kernberg as her therapist (she had to have to the head psychiatrist at the hospital), begins in therapy to degrade his clothes, his working in less than a glamorous city, and his inability to deal with her emotions. Kernberg consequently feels dejected and worthless in a powerful way, similar to the way that the patient is feeling when not feeling grandiose. This he considered projective identification. His point is that in the first case he had erotic feelings but did not feel powerfully controlled by them where in the second case he felt overwhelmingly worthless in the session and thereby controlled by the projective identification. It appears that whether the phenomenon is called projection or projective identification the phenomenon itself is very informative as to what is going on with the patient and therefore clinically useful. In summary, Kernberg like Meissner, tends to reserve projective identification for psychotic and borderline personalities, while positing contra Meissner, that projective identification can be a two body phenomenon. In neurotic or more normal patients, Kernberg and Meissner's perspectives do not fall into what Sandler calls stage one of the projective identification literature, let alone stage two discussed next. Nevertheless, both emphasize the importance of projective processes, if not projective and introjective identification.

In the second stage of the projective identification literature according to Sandler (1987), the external object is affected by the (projected) fantasy. This represents a stage forged by interpreters of Klein such as Heimann and Racker who focused primarily on

countertransference and thus the effect of projective identification on the therapist as an external object.

Sandler (1987) commented on the process assumed at this second stage, "A fantasy is created, involving the analyst. Projective identification enters into the creation of the fantasy, which is a wishful one . . . the patient attempts to actualize (Sandler, 1976a) the unconscious wishful fantasies, to make them real, to experience them . . . as part of reality," (p. 22). Thus the fantasy includes a wished event to occur with the subject and external object's responses being consistent with the fantasy, and there is pressure on the therapist toward actualizing this fantasy. Therein, the therapist is experiencing countertransference that is a form of projective identification. At stage one, according to Sandler, the Kleinian stage, as to the therapy relationship, the wished for response projected onto the therapist would involve only the patient's internal object of the therapist and not the therapist herself, who would not experience the patient's projective identification. However, if the projective identification were at stage two, the therapist would be experiencing the projective identification of the patient in the countertransference.

Sandler made an important distinction between stage two and stage three that relates primarily to whether projection is fantasy related or whether actual parts of the self or internal objects are projected into the external object, e.g., the therapist. "If either the self or the object represented in such unconscious fantasies is identified with by the analyst to a degree sufficient to contribute to the analyst's countertransference, we have an instance of second stage projective identification," (p.18). However, in the third stage, "it is no longer one or the other aspect of the unconscious fantasies that is identified with by the analyst.

Projective identification is now described as if the externalization of parts of the self or of the internal object occurs directly into the external object (p. 18).

Bion is credited with this (stage three) extension. Bion, an expert in group therapy and a Kleinian, postulated that not only did the infant project into the mother, but that the mother took in those projections and returned them to the infant in a detoxified form. Bion used such terms as container and reverie: the taking in as a container and then holding onto the projections in a reverie that is like a pausing process of detoxifying the projections as opposed to immediately and reflexively pushing them back. This process of the mother-infant was transferred over to the therapist-patient relationship, as the therapist takes in, contains, pauses with and returns the toxic comments of the client in a detoxified and more healthy form.

Sandler (1987) found this third stage not to be that of projective identification. In this stage the external object (the therapist) is not only taking in parts of another's internal world but also affecting the projected fantasy of the client. Sandler saw the therapist taking in the distress of the client and this having a calming result. Nevertheless, this is not projective identification, which would involve the therapist receiving, containing and then projecting back the object or part projected from the client, who in turn would take back the projection from the therapist in a detoxified form. Sandler sees this as stretching projective identification too far, as, for example, the notion that actual parts of the self are transferred into another person seems far fetched.

Once the concreteness of projected parts is put aside, and replaced by concepts like fantasy or intersubjective understanding, the problems Sandler has with projective

identification become less severe. The next theorists, especially the California pair of Grotstein and Ogden, seem less constricted in their interpretations of projective identification and represent the third of Sandler's stages but minus the concrete language that Sandler also tries to avoid.

Malin & Grotstein (1966), contended that projection always involves projective identification, such that one cannot project a part of the self onto another without in some way experiencing or identifying at least unconsciously with the projection. Nevertheless, this refers to the projector and not necessarily the recipient of the projection. Nevertheless, and this needs further explanation, the recipient can be involved in returning the projective identifications to the projector.

The projection/projective identification onto the other results in a new combination (within the projector) of external object and projected part of the self (onto the external object). This combination is brought back into the projector and assimilated or re-identified with at hopefully a new level of awareness. This process of projecting, identifying with the projection as combined with an external object, then reintroduction of this new combination leads to alterations in the projector's internal world. This parallels more the repetitive notion of constant projection of horizons that is the approach in philosophical hermeneutics, as opposed to the more static conception of projective identification as an occasional occurrence.

In the case of the mother-infant relationship, the infant is using projective identification as the building blocks of basic self and intrapsychic formation. The infant's chaotic projections combined with the mother's maturity (including her non-anxious

reception of the infant's chaotic projections) as an external object is introjected by the infant. This results in the shaping of an increasingly more mature internal world for the infant. While the projective identification with the mother is primary, all future significant relationships will include the projection of parts of one's internal world onto the other with the introjection of this altered projection.

In healthy relationships, the other takes in the chaos of the projection and returns it to the recipient in a less chaotic form. In less than healthy relationships, one's projections are returned in a more chaotic form and if internalized by the projector lead to regression or a more fragmented internal world. Therapy is a special process by which the chaotic projections are accepted, understood and thus returned for internalization in a therapeutic and a growth oriented manner, which goes beyond the helpfulness of normal relationships.

Ogden (1982) showed an awareness of this non-concrete, metaphorical yet illusive quality of projective identification when he wrote, "the phenomena [projective identification] . . . exist in the realm of thoughts, feelings, and behavior, not in the realm of abstract beliefs about the workings of the mind," (p. 1). Ogden suggested that whether one acknowledges the concept of projective identification, the therapist "continually bumps up against the phenomena to which it refers . . . Resistance on the part of therapists . . . is understandable: it is unsettling to imagine experiencing feelings and thinking thoughts that in an important sense are not one's own" (p. 1).

Ogden (1982) defined projective identification as:

a concept that addresses the way in which feeling states corresponding to the unconscious fantasies of one person (the projector) are engendered in and processed

by another person (the recipient), that is, the way in which one person makes use of another person to experience and contain an aspect of himself. The projector has the primary unconscious fantasy of getting rid of an unwanted or endangered part of himself (including internal objects) and of depositing that part in another person in a powerfully controlling way (pp. 1-2).

Ogden (1982) saw projective identification as involving three phases. In phase one the projector wishes to get rid of a part of oneself or internal objects because that part feels destructive or because a part of the self or internal object feels endangered by other destructive parts within oneself. One expels those parts toward another to protect oneself from these intolerable parts of oneself. Ogden argues that the projector has the fantasy that the recipient is experiencing the same thing as the projector. This is projective identification, which can be distinguished from projection in which the projector does not have the fantasy that the recipient shares the same feeling. In the projection of anger, the projector may wonder why the recipient is acting angry, thus disavowing any connection between the anger projected and the recipient's anger. In projective identification one would not be so much puzzled by the other's anger but some feeling of bonded-ness evoked by the other's anger, although the anger is uncomfortable. Nevertheless, Ogden, as the above example reveals, makes the point that it is not an either/or situation and most situations fall somewhere in-between projection and projective identification.

Phase two, "the projector exerts pressure on the recipient to experience [her]self and behave in a way congruent with the unconscious projective fantasy," (p. 14). However, the influence on the recipient is not so much mind inhabitation but interpersonal, such as the

recipient feels as if she is nonexistent unless she complies at least in part with the interactional pressure. The fear of being treated as nonexistent is rooted in the infant's overwhelming fear of the mother's absence. This is a powerful fear and accounts for the recipient of a projection feeling so controlled or compelled to conform to the projection.

Phase three involves the recipient's experiencing some but not all of the projection of the projector, as the recipient is a different person and would experience her own feelings in a way different from the projector. Then, the recipient returns or projects back the original projection to the projector but ideally in a more mature form, which the projector can internalize in a more mature way. Similar to Malin and Grotstein (1966) Ogden contends this process is at work in the infant-mother relationship, in how adults grow in maturity, but also in the way that transference and countertransference work therapeutically (Ogden, 1982).

Ogden (1982) summarized the varied purposes to which projective identification is used:

- (1) a type of defense by which one can distance oneself from an unwanted or internally endangered part of the self, while in fantasy keeping that aspect of the self alive in the recipient;
- (2) a mode of communication by which the projector makes himself understood by exerting pressure on the recipient to experience a set of feelings similar to his own;
- (3) a type of object-relatedness in which the projector experiences the recipient as separate enough to serve as a receptacle for parts of the self but sufficiently undifferentiated to maintain the illusion of literally sharing the projector's feeling;
- (4) a pathway for psychological change by which feelings similar to those which the projector is struggling with are processed by the recipient, thus

allowing the projector to identify with the recipient's handling of the engendered feelings," (Ogden, 1982, pp. 36-37).

Recently, Ogden (1994) has expanded his understanding of projective identification to include an intersubjective perspective, although restricted to individual therapy. Ogden understands projective and introjective identification as involved in infant development in an intersubjective context similar to therapy. The the infant becomes a self through projective identification onto the mother (i.e., "the raw sensory data are transformed into a psychologically meaningful event," only in relationship to a primary care giver). To a lesser extent the patient is "created through an intersubjective process similar to that involved in projective identification . . . a process of creating an analytic subject who had not previously existed," (p. 47). "In this way, the analytic subject is created by, and exists in an ever-evolving state in the dynamic intersubjectivity of the analytic process; the subject of psychoanalysis takes shape in the interpretive space between analyst and analysand," (p. 47). Ogden is describing here not intrapsychic transfers of self or objects but focusing on the space and projective material between therapist and patient in the therapy hour.

Ogden sees projective identification and this move toward intersubjectivity in light of a long history of decentering of the subject, which begins with Copernicus decentering the earth from the center of the universe and includes Darwin's placing human beings in the animal kingdom. Ogden contends that Freud saw himself as a part of a long process of the decentering of the human being in which his contribution was decentering the mind in the sense of an unconscious and conscious location of our thoughts. After Freud, human beings could no longer be as certain of the origin of their thoughts. Ogden contends that Klein's

introduction of the concept, projective identification, carries this decentering further, as even our thoughts or feelings may be someone else's. "The Klienian conception of the splitting of ego and (internal) object extends the Freudian theme of the decentered self by envisioning the subject as existing in a multiplicity of loci dispersed and united in psychic space . . . the idea of projective identification . . . provides essential elements for a theory of the creation of the subject in the psychological space between the infant and mother (and between the analyst and analysand)" (p. 48). The research herein will look further at Ogden's groundbreaking work especially as it parallels the philosophical hermeneutical intersubjective perspective.

These discussions of projective identification come primarily from individual object relations therapy contexts. John Zinner looks at projective identification from a marital and family therapy perspective. I have already alluded to his early work with Shapiro (1989) concerning parents' projective identifications with their adolescents. Zinner (1989), inspired by the work of Dicks (1967), looked at projective identification in marriage. There he offers a helpful definition:

Projective identification is an activity of the ego that modifies perception of the object and, in a reciprocal fashion, alters the image of the self. It occurs as a defense to rid the self of an unwanted or dangerously overvalued part that can then be attacked or glorified when it is located in the object," (Zinner, 1989, p. 156).

Zinner noted :

projective identification in marriages is more than the ridding of unwanted parts of oneself onto the spouse. It also is crucial in how partners choose each

other, namely, by being able to reenact through projective identification the object relations difficulties from one's family of origin. Projective identification runs the continuum in marriages from the means of understanding to a destructive mechanism. At one end, the most primitive form of the mechanism is at play; self and object representations are fused, and perceptions of the object may be distorted as to be frankly delusional. At the 'healthy' end of the continuum, the self may achieve an empathic grasp of the subjective world of the object by the selective use of the self's own prior experience within his own nuclear family . . . To the extent that a spouse uses projective modes less as a way of externalizing conflict and more as an instrument for approximating shared experience, the marital relationship approaches the healthy end of the continuum," (Zinner, 1989, pp. 158-159).

Following Dicks (1967), Zinner points out that many couples represent a "'joint personality' in the sense that the dyadic unit contains the ambivalence that is lacking in each individual," (Zinner, 1989, p. 163). For example, the husband may have passive tendencies that he cannot deal with so he gets his wife to act out the role of the dependent person, while he acts out her aggression with which she is uncomfortable. Instead of being able to tolerate the ambivalence of being assertive and passive, the couple splits the roles and thus acts as a "joint personality." The goal of marital therapy in such a case is to help each partner internalize their projective identifications, e.g., his projective identification of his passivity. Zinner (1989) writes, "the intrapsychic conflict is only perpetuated by virtue of its externalization, whereas resolution can occur only when the struggle is experienced as residing within the individual," (p. 164).

While Zinner appears to have a two-body theory of object relations, J.S. Scharff (1992) from hearing Zinner discuss his more recent position on the concept has been surprised that Zinner now claims that his projective identification theory is a one body theory. Zinner contends according to J.S. Scharff that the notion of projecting parts of self or objects into another person is too mystical. He contends that the behavioral or body language of the projector is what lead the recipient to take on the projective identifications of the projector. This raises the distinction of Kernberg above, as to whether erotic feelings are exclusively the therapist's or were induced by the client in the therapist through body movements or through thin air. Again the inability to pin down the exact process does not sufficiently distract from the usefulness of the therapeutic concept.

J.S. Scharff offers summary material concerning definitions of projection and projective identification plus the variables that appear to distinguish the two.

"Definitions of Projection

Freud: Projection is a defense mechanism for dealing with instinctual energy; an abnormal displacing of an unpleasant, internal perception to the outside world.

Ferenczi: Projection is a process of assigning unpleasant aspects of experience to the outer world.

Klein: Projection is a process whereby the ego expels its own sadistic impulses into the external world through fantasies of physical expulsion, e.g., of poisonous feces into the mother/breast.

Sandler: Projection is the attribution of an unwanted aspect of one's self-representation to a mental representation of another person, who is to an

object-representation.

Meissner: In projection, what is projected is experienced as belonging to, coming from, or as an attribute or quality of the object.

Kernberg: Projection is a normal defense mechanism consisting of:

1. repression of an unacceptable intrapsychic experience.
2. projection of that experience onto an object.
3. lack of empathy with what is projected.
4. distancing or estrangement from the object as an effective completion of the defensive effort.
5. not inducing in the object a corresponding intrapsychic experience.
6. is associated with repression not splitting,
7. and is typically seen in neurosis.

Ogden: Projection is the aspect of the self that is expelled-disavowed and attributed to the recipient.

Definitions of Projective Identification

Freud: None found.

Klein: Projective identification is the mechanism for dealing with object relations during the paranoid schizoid position. In its earliest relation to the breast, the anxious infant seeks to rid itself of aggressive, anxious feelings by spitting, vomiting, or excreting them in fantasy and projecting them into the mother's body. The infant then feels persecuted by the object and identifies with it.

Segal: Projective identification is the result of the projection of parts of the

self into an object. It may result in the object being perceived as having acquired the characteristics of the projected part of the self, but it can also result in the self becoming identified with the object of its projection.

Meissner: In projective identification what is projected is simultaneously identified with and is experienced as part of the self. (Prefers to abandon the term. Sees psychic structure as resulting from the interplay of introjective and projective processes.)

Kernberg: Projective identification is a primitive defense mechanism consisting of:

1. projecting intolerable aspects of psychic experience onto an object,
2. maintaining empathy with what is projected,
3. attempting to control the object to maintain the defense, and
4. unconsciously inducing in the object what is projected.
5. It is associated with splitting, not repression, and
6. is found in psychoses and borderline conditions.

Ogden: In projective identification the projector subjectively experiences a feeling of oneness with the recipient with regard to the expelled feeling, idea, or self-representation. The recipient also contributes to the process and is changed by it.

Zinner: Projective identification is an activity of the ego that modifies perception of the object and, in a reciprocal fashion, alters the image of the self. Through projective identification, the individual may locate the object not inside the self, but as if it were inside the other partner in the relationship (pp. 41-43).

Variables Distinguishing Between Projection and Projective Identification

We can now summarize a number of factors used to distinguish between projection and projective identification. These are as follows:

1. Absence or presence of empathy with the projected part (Kernberg).
2. Absence or presence of effect upon the object (Sandler).
3. Degree of annihilation of the object (Jaffe).
4. Presence of repression or splitting (Kernberg).
5. Neurotic or psychotic pathology (Kernberg, Meissner)
6. Degree of suffering in the countertransference (Scharff commenting on Kernberg).
7. One body or two body phenomena (Distinction suggested and refuted by Meissner).
8. Evocation of a feeling state in the external object (Kernberg, Williams) (p. 43).

J. S. Scharff (1992) summarizes the material on projective identification by concluding that most of the writers see the concept as intrapsychic but are mixed whether it involves a two body concept. The key issue seems to relate to whether the concept is seen as a part of everyday interaction or whether it is exclusively a primitive and/or psychotic mechanism. Scharff sees the confusion of the concept as relating to the ambiguity of the process being described and to the concept of identification on which theorists seem to vary widely as to where the identification takes place,

"either in self or other, in ego or object, in internal object or in external object. Some

therapists confuse the two meanings of the term identification: naming or recognition versus assimilation which is the difference between mild force felt by the projective identification to the feeling of massive force. Some therapistsemphasize identification by the self with the part projected in the object, some focus on the external object's identification with the projected part, and others include both," (p. 48).

J.S. Scharff appears to contend that the personality tendencies of the theorists (their own object relations) may affect how one theorizes about projective identification as a primarily intrapsychic concept or a more interpersonal one. She also acknowledges the sheer difficulty of trying to juggle the complexity of projective identification simultaneously with its ambiguity.

J.S. Scharff beyond a summary of the literature describes her own position on projective identification. First, she defines her understanding of projection,

a part of the self--either a part of the ego or its internal objects, or a feeling or an idea originally connected to the self or objects split off from them--is expelled from the intrapsychic domain and displaced to an external object during an unconscious mental process. The person doing the projecting (called the projector) has no awareness of the projection onto the other person (the projectee) and so has a feeling of separateness from the external object that possesses the expelled part of the self. The object is believed to be invested with qualities that it does not have. The only identification occurring is that of identification or misrecognizing a quality in that object, (p.88-89).

J.S. Scharff points out that while an "identification or misrecognizing" does occur this does not constitute projective identification as there is no feeling of identity with the recipient of the projection. Note that the above definition of projection and the following understanding of projective and introjective place J.S.Scharff in a sympathetic posture toward an intersubjective perspective. However, the primary orientation of her language is still intrapsychic.

J.S. Scharff lists eight steps in projective identification that includes the role of introjective identification in the process:

1. Projection [see above].
2. Object induction. The projector so convincingly identifies the projected part of the self in the external object that the feeling state corresponding to that part of the self is unconsciously evoked in the projectee.
3. Introjective identification by the object. At this point the projectee has identified with the projection of the projector through the process of introjective identification at the unconscious level. This feeling state may persist, affecting attitude and behavior toward the projector. Alternately, it may be dis-identified with and shaken off as alien. Or the feeling state may be compared against other feelings states experienced in relation to the projector and modified by the discriminating and integrating functions of the projectee's personality in a process of transformation.
4. Transformation by the object. Since the projectee has his or her own personality, the projected part of the projector's self with which the projectee identifies is not the same as the part was when still inside the intrapsychic arena of

the projector. The part has been transformed by its temporary lodging in another host, its goodness or badness being confirmed, exaggerated or, diminished. This process has been described by Bion as containment of the anxious infant's projective identifications by the mother in her state of reverie [taking in and detoxifying the projected anxious or aggressive parts of the infant].

5. Types of introjective identification by the object. The part of the self projected maybe a part of the ego (part of the self-representation) or a part of the object. In other words, the introjective identification of the projectee may be in Racker's terms, concordant [ego] or complementary [object] to projector's self (Racker, 1968).

a. Introjective identification of the concordant type. The projectee is induced to embody the projected part of the ego (in shorthand, the self) while the object remains located in the projector.

b. Introjective identification of the complementary type. The projectee is induced to embody the projected object in relation to the projector's ego (self). The introjective identification is determined not only by which part of the self or object is actually projected but also by the projectee's valency (Bion, 1959) to respond in identification with the projector's projected part of the self or object.

6. Valency of the object to receive a projection. When the projectee has a valency for a certain projection, then the projectee will tend to accept that projection and identify with that part of the projector's self. Sometimes this valent part is actively seeking parts of another person's mind through 'extractive introjection' (Bollas, 1989, p. 5).

7. Reintrojective identification by the self. The self identifies with or assimilates itself to the re-internalized confirmed or modified part of the self that had been projected. Then psychic structure is 'cemented' or slightly altered. Cementing can be a healthy process if accurately received projections are accurately returned by the external object, but it can be unhealthy by not permitting change. Alteration can be healthy if the modification is slight and based on the projectee's unconscious capacity to appreciate the otherness of the other person and to harbor the return of the projected part of the projector in a detoxified form that calms anxiety and reduces the likelihood of future distortion because of it. Alteration can be unhealthy when it returns the projection in a totally distorted form which does nothing to modify anxiety, may even aggravate it, or do violence to the integrity of the projector.

8. Mutual projective identification. The projector that projects into the projectee is at the same time receiving projections from the projectee. Projector- projectee pairs unconsciously match up based on valences to identify with each other's projections. Because more than one person is present in a relationship, projective identification becomes a mutual process: for example, husband and wife connect according to unconscious complementarity of object relations, patient and analyst relate through the transference and countertransference. And projective identification is intimately tied to introjective identification (pp. 90-92).

J.S. Scharff does an admirable job above to rid the concept of some of the problem language which it has accumulated. What remains a problem is how a part of the projector actually gets into the psyche of the other person. J.S. Scharff does not seem able to explain

this sufficiently. Her concept of mutual projective and introjective identification is positive in that it understands projective processes as being a constant activity of human interaction, which parallels the perspective of philosophical hermeneutics.

Introjective Identification

A great deal of what has been said about projective identification can also be said of introjective identification, especially if one assumes that it includes the role of the external object that makes projective identification a two-body phenomena. Therefore, what needs to be said about this concept will be quite brief. In one sense all that we are doing is shifting the point of view from the projector to the recipient (an external object). The literature is quite limited on introjective identification although persons such as Meissner (1987) have commented on the importance but also the lack of attention it has received. J.S. Scharff (1992) sees herself as finally giving this concept the emphasis it requires and thus contributing significantly to the understanding of projective and introjective identification as a two body phenomenon.

J.S. Scharff (1992) believes that introjective identification may be considered a sub-phase of projective identification or as an independent process separate from projective identification. She feels introjective identification has not received the attention it deserves for several reasons. From a gender perspective she contends that our phallo-centric culture tends to emphasize putting out over taking in. Freud's work on mourning (1917) has given

the impression that introjective identification is purely intrapsychic (and thus not interpersonal). Freud contended that mourning involves the replacing of a lost external object with an internal object by identifying with it within the ego. Finally, J.S. Scharff contends that the concept is an uncomfortable one as it raises questions about what clients introject from their therapists, who psychoanalytically are supposed to be neutral. J.S. Scharff (1992) and D. E. Scharff (1993) see, contrary to traditional psychoanalysis, therapists as contributing a great deal out of their internal object relations world to the client. Traditional psychoanalysis has preferred to assume that the therapist is a blank screen.

J.S. Scharff (1992) defines introjective identification in a four step process:

1. Introjection: The introjector takes in a feeling, an idea, or a part of the self or object of another person, the introjectee. Introjection may be simply a way of perceiving the outside world or it may be the first
2. Identification: The introjector now identifies with the introject. The self becomes like the part that has been taken in from the introjectee. In the course of development, the introjectee is most often a parent. The part taken in may be a loved, feared, or rivaled part of the other person. It may be accurate or distorted by feelings about the other person. It will form an amalgam with other introjections to form an internal object with which the self is in close relation and which represents both becoming like and reacting against the external object found in the introjectee. Introjective identification occurs in order to maintain a tie to the introjectee, to recreate a lost relationship, to possess something good that is admitted or envied, to protect the other person from something bad, or to displace and become the other

person.

"3. Psychic Structure Formation" (pp. 87-88).

Jill Scharff relates psychic structure formation to the early years of life in which the ego and superego are formed by introjective identification with the parent.

"4. Reprojection and Projective Identification" (p. 88).

J.S. Scharff attempts to resolve the problem of a two body versus one body definition of projective identification by showing that the forgotten concept of introjective identification enables projective identification to participate in a two body process whether it is defined as a one body or two body concept. This move toward the interpersonal enables object relations clearly to break out of an intrapsychic individualistic orientation to an interactional even systemic approach. However, the research herein, while acknowledging the interpersonal expansion that the concept of introjective identification enables, is still not satisfied with the concept of parts of the ego or internal objects invading another person's mind. This is especially problematic as the Scharff literature seems at a loss to explain this. More likely what is happening is that the body and spoken language of two persons set off each other's projections. This is not an invasion of the other person's mind, but projections in language in the space between the persons. This leads us into a literature review of philosophical hermeneutics that will be followed by a brief integration of the concept of projective and introjective identification and that of the intersubjective perspective of philosophical hermeneutics. This integration foreshadows the attempted mediation of intrapsychic and intersubjective languages in the case study.

Chapter Summary

The certainty of human beings about themselves and their place in the universe has been decentered by Copernicus, Darwin, Freud and now post-modernism. According to Ogden (1994), this decentering also can be seen in the concept, projective and introjective identification, which makes human beings wonder if even our thoughts and feelings are our own. This is similar to the notion that intersubjectivity characterizes human experience. The pronoun, "we," and preposition "between" are replacing Enlightenment's and modern science's dualism of subject and object. A mediation between the concept of projective and introjective identification and an intersubjective perspective may open new possibilities for understanding and working with couples in therapy. In addition, the rich tradition of object relations theory may come into authentic and fruitful dialogue with marriage and family theory, as their two very different languages are mediated.

The object relations tradition represents deep understandings of therapy forged from in-depth, long-term work with individuals, and yet always dyadic to the extent that two persons are present in the therapy room. Marriage and family therapy turns its back on this rich heritage at great cost. Nevertheless, the intrapsychic language of this tradition is in need of a post-modern interpretation and this is happening within the object relations literature, even as an intersubjective movement is occurring in marriage and family therapy.

The object relations literature appears to do a better job at helping the therapist understand pathology, development and sexuality, but, while constructed around the oedipal triangle, the object relations therapist often falters once three persons are in the therapy room.

In contrast, the marriage and family therapist flourishes with three or more persons. Projective and introjective identification is the concept within the individualistic object relations that pushes the theory outward toward intersubjective and interpersonal perspectives, but not to the abandonment of the rich intrapsychic tradition.

D.S. Scharff and J.S. Scharff have admirably moved object relations toward an interpersonal perspective, but not sufficiently enough toward an intersubjective perspective. Ogden (1994) is on the verge of constructing a full-blown intersubjective approach but has not extended it into couple or family therapy. Likewise, Stolorow and Atwood, (1979) who made the original strides toward an intersubjective approach, are continuing to refine their position (Stolorow, 1994) but not regarding couple therapy or projective and introjective identification. While marriage and family therapy has made significant strides in moving in the intersubjective direction, some silence remains in the literature about what is going on interpretively in the space between therapist and client(s).

Philosophical hermeneutics along with the concept of transitional phenomena in the work of Winnicott (1971) open in detail the linguistic space and intersubjective ground between persons in therapy, and between researcher and text. However, it, like marriage and family therapy overall, assumes an ideal dialogue and is therefore less effective in dealing with severely regressed couples, who are not able to benefit from communications skills repair. Object relations theory is important in such situations, as it takes into account development, instincts and pre-linguistic phenomena. Therefore, a mediation of intrapsychic and intersubjective perspectives may open the full range of marital difficulties from communication problems to severe fusion in which primitive projections defy reasonable

dialogue.

In fused couples exhibiting primitive projective processes it may be that the intersubjective space between them is so small that communication is rendered impossible. The solution may not be divorce, although any decisions made by the partners must be respected. The goal is opening the intersubjective space between partners to enable them to have the distance to see each other as separate entities. Also, they can recognize how their projective processes have resulted in hated parts of themselves getting lodged in the other. What one hates about the other may be as likely a part of oneself. Projective and introjective identification is ambiguous and complex, but not more so than human relationships. For a spouse to begin to understand projective processes is for the spouse to come to the point that uncertainty replaces certainty concerning the badness of the other. As therapist and couple increasingly take on a posture of not knowing, possibilities of understanding and relating between persons in the therapy room open up in ways previously hidden.

CHAPTER III

HERMENEUTICS

"When science expands into a total technocracy and thus brings on the 'cosmic night' of the 'forgetfulness of being,' the nihilism that Nietzsche prophesied, then may one not gaze at the last fading light of the sun setting in the evening sky, instead of turning around to look for the first shimmer of its return?" (Gadamer, 1993, p. xxxvii)

Hermeneutics in its most basic form is the theory or art of interpretation. Hermes was the messenger god who translated messages from the gods into language for humans (Palmer, 1969). Coran and Love (1992) in one of the few family therapy articles dealing explicitly with hermeneutics remark that it has, "no one definition and no set of research methods. As it is most used in contemporary qualitative research discussions, 'hermeneutics refers to a stance, an attitude toward inquiry that emphasizes understanding and interpretation rather than explanation and prediction," (pp 62-63).

Hoffman (1992) discusses how post-modernism and post-structuralism have led some family therapists to abandon the cybernetic view of families and replace it with hermeneutical or social constructionist approaches. She writes, "Hermeneutics, referred to with self-conscious grace by some of its adherents as 'the interpretive turn,' is a recently revived branch of textual interpretation. For family therapists who have espoused this view, the feedback loops of cybernetic systems are replaced by the intersubjective loops of dialogue. The central metaphor for therapy thus changes to conversation, reinforced by the

fact that the basic medium of therapy is also conversation" (p.8).

Hoffmann, in the same article, distinguishes social constructionism from hermeneutics and constructivist thought. Constructivist thought understands metaphorically "the nervous system as a closed machine . . . percepts and constructs take shape as the organism bumps against its environment. By contrast, social construction theorists see ideas, concepts and memories arising from social interchange and mediated through language. All knowledge . . . evolves in the space between people, in the realm of the 'common world' or the 'common dance.'" However, by attributing, as Hoffman does, the roots of social constructionism to Derrida and Foucault, Hoffmann (1992), like many in marriage and family therapy, fails to appreciate not only how social constructionist thought is derivative of the hermeneutics of Heidegger and Gadamer, but also, how Derrida and Foucault are also essentially hermeneutical thinkers. To miss this distinction is to fail to realize, as Hoffmann appears to do, that post-modern hermeneutics and her understanding of social constructionist thought are essentially the same.

To begin to think about hermeneutics, it is important to understand that ancient to post-modern hermeneutics has always been about contexts (Bruns, 1992). For example, the word of a text is located in the context of the sentence and the sentence in the paragraph and so on to the point of saying that the word is located in the context of all the works by that author or, to take it even further, the word is in the context of all human knowledge. In this sense hermeneutics is open ended and includes as many contextual comparisons as the researcher has time. In other forms of research there is a narrowing of focus, e.g., the isolation of one variable defined operationally, but in hermeneutics the circles of

interpretation are ever expanding, never ending, and thus only arbitrarily ended. As in systems thinking at issue is the fit in the total system and not the linear causal relationship of this to that.

Hermeneutics is often associated with the interpretation of a tradition, e.g., the scriptures, the law, and the especially psychoanalytical tradition of interpreting therapy case studies. This theological or legal hermeneutical approach may appear dogmatic as if preservation of a point of view is primary. But hermeneutics can also be radical in the sense of trying to weave one context with a quite foreign context, such as weaving the Jewish Old Testament with Christianity within the New Testament. In this research intrapsychic language is interwoven with an intersubjective language. In other words hermeneutics can defend conservatively against differences or dialogue across differences in radically integrative ways.

Hermeneutics is especially applied to the idea in the text that seems alien or does not seem to lend itself to easy understanding. Hermeneutics in its traditional understanding involves the interpreter immersing herself in the text and moving back and forth from what seems alien to that which seems familiar. Yet the interpreter also moves outward in wider contexts within and beyond the text (other writings by the same author, other books of the same genre, etc.). This back and forth from part to whole and whole to part is a potentially inexhaustible alternating of perspectives. This part/whole process is circular and has become known in ancient and modern hermeneutics as the hermeneutical circle (Klemm, 1986), although, as we will see, newer understandings of the hermeneutical circle involving dialogue between text and interpreter have evolved.

Hermeneutics in this contextualizing mode is common sense. The reader of this research engages in this very process as she seeks to understand this text. The reader is projecting whole understandings of this text and trying to understand less familiar parts in terms of her projection of the whole, which includes the familiar parts. This literature review is hermeneutical in the sense of looking at a concept in its many contexts. This chapter's multifaceted context is a part of the interpretive research process and thus, as mentioned earlier, we have already begun our overarching purpose of interpreting the case study in Appendix A.

The type of hermeneutics that will be used in this research is called philosophical hermeneutics and needs to be distinguished from other types of hermeneutics. Palmer (1969) suggests five other types of hermeneutical research, two of which we have already mentioned: theological or biblical and legal hermeneutics. The obvious hermeneutical principle in these endeavors is that a verse of scripture or a legal case must be understood in terms of its most relevant contexts, and in terms of application in a sermon or court of law. The three other types of hermeneutical research are as follows: philology (similar to biblical interpretation but applied more to non-biblical ancient texts), Schliermacher's scientific hermeneutics, and Dilthey's hermeneutics for studying the human disciplines of art, actions and writings. Schliermacher and Dilthey's hermeneutics are understood as "modern," whereas biblical, legal and philological hermeneutics are quite ancient. Philosophical hermeneutics, which will be described shortly, is considered post-modern. Ancient, modern and post-modern hermeneutics share certain basic features. Palmer (1969) describes these basic features in delineating hermeneutics back to the ancient Greek word, "hermeneuein,"

which can mean "to say," "to explain," or "to translate." Hermeneutical interpretation begins with the act of "saying" or reading the text. Even in choosing a text and beginning to read it, one is projecting meanings onto the text that are necessary not only to understand but even to read aloud the words with proper inflection. Explanation refers to the truth or falsity of a statement, which has become the pride and fixed focus of much of modern knowledge.

Translation, as distinct from a mere paraphrase, is the process of re-saying or rewriting in a different type of language, such that the language is more understandable, especially given a different context or audience. For example, in the research herein projective identification in a case study will be mediated with a different language, i.e., the post-modern, intersubjective language of philosophical hermeneutics to forge a common language of understanding between the two different languages. This will not be in the form of a word for word translation but a translation through dialogue that will mediate between two language worlds. These three understandings of hermeneutics: saying, explaining and translating, not only represent the hermeneutics of ancient Greece but continue today to be central understandings of hermeneutics.

Schliermacher and Dilthey (Klemm, 1986) are the key figures in modern hermeneutics, as opposed to the hermeneutics of the ancient Greeks which runs through the middle ages and up to F. Ast and F.A. Wolf (Palmer, 1969). Schliermacher was not only the founder of modern hermeneutics but also modern theology. By "modern" I mean that Schliermacher was greatly aware of the impact of Descartes (1669) and Kant (1789) on how human knowing is possible and thus Schliermacher attempted to adapt theology and hermeneutics to this Enlightenment or scientific form of knowledge. Kant's critique of

knowledge left pre-modern knowledge, e.g., religion, in a precarious position and thus Schliermacher saw the need to re-contextualize religious thought within a modern-Kantian context. Dilthey continued this work into the more secular areas of history and the human sciences.

Schliermacher and Dilthey (Klemm, 1986) have a more optimistic perspective on what we can know about the inner workings of the author of the text, than does post-modern hermeneutics. With empathy and the hermeneutical circles of part/whole, text/context and interpreter/author, the interpreter can transpose herself into the subjective process of the author's creative intentional mind and by that know the author's work better than even the author. This is similar to the hermeneutical interpretive approach of Freud, who like many object relations theorists, believed that with empathy and a transference-countertransference, he could penetrate into the inner world of the patient.

By positing the meaning of a text as the intention intertwined with the creative process of the author or speaker, Schleirmacher and later Dilthey could make hermeneutics scientific, i.e., modern, as there was one meaning per text, i.e., the author's intention. A text did not necessarily mean whatever the author might say it meant, but hermeneutical study of the circles between text and context and author and interpreter could yield the author's intention better than even the author herself (Linge, 1976).

Freud in the sense of empathically claiming to know the patient better than the patient knows herself appears clearly in this modern hermeneutical mode, but other aspects of his thinking make him an important transitional figure towards post-modern hermeneutics. Modern hermeneutics like modern scientific method relies heavily on Descartes' notion of

the objective neutral researcher who can rid herself of subjective prejudices. While Freud adopted this view for the therapist, who is to be a blank screen in therapy, Freud also contributed a great deal of suspicion about how objective and neutral the average person can be, as sexual and aggressive forces can unconsciously be rationalized and affect everyday life, even neutral researchers. Freud goes back and forth in his writings from the scientist who believes his theory will be vindicated one day empirically, to the hermeneutical interpreter of dreams and symbols in the context of myth, religion and Western thought in general (Ricoeur, 1979). Therefore, Freud, and for example, Karl Marx, are precursors of post-modern hermeneutics, as they in part raise serious doubts about human rationality, (Crusius, 1991).

While Freud, Marx and especially Nietzsche (1968) were forerunners of post-modernism, the clearest beginning of post-modernism and post-modern hermeneutics involves Martin Heidegger's 1927 work, Being and time (1962). Just as Kant (1929) had developed certain categories as necessary for knowing, e.g., synthetic constructs of time and space, so Heidegger posited that our being in the world (a world shaped by language, history and shared practices) is the precondition of understanding. We are embedded already in a history, world and language, which is the repository of centuries of knowledge and customs, and these largely determine our human experience of the world. The notion of Descartes (1969) that the self can rid itself of its prejudices or preconceptions and then proceed to research an object objectively becomes ludicrous from Heidegger's point of view.

Objectify-ing (isolating an object for observation), however, is something human beings do, but it is a secondary task, which can never be fully abstracted from our

preconceptions and our being in the world. Trying to see an object objectively happens when a piece of equipment like a hammer fails us (the head comes off) and we thereby have to stop and examine it as an object separate from our hand and the world of our workshop. Before the head fell off, there was no explicit awareness of the hammer or the head as an object but there was a very intimate implicit understanding of the hammer in the process of using it. The abstraction of objects out from unified experience is secondary and to some degree alienates us from the very objects we seek to observe. In other words, we already have a non-dualistic or unified understanding of the hammer even before we stop to look at it as an object; this foreunderstanding, which science ignores and hermeneutics emphasizes, is the precondition of being able to objectify and study an object (Dreyfus, 1990).

Life is normally lived out according to culturally shaped ways of doing and coordinating our doing within the context in which we find ourselves. All this represents our pre-having, pre-knowing and pre-conceiving which we bring with us a priori to any interpretation or research (Dreyfus, 1990). We can objectify scientifically as an artificial secondary process, and this can yield important findings, but it is not the neutral research process one might assume. Outside of method can lie error and truth which method cannot account for, as method is a secondary process already preconditioned by the finitude of time and space relative to being in a world.

As Richard Rorty (1979) points out, there is no place in the sky above or outside history and language from which we can do research. Therefore, there is no such thing as a neutral interpretation of a text. The interpretation we derive will be shaped more by our own needs, our personal and cultural history and language (our pre-understandings) than the

actual intention of the author (or therapy client) or some hypothesized absolute meaning of the text (Klemm, 1986).

Klemm (1986) offers a simple way of distinguishing the modern and post-modern hermeneutics in the sentence, "I understand you," with "you" referring to a person but more specifically to what that person has written in a text or spoken in dialogue. Modern hermeneutics, like object relations theory and science in general, has a more positive perspective on what we can understand about the "you." Post-modern hermeneutics, which for the most part collapses the subject-object dualism is very cautious or suspicious about what we can know about the "you," especially if the you is in isolation from the "I" and the surrounding contexts. However, post-modern hermeneutics has a sense of a prior unity of "I" and "you" which precedes isolation of the "you" and can be mediated through language and dialogue. Post-modern hermeneutics focuses on the space between "I" and "you" (as opposed to the "you" inside the brain) which is mediated by a shared language and history, and thus blurs the "I-you" dualism. It also is very aware of the pre-having of the other person in my prior unified experience such that there is a "we-ness" prior to the objectivization of the other person as a separate object.

In therapy the understanding would be between the therapist and client and that in-between would consist of the language (a repository of centuries of common sense and tradition) which includes what is spoken between them verbally and nonverbally but also an infinity of words that are not spoken, i.e., the respective language worlds that surround our spoken words. Such a post-modern view of therapy distinguishes itself from the psychoanalytic perspective from which the therapist plumbs the intrapsychic deficits of

clients and heals them through a long term re-parenting process.

After Heidegger two additional, post-modern, hermeneutical traditions have emerged. One is called the "hermeneutics of tradition," and is represented by Hans-Georg Gadamer and Paul Ricoeur, and the other is called the "hermeneutics of suspicion," which is represented of late by Jacques Derrida and Michael Foucault (Crusius, 1991). One important dividing line between the two seems to stem from a certain ambiguity in Heidegger's concept of "das man" or "the they," (Heidegger, 1962) (translated "the one," by Dreyfus, 1990), which Heidegger values and yet criticizes as unauthentic. If everything we do and know is embedded in language, history and world, then, "the they" (the tradition) of which we are intimately a part, is our foreground for everything and extricating ourselves from "the they" is impossible (Dreyfus, 1990).

"The hermeneutics of tradition" holds that tradition ("the they" in which we are embedded) can open up possibilities for human being, e.g., Shakespeare, Plato or common sense. In other words, a surplus of meaning is available which we can continually draw upon from tradition. "The hermeneutics of suspicion," to state the case simplistically, moves more in the direction of seeing the tradition as not only socially constructed but constructed arbitrarily or even worse, out of hierarchical and class biases. Thus what has been socially constructed can be deconstructed without remainder, i.e., without a surplus of meaning.

In ways, but with important differences, this debate resembles the old battle of the 19th century between the thought of Hegel and Kierkegaard. Hegel over-idealized history (1953) to the point of equating it with the march of reason or truth, especially in terms of his own age being the zenith of history and reason. Kierkegaard (1962) suspicious of "the they"

or the crowd saw truth as involving subjectivity transcending the socialized "they" within. In this battle between "the they" of objectivity and the "I" of subjectivity, Heidegger arrives much latter acknowledging the omnipresence of "the they," but also holding out for authentic possibilities for subjectivity that transcend "the they.". What Heidegger does is collapse the subject-object dualism such that the realm of truth is in-between "I" and "the they" in the medium of language (Dreyfus, 1990). Heidegger, however, while holding out for authentic possibilities for human being does so pessimistically, as authenticity depends on facing one's finitude such as death and meaninglessness. "The hermeneutics of tradition" picked up on a positive integration of Kierkegaard and Hegel in the work of Heidegger, while "the hermeneutics of suspicion" picked up on more on the influence of Nietzsche (1968) in the work of Heidegger, which was more pessimistic about religion, law, and society. The post-modern perspectives of "tradition" and "suspicion" accept the unavoidable embeddedness of ourselves in language, history and world, but draw different conclusions about the meaning or value of it. Is this embeddedness in history and language a bridge that can promote interpersonal understanding and authentic possibilities or does it represent a situation in which all writing and speaking are deconstructable misunderstanding without remainder? Are there any classics upon which to forge meaningful possibilities for present life or are the classics also deconstructable without remainder?

The post-modern trends in marriage and family therapy have been captivated by Derrida (de Shazer, 1992) and M. Foucault (White & Epsom, 1990). Given the negativity of their thought, it is ironical that de Shazer, for example, has developed some of the most positive therapy imaginable, brief solution oriented therapy. The futility and enduring

structures of psychological problems are easily deconstructed in six or seven sessions according to de Shazer (1992), but, and this is the optimism that seems inexplicable, the solutions are incredibly positive and enduring. How they are immune from deconstruction seems to go unexplained. This positiveness seems more at home in the hermeneutics of Gadamer, although brief therapy that disregards the past, is most likely not compatible with Gadamer's philosophical hermeneutics.

My research steers away from the deconstructive hermeneutics of Derrida and Foucault and orients itself in Gadamer's "hermeneutics of tradition." It appears that recent marriage and family work by Anderson and Goolishian (1992) represents an attempt to appropriate the hermeneutics of Gadamer. It may be guessed that this was primarily the focus of Goolishian, who is noted for his philosophical orientation. His recent death hopefully will not mean that this promising avenue of hermeneutics in the tradition of Gadamer will be lost. Continuing, at least in part, some of Goolishian's work is an important aspect of my research.

In what follows I will attempt to summarize some key concepts in Gadamer's classic text, Truth and method (1993), while leaving a more detailed account of the actual hermeneutical interpretive process to chapter four. Essentially, what Gadamer accomplishes is a description of what are the conditions for understanding. The word, "understanding," is the focus in hermeneutics, as "knowledge" is the focus in science. Understanding is between persons or between a person and a text, and thus has an ad hoc dimension to it, as opposed to knowledge, which aims toward universality. Knowledge would be preferable to mere mutual understanding, except that provable knowledge is not possible from Gadamer's

perspective, as provable knowledge requires a perspective outside time, history, and world.

Gadamer contends that all propositions are relative but this is not relativism as we normally think of it, as he does not contend that all is mere subjectivity. Propositions are relative to the horizons and needs of the participants in a dialogue who seek to agree. The understanding reached is in-between the participants and mediated by language. While such understanding is relative to the situation and open to revision in every new situation it is not a mere relativism of subjectivity, i.e., it is not merely one person's construction of reality. It is the fusion of understanding between two persons using language, which is a repository of centuries of common sense and even truth, but momentary and context specific truth. Understanding is between persons for the purpose of future application. The meaning of tradition, e.g., Christianity or the most recent insight of feminist thought, is in terms of two persons (or text and interpreter) who are forging a common language and thus common understanding for the purpose of future action. The truth and significance of the dialogue is in terms of the participants having possibilities for existence opened up for them in the dialogue.

Gadamer emphasizes the word, "prejudices," in the sense of pre-judgements which relates to our embeddedness in language, history, and world. While prejudice has a negative connotation, Gadamer helps us see that this comes from Descartes and the Enlightenment's prejudice against prejudice, which became the core of scientific and rationalistic methodology. As Gadamer borrowing from Heidegger makes us aware, prejudices are not the problem but are the only means of understanding. This does not mean that Gadamer conservatively asks us to accept all tradition merely because it is tradition, but to be honest

about our prejudices, whether one's tradition is Christian, feminist, Marxist or Fascist. We need to acknowledge no presupposition-less standpoint exists. The assumption is that in doing a critique of our prejudices we will find some are worth keeping and some need to be discarded. Nevertheless, without prejudices we would never be moved to do any research or obtain any understanding at all.

Gadamer holds that some prejudices are what he calls "truth." Gadamer is not speaking of universal truth that would require something that was true in all contexts from all past and future perspectives (including now till the end of the world). "Truth" for Gadamer is present only (it will be superseded by future conversations involving different contexts) and exists in-between persons (or between a text and a person) in the language of dialogue. Understanding happens as different language worlds fuse and a common horizon or language is achieved. Truth happens in the dialogue but that does not bring the dialogue to an end but moves it along further as more and more questions emerge when truth is happening in a dialogue.

Truth in being between persons is thereby relational. This needs to be emphasized in comparison with science that focuses on the objective and by that alienates the self from what is being investigated. Even the phrase "I and thou" is considered an abstraction, as the phrase, "the 'we' that we are," better captures the sense of philosophical hermeneutics (Gadamer, 1976, p. 8). As in the example of the hammer above, we understand the hammer even before it breaks and thus are forced to consider it as an isolated hammer (isolated from the oneness with our arm, hand and the context of the workshop), as it is a part of our prior experience of which we are pre-conceptually aware as to the language world in which we

dwell. So too the other person in our dialogue is always pre-conceptually a part of ourselves inhabiting a similar language world.

"Happening" is an important word for Gadamer as understanding is an event that happens. It is not something either interpreter or text can control; it happens, not in the mind of the interpreter nor in the ink of the text but in-between: in the words spoken but also in the words not spoken which are a part of the world or context surrounding what is said or written. Understanding happens to us beyond our willing and doing.

Gadamer opted for the primacy of questions over answers. This is in fact one major limitation of science that, constrained by the need for verifiable answers, often fails to ask important questions. In other words the prejudice of being scientific privileges certain questions and disenfranchises others. Socratic dialogue yields truth in the midst of the dialogue because the emphasis is more on the questions and less on provable answers. The object of the conversation must be to go on with one's life in the future and not to freeze truth in a sentence. Truth is not a scientific correspondence of words or numbers with reality, but like the Greek word for truth, "aletheia," literally means to unveil and allow something to shine forth, as opposed to dissecting, measuring, and categorizing.

The truth of understanding is made possible by language, which is the repository of centuries of understanding and common sense. The medium of the dialogue is language, which marks the limit of the world as we can understand it ("Being that can be understood is language" p.474). "Language is not just one of man's possessions in the world; rather, on it depends the fact that man has a world at all," (1993, p. 443). Language mediates between partners in a dialogue and thus opens truth or possibilities for significance. "Language speaks

us" Gadamer (1993, p, 463) paraphrasing Heidegger, as the authentic possibilities from tradition speak through our subjectivity as mediated by language like an eternal spring. Language is forever dialogically adapting tradition to the present situation.

Note that Heidegger and Gadamer place an enormous value on language. Rorty (1979) contends that the enlightenment deified the mind whereas up to that point the soul had been man's claim to superiority. Rorty (1989) contends that Heidegger and by extension Gadamer have moved the deification process from mind to language, which Rorty contends is questionable, and even Gadamer acknowledges the uncanny mystery of language. Thus, Gadamer's heavy reliance on the revelatory or unveiling power of language in dialogue is a major assumption by which his efforts rise or fall. However, therapists are acutely aware of the uncanny sense in which words arise in therapy to bridge understanding, and thus they sense something of the mystery of language, which transcends human reason.

Gadamer draws on several metaphors in his philosophy and one of his most important ones is "play." Playing characterizes a great deal of life. For example, we play baseball, but it is not the case that we play baseball as if it were an object. Nor is it true that our play is devoid of seriousness, for to play baseball is to be immersed in it seriously. We do not so much play baseball as baseball plays us. This is an important distinction, as from play Gadamer moves onto other activities like art, drama and history. For example, to look at an art work is not a subject observing an object but a back and forth "playing" in which the art grasps us as much as we grasp the art work. On a larger stage, we are played by history, and yet we also appropriate tradition or history to new and unique purposes. This also helps us understand what Gadamer means by the event of understanding. Baseball, art and dramatic

plays do not exist but when they are being performed, being viewed or being played. The play, Hamlet, (Shakespeare, 1973) does not exist in some text in the library, but exists only when it is being represented and interpreted. The meaning is not in the text but in the present dialogue between the players and audience. Members of the audience will understand differently as they project their lives into the play and as the play projects meanings for the audience to abstract. They also will revise their original projections of understanding, always toward the purpose of mining possibilities for one's own future.

The meaning is in the process of understanding which is also a process of interpreting and applying. Each new presentation of the play will yield new meanings that are the history of the text's meaning which is ongoing and changing. Present meaning takes precedence over original meaning. As Gadamer writes, "we understand in a different way, if we understand at all" (1993, p.297).

Gadamer's view of history involves aspects of what he has discussed as play, art and drama. History effects us, it effects our consciousness through the medium of language that can include art, various texts and conversation. This process by which a text for example, as a part of history, effects consciousness is called the hermeneutical experience.

The interpreter and text engage in a back and forth dialogue or play by which a document of tradition, a text effects the interpreter's consciousness, but while the interpreter as a player in the dialogue effects the tradition by adapting it. Self consciousness is formed in this appropriation of tradition, as self becomes self not in relationship to sameness but otherness. We discover ourselves in our traditions that are at first alien to us and yet also familiar.

Note there is a certain irony in using Gadamer's Truth and method as the methodology of this research. In a modern sense (as opposed to post-modern) Gadamer is anti-method, as he, like Heidegger, sees present society as dominated by technocracy, and scientific method as an instance of that technocracy. Gadamer writes, "When science expands into a total technocracy and thus brings on the 'cosmic night' of the 'forgetfulness of being,' the nihilism that Nietzsche prophesied, then may one not gaze at the last fading light of the sun setting in the evening sky, instead of turning around to look for the first shimmer of its return?" (1993, p. xxxvii). Gadamer is thus suspicious of method isolated from the human process of understanding which is subjective and intersubjective, and this is especially true as for the human sciences.

Gadamer sees philosophical hermeneutics as a corrective to the problem of modern method, but does not assume one list of steps that are true research. The steps of this research have been culled from Truth and method (and the commentary of Weinsheimer, (1985)) especially in terms of what Gadamer considers to be the primary conditions for human understanding. These conditions represent the posture and even the attitude that the interpreter takes toward a text more than a fixed formula. These conditions of the hermeneutical experience are not unique to hermeneutics as they play a crucial, if not unrecognized, underlying role even in empirical research. Thus, while in a certain sense philosophical hermeneutics is not a method, in another sense it attempts to lay out the conditions of all human understanding. However, it is understood that each interpreter will understand these condition differently, as the subjectivity of the researcher, the text and the context of the text will always be different.

Gadamer sees truth as happening to us as history plays us; truth discloses itself through language in the dialogue of different language worlds. Gadamer (1993, p.xxviii) writes, "my real concern was and is philosophic: not what we do or what we ought to do, but what happens to us over and above our wanting and doing." Scientific control is replaced here by an awareness that control, while important in part, can also alienate us from that which we seek to understand, like a controlling parent whose wants for his or her child prevents a hearing of who the child is. A description of the details of hermeneutical experience (the conditions of human understanding) will be described in chapter four in the context of methodology.

Chapter IV

Methodology

“It is harder to interpret an interpretation than to interpret things.’Montaigne” (Sharpe, 1987).

This post-modern philosophical hermeneutical method can be understood under the traditional research headings of setting, subjects and procedures (Cone and Foster, 1993) but not in the same way as empirical research. The method herein is circular, horizontal, subjective, relational and intersubjective. The concern here is with understanding in terms of coherence between differing contexts, while empirical research is linear, vertical, objective and reductionistic of subjects, as well as concerned with a knowledge that corresponds to measurable constructs of reality. Hermeneutics privileges the human subject, while raising serious questions about the validity of objective science.

This chapter includes an overview followed by four research sections: settings, subjects, procedures and the conditions of hermeneutical understanding. The last heading, the conditions of hermeneutical understanding, is less practical and more philosophical than the previous sections, but provides the philosophical propositions underlying Gadamer’s (1993) philosophical hermeneutics.

Overview

The task of this research, described as simply as possible, was to read, interpret

and mediate a case study in order to understand the possibilities and role of projective and introjective identification in couple therapy in an intersubjective context. A reading and several re-readings of the case study were done in the context of the researcher's immersion in the object relations literature, especially the literature related to object relations couple therapy, projective and introjective identification, as well as intersubjectivity. Secondly, the researcher made as explicit as possible the pre-conceptions or horizon that he projected onto the text in reading and interpreting it. And thirdly, the researcher took a philosophical hermeneutical/intersubjective posture toward the text which assumed that the meaning that emerged in dialogue with the text was located between researcher and text, as opposed to exclusively in himself or the text.

Obviously, this involved the researcher in a multitude of contexts and perspectives, a Janus like looking in two and more directions at the same time, which no human being can keep all in mind at the same time. The process thus is somewhat indefinable, as the researcher placed himself in a certain perspective and then another and back again all the while trying to record in written mediations the insights that emerged along the way. Some insights were lost and much was filtered out in the intentional and unintentional process of pulling together insights toward ever changing configurations of meaning which hopefully represent increasing coherence. The readings, clinical training, insights gathered day to day in my therapy practice with couples, families and individuals, as well as day to day reflective moments constituted the researcher's reflexive use of self.

Given these various contexts and pre-conceptions that the researcher attempted to

keep in mind, he then entered into a dialogue with the text. The researcher's personal and research pre-suppositions were made as explicit as possible. This constituted the horizon or set of projections that the researcher brought to the text. At the same time, the researcher made as explicit as possible the horizon or pre-conceptions of the text. This was primarily understood in terms of what questions the text's subject matter appears to be in response to. The researcher joined in a concern for this question as well, even if he disagreed with the answers to this question that the text offers.

At this point a dialogue had begun between researcher and text in which questions and responses were projected back and forth in an on-going way. In this give and take of dialogue, understandings emerged that are beyond the control of researcher or text. They emerged, for example, as what seemed foreign to the researcher in the text's projected meanings became familiar within the researcher's horizon, as the researcher weaved foreign and familiar into an understandable cohesion. In other words, meaning emerged that offered new light and new questions for dialogue.

The researcher in an on-going reflective and integrative posture recorded these questions, responses, wonderings and emergent meanings in written form in mediations (of divergent perspectives). These represent attempts at understandings between text and researcher and between differing contexts, i.e., the intrapsychic and intersubjective perspectives of text and researcher respectively. This multifaceted dialogue took the written form of seven mediations (the last of which appears in the research as chapter V).

These mediations (presented to the dissertation committee as appendix C in a supplementary document) represent the raw data as well as a detailed audit trail of this

research process. Chapters five and six represent the results of this research. Chapter five (mediation seven) takes the form of a detailed narrative, while chapter six is a summary of the mediations. This summary process is common sense along the lines of delineating the chief findings in a way that facilitates depth and coherence of understanding.

Settings

Philosophical hermeneutics is profoundly concerned with setting but not in the sense of the physical location or actual size of the therapy room in which the case study took place, except as that might have meaning for a person in the case study. The concern is with the context or setting of the case study as a text among other texts and especially how the concept, projective and introjective identification, fits within the case study text.

Setting here was understood as the multiple contexts in which projective and introjective was understood ranging from the case study itself, to the projective and introjective identification literature, the context of the case study itself in the couple therapy book (D.E. Scharff & J.S. Scharff, 1991, pp.147-160, 235), the larger object relations therapy literature, the object relations couple therapy literature, and the intersubjective context of the philosophical hermeneutical literature. These were addressed in chapters II and III.

The case study's location in the middle of the Scharff's (1991) book is of significance. The book itself represented the primary object relations couple therapy text to date, and the case study is the longest and most detailed of the case studies in the

Scharff literature. Such a central location reinforces the importance of studying this case study as opposed to another. From a different perspective, this research sought to explore the linguistic intersubjective space between persons in therapy, as well as between a researcher and a text. Such a post modern setting is quite different from empirical research settings.

Subjects

The case study narrative includes a host of subjects: the couple themselves, their children, step-children, deceased parents, siblings, ex-spouses and others, who are all a part of the internal object relations of each partner. David Scharff, of course, is in a way central as the therapist in the narrative and as the author. In another way he is not central at all, as it is not presumed here that his intention as to the meaning of this text is knowable or privileged. In passing it must be mentioned that “we” appears in this narrative, such that it is not clear how much Jill Scharff aided in co-authoring it, or perhaps even inspired it as the spouse of the primary author.

The central subject, however, was myself as interpreter of the narrative, that includes my entire life that I projected onto this case study for understanding myself and others. Some of my prejudices were laid out in chapter one, but many others existed as well. However, you, the readers, are subjects also, as this research, according to philosophical hermeneutics, does not exist but as it comes to life in your interpretations. You are partners in this dialogue with this case study and this larger research text that

stands between you and me in the intersubjective space of possible understandings.

Procedures

Eleven subsections will comprise the procedures section: immersion in the literature, attempts at conventional methodologies, rationale for case study, selection of a case study, pilot test, preliminary outline, entering the hermeneutical circle, subsequent mediations, the presentation of the results and future research possibilities.

Immersion in the literature

As evidenced in chapter two, a considerable amount of immersion (a concentrated period of two years) in the object relations, projective and introjective identification and philosophical hermeneutics' literature (Truth and method ((1993) and Weinsheimer's commentary (1985)) was necessary to begin to understand the all-important context of the case study. This reading was on-going throughout the research effort. In addition, I am attending monthly clinical and didactic training in object relations therapy, that will include work with David and Jill Scharff, as well as other faculty of the Washington School of Psychiatry. Immersion in the appropriate marriage and family therapy literature was assumed as a part of my doctoral training.

Attempts at conventional methodologies

Early on in reading the object relations literature, lengthy consideration was given to researching one of my own couple therapy sessions that I had on video. I made a transcript of the session and coded each response according to Pinsof's (1985) coding

methodology. However, while I found that these procedures could make sense under other research interests and conditions, they did not fit the needs of this research effort. Therefore, I turned to an interpretive approach over an empirical approach.

Rationale for case study

I discovered that in Truth and method Gadamer (1993) does not privilege the original event (e.g., the actual therapy event), but values more the ongoing interpretation of the event. In other words, a videotape of therapy, which is also an interpretation and not “the” account of the event, is not superior to later interpretations. The meaning of the event is not in reconstructing what really happened any more than the meaning of a text is what the author intended. The meaning has origins in the past but its existence depends on an ongoing process of interpretation by future interpreters. Therefore, the focus is not on the therapy event in the past (what really happened), for that is dead, but on the meaning that emerges between interpreter and the living, possibility generating, text.

Selection of a case study

Following a determination in the literature that the Scharffs represented not only the leading theorists in object relations couple therapy but also the leading object relations couple therapists emphasizing projective and introjective identification, I decided that it would be from their literature that a case study would be chosen. I deeply considered some sublime case studies in Maggie Scarf’s work (1987), but decided to stay with the leading clinicians in object relations couple therapy. I read carefully the couple case studies from the Scharff’s three primary books (D.E. Scharff & J.S. Scharff, 1987, 1991a; J.S.Scharff, 1992).

While J.S. Scharff (1992) is the primary source of this researcher's understanding of projective and introjective identification, I did not find a couple therapy case study in her projective identification book (1992) that seemed suitable. However, in reading the couple case studies in the Scharffs couple therapy book (1991a), one case study stood out, as it had many merits. I list these merits in retrospect and not as pre-conceived selection criteria. D.E. Scharff's case study was the longest of the case studies and seemed to involve more detail, and frankly, a more profound plot, i.e., the impossible couple and couple therapy theme. Most important was that the case study involved projective and introjective identification in a significant way. The case study seemed representative of the Scharff couple therapy work, even a coming together of the major themes of their book (1991a). The case study offered broad possibilities for understanding beyond the isolated case.

However, reasons existed against choosing this case, especially as the case represented an upper class couple in their second marriage working with a prominent therapist. Elitist elements are present that are not lessened by the cross culture dynamics of the husband in the case study being upper class and British. Nevertheless, perhaps it was the intelligence and sophistication of the couple and therapist that raised haunting questions about marriage and therapy and thus made the case so compelling. Finally, this was the case that drew me in the most, which may involve personal issues that will enrich my interpretation, and how I am interpreted by the case.

Pilot test

After several readings, I attempted a mediation of the case study at the suggestion

of someone with some training in philosophical hermeneutics. He contended that the steps of the methodology would come out of doing the mediation, but that turned out not to be the case for me. However, while I did not feel ready to complete the mediation, I did feel comfortable enough with this method to adopt it.

Preliminary outline

Instead of rushing into a full mediation, an outline was formed to organize the data of the case study by categories. The outline serves as a way to keep the information more organized so that less is left to memory or necessitating the continual rereading of the text. The outline appears in Appendix B. This outline and variations of it guided the mediations of the case study.

Entering the Hermeneutical Dialogue/Circle

Hermeneutics requires that we be aware that projective interpretation has already begun even before we begin to read a text. In this sense our entering into the hermeneutical circle has always already begun. Nevertheless, a formal beginning point can be discerned in terms of the dialogue between text and researcher. That is the entry point of the more explicit part of this research. Other dialogues could have been our entry point: the dialogue between therapist and couple, the dialogue between the couple, and the dialogue between you, the reader, and this text you are now reading.

The dialogue between researcher and text has been guided by the conditions of understanding listed below as propositions of the hermeneutical context. In these conditions of understanding of Gadamer it is understood that the interpretive process is a mix of conscious and unconscious awareness which are characterized ideally by an

openness to the emergence of meaning which in many ways happens beyond the control of the researcher. The interpretive process begins by making explicit the projections or prejudices that the researcher is already bringing to the text (the making conscious that which is unconscious). The researcher makes clear that he is not trying to intuit the intentions of the author but is focusing on the content of the text and especially on the question to which the text is a response. The question the text is a response to opens questions and responses by the researcher. Already evident is a back and forth question and response, a dialogue between text and researcher. The back and forth of question and response forge a common language, the language of understanding, hopefully full of possibilities for the researcher. The outline of the text (Appendix B) guided the shape of the dialogue that happens.

From another perspective the method and intersubjective perspective adopted by the researcher has been woven with the primarily intrapsychic language of the case study. This especially involves the concept, projective and introjective identification, as it emerges as the key concept providing understanding of the couple and the couple therapy. This process is not easy to picture beyond the metaphor of weaving such that different color threads are woven into a common tapestry. A different metaphor might suggest a Shakespearian play in which gradually the costume, props and overall the context were shifted from Elizabethan England to Blacksburg, Virginia. The language and accents in this play also would change. Nevertheless, the questions the play was concerned with would remain the same, only the answers or at least the form of the answers would change. Still another metaphor, the game of tennis, applies, as the back and forth of

question and answer between researcher and text cannot be scripted. The researcher should ideally get caught up in the game and allow largely for the experience to play him, as opposed to his controlling the experience.

Subsequent mediations

Following a preliminary mediation, subsequent mediations were built upon preceding ones. They explored new directions that yielded dead-ends and new possibilities. Each new mediation in moving back and forth in dialogue between text and researcher had woven into its fabric new understandings but also retained and elaborated new understandings gained in prior mediations.

However, each new mediation was not necessarily better than the previous one. Every subsequent mediation ideally retained what was most valuable from previous ones with some sense of building on the past. The final and seventh mediation retained the key insights of all the previous mediations. This final mediation appears as chapter V of this research. All the mediations (1-7) have been collected in a supplementary volume that has been made available to the dissertation committee.

Results

The results take two forms: Chapter five, The Results in the Form of a Final Mediation, and Chapter six, The Results in the Form of a Summary. Chapter five is a detailed narrative that, as the other mediations, attempts creatively to understand the depths of the case study in the context of the object relations literature. Chapter six is a summary that attempts to conservatively “summarize” the mediations and the final mediation in particular.

The process of finalizing and summarizing the results is primarily an effort at applying common sense. This process was described by Riessman's Narrative Analysis (1993). Reissman's criteria of validity were implicit in all the mediation but especially the final one and the summary of it in terms of results. Reissman wrote concerning validation "there is no canonical approach in interpretive work, no recipes and formulas, and different validation procedures may be suited to some research problems but not to others" (p.69). Nevertheless, three of Reissman's suggested criteria for validity seem applicable to the summarization of my research results: persuasiveness, coherence and use. Persuasiveness (or plausibility): "Is the interpretation reasonable and convincing?" (p. 65). Coherence: "to show that an interpretation is more than ad hoc, coherence must be as 'thick' as possible . . ." (p. 67) with reference overall to purpose, structure of the narrative and about themes and content. Pragmatic use: "future oriented, collective, and assumes the socially constructed nature of science" (p. 68). Pragmatic use is the perception of future applicability, which will be the focus of the last section of chapter six.

Future research possibilities

This section in many ways merely summarized the key points of the research summary, as all the key understandings of the research also have possibilities for future research. Nevertheless, some sense of the implications of the research is offered.

The Conditions of Hermeneutical Understanding

The propositions outlined below represent the core of the methodology of philosophical hermeneutics. These might be called the presuppositions or conditions of hermeneutical understanding. These are not only the conditions of understanding in the human sciences but the mode of all human understanding between persons. These propositions guide how the researcher postured or comported himself in the hermeneutical experience with the text. However, these propositions are of such a circular nature that they will disappoint anyone looking for linear steps.

Gadamer's Truth and method (1993) does not contain specified steps that constitute how to do philosophical hermeneutics, as his focus is on the conditions of understanding in general. However, Truth and method offers a myriad of clues about what steps, standpoints, and attitudes toward the text would mediate a meaningful interpretation. In what follows one methodological approach to philosophical hermeneutics is proposed. Obviously, many other variations are possible. The list below is made up of propositions, as opposed to a more connected narrative, to render a very complex and overlapping set of steps, standpoints and attitudes easier to grasp. What is important to be kept in mind is that these propositions are not intended to be steps by which a researcher does something to a text. The focus is on how a researcher comports himself to a text and allows the text to comport itself toward the researcher in a mutual dialogue through which two language worlds interact, fuse and thus render new possibilities for understanding.

Propositions of Hermeneutical Understanding

1. Modern scientific method is derivative or secondary to hermeneutical experience.

a. Modern science assumes that a researcher/subject without determining prejudices can control and perceive an object and represent the perceived object in the mind and then re-represent the object in language or numbers.

b. Philosophical hermeneutics assumes that the researcher and text (or object) are inextricably, always, already embedded in history (prejudices), time, language, and being in the world, and this embeddedness is essential to understanding, even scientific understanding.

c. Such embeddedness assumes that the researcher comports himself with the historical text not from a privileged perspective outside of history, time, language and being in the world but within a pre-given tradition or set of prejudices (an historically effected consciousness). These prejudices instead of being hindrances to understanding are necessary openings to understanding.

2. Given this embeddedness, it can be said that the researcher always already and continually is projecting his prejudices onto the text as projecting is the way in which human beings are continually comporting themselves to their world, by, namely, projecting prejudices or understandings onto texts, objects or persons to open future possibilities for the researcher.

3. A dialectical understanding occurs when our projections begin in the hope of recognition (of the text or other), but are repeatedly disappointed (by the text or other), which leads the researcher to reintegrate his projections in light of that which seems foreign or contradictory to his projections and this leads to new projections, new disappointments, new integrations and further projections in a never ending circle of excursion and return (the process of coming to feel at home in a foreign land).

4. Science assumes a linear, hierarchical and causal approach, whereas hermeneutics assumes a circular, horizontal and dialectical approach of projection, disappointment, reintegration, re-projection (the back and forth of excursion and return) between the researcher and the text or the other.

5. This excursion and return between researcher and text represents a historical event in which a text representing the past is effecting the consciousness of the researcher, but this is not a linear effecting but a

circular movement in which the researcher shaped by his present needs and possibilities is also interpreting the text in new ways that effect history, i.e., the history of the meaning of the text.

6. Similarly, the text also can be understood as a projection of meaning or possibilities in response to some question.

a. Dialogue is primary and thus texts are secondary or derivative of dialogue and thus the hermeneutical experience seeks to bring to life again (re-present) the underlying dialogue of the text with a new partner in the dialogue, i.e., the researcher.

b. The text, as a response to some question, is thus a projected prejudice in response to that question; this projected understanding represents the standpoint and surrounding horizon (all that one can see from a given standpoint) of the text.

c. Likewise, the researcher, as a participant in the dialogue, projects his own prejudices or understandings onto the text. This assumes also his surrounding horizon (all that one can see from a given standpoint which is the language world of the researcher).

d. The question which the text is a response to (irrespective of how much the researcher agrees with the content of the text) must be a question to which the researcher can belong (be deeply engaged by).

7. The differing standpoints and horizons of text and researcher represent

a certain distance between text and researcher, but the belonging to a common question (the question the text is a response to) and sharing a relatively common language world bridges the distance between text and interpreter and allows for a clearing (an intersubjective space that is an opening of disclosure) between the two.

8. The concept of clearing is important as the assumption is that understanding comes from this clearing in-between text and interpreter, as opposed to coming exclusively from the text, the author's mind, or the subjectivity of the researcher.

9. What enables this clearing to be a relatively common ground (besides the sharing of a common question of concern) for researcher and text is that the medium of the clearing is language, which researcher and text hold partially in common, although their language worlds are different, as are their standpoints, which result in relatively different emanating language worlds or horizons.

10. The researcher is in one sense in a receiving mode as the meaning from the clearing happens to him through the medium of language, but his present standpoint and openness effects what can be received and understood from the clearing (the researcher always appropriates and places his interpretation on the words of tradition received).

11. Into this clearing the researcher is continually projecting prejudices and questions concerning the content of the text in the context of the

question to which the text is a response.

12. The projections of the researcher, which begin even before starting to read the text, involve projections that come upon familiarity in the text and thus dissolve into understanding but also projections that pump up against the text and encounter something foreign.

13. The foreign can be understood in terms of the familiar, which is the old hermeneutical maxim of the whole text being understood in terms of the parts and the parts in terms of the whole.

14. However, the foreign can also make a claim on the researcher and his prejudices, even showing them to be false (this assumes the researcher is taking a risk in laying out his prejudices and not merely pretending to risk his prejudices to hold onto his standpoint).

15. In this sense, philosophical hermeneutics is like tennis in that the researcher and text are hitting back and forth projections and questions in this intersubjective clearing where understanding and meaning emerge through the medium of language.

16. In this back and forth in which projections and questions encounter familiarity and foreign-ness in the clearing between text and researcher a weaving begins to occur, a weaving together of two different languages or horizons into a common or translated language (Gadamer sees this weaving as "a fusion of horizons" (1993, p.306) and as the indissoluble three part process of understanding, interpretation and application).

17. This back and forth weaving process assumes a great deal about language:

- a. Gadamer writes (1993, p.474) "Being that can be understood is language." In other words, all understanding is linguistic; there is not understanding outside of language ("Language is not just one of man's possessions in the world; rather, on it depends the fact that man has a world at all," (p. 443)).
- b. Language is a repository of history, common sense and tradition.
- c. Language can stretch and weave to mediate differences between text and researcher, between past and the needs of the present, thus enabling tradition to speak afresh to every new interpreter (every language world is conceivably understandable within every other language world).
- d. Language participates in the being of the world ("Being that can be understood is language."); language stands between thing and human reflection such that when understanding occurs language becomes transparent; it is as if reflection could understand the object without language, but in understanding, language invisibly precedes all reflection and makes reflection possible.
- e. Human consciousness is historically effected consciousness through the medium of language; this means that what emerges in

the clearing between text and researcher and subsequently enters the consciousness of the researcher is not something which the researcher controls and self-produces but something that happens to him (" . . . not what we do or what we ought to do, but what happens to us over and above our wanting and doing" (Gadamer, 1993, p.xxviii) (and yet the researcher always adds his word to the words received from tradition).

18. The researcher is not in control of the text or the dialogue, as the dialogue plays the researcher (as in the game of tennis the game plays the players more than the players play the game).

19. In fact as the dialogue weaves a fusion of horizons (a common understanding and language between text and researcher), the researcher's consciousness is effected and altered by this hermeneutical event (the foreign-ness of the text has been assimilated but in a way that uniquely fits the standpoint and present possibilities of the researcher).

20. The concretization of this understanding can take the written form of translations or mediations that represent the temporal common understanding weaved between researcher and text. This is not a paraphrase of the text but the results of the dialogue that may go far beyond the literal level of the text.

21. The temporal validity or truth of a given mediation depends on the researcher's reaching an understanding of the text that yields present

possibilities for understanding and application. However, this is not the arbitrary relativism that it at first appears to be.

a. A translation is a historical moment in the history of the meaning of the text; in other words, the text as a part of tradition has an evolving meaning shared by every new historical horizon in which it is interpreted and appropriated (the meaning of the text is not in the past but in the present moment of interpretation, as texts exist and have meaning only when they are being interpreted).

b. The validity or truth of an understanding and subsequent understandings are limited to the moment in which understanding emerges; the researcher might approach the text again a day later and a new understanding or translation would emerge in part built on previous translations but also related to the new (day later) standpoint of the researcher.

c. Universal or absolute truth is impossible as human understanding is finite: we understand from the perspective of this "now" which is embedded in time, history, language and being in the world; and we only projectively understand the future.

d. Proven truth is impossible. Thus validity and truth are dependent on tradition and tradition's applicability to the researcher's present standpoint, i.e., the degree to which the fusion

of horizons of the text and research can yield understanding.

e. Truth limited to the present is not total relativism, as the present moment at least can yield true understanding for this moment, as the understanding forged in this moment is not merely an arbitrary construction, as it is shaped by the past's accumulation of understanding and wisdom stored in language, as translated or mediated by reality in the context of the researcher's needs in the present moment and situation.

f. Whatever truth is momentarily forged will need to be reinterpreted by every new encounter with the text by the same or any new researcher ("...we understand in a different way, if we understand at all," Gadamer, 1993, p. 297).

g. There is however a trust, not in the steady progress of knowledge, but in language and society's history which represent centuries of interpretation and thus a myriad of refining of prejudices, but also, and this must be underscored, unrefined demonic class, sex and racial biases.

h. "The truth" of the moment as concretized in a common language or mediation must be for the researcher only a good enough stopping point (for now); no final stopping point to the dialogue and translations exists, as the dialogue, if true dialogue, can always be continued, which is that upon which the

life and meaning of the text depends.

i. The above represent the conditions within which the researcher is to comport himself (posture and attitude) to enter the hermeneutical dialogue with the text.

CHAPTER V

RESULTS IN THE FORM OF A FINAL MEDIATION

To be situated within a tradition does not limit the freedom of knowledge but makes it possible (Gadamer, 1993, p.361).

This seventh and final mediation is made up of six sections: organizing metaphors, ethical stance, method, projective and introjective identification, intersubjectivity and finally an interpretation of the case study in which the foregoing theoretical work is further integrated. In other words, the first stage brings out certain integrating metaphors that will facilitate a unified theory in sections 2-5. Finally, section 6 will be integrated with the case study. These steps, however, do not represent a linear process but a circular and cumulative process that commenced well before this research formally began. The previous six mediations (Appendix C) are not included in this document, but were made available to the dissertation committee.

Organizing Metaphors

The Latin word, “jacio” or “jeci” in the perfect tense has the meaning of “throwing,” and also “to lay down” or “construct.” The central words of this research revolve around some form of “jeci”: “projective,” “introjective,” “project,” “subject,” “object” and “intersubjectivity.” Thus, these various words appear rooted in and organized around metaphors related to “throwing” and especially throwing as a form of

back and forth play. While the more unidirectional and militaristic spear throwing might have older historical roots, the metaphor of back and forth play has roots in infancy in the play between mother and infant that initiates the beginnings of human interaction and human separateness. Gadamer (1993) emphasized the metaphors of throwing and play in his philosophical hermeneutics. He described “play” as not only central to interpretation in the sense that the interpreter is involved in a circular throwing back and forth of pre-understandings with a text’s projected meanings, but that interpretation of texts is also grounded in the more refined play of the arts such as drama.

Winnicott (1971) also emphasized play but from the perspectives of infant and mother that represent the ground of our adult playing. He assumes that the mother and early infant are fused to the point that the negotiation of separateness requires the emergence of a space (or playing field) between mother and infant. For the infant this space contains strong elements of omnipotent fantasy (on the border between reality and fantasy). The infant omnipotently can experience the mother as an extension of the infant but also realistically as separate from the infant. Certain transitional objects can be played with such that the mother is simultaneously experienced as an extension and not an extension of the infant. The infant in fantasy by using thumb, blanket or doll can be with the mother even when the mother is absent. These transition objects enable the infant to move from union to separation and from fantasy to reality. The play in this transitional space is not entirely different from the intersubjective space discussed in this research. This is true especially in the sense of a confusion of subjectivities as to not knowing where mother ends and the infant begins. This playing involves a pretending

that occurs later in marriage when a husband can also be a father or a significant figure from the past. Roles are thrown back and forth in a playing that has the purpose of reenacting old conflicts in the hope of resolution. This throwing back and forth begins between mother and infant.

Besides throwing back and forth various roles from the past, a marriage involves other forms of throwing. The throwing back and forth of a baseball is similar to the coordinating behaviors that enable a marriage to work. The mother who juggles it all herself does not feel she is in a marriage. In a marriage, two persons are continually adjusting to the pitch and rhythms of the other in a back and forth way. The sexual relationship also has this back and forth rhythm such that projection and introjection are also metaphorically central to sexual intercourse. This represents another possible foundational metaphor for understanding human interaction through the back and forth interaction of projective and introjective identification.

Gadamer extends this metaphor of throwing and play into drama, which especially is a form of back and forth play between players and an audience. The players bring a dead text to life through denying and projecting their own subjectivities into new roles or parts. This enables the audience to project themselves into these constructed lives on the stage. The audience derives possibilities for living from these projective and introjective identifications with the players in the reality-fantasy space called the stage.

Object relations therapy, like drama, recognizes the playing of different roles or the decentering of subjectivities. In drama, one can projectively be two or more persons at the same time (e.g., myself and the part I play). I, as spectator, can lose myself in a

play and in a particular character to the point that my subjectivity is superseded by the stage character on the border between fantasy and reality. Likewise, in therapy the therapist besides being the therapist becomes other persons such as parent or spouse in the playing out of the therapy. Projective and introjective identification makes these multiple roles possible, as one person's disavowed anger at a father is projected onto the therapist who becomes the father to the patient or a son to the father-patient. This is not an invasion of a person's mind so much as a way of negotiating the space between oneself and another by projecting into the intervening space: language, behaviors or objects, that invite a form of dramatic play that will occur between and beneath more formal and literal interacting.

However, this play is not exclusive to therapy but also occurs in daily life such as between marital partners. We have internalized old relationships and these form the repertoire out of which we decide our roles in new relationships. A person being assertive with a boss may involve struggling against old roles of being cowardly toward father figures. Fear may need to be scapegoated onto the "little" coworker (kid brother) in order for a person to overcome one's own fear of being assertive toward the boss. Likewise, the person may have introjectively identified with his boss's and his father's strengths to gain the strength he needs to be assertive with him.

The metaphor of "the play" can also be understood as the play within the play. By this I mean that in any interaction (conceived as the primary story of a play) there also may be at least one other less explicit play occurring within the play. In Tom Stoppard's Rosencrantz and Guildenstern (performed at Virginia Tech, 1995), the two main

characters never come out of character as they are tossing coins up and down before the play begins and after the play is supposedly over and the audience has left. By that, the play within “reality” transcends “reality and goes on beyond the limits of the frame of fantasy. A more explicit example of this two leveled action is where in Hamlet (Shakespeare, 1973), a troop of traveling actors does a play (within the play) in which a king is killed by his brother who marries the king’s wife. Hamlet’s uncle, the new king, who has killed his brother and married the king’s wife, is shocked and overwhelmed to see himself in the play. In day to day life there is the explicit action (what is going on between two persons) but also an interaction within the interaction. Internal objects (old relationships) can be projected or introjected in the service of an interaction within the interaction, forging a double layer of relating. Thus, throwing back and forth with the throwing back and forth of roles in drama represent central organizing metaphors for this research.

Ethical Stance

However, it might appear at first that the above decentering of the subject as to our being capable of playing multiple roles renders the concept, “subject” as no more than a flimsy social construction. This is especially a concern if we assume that the self is not structurally fixed and not located exclusively inside the skull. Hermeneutics (Gadamer, 1993) and object relations (Ogden, 1994), while emphasizing the mobility of the subject in the intersubjective space between persons, recognizes the interpreting “I” as

an arbitrator and integrator of the possibilities that society, language and other persons project toward one. In other words, the interpreting “I” has some say in what will come to constitute and integrate a given person’s subjecthood at any given point in time and allow for continuity of the subject across time. This constitutes the ethical value of the subject that transcends the social construction of the subject.

The history of the word “subject” at first appears to belie the above ethical privileging. “Subject” has the original meaning of “being thrown under,” as in being under the authority of a state or empire. Nevertheless, despite such a governmental or socially subjugated meaning, there is also the sense of pride in being a free subject of the state, as opposed to a conquered or subjugated alien from a foreign state. The distinction is between a free subjecthood, although under a state, as opposed to a forced allegiance to that which seems alien to one’s true homeland. In the sense described above, the subject is “thrown under” the collective meanings of society but has some freedom as to how she as interpreter claims her own subjecthood and how the received material for subjecthood will be integrated.

The subject can also be placed in contrast to “object” that has the scientific sense of being “thrown before us” as with an object being thrown before the senses. The word, “object” herein carries the connotation of some “one” or “thing” who is less than a subject. Object relations theory especially emphasizes this distinction. In the paranoid-schizoid position neither others nor oneself is understood as a subject, as a subject is someone who can mourn the loss of another person. Also lacking in the paranoid schizoid position, the person does not have the symbol making capacity to

construct interpretively oneself as a subject. This however must occur in the parallel process of one's being recognized by another subject, as mirroring is a condition of one's own subjecthood. Objects are not mourned in the paranoid-schizoid position, as the person omnipotently assumes the object will magically return and therefore need not be missed. The ethical stance of this research and method privileges "subject" over "object."

Method

The organizing metaphors of "subject," "object," and "project" also constitute the organizing metaphors for the method of this research. Gadamer's philosophical hermeneutics emphasizes "subject" over "object," as does object relations (Ogden, 1994) despite the prominence of "object" in "object relations." Actually "object" in "object relations" distinguishes between internal "objects" and external "subjects" in a way that privileges "subjects," as objects are internal representations (extensions of the self) and thus different from external "subjects." Modern knowing centered around the scientific method has sought validity by reducing subjects to objects, and by castrating the subjectivity of the researcher. This research privileges subjects in dialogue with other subjects, as opposed to reduced researchers researching objects devoid of their subjectivity. The assumption is that subjects in throwing back and forth their subjectivities come to understanding between them. This, in a post modern world, is the best possible way of understanding assuming that "true" objectivity is idealistic and dehumanizing.

Projective and Introjective Identification

The organizing metaphor of “throwing” and “play” also enables us to understand projective and introjective identification. The internal object world of relationships and feelings of a single person in part are projectively identified or thrown toward another person who can introjectively identify with them. This can lead to disturbing pathological interactions but also eventual understanding. At a basic level, I am saying that through words, body movement, facial expression and situational contexts we can communicate ourselves in the space between oneself and another, with the other person simultaneously also engaging in mutual projective and introjective identifications. However, objects relations theory assumes that more is going on than straightforward literal communication. There is the sense in which our history of relationships, especially our earliest caretakers, shape our present relationships. There is this garden of Eden-like completeness or incompleteness in our earliest relationships that we seek to find or complete in our intimate adult relationships. A throwing back and forth of maternal and paternal objects and feelings from the past go on underneath our explicit conversation especially in these intimate relationships. There is a play within the play in what I am describing as an intersubjective space in between two persons. This takes place in conversation in which persons play many roles to negotiate closeness, separateness and intimacy, as well as to resolve old intimacy-separateness issues.

Meissner (1987) and Kernberg (1987) have sought to argue that projective and introjective identification is rare among non-psychotic (or borderline) persons and

therefore not a useful concept toward understanding most marriages or couple therapy. While this may be a matter of degree and definition, they prefer to understand interactional phenomena in terms of projective processes but not also identificatory processes. In Kleinian terms, they see projective and introjective identification as exclusively a splitting defense mechanism used exclusively in the paranoid-schizoid position (characteristic of psychotic and borderline patients).

Ogden (1986) has shown a way out of this impasse. Instead of seeing persons developmentally as locked in either the paranoid-schizoid position or that of the depressive position, he argues that both positions are present in all persons in a dialectical fashion that constitutes all human experience. As mentioned earlier, when someone is predominately in the paranoid-schizoid position, there is no sense of symbols, history, mourning and experiencing others as subjects. Such experiences, however, are very much a part of someone predominately in the depressive position. However, the depressive position is at least partially discernible in the background for a person predominately in the paranoid-schizoid position. The reverse is also true for someone who is in the depressive position, who would not have a sense of immediacy without having the paranoid-schizoid position in the background to the depressive position..

This understanding of Kleinian positions opens our understanding of projective and introjective identification. Persons who are predominately in the depressive position, by virtue of being capable of symbolization and a sense of history, are also capable of a certain constancy of their sense of self across time. Such persons can be a subject and an interpreting "I." Such a capacity in our society carries the label of normalcy. In this

sense, the continuity and locus of our subjecthood is considered fixed.

Ogden (1994) by contrast understands the subject as more fluid and less structurally fixed. Ogden also sees in terms of Kleinian positions, the possibility for a person in the depressive position with a fixed sense of self simultaneously to be in dialectical relationship to one's own paranoid-schizoid position in which there is a great deal of slippage in self in the direction of internal or external others. The role transformations of ourselves and others occur through the process of projective and introjective identification. In terms of pathology, there is a distinction between "realistically" thinking one is Bill Clinton as opposed to a person with adequate "realistic" knowledge that one is not Bill Clinton but having moments of projective identifications toward President Clinton to the point of having a fantasy of being the President unconsciously, and then suddenly coming to one's senses . . .

In ways the paranoid-schizoid position is the world of fantasy and the unconscious while the depressive position is more the world of realism. However, there is also a sense in which the paranoid-schizoid position is more literal, concrete and non-symbolic. What makes this clearer is that in the midst of a dream, realism is lost. While we can appreciate afterwards the symbolic nature of the dream, in the midst of it we can fear the concrete or literal objects in the dream. In brief, there are at least two sides of human experience: one of realism with a fixed sense of self and one of fantasy in which we can be many persons.

Dreams especially give evidence of this fantasy life that parallels our conscious life. In dreams, we play many parts and two different persons in one's dream can both be

aspects of ourselves. Dreams thus give us a good sense of the paranoid-schizoid position where time and space and subjecthood are quite slippery if not absent. At issue, projective and introjective identification enables one to participate in this dreamlike paranoid-schizoid position in which the constant self or subject is no longer constant. Fantasy on the border of reality enables us to projectively and introjectively identify ourselves with others, and interchangeably with persons from the past.

A person may be predominately in the depressive position and be in relationship to her husband who is predominately in the same position also. However, both partners are in the paranoid-schizoid position but not predominately. The paranoid-schizoid is understood as in dialectical relationship to the depressive position. Not only does the simultaneous presence of the paranoid-schizoid position bring a certain immediacy to the relationship but also an undercurrent of projective and introjective identifications that can include persons from the past. This double way of relating in implicit and explicit ways must be understood to deal with the full complexity of couple relationships. To focus only on solutions or communication skills is to miss this underworld of objects being projectively and introjectively identified with. It is contended here that this underground level explains not only the deep pathology of some marriages but also the attempt to resolve old rejections and longings.

Intersubjectivity

The problem with projective and introjective identification from a more structured

intrapsychic perspective is that we are captured by a picture of subjects locked inside skulls with the subject centered in and equated with the brain or mind. Such encapsulated minds appear isolated from other subjects and thus we become hard pressed to understand how projective and introjective identification could move from inside one skull to another. This becomes especially problematic as one tries to picture parts of the subject being transported into another person. However, when the subject is decentered (no longer equated with mind or consciousness), then, projective and introjective identification becomes more plausible. This, however, requires the concept of intersubjectivity, which, like projective and introjective identification, is very illusive.

Ogden (1994) argues that even psychoanalysis has contributed to a movement that previously began with Copernicus and then Darwin that has decentered human beings from various reified centers. Freud showed that the mind is not the center of the subject but rather is in dialectical relationship with that which is “not me,” namely, the unconscious. Projective and introjective identification furthers this decentering as the subject is understood as in a dialectical relationship with an intersubjective realm or space between persons. Projective and introjective identification is one of the most important, but primitive, means of throwing or decentering ourselves toward others in the space between persons.

A more mature form of throwing of ourselves into this intersubjective space is through the medium of language (symbolic, literal and body language). Language represents the building blocks for the social construction of subjectivity. However, there is also an underlying pre-linguistic and pre-symbolic way in which persons relate to each

other that has its roots in the paranoid-schizoid and autistic-contiguous positions discussed above. Persons who are predominately in the paranoid-schizoid or autistic-contiguous position do not relate as subjects primarily through language but out of projective and introjective identifications. In projective and introjective identification others are not separate but extensions of one's own internal world. This entails not only a lack of recognition of others as subjects but a narrowing of the intersubjective space between persons.

Ogden (1994) envisions human experience as constituted by three different positions or ways of being: the depressive, paranoid-schizoid and autistic-contiguous. These three positions are in an ongoing dialectical relationship with each other with one position being predominant. A person predominately in the depressive position has full access to symbols or language and thus can communicate through language, while recognizing others and oneself as subjects. Such relating maximizes the intersubjective space between persons (what in this sense can also be understood as a "clearing"). Symbols can enable not only better communication but also the recognition of otherness or subjecthood of others.

Gadamer (1993) Heidegger (1962) and object relations theory describe some primordial oneness of human beings that is similar to the infant-mother fusion in the paranoid-schizoid position. It is this primordial oneness for Gadamer and Heidegger that enables our projections or prejudices in the intersubjective space between persons to lead to understanding with others who also have participated in this primordial oneness.

Object relations, even when describing the depressive position, focuses less on

ideal communication and more on pathological communication. Winnicott (1971) particularly has focused on the space between mother and infant as transitional space. Transitional objects are the mediums through which mother and infant negotiate separateness and the infant's emerging subjecthood. The process of this evolving subjecthood involves projective and introjective identification, as an infant projectively identifies intolerable feelings onto the mother who introjectively identifies with them and returns them in an integratable form. The mother and infant in this process come to tolerate separation and through the extension of the intersubjective space allow for the infant to emerge as subject.

In terms of couple therapy, a similar process aims at maximizing the intersubjective realm between partners and between partners and therapist. This leads to better understanding and more importantly to increased awareness by the couple and therapist of each other as subjects and not as objects or extensions of oneself. The critical question becomes what is it that contributes to the fusion or lack of sufficient intersubjectivity between marital partners that leads them to remain in or too repeatedly to descend into the paranoid-schizoid position and thus reduces understanding and mutual recognition of subjecthood. Object relations theory assumes that difficulties in close relationships are rooted in unresolved early relationships. These relationships, that we carry within, contribute to how we relate in the present.

The degree of fusion or lack of intersubjectivity with internal objects is likely to result in fusion and lack of intersubjectivity with present relationships. Thus, as a therapist, for example, in working on enabling a couple to experience each other more as

subjects, there would be a parallel process of enabling and disentangling the partners from their fusion with internal objects. These objects are identified in the other partner in some drama that cripples the marriage, but offers a clue as to possible repair.

Winnicott (1989) wrote how we use and destroy internal objects toward allowing our internal projections of others to be replaced by the other persons themselves. For example, adolescence is a period of using and destroying the idealized and security offering internal objects of the parents. This is done to break away from home and parental values and eventually place those idealization and security needs in a spouse. In this process, parents, as internal objects and ideally as external subjects, survive the destruction of their adolescents and thereby can be real persons to their adolescents. This process is rarely completed before marriage and so there is a degree of destruction of internal objects that also goes on inside marriage. Each spouse has unresolved issues with a parent and thus projectively identifying that parent in the other spouse sets the stage for a re-enactment of old issues in the space between the spouses. Ideally, in this projective and introjective identification process, the parents stop being internal and primitive internal objects and become separate subjects.

In human relationships an underlying play or narrative is assumed to be going on with regard to one's internal object world derived significantly from one's earliest relationships. Thus, there may be a husband and wife talking which is one level of play or narrative, but underneath there is simultaneously a second level of interaction involving old objects or figures. The degree to which this play within the play or interaction of early objects is occurring, is the degree to which the intersubjective space is truncated

making explicit communication difficult. However, the implicit or underground communication may be quite powerful, and if contained and worked through may be quite therapeutic. The interaction of early objects is a function of projective and introjective identification that couples work through in order to expand interjective space. This enables partners to be subjects and not objects and to bring understanding where there was formerly a fusion of intolerable emotional material.

The Case Study

There were several events in the childhoods of the couple in the case study that seem pivotal to their later difficulties. Also, their previous marriages represent significant events revealing how their first marriages not only failed but were considerably different from their present one. After looking at these important influences, this hermeneutical interpretation will look at the crucial three turning points in the couple therapy. This will be done in a way that integrates the couple therapy case study with the concepts of projective and introjective identification and intersubjectivity as theoretically worked out above.

Childhood

Object relations theory holds that the parent-infant relationship, while not entirely determinative, is important toward shaping later development including marital relationships. What the therapist hears in the therapy hour will be accounts of childhood (and adult) events that may reflect emotionally or symbolically something of the mother-

infant and father-mother-infant relationship. For Anne the crucial experience is that of being burned badly in her bed as a child and hospitalized in a way that felt like abandonment by her parents. For Harvey there is not a single series of events but more of a feeling of estrangement from his father and the feeling that his needy mother prevented him from having a relationship with him. There was also the realization of his father's failure to connect with his mother and his father being closer to Harvey's brother. A sister had encephalitis and received much of the parental attention Harvey desired.

This history, which is a history that changes in our memories over the course of our lives, helps us understand the internal object worlds of Anne and Harvey. It also helps us understand the fit and misfit of these internal worlds in their marital relationship. The memories reflect in part actual events but also screen memories that reflect feelings about infancy and one's entire early experience now present in one's internal world of objects.

Harvey's memories depict a fusion with a mother, who is near alcoholism and is over-connected to Harvey, but not her husband. However, Harvey cannot experience mother as an alive person, only her deadness is remembered. This deadness is in part his father's deepest failure. This deadness that Harvey feels in himself and thus connects to Anne is difficult and a matter of survival for him. Harvey talks of a brother who appeared to connect to his father better than Harvey was able to do, as well as a sister, whose encephalitis brought her a lot of attention. This was similar to the attention that Anne seems to claim in the therapy sessions, especially around her talk of being a burn victim.

Anne's childhood seems less clear in the case study. No mention is made whether or not she had siblings. The guess here is that she did not. Her parents seem even more

deeply cut off than Harvey's. The text hardly mentioned the mother. The father seems insensitive in remarking to Anne in the hospital that she should develop her brain now, leaving the impression that she will not be beautiful to men including her father (40) ((40) refers to paragraph number in the case study, Appendix A). She feels the parents did not visit her in the hospital as often as they should have. It was as if they were so overwhelmed they could not be there for her, just as they somehow had not been there for her to protect her in the night from the fire. Anne's feelings of early abandonment deeply color her relationship with Harvey.

First Marriages of Anne and Harvey

Affairs characterized the previous marriages of Anne and Harvey. The text describes the meaning of these first marriages as follows: "the affairs of both previous marriages could now be seen as keeping passion and commitment at bay, split off from the safe and steady but uninvolved marriages each had. The affairs thus had an important role in maintaining those marriages as steady but unemotional and essentially nonsexual" (62). Anne and Harvey had different reasons for needing such a split. "Harvey was frightened of closeness to a woman, based on his fear of his needy, alcoholic mother, whose wish to impose her needs on him still plagued him" (62). "Anne had felt neglected by her parents during years of recovery from a childhood burn. Left with little visible evidence of the scars, she nevertheless felt that she was unlovable, and took her husband's lack of interest as evidence of what she should expect. The affairs allowed her a split-off relationship with the exciting object she craved, without chancing the aggressive rebuffs she had felt from her parent's neglect after the burn" (62).

“But the more central problem comes when aspects of internal object life that had been held outside the original marriages now must be integrated into the subsequent one. For instance, guilt that was held at bay enough for the affairs to happen must now be absorbed into the marriage itself. In a general sense, the rejection of a repressed bad object that was handled by splitting and projected denigration of the spouse before, must now be handled inside the new relationship” (64).

Anne and Harvey projected passion and commitment split off from their spouses. Harvey feared being overwhelmed and Anne feared the aggressive rebuffs reminiscent of her perceived parental abandonment when her body was burned as a child. In other words, Anne and Harvey chose partners who were perhaps initially exciting and promising, but in time become relationships that are safe but not intimate. Intimacy is too much to risk (for Anne and Harvey and their respective spouses) and thus intimacy can only be risked in fleeting affairs. One affair, namely Anne with Harvey, is somehow different and leads Anne and Harvey to risk a commitment to each other.

It is surmised that Anne internally could not integrate closeness with rejection, so she split them off projectively identifying closeness in her fleeting affairs and rejection in her first husband. Harvey, burdened by a needy mother and distant father, also fears closeness not in terms of rejection but in terms of being overwhelmed. Harvey projectively identifies his mother toward his first wife (who may have introjectively identified with it). Then Harvey works at distancing himself from her and seeking out his intimacy needs in affairs. Eventually Anne and Harvey want more than affairs. Their affair becomes a relationship and in this they begin to integrate the split off parts of

themselves as experienced in their first marriages. Anne seeks to integrate her longing for closeness and her fear of rejection, while Harvey seeks to be close without feeling overwhelmed and without becoming his distant failed father. The projective identifications of the first marriage are taken back but now must be contained in their new marriages. This task the couple finds difficult.

There is a sense in which Anne and Harvey scapegoated their former spouses by projectively identifying old scripts into the intersubjective space of their marriages. We cannot know for certain whether the other spouses were victims or whether they had their own needs to play the roles that they did. We do not know whether Anne and Harvey's first marriages may have been salvageable at some earlier point. We do not know if they could have worked through the projective identifications which made victims or rejecting figures out of the spouses. Anne appears to have had a rather absent husband, while Harvey appears to have been the absent husband in his first marriage. Anne in choosing Harvey chooses another unavailable male, as was also the case with her father.

What is powerful about the concept, projective and introjective identification, is that it brings a certain element of uncertainty to marriages and couple therapy. Who the victim is becomes less clear if one subject can project his or her rejecting aspects into intersubjective space to be introjectively identified with by the other person. For example, Harvey's mother and first wife may have been carrying a certain depression for their spouses, so that their deadness is not necessarily an autonomous creation. Blaming becomes less possible when projective and introjective identification is understood as part of the marriage. An awareness of the social construction of

pathology renders blaming less plausible.

Early Stage of Harvey and Anne's Relationship

Object relations couple therapy (Dicks, 1969) contends that the early stage of a relationship involves primarily the exciting internal objects with the rejecting objects unconsciously kept in the background. However, the rejecting aspects come out when the relationship seems permanent, as if legal or avowed commitment frees up the aspects we have repressed earlier to please the beloved . . . “But as soon as they declared their love, felt free to date openly, and to have longer times together, Harvey began to have intermittent erectile difficulty . . . After their marriage, Harvey’s difficulty with erections increased” (3). The dynamics of this sexual dysfunction will be discussed further in the next section. At this point, we need to be aware that a certain projective identification process is occurring that seems related to Fairbairn’s (1952) three-part model of exciting, ideal and rejecting parts of ego and object.

This couple, as mentioned above, had projected the exciting parts of ego and objects through affairs, but the affairs had to be short term, as Anne feared the rejecting aspects would be too much for her in a long term relationship and Harvey feared being overwhelmed by a needy mother relationship. However, in their own affair with each other, they risked a longer term relationship. However, when the relationship took on the form of a commitment Harvey’s erectile difficulties emerged. The difficulties are understood later in therapy as “[serving] to suppress rage at Anne as a controlling mother, while protecting her from the rage that would have been located in an invading penis” (23). This highly psychoanalytic interpretation at least indicates a return for

Harvey of the rage at his mother over which he feels conflicted. This is true especially when he directs this rage at Anne to the point of physically losing his erection and symbolically losing his male sexuality. This however may be too one sided, as certainly Anne's anxiety about her (formerly burned) body being capable of bringing Harvey alive sexually may have been a factor. Harvey may also be projectively identifying his own fears of failure (derived in part from his father's failure with Harvey's mother) into his understanding of himself as a failing sex partner. This raises the possibility that there is a relationship between projective and introjective identification and sexual problems, such that a part of the body can be the focus of a projective identification. In other words, Harvey projectively identifies his father's failure as a diplomat and as a husband in addition to his mother's resultant neediness of Harvey into his mental image of his penis as a penetrating phallus. This projective identification occurs to the point of Harvey being overwhelmed with conflict resulting in failing sexually in a way symbolic of his own internal object world.

Early Phase of Couple Therapy

The early phase of therapy aimed toward “[settling] them down enough that they did not burst apart, while containing the fiery physical fights that had become a feature of their marriage” (10). Thus, it became clear that the couple was engaging in physical fighting which became a central concern of the therapy, in the sense of making the relationship safe before anything else could be approached. Anne attributed her anger

primarily to Harvey's erectile difficulties, but she was also concerned about his self-centeredness in relationship to her and her children. Harvey "was as distressed as she was about his impotence. He did not feel unsympathetic about her troubles, nor did he feel unsupportive" (5).

"Work with Harvey and Anne was among the most difficult and discouraging I [D.E.S] have done" (7). Anne often refused to speak at the beginning of the hour and then once Harvey began to speak, she would refute what he had said. This would lead in time to Anne barging out of the therapy room with Harvey looking at the therapist as if to say, see what I am up against, and then he would follow her. The couple would return to the next session as if nothing had happened.

The therapist "regularly felt [his] position with them severely skewed" (9). The therapist liked the British aristocratic ways of Harvey despite his lack of "psychological mindedness" (9) and his being "emotionally walled off" (9). The therapist found Anne "shrewish despite her capacity for psychological mindedness" (9). "Overall, I felt that this couple constantly cut me off from my own wish to be neutral between them. I felt inside me the unwelcome wish to side with him and to get rid of her. In my struggle to be true to my principles and regain a position equidistant between them, I felt so frequently frustrated that I often wished to be rid of them altogether" (9). "Early and late in the therapy I felt controlled by Anne's rages and subsequent nonchalance. I felt buffeted and turned on my head like a puppet with no brain. I often felt that my attempt to discern a truly shared contribution to the troubling relationship was merely lip service to my belief. I thought Harvey did contribute to their difficulties, but I could not find out how..." (19)

The therapist's inability to get at Harvey's issues was attributed to Anne's anger and Harvey's "[frustratingly] well-meaning but shallow compliance..." (19).

The therapist is avowedly feeling drawn favorably toward Harvey and feeling unfavorably toward Anne. Putting aside the possibility that the therapist may have his own personal issues or gender biases that might contribute to this skewing, we may want to assume that Anne is projectively identifying her history of being rejected into the room toward the therapist and the husband, such that they take on the role of her parents and the doctors of her childhood hospitalization. The early rejection is so powerful in Anne's internal world that the therapist feels buffeted by her and indeed does feel rejecting toward her. Harvey projectively identifies an idealization of the therapist as someone in the role of authority such as Harvey's father, whom the therapist can represent but in less distant manner. The therapist seems to allow himself to be hooked by Harvey's idealization especially as it is coming from this very aristocratic British subject whose father was somewhat famous long ago in diplomatic circles.

Intersubjectively, the play within the play of therapy involves the therapist as Harvey's ideal father and as Anne's rejecting parents along with the doctors of her childhood hospitalization. Anne represents for Harvey the needy mother but also the rageful but alive counterpart to his emotionally dead woman. Her anger is punishing but it also symbolizes life, which Harvey values over emotional deadness. Harvey represents the rejecting parents as well. His sexual difficulties confirm what her father said to her as a child in the hospital about her needing to focus on her school work implying her body would not attract men (40). The therapy room becomes a part of the intersubjective

space. When the play within the play becomes too intense and thus the intersubjective space collapses, Anne breaks out of this space and in so doing she is breaking out of that childhood hospital. This allows her therapist-parent-doctor and her husband-parent to experience and introjectively identify with her rejection and abandonment feelings from that childhood hospital stay. It is however not as if Anne is able to put her rejecting internal world directly into the therapist and husband's mind. Rather, she places them forcefully and in a pressured way in the intersubjective space of the therapy room. The therapist and Harvey's personal rejection issues are activated in a way that enables Anne's projective identification to overlap with their rejection issues such that the therapist and Harvey come to introjectively identify with this rejection material. In other words, the projective identification of Anne in the intersubjective space enter the projective identifications of the therapist and husband in such a way as to magnify them beyond their importance in the therapist or husband. This results in the therapist or husband taking on roles that parallel their own personal issues but also those of Anne.

The First Turning Point in the Couple Therapy

Three turning points have been repeatedly focused on in the previous mediations. The first one comes at the end of a period of behavioral sex therapy (Masters & Johnson, 1970) when the couple violate the therapist's treatment plan and begin having sexual intercourse prematurely. The couple's proud success against the therapist's instructions leaves the therapist feeling "abused" (23) as the couple were having sex "over my

therapeutic dead body” (24). This turning point raises important questions about the role of projective and introjective identification but also about object relations therapy over against a solution oriented or behavioral form of therapy. In addition we will see how intersubjectivity can be helpful in understanding this interaction.

The therapist has written widely in the area of sex therapy. The couple may have chosen him for this reason. The presenting problem from Anne’s point of view and also Harvey’s, but less adamant, is the erectile difficulty. Therapy proceeds initially without focusing primarily on the sexual issues until at one point “Anne reintroduced the demand that something be done about their sex life” (23). The therapist appears to have altered his treatment plan and began at this point to do behavioral sex therapy with the couple.

From a solution oriented therapy approach not only does the case study represent inordinately long therapy but the presenting problem is ignored at first. When addressed and resolved the therapist instead of stopping the therapy reports that he felt “abused” (24). The couple do soon relapse and “the sex fell away again as their competitive rage resurfaced” (24). But a solution oriented therapist could argue that the success was not sufficiently grounded and that’s why it soon faded. This solution oriented perspective will be returned to later after we have looked at this first turning point from an object relations perspective.

The intersubjective and projective and introjective identification configuration clearly shifted following the “successful” sex therapy which contributed to the therapist’s feeling “abused” (24). What has changed dramatically is that Harvey has stopped projectively identifying idealization toward the therapist-father. However, he then

projectively identified his idealization toward himself and Anne along with his feelings of longing for her. The couple are joined but in a way that the therapist experiences as rejecting. This shift will require significant attention as something is strange about the therapist's feeling "abused" the moment the couple succeeds at their presenting problem.

This abuse the therapist feels can be understood at several levels. The most primordial level might be what Freud and objects relations refer to as "the primal scene." This represents the experience of the child being excluded from the parents' bed and the sexual act. The therapist feels very excluded and so he may have some personal issue related to exclusion from his parents' intimacy. This may represent the intersubjective overlap that enables the therapist to introjectively identify with couple's joint projective identification. At another level it is as if the therapist is not the excluded child but the excluded parent whose adolescents are having sex and flaunting him with their sexual relationship as a sign of rebellion and growth. This is supported by the history of affairs that preceded the marriage and represented the couple's difficulty including sexuality within a "legitimate" and committed marriage. From a projective and introjective identification perspective, understanding the therapist's experience is possible as something the couple have projected and identified between themselves and the therapist, namely, the feelings of being rejected by family of origin and each other (Harvey also has a history of rejecting needy women). By directing these feelings toward the therapist the couple can have an exciting relationship without being invaded by these rejection feelings and fears of being overwhelmed by neediness.

Anne, who may have been an only child, feels radically excluded from her parents

upon being burned and hospitalized. The parents may have drawn closer in her absence realizing more acutely how they ultimately will have only each other. Also, it needs to be kept in mind that Harvey's erectile difficulties represented for Anne a rejection of her body. She associates this with her parents' reaction to her burned body. Being burned at age five on the lower half of one's body is a major trauma at what Ogden (1987) would call the autistic-contiguous position. This position includes the sensory awareness of an intact body (the feeling of holding together). A burning of the body is an intrusion into that intactness and produces profound helplessness. Thus, in having successful intercourse with Harvey, she may have had corrective positive feelings about her body at a sensory level.

Alternately, she projectively identifies her feelings of abuse and abandonment between herself and the therapist, who seems to have been shaken by these projective identifications. However, this shakiness also produced understanding in the therapist, as without it he could not make sense of the depth of inner pain of Anne, the pain being re-enacted between Anne and Harvey in their highly conflicted relationship. "...I felt treated by the two of them together the way they habitually treated each other" (24). Thus, not only is the therapist experiencing Anne's awesome feelings of being traumatized and abandoned, as well as Harvey's feelings of being rejected or distanced by his father, but the combination of these individual projective identifications as they have contributed greatly to the conflict in Anne and Harvey's marriage. The childhood issues were trying to get worked out in the marriage but the marriage could not contain them. It is up to the therapist to try to contain them by being the recipient of years of stored rejection. This

massive rejection can be unleashed on the therapist in the moment that the couple attempts to allow their emotional and physical longing to overcome the rejecting aspects of themselves. In so doing they seek to split off these rejecting aspects from themselves through projectively identifying them in the intersubjective space between them and the therapist. The therapist introjectively identifies with this projective identification through some fantasy such as his own feelings of exclusion from his parents, wife or whomever. This part of the therapist that the couple's initial projective identification activates is grossly magnified by subsequent projective identifications of the couple. The intersubjective nature of this involves the way the therapist's own relatively minor personal issue becomes the projected part of him in the intersubjective space that the projective identification becomes a part of and magnifies in a way that seems familiar but grossly unfamiliar (not-me) to the therapist.

This process is a quite mysterious one, which might be further illustrated by a case out of my own therapy practice. I worked, at the end of an afternoon, with a thirty-five year old woman whose mother, long ago, had been diagnosed as paranoid schizophrenic. This mother had been hospitalized for the first three months after my patient's birth. At one point in the hour the patient almost used the word, "paranoid" to describe her reaction to her work supervisor but she could not fully say the word. Toward the end of the session I began strongly wondering if a meeting of therapists was still on for the next day, as the meeting was to be in my office and I had invited someone to come from a distance. The other person planning it had not returned my calls, so when the session concluded, I called this therapist and got no response. The absence of a response continued to worry

me into the evening when I called the therapist at home late and again no response. I awoke in the middle of the night feeling powerful paranoid feelings toward this therapist attributing to her awful and embarrassing rejection. As it turned out she called the next morning reporting that her father had had bypass surgery and so forth. While the source of the powerful paranoid feelings were perhaps some of my personal issues, I believe they can also be attributed to the projective identification of the patient, whose powerful feelings of paranoia and collapse of self worth had not been as experientially and painfully clear to me until after my experience in the night.

What is important to realize is how the projective identification of the patient is placed in the room in the intersubjective space through language, body movement and constructed atmosphere. This occurs to the point that a mild worry (is the meeting of therapists on or off) of the therapist becomes a valency in the therapist for introjectively identifying with the projective identification of the patient. This valency allows the projective identification to be taken in by the therapist and then it magnifies greatly to the point of awakening the therapist in the middle of the night with a feeling of paranoia that feels slightly familiar but also like something not one's own.

To fail to understand these experiences as projective and introjective identification is to conclude that the therapist is on the verge of some mental illness or so overwhelmed in working with a particular patient that the therapist consciously or unconsciously tries to end the therapy. In couple therapy such powerful feelings often lead the therapist to conclude that the marriage is hopeless and divorce is the only alternative. Many therapists, I surmise would have moved toward a divorce recommendation in the face of

the impossible couple in our case study. An object relations understanding and especially an understanding of projective and introjective identification enables the therapist to endure and understand over the needed long haul of therapy. Understanding is required by the therapist to endure what otherwise might feel like too powerful and irrational forces to withstand.

In returning to the case study, another level of the intersubjective dynamics of this first turning point needs to be understood. There is a way in which the presenting problem and the problem that in time Anne demands be addressed is the issue of Harvey's erectile difficulties. Intersubjectively between Anne and Harvey, even before entering couple therapy, there is an obvious sense in which Harvey's penis is the object that contains great meaning for this marriage in a way similar to the way a breast plays an important role in the mother infant relationship. In the intersubjective space sexual and other more mundane objects can be the focus in negotiating closeness and distance.

Ogden (1994) above reported of a letter from a colleague that became an intersubjective object that enabled him to pick up on projective identification material from a client. In one of my cases a female teenager could not focus on therapy as she needed to show off her ten new rings from K-Mart. She handed me the cardboard on which the rings had been displayed and it read "Tinker Bell rings" and I read this aloud and paused in silence. Then I muttered something to the effect that if one does not believe in fairies they die. This I believe represented something I was picking up on from the intersubjective space in the room.

"That's right," the patient said, "and you know fairies are real and so are nomes;

mom and I saw one when I was a child.” This patient went on to tell of her favorite book that was about nomes. As the conversation proceeded, it turned out, this was the only gift her father left behind in leaving her when she was six months old. This recurrent suicidal patient had almost a resurrection belief in Kurt Cobain, a rock star, who had committed suicide and had lived in Washington State, just a few miles from where her father now resides. The rings could have been understood as an adolescent’s bored unwillingness to engage in therapy or, as was the case, they could be interpreted as symbols of believing in a father and a marital ring that seemed to have vanished in her parents’ divorce. In other words, the patient was unconsciously projectively identifying fantasy material of painful rejection and idealized hope into the intersubjective space between her and myself in the unconscious hope of my feeling and understanding her own internal world. The rings she displayed to me were unconscious attempts at offering me a glimpse into her fantasy world where beloved transition objects survive death and divorce.

Winnicott (1971), as elaborated above, understands transition objects as the medium through which mother and infant negotiate and tolerate the pain of separateness. The breast becomes the primary symbol of the mother with bottle and thumb soon becoming good enough substitutes or transition objects to enable the infant not only to be separate but to become a separate self, no longer primarily fused with the mother. In the case study the penis is like the breast as it comes to symbolize union in the marriage, but also the hopelessness of union. This hope for union is as old as the primordial union of mother and infant through the breast.

For Anne the husband’s erectile difficulty symbolizes the undesirability of her

burned body along with her parents' abandonment of her in childhood. Also involved is the way in which her first husband ignored her. For Harvey, the erectile difficulty represents his fear of closeness due to fear of being overwhelmed by his needy mother. It also represents his inability to identify with and receive power from his father as symbolized in the phallus as a psychological representation distinct from the penis as something purely physiological. Harvey excitedly longs to bring Anne alive, but she perhaps too desperately and anxiously needs him to succeed to soothe her own fears of undesirability. At another level, Harvey associates longing with being overwhelmed by an emotionally needy but dead mother. This creates a hurt and rage in Harvey that he does not want to pour into Anne in intercourse. The longing is there in Harvey and Anne but Anne is so needy she may be anxiously needy in a way that activates Harvey's needy mother and Harvey's father's failure to bring his wife to life. The longing is so anxiety ridden that the penis, as a transition object or intersubjective object, fails to meet the desperate needs of the couple.

Thus, the penis or phallus comes to symbolize the connection this couple is longing for. At Ogden's (1989) autistic-contiguous position the sexual relationship represents a non-object and non-symbolic sensory experience. In this sense it is the experience of oneness more primordial than any other experience except infancy. The intersubjective space is collapsed and utter fusion occurs in the sexual relationship, which can make letting go or descent difficult for couples predominately in the depressive position, especially if the couple tends toward intellectualization. I have discussed how Harvey and Anne in their fighting seem to allow the paranoid-schizoid position to

predominate in a way that prohibits communication for even this published writer and this scientist of “substantial and still growing reputation” (2). However, at another level, outside the fighting, we are dealing with a couple of very cerebral persons capable of in depth symbolic thinking such that they can also be understood as heavily entrenched in the depressive position. Especially Harvey, who is cut off from his feelings and is quite verbally adept, sexual relationship is difficult.

The couple are quite elated by their sexual success. However, their success required projectively identifying their anxieties and rage (in response to rejection) into the intersubjective space for the therapist to introject through perhaps his own early recent feelings of being excluded. The focus of therapy thus shifts from enabling a sexual relationship to understanding the abuse the therapist is feeling (his introjective identification that is synonymous with his countertransference).

For the therapist to focus only on the sexual success and to ignore the abuse felt inside him would be to fabricate a positiveness in defense of the feelings of abuse. To end therapy at this point would be an act of rejection and would be like stopping and wishing the couple best of luck with their knife still in his back. Especially because the sexual success seems more like a disobeying of the therapist as in an affair, the long term success of the sexual intercourse seems dim. There seems every reason for the rejecting aspects to return when the affair dimension of the sex returns to a marital sexual relationship. In other words the “success” is a reversion back to their affair based way of splitting sex and marriage, as they did in their previous marriages. And sure enough, “. . . and then the sex fell away again as their competitive rage resurfaced” (24).

Note that immediately afterwards, “. . . a new crisis emerged. Anne felt betrayed when Harvey took a drink while out with a mutual friend, an old girlfriend of Harvey’s by whom Anne had always felt mistreated” (25). At the beginning of the therapy an important issue had been Harvey’s drinking problem, especially as it may have contributed to the fighting and the erectile difficulties. Harvey evidently could feel self-soothed in a self connected sort of way through alcohol. The alcohol in some ways was an intersubjective object, a form of breast feeding, that enabled him to stay connected in a needy way to his alcoholic mother, but at the same time not overwhelmed by the neediness of his wife. However, in stopping his drinking and then going through sex therapy the new intersubjective object became the phallus which temporarily was no longer an object of Harvey’s rejecting projective identifications. He had a feeling of empowerment through the sex therapy, the therapist exciting prohibition of intercourse and identification with the therapist as an empowering father. However, as the sex became more routine, Harvey fell back on his more oral and infantile transition objects, the bottle and the self-soothing motherly milk of alcohol. Harvey also made moves toward regressing back to his old ways of splitting between wife and another woman by drinking with “an old girlfriend.” This may have also been a way of rejecting Anne and getting relief from the feeling that Anne was overwhelming especially with their sexual relationship temporarily restored. The other woman thus also serves as an intersubjective object through which Harvey and Anne negotiate their marriage.

A solution oriented therapist assumedly would send the couple home once their presenting problem was resolved. After all, the client knows best according to solution

oriented logic. The difficulty, at least from an object relations perspective, is that the projective identifications of rejection have been dumped toward the therapist, who, like the biblical Jacob, is hobbling around with a hip out of joint. These projective identifications of rejection cannot be just split off toward and into the therapist for temporary relief. They must be re-introjected by the couple, processed and integrated within their individual and couple lives. Otherwise, the rejection identification will return to the couple once the therapy is terminated. Turning points two and three to follow represent this further working through that object relations therapy considers more successful therapy.

The Second Turning Point in the Couple Therapy

After Harvey took a drink with an old girl friend and with the “successful” sex therapy subsiding, Anne appears to have resumed her rage at Harvey and indirectly at the therapist. This led to the therapist “openly discuss[ing] my countertransference position. The couple seemed impossible and now therapy seemed impossible too. I talked about feeling that I was helpless to make a difference, and I reflected on Anne’s now avowed intention to end the marriage. I addressed the relentless spoiling I felt she led with that also was a characteristic of their marriage which, outside the sessions, both of them carried out . . . Anne had the controlling lead in forbidding thought or feeling. I felt hamstrung, particularly by her, even though she had told me that was what she could not stand hearing” (27-28).

“Over time, Anne was hit by my confrontation. The first time I said this, not surprisingly, she walked out of the hour” (29). However, the therapy continued and four months later, “things began to yield. Almost imperceptibly, Anne softened and began to admit that Harvey was capable of standing by her on occasions ” (30). “And finally Anne began, now with full affect that caught my sympathy, to tell the story of feeling so abandoned by her parents during her long bout of recovering from her childhood trauma” (31). “...this time, her review of this material meant more to both Anne and Harvey. Although, the reasons are not entirely clear, I think that my talking about my helplessness addressed her situation as a child, and that my confrontation about her leaving sessions and slamming doors against Harvey and me may have spoken to a childhood wish to scream at her parents for leaving her alone. I could now understand the shaken feeling I had when she walked out of the hour as representing how she had felt when left alone by her parents in the hospital to face the ‘painful’ assault of the doctors and nurses” (32). While Harvey heard this material with concern, he also was off on a childhood memory of his sister, who “similarly had a physically painful childhood hospitalization . . . Now he lived out the same ambivalence about taking care of Anne that must have existed then about his sister: he both wanted to take care of her, and he was wordlessly envious of the care she received, even from himself” (33).

Anne has projectively identified her feelings of helplessness (experienced as rage and rejection) toward the therapist for the therapist gradually to identify introjectively with them over a long period of therapy. In this second turning point, the therapist had begun the slow process of returning those projective identifications to Anne in the form

of confrontations. Confrontations that Anne could here because of the endurance of the therapist over time to take in her attacks on him and the therapy. The confrontations by the therapist related to how she was attacking her husband, the therapist and therapy in a controlling way. “Controlling” is in the sense of forcing therapist and husband to feel her feelings of abandonment and helplessness and for them to take on the roles of persons from the past. Anne early on bolted therapy at any confrontation but always came back for the next session. Now, four months of therapy later, she can tell her childhood hospitalization story in a way that captures the therapist’s “sympathy” and her husband’s, although his focus is also on his sister who had encephalitis as a child and got much attention that Harvey wanted for himself.

The initiating trauma is of course the burning that comes in the middle of the night at age five. Not only is five a vulnerable age developmentally as she is on the verge of entering the public world through the school system, but it occurs at night, while the child is sleeping. This makes the incident extraordinarily traumatic. Sleep, like sexuality, is a letting go of control that requires trust about the world that is at age five trust primarily in the parents to provide safety.

As Ogden’s (1986) revision of Klein’s developmental positions indicates, sleep involves a letting go of the depressive position (world of symbols) and an entry into the paranoid-schizoid position (world of magical objects) and also the autistic-contiguous position (experienced shapes and sensory impressions). The autistic-contiguous position involves the sensory experience of being a body that is pressed upon by something external but not yet discernible objects. There is in this position the sense of having skin

that resists the penetration by whatever is impinging upon it, and this gives one a sense of physical intactness. A fire that penetrates the lower half a five-year old's body in the night is traumatic like sexual abuse, perhaps not in the sense of the interpersonal shame, but in the sense of the fire penetrating one's sexual organs and legs and leaving possibly lifelong scars that result in one feeling scarred and therefore rejected. The skin that holds the body intact in the autistic-contiguous position has been penetrated by the fire. The interpersonal betrayal runs even deeper in the perception that the parents' were unable to protect her from this, and unable to be there for her after the burning "in reaction to their own fear and turmoil" (31). The trauma did not stop there as the daily dressings and surgical operations were traumas of treatment such that the intense couple therapy treatments "reminded her of the fear and pain of the treatment for her burns" (32).

Anne experienced the extended physical and interpersonal trauma about the sensory, non-symbolic and non-linguistic positions of the paranoid-schizoid and autistic-contiguous. This type of experience cannot be expressed in words and thus will not follow the logic of ideal communication. The expression of the non-linguistic and non-depressive position experience requires projective and introjective identification as the form of communication. Unconsciously, Anne projectively identifies her experience of helplessness into the intersubjective space within the therapy room. Her, at times, irrational rage and her control (the compensation for helplessness) render the husband and eventually the therapist helpless, as they play the roles of the parents and doctors who could not protect her from the fire and did not protect her afterward. The husband cannot take in Anne's projective identification without fighting back physically or passive

aggressively. While her rage does not drive Harvey away, there is something alive about her rage that is in contrast to Harvey's emotionally dead mother.

Anne is able within the play of therapy to set up another play in which she is a child burnt and unprotected by her husband-father-mother-therapist. The therapy treatment is a re-enactment of the pain, the doctors put her through repeatedly in the name of helping her. In the intersubjective space the initial trauma that could not be understood in language is brought to life again in a way that therapist and husband can experience. The therapist can take these painful projective identifications in without rejecting or being utterly defeated by them. He is able to be the good parent to Anne that gives her the strength to receive back (introjectively identify with) her own earlier projective identifications in the form of the therapist's confrontations..

This new form of confrontation is less raw and toxic and definitely more linguistic and understandable than the original projective identifications, which seemed like utterly irrational behaviors. Anne's destructiveness of the marriage and therapy is in part a projective identification of her own feelings of being destroyed by fire and interpersonally not being taken care of. The therapist can contain her destructiveness. This enables him to support her but also enables her to take back her destructiveness in a form, that she can metabolize, understand in language, and integrate into her internal world. The therapist does this in part through interpretation: enabling Anne to understand symbolically in language in the depressive position that which before seemed beyond words in the paranoid-schizoid and autistic-contiguous position.

Anne's reenactment, coming out of her own paranoid-schizoid and autistic-

contiguous position, collapses purposely the intersubjective space of the therapy to communicate her rejected rage in a pre-linguistic way. The therapist experiences this collapse and is rendered hopeless and helpless. Still, he keeps trying to bring language and understanding to the collapsed intersubjective space. He keeps appealing to the depressive position of especially Anne. At the same time he struggled within himself at his own depressive position to bring words to what is happening in the intersubjective space (or lack of intersubjective space).

Anne's understanding of her trauma as internal to her, as opposed to residing in the husband or therapist, comes only with the support of the therapist and husband. In other words there needs to be a sufficient support or intersubjective matrix within which to re-introject her projective identifications and integrate them as a part of herself. The therapist certainly seems to be providing that support. The husband does also, although his focus is on his sister that means that his support is still ambivalent as it was for his sister. The couple therapy will require that Harvey come out of the cloud of his family of origin before he can offer Anne the full support she will need. Even before the above turning point transpired, Anne was "admit[ting] that Harvey was capable of standing by her on occasions" (30).

In this intersubjective matrix of support Anne is able to make progress on dealing with her early childhood trauma. This has intruded into her relationship with her husband, as has Harvey's history. The play within the play involves Anne as adult and child with others playing the roles of father, mother and the doctors. The strong support of the therapist in the role of parent-doctor enables a working though of traumatic

material especially in the context of the husband beginning to be in a supportive role.

The third turning point will enable Harvey to work through his early material and to grow in the ability to be supportive of Anne.

The Third Turning Point in the Couple Therapy

“Finally, after just two years, their defensive structure shifted. On the day I am going to describe, they sat next to each other on the same couch, a configuration I had not seen in at least a year” (34). With Anne’s daughter’s being in a car accident and no one knowing at first that she would be ok, Anne had felt supported by Harvey and as to the marital relationship “did not know quite what accounted for the improvement” (34). Nevertheless, Anne introduced in this therapy session the issue of Harvey’s grown son’s wanting therapy and his also wanting Harvey to help pay for it. Assumably, Anne opposed monetary help for this stepson. Ironically, this was occurring right after Harvey had passed some important test in being there for Anne related to the hospitalization of Anne’s daughter after a car accident. Harvey has gained some ability to be supportive that reassures Anne. This, however, is a new supportiveness and perhaps in part brings Harvey’s son in for help from a therapist who ideally will be like the therapist who is helping his father be supportive of others.

“Harvey was disposed to give [the money] to him, but he felt mildly abused by the request from a self-supporting 30-year-old. This led Anne to discuss Harvey’s dreadful

relationship with his son. Harvey agreed it was awful, but in the intellectually distant way he agreed about anything. In my experience of him, he was always emotionally out of touch with what he was agreeing to” (36). “But today, something yielded” (37).

Harvey can connect his ambivalence over his son with his feelings around his own father whom “he had longed to turn to when he had felt isolated or rejected” (37). The request for money seemed unreasonable. Still Harvey had the desire to connect with his son in a way that Harvey wished he had been connected to his father. He also felt that his mother had somehow kept him from his father. Then Anne interjects that it was his mother’s alcoholism, which in turn Harvey denies. A reenactment seems to have occurred on two fronts. One, Anne may be keeping Harvey from his son by being critical of any financial aid to the son. She may be also coming between Harvey and the therapist when Harvey is working so well with the therapist. This, as we will see, reenacts parts of Harvey’s relationship with his mother.

The therapist however does not make any interpretation around this. Instead, he asks Harvey to look at his relationship with Anne in the sense of their “recurrent fighting” (39) to discover something about his relationship with his father and mother. Their prodding of each other whenever things get quiet may be a way of being intimate. Then, Anne again tried to interrupt the relationship between therapist and Harvey and actually added a new depth to her memory of her burn experience. She shared that “her father [had] said to her that since she was scarred and no longer beautiful, she should develop her brain to get along in this life. This was the father she was trying to reach, even while

resenting him, when Harvey was busy prodding her” (40). Then, to Anne’s credit and her support of Harvey she noted that the focus had gotten back on her and she wanted Harvey to have it.

The therapist felt turned around by Anne and yet also that “she was right on the theme of connecting their relationship to the problem of reaching for a parent, in her case the father and, in the transference, me” (41). In Harvey’s son’s request for therapy money and Anne’s apparent objection to this, Harvey re-experienced not only his longing for his father but also the way in which his mother seemed to come between them. Anne plays this role of the mother again in coming between Harvey and the therapist in the hour. She can acknowledge the play within the play that is going on for her, namely, reaching out for her father through the therapist and her husband.

The therapist in assessing the conflict between Anne and Harvey intuitively guessed that the early relationship between Harvey and his mother may have been “rougher” (44) than Harvey had remembered. Harvey was open to this possibility and did not resist it. The countertransference of the therapist (the introjective identification of the couple’s conflict) revealed an “anxious holding” and “mutual prodding [as] their attempt to get compliant surrender or a non-threatening sign of life from each other” (45). From this, the therapist suggests that Harvey’s “mother may well have been, in her depression when he was four or five, difficult for him to get to” (46).

“I think that’s true ,’ he said. ‘I can remember her being depressed. Probably she did drink some then, maybe more than I remember, just as I used to drink more than I thought . . . I do have a distant feeling, one of loneliness, a quiet without walls, stretching

in front of me and all around. It's eerie. And this relates to my father somehow. To a feeling that if I could just get to him, I could get some comfort. So even right now, I have a sense that he's a failure. And the one way I can be with him is to risk being a failure myself. But I think the failure here is not just about the failure he felt in the later years, which were many. Yes!' he said, his eyes unexpectedly filling with tears, 'Here, I think it's mainly the failure to help me with my mother, and the sense of sorrow that he, too, could not breathe life into her'"(47).

"The room was quiet, in an unusually sad and full way. I felt we had given birth to something. Since it was close to the end of the hour, I turned to Anne to ask her response" (48). Anne said that she felt moved. There was something tentative, perhaps grudging in her acknowledgment, but she did not interrupt, and she looked concerned for Harvey"(49).

Even before the session something was shifting for Harvey, as evidenced in his new found supportiveness. This in part had begun four months earlier just before and during Anne's telling her childhood burn story in a way that caught the therapist's and Harvey's sympathy (mixed with some ambivalence going back to his sister). The ability to be supportive for Anne in relationship to her daughter combined with his son's request for therapy money may all have set the stage for Harvey to get in touch with his own longing for his father and the feeling that his mother came between them. This represented some form of intersubjective deadness that prohibited a father-son relationship. Similarly, Anne comes between Harvey and his son and also between Harvey and the therapist. The various levels of re-enactment enable Harvey to reach

deeper for his father and learn that identifying with him has formerly meant joining with him in failure. But now the failure is not that of career failure (related to his father's nationally publicized diplomatic failure) but his father's failure to reach Harvey's mother, whose depression and alcoholism were not penetrable by Harvey or Harvey's father.

Anne plays the role of intervening mother and the therapist plays the role of the father who can be close and can bring himself and the mother to life. In turing point two the therapist could feel "sympathy" for Anne, as if she were coming to life in his eyes. This play within the play with players playing many roles enables Harvey to pull out of his fog. This is a paranoid-schizoid position in which his wife and parents are objects or extensions of Harvey but not subjects in their own right. As for projective and introjective identification, Harvey has identified feelings concerning his mother into the space between himself and Anne. The therapist can take on an identification with Harvey's father. Through projective and introjective identification Harvey unconsciously has set the stage for a re-enactment of his childhood.

Before beginning therapy the couple's intersubjective space would collapse and fighting would result, as two subjects were not present to each other. Instead, two objects who represented old conflicts and old ghosts were present to each other surrounded by a thick fog as to what was going on. All that the couple seemed to realize is that there was a longing, perhaps even an old longing, as well as old rage.

The therapy at first repeated the collapsed intersubjective space of the home stage. The therapist however can appeal to the depressive positions of each spouse enough to bring into words something of what was happening, enough to bring some semblance of

subjecthood and therefore intersubjective space as well. As this intersubjective space increased, understandings became possible. This was especially facilitated by the therapist and couple reenacting in the therapy hour not only the conflict at home but also the old conflicts of their family of origin. The re-enactments were in this sense purposeful as they revealed the inner world of the couple.

Harvey's old conflict was between himself and a distant father with a needy alcoholic mother between them. The extra-therapy event of the son requesting money for therapy against Anne's wishes was a re-enactment of Harvey's old conflict with parents. This re-enactment was repeated in therapy with the therapist as father, Anne as mother and Harvey as himself. But the re-enactment involved differences, as Anne was not emotionally dead and the therapist was not distant.

This re-enactment led to emotions and understandings for Harvey that brought him out of his cloud, his "affective disconnection" (21). For Harvey, in relation to his father and mother, there was a ghost like object quality to them as they were extensions of Harvey's internal object world and not separate subjects, which in turn made it hard for Harvey to be a subject with his own feelings. The assumption here is that this paranoid-schizoid position that Harvey was in regarding his wife and parents form a pressure that pushes toward a re-enactment of the past. The son's desire for therapy and Anne's interference with this and her interference in the therapy provided the stage for such a re-enactment. This enabled Harvey projectively to identify feelings that had been split off into the space between himself and Anne (and the therapist), and from his internal consciousness. Anne and the therapist introjectively identified with those projective

identifications so they felt pressured to act in new roles, the roles of father and mother to Harvey. The ghosts came alive and this led to Harvey being able to bury the ghosts and mourn the real subjects, i.e., father and mother.

Harvey's depressive position enabled him to hear the therapist's interpretations and thus put into language what was happening in therapy and to make a link between what was happening in his marriage and in therapy in relationship to his early history with parents. This increased the intersubjective space that was not just some phenomena of Harvey's creation. It was something that Anne and the therapist were working on increasing as Harvey was also. The therapist in preventing Anne from speaking and her checking herself in this regard, was a two-person attempt to increase the intersubjective space enough for Harvey to be able to expand it also.

Harvey could get in touch with his longing for his father and his feeling that his mother had come in-between them. Underneath this was the fear that to get closer to father would be to identify with his sense of failure that was not career failure but the inability to bring his mother to life (as well as his own wife), . In seeing this Harvey got in touch with his feelings of loss for mother and father, which led to the intuition of the therapist that, "we had given birth to something" (47). The birth was Harvey's own with regards to his parents and Anne. They were no longer objects or extensions of his inner world but subjects separate from Harvey. The losses could now be endured as Harvey was in the depressive position and capable of mourning. Anne was no longer filled with Harvey's projective identifications from the past, but she was a real person separate, no longer an extension of Harvey. All this enabled Harvey to become a subject himself. He

was no longer caught in his mother's deadness nor in fear of his mother's neediness. He could identify with his father and the therapist as positive father figures in an empowering way and not as if identification required failure (towards his wife).

This move of parents, therapist, and Anne from objects to subjects that parallels the move from the paranoid-schizoid position to the depressive position, is the most difficult and important transition in adult development. To let go and even destroy the security of having others as internal objects is painfully difficult because it involves letting go of transition objects that formerly provided security, but at a price. The fear is that to destroy an internal object as an extension of oneself evokes the collapse not only of the other but also oneself. To hold onto another as a creation and extension of oneself is safer than trying to destroy that inner object and not knowing if there will be any subject that survives the destruction (Winnicott, 1989). This is not to say that Harvey and Anne moved from the paranoid-schizoid positions in the marriage to a happy-ever-after depressive positions. The movement from depressive to paranoid-schizoid and back to a depressive position will occur again and again, as it does in all marriages. The difference now is that the ability to descend is followed by a certain confidence that a return to the depressive position is more than possible.

Earlier, Anne had taken the risk of encountering otherness (who a subject is separate from our projective identifications). Harvey, the therapist, and her parents came out of their roles as extensions of Anne and were destroyed as objects to become subjects. And yet it is only through reenacting these ghosts through others and through projective and introjective identification that we can get to the place where we finally come to

recognize a spouse for whom he or she is.

This experiential awareness at which Harvey and Anne have arrived is not a once- and-for-all experience but something that must be continually brought forth in a marriage. The descent into predominantly paranoid-schizoid relating characterized by primitive projective and introjective identifications will come again and again. The difference is the ability to work through this object material and through more ideal communication relate as subjects to each other.

Ideal communication is described by Gadamer (1993) in his philosophical hermeneutics. However, such relating fails to include the immediacy and the possible pathologies that the paranoid-schizoid and projective and introjective identification perspectives offer. Also missing, is the sensory feel of the autistic-contiguous position. To describe philosophical hermeneutics as an ideal form of communication within the depressive position does not say enough. One must also include the other positions in dialectical relationship to the depressive position to have a full understanding of human experience. Marriage and couple therapy requires this fuller perspective, as opposed to exclusively an ideal communication model or a solution oriented model that denies the depth and pathology of conflictual marriages.

Chapter VI

RESULTS

“And the end of all our exploring will be to arrive where we started, and know the place for the first time” (T.S. Eliot, 1971, p. 145).

What follows represents the understandings of this research’s effort to explore the role of projective and introjective identification in an intersubjective, couple therapy context. Chapters two and three, as literature reviews, represented an initial attempt to increase such understanding, but without the needed benefit of dialogue with the particularity of a case study. The mediations (1-7) built on chapters two and three, and represent a dialogue with the case study that takes on the shape of an expanding circle of understandings woven in increasingly more coherent and in depth ways. The seventh and final mediation (chapter five) represents the research results in a very detailed narrative form but not in a summary fashion. This chapter summarizes the results of this long interpretive process.

As in all research, and especially hermeneutical research, all understandings are temporary and somewhat arbitrary, as future dialogues, ideally, will extend our understanding further. Again, the reader is reminded that the results concerning projective and introjective identification are not intended to increase our knowledge in some empirical manner. Instead the intent is to increase understanding for those whose horizons enable them in dialogue to weave their own projections into the language of this research. The criteria of increasing coherence and depth of understanding are the aim

here.

An Overview of the Results

Overall, projective and introjective identification as a concept provided increased coherence and depth of understanding of marriage, couple therapy and the general dynamics of human interaction. This was made possible as the concept was understood from an intersubjective perspective. In the case study three turning points were delineated. Projective and introjective identification figured critically in each of the three turning points.

Regarding marriage, this concept illuminated the issues of how partners in a marriage choose each other, and related, how the early relationship and the disillusionment phases of marriage emerge. Projective and introjective identification appeared to play a role in understanding sexual difficulties and marital infidelity. The concept, with regards to the case study, was strikingly helpful in understanding one deeply conflicted marriage, and also the related problems involved in their couple therapy. Transference and countertransference were illuminated by the concept, as the same dynamics appeared to be at work in projective and introjective identification. Solution oriented therapy and primarily communication approaches to couple therapy were contrasted unfavorably in comparison to object relations therapy. In this regard, the underlying dynamics in the case study opened up by an object relations approach appeared to be detrimentally denied by the other two therapy approaches.

The concept of intersubjectivity not only illumined the concept, projective and introjective identification, but resolved two important objections in the literature to projective and introjective identification. Intersubjective and projective identification blended well with a philosophical hermeneutical method, as each appears to involve similar and complementary processes.

Projective and introjective identification appeared to illumine the pathological condition of human interaction, while philosophical hermeneutics provided the ideal conditions of understanding. In other words each offered understanding of different sides of human interaction. Philosophical hermeneutics was described as ideal communication involving persons predominately in the depressive position, while projective and introjective identification was the way of relating (and not relating) of persons predominately in the paranoid-schizoid position.

As a research method, philosophical hermeneutics was difficult and highly subjective, as it depends primarily on the breadth of understanding and insight of the researcher. However, this method was highly commensurate with the depths of its subject, projective and introjective identification, as to the complexity of human interactions. It was inconceivable how an empirical approach could have covered this territory.

The concept, projective and introjective identification, especially in an intersubjective context, offered a bridge between the intrapsychic and individualistic orientation of object relations and the interpersonal orientation of marriage and family. Projective and introjective identification offered a dialectical movement back and forth

between intrapsychic and interpersonal dynamics. The interpersonal dynamics of marriage and couple therapy were illuminated without sacrificing the inner world of the individual (including the therapist). Thus, in general, projective and introjective identification offered a wide ranging conceptual tool for understanding human interaction in the marital relationship, and the therapist-couple relationship.

General Understandings

Understanding One

Overall, projective and introjective identification as a concept provided increased coherence and depth of understanding to marriage, couple therapy and the overall dynamics of human interaction especially when understood within an intersubjective context. Some degree of projective and introjective identification was understood to be a part of all human experience, and therefore, is a part of all human interaction. To make this argument the paranoid-schizoid position needed to be understood as an important contributor to all human experience, as opposed to being exclusively a feature of borderline and psychotic experience. Ogden (1989) contends that the paranoid-schizoid position, as a human way of being, is in dialectical relationship to the depressive and autistic-contiguous positions. These three positions constitute simultaneously the phenomenon of human experience with one usually being predominant, i.e., the depressive position in normal functioning. The paranoid-schizoid position contributes to the human sense of immediacy but is incapable of dealing with

symbols. Objects are experienced literally and thus no space exists between the symbol and what it symbolizes. This position involves objects as extensions of the person and not as differentiated subjects.

Projective and introjective identification is a part of the paranoid-schizoid position. Repression, mourning and other more mature defense mechanisms are the way a person in the depressive position deals with intolerable feelings attached to difficult old relationships. In normal functioning projective and introjective identification is not predominant but is in the background of human experiencing and relating. Projective and introjective identification can predominate in a pathological manner in schizophrenia and borderline personality disorders, but also, in a less insidious way, in intimate relationships such as marriage under stress. In the case study, the couple is predominantly in the depressive position, but old hurts and longings bring on the chaos of the paranoid-schizoid position that is characterized by massive projective and introjective identifications.

Understanding Two

Projective identification was particularly relevant to understanding problematic marriages. As indicated in finding one above, in normal relationships projective and introjective identification constitutes a secondary contributor to human experience and interaction. In marriage, however, the stress, long term emotional involvement, and the depth of intimacy (or longing for it) can result in normal persons moving from projective and introjective identification as a secondary way to a primary way of relating.

Thus, projective and introjective identification becomes quite predominant in a problem ridden marriage, especially in the moments of the conflict. Language, relating to each other as subjects, symbolic thinking and other mature forms of relating are replaced by the splitting off unwanted and intolerable feelings, which are directed toward the other partner. This splitting and projective and introjective identification contributes to the intensity and irrationality of the conflict. The intolerable feelings in the marital conflict often connect with old feelings attached to earlier relationships. A drama evolves in that each partner is not exclusively him- or herself but also plays the role of internal objects from the past..

The husband from the wife's point of view is not the husband in the sense of a separate person but is an extension or object out of the wife's past. Pressure is placed on the other to play the role that one needs the other to play. This occurs in the attempt to resolve some old conflict or injury. When the marriage reaches the point of being utterly unable to contain the old and present rage and hurt of the couple, then couple therapy may become necessary.

Understanding Three

Projective and introjective identification plays an important role in couple therapy in providing the therapist with the understanding and technique to help the couple bring repair to the couple's difficulties. The therapist could easily become overwhelmed by the irrational material, as evidenced by how so many therapists avoid doing couple therapy. However, projective and introjective identification offers a tool for the therapist to understand the couple's dynamics that otherwise might not make any

sense. The assumption is that the therapist ideally is predominantly in the depressive position, but may assume too optimistically that communication repair can be accomplished through didactic means alone. When this miserably fails, the therapist may assume that the marriage is hopeless. However, in the case study, it is the therapist's feeling of hopelessness that offers the therapist the countertransference and projective and introjective identification material to begin to understand the couple.

A process, which can begin early but often takes months, occurs. The therapist becomes the recipient of the couple's joint and individual projective identifications. This is also called countertransference. The therapist takes in this material that is projected into the space between therapist and couple in order to hold it understandingly. In time the therapist returns it to the couple in a detoxified form that the couple can receive, metabolize and understand. The therapist helped the couple to allow their depressive positions (symbol utilization position) to replace in predominance the paranoid-schizoid position (the non-symbol utilization position). In other words it is the therapist's firm grounding in the depressive position, but also the therapist's ability to be emotionally pulled down into the paranoid-schizoid position with the couple that enables the therapist to receive without retaliation the couple's difficult material.

Central here is the notion that projective and introjective identification offers experiential understanding to the therapist about how feelings and roles of one spouse can be projected toward and played out by the other spouse. Nevertheless, the therapist's experience at first may be hopelessness or even a sense that he or she is losing one's sanity. However, with an understanding of projective and introjective identification, the

therapist can contain, understand and return to the couple the material in a way that the couple can receive and integrate internally. This understanding was especially derived from the three turning points in the case study that appear to have made the difference toward the chaos and the repair of the marriage.

Understanding Four

Projective and introjective identification is an intersubjective process.

Projective and introjective identification appears to many to be some form of mind invasion. The concept, intersubjectivity, however, resolves some of this mystery. Instead of psychic aspects of one mind immediately showing up structurally in another mind, a metaphorical space between persons is conceived of, in which two persons project meanings or, at a more primitive level, split off parts of themselves, i.e., projective identifications.

Person A's projected meaning does not directly enter the mind of person B. Instead, it is envisioned that person B also is in the process of projecting meanings toward person A. Person B's projected meaning is envisioned as overlapping person B's projected meaning in intersubjective space. Philosophical hermeneutics (Gadamer, 1993) understands this more mature dialogue as a fusion of language worlds by which the overlap and reweaving of projections yield mutual understanding between persons A and B.

With regard to the less mature interaction in the form of projective and introjective identification, projected meanings are not projected in rational linguistic form. Instead, intolerable feelings, internal relationships and parts of the self are split and

projectively identified toward person B. The projective identifications of person B are magnified by the projective identifications of person A. By this I mean that the mild worry of person A that is only mildly disowned and projected toward person B overlaps with the intense projective identification of person A in such a way as grossly to magnify person B's mild projective identification or mild fantasy.

This magnified projective identification of person B, if taken in and identified with, becomes an introjective identification. The projective identification of person A did not literally enter person B but did indirectly enter him through one of person B's projective identifications that overlapped person's A projective identification in the intersubjective space between them. Thus, a mild worry of person B can be projected into the intersubjective space and become a major panic for person B because of the overlap with person A's more intense projective identification.

Intersubjectivity contains the social constructionist thinking of the recent marriage and family therapy literature (Gergin, 1985), but also that of recent object relations literature (Ogden, 1994) and that of philosophical hermeneutics (Gadamer, 1993). The subject is understood as in intersubjective and dialectical relationship to other subjects. Therefore, subjecthood is intersubjectively and socially constituted. However, this does not mean that the subject as interpreter of her own experience does not have a role in selecting and integrating her socially and linguistically mediated experience.

Understanding Five

The method of philosophical hermeneutics offered a post-modern approach that, while lacking empirical validity, showed itself to be commensurate with the

depth, ethics and complexity of human beings and their relationships. As

anticipated, philosophical hermeneutics was quite unwieldy and circular. This method not only lacks focus but does not offer empirical universal knowledge. Hermeneutical proponents argue that universal knowledge is illusory. In such a barren context, hermeneutics offers understanding forged between persons, the only momentary truth available in post-modern times.

In addition, the research approach ethically regarded subjects as subjects and not the objects of objective research. This ethical position is an important assumption of this research. While, the personal limitations of the researcher limited the dialogue between researcher and text, the method did appear to enable a certain depth and complexity that seems more commensurate with human existence than is often the case with very circumscribed, even reductionistic, empirical studies.

Understanding Six

Projective and introjective identification understood within an intersubjective context offers a bridge between object relations theory and marriage and family therapy theory. Projective and introjective identification offers a bridge between an intrapsychic and a system's perspective. The intrapsychic and individualistic perspective and the language of object relations theory prevent a full expression of the interpersonal and systemic dynamics. However, in understanding projective and introjective identification in an intersubjective context, the fixed structural concept of psyche or mind becomes more fluid. Person A can be intersubjectively shaped by person B through projective and introjective identification. Systems thinking often has neglected

the depth of the inner world of the subject by allowing the subject to vanish in the system. The bridging of object relations thinking and system thinking should allow both the internal world and the interpersonal external world to be addressed at the same time.

Marital Understandings

Understanding Seven

Projective and introjective identification seemed prominent in the process by which partners initially choose each other toward long term relationships. The recurring theme in the object relations literature (Dicks, 1967) is that the fit of the internal worlds of two persons contribute to their selecting each other for longer term relationships. This largely unconscious awareness of fit of object relations worlds is accomplished through the projective and introjective identification. As feelings, roles and meanings are projected back and forth an unconscious awareness of fit occurs. This complementarity offers the hope of a resolution of an inner personal and family of origin need. Also, the idealized and exciting-longing internal objects and the idealized objects especially are projectively identified in the other person who reciprocates in kind. We repress or split the rejecting internal objects off during this early phase of the relationship. However, the rejecting internal objects of the couple are also important, despite being split off or repressed during the initial exciting phase of the relationship. Unconsciously spouses are also chosen as to their internal complement to old rejection issues. For example, to have a rejecting father may require that one's husband have some

of those rejecting features in order for the attraction to be there. The hope is that in fixing a distant husband one is also trying to resolve issues with one's father.

This was found to be true for the couple in the case study. The wife represented an angry and rage-full person for the husband in needed contrast to the emotionally dead mother of the husband. Both wife and husband's mother exhibited excessive neediness of attention. The husband like his father seemed inadequate to meet this neediness. The wife's neediness took the form of a sexual need that the husband could not meet, as was also the case with her father's appreciation of her as a woman. These and additional factors show a complementarity of fit between the partners that offered present conflict but also the hope of resolution of old problems through resolution of the seemingly purposeful present conflict.

Understanding Eight

Projective and introjective identification plays a role in a couple's conflict during the disillusionment phase of marriage. The average couple repress or split off the rejecting internal object relations in the early phase. When the couple finalizes their marriage legally or through some form of lasting commitment, the rejecting object relations come back in full force and lead to disillusionment, as each partner comes to see aspects of the other that seemed not to be present in the early phase. In the case study the husband's erectile difficulties become an issue when the couple begin to announce to their friends that their relationship is a committed one. Then, anger and fighting become central in the marriage.

Understanding Nine

Projective and introjective identification was understood as playing a role in marital infidelity. The couple of the case study were described as formerly having affair-based marriages. They were married but maintained on-going but brief sexual relationships outside their marriages. The relationship of the couple themselves began as an affair. Previously, the mechanism of splitting had been employed to compartmentalize an economically stable marital relationship experienced as rejecting and separate from the brief affairs. The understanding was that the couple's internal three part system of rejecting, ideal and exciting-longing object relationships were split between rejecting spouses and exciting affair relationships. In the previous marriages, the internal objects, as split, had been projectively identified in the respective external objects. The husband feared being overwhelmed by the mother-wife. This required that he projectively identify rejection toward his first wife and projectively identify his longing for intimacy on brief, and therefore safe, affairs. The wife's fear of rejection lead to her engaging in similar splitting. When this couple moved beyond the affair stage to commitment to each other, they had a difficult time containing within their relationship that which they had previously been split between two persons, i.e., a husband and the affair partner.

Understanding Ten

Projective and introjective identification offered an understanding of the couple's sexual problems. In the case study the husband had erectile difficulties. These difficulties, after ruling out an organic etiology, were treated in a behavioral couple therapy approach. However, projective and introjective identification enabled the therapist

to understand these phenomena in a couple context. The husband had issues with failure in terms of his parents. The wife had the issue of undesirability in relationship to a childhood burning of her body. These seem to have had an impact not only on the marital difficulties but also in the erectile difficulties. The phallus became an intersubjective object through which the couple negotiated their issues of intimacy and autonomy.

Understanding Eleven

Projective and introjective identification played an important role in the autonomy and intimacy dynamics of the couple. The balance of intimacy and autonomy is generally considered to be central, if not the central, issue in marriage. The paranoid-schizoid position characterized by projective and introjective identification represents for couples a fused relationship. Each is an extension of the other as the other is controlled in the attempt to get the other to be persons from the past. While this can contribute to closeness in positive and negative ways, it makes autonomy difficult. The depressive position characterized by communication through language enables the autonomy or separateness that is also important in marriages. The other in the depressive position is more of a subject and less of an object. In the case study each partner moved from this fused state with one's past and with one's partner to a more separate state. However, the feeling of support by the other increased as the separateness developed.

Projective and Introjective Identification

Understanding Twelve

The Meissner (1974) and Kernberg (1974) objections to projective and introjective identification's use in understanding couple therapy were resolved.

Meissner and Kernberg contend that projective and introjective identification was primarily a borderline or psychotic defense mechanism and therefore not applicable to understanding couple therapy with non-psychotic persons. Meissner and Kernberg's objections were resolved in the mediations of the case study by using Ogden's (1994) dialectical understanding of human experience as made up of contributions from simultaneous three (synchronic) positions: the Kleinian positions of depressive and paranoid-schizoid as well as Ogden's additional position, the autistic-contiguous. As discussed above, Ogden (1994) contends that persons do not developmentally obtain the depressive position (characterized by subjecthood, symbolic thinking and mature defense mechanisms) and then totally leave behind the paranoid-schizoid position or the autistic-contiguous position. In other words, human experience is a dialectical integration of all three positions such that even in a person predominantly in the depressive position, there will be a degree of projective and introjective identification. Therefore, given the intimacy of marriage, couples located experientially predominately in the depressive position, will slip occasionally into a predominantly paranoid-schizoid position. Contra Meissner and Kernberg, non-borderline and non-psychotic persons have minor to occasionally major experiences of projective and introjective identification. This depends

on their present stress and the regression involved in intimate relationships.

Contrast With Communication and Solution Oriented Therapies

Understanding Thirteen

The mediation of the case study found that an object relations therapy perspective provided a greater depth of understanding than exclusively communication or solution oriented approaches. In the case study the couple's presenting sexual problem was set aside by the therapist and returned to only at the strong insistence of the wife. Ironically, when the presenting problem was resolved, the therapist felt abused by the couple. Instead of ending therapy upon solution of the presenting problem, the therapist concluded that therapy was just beginning. The mediations of the case study repeatedly supported the therapist's contention that there were issues deeper than the presenting problem. The central issue was that the presenting problem had been resolved by the couple's projectively identifying their internal rejecting objects in the therapist. This was why he felt abused when the presenting problem was solved. For therapy to stop at this point would allow the couple to split their rejection objects without enabling them to re-introject these split objects and integrate them within themselves and the relationship. Stopping therapy would lead to the couple not having the therapist to projectively identify their rejecting objects toward. This would result in their using the other, as they had been doing at the beginning of therapy. The attempt to repair the communications style of the couple or offer a solution oriented approach would result

in denying important dynamics that must be addressed in resolving the couple's marriage threatening issues.

However, the two-year couple therapy cannot compare with the cost effectiveness of brief solution oriented therapy. In a sense object relations couple therapy is a privileged type of therapy unavailable to lower income persons. At another level, the cost of couple therapy, while expensive, must be evaluated in relation to one's priorities such as marriage versus cars, jewelry and vacations.

FUTURE RESEARCH POSSIBILITIES

Emerging out of the foregoing research is the possibility of a new paradigm that joins marriage and family therapy and the psychoanalytical tradition.

The concepts projective and introjective identification and intersubjectivity provide the bridge for such a sweeping integration of the two disciplines. Such an integration offers enormous possibilities in understanding interpersonal and intrapsychic dynamics in a way that neither the system nor the individual is ignored.

Besides this bridging of disciplines, a case has been made for a methodology that can stand as an alternative to empirical research. The advantage of some form of hermeneutical research relates to having a method commensurate with the post-modern age and the fullness of the human being as a subject. In other words, the ethics of a hermeneutical approach emphasizes the validity of the human subject over the validity of human knowledge. Furthermore, this hermeneutical method is especially commensurate

with the relational nature of therapy that emphasizes interaction between subjects. In other words, the same interpretive skills used to interpret therapy conversation is put forward for doing research about therapy.

As to couple therapy, future research needs to examine further the role of projective and introjective identification in an intersubjective context. This barely has begun to be addressed in individual therapy (Ogden, 1994). While object relations theory has looked at couple therapy from the perspective of projective and introjective identification nothing has been done also to include the intersubjective dimension. The marriage and family therapy literature seems relatively silent in talking about the clinical dynamics of the intersubjective realm, once the linguistic narrative dimension has been exhausted. The marriage and family literature seems to assume that the intersubjective is exclusively linguistic. Therefore, research needs to be done to explicate the pre-linguistic, paranoid-schizoid position dimension of the intersubjective realm between spouses, as well as the linguistic that may best be understood from a hermeneutical perspective.

Certainly, a host of other research possibilities are opened by this research. They include such areas as sex therapy, the stages of marriage, and the role of transference and countertransference in couple therapy. Further research needs to be done concerning deeply conflicted relationships, along with the issues of autonomy and intimacy (fusion in the form of extensions versus understanding each other as subjects). Solution oriented and communication oriented couple therapies need to be researched further in comparison with an object relations approach. It is the belief herein that future research on these

issues can be successful if guided by the concepts, projective and introjective identification and intersubjectivity. These concepts enable us to understand the dynamics of relationship in a way that allows for achieving subjecthood but also the depths of marital discord.

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APPENDIX A

CASE STUDY

The Management of Impasse: Midphase Therapy With An Apparently Impossible Couple

(D. E. Scharff & J. S. Scharff, 1991, pp. 147-160 and 234-235 by permission of the publisher).

1 Sooner or later, the marital therapist will be asked to help a couple of spouses who seem to attack their marriage at every quarter. Theoretically we know that it is the longing underneath the attack that keeps such couples together, but in the process of out trying to help them, they often turn from attacking each other to assaulting our capacity to provide a therapeutic context. In these situations, it is finally the capacity to survive that offers any possibility of a therapeutic change. The work is often painful, but it offers lessons that are infinitely helpful with less thoroughly destructive couples whose transferences nevertheless echo the one to be presented. The experience of impasse and impossibility in the countertransference that is illustrated here is a central feature of work with these couples.

2 Harvey and Anne Van Duren sought help for an impossible situation. He was 58-year-old writer, raised in England, as she 42, a scientist of substantial and still growing reputation. They had been married for only eighteen months, but the marriage had been a stormy one from the start. They met in a long affair after Harvey had been invited to do a biography of Anne for a magazine. Both had been married at the time, but had essentially signed out of their marriages, with multiple affairs and little regard for their previous

spouses. Harvey said that his first wife had been depressed and unresponsive except to their child, who was now grown. Anne described a marriage to a successful builder, who had little interest in the family, and who left her alone with their son and daughter, allowing her to do as she pleased in raising them. Both first marriages had been calm, with no turbulence of remarkable fighting. Harvey had emotionally left his marriage many years before, and for several years had lived in an apartment in a building near his wife's house. Anne had taken the initiative in running her family while getting her emotional needs met elsewhere.

3 Their affair though hardly noticed by either of their spouses was passionate from the beginning. They each said that they felt alive as they never had before, and they expended enormous amounts of energy planning to see each other. During the early phase of their romance, when meetings were brief and surreptitious, the sex went well. But as soon as they declared their love, felt free to date openly, and to have longer times together, Harvey began to have intermittent erectile difficulty. They both explained this as being due to the stress of the relationship in forbidding circumstances, but the sexual difficulty persisted even when both were free to date. After their marriage, Harvey's difficulty with erections increased.

4 This was what Anne said was the chief reason for her anger. She could no longer face being married without a sex life. Things were too difficult. She had to face difficulties with her children, who had repeated school troubles. She felt she got no sympathy from Harvey about this, but she could stand that. After all, she had always raised her children alone. What she could not face was that having had to handle

everything herself, she then got nothing from him sexually. This she felt as an extreme rejection, and it made her feel uncared for in the way she had as a small child when she had suffered severe burns to her legs and lower body in a fire at the age of 5. She felt ugly and rejected. She could barely remember the fire, but as far back as she could remember, she had to spend long lonely periods in the hospital, times when she felt rejected and uncared for. The repairs to her skin and the related physical therapy had gone on until age Surprisingly, slight scars remained. These ugly feelings came back with the sexual rejection she felt from Harvey. But that was certainly not all. Mainly, she felt he did not care what she had to put up with in her own daily situation. He was not there emotionally when she tried to manage the children, one of whom was anorectic, and the other who, although bright, was constantly defeating himself. The children were demanding, and in addition resented Harvey--and no wonder. He was self-centered and uncaring with them, and when he did tune in on them, he was often provocative or teasing, so that they dissolved into tears. Once the boy had attacked Harvey physically after Harvey had been scathing with him.

5 While Anne's round face was flushed with anger, Harvey's was pale and immobile. He sat quietly and dispassionately, a bit slumped in the easy chair, until he finished. Then he pulled himself up and began to defend himself. He was distressed as she was about his impotence. He had intermittent trouble with it earlier in his life, but never as much difficulty as this. He did not feel unsympathetic about her troubles, nor did he feel unsupportive.

6 He was calm, rational, and well spoken, with a high-bred accent. Nothing about

his demeanor would have seemed to warrant the tirade that Anne launched. He expressed his hope that they could do something, and as quickly as possible, about the trouble with the erections. He would like to make her happy.

THE TREATMENT

7 Work with Harvey and Anne was among the most difficult and discouraging I [D.E.S.] have done. Early on, Anne reached an equilibrium in which she would refuse to speak for the first part of the session. She was trying to control her rage and to force his participation. At first, she said, "I'm not going to speak today. Harvey, you speak!" this soon hardened in a pattern in which he would look to me, and begin with whatever he could muster--an account of the week's activities, the fight that had preceded the appointment, or occasionally an account of a relatively good week.

8 Sooner or later, Anne would cut in to disagree with his account. He had not represented her side of it correctly, she would say. Or he had been accurate in his account, but had failed to be understanding of her this time, as usual. The pattern that regularly surfaced was that although he did the talking, nothing he said mattered until she cut in. And the talking that he did by himself was a rational accounting for the time since I had last seen them, for the most part devoid of any emotion.

9 *My job was not made any easier by the fact that I regularly felt my position with them severely skewed. I liked his urbane wit, his upper-class English accent, and his patrician elocution despite his being relatively walled off from feeling. I found her shrewish despite her capacity for psychological mindedness. Overall, I felt that this*

couple constantly cut me off from my wish to be neutral between them. I felt inside me the unwelcome wish to side with him and to get rid of her. In my struggle to be true to my principles and regain a position equidistant between them, I felt so frequently frustrated that I often wished to be rid of them altogether.

10 The first task of the therapy was, on the one hand, to help them settle down enough that they did not burst apart, while, on the other hand, containing the fiery physical fights that had become a feature of their marriage. Neither of them had been involved in fights in previous relationships, but they had been fighting violently and frequently for the past year. The fights were echoed by Anne's flaming eruptions within the sessions when she would scream at Harvey with a ferocity I had not previously heard in couple therapy, even though I have worked with many desperately angry couples. The threat that this would erupt began to permeate every session, although the episodes occurred only every few weeks. At their request, I was now seeing them two to three times a week, and while the intensity of the rages seemed to have increased, they were now contained inside the therapy.

11 At first the couple gave me the impression that they were largely verbally abusive to each other. Because they felt trusting enough to tell me, it eventually became clear that the fights actually included physical abuse to each other. I found out that Harvey's social drinking was more than moderate. He reluctantly agreed when I suggested that this could be exacerbating their lack of control. I advised him to stop drinking--which would also remove alcohol's depressant effect on his erections--and said they both had to agree to stop the physical aspects of their fights. I immediately took the position that they had to

stop hitting each other, because of the threat to fundamental survival, and without a measure of physical safety we could not work. They were able to virtually stop the physical fighting, with only a few recurrences over the next few months. This brought the strength of the difficulties all the more pressingly into the hours. Anne spoke for the brunt of the upset, while Harvey was the patient, but spare stoic. When they were at peace, they had a relationship where love was expressed through mutual teasing and sarcasm at an admirable level of wit and erudition. George Bernard Shaw might have written lines of mutual cynicism about the human condition and each other's contribution to our common catastrophe. Their relationship was a constantly humbling experience for anyone who wished to remain optimistic about the possibility of humane marriage in a humane world.

12 A new pattern now developed in therapy hours. While either Harvey or I was speaking, Anne would declare without warning that she had had all she could take. She would start to cry, promptly leave the room, and slam the door. On the first such occasion, Harvey stayed and we tried to make some sense of what he had done to contribute to her retreat. But after the hour, she said that his staying had left her burning with anger, hurt and fundamentally mistrustful of me. She could only assume he and I were ganging up against her. If that happened again, she really would never come back.

13 This declaration paradoxically gave me some hope for them, because until then I had felt that her leaving the room was close to quitting the therapy. Her ultimatum let me know that she left when she was beyond words, but that she did not intend to end the work.

14 After that, when Anne left, Harvey would stir himself in a languid way, and, nodding

at me in resignation, follow her out. Sometimes they returned together after a few minutes, and sometimes not until the next hour. On some occasions, Anne's departure would occur in the midst of expressing doubt about continuing the process at all. Then Harvey would have to leave lest Anne feel we were ganging up on her--and I would be left alone and often somewhat perturbed. But usually, when they returned for the next appointment, it was though nothing had happened.

15 When they walked out, not knowing whether they would return, I felt shaken every time. I felt diminished, incompetent, and contemptible. I felt I was not smart enough for him nor steady enough for her. I began to hate them for making me feel this way and so there was also some relief each time they left. I could only work on this countertransference feeling by myself, because my attempts to use it in discussion of the transference to me were frustrated.

16 When I spoke with them about the way in which they left me shaken and wondering if there would be a tomorrow, only to return as though everything were fine, or at least no worse than the usual doom and gloom, Anne could be counted on to lecture me about Harvey's failures and unreliabilities. He was, she assured me, a truly terrible man, full of aggression and a bane to all who tried to be close to him, including his child and first wife. She felt sympathetic to his first wife, since he was so horrible.

17 I felt that it was unsaid that I was not far behind Harvey in my human failings, especially if I were measured by my failure to help them. I could tangibly feel her disappointment in me from her feeling, which I shared, that I failed to understand the depth of her unjustified suffering at his hands.

18 And yet Anne could also work in the hours with a capacity that Harvey could not manage. She drew on her previous psychoanalysis to link the marital difficulty and her role in it both to her early childhood and to her concerns as a parent of two adolescents. She clung closely to her children, she thought, out of her aloneness. In her previous empty marriage, when she had retreated to the children, her former husband had been glad to have her off his back.

19 *Early and late in this therapy I felt controlled by Anne's rages and subsequent nonchalance. I felt buffeted and turned on my head like a puppet with no brain. I often felt that my attempt to discern a truly shared contribution to the troubling relationship was merely lip service to my belief. I thought Harvey did contribute to their difficulties, but I could not find out how, because Anne's rages and demandingness were so ascendant. I tried to work with Harvey on the underlying issues in his treatment of her but always felt frustrated by a well-meaning but shallow compliance in his attempts.*

20 He would talk about his family history, but with little feeling. He told of his father, who was a high-level failure, a politician who had a startling early career, but who had suffered subsequent defeat. Although his father eventually became a widely respected elder statesman, he had always carried a sense of failure and disappointment with him, which Harvey had absorbed. Harvey's mother had become alcoholic during his adolescence, and she deteriorated, especially after the death of his father when Harvey was 18. He had an older brother and a younger sister. The brother was the father's favorite. It was the sister, however, with whom Harvey had the more problematic relationship. She had had encephalitis at the age of 3, and the subsequent attention from

the family had left Harvey feeling both responsible for her and jealous of the attention she received from his parents.

21 Harvey could make intellectual connections. He could say that Anne represented his unsatisfiable or unavailable mother and made him feel like his revered but failed father.

He could agree that he was trying to goad her into a better opinion of him. But I never had the satisfaction of things hitting home with him. He admitted his affective disconnection. He lamented it. But he could not change it.

22 Nevertheless, things continued to improve slowly. From time to time, the couple began to report periods of well-being when life together was more tolerable.

23 Then Anne reintroduced the demand that something be done about their sex life. The lack of sex in a marginal marriage was more than she felt she could live with. Since thorough evaluation had established that Harvey's impotence did not have an organic cause, and Harvey said he was willing to work on their sexual relationship, we switched to sex therapy, in which I assigned homework using the format described in Chapter 9. They did the assignments dubiously, and reported on them with their typically contemptuous wit. Still, they made progress with them, and Harvey began having more reliable erections. The previous erectile incapacity could now be understood: it served to suppress rage at Anne as a controlling mother, while protecting her from the rage that would have been located in the invading penis. But at the end of three months of this work, they refused to "play by the rules" and plunged ahead to full intercourse before I thought it wise. They told me they assumed that I had set up "my rules" so that they could triumph over me by breaking them.

24 I found it of interest, intellectually rising above my sense of being abused, to see what was possible therapeutically now that I felt treated by the two of them together the way they habitually treated each other. I told them this was happening, and while they took in my confrontation, they did not change. For some time they continued to have successful intercourse over my therapeutic dead body, and then the sex fell away again as their competitive rage resurfaced.

25 Now a new crisis emerged. Anne felt betrayed when Harvey took a drink while out with a mutual friend, an old girlfriend of Harvey's by whom Anne had always felt mistreated. Harvey had been effectively off alcohol for more than six months, and he said that he felt healthier, calmer, and considerably relieved. But on this occasion he had given in to their friend's urgent tender of a drink.

26 Harvey admitted that part of his motivation for taking a drink had been annoyance with Anne, and he explored his anger wish to get back at her through it, but nothing would satisfy her. She moved steadily away from him, berating him in almost every session. Her silent demand that he begin the sessions was stronger than ever. My interventions seemed to make less and less a difference, because she now felt any focus on her was a weapon used against her, whether Harvey or I was talking. Because of this insistence, any focus on Harvey assumed a false air of being carried out simply to appease her.

27 *In this situation, all I could do was openly discuss my countertransference position. The couple had seemed impossible and now therapy seemed impossible too. I talked about feeling that I was helpless to make a difference, and I reflected on Anne's*

now avowed intention to end the marriage. I addressed the relentless spoiling I felt that she led with that also was a characteristic of their marriage which, outside the sessions, both of them carried out. I spent many hours feeling I had nothing to offer. On these occasions, Anne would turn to me and say, "Why don't you talk, Dr. Scharff? What do you think about us?"

28 *I would say, "I don't have any thoughts about you. I'm not sure there is anything I have to offer because I can't say what I think." Having said that, I then was able to face what I thought, which was that Anne had the controlling lead in forbidding thought or feeling. I felt hamstrung, particularly by her, even though she had told me that was just what she could not stand hearing.*

29 Over time, Anne was hit by my confrontation. The first time I said this, not surprisingly, she walked out of the hour. I felt better mainly because I thought the agony of the work with this couple was likely to be over soon. But Anne came back with Harvey in the next hour, and acted as though everything was better. I said I was sure that Harvey did contribute to the problem fully, as she had said. But I knew from my own experience of feeling hampered by her control of my thoughts that until she let Harvey off the hook, he would not be free to work. I noted that although she said he was impossible and that the marriage was not salvageable, she stayed. And I concluded that if she meant to stay, she would have to stop spoiling and blocking the work. Otherwise we would not be able to understand his contribution. Her fearfulness, for all the reasons we understood and many we did not, was keeping her from allowing Harvey to really speak despite her insistence that he fill the time. And her determination that it was not safe was the

controlling factor, like it or not. She certainly had the right to end the marriage. But if she did not want to end the marriage, or if she did want to invest in the therapy, she would have to let go. She would have to make that decision.

30 They stayed, and after another four months, things began to yield. Almost imperceptibly, Anne softened and began to admit that Harvey was able to stand by her on occasions. After my repeated confrontation, she rarely had to leave the room after I spoke, and so, with trepidation, I could mention that things were reported as better. During these months we could discuss the factors that threw them over the cliff so that we were not confined to experiencing the fall over and over without any added capacity for understanding.

31 And finally, Anne began, now with full affect that caught my sympathy, to tell the story of feeling so abandoned by her parents during her long bout of recovering from her childhood trauma. The fire had happened in the night when she was asleep. She awoke screaming with her bed on fire. Really she had been lucky it was only over her lower body that was badly burned, but what she chiefly remembered was the time in the hospital afterward. The burn had been excruciating, and required painful dressing and redressing. She had multiple surgical procedures, and to this day had bodily scarring. She found her nude body painfully ugly, although residual scarring was minimal. But most painful to her was the feeling that her parents had abandoned her to the care of the hospital. Latter while she was healing, her father told her she would never fully recover--which to her had meant that she would never recover their affection. She felt that her treatment by doctors and nurses had gone on in the absence of her parents, who had apparently stayed away a

good deal in reaction to their fear and turmoil. That feeling had made her insistence that the treatment itself was a trauma all the more heartfelt, since the more searing the couple's therapy was, the more it reminded her of the fear and pain of the treatment for her burns.

32 But this time, her review of this material meant more to both Anne and Harvey.

Although the reasons are not entirely clear. I think that my talking about my helplessness addressed her situation as a child, and that my confrontation about her leaving sessions and slamming doors against Harvey and me may have spoken to a childhood wish to scream at her parents for leaving her alone. I could now understand the shaken feeling I had when she walked out of the hour as representing how she had felt when left alone by her parents in the hospital to face the painful "assault" of the doctors and nurses.

33 Harvey thought of his concern as a boy for his sister, who similarly had a physically painful childhood hospitalization with his wish to take care of Anne. Now he lived out the same ambivalence about taking care of Anne that must have existed then about his sister: he both wanted to take care of her, and he was wordlessly envious of the care she received, even from himself.

A SESSION

34 Finally, after just two years, their defensive structure shifted. On the day I am going to describe, they sat next to each other on the same couch, a configuration I had not seen in at least a year. Separated still by the middle seat in the couch, Harvey teasingly reached across to Anne and poked her in the ribs from time to time. Finally she said the poking really bothered her. Harvey smiled and said that he knew she really liked it, at

which she shot him an ambiguously sweet grimace. Harvey began, as was still the mandatory procedure, by filling me in on the situation. They had a good week, despite extraordinary stress. Anne's son had been arrested mistakenly by the police, and her daughter had been in an automobile accident and taken to the hospital. Although she was all right, that had not been clear at first. And there was a house full of visitors including the daughter's live-in boyfriend. Nevertheless, Anne had been able to cope, supported by Harvey. Anne said that she did not know quite what accounted for the improvement.

35 *I was having the feeling of walking again on thin ice, having tried so often to speak to the forces of destructiveness that led them to spoil periods of good feeling. Yet I felt a bit flushed with some late-inning success. So I elected, in a way against my better judgement, to push on in this positive view, glad that today a new kind of work seemed possible.*

36 For the first time in two years of work, Harvey seemed able to respond. Anne took the lead in introducing the topic of Harvey's son Bill's recent request for financial support from them so that he could have psychotherapy. Harvey was disposed to give it to him, but he felt mildly abused by Harvey's dreadful relationship with his son. Harvey agreed it was awful, but in the intellectually distant way he agreed about anything. In my experience of him, he was always emotionally out of touch with what he was agreeing to. His tendency to erupt irrationally at home in the enormous fights with Anne had not been betrayed in the hours, where even his anger would seem most reasonable.

37 But today, something yielded. Harvey said that he thought he felt resentful of his son because, in large part, he would like to give him so much. When Bill called, Harvey felt

himself in the role of his father, the man he had longed to turn to when he had felt isolated or rejected. So the request from Bill stirred the urge to give to him, as he longed to be given to. Then the underlying sense of rejection loomed when, on the other hand, he felt he should not give to Bill because the request was unreasonable.

38 But another issue was nearby, one to do with his mother. Somehow, he said, he had a sense that she interfered between him and his father. How was it that she came between them? Here Anne chimed in to ask if it was his mother's alcoholism. Harvey thought not because she wasn't alcoholic until later, probably when he was already in his teens. But there was something in the way with his father, and he couldn't identify with it, try as he might.

39 I said that although he could not find the information in his memory at present, perhaps he could learn about it from his interaction with Anne, in which he participated in and initiated relentless, recurrent fighting to which both of them were quite attached. I recalled what I had noted so often: whenever things were quiet, they seemed to share an urge to have some noise, and the quickest way to quiet the anxiety about peace was to fight. Their way of expressing intimacy was often to prod each other, just as Harvey had physically prodded Anne early in this hour.

40 Harvey, looking thoughtful, seemed to be following me. I thought he might find some something to connect back to his parent's relationship and his difficulty reaching his father. I continued saying that Harvey frequently prodded Anne verbally. Anne protested that she did not like that prodding either. Although she was a partner in the acerbically witty exchanges, I accepted her statement, and prepared to continue my review of their

relationship. But Anne was off and running. She said that however much this might be a part of her, she did not relate this way with anyone else. She could see that it expressed her resentment. The resentment was an old one that we had discussed frequently, stemming from the period of her childhood convalescence when she was so resentful of the pain and the expectations of her, and especially, she now added, of the insult added to the injury when her father said to her that since she was so scarred and no longer beautiful, she had better develop her brain in order to get along in this life. This was the father she was trying to reach, even while resenting him, when Harvey was busy prodding her. But, she noted, here we were in the hour focusing on her again. And she resented that. She resented it that Harvey could duck out, partly to be sure, because she was so ready to pick up the work and focus it on herself. But she was tired of that.

41 *I agreed, I thought that this was an example of the two of them working to take the emotional focus off Harvey, just when he had begun to move into it. I was feeling that the slender thread of their working together without Anne wading in or storming out would break in my grasp—or perhaps that I had no hold on it at all. It was in their hands. It was as if the thread had wound around me, not enough for me to pull on it helpfully, but only enough for them to pull on it and spin me around in the process. Feeling here today that they were beginning to work, I felt again the sense of therapeutic helplessness and of being only one step away from the familiar maelstrom. On the other hand, I would see that she was right on the theme of connecting their relationship problem of reaching for a parent, in her case the father and, in the transference, me.*

42 I now wondered about how Harvey and Anne had joined to keep Harvey from

continuing to investigate something about his early life with his parents. Perhaps it was something painful to both of them that threatened to emerge at the point they had switched away from Harvey. Could he go back to that?

43 In his evenhanded and overly reasonable way, Harvey said that he would try. It was a dim impression, but he thought his mother must have made demands on him by which he felt constrained. Many times his father would be trying to placate his mother, when he could not, therefore, get his father's attention.

44 I wondered if things were not rougher in the early relationship with his mother than he had been thinking. The evidence in the relationship with Anne was that he was extraordinarily wary, and yet at the same time he was prodding her. That behavior, so destructive of what he said he wanted with her, was a persistent and repeated pattern. Anne was busy nodding from her chair, about to speak and challenge him herself. I imagined she would do so aggressively, and so I asserted myself and continued my direct work with Harvey to model a check on her prodding of him.

45 *I was countertransferentially experiencing the mutual prodding that was a feature of the way they, with their anxious holding relationship, experienced calm or peace to be absence and rejection. Mutual prodding was their attempt to get compliant surrender or a nonthreatening sign of life from each other. My heightened activity occurred without my quite being aware of it, in order to substitute my empathic questioning for her invasive relationship.*

46 This sense let me suggest to Harvey that his mother may well have been, in her depression when he was 4 or 5, difficult for him to get to. In his attempt to bring her to

life, and to focus on him, he must have had to prod her, and must have been willing to do so even at the expense of angering her.

47 "I think that's true," he said. "I can't remember her being depressed. Probably she did drink some then, maybe more than I remember, just as I used to drink more than I thought. As we talk about this, I do have a distant feeling, one of loneliness, a quiet without walls, stretching in front of me and all around. It's eerie. And this relates to my father somehow. To a feeling that if I could just get to him, I could get some comfort. So even right now, I have a sense of missing him terribly. But where is he? And then, there is the sense that he's a failure. And the one way I can be with him is to risk to being a failure myself. But I think the failure here is not just about the failures he felt in the latter years, which were many. "Yes! he said, his eyes unexpectedly filling with tears, "Here, I think it's mainly the failure to help me with my mother, and the sense of sorrow that he, too, could not breathe life into her."

48 The room was quiet, in an unusually sad and full way. I felt we had given birth to something. Since it was close to the end of the hour, I turned to Anne to ask her response.

49 Anne said that she felt moved. There was something tentative, perhaps grudging in her acknowledgment, but she did not interrupt, and she looked concerned for Harvey. It made sense, she said, of his prodding her, as though she were the depressed, rejecting mother who he had to jolly into life, but with whom it was preferable to fight if that's what it took to get through to her. She could see the loneliness behind it. Until today, she had never felt she could penetrate the fog that always seemed to separate Harvey from her and in which he blamed her for nearly everything. But this helped. And challengingly, at

the end, she added that she hoped there would be more of it.

DISCUSSION

50 We chose to present this work because it illustrates the therapist's struggle in the face of the couple's assault on the therapist's capacity to provide a therapeutic context that stems directly from the couple's devastatingly flawed holding. They attempted to compensate for their fears for themselves for each other. For Anne, there was the fear that she would be engulfed in the flames of her original burn and abandoned to pain without support. In the face of this she became enormously controlling of Harvey and the therapist. Harvey's experience with a depressed and later volatile mother and an absent father had led him to be rigidly walled off. His controlled personality felt like a continual, maddening rejection to Anne, so they came together mostly in aggressive outbursts, at which times they felt closest.

51 We have outlined the way in which the countertransference reflected the couple's flawed holding capacity, expressed in their dubious contextual transference. Both of them had internalized the experience of enviable but rejecting parents. Harvey and Anne had somewhat different constellations of exciting and rejecting parents. Both were focused on their fathers as exciting figures. For Anne, father was also the rejecting figure. She had few thoughts of her mother at all: functionally, no mother seemed to exist, leaving her with little model for an accepting mother. For Harvey good and bad were mainly split between father and mother, but the cost of identification with his father was the internalization of the failed father--probably as reinforced by his mother's accusations. For both of them, however, the parental couples had been disappointing and yet envied.

52 In the countertransference, the therapist was often absorbed in his own doubts and feelings of failure as a therapist. It was a daily experience of feeling deskilled and dismissed, separated from his own operating principles and self-esteem, and joined with them in a style that he felt attracted to, and yet which gave him considerable self-loathing.

53 It was through being willing to absorb this couple's destructiveness, their mutual spoiling and envy, their condescension and contempt, and through becoming someone he did not like in small ways, that the therapist was able to understand their internal experience of trying to reach each other in endlessly frustrating ways. With them he felt that he was in the presence of enviable but persecuting parents, ones who would not let him in. What resonated in him was his own rejecting internal couple, just as it was in sharing a projective identification of rejecting internal couples that the couple so badly abused each other.

54 This therapy demonstrates, more than anything, the power of survival of the therapist. Here the holding and the experience of trying to provide the holding has none of the softness or mutuality of the mother and the baby, It has the immediacy of coping with assault by an automatic weapon that fires repeatedly at point blank range. It is the therapist's duty to survive the aggressive attacks just as parents must. The triumph of survival is therapeutic because that is what the couple's relationship cannot do until the partners experience it with us.

55 Meanwhile, it is not fun. The spoiling in the holding between the couple has to be fully, and emotionally, leveled at the therapist, and probably felt quite fully inside the therapist, before it can finally be taken back inside the couple. Without this kind of work,

couples like this face a life of mutual battering. Some of them may choose to separate, while others stay together. Certainly, in the middle of therapy it seems that they would be better separated. A therapist is tempted to advise them to separate in the middle of the storm, but it is not up to us to cut their options. Many such therapies do indeed founder before a turning point of the kind described here, but some turn the corner to a different kind of relationship.

56 In the middle of this, we may decide we can go no further with a given marriage, but we cannot make the decision that such a couple should not be together. Barring the case of continued physical abuse or threats of death, it is not up to us to decide which marriages are over and which are not. Those decisions are too important to be decided by the therapist, who in the end does not have to live with the consequences of the decision.

57 Therapeutically transforming this experience was a longer, slower haul than for many couples. It often felt beyond the outer limits of possibility as the therapist frequently felt overwhelmed with hopelessness! But it is precisely such couples who make the point that this kind of difficulty can only be worked with if one is willing to absorb and suffer the inner objects, the mutual projective identifications, and then to slowly work one's way out of them. It is a most uncomfortable process, for these aggressive and hating couples have almost given up on being loved for themselves, and they can do no other than bring this difficulty to us.

THE COUNTERTRANSFERENCE OF IMPASSE

58 The turning point of this case centered around the therapist's absorption of the sense of impossibility from the couple--a thorough introjective identification that accumulated

through the months of work. It was not a conscious decision but a feeling there was nowhere else to turn that led to his sharing the countertransference with them. Only then could the destructiveness of their work be understood and worked with as deriving from their shared early experiences of unreachable parents, absent holding, and anger in place of loving support.

59 For us, this experience of hopelessness in the countertransference is not uncommon. We have learned that it is often the central experience in couples who sue massive splitting and repression, and who fear confrontation with their own mutual destructiveness. Work with such countertransference cannot be "faked." Therapists cannot interpret it until they experience it in cases at hand. They must have absorbed it in the current clinical experience for such interpretation to be honest and effective. But they can be on the lookout for such countertransferences when they encounter difficult couples--and for milder similar versions of countertransference with many couples.

Chapter 12: The Treatment of Extramarital Affairs (pp.234-235): The Affair-Based Marriage

60 *Harvey and Anne, whom we studied in Chapter 8 (the apparently impossible couple) presented as a couple born of affairs, a situation that sometimes pertains in second marriages. Both had been married before, and each in their own way had felt the marriages to be quite dead. Anne's marriage to a successful builder had quickly become a matter of convenience. She could tolerate her husband's lack of interest in the family because it let her do as she pleased in running the family and raising her children. She handled her longing for emotional closeness by a series of surreptitious affairs that went on without noticeable curiosity from her husband. When she met Harvey, she found more passion and interest in the relationship than she had ever had, but she also found that it stirred her up in disturbing new ways. His frequent erectile difficulties during the affair upset her, but did not keep her from deciding to divorce her lackluster husband in favor of Harvey.*

61 *For Harvey, his previous marriage to a depressed but undemanding wife was a matter of continuing disappointment, which he handled by an endless series of lunchtime liaisons. None of these meant a great deal to him, and were handled with as much emotional isolation as was his marriage. Meeting Anne offered welcome rejuvenation, for at 53 he was beginning to face a sense of dissipation of his powers. He had suffered occasional impotence in affairs before, but as this gripping affair took hold for him, he experienced the paradoxical difficulty of more trouble with erections. They were fairly reliable in brief and secret trysts, but when he attended scientific*

meeting out of town with her, he began to have more sustained difficulty. This problem solidified after they were married, and was the chief reason they sought help after eighteen months of marriage.

62 *In this case, the affairs of both previous marriages could now be seen as keeping passion and commitment at bay, split off from the safe and steady but uninvolved marriages each had. The affairs thus had an important role in maintaining those marriages as steady but unemotional and essentially nonsexual. Harvey and Anne each needed such a marriage for different reasons. Harvey was frightened of closeness to a woman, based on his fear of his needy, alcoholic mother, whose wish to impose her needs on him still plagued him. Anne had felt neglected by her parents during years of recovery from a childhood burn. Left with little visible evidence of the scars, she nevertheless felt that she was unlovable, and took her husband's lack of interest as evidence of what she should expect. The affairs allowed her a split-off relationship with the exciting object she craved, without chancing the aggressive rebuffs she had felt from her parents' neglect after the burn.*

63 There are painful elements even in the aftermath of the affair that leads to successful marriage. The resentment of children about their broken homes often presents a reminder of the compromises involved. These children face so many recurrent hurdles around the loss of an intact home (Wallerstein and Blakeslee 1989) that the difficulty they face are a constant problem in remarriage. The remarried couple also has the stress of encumbered finances and the need for continued negotiation with ambivalently held ex-spouses.

64 But the more central problem come when aspect of internal object life had been held outside the original marriages now must be integrated into the subsequent one. For

instance, guilt that was held at bay enough for the affairs to happen must now be absorbed into the marriage itself. In a general sense, the rejection of a repressed bad object that was handled by splitting and projected denigration of the spouse before, must now be handled inside the new relationship. When the remarriage offers another better chance for healing and growth, there tends to be no affair. Because of this, second marriages are less complicated by affairs, but this is certainly not always so.

65 In the example of Harvey and Anne, bitter fighting alternating with passionate interest and tenderness was such a contrast to their emotionless first marriages that they could hardly identify themselves in the new situation. The search for a new other in an affair or in courtship is also a search for a new self. Hoping to find a completely different other persons in the new liaison and, later, in the marriage, Harvey and Anne each also found a completely different self. Now the contempt each had exercised toward the previous spouse came back with such force that projective identification occurred in projectile form. The selves that Anne and Harvey each found were both intriguing and terrifying--that is, they represented enlarged, unstable images of parts of themselves tied to vastly magnified images of exciting and rejecting objects. Anne, in particular, felt so betrayed by the image of herself in this new relationship that she contended over and over that she could never trust Harvey. The disorienting effect of their present marriage made sense of their choice to spend their younger adulthoods with stable, even if disappointing, marriages to which they could tie stable selves, splitting off the exciting and craving parts of themselves to objects that did not threaten them.

Appendix B

Outline of Case Study

I. Introduction (P1):

A. Couple "who seem to attack their marriage at every quarter."

B. Theory: "the longing underneath the attack that keeps such couples together, but in the process of trying to help them, they often turn from attacking each other to assaulting our capacity to provide a therapeutic context."

C. "...it is the capacity to survive that offers any possibility of a therapeutic change."

D. Application: this case "offers lessons that are infinitely helpful with less thoroughly destructive couples whose transferences nevertheless echo the one to be presented."

F: Focus: "the experience of impasse and impossibility in the countertransference ... is illustrated here..."

II. Background Concerning the Couple and Extended Family

A. Harvey

1. "...58-year-old writer, raised in England..." (P2).

2. Married before: "...his first wife had been depressed and unresponsive except to their child, who was now grown" (P2).

3. For several years prior to marrying Anne, Harvey had lived alone in an apartment near his first wife's residence (P2).

4. "...calm, rational, and well spoken, with a high-bred accent" (P6).

5. No previous psycho-analysis (P18).
6. "...father, who was a high-level failure, a politician who had a startling early career, but who suffered subsequent defeat...eventually became a widely respected elder statesman, [but] he had always carried of sense of failure and disappointment with him, which Harvey had absorbed" (P20).
7. "Harvey's mother had become alcoholic during his adolescence, and she deteriorated, especially after the death of his father when Harvey was 18" (P 20). "...mother may well have been, in her depression when he was 4 or 5, difficult for him to get to. In his attempt to bring her to life, and to focus on him, he must have had to prod her, and must have been willing to do so even at the expense of angering her" (P46).
8. Older brother: "father's favorite" (P20).
9. Younger sister: "encephalitis at the age of 3, and the subsequent attention from the family had left Harvey feeling both responsible for her and jealous of the attention she received from his parents" (P20).
10. Harvey had a history of erectile difficulties (non-organic).
11. Harvey's sister (with encephalitis had made Harvey feel caring but also envious of the attention she was receiving (P33).
13. Harvey felt that his mother somehow "interfered between him and his

father" (P38).

14. Harvey could not connect with his father as his father was always trying to placate his mother (P 43).
15. Mother's alcoholism may have been earlier than Harvey thought (P47).
16. Harvey felt that he could not get through to his father: if I could just get to him, I could get some comfort...even right now, I have a sense of missing him terribly. But where is he?" (P 47).
17. Referring to father, "there is a sense that he's a failure. And the one way I can be with him is to risk to being a failure myself" (P 47).
18. Upon reflection Harvey sees the failure of father as one of not being able to help him with his mother "and the sense of sorrow that he, too, could not breathe life into her" (p 47).
19. Harvey's experience of mother was initially that of depressed but latter "volatile." This experience of mother in combination with absent father lead to Harvey's being "rigidly walled off" (a "controlled personality") (P50), which the therapist describes as "always emotionally out of touch with what he was agreeing to (P 36).
20. Related to 19, he tended "to erupt irrationally at home in the enormous fights with Anne" but in session "his anger would seem most reasonable" (P36).
21. Harvey's father in terms of object relations theory was an exciting

figure (P51).

22. "For Harvey good and bad were mainly split between father and mother, but the cost of identification with his father was the internalization of the failed father--probably as reinforced by his mother's accusations" (P 51).

23. The parents for Harvey were "disappointing and yet envied" (P 51).

B. Anne

1. Anne, age 42, "a scientist of substantial and still growing reputation" (P 2).

2. Anne has been married to Harvey for 18 months at the beginning of therapy (P 2).

3. Anne met Harvey when he did a biography of her for a magazine (P2).

4. Anne was married at the time but "essentially signed out" (P 2).

5. Anne's husband was "a successful builder, who had little interest in the family, and who left her alone with their son and daughter, allowing her to do as she pleased in raising them" (P 2).

6. This marriage "had been calm, with no turbulence of remarkable fighting" (P2).

7. "Anne had taken the initiative in running her family while getting her emotional needs met elsewhere" (P2).

8. The affair was passionate and went unnoticed by the spouses (P 3).

9. After couple declared their love, Harvey began having erectile

difficulties which persisted into the marriage (P 3).

10. "This [the erectile difficulties] was the chief reason for her anger. She could no longer face being married without a sex life (P 4).
11. She had "difficulties with her children, who had repeated school difficulties" (P4).
12. "She felt she got no sympathy from Harvey about [the children]...she felt he did not care what she had to put up with in her own daily situation. He was not there emotionally when she tried to manage the children, one of whom was anorectic, and the other who, although bright, was constantly defeating himself" (P 4).
13. Anne felt she could face this lack of sympathy concerning the children but not also getting "nothing from him sexually" (P 4).
14. She experienced this (Harvey's erectile difficulties) as rejection of her and connected this to being 5 and suffering severe burns to her legs and lower body and thus feeling "ugly and rejected...These ugly feelings came back with the sexual rejection she felt from Harvey" (P 4). "The lack of sex in a marginal marriage was more than she felt she could live with (P 22).
15. "She could hardly remember the fire," but rather remembered mostly the "long lonely periods in the hospital, times when she felt rejected and uncared for" (P4).
16. "The repairs to her skin and the related physical therapy had gone on

- until age 10" (P4).
17. "Surprisingly, slight scars remained" (P4).
 18. Therapist experiences Anne as "shrewish despite her capacity for psychological mindedness" (P 9).
 19. Anne (and Harvey) were physically abusive to the other.
 20. Anne had had previous psychoanalysis... able to "link the marital difficulty and her role in it both to her early childhood and to her concerns as a parent of two adolescents" (P18).
 21. "She clung to her children, she thought, out of her aloneness" (P 18).
 22. "In her previous empty marriage, when she had retreated to the children, her former husband had been glad to have her off his back" (P 18).
 23. During period of therapy Anne felt betrayed when Harvey ended his recent sobriety and took a drink" (P 25)
 24. Anne felt "abandoned by her parents during her long bout of recovering from her childhood trauma" (P 31).
 25. At age 5 a fire broke out while she was asleep, "she awoke screaming with her bed on fire" (P 31).
 26. She was lucky only her lower body was burned (P 31).
 27. "...what she chiefly remembered was the time in the hospital afterward" (P 31).
 28. "The burn had been excruciating, and required painful dressing and

redressing. She had multiple surgical procedures, and to this day had bodily scarring." (P 31).

29. "She found her nude body painfully ugly, although residual scarring was minimal" P31).

30. "...most painful to her [as compared with the burns to her body] was the feeling that her parents had abandoned her to the care of the hospital. Later, while she was healing, her father told her she would never fully recover--which to her meant that she would never recover their affection" (P 31).

31. "She felt that her treatment by doctors and nurses had gone on in the absence of her parents, who had apparently stayed away in reaction to their fear and turmoil. That feeling had made her insistence that the treatment itself was a trauma all the more heartfelt..." (P31).

32. Theme of resentment: "stemming from the period of her childhood convalescence when she was so resentful of the pain and the expectations of her..." (P40).

33. Special instance of this resentment: "...when her father said to her that since she was so scarred and no longer beautiful, she had better develop her brain in order to get along in this life. This was the father she was trying to reach, even while resenting him..." (P 40).

D. Children (Of Anne and Harvey).

1. Anne's:

- a. Daughter who is anorectic (P 4).
- b. Son who is bright but "was constantly defeating himself (P 4).
- b. During therapy, son is arrested mistakenly (P 34).
- c. In the same week that son is arrested mistakenly, daughter is in an automobile accident and is ok but that was not clear at first (P34).
- d. Daughter has live in boy friend.

2: Harvey's:

- a. Harvey's grown son, Bill, had recently asked for money in order also to be in therapy. Harvey after much deliberation decided not to give the money to the son (P36).
"Harvey said that he thought that he felt resentful of his son because, in large part, he would like to give him so much (P 37) ("Harvey felt in the role of his father, the man he had longed to turn to when he had felt isolated or rejected. So the request from Bill stir the urge to give to him, as he longed to be given to. Then the underlying sense of rejection loomed when, on the other hand, he felt he should not give to Bill because the request was unreasonable" (P 37).
- b. Harvey "felt mildly abused by Harvey's dreadful relationship with his son" (P 36).

III. The Therapist

A. Feelings and Thoughts About the Couple (not mere description).

1. "Work with Harvey and Anne was among the most difficult and discouraging I (D.E. S.) have done" (P 7).
2. "Overall, I felt that this couple constantly cut me off from my wish to be neutral between them. I felt inside me the unwelcome wish to side with him and to get rid of her. In my struggle to be true to my principles and regain a position equidistant between them, I felt so frequently frustrated that I often wished to be rid of them altogether" (P 9).
3. "Their relationship was a constantly humbling experience for anyone who wished to remain optimistic about the possibility of humane marriage in a humane world" (P 11).
4. When Anne would leave therapy mid-session and Harvey would follow her out, "I would be left alone and often felt perturbed" (P 14).
5. "I felt treated by the two of them together the way they habitually treated each other" (P 24).
6. "For some time they continued to have successful intercourse over my therapeutic dead body" (P 24).
7. ***"In this situation, all I could do was openly discuss my countertransference position. The couple had seemed impossible and now therapy seemed impossible too. I talked about feeling***

that I was helpless to make a difference... I spent many hours feeling I had nothing to offer" (P 27).

8. *"I was having the feeling of walking again on thin ice, having tried so often to speak to the forces of destructiveness that led them to spoil periods of good feeling. Yet I felt a bit flushed with some late-inning success (P 35).*

9. *I agreed [referring to Anne's intruding into Harvey's therapeutic work), I thought that this was an example of the two of them working to take the emotional focus off Harvey, just when he had begun to move into it. I was feeling that the slender thread of their working together without Anne wading in or storming out would break in my grasp—or perhaps that I had no hold on it at all. It was in their hands. It was as if the thread had wound around me, not enough for me to pull on it helpfully, but only enough for them to pull on it and spin me around in the process. Feeling here today that they were beginning to work, I felt again the sense of therapeutic helplessness and of being only one step away from the familiar maelstrom. On the other hand, I would see that she was right on the theme of connecting their relationship problem of reaching for a parent, in her case the father and, in the transference, me.*

I now wondered about how Harvey and Anne had joined to keep Harvey from continuing to investigate something about his early

life with his parents (P 41-42).

10. *"I was countertransferentially experiencing the mutual prodding that was a feature of the way they, with their anxious holding relationship, experienced calm or peace to be absence and rejection. Mutual prodding was their attempt to get compliant surrender or a nonthreatening sign of life from each other (P 45).*

B. Feelings and Thoughts about Harvey

1. "I liked his urbane wit, his upper-class English accent, and his patrician elocution despite his being relatively walled off from feeling" (P 9).
2. "I thought Harvey did contribute to their difficulties, but I could not find out how..." (P 19).
3. *"I tried to work with Harvey on the underlying issues in his treatment of her but always felt frustrated by a well-meaning but shallow compliance in his attempts" (P 19).*
4. "I never had the satisfaction of things hitting home with him" (P 21).
5. "In my experience of him, he was always emotionally out of touch with what he was agreeing to" (p 36).
6. "I wondered if things were not rougher in the early relationship with his mother than he had been thinking" (P 44).

C. Feelings and Thoughts about Anne

1. "I found her shrewish despite her capacity for psychological mindedness" (P 9).
2. "I felt that it was unsaid that I was not far behind Harvey in my human failings, especially if I were measured by my failure to help them. I could tangibly feel her disappointment in me from her feeling, which I shared, that I failed to understand the depth of unjustified suffering at his hands" (P 17).
3. ***Early and late in this therapy I felt controlled by Anne's rages and subsequent nonchalance. I felt buffeted and turned on my head like a puppet with no brain. I often felt that my attempt to discern a truly shared contribution to the troubling relationship was merely lip service to my belief. I thought Harvey did contribute to their difficulties, but I could not find out how, because Anne's rages and demandingness were so ascendant" (P 19)***
4. ***"..and I reflected on Anne's now avowed intention to end the marriage. I addressed the relentless spoiling I felt that she led with..." (P 27).***
5. "On these occasions, Anne would turn to me and say, "Why don't you talk, Dr. Scharff? What do you think about us?" I would say, "I don't have any thoughts about you. I'm not sure there is anything I have to offer because I can't say what I think." Having said that, I then was able to face what I thought, which was that Anne had the

controlling lead in forbidding thought or feeling. I felt hamstrung, particularly by her, even though she had told me that was just what she could not stand hearing (P 27-28).

6. "But I knew from my own experience of feeling hampered by her control of my thoughts that until she let Harvey off the hook, he would not be free to work" (P 29).
7. "And finally, Anne began, now with full affect that caught my sympathy, to tell the story of feeling so abandoned by her parents during her long bout of recovering from her childhood trauma" (P 31).
8. "I think that my talking about my helplessness addressed her situation as a child, and that my confrontation about her leaving sessions and slamming doors against Harvey and me may have spoken to a childhood wish to scream at her parents for leaving her alone. I could now understand the shaken feeling I had when she walked out of the hour as representing how she had felt when left alone by her parents in the hospital to face the painful "assault" of the doctors and nurses" (P 32).
9. "I imagined she would do so aggressively [challenge Harvey], and so I asserted myself and continued my direct work with Harvey to model a check on her prodding of him" (P 44).
10. "My heightened activity occurred without my quite being aware of it,

in order to substitute my empathic questioning for her invasive relationship" (P 45)

D. Feelings and Thoughts as Therapist

1. "In the countertransference, the therapist was often absorbed in his own doubts and feelings of failure as a therapist. It was a daily experience of feeling deskilled and dismissed, separated from his own operating principles and self-esteem, and joined with them in a style that he felt attracted to, and yet which gave him considerable self-loathing" (P 52).
2. "It was through being willing to absorb this couple's destructiveness, their mutual spoiling and envy, their condescension and contempt, and through becoming someone he did not like in small ways, that the therapist was able to understand their internal experience of trying to reach each other in endlessly frustrating ways. With them he felt that he was in the presence of enviable but persecuting parents, ones who would not let him in.
3. "It often felt beyond the outer limits of possibility as the therapist frequently felt overwhelmed with hopelessness!" (P 57).
4. "But it is precisely such couples who make the point that this kind of difficulty can only be worked with if one is willing to absorb and suffer the inner objects, the mutual projective identifications, and then to slowly work one's way out of them. It is

a most uncomfortable process, for these aggressive and hating couples have almost given up on being loved for themselves and to us" (P 57).

VITA

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- 1992-1994 Lewis-Gale Psychiatric Center, Family Therapist
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