THE ABANDONMENT OF CLASSICAL psychoanalytic theory by many contemporary analysts and the proliferation of psychoanalytic theories proposed to replace it has inevitably resulted in the question of what specific changes in clinical strategy result from differing theoretical orientations. Object-relations theories are among the most widely discussed alternatives to classical psychoanalytic theory, and many analysts purport to apply them in psychoanalytic practice. Nonetheless, it remains unclear what specific changes in clinical technique result from an object-relations theoretical orientation. One of the difficulties in linking specific clinical interventions to object-relations theories emanates from the fact that these theories differ considerably and, at times, conflict with each other. Despite these differences, there is a commonality of underlying principles in the work of theorists such as Winnicott, Kohut, Fairbairn, and Guntrip, who emphasize the self and the role of the object in its development, that suggests an object-relations paradigm for psychoanalysis. The purpose here is to use this paradigm to delineate an integrated object-relations concept of therapeutic action and demonstrate how this model informs and ultimately shapes the psychoanalytic process.

The Object-Relations Paradigm

Although the clinical focus of this paper renders impossible the detailed elaboration of an object-relations model of personality development, it is necessary to outline the paradigm broadly as a backdrop to the clinical discussion. According to this model, the self-structure, defined as ways of being and relating, is built from the child's experience of the relationships with early caretakers. The other is experienced as an object, and an object relationship consists of a self-state, an object, and a
connecting affect (Kernberg, 1976). From a theoretical viewpoint, Winnicott, Kohut, Fairbairn, Guntrip, and Bollas all view object relationships as the key to the structuralization of the self. Abundant empirical evidence supports the claim of an intimate relationship between self-development and the experience of early relationships (for example, Beebe & Lachmann, 1992; Bowlby, 1980; Demos, 1992; Lichtenberg, 1983; Silverman, 1992; Stern, 1985). Early caretaker relationships become encoded in the child’s mind, and this relationship, now a part of the child, is predictive of the child’s behavior (Beebe & Lachmann, 1992). It should be noted that this model emphasizes affects, but affects are conceptualized not as raw, formless energies, but as structured in relationship to an object (Fairbairn, 1944). For example, the patient’s anger reflects a particular attitude toward the object of the anger. Consequently, the anger, like all affects, is embedded within an object-relations structure, however primitive it may be in some cases. A major task of the analytic process is to uncover this hidden structure.

It must also be emphasized that the encoding of objects and the resulting object relationships are not assumed to be copies of actual relationships, but are experiences formed from those relationships. It is important to emphasize this distinction because the concept of internalization has been attacked by some relational analysts for the passivity implied by conceptualizing the growth process as a “taking in” of significant others (Hirsch & Roth, 1995). This critique is correct with respect to a superficial use of internalization as a copy, but does not apply to Winnicott’s concept of object usage as a creation from an actual relationship. According to the latter view, the child makes use of what the parent offers in a way created by him. This creative use of the object for self-formation is the meaning of internalization used in this article. The representations of objects that form the self are complex amalgams built from the child’s experience of the object.

When the early relationships cannot be used for the realization of self-potential, development is restricted. Under these conditions, a part of potential self becomes diverted to self-protection, and significant aspects of the self are buried. The desperate efforts of the buried aspects of the self to gain expression result in symptoms. The concept of pathology as the product of a developmentally arrested self represents the commonality among the object-relations theories of Fairbairn, Guntrip, Winnicott, and Kohut (Summers, 1994). From this object-relations perspective, the patient’s problems and symptoms are a product of an arrest of the developmental process, and, therefore, the aim of the analytic process is to undo the blocks and allow for the resumption of development. For this reason, object-relations theorists tend to view the goal of analysis as the elaboration and expression of the patient’s self, or personal idiom, hitherto blocked by developmental conflict (Bollas, 1987).

From this object-relations viewpoint, because the analytic task is to provide the patient the best possible opportunity to unblock self-arrest, the analyst’s posture is defined by the provision of an analytic space that allows the old self-structure to give way and promotes the creation of new ways of being and relating. This analytic space is the environment that allows the long-buried parts of the self to emerge and gain expression for the first time in the psychoanalytic dialogue. Winnicott’s (1971a) concept of analytic space defines an analytic stance as the transitional space between reality and fantasy. This space is limited by the analyst’s reality, but offers the possibility for the patient to view this reality in a variety of ways, and, thereby, to create a new experience within the givens of the analytic setting. Such an analytic stance is not “blank” because it offers the patient a particular kind of environment, but within these limits it attempts to provide the maximum space possible for the patient to create a new relationship with the analyst, an analytic object relationship that may then be internalized as a part of the self-structure. An analyst with this focus offers a relationship that is designed to promote the unfolding of previously blocked maturational processes.

These object relationships are the basis of the self-structure, the child’s ways of being and relating, that define its relationship to the world. The structure of the self is to be distinguished from the sense of self, or human subjectivity, which refers to the sense of being a person in the world. Self, as used here, refers to the experiencing subject, and self-structure to the organization of being and relating.

The object-relations structure that underlies symptoms, pain, and dysfunction appears in analysis as transference. The analytic task, whatever its particular form in any given situation, is to relinquish this structure and re-create it in a way that leads to the more genuine and effective functioning of the self. For such a restructurization to occur, the self must extend beyond the limits of its childhood structure, that is to say, transcended. It follows that the essence of the therapeutic action of psy-
choanalysis from an object-relations viewpoint is growth beyond previously constricting limitations, that is to say, self-transcendence.

Theory of Therapeutic Action: Interpretation

From this viewpoint, the target of analytic inquiry is not conflict among psychological forces, nor affects per se, but object relationships. As components of object relationships, affects are never viewed apart from their context in relating to objects. Because the self is composed of object relationships, self-awareness is tantamount to consciousness of object-relationship patterns. Interpretive focus is on the unconscious internalized patterns that determine the patient's modes of being and relating. When object relationships are in conflict with each other, the analytic process will focus on rendering the conflict conscious, but the elements of the conflict are object relationships. The intent of the interpretive process is to illuminate the object-relational structure of the personality so that it can be overcome. For example, Ms. Y alternated between attacking her analyst vituperatively and feeling herself to be the victim of such attacks by the analyst. Both patterns manifested an unconscious hateful connection between herself and her mother, in one, the patient enacted her mother and put the analyst in the role of herself as child, and in the other, the patient was the child, feeling victimized by the vengeful, attacking analyst-mother. Interpretation made conscious the disavowed object relationship "mother hates me." The purpose of the interpretation was not simply to make conscious the patient's hatred nor even her hateful wishes. Each side of the enactment included a wish, one sadistic, the other masochistic, but both wishes were components of the hateful object relationship that formed a significant part of the self. Once this internalized pattern became conscious, the patient was in a position to relinquish this negative pattern.

Despite the importance of interpretation, one cannot expect that making object-relations structures conscious will, in itself, change them. While there are cases in which interpretation alone produces therapeutic efficacy, we cannot depend on this. Far too frequently, our patients tell us, "I understand that, but it doesn't change" or, "I can't change it." Even repeated interpretations and understandings are of limited value in budging recalcitrant patterns, a fact that led Freud (1937) to become pessimistic regarding analytic change. He ascribed this phenomenon to the instincts, deformation of the ego, the masochistic desire to be ill, the fixity of the defenses, rigidity in mental processes, and for the male, "repudiation of femininity," and for the female, penis envy. These concepts are all "dead end" in that they are not amenable to analytic intervention. Using the tools of interpretation of drive and defense, Freud hit psychological "rock bottom."

The recalcitrance of pathological patterns has led some contemporary analysts to raise questions about the therapeutic effect of interpretation (for example, Bacal & Newman, 1990; Levenson, 1991). These theorists are undoubtedly responding to the all-too-common clinical experience of having achieved understanding, even within the transference, without the expected therapeutic effect. Although interpretation frequently fails to have direct mutative effects, insight does show the patient the structure of her ways of being and relating, so that efforts at transcendence can be genuine. If one conceptualizes therapeutic action as self-transcendence, interpretation, by understanding the self-structure, is seen as a necessary, although insufficient, step toward self-transcendence. The impossibility of transcendence without appreciation of the self is seen in patients who attempt to go beyond their limits without knowing who they are, nor of what these limits consist. Common varieties of these efforts include grandiosity, the manic defense, reaction formation, and what Winnicott (1960) referred to as the false self defense. Attempts to stretch beyond a self-structure that is rejected may be called empty efforts at transcendence. These endeavors cannot result in genuine self-transcendence because they are not connected to authentic experience of the self and continually conflict with realities that are not accepted.

It is true that a reason for the persistence of these stubborn patterns is their familiarity. However, an abundance of research findings has demonstrated strong human (and even subhuman primate) needs for both novelty and familiarity (for example, Butler & Alexander, 1955; Fiske & Maddi, 1961). The evidence that people seek to make new experience familiar and also to create novelty renders questionable the reliance on one side of this dual mode of organizing experience. At the critical treatment juncture when the patient's unconscious patterns have become known in the transference but persist despite repeated interpretive effort, one finds the most crucial contribution of the object-relations concept of therapeutic action. Rather than ascribe therapeutic impasse to the patient's resistance or need for familiarity, from an object-relations viewpoint, patient and analyst have come to a critical moment in the analytic process: interpretation has threatened the patient's sense of self. The an-
analytic task is now to use what has been gained in the interpretive process to overcome this threat.

Therapeutic Action: The Threat to the Self

From the viewpoint advanced here, a different approach to therapeutic impasse presents itself. The fundamental alteration in object relations targeted by the analytic process threatens the patient's sense of self, and this threat accounts for the fact that pathological patterns are stubborn, despite the pain and dysfunction they cause. For example, Ms. Y, the patient who had a hateful object relationship with her mother, achieved such sense of self as she was capable of attaining by relating to the analyst as attacker-victim or victim-attacker. Without such connections, she became confused, unbearably anxious, and disorganized. During one episode of suicidal ideation, she asked the analyst to see her for a second session that day, fully expecting her request to be refused. When it was not, she was shocked, initially pleased; but then she became dependent, momentarily confused and disorganized until she decided that the analyst was just complying with her request in order to make more money and deceive her into thinking he cared. She became angrier, but more organized, focused, and visibly relieved as she concluded that the analyst was victimizing her.

Threat to the self has been recognized as the deepest form of anxiety in all major object-relations theories (Summers, 1993). It is called "annihilation anxiety" by Klein (1957), "unthinkable anxiety" by Winnicott (1960), and "disintegration anxiety" by Kohut (1971). "Annihilation anxiety" is used here to capture the psychological manifestation of the threat to existence that Heidegger (1927) referred to with his concept of "dread" or Angst. The patient who stubbornly refuses to yield pathological patterns is like the rock climber desperately clinging to the rope as he begins to lose his footing. For the borderline patient, exemplified by Ms. Y, who can relate only as victim or attacker, the only alternative is the experience of nonbeing. If the analyst does not see the patient's stubbornness as a clinging, born from the threat to the patient's sense of existence, a crucial moment in the analytic process can be missed. What is commonly referred to as "acting-out" of the transpose is a desperate effort to obliterate this experience of nonbeing when patterns of interaction are confronted in treatment. Therefore, it is crucial that the analyst address the threat to the patient's sense of self formed by the possibility of yielding pathological patterns (Summers, 1993).

The importance accorded annihilation anxiety in this view of the psychoanalytic process is not meant to diminish the role of other types of anxiety, such as loss of the object or the object's love. These latter forms of anxiety are central to the content of many pathological situations. For example, many patients are crippled by the fear that their aggression will cause them to lose the love of needed objects. Annihilation anxiety becomes the focus of the clinical endeavor when the patient's particular pathological pattern is recalcitrant to interpretation. In the analytic process, annihilation anxiety is more relevant to the patient's need to hold on to pathological patterns than to their formation. The analyst must address anxieties that arrest the patient's personality development, but if this understanding is not mutative, the annihilation anxiety that lies at the root of the patient's reluctance to change must be confronted.

Bromberg (1995) has conceptualized the patient's "resistance" to change as a need for maintenance of self continuity. According to Bromberg, the patient's fear and anger at giving up part of the self is the conservative tendency of the psyche and, therefore, represents one pole of the dialectical growth process. Even Bromberg, however, does not address the deeper question of why the patient needs self-continuity, and, therefore, he misses the experience of nonbeing that must be confronted for meaningful change in self-structure to occur. Furthermore, Bromberg does not offer a clinical strategy for overcoming the "conservative tendency of the psyche."

According to the object-relations viewpoint advanced here, self-continuity is a powerful human motive because disruptions in it result in the annihilation anxiety produced by the loss of self. Feeling lost, without bearings, and confused about who they are, patients retreat to the old sense of self, which, however pathological, allays annihilation anxiety by providing a sense of self. This is the object-relations explanation for what is classically called "resistance." Neither classical analytic theory nor contemporary relational approaches show full appreciation for the threat to psychological existence and resulting dread inherent in yielding psychological structure.

The importance of annihilation anxiety in yielding object relationships, and the need to address it analytically, is illustrated in the case of Mr. A.
FRANK SUMMERS, Ph.D.

This forty-year-old married man entered analysis in an attempt to master lifelong depression, anxiety, and feelings of inadequacy and failure. From a long and complex analysis, I discuss one crucial component, the paternal object relationship, to illustrate the threat reaction to potential relinquishment of object relationships. Early in the analysis, Mr. A expressed a feeling of unconflicted love for both parents. In the first two years of analysis, the interpretive work focused on the disavowal of considerable verbal, and sometimes physical, abuse by his father; the patient's feelings of helpless dependence on the father; the patient's recognition that his chronic verbal self-flagellation was the internalization of his father's voice; his father's usurpation of any recognition he achieved; the patient's outward compliance with this "thieviness"; and his lifelong need to please others as a symptom of his frustrated desire to please his emotionally abusive father. Mr. A felt that his mother had been his only source of nurturing, but saw her as weak, ineffectual, and unable to control the father's frequent attacks on both her and himself. Indeed, Mr. A felt she was afraid to protect him for fear the attacks would be turned on her. As painful as his relationship was with his father, he realized that the father was the only source of strength in the family, and part of the attachment to his father was fueled by the wish for the latter's strength. Nonetheless, he did become aware of a thwarted desire to be close to his mother and to receive her love and nurturing, although he felt their relationship was blocked by fear of his father's angry response. The desire to be close to his mother was a source of the intensity of his need to win his father's approval, because he feared that his father had the power to keep her from him. He connected his fear of his father's abandonment to his anxiety that his mother would also be taken away.

Mr. A developed an intense attachment to the analyst and a strong desire to please and be loved by him. Nonetheless, Mr. A believed he was disappointing the analyst by not doing the analytic work well enough, and he feared overt expression of the father-analyst's disapproval. Pleading the analyst became very important, but help from the analyst was construed as accusing to the credit of the analyst, and Mr. A feared that giving himself any credit would "cut off" the relationship. In the third year of analysis it also became clear that were Mr. A to give up his belief in the analyst's thievery and caustic disapproval, he would lose credit for his experience his father as dead. The belief that others take credit for his success and the harsh internal judgments were the only ways he could keep his father alive inside. Repeated interpretation of these transference themes felt emotionally powerful to Mr. A, but had little mutative effect.

As these issues were discussed, in one session Mr. A asked rhetorically why his "father inside" stopped him from enjoying life. He then told the analyst of some experiences he enjoys that he had never mentioned before, and went on to say he is now much more aware of his "father inside," but is unable to stop this internal voice from controlling him. In moments he had begun to experience without his father's voice, his burden was relieved, but the loss of his father left a void. His father's voice would soon reappear, and the emptiness was filled. He was aware of formerly unconscious guilt over moments of enjoyment that he believed his father never had, but he was more struck by the sense of emptiness. Moments without his father's presence felt positive initially, but he invariably began to feel anxious as well as guilty and would become aware of his father's renewed presence. He reported a recent incident of good feeling with his son in a moment of self-recognition when he felt his father "come back." Mr. A promptly quit listening to his son, became dissatisfied with himself, and felt that he should leave. He realized that his father had never seemed to enjoy any experiences because his entire life was consumed by work, and at that moment, Mr. A came to the deeply felt realization that he had never separated psychologically from his father. When he enjoyed an experience, such as the incident with his son, he felt guilty; but more than the guilt, it was the anxiety-producing moment of separation between his father and himself, the experience of difference between them, that led to escape from the experience.

Mr. A was able to relate this emptiness to states of frenetically driven activity that he now saw as a desperate effort to obliterate the void. On these occasions, he tended to overexert himself physically, frequently in contradiction to clear physician advice, resulting at times in physical injury. The analyst interpreted Mr. A's desire to return to driven activity as a response to the void experienced in consequence of the loss of his father's re-presentation. Mr. A equated the emptiness with uncertainty regarding who he is, and he then became aware of his father's eyes. He could feel the harshness of his father's judgment that "real men know what they want." The analyst pointed out that in the emptiness he has no sense of who he is, becomes afraid to give up his father inside, and is either driven to activity or his father's vision fills the void. Mr. A replied that whenever he is uncertain of anything, he envisions his father's harsh...
gaze upon him and sometimes feels driven to avoid the pain of this look by intense activity.

One can see from this brief description of a key juncture in the analysis that Mr. A was desperately trying to free himself from a painful object relationship, in which his unforgiving, harsh, judgmental internal father was unrelentingly attacking states of doubt and ambivalence. He responded to fledgling moments of freedom with a sense of threatening anxiety and an inner void that he quickly filled with either avoidant action or a sense of self provided by a representation of his father. He knew the representation was painful, but he returned to it rather than experience loss of self. Each movement forward led to annihilation anxiety and a return to former pathological patterns. Thus, the anxiety of nonbeing explains the phenomenon that would be called "resistance" from a classical viewpoint, or the "conservative tendency of the psyche" by Bromberg.

It should be noted that Mr. A's intense, stubborn attachment to both his real and internal father is an illustration of Fairbairn's (1943) formulation of the attachment to bad objects. It was Fairbairn's view that the child attaches to the abusive parent out of need; any object relationship is better than none. Even more significantly, recent proponents of Fairbairn's thought have pointed out that the attachment to the bad object preserves the sense of self (for example, Rubens, 1994; Ogden, 1994). This principle fits the intensity and resilience of Mr. A's attachment to both his actual father and the later, internalized father who provided a precious sense of self he feared giving up.

Mr. A's return to the representation of his father and his frenetic activity were both regressions from the void experienced when the paternal object relationship was threatened. From this viewpoint, therapeutic regression is the simulation of an earlier form of adaptation in response to an analytically induced threat to the self. To understand why Mr. A clung to his old patterns, and why the therapeutic regression occurred, it is crucial to note that he had no other way of being: without his father's voice, he was lost. The analyst's task is to point out this connection. The analytic process continually brought him back to his internalized father; he would attempt to give him up, reexperience the void, and regress. This is the first phase of the working-through process from an object-relations viewpoint.

The interpretation of the patient's need to cling to his sense of self and to actualize his self-result in transcendence of the.

THERAPEUTIC ACTION

Therapeutic Action: The Creation of the Analytic Object

It is at this point that Winnicott's concept of the analytic process as transitional space becomes crucial. According to Winnicott (1971a), the analytic setting is defined by a formlessness that allows the patient to create a new object out of the givens of the analyst and analytic setting. Just as the child adapts fantasy to reality by creating the transitional object out of a piece of reality, the analytic object must be created by the patient out of the givens of the analyst as a person, the analyst's interventions, and the analytic setting. The task for the analyst is to make herself usable in this way by the patient, and the task for the patient is to find a way to use the analyst to create the needed object. It is the internalization of this new object relationship, partly created and partly given, out of the transitional space provided by the analyst that is the crucial ingredient of therapeutic action, according to Winnicott. The creation of this new object relationship can be a lengthy, tortuous process because, as we have seen, it requires the abandonment of previous object relationships and the sense of self they provide.

Because the concept of transitional space is necessarily vague and often confusing, its value to the analytic process is best appreciated by a detailed description of how it is used in the analytic process. I discuss the case of Mr. A in detail to show how transitional space can be used for the creation of the analytic object.

Mr. A's recognition of the tenacity with which he held onto the painful paternal object relationship initiated a lengthy period of the analysis in which he oscillated between experiences of authenticity, moments often accompanied by a sense of inner peace, and the return of his father's harsh judgmental voice, which produced anxiety and disturbed his tranquility. For example, Mr. A was moved by the interpretation that he equated separation and destruction. He excitedly agreed, "That's it! Otherwise, I could separate!" He went on to say, "I am driven by fear of separation and I avoid all conflict—I have no self. I want you to make all my decisions for me. Why am I not OK without you? After all this time, I can't risk feeling OK by myself!"

The analyst pointed out: (1) the risk is the threat to his father inside,
from whom he could not separate and without whom he did not know who he was, and (2) the intensity of his attachment to the analyst reflects the anxiety of separation in that relationship. Mr. A replied that he indeed felt empty without his father “inside,” but this thought is threatening: “I am fearful of the predator waiting to take advantage of my softness. Don’t I have to be certain to fight the predator?” The analyst noted that he is, in fact, frequently uncertain regarding the proper course of action to pursue, but is made anxious by this feeling. Mr. A replied that recently he had been having brief experiences of self-acceptance in which he was relieved to recognize himself as different from his father, and then he said: “Right now I feel so peaceful... I do not feel him inside me.” Then, after a long pause, he said “I’m thinking about a business situation—uncertainty, lack of recognition—my thinking about it: that’s him.”

In this session, one sees a transition between Mr. A’s initial effort to overcome his father inside by becoming self-certain enough to win a titanic struggle against the internal predator and his later realization that acceptance of his uncertainty brought inner peace. His original idea was his lifelong empty effort to transcend himself by denying his doubt and ambivalence and convincing himself that he always had a definite course of action in mind. Later, however, as Mr. A felt the uncertainty without his father’s intrusion, he gained a sense of himself different from his father, and he experienced a peacefulness with the analyst that might be called a “moment of being.” Freed momentarily from his father’s burdensome voice, he felt a new attitude toward his states of uncertainty begin to emerge. This emergence, however, threatened Mr. A’s sense of self, and he returned to the paternal representation out of anxiety about uncertainty. Here one sees the object-relations concept of “resistance” in operation: Mr. A took a step toward the creation of a new analytic object relationship; he then regressed from that state in reaction to the anxiety of the newly emergent state. The clinical value of this concept of “resistance” is that it suggests interpreting the regression as a reaction to a threat to the self.

At certain especially moving points, Mr. A would feel a clear separation between his own experience and his father’s voice, resulting in a peaceful sense of self-acceptance. In other sessions, however, Mr. A experienced his father as almost physically inside. It became apparent that Mr. A could not imagine life without anxiety, fear, and abuse. He called them “moments of emergence” and his moments without it, he felt irresponsible, guilty, and often had the desire to “jump into action to avoid it.” At one point he acknowledged that without the voice, he feels like a “degenerate.” Fear defined him and provided his motivation. Enjoyable moments were not experienced as part of the self and were ejected by the return of his father’s voice. When the voice returned, he regained a sense of self and motivation.

In moments of freedom from his father’s voice, he experienced uncertainty as a peaceful state, but anxiety-provoking to his father. He had begun to create a new attitude toward his doubts about the direction of his life, an attitude that was tantamount to the creation of a new self, another step in the development of the analytic object relationship. At this point, Mr. A. was engaged in a struggle between his joyless self in which uncertainty and ambivalence were attacked, on the one side, and moments of emergence of a new self, one capable of experiencing joy and tolerant of ambiguity and uncertainty, on the other. This battle illustrates the second phase of the “working-through” process from an object-relations viewpoint: the struggle between the old sense of self, with its structure of being and relating, and moments of emergence of a new self created out of the analytic dialogue. This phase of the analysis is a dialectical growth process (Bromberg, 1995).

Mr. A felt that the persistence of his father’s voice raised questions about how effectively he was using analysis, and he then attacked himself for his uncertainty regarding the analysis. After progress had been made toward a new object relationship, analysis was becoming a closed circle of doubt and self-attack. This recognition led to the transference focus on his anxiety about disappointing the analyst and thus becoming the subject of the analyst’s displeasure and retaliation. He had the excruciatingly painful awareness that his father wanted him to be someone different, and he felt an ugly sense of disappointment at this awareness. Similarly, in the analytic relationship he feared that nothing he did would be good enough for the analyst. Although Mr. A. frequently felt uncertain and anxious regarding the analysis and whether he was doing it “right,” he also felt complete trust in the analyst and the desire to put all decision-making in his hands, a parallel to his father’s requirement of slavish devotion. If any differences were to appear in the analytic relationship they would be regarded as threatening it, and Mr. A knew no other way to pursue an emotionally meaningful relationship.

During one session, in the midst of Mr. A’s struggle to allow himself to “emerge,” he asked rhetorically, “Am I afraid of emerging?” He realized...
that in work and, generally, in other issues in his life he felt himself "emerging," but he did not want to recognize this fact, despite the peace it often brings. The analyst pointed out that as he emerges, his father dies inside, and as he feels his father's influence slipping, he fears the void of nonbeing.

This dynamic was clearly demonstrated when Mr. A achieved some unexpected business successes and soon after became depressed and experienced renewed feelings of inadequacy. As long as he was struggling with his business he continued to feel the strength of the paternal bond; but success led to feelings of separation, a loss of sense of self, and the feeling of inadequacy renewed the paternal object relationship. As he found himself giving up his internal father's need for certainty, he typically felt lost and frantic in response, but at times his uncertainty felt not only acceptable, but also like a path to problem resolution. This feeling was a further step in the creation of a new object relationship. In subsequent sessions, Mr. A continued to feel that in accepting his uncertainty in the analysis, he was "letting the pieces fall" and finding himself "emerging."

Although he still felt uncertain of his ability to accomplish his business goals, unsure of his future success, impatient, and frustrated, all these feelings were no longer threatening without the intrusion of his father's voice. In fact, he noted that the experience of these feelings in the session would usually have been "prime area for my father's voice to come in," but he experienced no such interference. In its stead he was aware of a close bond with the analyst and an accepting attitude toward his uncertain business situation. Into the void he had hoped would be filled with nurturing, which once had been filled with his father's voice, Mr. A was creating an attitude of self-recognition and acceptance based on his experience of the analytic process. He had first used the analysis to find a potentially different attitude toward his uncertainties, and he was now bringing this new feeling of peace and acceptance to fruition by the creation of a new self. This session represented a more conclusive step in Mr. A's creation of the analytic object.

He had hoped for a soothing, continually peaceful feeling when his father's voice was finally gone. Instead, he still felt the frustrations and anxieties of his business life, although they no longer felt threatening. It became clear to Mr. A that he would finally eliminate his father's presence, not by abolishing frustration, but by adopting his own attitude of frustrations and doubts. Indeed, it was in the very experience of frustration, ambivalence, and doubt that he was most free of his father's influence, and, ironically, was at greatest peace.

During this time, Mr. A experienced noticeable relief from his recurrent bouts of depression. Doubts and difficulties no longer led to the harsh self-flagellation that had previously resulted in painful depressive episodes. Furthermore, he began to allow himself moments of enjoyment and success, without feeling he needed to retreat to the bond with the internal father. Mr. A attributed these changes to the completion of the mourning process for his father and the separation he now felt from his internalized father that allowed him to have experiences that had been previously unacceptable. It must be underscored that although this separation was made possible by insight, it occurred only after Mr. A had made considerable progress in the creation of the analytic object relationship.

The decisive step in the abolition of the internal, judgmental father occurred one day when all his most important co-workers and consultants were absent in the midst of a business crisis, and Mr. A could identify feeling abandoned and helpless, but realized he needed some help. He then connected these feelings to the analyst, recognizing that needing business help felt similar to his desire for analytic help. Previously such experiences had been "discolored" by a feeling that he was not entitled to help and that he should be able to solve all problems by himself, a feeling easily traceable to his father's voice. He felt abandoned and helpless at work that morning, but the connection with the analysis made him aware that he could get help, and his father's judgmental voice did not enter. Indeed, he felt that by leaving his father's views and thoughts out of the business situation, he made a reasonable judgment of what to do. He called his consulting group and told them they had to send more people. The analyst commented that at that moment he "emerged." Mr. A replied that despite his feelings of helplessness and abandonment, he recognized the need for help as a part of himself, but also made a realistic assessment that receiving help was not a panacea. When he expressed enthusiasm about all this, the analyst commented that the enthusiasm was his. Mr. A responded that his anxiety, frustration, and feelings of abandonment were also part of who he is. At that moment, it became clear that Mr. A had created an object relationship that viewed doubt and uncertainty as a necessary part of who he is, and this newly created analytic object relationship had replaced the paternal object relationship of the past. The self that was intolerant of doubt and
ambivalence, unable to experience joy and success, had at long last been transcended.

Mr. A replaced the unconscious magical expectations of euphoria with the excitement of finding new ways of relating to the world that fit his sense of who he is. Although this self did not fit the fantasy of inner peace, it was enriching and gratifying because it was his creation and functioned effectively. Even the recognition of his need for business help was satisfying because it reflected his newly emergent self and his use of the analytic object relationship. Having achieved self-definition from the analytic object of his own creation, his desire for nurturing withered, and the question of "credit" for analytic progress was no longer relevant. He now felt that he was using the analysis to create new ways of being and relating, rather than to achieve a state of euphoria or dependence. He had shifted from object relating to object usage (Winnicott, 1971b).

To create the analytic object, Mr. A did not simply "identify" with the analyst nor even internalize him; he used the analyst's interpretations of his anxiety regarding uncertainty to determine that such a state was not only necessary and acceptable, but also useful. Where his father's harsh judgments had been, he now had a new object created from the analytic dialogue that regarded uncertainty as a signal and enjoyment as desirable. I submit that this is what Winnicott (1971b) meant by object usage, and that in using the analysis in this way, Mr. A experienced a form of gratification he had never before experienced and had not expected: the joy of self-transcendence.

Conclusion: The Analytic Result

The Winnicottian concept of the analytic object makes the patient a creator of the new object relationship from the analytic process. According to this view, the culmination of therapeutic action is ultimately the patient's ability to use the analyst to develop arrested potentials into the formation of a new self-structure. We have seen an example of this process in Mr. A's use of the analytic dialogue to create new ways to experience uncertainty and joy. In this view of therapeutic action, the analyst's interpretations and recognition of the threats they pose provide the conditions for the creation of the analytic object relationship. As we have seen, these functions do not provide transcendence, but they create the conditions for its occurrence. The patient uses the analyst to create new ways of being and relating that are unforeseen, sometimes even unknown, to the analyst. Only if the patient takes the step to create something new that is truly her own can the joys of freeing and transcending oneself be known.

This capacity to transcend the self can be used throughout the patient's life and is perhaps the most enduring result of successful analysis. Long after the content of particular changes may fade in memory, the patient will be able to use the analytic object relationship to create ever-new ways of being and relating as the human growth process continues throughout life. The object-relationships view that change occurs via the transcendence of the self does not require the self-monitoring commonly referred to as the "self-analytic function."

The concept of therapeutic action as self-transcendence results in a disagreement with Freud's (1895) pessimistic statement that analysis can only transform neurotic misery into common human unhappiness. If one looks for happiness in a state, no matter how temporarily satisfying, disappointment in the possibility of happiness may well be inevitable. As the case of Mr. A shows, we tend to find happiness not in a state, but in the growth process itself. The English social philosopher John Ruskin is said to have remarked, "Happiness is not wealth, nor property, not even virtue. Happiness is not any particular thing. We are happy when we are growing." Mr. A's eventual happiness came about, not because he was without frustration, but because he had transcended the limits of his old self and created a new way of being of his own making. By facilitating this process of overcoming limits and developing the capacity to create oneself ever anew, psychoanalysis can, indeed, help people achieve this uniquely human form of happiness.

REFERENCES


