

PSYCHODYNAMIC PERSPECTIVES ON PERSONALITY

This educational CAPPE module is part i in section III:

Theories of Human Functioning and Spirituality

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Introduction

Psychodynamic theory goes back more than 100 years and has been a principal influence in the early history of clinical pastoral education (CPE). It is a way of thinking about personality dynamics in interpreting and understanding both the spiritual care-provider and care-receiver. This module will briefly summarize the basic theory and punctuate psychodynamic concepts that have been significant in the study of psychology of religion and theological reflection in the practice of spiritual care and counselling.

Psychodynamic theories presently practiced include in historical sequence the following three schools that will be covered in this module:

1. Ego Psychology,
following and extending the classic psychoanalytic theory of Freud, with major representatives in Anna Freud, Heinz Hartmann and Erik Erikson.
2. Object Relations Theory,
derived from the work of Melanie Klein and members of the “British School,” including those who are prominent in religious studies and the practice of spiritual care: Ronald Fairbairn, Harry Guntrip, and D.W. Winnicott.
3. Self Psychology,
modifying psychoanalytic theory with an interpersonal relations focus, originating in Heinz Kohut, systematized and applied for social work and counselling practice by Miriam Elson.

In conjunction these psychodynamic theories offer three main perspectives on personality:

1. the human mind harbors conflict – with powerful unconscious forces that are continually thwarted in expressing themselves by a broad range of counteracting psychological processes and defense mechanisms.
2. each person carries an unconscious internalized world of personal relationships – with mental representations that reflect earlier experiences of self and others which often surface as patterns in current relationships and interpersonal problems.
3. the human person is subject to deficits - with feelings of not being whole and secure and a need for others to complement what is lacking in intrapsychic structures.

I. Origins in the Freudian System

Sigmund Freud (1856-1939) initiated a scientific personality theory, a *dynamic psychology* that views the individual as a natural energy system with tensions and energy transformations between the various personality structures. Freud lived through the monumental change of entering 20th Century, the “Age of Discovery” with a shift from religion to science as the new belief system and source of knowledge about human nature and existence, with reason and objectivity as its guiding lights.

As a psychological investigator Freud based his psychoanalytic observations on a *topographic model* where the mind is composed of three parts:

- the *preconscious* (mental contents that can come to conscious awareness by shifting one’s attention to it)
- the *unconscious* (the hidden, censored part of mental contents that is repressed and thus blocked from awareness since it is deemed unacceptable)
- the *conscious*

In 1923 Freud introduced his famous tripartite *structural model* of ego, id, and superego with the following developmental sequence and interdependent functions:

- “in the beginning” is the *id* as drive (*Trieb*) located in the unconscious with the dual forces of sexuality (*libido*) and aggression.
- the id’s *pleasure principle* of instant gratification and wish fulfillment necessitates the emergence of the *ego* from the id, rising to the conscious area and establishing the *reality principle*.
The ego presents secondary process thinking: how can I achieve my wishes in socially acceptable ways through the mediation of cooperative means.
- the development of the *superego* follows as an outgrowth of the ego, partly submerged in the unconscious and creating the psychic agencies of the *ego ideal* and the *moral conscience*.

Group Conversation Agenda

Theological/Spiritual Interpretations

- 1) *The experience of being a “divided self” and “conflicted self”* –
 - William James (1902, *The Varieties of Religious Experience*) writes: “Some persons are born with an inner constitution which is harmonious and well balanced from the outset. Their impulses are consistent with one another, their will follows without trouble the guidance of their intellect, their passions are not excessive and their lives are little haunted by regrets. Others are oppositely constituted; and are so in degrees which may vary from something so slight as to result in a merely odd or whimsical inconsistency, to a discordance of which the consequences may be inconvenient to the extreme.”

- In contrast Freud holds that every person is inherently a “conflicted self” – with differences in the level of repression.

Reflection

- Where does your theology stand between James and Freud?
- Can both be right?
- How do you experience a “divided self” in self and others?
- In the practice of care can you address both sides of the division?

The role of religion in the unification of the self:

“Unification brings a characteristic sort of relief; and never such extreme relief as when it is cast into the religious mould. Happiness! Happiness! Religion is only one of the ways in which men gain that gift. Easily, permanently, and successfully, it often transforms the most intolerable misery into the profoundest and most enduring happiness.” (James, 1902)

- How do you see the role of spirituality and religion in unification?
- What are ways in the practice of care to facilitate unification of self?
- Is unification possible or even desirable in spirituality?
- What other ways do you see as possibilities?

2) *The significance of the unconscious*

- A depth perception of sin

Rather than categorizing sin in the plural, a depth perception keeps sin singular. There is meaning to what appears to merely be a minor grammatical variable: sin or sins. Paul Tillich notes that in the Christian churches, both Catholic and Protestant, “sin has been used predominantly in the plural, and sins are deviations from moral law. This has little to do with “sin” as the state of estrangement from that to which one belongs, God, one’s self, one’s world” (1967, *Systematic Theology*, Vol. II, 46).

- A dual nature of morality
Social adaptation and mediation of instinctual needs in distinction from the chief goal of the human good and life’s meaning.
- An ambiguous nature of human motivation
No simple and pure aspirations but motivations impacted and compromised by unconscious processes such as sublimation and displacement.

3) *The role of frustration*

Frustration in satisfying Id’s push for instant gratification creates the Ego.

A Question:

Can there be too much empathic support and too little fortitude for frustration in the care for others?

Note:

- Kohut's term *optimal frustration* intends for the counselor to withdraw a sufficient amount of support to prompt the care-receiver to compensate and perform now more in his or her own unique manner.
- Rather than empathic warmth, Rabbi Edwin Friedman proposes *challenging*: "it requires one to non-anxiously tolerate pain, and even to stimulate pain, thus forcing the other to increase his or her threshold" (*Generation to Generation*, 1985, 49).

4) *The goal of psychoanalysis: "where id was, ego will be."*

Original: *Wo es (it) war, soll Ich (I) werden* – distinguishing "it" from "I"

Meanings

- Achieve personal agency rather than stay under the sway of impersonal and irrational forces.
- Live by what is claimed and known *versus* unconscious processes.

Spirituality Curiosities

- Can human life ever be fully known and sane?
- Would you want that for yourself and others?
- What does it mean for the "truth" to make you free?
- How can life be explained with space for mystery?
- Are there dimensions of life that science cannot know?

A Time Corrective

Whereas Freud was after clarity, explanation, and insight, contemporary analytic authors stress ambiguity, enrichment, and meaning. The goal is not clear understanding, but the ability to generate experience felt as real, important, and distinctively one's own. It is not that classical rationalism has been replaced by an irrationalism...Confusion is now equally valued, the sort of creative disorganization and ambiguity that results from the ability to suspend judgment, premature understanding, and forced clarity. (Stephen Mitchell, 1993, 32)

5) *The distinction between appropriate guilt and neurotic guilt.*

Freud saw the *superego* generating guilt and fear resulting from obsessions with parental and cultural prohibitions stimulated by aggressive impulses and sexual fantasies rising from the unconscious. Psychoanalysis was to provide a safe place to explore and reality test guilt feelings and dismiss the neurotic sensitivities and anxieties of a primitive, punitive conscience and curb a cruel superego.

Questions

- What are the trademarks for appropriate and for neurotic guilt?
- How do you differentiate the two guilt feelings in spiritual care?
- When and how does religious practice promote neuroses?
- What are respectively appropriate and inappropriate ways to address guilt feelings in the practice of care?

Role-Play Exercise – a spiritual care encounter with neurotic, obsessive guilt.

6) *The nature of Religion*

A prophetic word?

Our best hope for the future is that intellect – the scientific spirit, reason – may in the process of time establish a dictatorship in the mental life of man...the common compulsion exercised by such a dominance of reason will prove to be the strongest uniting bond among men and lead the way to further unions. Whatever, like religion's prohibition against thought, opposes such a development, is a danger for the future of mankind.
Freud, 1933. *New Introductory Lectures on Psycho-Analysis*.

- What arguments can you make both for and against this statement?
- How do Freudian rationalistic prejudices impact the spiritual care provider in an inter-professional working environment?
- Should the spiritual caregiver strive to enhance the scientific credentials of his or her practice of care?
- To what extent and in what ways do you see the religious/spiritual label stigmatize the spiritual care-provider?
- Do you ever feel apologetic or defensive as a provider of religious and spiritual care?

Freud saw religion largely regressive, stemming from the infantile, unexamined mind driven by illusion and wish fulfillment. This assessment has continued in the scientific community and has turned remarkably vocal and aggressive in some contemporary bestsellers:

- Richard Dawkins. 2006. *The God Delusion*.
- Christopher Hitchens. 2007. *God is not Great: Religion poisons Everything*.

A Case Study

Anton Boisen, the founding father of CPE, shares in stark detail his mental and spiritual suffering and history of hospitalizations in his autobiography *Out of the Depths* (1960). One remarkable story is located in Boisen's student life. Fresh from College as a young 20-year old, unsure of himself yet sure of his ability to get a teaching position, he nevertheless failed to find employment. He continued with his studies and in the course

of the year became alarmed due to the unsettling discovery that in turning the leaves of his Greek dictionary, obscene words would leap out of its pages. He writes:

The tension reached the breaking point on Easter morning of 1898. I got up early that morning after a sleepless night and went out into the garden where Mother's hyacinths and daffodils were in full bloom. It was a beautiful day but there was no sunshine there for me, and no beauty – nothing but black despair. I came back to my room and threw myself on my knees with an agonized call for help. And help came! Something seemed to say to me almost in words, "Don't be afraid to tell".... My development had been checked by the presence of instinctual claims which could be neither controlled nor acknowledged for fear of condemnation. The prompting, "Do not be afraid to tell," brought relief by socializing the difficulty, and it did so on the level of what for me was abiding and universal. I was now at one with the internalized fellowship of the best, the fellowship which is represented by the idea of God. I felt now like a new being. There was new hope and new confidence, and the painful shyness which so long had troubled me seemed to have disappeared" (1960, 47).

Questions

- How does Freud show up in this “unification of the self” narrative?
- How do you read Boisen’s theology of sin and salvation?
- How do the words “do not be afraid to tell” sound good news in respectively clinical education and the practice of care?

Resources

- Brief, succinct, classic texts on respectively Freudian theory and practice:
 - Hall, C. 1954. *A Primer of Freudian Psychology*.
 - Brenner, C. 1955. *An Elementary Textbook of Psychoanalysis*.
- Freud and Religion
 - Wulff, D. 1991. “The Perspective of Sigmund Freud,” in *Psychology of Religion*. 253-317.
- A single volume selected compilation of Freud’s original texts:
 - Gay, P. (Editor). 1989. *The Freud Reader*
- On the life and work of Freud:
 - Fromm, E. 1950. *Sigmund Freud's Mission*.
 - Gay, P. 1988. *Freud: A Life for our Time*.
 - Jones, E. 1961. Abridged Ed. *The Life and Work of Sigmund Freud*.

II. Ego Psychology

While Freudian theory emphasized the pathology emerging from the unconscious depths and tensions of the id, psychoanalytic theory adapted a more health- and growth-centered perspective when it shifted its focus to the ego. Ego psychologists or ego analysts see the ego not simply as a derivative from the id consigned to a mediating function but as a distinctive and crucial psychological function in human growth to wholeness in mental, social and spiritual maturity. Rather than preoccupied with the past, ego psychology flows with present and future, engendering possibility and development.

Figure 1 – A Table of Comparison: The Ego Psychology Difference

<u>Freud's <i>Id-Ego</i> Structural Model</u>	<u>Ego Psychology's Adaptation Model</u>
Ego is secondary to id as primary	Ego is part of an <i>undifferentiated matrix</i>
Ego is dependent as a control function	Ego has autonomous functions
Ego emerges from and mediates conflict	Ego has a conflict-free sphere
Ego separated from outer reality	Ego nurtured in <i>average expectable</i> world

1. Ego-Defense Mechanisms

Freud emphasized repression as the principal defensive obstacle that thwarted the psychoanalytic process of uncovering offensive thoughts and wishes from the id. His daughter Anna went further by exploring and analyzing nine individual defense mechanisms in an effort to assess a person's character formation. People typically follow their own idiosyncratic line of defensive operations: by our defenses we are known. Defensive mechanisms thus become diagnostic assessment tools in identifying normal, "neurotic" styles of behavior as well as personality disorders.

With human existence constantly threatened by anxiety-provoking situations, psychological defenses are universally employed in "the service of the ego." Lists of common defenses have been compiled and are utilized in the practice of care and counselling. Drastic defenses like *denial* can at times indicate addiction or psychosis, others like *projection* appear more benign and prevalent in normal coping behavior. Another variable is the process of the defensive behavior: how rigid and enduring its course. At threatening or embarrassing moments, with the ego deflated and self-esteem vulnerable, a normal reaction is a defensive recourse. However an important variable is not just what type of defense is utilized but whether it is a temporary retreat from a harsh reality or tenaciously maintained as an enduring character trait.

Common ego-defense mechanisms include:

- Denial
- Regression and helplessness
- Fantasy
- Intellectualization and/or isolation of emotions
- Projection of blame and/or rationalization
- Compensation or reaction formation
- Displacement such as in transferences or phobias

Role-Play Exercise

In a small group setting

- Group-members share prominent defensive behaviors/postures of patients/clients as experienced in the practice of care.
- Conclude by selecting major defenses of interest that have been identified.
- In a role-play explore a specific defense mechanism and the care-provider's responses to it.
- Debrief the role-play, starting with the "patient/client" followed by the "care-provider" and concluding with group observations.
- Reflect as group on the learning edges and practical applications of the experience.

Defense mechanisms have been categorized along escalating levels of impact and used as indicators to assess not just pathology but also psychological health. As an example of the positive use of defenses, Vaillant ¹ has identified the following four mature defenses:

- i. *suppression* of the conscious (repression is of the unconscious) i.e. excluding distracting or harmful thoughts from one's mind.
- ii. *altruism* – favoring the interests and needs of others above the self.
- iii. *sublimation* – the unconscious process where antisocial tendencies are substituted by responsible, constructive alternatives.
- iv. *humor* – ability to be playful and multi-perspectival rather than too serious about self, others and life's circumstances.

2. Adaptive Ego Functions

Darwin's evolutionary theory's core thesis was that development occurs as living species adapt to their environment. Once the ego is seen apart from its role of constraining and mediating inner id forces, ego psychologists could focus on its adaptive functions with the external world. This opened up psychodynamic theory to emerging new research areas including the study of:

- Cognitive functioning and language development
- Emotional and social development
- Reality testing and information processing
- Interpersonal relationship dynamics

3. Psychosocial Developmental Structures

Erik Erikson expanded the Freudian psychosexual scheme of libidinal zones that defined oral, anal, and genital phases of development. Incorporating the manifold strands of the physical, psychological and social environment, Erikson wove a relational-institutional-cultural context for a developmental scheme with a crisis or growth point at each phase, spanning the entire individual life cycle (see module IV,i). Erikson has indelibly shaped psychosocial theories of identity and from a psychoanalytic perspective articulated elementary religious values and spiritual meanings inherent in the human life cycle.

Faith as Developmental

Erikson makes invaluable contributions to our understanding of spiritual growth. With the touch of an artist, he describes psychoanalysis as a Western form of meditation – a way of getting in touch with vital inner processes. Faith, like health, is understood developmentally. To be alive, faith must continue to grow. The foundation of faith (and the cornerstone of healthy personality) is basic trust, the growth goal of the first life stage. In adolescence, faith must grow to include a meaningful ideology; in the mid-years, to include generativity. Howard Clinebell. 1981, 45.

Questions

- Can faith be assessed by developmental theory?
- How in clinical practice can faith be distinguished between contents and process?
- Which one do you see as the more significant one in the practice of care?
- Are the stages identified in faith development theory (cf. James Fowler, module IV, i) similar to those experienced in a growing faith?

A Theological/Spiritual Perspective²

In a psychosocial life cycle perspective, persons develop through adapting to and negotiating new worlds, encounters that chart the spiritual geography of significant places and events in the journey of their lives. This itinerary can be a story of soul-making, marking a growth process through which the person gains the “virtues” or “strengths” appropriate for ever-widening social interactions. For Erikson Hope, Will, Purpose and Competence become the rudiments of virtue in childhood, Fidelity the adolescent virtue; and Love, Care, and Wisdom the central virtues of adulthood. The process is guided by the “epigenetic principle” that “anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole” (1968, 92). This ground plan is comprehensive, guiding the evolvement of human life towards biological, social, psychological, and spiritual maturity.

Personal Reflection

- How developmental is your theology of spirituality?
- Do you hold theological/spiritual concepts that connect with Erikson’s “epigenetic principle”?
- To what extent do you see morality developmentally, relative to a person’s life stage and life experience?
- How do you see virtue translate into a personality strength?
- How does the developmental perspective shape your practice of care?
- How could you utilize Erikson’s developmental schema of psychosocial crisis points as an assessment tool in spiritual care and counselling?

Resources

- **Primary Sources**
 - Anna Freud. 1946. *The Ego and the Mechanisms of Defence*.
 - Heinz Hartmann. 1958. *Ego Psychology and the Problem of Adaptation*.
 - Erik Erikson. 1963. *Childhood and Society*.

- **Theology and Pastoral Care & Counselling Literature**
 - Don Browning. 1973. *Generative Man: Psychoanalytic Perspectives*.
 - Donald Capps. 1983. *Life Cycle Theory and Pastoral Care*.
 - -----, 1987. *Deadly Sins and Saving Virtues*
 - Howard Clinebell. February, 1963. "Ego Psychology and Pastoral Counseling," in *Pastoral Psychology*.
 - David Wulff, 1991. "Erik H. Erikson: Religion in the Human Life Cycle," *Psychology of Religion*.

III Object Relations Theory

In the psychoanalytic tradition the term *object* means *person*. This may be related to the initial focus on the intra-personal dynamics of the self-subject with the external relationship with the primary caregiver as the other-object. In object relations theory the focus shifts from the individualistic and subjective to the relationship itself with its origins in the infant-mother dyad. The message is that human beings are essentially relational; that the drives are not so much biologically oriented towards tension reduction as socially directed towards object seeking and relationship maintaining goals.

Figure 2: From Ego Psychology to Object Relations Theory

<u>Ego Psychology</u>	<u>Object Relations</u>
object relations capable	object relations primacy
biological drive inclusive	drive exclusive
early childhood developmental focus	pre-oedipal developmental focus
Beyond the father-child relationship	primary mother-child relationship
Beyond father-religion (repression)	mother-religion (growth)

While psychoanalytic theory did conceptualize the internalization of external objects, in object relations theory infants internalize the entire relationship consisting of a self-representation in relation to an object-representation of the primary caregiver, and the emotions linking the two. Good object relations link a positive experience of the self (a care-receiving infant), a positive experience of the object (an attentive care-provider), and a positive emotional experience (satisfaction, comfort). In reality, object relations are a combination of both the good and the bad as two opposing experiences. Unconscious conflict may stem from a clash between such opposing sets: "at any one time different constellations of self-representation, object-representations, and affects vie with one

another for center stage in the intrapsychic theater of internal object relations” (Gabbard, 1990, 28).

Object Relations Theory and the Practice of Care

Instead of focusing on transference, defense mechanisms, and insight, the therapy focuses on the way that the “relationship-in-the-room” is used to treat the patient’s pathology. The ultimate goal of therapy is to use the therapist-patient relationship as a stepping stone to healthier object relationships and to promote positive changes in the patient’s sense of self.

Cashdan. 1988, xii

Questions for Reflection and Conversation

- How does this relational model of care relate to the theory/theology of spiritual care?
- How does object relations inform and shape the “use of self” in the practice of care?
- What difference do you see between “the use of self” and the use of the relationship itself in providing care?

The Meaning of Personal Relationships

...the relationships people establish with one another are instrumental in maintaining a viable sense of self. Human beings constantly engage in self-other internalizations that complement and enhance each other’s respective identities. Relationships are not simply welcome additions to human existence. They are what existence is all about. If human beings hope to retain an ongoing sense of who they are and where they fit in the world, they need to form meaningful relationships with significant others. What’s more, they need to ensure that these relationships endure.

Cashdan, 1988, 55.

When persons have a history of bad object relations resulting in a damaged sense of self-identity and worth, they may feel anxious about their ability to form and sustain personal relationships. In such circumstances they can resort to manipulative means of binding others relationally to them. Such dysfunctional relational patterns are identified in *projective identifications* by which a person induces others to respond in a certain and predictable manner. For a description of major types of projective identification prevalent in counselling and therapy encounters see module I,iii – *Relational Patterns in Caring*.

In object relations theory the infant starts its psychological existence in symbiotic unity with the mother. The infant is part of the nursing dyad and the developmental task is to gradually become a person on his or her own. This process has been described as the separation-individuation developmental process. Margaret Mahler is known for her research in conceptualizing this process of the “psychological birth” of the infant in the following four stages:

<i>Differentiation</i>	perceptual/cognitive discrimination
<i>Practicing</i>	behavioral actualization
<i>Rapprochement</i>	balancing act/ambivalence coping
<i>object constancy</i>	centering position/self-defining

- Can developmental stages in helping relationships in infancy be adapted to adulthood? Can Mahler’s stages ever apply to:
 - Group development?
 - A close counselling/therapy relationship?
 - One’s relationship to a religious life and/or God?
- The paradox of separation dynamics: “the more secure the attachment, the greater the likelihood of independent and exploratory behavior” (Eagle, 1984, 27).

Persons of Religious Interest in Object Relations Theory

- Ronald Fairbairn

The therapist as *exorcist*: “the psychotherapist as the true successor to the exorcist. His business is not to pronounce the forgiveness of sins, but to cast out devils,” and religion as a source for *salvation* “from his past, from bondage to his internal bad objects, from the burden of guilt, and from spiritual death. His search thus corresponds in detail to the religious quest” (as quoted in Wulff, 1991,334).

- Harry Guntrip

A minister for 18 years he became a psychotherapist, lecturer and author, emphasizing that religion has traditionally stood for good object relations and that all human beings share “an absolute need to be able to relate in fully personal terms to an environment that we feel relates beneficently to us” (see Wulff, 1991,335).

- D.W. Winnicott

Known for coining the term “*the good-enough mother*” he applied the object relations concept that internal representations of the primary caregiver are never all good or all bad: what counts is a preponderance of the good. But Winnicott is best known for his concept of the *transitional object*: the blanket or teddy bear that young children cling to for comfort. Religion, he suggests, serves a similar soothing function by “the creation of an illusory, intermediate area of experience that helps throughout life to bridge inner and outer realities. Religion shares this role with other cultural forms and creative activities (see Wulff, 1991,337).

Paul Pruyser, known for his clinical education contributions for ministers and chaplains, developed Winnicott’s concept of the three worlds – the inner private world of fantasy, the outer public world of realistic facts and scientific consensus, and in between these two worlds the *illusionistic world* – the world of play, of the creative imagination, of symbols, and transcendent objects prefigured by the child’s transitional object (Wulff, 1991, 339-341).

Some Object Relations Source Materials

- Cashdan, Sheldon. 1988. *Object Relations Therapy – Using the Relationship*. Norton.
- Garanzini, Michael. 1988. *The Attachment Cycle – An Object Relations Approach to the Healing Ministries*. Paulist Press.
- Greenberg & Mitchell. 1983. *Object Relations in Psychoanalytic Theory*. Harvard.
- Guntrip, Harry. 1964. *Healing the Sick Mind*. Appleton-Century.
- Mahler, Pine, Bergman. 1975. *The Psychological Birth of the Infant – symbiosis and individuation*. Basic Books.
- Scharff, J.S. 1992. *Projective and Introjective Identification and the Use of the Therapist’s Self*. Aronson.
- Mitchell, Stephen. 1988. *Relational Concepts in Psychoanalysis – An Integration*. Harvard.
- Winnicott, D.W. 1988. *Human Nature*. Schocken Books.
- Wulff, David M. 1991. “Object-Relations Theory and Religion” in *Psychology of Religion*. Pp. 317-369. Wiley.

IV Self Psychology

In object relations theory the focus is on internalized relationships. Heinz Kohut, the originator of self psychology, shifts the focus to the external relationship with a person required for cultivating a sense of self and worth. Self Psychology came about when Kohut felt “stumped” when patients rejected his psychoanalytic interpretations. He came to the following insight:

I began to entertain the thought that these people were not concerned with me as separate person but that they were concerned with themselves; that they did not love or hate me, but that they needed me as a part of themselves, needed me as a set of functions which they had not acquired in early life... (in Elson, 1986, 9).

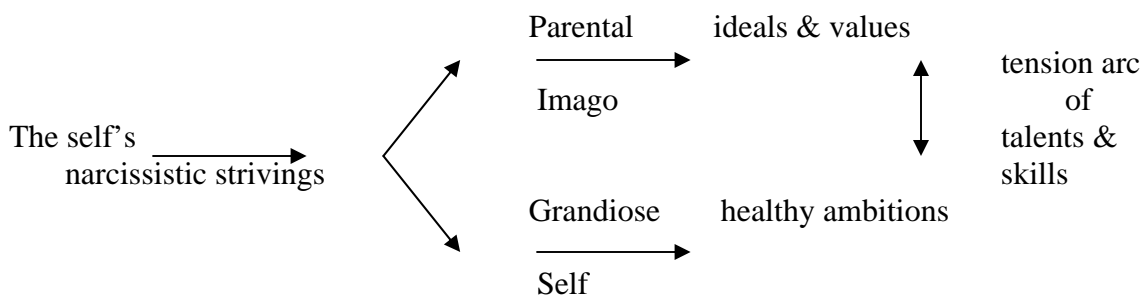
The theory of *Self Psychology* proposes a polar structure of functions to be acquired in early life in a *double axis* theory based on two reciprocal human relational needs:

- to be affirmed by significant others as special.
- to have a significant one to admire and take comfort in.

These two poles constitute the *bipolar self*. These two relational needs stand out in early childhood when the child strives for recognition and looks to the parent as an object to be idolized and imitated. In a perfect family scenario the child’s grandiose self is transformed into healthy ambitions and the idealized parent is internalized as ideals and values. In reality the two polar needs are never fully satisfied, not even under the best circumstances, but persist through time. This is demonstrated when others continue to be recruited in our lives as *selfobjects*, persons to perform the ongoing functions of *mirroring* (i.e. validating the self) and *idealizing* (i.e. soothing the self).

Figure 3

The double axis theory of the bipolar self



Shifts in the Self Psychology paradigm

- *From Self-Representation to Self*
the self as an intrapsychic structure vs. an object relations internalization.
- *From a theory of “conflict” to a theory of “deficiency”*
- *From “one person” to a “two person” psychology*
an external person’s functioning presence vs. an internal object representation.
- *From “separation to individuation” and “object constancy” to an enduring need for the presence of those to merge with at trying times.*

Self Psychology and the Theory and Practice of Spiritual Care and Counselling

Self Psychology has become prominent in spiritual care circles. As one who has benefited and written about this model of care, the following (VanKatwyk, 2003, module I,iii):

The polar structure of the self accentuates the spiritual dimension in human nature. The need to idealize points to the need to transcend one’s individual identity and limitations and merge with someone or something larger than the self to comfort as well as to inspire and guide. The need for mirroring is the need to discern and be confirmed in one’s special giftedness, purpose and vocation in life. Idealizing and mirroring are relational pathways towards a *cohesive self* and a meaningful place in the world. Ideally both idealizing and mirroring are present, but in the absence of one the other can still facilitate the development of the self (91-92). In a later expansion (1984) to a *tripolar self*, Kohut added a third set of selfobject transference: *twinship or alter ego*: the need to be like the therapist, the need to experience sharing and the human bond of likeness.

- Relational styles in the practice of care and counselling correspond with the three helping stances or selfobject functions:
 1. mirroring: responding to and confirming a person’s need for recognition
 2. idealizing: availing a place for the person to merge with calmness
 3. partnering: sharing a human experience of essential likeness

These three helping styles parallel three basic styles of therapeutic communication (VanKatwyk, 2003, 55-59, module II, i):

1. reflective: reflecting in a grace-filled mirror the person's real self
2. representative: representing something larger with appropriate authority
3. reconstructive: reconstructing in meaning-making collaborations

Reflection

- Self Psychology owns its existence to Kohut's failure as a psychoanalyst – feeling “stumped” and rejected by his patients.
How do you experience learning from:
 - your sense of rejection and/or failure in the practice of care
 - your patients/clients/care-receivers
- Self Psychology poses the self as an intrapsychic structure and center of active personal agency in relating to one's world and others. How does this relate to
 - your experience of being a self
 - your awareness of an innate bent to build and/or restore the self.
 - your sense of soul

Some Main Sources

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- Elson, M. 1986. *Self Psychology in Clinical Social Work*. Norton
- ----- (Ed.). 1987. *The Kohut Seminars*. Norton
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- ----- 1977. *The Restoration of the Self*. Chicago
- ----- 1984. *How does Analysis Cure?* Chicago.

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Notes

¹ Quoted by Gabbard, 1990, 23.

² Taken from VanKatwyk, 2003, Ch.1 “Spiritual Care in Ordinary Life.”