

Psychosynthesis approach: object relations theory overview



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The therapeutic model of psychosynthesis grew out of the psychodynamic movement and is based on work done by Robert Assagioli (1888-1974). Psychosynthesis takes an optimistic view of the human condition, theorising that a person progresses naturally towards a state of synthesis. For Assagioli, synthesis refers to the idea that people become interdependent and create higher levels of organisation within themselves and others (Assagioli, 1975). This essay examines how psychosynthesis helps people to re-establish their own centre and reach a new level of authenticity within themselves through the use of object relations theory.

The model of human consciousness within which psychosynthesis operates can be seen as comprising of a number of layers (Hardy & Whitmore, 1999). The layer at which we most normally operate is referred to as the 'field of consciousness'. Most people live their whole lives at this level and do not experience different levels. In psychosynthesis, however, there are considered to be a number of levels at which human beings operate: different, lower levels of consciousness as well the higher, collective consciousness. It is the lower levels of consciousness which are of most practical interest to therapists. These contain traumas that have been covered up, childhood experiences and defensive strategies.

While trauma can lie hidden, so can our greatest assets, skills and happiness. Psychosynthesis aims to establish contact with both the traumatic, damaged parts of the self as well as the beautiful parts (Hardy & Whitmore, 1999). This process is often called self-realisation and is the result of three stages in psychosynthesis. In infancy, the primary task is ego formation, the creation of a vehicle for the self (Simanowitz, 2003). The <https://assignbuster.com/psychosynthesis-approach-object-relations-theory-overview/>

second stage is the emergence of the ' I ' which normally occurs in adolescence. The third stage is referred to as ' self-realisation ' and this is the growing consciousness of the essential self. The psychosynthesis counsellor acts as a kind of external unifying centre who can facilitate the growth of self-esteem through helping the client make the ' I'-Self connection (Whitmore, 2000). One of the main ways in which the therapist helps the client is through mirroring – these are confirming responses from the therapist which attempt to calm and soothe (Simanowitz, 2003).

How is it possible, then, to reach this ultimate goal of self-realisation and high self-esteem? Psychosynthesis uses an analysis based on object relations to examine early relationships in life. Object relations theory has at its core the idea that not only do we need relationships, but that the type of relationships that we have determine how our self develops (Crossley & Gopfert, 1999). Object relations is, therefore, interested in the way the self develops through the initial relationships with the primary caregivers and how the child begins to split themselves off. Where does the boundary come? How can I tell who is ' you ' (the object) and who is me (the self, the I)?

In psychosynthesis, these problems are approached using the tool of object relations. Object relations concentrates on two main types of objects: the external objects of other people and the internal objects which are the way in which external objects are represented internally. There are also part objects which are those that are not recognised as full whole people: one example of a part object is that of a breast to a baby. Minsky (1995)

describes how Melanie Klein – often considered a transitional figure between <https://assignbuster.com/psychosynthesis-approach-object-relations-theory-overview/>

classical psychoanalysis and object relations theorists – focussed on how a baby struggles to relate to people. Central to the way the baby relates is the ‘phantasies’ it creates – these are essentially the baby’s interpretations of its internal and external representations: what are now considered its object relations. For Klein, these phantasies are based on the child’s instincts.

The development of these early relations, in Klein’s theory, sets the tone for a person’s life. Klein saw two possible positions for the baby to take up (Minsky, 1995). The first is the paranoid-schizoid position – this is based on the fear of attack. Because the baby is vulnerable and completely dependent on the mother, it fears what the mother might do to it. For Klein this was a developmental stage to be overcome in order to reach the understanding that it is possible to integrate hating and loving feelings. The second is called the depressive position and here the baby must learn to internalise an external world which contains the possibility of integrating good and bad objects. Bad feelings towards the mother and the self are, thereby, integrated and accepted. It is the depressive position that provides most of us with the greatest challenge in our lives.

Klein identified four unconscious processes that are important in early object relations (Minsky, 1995). The first of these is termed ‘splitting’ and refers to how the baby unconsciously splits objects into good and bad (Klein, 1946/1975). This occurs to defend the baby against annihilation anxiety and is directed against threats. An example of this is how the baby idealises the breast early in life. But, over time, through the struggle between the life and death instinct, a bad and good image is created of the breast. With splitting,

in Klein's theory, comes the early production of the superego in which both the good and bad aspects of the breast and the mother are incorporated.

The second unconscious process is projection which refers to the baby taking its inner good and bad feelings and projecting them onto the world. The inner 'bad' objects, split off, can be projected onto the mother. The third unconscious process is introjection – this is where the baby internalises both the good and the bad things around it. In order to build an autonomous self, the baby should internalise more good than bad (Minsky, 1995). Finally projective identification occurs where, after identifying with the object initially, the baby re-internalises it. This will often lead to heavy dependence on the love object as it has effectively included part of the self (Minsky, 1995). The problem with relationships built on projective identification is that they are often characterised by a need to control as well as fear of being controlled.

Central to counselling in psychosynthesis is the idea of subpersonalities.

These are identities that exist within the person, each with their own behaviour pattern, beliefs and even body posture (Whitmore, 2000).

Depending on the situation in which a person is placed, a different subpersonality comes to the surface, which is appropriate in a healthy person. The subpersonalities are essentially unconscious, beyond the individual's control and are normally in place to meet some kind of basic need. The danger is that a person becomes trapped by one particular subpersonality and this starts to control their life. In order to work with subpersonalities it is necessary, according to Whitmore (2000), to recognise those that seem most important. And beyond the surface behaviour of a <https://assignbuster.com/psychosynthesis-approach-object-relations-theory-overview/>

personality, lies their 'quality' which they want to express. One example of recognising the quality of a subpersonality might be where an ex-addict has developed a 'tough-guy' image – the quality of perseverance and courage can be recognised in this (Whitmore, 2000).

The idea of subpersonalities is built on, and informed by, Winnicott's (1960) distinction between the true and false self. The development of each of these is strongly affected by the mother's attitude towards her child. Winnicott (1960) describes the 'good-enough mother' and the 'not good-enough mother'. The former acknowledges the child's displays of omnipotence in order to encourage the development of the ego. The 'not good-enough' mother, however, tends to, for example, substitute her own signs and signals for the baby's and as such the baby only develops an illusion of omnipotence. This can lead to the impaired understanding of external objects, as they are not understood in their 'true' sense. As a result of parenting practices such as these, it is possible for a 'false self' to develop. A 'false self' has been described by Rubin (1998) as a predictable or inauthentic mode of being, whereas the 'true self' is spontaneous and authentic.

A clinical vignette is provided by Winnicott (1960) of a middle-aged woman who had developed a 'caretaker self' who looked after the day-to-day functions of her real life. She felt, though, that she had not been in contact with her 'real self' and she had not begun to exist. Winnicott treated her by allowing the 'caretaker self' to slowly pass over its functions to the analyst until a crisis point was reached. This crisis allowed the patient to see and understand the 'caretaker self' as well as the 'real self'.

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One of the most important therapeutic dynamics in psychosynthesis, as in other forms of psychotherapy, is transference. Transference describes how clients often re-enact with the therapist those early relationships that were important to them (Hardy & Whitmore, 1999). This works as the client specifically projects the traits that were, for example, seen in the parents, onto the therapist and uses the same emotional responses and behaviours. By carrying out this projection, the client is attempting to repeat their early relationships, such that the therapist can become the target for a wide range of emotions (Whitmore, 2000). Counter-transference is an important related phenomenon to transference. This acknowledges that there are two people involved in the therapeutic relationship and it is possible that the therapist will start to play out early relationships as well. In psychosynthesis, it is vital that counter-transference is acknowledged by the therapist and that the client continues to be viewed as containing immense potential.

There are a number of ways in which transference can operate; two examples are idealisation and devaluation. Idealisation occurs when the client sees the therapist as a perfect person and incapable of making mistakes. What happens in this scenario is the client effectively creates in the therapist a surrogate parent who they wished they had had – this provides them with external security. On the other hand, devaluation can cause the client to see the therapist as flawed or powerless because of the way in which transference has occurred and been identified (Ashbach, 1994).

Transference, for Assagioli (1967), is seen as something to be reframed in a positive manner. In this sense, transference is an attempt by the client to find unity within themselves. The separation and splitting referred to earlier, <https://assignbuster.com/psychosynthesis-approach-object-relations-theory-overview/>

at its most basic between mother and child, requires healing. To achieve this healing, the therapist mirrors unconditional love to the client, and attempts to dissolve transference as it arises. Through this process it is hoped that the client will be able to begin reintegrating the split-off parts, allowing the 'I' to see all of them and hold them together. Ultimately, the aim of therapy is, as Masterson (1988) expresses it, to reach a concept of constancy and wholeness that acknowledges life is a series of shades of gray rather than black and white contrasts.

In conclusion, ego development and self-esteem are addressed in object relations theory by examining the client's earliest relationships. Within these early relationships are found the dynamics which can reverberate through the rest of a person's life. Psychosynthesis uses object relations to analyse these relationship, paying particular attention to unconscious processes such as splitting, projection, introjection and projective identification. The process of therapy within this model pays particular attention to the operation of subpersonalities, as based on Winnicott's distinction between the 'true' and 'false' self, as well as how transference and counter-transference affect the therapeutic dynamic. Finally, psychosynthesis views the journey of therapy as being towards a reintegration and acceptance of the split-off parts of the self such that the client can reach a new authentic understanding and reconstruction of the personality around the true self.

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