Competing selfobject functions: The bane of the conjoint therapist

Philip A. Ringstrom, PhD, PsyD

The sheer ferocity of competition over needs rarely exhibits itself more than in the consulting room of the conjoint therapist. While cognitive and behavioral therapies may short-circuit this process by negotiating each partner's "fair share" of wishes and responses, such approaches circumvent the examination of the source of such dire competitiveness. Furthermore, they leave the participants with little depth of understanding of what each so vehemently has at stake. In this realm, the psychoanalytic perspective lends a unique vantage point by helping us understand the depth of unconscious need provoked among marital couples or otherwise committed partnerships. (Bulletin of the Menninger Clinic, 62[3], 314–325)

Historically, the metaphors of psychoanalysis, that is, the sexual and aggressive "beasts" of drive theory or the insatiable "baby" of object relations theory (Kernberg, 1991a, 1991b, 1993; Mitchell, 1988), have presented compelling images of the depth of human need as well as, by implication, the potential competition over such needs. Still, these metaphors belong largely to theories descriptive of intrapsychic processes, and are inherently linear or unidirectional in their understanding of the pressure of one partner's needs upon the other's. None sufficiently capture the inherently nonlinear, multidirectional, richly relational, and intersubjective complexities of the conjoint therapeutic matrix.

Whereas traditional analytic technique rides on the rails of a singular therapeutic dyad—the analyst and the analysand—analytically oriented conjoint therapy pivots precariously on an invisible fulcrum point, balancing a triangle composed of three dynamic dyadic systems (Beebe, Jaffe, & Lachmann, 1992; Stolorow, 1997). From this contemporary epistemological vantage point, the needs of all three parties—each of the partners' and the therapist's—affect the delicate balance of this triadic system. The real feat is enabling this therapeutic system to survive perpetual episodes of imbalance so that the treated couple may internalize a new way of understanding one another and of responding in kind.

In this vein, Kohut's (1971) revolutionary ideas in the 1970s shed light on what may be the most compelling thing in a couple's relationship worth fighting over—that is, whose selfobject functions will be met? While initially a theory of treating heretofore "unanalyzable" narcissistic personalities, Kohut's ideas expanded rapidly to embody a new paradigm of the psychology of the self in which the central factor of mental health became an individual's subjective sense of himself or herself (Kohut, 1959/1978). More precisely, it concerned the extent to which each individual experiences within him or her a sense of cohesion, continuity, and self-esteem.

Pivotal to the development of the latter three senses of self is how optimally responsive one's caregivers were during one's development and, in particular, how responsive they were to their inevitable and necessary failures in the provision of selfobject functions (Stolorow & Atwood, 1992). A declaration of all the ways in which the concept of the selfobject function is used exceeds the scope of this article (see Shane & Shane, 1993, for an excellent review of the history and use of the concept of the selfobject function). Suffice it to say that selfobject functions are experienced by an individual as those persons, places, or things that restore one's sense of continuity, cohesion, and worth.

Kohut, of course, proposed three such selfobject functions crucial to development: idealization (the restoration of a sense of safety and security as embodied by an idealizable other), mirroring (the affirmation of one's unique abilities, talents, and worth by another), and twinningship (the condition of likeness with another, which mitigates against isolation and anomie). Still others, such as Stolorow, Brandchaft, and Atwood (1987), have asserted that the potential list of what represent selfobject functions is theoretically inexhaustible, since there could be as many selfobject functions as there are unique individuals.

An important evolution from Kohut's original ideas and those of his most adamant tradition carriers (Basch, 1995; Ornstein & Ornstein, 1995) is the shift from his decidedly one-person psychological model to the more contemporary psychoanalytic paradigm found within the intersubjective and relational perspectives (Stolorow, 1995). From the vantage point of this article, this evolution is absolutely crucial to the building of contemporary psychoanalytic approaches to conjoint therapy. This is particularly the case because of the plethora of intersubjective conjunctions and disjunctions (Stolorow & Atwood, 1992) that emerge among all three participants in the triadic therapeutic system. A conceptual tool for under-
standing this interrelationship emerges from the concept of the bidimensional transference. From Stolorow et al. (1987, 1992), this concept conceives of two levels or dimensions of organization operating within each party in the therapeutic system. One level, the selfobject, developmental, or reparative dimension of transference, involves cognitive-affective relational schemas composed of developmental longings and selfobject needs. Another level, the repetitive dimension of transference, is composed of cognitive-affective schemas of repetitively dreaded expectations and fears of inevitably thwarted needs (Ornstein, 1974). These two dimensions, which operate unconsciously most of the time, also have been conceived of as the “needed” and “repeated” dimensions of the transference—that is, the “needed” and “repeated” therapeutic relationships (Stern, 1994). More recently, they have been seen as properties that organize the therapist’s experience of treatment as well (Ringstrom, 1998a, 1998b).

From this perspective of conjoint therapy, there are at least six dimensions of transference coexisting in the consulting room simultaneously, although some may be relatively quiet at times as they move in and out of the foregrounds and backgrounds of each participant’s experience. Though the competition over selfobject functions and needs is usually more obvious between the partners of the treated couple, frequently the needs of the therapist may also be evoked. This, in turn, can ultimately have either disastrous results or crucially transformative ones.

A positive conjoint therapy beginning may be conceptualized as that condition under which both partners feel that the therapist has succeeded in understanding their respective complaints in a manner that neither has been able to clarify to the other before (Ringstrom, 1994).

Indeed, when this happens, it usually spawns two simultaneous systems of idealizing transference toward the therapist, while the repetitive or repeated dimension of the transference remains active (albeit titrated with some renewed hope for change) between the partners.

In long-term conjoint therapy, conditions often arise, however, in which the activation of a repetitive transference state occurs between one of the partners and the therapist. While this may occur in situations of intersubjective conjunction (as in contempt over too great a similarity between aspects of the therapist and a particular partner), it is more likely to arise from an intersubjective disjunction, wherein a crucial

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*Some may object to my use of the term “the therapist’s transference” instead of the more common term in the literature, “countertransference.” Others (Aron, 1996; Nastrom, 1991; Stolorow & Atwood, 1992), with whom I am in agreement, however, question designating a basic organizing activity of the mind, such as transference (Stolorow et al., 1987), as necessarily different between the therapist and the patient. Furthermore, the use of the qualifying adjective “counter” connotes more about the therapist’s reactions to the patient than how the therapist is organized to intersubjectively engage the patient in terms of the therapist’s own needs and wishes as well as fears and dreads.

†One might reasonably argue that my emphasis on this stance might be experienced by some patients as tantamount to the paradoxical conveyance of an “objective, irrefutable view of reality, upholding its own status of truth.” When this has emerged, I am careful to explain that it is a value stance which I have observed to have enormous utility in cultivating a safe-enough process for each partner’s self-introspection in the context of the other. No matter what controversy grips the couple, the emphasis shifts from the question of who is right to an examination of what each partner has at stake in the fight. I ask, “What does your taking this position mean to you?” Most often the couple discovers that the real battle is with a repetitive dimension transference figure, that is, with an “old” object who has become embodied in the new one, the partner.
always involves this partner’s unassailable perspective about his or her partner’s “pathology.” For not “seeing” what is all too obvious, I, as the psychoanalytic expert, become subjected to various forms of disparagement. While confrontations by patients of what I am lacking as a therapist are usually welcomed by me—since at the very least they may illustrate an important transference configuration, and at the very best help me mend a blind spot in my own work—nevertheless a line is crossed when I see the effects of a particular partner’s rigid claim on “reality” resulting in a form of unremitting “bullying” toward the other. This is further compounded by evidence of his or her sabotaging of every effort I am making to constitute a therapeutic matrix of safety, understanding, and empathy. It is this latter circumstance to which the remainder of this article is devoted.

Case illustration

Kevin and Stacy were the kind of couple whose level of interpersonal sensitivity would be found by most conjoint therapists as truly daunting. Every effort either of them made to reach out to the other or to defend themselves against a slight was experienced with wildly out of control pain.

Needless to say, such couples often require considerable containment and soothing by the therapist. The conjoint therapist must swiftly yet gently maneuver the couple into a cool buffer zone of potential therapeutic space between the inflamed partners. With Kevin and Stacy, this meant as quickly as possible developing a collective sense of what old wounds each was triggering in the other and illuminating the vicious cycle of reciprocal stimulation and inflammation they were jointly precipitating.

The old wounds emerged once they were calmed enough to tell me about their upbringings, from which I could cull a sense of thwarted developmental longings that were now being repetitively reenacted in their relationship. Stacy described her upbringing as involving a mother who was chronically depressed and frequently heavily medicated. As the eldest daughter, she bore responsibility for looking after her younger siblings and sought solace from her father—her only “sane” parent. Her idealization of him, however, was seldom fulfilled in reality. Mostly she waited in a great state of hunger and deprivation, trying to soothe herself by fantasizing that her father would be more responsive than he actually ever turned out to be. Stacy’s revelation of this self-deluding quality filled her with sadness and rage. It was also a source of constant reactivity to any evidence that Kevin was distancing from her, either through his preoccupation with work or his lapsing into his own bouts of depression.

Kevin’s upbringing was also fraught with torment, as he was the only nascently sensitive member of an otherwise brutally insensitive family. The quality of daily interaction in his family waxed from belittling any of his intellectual talents to engaging in actual acts of verbal and physical abuse. Most tormenting of all, however, was the collective obfuscating process in which his family engaged to rapidly disavow its acts of brutality. Sanity was then restored by the collective denial of whatever cruelty had occurred.

Although I was usually able to sufficiently calm both Kevin and Stacy, thereby facilitating a less defensive examination of what each was experiencing, I nevertheless felt like I was constantly walking a tightrope over two pits, each holding a potentially voracious alligator. The slightest misstep would pitch me into the ravenous jaws of Stacy on the one side or of Kevin on the other.

During one particular session, Kevin and Stacy entered my consulting room in a great state of turmoil, having not been speaking for several days. The precipitating scene to this major disruption was laid out to me in a manner that clarified their competing selfobject functions. Earlier in the week, Kevin had received some especially good news that an important software project of his had been taken under contract by a major international corporation. Expectantly, he was looking forward to celebrating with Stacy. They had in fact discussed the news by phone earlier in the day, and Stacy had acknowledged Kevin’s triumph with considerable enthusiasm, as well as expressing the wish to discuss it more later. Still, when she arrived home after work, she was completely depleted and eager to eat, relax, and restore. All were elements she would need in place to truly fulfill Kevin’s mirroring needs.

Stacy’s being so depleted lent itself to yet another dynamic, that of falling prey to not only being less generous of spirit (to respond to Kevin’s needs) but also to being more vulnerable to some actual element of envy she was experiencing vis-à-vis Kevin’s achievements. Indeed, this recent success provoked in her the fear that it would draw Kevin’s attention further away from her and replicate her aggravated sense of longing for, yet being deprived of, attention from her father.

The absence of an enthusiastic response from Stacy, however, was especially toxic for Kevin. It meant to him that Stacy was committing a covertly hostile act, bent on spoiling his achievement and excitement. The mirroring of his affective experience was especially crucial to him,

*My thanks to “Kevin” and “Stacy” for their permission to use this material in which their names and identities have been changed to preserve their anonymity.
since the news of his achievement had also been responsible for elevating him out of a recent bout of depression. Consequently, Stacy’s knowing what Kevin’s achievement represented to him and not deferring everything in her own life to celebrate it meant to him that she really did want to spoil it. From his subjective experience—born out of this belief—Kevin flew into an understandable rage. Stacy, feeling both depleted and terribly misunderstood, also became enraged. But in so displaying her rage, she inadvertently confirmed Kevin’s hypothesis that she was out to spoil his success.

Conjoint therapists readily recognize such encounters of misunderstanding as the “meat and potatoes” of the therapeutic process. My own approach, laid out in greater detail elsewhere (Ringstrom, 1994), is to attempt to contextualize the disruptive interaction by illustrating how an understandably misconstrued motivation of one partner leads to a defensive counterattack by the other. In this case, Stacy came home longing for emotional as well as physical sustenance, and therefore for responsiveness from her mate, supportive of these needs. We might even suspect that, given her personal familial history of failed developmental needs, Stacy likely entered the scene somewhat protectively withdrawn, in anticipation that her own needs would be totally eclipsed by Kevin’s—a repetition of her mother’s depression, requiring Stacy to take care of her while Stacy’s father escaped into taking care of his own needs. Stacy’s own lack of response immediately clashed with Kevin’s need. Given a history of malattunements from both his family and from his wife, he, too, anticipated (albeit unconsciously) that his needs would be rebuffed.

The process of repair begins when such reciprocal interactive processes can be linked to the failure of each partner’s deep subjective selfobject longings. Crucially important to this is enabling each partner to recognize the validity of both his or her own longings, as well as those of his or her mate’s. Further, the therapist must enable the partners to recognize that each was involved in having triggered the other as well as being triggered by the other. Acceptance of such mutual responsibilities is enormously liberating; when it occurs, the competition over selfobject functions yields to a deeper state of mutual recognition of needs and heightened intimacy (Aron, 1996; Benjamin, 1988, 1992, 1995; Shane & Shane, 1989).

The case of Kevin and Stacy exemplifies what occurs when this transference enlightenment process fails. As Stacy and Kevin discussed what had happened, Kevin became ever more agitated. Certain of his conviction that Stacy was intent upon spoiling his evening, Kevin now only sought her confession and apology. This was crucial to confirming Kevin’s view of reality. Indeed, he could only experience the assertion of alternative interpretations as a replication of his family’s obfuscating, disavowing process. The maintenance of Kevin’s subjective reality therefore required the annihilation of all alternative perspectives, both Stacy’s and my differing subjectivities.

The confession Kevin demanded from Stacy was, of course, impossible for her to provide to him unless she was willing to lie. Although she could acknowledge that her regrettable response fell far short of what he wanted and needed, that indeed, she feared his success might mean more time apart, she could not accept his attribution about her “spoilning motivations.” I began to see that each one’s view of reality, if not each one’s actual sense of sanity, was now at stake.

While I clearly understood how Kevin’s upbringing shaped his desperate perspective, I could also see how frustrating and enraging his accusations were becoming for Stacy. It was almost impossible for her to state her case without the fear of further deepening their despair. She was, in this situation, damned if she confessed to something that she did not feel was a party to, but damned if she did not. My pointing this out to Kevin, however, only aggravated his feelings. His beliefs had become so concretized that he was virtually incapable of accepting any alternative interpretation, even one that would have readily returned peace to their household, not to mention laid the basis for developing mutually enhanced understandings of their own and each other’s unique sets of needs.

Perhaps born out of a moment of therapeutic zeal, or even my annoyance with Kevin’s absolutistic position, I pressed forward, trying as best I could to open the potential space for alternative interpretations of each one’s behavior. Kevin, predictably, exploded at me. He rose and paced the room. He threatened to terminate treatment and insisted that there was clearly something pathological about me in that I did not see the indisputable evidence of Stacy’s hostile intent. Since Kevin had effectively disrupted my own professional need—to create a climate of safety in which both parties could speak authentically about their experiences—I felt myself becoming even more angry. Uncontrollably, my voice raised to match the pitch of Kevin’s.

In terms of my own transferential reaction to Kevin, I believe that such confrontations reflect moments wherein I powerfully identify with the person being “bullied.” My lifelong reaction to bullies picking on others has been to rapidly move into my own profoundly aversive motivational system (Lichtenberg, 1989). In this case, Kevin’s treatment of me facilitated my temporary identification with Stacy. At the peak of Kevin’s fuming at me, the session ended as time was up. Upset with myself for having become “worked up,” I nevertheless privately hoped that Kevin would make good on his threat to terminate the treatment.
This wish was immediately followed, however, with some guilt, in that it entailed abandoning Stacy and, though less compelling at the moment, it also meant abandoning Kevin.

The next day, while I was reflecting on what had occurred, I received a phone call from Kevin. He restated that he was not sure he could work with me since he felt that I was so clearly against him, as evidenced by my inability to see the unequivocal truth about Stacy’s pathology. I acknowledged that I, too, had some questions about my ability to treat them, which Kevin found surprising and a bit alarming. I shared with him that I considered his mode of confrontation to be “bullying” and, although I regretted my reactions the night before, I explained that he had elicited within me the powerful impulse to fight back for my own beliefs as well as for the sanctity of our conjoint therapy. However, I then speculated that possibly something might have been enacted between Kevin and myself, that we had in fact engaged intersubjectively in something like what Ogden (1994) refers to as the “subjugating third,” that is, a process wherein something is negated about the subjectivities of both parties.

In this case, I speculated that what was occurring was a reenactment of Kevin’s family life drama, and that in it he was enabling me to experience more directly the high stakes gambits in which his family members could rapidly be drawn into a frightening form of bullying one another. I suggested that perhaps that was exactly what he and I had experienced the previous evening, and, furthermore, that in this context, I was finding it virtually impossible to uphold Step Two of my own conjoint treatment model: that neither spouse’s view of reality is objectively “truer” than the other’s. I referred him back to my article (which

*Because the concept of the “subjugating third” draws its roots from the concept of projective identification, the question might be raised, why not use this term, and, for that matter, allude to Scharff and Scharff’s (1991) important contribution to object relations couple therapy? My preference for using Ogden’s term, the “subjugating third,” is that it is more intersubjectively constituted and therefore less part of the linear cause-effect world of projective identification. Furthermore, it carries less “conceptual baggage” than “projective identification,” which has come to mean many different things to many different authors (Tansey & Burke, 1989). Finally, I do not feel that Kevin projected his “little boy defenseless self” into me and then attempted to dominate it by becoming a caricature of his abusive, bullying, familial system. Instead, he was responding aggressively under the threat of negation of his subjective sense of reality. From his perspective, Stacy and I were against him. Therefore, he was acting in a manner that triggered in me a counteraggressive reaction to experiencing his assault—an attack not only aimed at Stacy’s subjective sense of reality but also at my own, especially as it is delineated in my need to preserve a therapeutic frame of safety. In this situation, both Kevin and I (and for that matter Stacy) experienced an intersubjective system of negations.*

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I had given to both Kevin and Stacy shortly after treatment commenced (1) in which this principle is articulated. I asked him to do us both a favor and to seriously reread that section of my article. In a considerably calmer manner, he agreed. His willingness to do this, however, may have resulted from my willingness to acknowledge my participation in an enactment. Furthermore, I believe it also constituted the development of an atmosphere of safety in that, despite the depth of despair to which we had traveled, I was clearly neither going to retaliate nor flee.

Kevin and Stacy came to the next session in an entirely different frame of mind. Kevin had taken my suggestion seriously and reread my article. What emerged was emblematic of what I think Ogden’s (1994) concept of the “psychoanalytic third” entails: that is, that the parties find a new way of intersubjectively experiencing themselves and one another in a manner that heretofore was neither possible nor predictable. My reaction to Kevin seemed to convince him that he was powerful enough to destroy the fabric of important relationships in his life, that is, both his marriage and his therapeutic one with me. (Bullies such as Kevin often operate out of fear that they are not powerful.) This incidence of recognizing his power (albeit destructive) affected at least a temporary shift for Kevin.

This experience somehow opened a new possibility. Kevin was able to illuminate what had so crazed him during the previous session. He reiterated that during his upbringing he felt that his point of view was constantly under assault. But, having said that, he acknowledged that the most toxic situation this incident stirred up was his recollection of the collective denial of the abuses he or another member of the family had suffered. This was the scenario that he felt had been reenacted the previous evening: that Stacy and I had colluded against him and were in effect challenging his sanity. In retrospect, he now could see my intent: that it would be impossible for me to do what I needed to do to help them were I to cave in to either of their convictions of being the beholder of the absolute truth. He further understood my need to maximize a climate in which both he and Stacy could not only air their differences but also sort out both their intrapsychic and interpersonal meanings.

Summary

The preceding case illustration captures something about the balancing, imbalancing, and rebalancing of the needs of all three participants in
the conjoint therapy setting—the treated couple and the therapist. While the preponderance of the tilt in the preceding example seemed to underscore Kevin’s rigid claim to having the only true view of objectivity, the overall course of treatment proved that Stacy was equally susceptible to such states of certainty.

This degree of concretization, as has been shown, is especially daunting for the conjoint therapist, whose task it is to cultivate a climate of safety, neutrality, and openness to the partners’ exploration of themselves and of each another. Under such circumstances, the therapist’s own selfobject needs may be challenged, heightening the arena of competition over selfobject functions of all three parties. Of course, the therapist’s selfobject needs are also theoretically unlimited and can involve many other possibilities, that is, many “Achilles’ tendencies.” Each is important to examine, lest their unconscious influence make the therapist vulnerable to disruptive collusions with one spouse against the other.

References


