Psychoanalytic Dialogues, 8(5):603–624, 1998

Old and New Objects in Fairbairnian and American Relational Theory

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In this paper we explore a few points emphasized by both Fairbairn and American Relational Theory related to conceptualizations of the new and old object and the implications for working in the analytic situation. Underlying much of our discussion is the belief that there are useful tensions between, on the one hand, Fairbairn's emphasis on our attachment to bad and old objects and refractory clinging to these bad objects in the face of receiving something new, and, on the other, a construal of a push or willingness toward integrating externality and newness of objects (e.g., Winnicott, 1969; Benjamin, 1988). American Relational models which explore complexities of interaction augment an understanding of Fairbairn's formulations of why we hold on to old objects. Fairbairn's theory also offers ways of understanding aspects of repetition, even, and sometimes especially, in trying to provide new experience.

As true as in 1983 with the seminal contributions of Greenberg and Mitchell, some of the most fascinating issues confronting American psychoanalysts today involve points of divergence and convergence between American relational theory and British object relations theory. In this article we take up a few points of theory related to specific comparative conceptualizations of the new and old objects and the implications for working in the analytic situation.

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American relational theory has beneficially emphasized the importance for the newness of the analyst to emerge experientially as a contrast to a historically held object through a variety of interventions, including interpretations of transference and defense, as well as expressive uses of the countertransference. Currently, there is tremendous variability within relational theory (e.g., Mitchell, 1994; Stern, 1994; Tansey and Burke, 1989) as to whether the patient looks for newness in the old or whether the search for newness emerges from repetitive patterns with the old. These differences involve several other important dimensions of analytic process related to theories of development and the value of regression in analytic work. We believe, however, that it can be said, as it was by Hirsch (1994), that relational theory has generally emphasized that the patient is looking both to repeat old experience and to be exposed to new experience.

Much of the patient's experience of the analyst as old and new has little to do with specific technical procedures of the analyst and more to do with subtle nuances of the interaction and the patient's particular state at the time, including the organizing principles activated at the moment. Yet, at times, aspects of the analyst's disclosure, expressive participation, clarification, and interpretation direct the patient toward the difference between the contemporary object of the analyst in contrast to the historically held bad object. At times, the way we emphasize or construct ourselves is more along the lines that the patient has experienced past objects; at other times, it has more to do with the contrast we construct between our purpose, activity, or behavior and the past objects or historically held transference. At other times we construct ourselves or the patient in terms of who the patient or the dyad might become—a kind of anticipation of the patient's psychic future (Loewald, 1960; Cooper, 1997b). Part of the ways the analyst poses these constructions refers to modality of intervention (traditional interpretation, disclosure, or inquiry), and part of it relates to a style of intervening, including seriousness, humor, play, schtick, and the like. In a sense, negotiation (e.g., Russell, 1985; Mitchell, 1988, 1991; Pizer, 1992) refers to augmenting the patient's internal dialogue regarding these old and new experiences as well as in interaction with the analyst.

The notion of the new object was used initially by Strachey (1934) to describe how the patient, having become aware of the lack of aggressiveness in the real external object (in contrast to the patient's archaic internalized fantasy objects) is able to introject a new, more benign object. Subsequently, the aggressiveness of the patient's

superego will be diminished. Strachey emphasized that the analyst's newness consists of the detoxification of troublesome affects before being communicated back to the patient. Loewald (1960) similarly referred to the ways in which the analyst, through his systematic analysis of the transference "distortions," was gradually experienced and observed as a helpful and therapeutic agent for change for the patient. For Loewald, the analyst is conceptualized as a new object to the extent that he or she offers the opportunity for a rediscovery of the early pathways and patterns of object relations leading to "a new way of relating to objects and of being oneself" (p. 22). Newness also includes aspects of the way the analyst holds a vision of the patient's future (Loewald, 1960) and comes to represent psychic possibility.

Although a new object experience is a major focus for all contemporary relational theorists, there are diverse perspectives on how newness develops. For example, a positive new object experience may be facilitated by the analyst's capacity to monitor and assess the relative degrees of safety and danger in the patient's transferential experience (Greenberg, 1986) and elements of repetition that threaten stagnation or impasse. Newness may also include the possibility that the analyst will make his subjectivity more known to the patient so that a contrast may be better established or developed between experiences of the analyst that at least correlate with historical experiences and the ways in which the analyst may provide or represent new and different relational experiences. In a sense, the patient cannot allow himself to trust that the new object is different from the old object.

Another form of newness emphasized in the American relational tradition occurs when the analyst acknowledges to the patient ways in which the patient has behaved very much like the old object. Here, the analyst offers what may be a new opportunity for more open mutual exchange and dialogue about such an occurrence (i.e., in which the analyst engages in repetition of a problematic old object experience).

Sometimes this newness is established less directly by drawing the patient's attention to his or her own revealed and concealed ideas and perceptions about the analyst's subjectivity (Aron, 1991, 1992). At other times, newness comes in the form of the analyst's expressing or disclosing aspects of psychic possibility that may catalyze new realms of experience of self and other. To some extent, any interpretation "virtually discloses" (Cooper, 1996) some aspect of the analyst's view of psychic possibility.

In contrast to American relational theories (which portray these various routes to potential newness), British object relations theory, particularly Fairbairn's (1952) work, has emphasized the attachment to old figures in order to control toxic affects and environmental failure. The old object—abandoning, persecutory, or exciting in nature—is internalized so that it can be controlled. To the extent that it is internalized and clung to as familiar, it is good because it brings safety and has adaptive value. The new object in the form of the analyst is bad or threatening to the extent that it represents the unfamiliar. Analyst disclosure in this context expresses psychic possibility related to the patient's renouncing old object experience or transforming it from persecutory or hurtful into something that can be grieved or mourned. The patient's resistance or reluctance can take the form of seeing the analyst as new from the get-go and being threatened by it or of maintaining a bedrock experience of the analyst as old object despite surface rumblings of newness.

The question explored in recent developments in American relational theories partly involves how and why this new object is able to become less threatening so that the old object ties can somehow be relinquished or substantially mitigated. The patient's potential relational pathways have become constricted or collapsed into a one-lane road. The analyst is trying to "tell" the patient that there can be a multiplicity of roads and connections. The patient sees or experiences that the relationship can be affectively colored in one way only. The analyst sees more than one color, although the colors seem sometimes faint or fleeting—fugitive coloring that quickly moves back into one color, the color of historically held transference.

Several authors have begun to delineate these differences between British object relations and American relational perspectives. In a recent article, Mitchell (1995) usefully examined various modes of interaction between patient and analyst within British and American relational theory. He discussed, in particular, the analyst's role of processing and containing affect, emphasized more in contemporary Kleinian theory, and aspects of the analyst's personal expressiveness and participation within interpersonal and American relational theory. Interestingly, Steiner (1993), from a contemporary Kleinian perspective, has also recently discussed the value for the analyst in maintaining certain aspects of tension between expressiveness and restraint within all interpretive processes. Each of these models actually differs in some ways from the "developmental tilt" (Mitchell, 1988, 1991, 1993) models

of Kohut and Winnicott, which emphasize more the need of the analyst to meet certain aspects of the patient's experience of impingement and deprivation.

As is so often true, looking at analytic stance in a broad sense (i.e., expressiveness/containment/provision) necessitates looking more fully at a variety of central relational issues, such as the construal of new and old and safe and dangerous objects, all of which has many implications for understanding interaction. We discuss some of these definitions of *old* and *new, safe* and *dangerous, mutual* and *asymmetrical,* from a constructivist perspective, trying to explore some of the analyst's assumptions as to their meaning. The construal of new and old, like "need and wish" (Mitchell, 1991) has to do with both patient's and analyst's experiences. We believe that both Fairbairn and the recent developments in American relational models can assist in these complex construals and constructions of affect and idea for the analytic dyad.

In a sense, in all of our theoretical conceptualization, we often have a tendency to characterize what is new and old, mutual and asymmetrical, safe and dangerous, more in terms of the analyst's intentions than through the amalgam of analyst's and patient's conscious and unconscious experiences. For example, in the concluding section of his article on therapeutic action, Strachey (1934) schematically attempted to characterize a variety of interventions by focusing on the analyst's intentions, without access to the notion that any of these interventions are determined by unconscious enactments as well as construed in any one of several ways by the patient.

In more contemporary literature, many authors get into a similar pattern, linking the analyst's intentions as a way to characterize an intervention or construal on the part of the patient. For example, there has been a great deal of useful emphasis within the disclosure literature on disclosure as constructing the analyst as a new object differentiated from the historical transference object. Burke's (1992) fascinating article explores how in his view disclosure is more related to aspects of mutuality, whereas relative degrees of anonymity are more associated with asymmetry. We, along with Aron (1996), however, find this equation of disclosure with mutuality most dubious because, as with Strachey, there is a more exclusive focus on the analyst's intentions. Accordingly, an analyst may disclose with a conscious intention to mutuality that is not matched either to the analyst's unconscious motivations (Gill, 1983) or to the patient's experience of this

intervention. In fact, we find that there are aspects of privacy, boundedness, and solitude within the analytic situation, which are among the most mutual aspects of the analytic situation, just as disclosure can resonate in experiences of asymmetry for particular patients. Not all circumstances in which disclosure proves useful can be explained as having been so because of the analyst's mutuality with the patient.

Underlying much of our discussion is the belief that there are useful tensions between, on the one hand, Fairbairn's emphasis on our attachment to bad and old objects and refractory clinging to these bad objects in the face of receiving something new and, on the other hand, a construal of a push or willingness toward integrating externality and newness of objects (e.g., Winnicott, 1969; Benjamin, 1988). There are several ways to understand these divergent formulations of basic developmental processes and their implications for psychoanalytic treatment. One is that each of these formulations is to some degree accurate and has greater or lesser degrees of applicability to particular types of patients. Another is that each formulation describes aspects of a more universal process that need to be integrated by the analyst. We are more sympathetic to the latter view.

Constructivism and the Continuum of New–Old Objects

It may seem commonplace to assert that patient's and analyst's experiences of the analyst's newness or oldness are constructed by each analytic dyad. Yet, analysts from widely divergent theoretical orientations have a tendency toward somewhat concrete construals of newness and oldness and safety and danger. We begin with some of the analyst's obstacles to seeing newness in contrast to repetition, and vice versa, and then turn our attention to some of the patient's obstacles to seeing newness.

Analyst's Obstacles to Seeing Newness

It seems to us that analysts who begin with a Fairbairnian theoretical bias toward hearing clinical process from the perspective that the old

object is clung to for familiarity and safety might minimize instances in which new object experience is sought or expressed. Perhaps the patient engages in "object probing" (Ghent, 1992) in ways that are overlooked by the analyst because the patient's affects or attributions toward the analyst seem familiar when assessed against the patient's parental objects. For example, a patient who expresses negative feelings toward the analyst often seem to be seeing or experiencing something in relation to the analyst that resembles what he has felt toward a parent. However, what can be conspicuously or subtly overlooked in such formulations is the previously unavailable opportunity for expressing feelings with such an object. At other times, the analyst is likely to focus on certain ways in which the patient seems identified with the parent in forms such as identification with the aggressor or the victim. Although this may provide a useful way of understanding these old and familiar processes, there are also ways in which sadomasochistic identifications occur simultaneously with the new opportunity for communication patterns with others.

Winnicott (1965) and Casement (1985) have each emphasized how the patient creates a "real" or new opportunity to use an analyst to represent old object experience. Winnicott stated:

> Corrective provision is never enough. What is it that may be enough for some of our patients to get well? In the end the patient uses the analyst's failures, often quite small ones, perhaps maneuvered by the patient . . . and we have to put up with being in a limited context misunderstood. The operative factor is that the patient now hates the analyst for the failure that originally came as an environmental factor, outside the infant's area of omnipotent control but that is now staged in the transference. So in the end we succeed by failing—failing the patient's way. This is a long distance from the simple theory of cure by "corrective experience" [p. 258].

It is only over time that the analyst can come to see whether a particular kind of enactment of the transference is used in the ways that Winnicott is describing here. During this process, however, it is easy to see these forms of repetition as only part of the old object experience. Stern (1994) has described this kind of experience with the analyst as the "needed" object experience (even when it appeared initially as a repeated experience), but the problem is that Stern's

descriptions can become teleological, as if the patient somehow knows how to work something through that was stuck. An alternative explanation is that as old object experiences are worked through, new object experiences are more accessible over the course of analytic work (e.g., Tansey and Burke, 1989; Mitchell, 1994). What we emphasize here is how much the analyst's theoretical biases influence how she constructs these experiences and determines what might be new in the patient's expressions. Here is an example.

Sarah was a 25-year-old woman who had been chronically depressed when she began analysis several years earlier. She was now in a phase in which she had been able to work through a great deal of her anger and sadness related to feeling rejected by her father. She had experienced him as always "too objective" rather than more openly effusive about her appearance and intellect. We were examining her current predilection for involvement with married or otherwise unavailable men and avoidance of men who might be more readily available for a relationship. We agreed that, despite her frustration with unavailable men, she remained attached to an opportunity to persuade her father to change his mind and throw all caution to the wind in order to be with her.

In the earlier phase of analysis, she had experienced me (SHC) as more globally unavailable and rejecting toward her. Over time, we had developed a warm, friendly way of being together, one in which she was still visited by feelings of my rejecting her, though in a more focused way. Sarah would adamantly tell me about my unsatisfactory ways of wording interpretations or observations and would propose comments that would be more affirming to her. At one level that was quite accessible to her, she recognized her "already ready" responsiveness to me as her unavailable and critical father. We also began to understand her instructions and corrections of my interventions as a new opportunity for her that she had not experienced during her growing up—namely, to give expression to her feelings of anger and complaint about her wish to have her father be less objective and more enthusiastic or passionate about her developing body and mind. We also understood her instructions as expressing a kind of nihilistic and despairing display of her sense that, if she did not tell me what to do, I would never comply with her wishes and needs to be affirmed. There were elements of punishment and sadism in the ways in which she would hypervigilantly discover one example after the next of my tendency to be critical or more reserved in affirmation than she wished.

She had been able to experience her wishes for retaliation against me, including wishes to hurt me and make me feel as rejected as she felt by men. Often, as we spoke of these feelings, she would smile or laugh uncontrollably as she recognized the intensity of her anger.

Sarah agreed with my sense that she selectively perceived and experienced my remarks in terms of what was less affirming or supportive, and at times she minimized how I had acknowledged her achievements and strengths. She agreed with my observation that, at times, her selective perception represented a repetition of her relationship with her father, to which she painfully held. At times, I conveyed to her my agreement that she had a good point to make about my insensitivity to her need to feel affirmed, even as we took up something about her selective perception.

In this phase of analysis there were several threads of experience and enactment that help in thinking about the complexities of the new and old object experience. One complexity relates to enactment and the likelihood that the analyst will repeat painful aspects of the patient's earlier experience. Thus, the old object is reexperienced and repeated in the present. The patient's expectations and tendencies to repeat are forged onto the new experience with the analyst, and the analyst in various ways is likely to respond to or cocreate these repetitions. Enactments often involve the ways in which we unconsciously participate in a repetition of an earlier failure that was close to the patient's experience of an earlier trauma (Casement, 1985). The patient is skeptical to believe that the analyst can become a new object partly because the patient sees the ways in which the analyst is the same as the old object through repetition and enactment.

However, there are ways in which our tendencies to see repetition may overlook how new capacities for relatedness are emerging. Sarah's ability to feel safe enough with me to criticize, correct, evaluate, and complain constituted part of a new object experience. This observation is very much in keeping with the notion that negative transference often involves the deepest kind of trust and safety (e.g., Greenberg, 1986). Conversely, there are many instances in which positive and especially erotic transferences involve intense sadistic and negative affective experiences. It is easy to see how our theoretical constructions of Sarah as holding onto the old, bad father (safe) so as not to be threatened by the new might deter the analyst from viewing Sarah as exploring a new opportunity and pathway with the anlyst, as she gave repeated expression to very familiar feelings of rage and sadism toward

me. The attempt to analyze how she is holding onto the old can potentially minimize how she indeed is taking in something new.

It is not uncommon and sometimes inevitable for us to repeat aspects of the old object whether we focus ostensibly on what seems to us old or new in what the patient is expressing or feeling. For example, if the analyst more rigidly sustains a stance toward emphasizing the newness in the patient's expression of negative feelings toward the analyst as something not previously allowed within the parent–child dynamic, then the analyst may be repeating aspects of the old. On the other hand, the relentless interpretation of Sarah's attachment to the old might have similarly constituted a repetition of Sarah's sense of being unrecognized by her father.

The case of Sarah raises an interesting question about whether or to what extent the sadism directed toward the analyst derives from the sense of threat from the new object or the sadism is the expression of feelings toward the old expressed by the new subject. We believe that there is something useful about the notion of an object representation's containing aspects of self and object that helps to understand some of these processes. We have already posed the more familiar question raised by Fairbairn's work—namely, whether the sadism is a response to the threat posed by a new object on the horizon that disrupts a tenacious gravitating toward the old. However, both British and American relational models have emphasized the ways in which the patient may enact aspects of the old object, requiring the analyst to adapt aspects of the patient's self in relation to the object. In these circumstances, the question is always whether the analyst will be or can be a new object and/or a new subject. Will the analyst feel beleaguered, helpless, sad, furious, or retaliatory in response to the patient's communications? If the analyst experiences these feelings and expresses them, can he do so in a way that differs from the ways the patient had done so? This can be accomplished through the analyst's containment and reintroduction of these feelings (speaking from an effectively processed internal emotional state) or through his judicious self-disclosure.

Although it is difficult to make general guidelines about how to determine whether patterns of old or new object experience are more dominant at any time, it is probably a good idea to keep each possibility in mind. The analyst needs to balance the need to stay with the experience of the analyst-as-old-object-in-effigy with the attunement to possible ways in which the analyst may emerge from the old object

experience. We believe that, in Freudian analysis, there was too much of a resistance or reluctance on the analyst's part to interfere with the development of the old object experience. This position minimized the value of (a) the analyst's drawing attention to some of the ways in which the patient might be using the analyst in a new and different way from the old object, for fear of mitigating or diluting the power of historically held transference; (b) the analyst's using disclosure to differentiate the analyst at times from the old object experience; and (c) the analyst's using aspects of his subjectivity as a construction that might allow further interpretation (Cooper, 1997a, 1998). Furthermore, the classical position paradoxically minimized the refractoriness and resilience of transference phenomena; that is, the transference is not necessarily diluted by addressing old and new object phenomena at the same time.

The points of reluctance or resistance for analysts within the relational model involve a potential to too quickly determine that the analyst needs to do something in order to act as a new object. Speaking about patients and analysts, Greenberg (1986) drew attention to the potential of both patients and analysts to defensively embrace aspects of the new object. It is quite understandable to seek relief from the unrelenting repetition of problematic relationships. The problems here, well documented by Gill (1983, 1994), relate to the possibility of either diluting or diverting aspects of transference or similarly being influenced by several unconscious factors. There is value in the patient's being able to find and create the object (Winnicott, 1969) in the form of the new-object-analyst. If the analyst harps on the theme of newness, the patient's experience may shift to staleness or compliance. Keeping in mind these complexities may help the analyst to determine whether interpretations or disclosures by the analyst regarding newness seem useful or whether interpretations that relate primarily to the patient's experience of the analyst as an old object may be more resonant or generative.

Patient's Inner Obstacles to Seeing Newness

There is a variety of components to the patient's clinging to the safety of the old object and his or her reluctance to accept the new object, in addition to those posited by Fairbairn's theory. These aspects relate more to aspects of immediate, contemporary experience and the person of the analyst emphasized in interpersonal and relational-conflict

theory and much less to early experience and mechanisms of internalization, which were a point of focus for Fairbairn.

Most analysts would agree that patients are likely to see the analyst as similar to the old object because of the power of transference and the likelihood that enactments will affirm the patient's worst fear about the resemblance between the analyst and the parental object. Two other factors seem salient as well. The first is that everything we know about the tendency to repeat should lead us to the expectation that patients will unconsciously choose analysts who may in some ways psychologically resemble the parental object. In this way, the patient may be attuned to all sorts of things that they have seen before. A second factor may relate to what we call the "He or she can't be as good as they look" phenomenon. Regarding the first point, there are many ways in which it is easy to repeat neurotic aspects of object choice in every relationship—romantic, professional, and in terms of choosing an analyst. One of the things that is particularly perplexing for all of us in making choices is that we often believe we are choosing only on the basis of consciously experienced and observed phenomena. A man chooses a lover who is more easygoing and quiet than his intense and intrusive mother and then discovers that she is just as intrusive—she just seems to take longer to get to it. This is a good example, because it brings up the complexity of analytic work. In analysis, analyst and patient ask themselves whether this pattern is reflective of repetition in object choice and/or repetition in the ways the patient's experience of his intrusive and demanding mother is more likely to rear its head in any romantic relationship, particularly over time. The lines are rarely clear, particularly because the repetition in object choice may not necessarily be a choice of the same kind of object but rather may be an object who is willing to accept the processes of role induction and role responsiveness that the patient is needing or likely to enact. In addition, the patient may "be able" to find a familiar position for the self in the relationship, even when there are significant differences between the current other and internal objects. All of the issues discussed here are often confusing because they are likely to reflect overlapping and concurrent processes.

All of these processes are obviously applicable to transference in the analytic situation. The patient's experience of the analyst is colored with aspects of the historically based transference. The analyst sometimes acts in ways that confirm the patient's expectations that the analyst is like the parent. Then, to make matters even more

confusing, the patient may often actually choose an analyst who resembles some of the most problematic aspects of the parent. These circumstances present great obstacles and opportunity for any analysis. Summarizing many of these observations, Greenberg (1986) wrote, "Unless he [the patient] has some sense of the analyst as a new object, he will not be able to experience him as an old one. The inability to achieve this balance is responsible for many analytic failures. If the analyst cannot be experienced as a new object, analysis never gets under way; if he cannot be experienced as an old one, it never ends" (p. 98). The resemblances help create the potential to experience the analytic situation with great depth and authenticity. Here, the inverse of Greenberg's statement is also relevant; that is, unless the analyst is enough of an old object, treatment cannot begin. For some patients, however, the similarity between the analyst and parental figures makes it difficult to experience the new opportunity the analytic situation offers for symbolic and interpretive play. In this case, Greenberg's original statement applies; that is, unless the analyst is enough of a new object, treatment cannot begin.

We believe that another factor in the patient's reluctance to experience newness in the analyst derives from the patient's skepticism about whether the analyst can really be as good as he seems. Hoffman (1994) has suggested that the analyst's "self" is in most instances relatively unknown to the patient. He states that one of the aspects of ritualized asymmetry in the analytic situation is "fostered partly by the fact that the patient knows so much less about him or her than the analyst knows about the patient" (p. 199). Hoffman further argues that the analyst is in a relatively protected position, one likely to promote some of the most tolerant and generous aspects of his or her personality. This protection exists despite the analyst's authentic participation and sense that he or she has particular feelings or experiences with the patient. Hoffman emphasizes how this relatively protected position tends to foster idealizations. Renik (1995), in contrast, sees these idealizations of the analyst as potentially problematic if they are insufficiently analyzed. Hoffman (1994, 1996) sees these idealizations as potentially a part of the analyst's authority and influence and potentially facilitative of the patient's use of the analyst.

The radical nature of the social context in analysis is one in which personal participation is an inevitability, but it is inherently contextually defined by the work task, both unique and overlapping

with other social contexts. Thus, the interactive matrix (Greenberg, 1995) borrows from and is partly separate from the larger social context. This view is compatible with Hoffman's (1994) elaboration of the asymmetrical arrangement that partially protects the analyst's anonymity and how he or she will be known by the patient.

However, the tensions between what is unique about the analyst's participation and the overlap with the larger social context is of key importance to understanding another element of the patient's reluctance to experience the analyst as a new object. We believe that the patient is always partly aware that the analyst's modal responsiveness cannot really be as good as he or she is able to be with the patient. We agree (Cooper, in press) with Hoffman that the analyst is in a sense protected by the patient and that many aspects of the analyst's self, despite the analyst's authentic engagement, remain in the background or are simply not well known by the patient. Yet, patients are often aware of this (they know what they do not know), or at least they know that there is much that they do not know. Although illusion is a necessary part of every analysis, many patients are aware of the tensions between the real and intimate and illusory nature of analytic engagement. Many analyses pursue as a central task the patient's inability to form such illusions in the analytic and nonanalytic relationships, just as for some patients the work is organized around how easy it is for the patient to form such illusions.

We are suggesting that, in many analyses, the patient, even as he suspends his disbelief, is aware of the possibility that he is getting some of the best of the analyst. Part of the patient's trepidation in moving to a new object can be expressed in seizing on this observation and applying it to a skepticism or reluctance to seize the possibility that anyone can be new, different, or this good. For example, part of the work involves trying to explore why anyone has to be that good in order to engender trust, love, wishes for intimacy, and the like. The patient's inability to trust the new or even to see the new is never entirely separable from his or her attachment to the old object or the old representations. Yet, we are emphasizing that there are built-in dimensions in the analytic setup that are a part of the patient's attachment to the old. It is important to note too that, given the tremendous vicissitudes of everyone's emotional states and of interpersonal relating, the patient is bound to have had experiences of the parent's being different from some position that became crystallized as a central old object position. Thus, patients have experienced

parents as loosening particular old object experiences. Often, this variation is followed by the parent's resuming a central or primary (modal) affective stance. With repeated experiences of being seduced by the appearance of a "new object" in the parent, only to be disappointed, the patient would be that much less likely to trust any new signs of "newness" in the analyst. The patient sustains the tension around the question, "When is the other shoe going to drop?" The analyst's awareness of this dimension can be helpful in analyzing the patient's attachment to the old.

Thus, the Fairbairnian model in its pure form may at times minimize contemporary factors that further contribute to the basic Fairbairnian appreciation about the individual's need for attachment to the old object. In other words, there are ways in which the contemporary American emphasis on relational processes in the immediacy of analytic engagement has elucidated factors that reinforce an understanding of the patient's wishes to hold on to the old object. The patient is aware at some level that the newness or goodness of the analyst is related to the analyst's function—the analyst's role within the asymmetrical arrangement of analysis—and so the analyst is not to be believed entirely. Although Hoffman emphasizes so clearly the ways in which we are so idealizable and not real (ways that foster idealization), there is also a question about whether there are ways in which the patient never fully believes this to be real. This is one of the forms of play in analysis that involve transference and countertransference. The patient is reluctant to take in a new experience that is viewed as artificial, not real. Obviously, this discussion is at the level of discourse that involves generalities. We know that some patients are prone to idealization, others to cynicism about whether the analyst can be a good object. Most of us operate on multiple levels of reality in the analytic situation (Modell, 1991), suspending our disbelief in some ways and less so in others.

American relational models reflect a great deal of awareness of contemporary factors in the analytic situation. The analyst would pay attention to how much the patient observes, perceives, and experiences the analyst, which might influence the patient's trepidation or reluctance to trust the analyst. The danger in this model is that the patient's "need" to repeat, or predilection to impose the old object situation, could potentially be minimized if the analyst becomes overly focused on the patient's immediate perceptions of the analyst as behaving in particular ways and especially if the analyst valorizes

newness for therapeutic action. Obviously, there are many instances when the analyst is responding in ways that confirm the patient's expectations. There are other instances when the analyst may even be inducing certain roles and behaviors in the patient. However, there are also many instances when, in line with more classical views of transference, the patient repeats the old object experience with the analyst.

Disclosure and the Continuum of New–Old Object

Another issue related to the notion of constructivism and the continuum of old–new objects is the analyst's assumptions about the stimulus value of his interventions (if there ever is such a thing as stimulus value in analysis apart from the patient's and the analyst's psychic view of reality). For example, many uses of disclosure offer the patient a view of the analyst as a potentially new object. We do not agree with Burke's (1992) perspective that aspects of disclosure are to be more axiomatically equated with mutual aspects of the analytic situation (Aron, 1996; Cooper, in press). In most cases, disclosure by the analyst is fairly selective and remains at quite a distance from how intimately the patient might want to know the analyst. We believe that disclosure usually involves a tension between aspects of mutuality and asymmetry in the analytic situation. Similarly, we believe that aspects of anonymity by the analyst may often include aspects of mutuality—those parts of both patient and analyst that are separate, that have secrets from each other, boundedness and privacy. Bion's (1977) statement about the analytic situation gets at these aspects of separateness, even if it is embedded in particular assumptions about the degree to which personalities involve separate intrapsychic structures rather than intersubjectively intertwined organizations: "We're both in this alone" (p. 65). It is overly schematic to say that disclosure involves mutual aspects of the analytic situation, just as it was for Strachey (1934) to draw clean lines of distinction between interpretation and suggestion.

Similarly, disclosure can be used to emphasize the analyst as either a safe or more dangerous object. The use of disclosure often involves a presentation of the analyst as a new object that is meant to be safe in ways that form a contrast to the dangerous or destructive feelings associated with the old object. This use of disclosure can be especially helpful if the patient is prone to experience the historically held

transference in a way that is so extremely scary or depressing that the analytic process becomes limited or stagnated. The analyst essentially uses a form of clarification or differentiation of himself from the parental object with the hope of supporting the patient's capacity for self-observation, titrating or modulating affect. However, it is useful to be equally focused on the value of using disclosure as a way of presenting danger. The analyst often interprets or queries—directly or virtually disclosing a construction of himself in order to pose what is most threatening for the patient to consider. For example, the analyst says, "As angry as you are that the only reason I see you is so that I can charge you money for our visits, perhaps it is threatening to think about any other reasons that I might talk to you."

It is not easy to assess the effects or implications of the analyst's holding these biases in understanding interaction. One reason we emphasize that disclosure or constructions of the analyst as a new object cannot be prospectively categorized is that the patient usually experientially integrates, uses, or rejects our constructions in accordance with his or her readiness to visit new and old object experiences. Cooper (1997a) tried to examine aspects of how disclosure involving constructions of the analyst as a potentially new object often recapitulate for the patient aspects of the historically held transference. One possible implication is that, if the analyst approaches these disclosures as intertwined with aspects of mutuality and asymmetry, there may be more readiness to work with the complex texturing that the patient experiences in response to this or any other intervention.

Holding the Psychic Future: Future Object and Self

Every psychoanalytic theory of growth, either in describing development or the analytic process, involves aspects of benevolent disruption. Even "developmental tilt" (Mitchell, 1988) theories emphasizing the analyst's need to stay as close to the patient's psychic reality as possible (e.g., Winnicott, Kohut) stress the inevitability of failing the patient and the resultant tensions, which can be productive in terms of growth. Other theories, including classical, interpersonal, and relational-conflict theories, have built-in notions about how tensions between the participants produce change—it is just a question of how you go about the process, what the unit of analysis is (e.g., a mind or an interaction), and what the goals of analysis are about.

In a sense, every theory has a mode of benevolent disruption that partially constitutes the new object—either through survival of the patient's reactions to these failures or through psychic possibility, which emerges through interactional tension or shifts in intrapsychic organization. In Kohut, the new object is one that will not empathically fail around the responsiveness of healthy narcissistic needs. Winnicott's new object is able to meet the moment of hope expressed in the patient's authentic or true self. In the classical view, the new object is one that can offer a crucible for the patient's old experience, an opportunity for repetition to become visible, heartfelt, and tamed through neutralization of drives. In most relational models, analysis involves the opportunity for a combination of the new and repeated relationships. Relational models offer ways of thinking about the balance of new and old as well as technical approaches that help to construct the analyst and the interaction. In turn, this process aims to provide different perspectives on repetitive patterns in relating—a new relational opportunity.

We view the new object, partially in Loewaldian terms, as holding a version of psychic possibility for the patient. In most ways, this is also akin to Greenberg's (1986) emphasis on the analyst's needing to strike a balance between safe and dangerous, old and new. Loewald, however, did not address the complexity and variety of ways that the analyst need go about holding psychic possibility except through more classical interpretation. We have tried to emphasize that it is not universally useful to equate the newness of the object with safety. Although Fairbairn's theory allows for a deep appreciation of this observation, his theory is less attuned to interpersonal and immediate aspects of analytic interaction, which can help the analyst attend to how the new object is unsafe. Sometimes psychic possibility is provided or maintained by containment and restraint on the analyst's part, allowing the transference in the form of the old object to unfold. At other times, providing or underscoring psychic possibility involves the analyst's attempts to construct a view of how the analyst can be distinguished from the old object. At still other times, this may involve drawing attention to how the patient is reluctant to let the analyst be viewed as an old object.

For example, Sarah's treatment was characterized by a tension between the analyst's consciously experienced hopes for the patient—an opportunity for her growth and capacity to form a relationship that would be more satisfying to her—and a kind of enactment of the old object, coconstituted by the two of us. My (SHC's) enactments were

often manifested by saying things in ways that seemed overly evaluative to her. At times, this was quite "true" (i.e., her identifying an evaluative attitude in me in a given moment, which I later could see as well), as was her hypervigilance to these aspects of how I and others approached her. In fact, we were able over time to understand her intense reluctance to believe either that I was not critical of her or, that, if and to the extent that I was, it need not overshadow many other feelings and attitudes toward her, including ways in which I cared for and about her a great deal. What was of note was her readiness to experience me as a familiar object and my tendency, at times, to act in ways that would elicit this feeling in her. The analyst's inevitable participation in aspects of repetition can sometimes fuel the patient's tendency to cling to attachments, even though the analyst might at other moments be doing something quite new.

The analyst's interpretive anticipation of where the patient might go also often enacts something that is an amalgam of the old and new objects coconstituted by the patient and the analyst. Thus, holding onto the notion of the patient's psychic future often combines apsects of the old and new objects. This mirrors the ways in which the patient's experience of the old object may sometimes involve something new—in Ghent's (1992) terms, *object probing*. We are emphasizing the ways in which the new object functions to hold a view of psychic possibility for the patient. For some patients, psychic possibility has less to do with consciously experienced hope and more to do with the capacity to face and integrate painful experience that underlies consciously experienced hope. For others, psychic possibility has much more to do with the threat of trying to be more consciously hopeful in the face of loss or disillusionment.

The relational model not only emphasizes ways in which the newness of the analyst can be helpful but also has potential to deepen our understanding of why patients remain attached to the old. To some extent, examples of disclosure and constructions by the analyst in our literature emphasize the analyst as a new object who is safe relative to the historically held bad, dangerous object. Yet, sometimes disclosure involves useful constructions of ourselves as distinguished from the old, which are more threatening and more unsafe, as emphasized by Fairbairn. For example, it can be terrifying for a patient who has never trusted to increasingly confront an object who seems worth trusting, thereby imperiling all his extant systems and patterns of defense and withdrawal.

There is a fundamental paradox in Fairbairn. Despite his radical assertion that there is a drive called *object relating*, Fairbairn, like Freud, views the individual as not wanting to recognize a new person for fear of threatening an attachment to an old object. Obviously, for Freud, the old object is clung to because it reduces instinctual tension—there never really is a new object, only the refinding of an old object. For Fairbairn, the individual wants to hold onto the object he has known and internalized in order to create or maintain safety. Furthermore, the object with whom he visits and revisits in therapy is in many ways a bundle of the projected, previously internalized object images. Contemporary relational theory describes the hoped-for negotiations that can go on between the patient-subject with the analyst-as-new-object, amid the collaborative experience and clarification of the analyst-as-old-object in the transference. In some ways, this challenges Fairbairn's basic assumptions. Although we have attempted to incorporate the rich legacies of British and American perspectives, we believe that American relational theory provides a necessary supplement to a Fairbairnian view, particularly in its elaboration on a variety of factors that make the renunciation or exorcism of the old object so difficult.

The notion that the patient can really trust someone new in the face of bedrock patterns of relating is indeed an outrageously ambitious goal. The patient works and hopefully learns to play with experiential and transferential tensions in believing that the analyst can be different from the person the patient has known; at the same time, the analyst, by necessity, is also similar in some ways to the patient's objects—similar either because the analyst repeats and re-creates what has happened or because the patient's experiential overlay inevitably comes into play. The analyst is always partly a construction based on who the patient has known and who he wishes to know as well as who the patient is and who he wishes and strives to become. Through these tensions and multiple levels of reality, the analyst has the opportunity to influence. Psychoanalysis tries to help people engage in deep experience, exploring their tendencies to trust and mistrust others, to playfully construct the real and illusory, the old, new, and future self and object.

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