

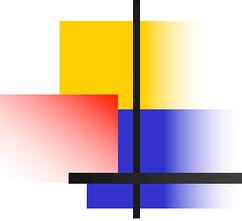
# Culture, Race, Gender, Sexual Orientation and Hostility in Object Relations Therapy

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Foundations of Object Relations Psychotherapy  
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# Object Relations and Cultural Identities/Identifications



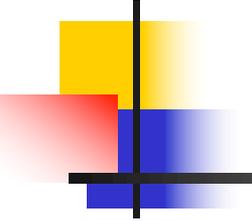


# Basics of Cultural Factors in Therapy

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- What is culture?
  - Emerges in adaptive interactions between humans and their environments
  - Consists of socially constructed and shared constellations of ‘practices, competencies, ideas, schemas, symbols, values, norms, institutions, goals, constitutive rules, artifacts, and modifications of the physical environment’ (Fiske, 2002, p. 85)
  - Is transmitted across time periods and generations
- Culture is not limited to racial or national identities
- Every large-scale culture contains sub-cultures

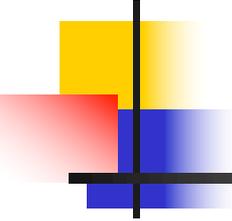
(Triandis, 2007)



# Cultural Influences in Psychological Development

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- Our cultural environment contains multiple sub-cultures that have differing and conflicting values, practices, etc.
- We manage those conflicts by identifying with some aspects of our culture, disidentifying with other aspects, and attempting to integrate our identifications and disidentifications into a more or less consistent sense of personal identity
- Creation of *Normative Unconscious Processes* (Layton, 2000)

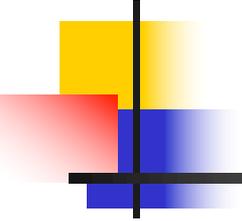


# Normative Unconscious Processes

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- We live within particular class, race, sex and gender hierarchies
- Hierarchies confer power and exist for the benefit of those with power
- Hierarchies idealize certain subject positions and devalue others
- Hierarchies split human capacities and attributes and give them class or race or gender assignments
- As we identify or disidentify with these assignments, they 'cause narcissistic wounds that organize the desire to belong to one group rather than another. These wounds become lived as class, race, gender, and sexual identities.'

(Layton, 2006)



# Normative Unconscious Processes, Cont'd

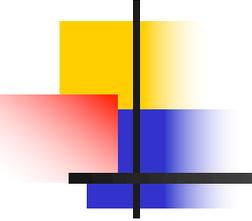
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- Hierarchical norms are not internalized without conflict
  - Because hierarchies split and categorize human attributes, conflicts arise between those unconscious processes that seek to maintain the splits, and those that refuse them.
  - Normative unconscious processes refer to that aspect of the unconscious that pulls to repeat affect/behavior/cognition patterns that uphold the very social norms that cause psychic distress in the first place.

# Normative Unconscious Processes, Cont'd



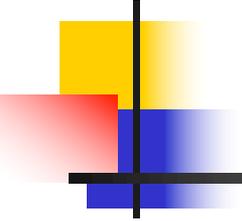
- Example: Cultural mandate to split capacities for connection and dependence from capacities for agency and independence
  - Capacities for connection and dependence are gendered as *female*
  - Capacities for agency and independence are gendered as *male*
- Consequences:
  - Female feels 'unfemale' when she pursues her own interests
  - Males feel 'feminine' when they cry or express vulnerability



# Cultural Influence in Therapy

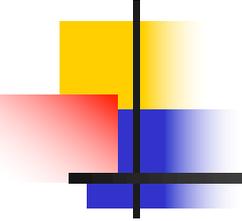
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- *Both* patient and therapist bring splits based on normative unconscious processes – i.e., conscious and unconscious identifications and disidentifications with their current and historical cultural environments
- Those splits, identifications and disidentifications relate to and help to define each individual's identity, as well as their role in the therapeutic endeavor.
- These splits, identifications and disidentifications influence all aspects of each individual's experience and behavior, including:
  - cognitive, emotional and interpersonal patterns
  - customs of speech
  - postures, gestures, ways of moving
  - ways of dressing, body decorations (makeup, tattoos, jewelry), carried objects (handbags, cell phones, iPods), etc.
- The therapist's splits, etc. also exert influence over therapeutic method (ways of managing the frame, therapeutic strategies, etc.), office decorations, reading material, music in the waiting room, etc.
- Primary mechanism of influence: *cultural transference* and *cultural countertransference* (Racker's *indirect identifications* - 1968)



# Cultural Identities in Conflict, Example: Rob and Rachel

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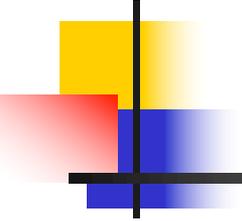


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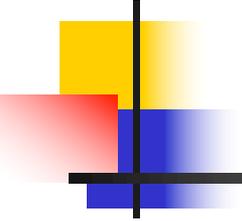
# Normative Unconscious Processes: Rob and Rachel





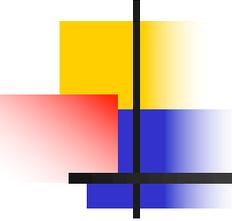
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# Cultural Identities in Conflict, Example: Rob and Rachel

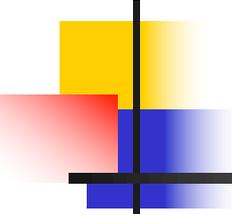
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# Personal and Cultural Transferences and Countertransferences

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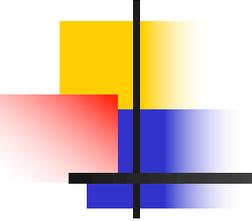
- *Personal transferences* based in personal aspects of each partner's history (Rob's rejection in 5<sup>th</sup> grade and his parents' distance; Rachel's molestation and conflicts with parents)
- *Cultural transferences* based in history of hierarchical splits, identifications and disidentifications (Rob's devaluation of dependence and angry assertion of rugged individualism; Rachel's devaluation of selfishness and angry assertion of empathy)
- Interaction between personal and cultural transferences in each partner
- Interaction between each partner's (personal and cultural) transferences and the other's (personal and cultural) countertransferences



# Essentialism vs. Multiculturalism vs. Relationalism

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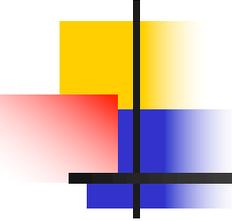
- Are differences between the races and/or the sexes essential, or are they constituted historically, socially, culturally?
- Dalal (2001): In a review of psychoanalytic papers about racism and prejudice, found two primary, and opposing, belief systems:
  - *Essentialism*: At our deepest levels we are different (because of nature and our unique individuality), and similarities appear because of our enculturation (e.g., Freud's view of gender differences; Gilligan's view of different moral development courses for male vs. female)
  - *Multiculturalism* (or constructivism): At our deepest level we are the same, and differences appear because of our enculturation [Dalal identifies Davidson, 1987, as a multiculturalist; quotes Chodorow: 'Gender differences, and the experience of difference, like differences among women, are socially and psychologically created and situated']
  - In either case, culture is considered external to internal psychic functions
- Mitchell's (1996) and Tubert-Oklander's (2006b) *Relationalism*: Internal vs. External is a false distinction



# Relational Basis of All Forms of Identity

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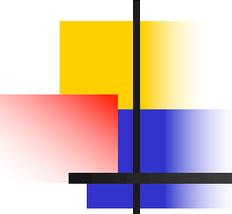
- Dalal (2002): All identities are relational and not individual possessions. 'Who I am' boils down to 'where I belong.'
- Layton (2006): Our relational world is the ground, at least in part, of all our conflictual internalizations of the class, race, gender, sex (etc.) antagonisms that structure society
- Tubert-Oklander (2006a): 'In the analytic situation, ... the analyst's and the analysand's mental processes not only determine and influence each other but also are both affected by mental processes emanating from other sources, distant from and beyond the conventional limits of this situation - both spatial and temporal. This includes the influence that other relationships - past and present - have on both parties; their previous history; and the social, cultural, and political context.' (p. 202).



# Managing Hostility in Patients: Michael Balint (1952)

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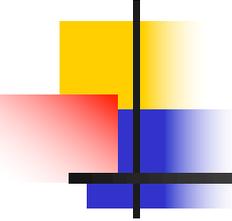
- Is there a healthy hate? Yes, but it should be only potential or incidental in the healthy person, and it should easily dissipate if the situation improves
- Hate is the last remnant, the denial of, and the defense against, primitive object love
  - Primitive object love = 'despondent dependence, denial of this dependence by 'omnipotence', and taking the object for granted, treating it as a mere object, as a thing.' It is 'a relation in which *only one partner is entitled to make demands...*'
- 'This means that we hate people who do not love us and refuse to become our cooperative partners. This stirs up all the bitter pains and anxieties of the past and we defend ourselves against their return by the *barrier of hatred*, by denying our need of those people and our dependence on them.' p. 358



# Managing Hostility in Patients: Winnicott (1969)

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- Distinguishes between hostility that is reactive to environmental failure (e.g., actual failures by therapist), and hostility that is essential to the child's, and the patient's, capacity to apprehend and use the external world
- The 'positive value of destructiveness':
  - In some states (e.g., the omnipotent phase of infant development; or of a patient's primitive object love), the patient needs to be helped to move from omnipotence to recognizing the independent existence of the other
  - The object can be placed outside omnipotent control by being destroyed while, in fact, ***surviving the destruction***
- To survive destruction, the therapist must
  - Be there to receive the communication
  - Not allow herself to be destroyed
  - Not retaliate, which is a signal that she was about to be destroyed
  - Not reject. This proves the object's resilience
- In this way: 'A world of shared reality is created, which the subject can use and which can feed back other-than-me substance.'



# Managing Hostility in Patients: Therapeutic Strategies

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- Recognize your mistakes. Winnicott (1956): 'resistance remains until the analyst has found out the mistake and has tried to account for it, and has used it. If he defends himself, the patient misses the opportunity for being angry about a past failure just where anger was becoming possible for the first time.'
- Stay calm and neutral. Your survival of the patient's hostility confronts them with the paradox of a destroyed object (in the internal theatre) surviving the destruction (in the 'real' world). This paradox mobilizes the development of containment, empathy, and recognition of the existence of others.
- Patients in primitive states will be unable to utilize ego functions to discuss their hostility in the moment. Mirroring, holding and non-defensiveness are essential in laying the foundations for working-through.
- For patients in less primitive states, who have a strong therapeutic alliance, encourage them to join you in curiosity about the origins of the hostility. In this phase of working-through, *the internal object world is illuminated as the source of the aggression*.
- Rob's hostility toward Rachel transformed, momentarily, upon the retrieval of emotional pain (related to primitive object love), and upon the initiation of a process of grieving.

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