All types of object relations theory propose that our adult relationships are strongly influenced by our relationship to mother or the primary care giver during infancy.

Fairbairn was more concerned with the relationships between people than with the “drives” within them.

Fairbairn proposes that two personalities interact not only at the level of conscious choice, compatibility, and sexual attraction (in the case of an erotic relationships) but also at the unconscious level, where they experienced an extraordinary fit of which they were unaware and which mirror this infant splitting

**Splitting:** A primitive ego defense that the infant employs to split off and push into the unconscious unpleasant memories and negative emotional reactions associated with the mother in order to protect the experience of the "Good Mother."
**Object** means another person

**External Object:** an actual person in the world that a person has invested with emotional energy

**Internal Object:** a person’s representation of another such as a reflection of a child’s way of relating to the mother. An Internal Object is a **Mental Representation:** i.e., an impression of an object (another person) that one carries in their mind. Part of this the person is conscious of; Part of the internal object, the person is no conscious of—it exists in the unconscious.

**Self:** An internal image. Conscious and unconscious mental representations of oneself.

**Self-representation:** That part of the Mental representation as experienced in relation to significant others.

**Infant relationship with the mother established the way a person related to others as an adult**

With splitting, the “rejected object” and is pushed into the unconscious
Object Relations Couple Therapy.

Basic assumption: Whatever the problem it primary has an unconscious source.

Second: The real issues relates back to early childhood.

Third: "Pathology seeks its own level."

**Projective identification:** A person unconsciously identifies with another's projection on them, whether or not that projection is an accurate impression of the person.

According to this model, couple dysfunction occurs when more distress than can be tolerated upsets the balance in the mutual projective identification system. "This happens when some of the following conditions apply: (1) Projective and introjective identification processes are not mutually gratifying; (2) Containment of the spouse's projections is not possible; (3) cementing of the object relations set happens instead of its modification; (4) unarousing projective identification of the genital-zone cannot be modified by sexual experiences; (5) aspects of the love object have to be split off and experienced in a less threatening situation, leading to triangulation
involving a child, hobby, work, friend, parent, or lover." Scharff and Scharff (2008)

"We are concerned with not only the conscious aspects of their bond but also the internal object relations operating through mutual projective identification processes in the partners' unconscious minds." Scharff and Scharff (2008)

"Once the shape of the couple's experiences declares itself, the therapist takes hold of it, interacts, shares the experience, and puts words on it.

**Individual Therapy**

Object Relations Theories focus on developmental issues that occur earlier than the events—like the Oedipal Conflict—what cause problems for more functional individuals.

**Character Pathology**

The problems, related to failing to successfully merge the split good and bad object and self representations, are reflective in:

- more unstable interpersonal relations
- fragmented self image
marked impulsivity
frantic efforts to avoid real or imagined abandonment.

Otto Kernberg approach has two features: Transference interpretation limited to the "'here and now' without attempting to achieve full genetic reconstructions" and "the systematic resolution of the constellation of primitive object relations activated in the transference." (Kernberg, 1976, 161)

Positive Transference

The goal of this therapy is the gradual integration of self-images and objective images into more realistic internalized object relations and advanced types of transferences.

"I [had to be] . . .as careful as I [could] . . .not to make a comment [expressing his or her own feelings of exasperation] when I felt so frustrated or angry [at a patient] that I could not say for sure whether I was motivated by the need for clarification or by my need to get rid of my feelings. In other words, I tried to intervene only when I felt concerned for the patient and yet objective enough to feel that I could present to him this
pictures of a disastrous relation—or lack of relationships—between us." (Kernberg, 1976, p 176)

The therapist is working to reduce splitting and promote the bounding of good and bad experiences.

**Heinz Kohut**

**Self Theory.**

**Narcissism**

**Self-Objects.**

While Kohut as reformulated the traditional psychoanalytic theory, the therapy is anchored understanding in the patient's unconscious and the position that the course of the person's issues are found in early childhood.

Tools in treatment: free association, dream analysis and analysis of the transference.

Unique to this analytic model: **empathy**
Forms of transference identified by Kohut

Mirror transference
Idealizing transference
Alter-ego transference

Like other forms of psychoanalysis the "evidence" of its efficacy is anecdotal—that is based on the reports of the analyst.