

return for session after session and most probably would report her as being most helpful. I'd be interested in exploring what they find helpful. Also, what does this persistence with therapy suggest about their relationship with hope? Would someone who was totally taken

over by hopelessness continue to seek help? What qualities are they drawing upon within themselves which enable them to continue to search for something better in their lives?

'Yes, and ... ': An Object Relations Response

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A notable feature of Nancy Cogan's paper is the frankness and courage she brings to her discussion of the therapeutic and ethical dilemmas raised when working with a particularly difficult group of clients. The group Nancy describes are indeed difficult. All are unwilling partners in a separation, have been violent or have a potential for violence, and present with a need to rehearse and re-rehearse their own view. As Nancy describes it, these clients seem to have lost their capacity to listen or to think about what is happening to them.

An object relations therapist generates hypotheses by gathering information about the client's early life experiences. This knowledge can give meaning to current life situations as well as to what is happening between client and therapist. Exploration of Paul's circumstances for example, might include the following questions: 'What was the nature of Paul's relationships with his parents? How did he react to their loss? How did Paul and his parents deal with the death of his brother?

For an object relations therapist, transference-countertransference (TCT) dynamics are pivotal in understanding how unconscious dynamics are re-enacted within the therapeutic relationship (Stiefel, Harris and Rohan, 1998). An object relations perspective uses the TCT in order to give meaning to what is happening. The therapist's feeling and thinking self is the instrument used to understand what is happening in the interaction, the space between client and therapist. Nancy introduces us to the TCT experience with Paul immediately when she says:

I've heard this before, and before ... whatever I did, it had no impact. I've tried interrupting, I've tried hearing him out, I've tried—I'm feeling helpless ... must be paralleling how he's feeling. How can I use that?

In object relations terms this is rich material for TCT: an unconscious communication from the client which is projected into the therapist. Nancy is feeling stuck

and there is a sense of desperation about getting out of the 'stuckness'. Unlike the client who seems to have lost his capacity to think, the therapist is desperate to use her capacity to think. She does this by turning to the literature on gender issues, de Shazer's classification of clients and trauma theory. It is in the trauma literature that Nancy observes that instead of recovering from the trauma of separation these clients seem to be 'stuck' in it. What is happening? How can the perceived 'stuckness' be understood?

The perceived stuckness can be understood as an unconscious re-enactment of an earlier scenario in which the clients themselves experienced a state of desperation, confusion, helplessness, anxiety and insecurity. This could describe the early attachment experience. The TCT with Paul for example, suggests that what the client is experiencing is a state of fusion with the therapist. This would explain the inability to listen to the therapist and the repetition: in Nancy's terms 'the need to rehearse their own view'. Any interruption in the form of words which challenge the client's experience represents a threat to this desired fusion and results in a terror of separation. In object relations terms the therapist could understand the client's communication in the following way:

I want to be separate but it is too threatening. I am used to someone containing my unwanted feelings about being a separate person and I hate them for having left me in this state to deal with my own feelings. I will do anything I can to make it difficult for my ex-partner [therapist] because it's their fault for making me feel the way I do. At one level [consciously] I want to move out of my stuckness but at another level [unconsciously] I want to stay stuck because then I don't have to recognise my need to be separate, which brings up feelings of confusion, insecurity, desperation and abandonment.

The 'stuckness' represents a defensive picture of self in the unconscious mind in which the 'other' is essential in order to avoid feelings of overwhelming abandonment. Self as separate is unconsciously perceived as a terror that cannot be described in words. Winnicott describes this state as a state of 'unintegration' (1976: 44), a feeling of total disconnection from anyone or any-

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thing. One way of defensively coping with this fear is to stay stuck in a relationship (as with the therapist). 'Stuck' means that there is no change and therefore no separation. Another defence against this feeling is 'disintegration' (Winnicott, 1976: 61) in which the clients act to create disruption. In these particular instances the disruption is in the lives of those who have caused the separation, namely the ex-partners. This creates an illusion of control in the face of overwhelming helplessness. In this context, an exploration of the client's early childhood experience is essential. What was it in their background that inhibited the development of a secure, separate identity?

In object relations terms, both therapist and client are 'stuck' in a projective identification. For the therapist, being in this state can be potentially overwhelming. What is projected into the therapist is the client's desire for fusion and the concomitant fear of change. The therapist may unwittingly collude with the client's projection in order to protect them from the 'trauma' of being separate. What is necessary at this point is to give

feedback to the client about what is happening in the therapeutic space. An example of this might be:

We seem to be stuck as if nothing I say has any impact. It feels like you're not listening to me, as if my words could be threatening to bear. Do you also feel stuck? What is it that we are not understanding? I feel like you really want me to understand something. What is it that you want me to understand?

The extent to which the client can progress therapeutically is dependent on how s/he responds to such feedback over time. Such confrontations in the face of perceived threat can only be therapeutic within the frame of a secure therapeutic relationship and in consideration of the client's capacity and willingness for change.

References

- Stiefel, I., Harris, P. and Rohan, J., 1998. Object Relations Family Therapy: Articulating the Inchoate, *ANZJFT*, 19, 2: 55-62.
Winnicott, D. W., 1976. *The Maturation Processes and the Facilitating Environment*, London, Hogarth Press.

LETTER

Dear Editors,

I am one of three trainee Family therapists. We finished our diploma in September and hopefully start our MSc in January 1999. We are all part time students at Southampton University.

The interest in Family Therapy here in Jersey, was started by Richard Jones, a Psychologist. He invited his old tutor, Ros Draper, to do some training. Initially with 28 people. Four years down the line, three of us are left in Jersey and four in Guernsey (one of the other main channel islands).

Late last year Richard, his wife Susannah and their new son, moved to Mackay in Queensland, so we now feel we have a direct link with Australia. His e-mail address is RGJones@health.qld.gov.au

We are trying to set up a stand alone Family Therapy Service and get someone to pay us. In a medically orientated Mental Health Service, this is proving to be very difficult. If you have any ideas on offer on how best to sell family therapy, or know of anyone who has set up a service in a population of 80,000, I would be delighted to hear from them.

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