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## REFINDING THE OBJECT AND RECLAIMING THE SELF

by *David E. Scharff*

Northvale, NJ: Jason Aronson, 1992, xviii + 364 pp., \$50.00

### SCHARFF NOTES

A Primer of Object Relations Therapy

by *Jill Savege Scharff* and *David E. Scharff*

International Object Relations Library Series. Northvale, NJ:

Jason Aronson, 1992, xxii + 215 pp., \$20.00 paper

*Reviewed by* Stephen Soldz, Ph.D.

Forty years ago Jacobson started the infiltration of object relations theory into this country by treating object relational themes within the then prevalent American ego-psychological paradigm. Kernberg integrated the British object relations (especially Kleinian) concepts with the ego approach, while others integrated object relations concepts with interpersonal theory. Kleinian con-

cepts have recently gained currency even among the mainstream psychoanalytic community, not to mention those psychologically oriented cultural critics not currently under the influence of Lacan. Winnicott has practically become a cultural hero, being one of the few psychoanalysts to be pictured in the *New York Review of Books*. Now we appear to see the return of Fairbairn as a major figure in psychodynamic thinking.

The books under review are among a number that have come out in the last few years that appear to be aimed at creating a pure object relational approach to treatment based mainly on Fairbairnian concepts, leavened a bit with ideas from Freud, Klein, and Winnicott. The longer book, by David Scharff, is intended as a theoretical work on the role of internalized object relations—as expressed through interactions with significant others—on the development of the self. The other book is aimed at introducing object relations theory and therapy to a broad audience, including undergraduate and graduate students and beginning trainees in the mental health professions. Unfortunately, in my opinion, both books fail in their stated aims, although *Refinding the Object*, in particular, may be useful for purposes other than those stated.

What is most distinctive about the Scharffs' approach from the clinical angle is their willingness to use and integrate various modalities of treatment, including individual psychotherapy and psychoanalysis, couples and family treatment, and sex therapy. In their work they frequently change, add, or drop modalities. For example, an initial family assessment session may lead to individual sessions for a parent and a child concomitant with couples treatment. Later, family sessions may replace those with the couple. In their willingness to mix and switch modalities, the Scharffs' are more similar to certain nondynamic therapists than they are to an orthodoxy that has usually viewed treatment of multiple family members in distinct modalities as a transference-countertransference nightmare. These more orthodox therapists would routinely refer to other therapists should a need for an additional modality, or even for individual treatment for another family member, arise. For the Scharffs, the emphasis on the interac-

tional expression of internalized object relations through projective identifications seems to lead to the conclusion that seeing multiple family members in various combinations is likely to benefit all concerned. Object relations therapy is considered to be the preferred combination of the "depth" orientation of psychoanalysis and the "surface" orientation of family treatment.

While in basic agreement with their position regarding the combination of modalities, I wish that they had argued its benefits more. I work with many colleagues who are astounded that I would see the same patient in individual and couples treatment and would welcome a reasoned argument regarding the benefits of this type of approach. The Scharffs seem, however, to wish to ignore how controversial this approach is in many quarters. Their books would also benefit from a discussion of the dangers inherent in this approach, as well as a consideration of when combined treatment is contraindicated.

The book by David Scharff makes a clinical contribution by distinguishing the contextual transference from the focused transference. Contextual transference consists of the patient's reactions to the therapist as the creator of a holding environment. It consists largely of the expectations of the therapist brought by the patient into the therapy and is similar to patient contributions to the therapeutic or working alliance. The term "contextual transference" seems a useful one to refer for this aspect of the transference relationship. The term has the advantage of reminding us that these general expectations and fears are (at least partly) the creation of the patient, but that they are not identical to the more focal transferences of classical theory. The latter are explained by Scharff as projected repressed bad object relations. Early in treatment, he believes, therapists should focus primarily on the contextual transference; this appears to be solid clinical advice.

*Refinding the Object* consists largely of detailed case vignettes, with discussion of the therapist's countertransferences and thinking processes. These vignettes are notable in several ways: While obviously edited, they present much of the material in the patients' and therapist's own words, allowing readers to make their own judg-

ments, while giving a sense of the actual clinical material to which various theoretical concepts apply. Further, it is pleasant to see a therapist who is not omnipotent and does not understand everything about his patients during the first session. Scharff gives good illustrations here of the transference-countertransference process that occurs in all real cases. These case examples can thus be valuable to students trying to relate the rarefied constructs taught in theory courses to the actual experience of being with patients who seem not to talk in our lingo of part object relations, selfobjects, libidinal cathexes, or what have you. The examples can also reassure us that having feelings while with a patient is not a sign of pathology but of good functioning. While much clinical literature—beginning with Winnicott, Searles, and Spotnitz—has emphasized this point, all too many of the published examples are so dramatic in nature that they can only leave a trainee feeling inadequate in contrast. It is these case examples that may make the book useful to trainees trying to learn about these concepts. I think that those interested in theoretical developments will be disappointed by this book, however. Despite the jacket hype about "groundbreaking study," those who are already immersed in psychoanalytic theory will not find much new.

*Scharff Notes* is intended as an introductory guide to object relations theory. It is organized in a question and answer format. Sample questions include, "What is the object relationship of the central self in consciousness?" (p. 27) and "How does the dream reflect the beginning therapeutic alliance, the contextual transference, the intrapsychic structure, and the countertransference?" (p. 117). Each question is then briefly answered in one or a few paragraphs. These do not seem to me to be the type of questions likely to be asked by the target audience for the book. I, for one, found the style irritating and condescending. Furthermore, the more abstruse theoretical concepts are dealt with in the first 100 pages with virtually no clinical referents provided. I can't imagine that most undergraduates, graduate students, or beginning trainees would get much out of this discussion unless extensive illustrations are provided. Unfortunately, despite some brief case material presented

in the latter half of the book, unsophisticated readers would have to turn to other books by the authors to have any idea what is meant by the concepts. I would suggest that teachers wanting to expose their students to object relations concepts select material from *Refinding the Object*, rather than assigning *Scharff Notes*.

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