Contemporary Freudian perspectives have increasingly recognized the critical role of a real (non-transference) object relationship between analyst and patient. The nature of the dyadic relationship is still controversial and unsystematic. Within a contemporary Freudian perspective it differs from conceptions of it in relational-interpersonal, inter-subjective and self psychological orientations. In addition within some current Freudian views, the idea of a real treatment relationship is seen as harkening back to a form of “hypnotic suggestion,” or a variety of “parental corrective emotional experience.” This course will attempt clarification and systematization of the analytic boundaries and definition of the psychoanalytic real object relationship within a contemporary Freudian perspective.

A full grasp of the elements of the real treatment relationship becomes a powerful analytic capability. Its exercise increases the patient’s sense of safety, provides a foundation of real and intense emotional connection and attachment, reduces destructive ruptures in the treatment alliance, and makes the inevitable destabilizations of the sense of personal cohesion and identity more tolerable. These achievements are possible without the insertion of the analyst’s “real person” or his real “humaness” which can short-circuit full evolution of deep transference and analytic regression.
N.Y.U. Postdoctoral Program

The Therapeutic Object Relationship in
Psychoanalytic Treatment

Syllabus and Readings
Fall, 2014

Instructor: Mark Grunes, Ph.D.

1. The Overview of Major Components of The Therapeutic Object Relationship

Session #1. Object Relations and The Developmental Perspective.


Focal Topics: From intra to inter-psychic. Interpretation vs. Relationship. Analyst as environmental provision. Therapeutic object relationship in early ego states. Pre-object transference as real relationship.

Session #2. The Role of the Object in Ego Maturation, and the Therapeutic Object Relationship.


Session #3. The Analyst as Person.


II. Trauma: Origins and Therapeutic Approach

Session #4. Primitive Communication as Sequel to Preverbal Trauma.


III. Special Relational Aspects of Therapeutic Process: and Therapeutic Regression

Session #5. The Holding Environment.


Focal Topics: Countertransference as disruption. Dyadic aspects. As primitive communication. As projective identification. As analyst’s emotional participation. As unconscious communication between analyst and patient. Intense and extreme forms: love and hate, sadistic and masochistic.
Focal Topics: When and how much disclosure. Advance or error. Tacit disclosure. Explicit disclosure. Patient need to “know” the analyst and know about the analyst. Relation of disclosure to neutrality and anonymity. The analyst’s need to disclose himself. Iatrogenic restriction upon self disclosure. Self disclosure and mutual emotional participation.


Session #7. Narcissism. I.


Narcissism II. The Kohut-Kernberg Controversies.


Session #8. Masochism; and The Negative Therapeutic Reaction.


The Negative Therapeutic Reaction.


Focal Topics. Primitive unconscious guilt. Endless reparation; enactment and terror. Terror and hatred for object need and object love. Failure as self affirmation. Fear of enslavement to the analyst. Reparation as guilt, as need to love and repair. The patient's goal of interminable analysis. Creation of despair in the analyst. Need to arouse the analyst's sadism. Location of sanity in the analyst. Enthrallment to sadistic part of the self, which dominates and imprisons. Communication of despair for masochistic purposes. Masochistic excitement.