



ORIGINAL ARTICLE

## The role of social objects in the constitution of the mind

O papel dos objetos sociais na constituição da mente

La función de los objetos sociales en la constitución de la mente

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### Abstract

The theory of object relations is fundamental to the psychoanalytic understanding of the development of the mind. The initial relations with caregivers are introjected as patterns of relations containing the self, the object (the other) and the related affects, and are repeated throughout life. The way of dealing with relations (defense mechanisms), the ability to accept the good and bad aspects of the self and the other, and the level of independence are also entailed in the initial experiences. In this article, we propose there is another order of objects that is internalized during development, following a pattern that is similar to that characteristic of the relation with the caregivers. The individual also introjects "society" as an object: self + social object + affects and defenses related to the pattern of the relationship. The relation with this object that represents society is experienced as if it was a human object, being part of all sorts of events in the internal world. The definitions and specifics of the concept are presented, along with its clinical relevance and possible applications.

**Keywords:** Psychoanalysis; Psychodynamic Psychotherapy; Object Relations; Society; Development; Social Object.

## Resumo

A teoria das relações objetais é fundamental para a compreensão psicanalítica do desenvolvimento da mente. As relações iniciais com os cuidadores são introjetadas como padrões de relações contendo o self, o objeto (o outro) e os afetos relacionados, sendo repetidas ao longo da vida. O modo de lidar com as relações (mecanismos de defesa), a capacidade de aceitar os aspectos bons e ruins do self e do outro e o nível de independência também são desenvolvidos, a partir das experiências iniciais. Neste artigo, propomos uma outra ordem de objetos que é internalizada durante o desenvolvimento, seguindo um padrão que é semelhante ao característico à relação com os cuidadores. O indivíduo também introjeta a “sociedade” como um objeto: self + objeto social + afetos e defesas relacionadas ao padrão do relacionamento. A relação com esse objeto que representa a sociedade é vivida no mundo interno como se fosse um objeto humano, fazendo parte de toda dinâmica peculiar a essa realidade. As definições e especificações do conceito são apresentadas, juntamente com sua relevância clínica e possíveis aplicações.

**Palavras-chave:** Psicanálise; Psicoterapia psicodinâmica; Relações objetais; Sociedade; Desenvolvimento; Objeto social.

## Resumen

La teoría de las relaciones de objeto es fundamental para la comprensión psicoanalítica del desarrollo de la mente. Las relaciones iniciales con los cuidadores se introyectan como patrones de relaciones que contienen el yo, el objeto (el otro) y los efectos relacionados, e se repiten a lo largo de la vida. La forma de tratar las relaciones (mecanismos de defensa), la capacidad de aceptar los aspectos buenos y malos del yo y del otro, y el nivel de independencia también están implicados en las experiencias iniciales. En este artículo, proponemos que hay otro orden de objetos que se internaliza durante el desarrollo, siguiendo un patrón que es similar a lo característico de la relación con los cuidadores. El individuo también introyecta la “sociedad” como un objeto: self + objeto social + afectos y defensas relacionadas con el patrón de la relación. La relación con ese objeto, que representa a la sociedad, es vivida en el mundo interno como si fuera un objeto humano, haciendo parte de toda la dinámica peculiar a esa realidad. Las definiciones y especificaciones del concepto se presentan, junto con su relevancia clínica y posibles aplicaciones.

**Palabras clave:** Psicoanálisis; Psicoterapia Psicodinámica; Relaciones de Objeto; Sociedad; Desarrollo; Objeto Social.

## A Review of Current Theory

Alongside concepts derived from ego psychology, i.e., defense mechanisms, the theory of object relations is fundamental to the psychoanalytic understanding of the development of the mind. If, for the ego psychology the object (“the other”) serves as a means to discharge the impulses, having a secondary role, the theory of object relations holds that impulses arise in the context of an interpersonal relation (i.e. baby / caregiver), and it is not possible to separate these two components. For some authors, such as Fairbairn, the impulses would be primarily oriented to the search for the object, and not the reduction of tension<sup>1-3</sup>.

From the anthropological point of view, the structuring of the mind around maintaining the relationship with the object makes a lot of sense in the human species, which needs an “other” to provide for its basic needs, whether for physical or psychic survival, over a long period. From developmental research, theorists like John Bowlby have developed the attachment theory, according to which the human being is born with an innate system of seeking the caregiver in situations of danger. Hostile and / or negligent early environments would destabilize the attachment system, leading to dysfunctional relationship patterns in adult life with their neurobiological correlates<sup>4</sup>.

Initial relationship patterns tend to be repeated throughout life, being recorded in memory as relationship models and their associated affects. In the same individual, different models are more or less prominent depending on the intensity and context in which they were experienced in childhood. Following Ogden’s proposition, initial experiences in the relationship with caregivers are internalized as different sets of object relations consisting of the representation of the self, the object, and the associated affects<sup>5</sup>. The relation between the two parts – the “I” and “other” – and the affection that binds both are internalized as units of memory, as possibilities of relations. These patterns persist throughout the lives of individuals and tend to repeat themselves.

In expecting to find internalized childhood relationships, the individual reproduces them, tending to provoke in the objects, throughout life, reactions similar to those of their infantile history, thus perpetuating the pattern. These models, therefore, also repeat in the transference, awakening in the therapist / analyst the associated feelings (countertransference). These repetitions can even lead to enactments of infant relationships and patterns, “staging” the primary relationships in the analytic field. It is important to note that many authors argue that enactments are often the only possible way of communicating aspects of patients’ very early relationships, especially in traumatic contexts, since memories are not available in the form of narratives, and can only be communicated “from unconscious to unconscious”. It is worth mentioning that communication from “unconscious to unconscious” was already mentioned by Freud, and that the developments of neuroscience already allow us to identify some of the areas and mechanisms involved in this process as the mirror neurons, the right brain hemisphere, amygdala and their related neural pathways, implicit memory systems, and so forth<sup>6-9</sup>.

Also of fundamental clinical relevance are the concepts of schizo-paranoid position (SPP) and depressive position (DP), introduced by Melanie Klein<sup>10</sup>. The baby’s mind, in its early stages, to account for the aggressive

impulses, separates them from the loving impulses in both the self and the object. This results in the good self and the good object, and their counterparts – the bad self and the bad object – which contain and are the target of aggressive impulses. It is a task of development to account for the fact that “good and bad” exist concomitantly in the self and in the object, with the consequent mourning for the ideal self and for the ideal object –constituting the depressive position (DP). Although characteristic of the first months of life, the process of coming and going between SPP and DP occurs dynamically, to a greater or lesser extent, throughout the life of all individuals.

The way of dealing with the internalized relation patterns and associated affections – defensive style – is also characteristic, coming to the fore in the context of the therapeutic relationship<sup>11</sup>. Patients with borderline structure of personality, for example, tend to oscillate between idealization and devaluation of the therapist, sometimes in a very abrupt way, using massively projective identification. Patients with a narcissistic structure tend to devalue the object in order to maintain / regulate their self-esteem, based on the fantasy of an idealized self. Neurotic patients can deal with relationships with the predominance of more obsessive, hysterical, phobic mechanisms, and so on.

Another fundamental point in the development of individuals is the separation / individuation process<sup>12</sup>. From birth, the subject goes through different stages in which, first, he must distinguish between “I” and “other”, then to separate what is “mine” and what is “others” and, finally, to acquire a sense of independence in which there isn’t the fantasy / anxiety that a specific other is required for surviving. The individual, by reducing the degree of projections, becomes responsible for his own destiny, recognizing the limitations of objects, giving up the attempt to control them, perceiving in an integrated way “positive” and “negative” aspects in themselves and in the other, as well as the limitations of reality, being better able to take advantage of it.

The revival and elaboration of the infant patterns in the therapeutic relationship and the acquisition of healthier models of relation and forms of adaptation to reality are central to the psychoanalytic technique. Understanding the transference relationship as a reissue of internalized patterns, recorded in the neural networks of the patient, and working these patterns in the context of therapy, is a central tool.

### **The social object**

In this article, we propose there is another order of objects that is internalized through the development of the individual, following a pattern that is similar to the one characteristic of the relation with the caregivers (“person objects”). The individual also introjects “society” as an object: self + social object + affects and defenses related to the pattern of the relationship. A key point is that the individual experiences the relation with this object – that represents society – as if it were a human object, being part of all sorts of events in the internal world.

However, social object relation patterns take a complete form later in the development than the person objects. Being first introjected through identification with parents’ social objects, they are further defined from

social experiences and from the contact with a particular culture. The social object tends to be more stable, being related to culture, common values and particular roles expected for an individual, regarding gender, race, social position, background, place of birth and so on. Being more constant than the way parents relate to the child, its representation tends to be more “fixed” and to have less variations. As in any object relation, what is introjected is a perception of the person, containing a more or less distorted introjection of reality.

Later in the development, social objects may be used to project conflicts with person objects – i.e., the individual stops blaming the parents and instead blames the social object regarding primitive conflicts and deficits. In the latter case, although the person object relationship is being relieved with the social object, it is distinct from it because the social object relation retains its structure.

A particular property of the social objects is a tendency of creating common social objects that are “shared” at some degree among people with the same characteristics. This is so cause a particular group tends to have a common expectation about how a social object (i.e., a institution, a government, even a country) would react to them – of course, though, with particularities pertaining to the history of each individual. It is very important to note, however, that we can’t apply the concept to persons or groups of people, pointing to them as a social object. A social object is always related to a representation of the society and /or its representatives. It is an abstract concept perceived as a person in the internal world. Therefore, although the subject reacts to the object with the whole spectrum of affects and defenses, as if it were a person, the social object will never react like a person in the external reality – which gives some of the particular attributes of this kind of object relation.

Undoubtedly there is some overlapping between social objects and the relations with the primary “human” figures (person objects) – i.e. mother and father, which also, by the way, have some overlap with each other in terms of more or less similar memories and affective triggers. However, the social object has unique characteristics that rely on expectations, desires, anxieties and fears that are directed to and projected into the society. It is important to note, though, that even having its particularities, social objects are part of the internal world along with other objects (models of relations that interacts in a dynamic and continuous way).

### **The social object in the clinic**

One of the reasons for the importance of introducing the social object in the object relation model is that one can examine it, as with any other pattern of relation in the therapeutic setting, as having every feature other object relations have. Defenses, such as denial, affect isolation, splitting, projective identification and so forth, are used to manage the social object relation and the affects related to it.

One point of particular interest is the dynamic between the schizo-paranoid position (SPP) and the depressive position (DP). In the case of the relation between the self and the social object, the possibility of passing from the SPP to the DP is central. Therefore it is possible to better accept aspects felt as positive and negative in the social reality, allowing giving up omnipotent fantasies of modifying it, to the detriment of the

wealth of the person's internal world. It is fundamental, for example, that the patient discontinues experiencing different aspects of reality (social object) as persecutors in a fanciful way. One also can attribute to the social object, in a mistaken or overvalued way, the impediment of his/her own personal growth and progress.

When a primitive pattern of relation prevails, the self becomes impoverished, lacking some of its resources to adapting to reality, and creates, by projecting unwanted parts, and sometimes their capacities, into the social object. The individual can, for example, crave for solutions that come from society in a way analogous to what the child expects of the idealized caregiver. In this sense, the subject may be paralyzed at any stage of development in relation to their relationship with social objects. Thus, both conflict theory and deficit theory find expression in the relation of the self to the social object, depending on the individual's constitution and experiences.

Another important point is that social object relations also find expression in the transference, and can be elaborated through it. In addition to the relations with the initial caregivers, the individual needs to elaborate in the treatment his relation with the social object, to be in full power of his capacities, creativity and all range of emotions, freeing himself from the bonds of primitive projective mechanisms that impoverish the self. It is important to point out that, contrary to what one may think, the individual does not become less active in society; on the contrary, by releasing himself from childish expectations and anxieties in relation to the social object, he can interact and intervene in society in a more realistic and effective way, overcoming fears and idealizations. The individual therefore obtains more clarity as to what the narrative of society is and what their own values and objectives are.

Furthermore, understanding the social object as one of the characters of the internal world can be very useful clinically for understanding the subject's involvement with institutional issues, policies and/ or social causes in general. Therefore the individual can engage in them without being taken by infantile fears and anxieties that restrict the capacity of a vision that can encompass the virtually infinite complexity of social phenomena. In this way, the individual enables a social action, on the one hand more effective and, on the other, less distressing. Also, the inclusion of the social object can be a way to bring object relations theory to the social context, using it to explain and to deal with political and social phenomenon, such as immigration and extremisms. Also, what happens when an individual leaves one context and goes to the other?

Additionally, many aspects of the constitution of the self and self-esteem can have their comprehension extended, encompassing the relation with the social object. For example, a perception of devaluation can be introjected from the social object and become part of the self. This fact constitutes a relation in the inner world in which there is a devalued self and a devaluating social object, which does not accept the self for what it is. This unity of relationship appears throughout life with the individual alternating his role. Depending on the intensity of the devaluation, due to lack of choice, one of the possible defenses is the construction of self-esteem over this perceived lack of appreciation by the social object. This can lead to anger about the social object and the permanent feeling that the social object owes it something. Self can be frozen in a position where surviving by

dealing with the lack of recognition is its value, leading to particular configurations in the therapeutic setting, transference and countertransference, and to possible resistances that may be felt as intransposable.

## Conclusion

Certainly a lot has to be developed regarding the concept of social objects, and it has to be tested in its clinical usefulness. Our purpose in this article is not to close the question or even to present it as a ready concept, but to introduce the possibility of the concept's usefulness to psychoanalytic theory. Thus, different authors can work it out. It is worth mentioning that the development of the object relation theory to encompass the social component as an internal world character allows us to apply psychoanalytic understanding to various settings where it's contribution can be of great importance. In a world that is frequently "divided in two", mirroring the schizo-paranoid position, the contribution of the object relation theory to understanding how society lives inside people's minds can be a breakthrough.

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