# Impasse Clarification within the Transference-Countertransference Matrix

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**Abstract**

**This article describes a relational approach to deconfusion of Child-Parent ego state relational units, with particular emphasis on the client's experience of the impasse between him or her and the therapist in terms of the repeated relationship and the needed relationship. The repeated relationship represents the repetitive dimension of the transference, while the needed relationship represents the selfobject and developmental arrest facet of the transference. The author also makes reference to and differentiates the therapeutically required relationship.**

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In my clinical practice I have often noticed how an impasse gradually emerges in the therapeutic relationship between the client's view of me as the person he or she longs for me to be and perhaps who I am and the person the client is frightened I am or will become. This could be described, on the one hand, as the pull to repeat a script-based experience for the client through playing psychological games and, on the other, the longing for something transformative to occur that will replace what was missing developmentally. What comes alive in the therapeutic dyad is the therapist as the feared "bad" object and the therapist as the needed "good" object. When the client and therapist have reached the place of impasse (Bromberg, 1998; Goulding & Goulding, 1979), there exists a conflict in which both client and therapist experience energy equally in that which represents a reexperiencing of the repeated relationship and that which represents the needed relationship (Stern, 1994). Novellino (1985) touched on this process when he described a transference neurosis as a manifestation of a Child-Parent impasse in which the Parent is projected onto the therapist and an unmet need is present in the Child. He went on to describe how "the unsatisfied childhood need will be projected onto the therapist who will be experienced by the patient as the source of possible satisfaction of the need (positive pole of transference) as well as its frustration (negative pole of transference)" (p. 204).

In this article I develop Novellino's initial description and draw on the work of Stern to describe the way in which both poles of the relationship need to be worked with therapeutically.

## The Emerging Conflict

When clients first enter therapy they are not necessarily experiencing a conflict, although they may desire something different. The conflict will slowly emerge in the transference, and if the therapist works *within* the transference rather than *with* the transference (Little, 2005b), then the conflict will gradually become manifest in the therapeutic dyad. When this occurs, the conflict between the repeated relationship and the needed relationship can be addressed and the two aspects integrated. The advantage of working within the transference is that the feelings and fantasies are alive in the dyad of the client and therapist, including the therapist's feelings and fantasies. It is also the place where the past and present come together, with the therapist as both the needed and feared object. The therapist will, to some extent, both confirm and disconfirm the client's fears.

## Relational Schemas: The Internalization of Relationships

I will start by examining the internalization of relational experiences; this perspective on development constitutes a relational model of the mind. In their earliest experiences, infants grow, develop, and learn to relate to their environment and those who occupy it; they internalize those experiences as relational schemas (Žvelc, 2009). That is, we internalize the experience of the whole relationship with the

other, at a particular moment in time, as self-other relational schemas. These early internalizations are laid down in implicit memory.

Infants' early experiences vary in their affective intensity. During quiet periods that are less emotionally intense, they internalize their experiences in ways that do not have a major impact on their motivational systems (Yeomans, Clarkin, & Kernberg, 2002). That is, infants take in the environment largely through evolving cognitive learning. They also have more emotionally charged experiences, which are usually related to a need or a wish for pleasure or to a fear or a wish to get away from pain (p. 13). These are periods of high affective intensity, and when internalized as self-other relational schemas, they have an impact on the motivational system, that is, whether the infant learns to avoid or seek out people and situations. These emotionally charged periods are described by Kernberg (2004) as consisting of "peak affect states" (p. 9) and usually involve the "laying down of affect-laden memory structures and may facilitate the internalization of primitive object relations organized along the axis of rewarding, or all-good, or, aversive, or all-bad ones" (Yeomans et al., 2002, p. 15).

All-good refers to pleasurable, tolerable experiences that may be exciting but are also comforting and satisfying. These relational dyads involve an "ideal image of a perfect nurturing other and a satisfied self" (Yeomans et al., 2002, p. 6). All-bad refers to exciting but non-gratifying, frustrating, or rejecting experiences (Seinfeld, 1991). These relational dyads refer to a "totally negative image of a depriving or even abusive other and a needy, helpless self" (p. 6).

The early normal segregation that is implied by this formulation is motivated by the infant's incapacity to tolerate both good and bad experiences within the same relationship and the desire to protect the good from the bad. Therefore, the child feels that it is necessary to keep them apart to preserve the good relationship and protect it from the "danger of destruction by the hatred associated with the 'bad' ones" (Yeomans et al., 2002, p. 16). This process is independent of the parents' abilities to manage good and bad experiences and refers to the infant's developmental capacities. This conceptualization represents a reformulation of Mahler, Pine, and Bergman's (1975) symbiotic phase of development into what Kernberg (2000) calls "transitional symbiotic states" (p. 864).

**Ego State Relational Units**

If all goes well for the infant, and there is sufficient holding/containing from the environment and nothing untoward happens, then a process of integration will begin to take place. The infant will begin to combine the various internalized experiences into a whole. In doing so, the child moves from the realm of ideal, perfect providers linked to a good self and sadistic persecutors linked to a bad self to that of "good enough" self and other. This results, ultimately, in object constancy (Hartmann, 1964). However, because of the infant's relative immaturity, he or she may be unable to cope with the unsatisfactory and frustrating aspects of his or her experience and therefore cannot integrate them. Failure of integration may also be a result of the infant's or child's experience of primary caretakers who were not containing or holding but were overly aggressive or misattuned in some way. The predominance of aggressive internalized self-other experiences over idealized self-other experiences may also lead to a lack of integration (Kernberg, Yeomans, Clarkin, & Levy, 2008, p. 602). This lack probably accounts for my clinical experiences in which people present with ego state relational units that contain those experiences that were intolerable. These are replayed out of awareness as psychological games (Berne, 1964/1966). Those experiences that the infant can integrate result in the "conscious organization of experience" (Rubens, 1994, p. 166). Yeomans et al. (2002) wrote that in "children who go on to develop borderline personality disorder, this process of integration does not evolve, and a more permanent division between the idealized and persecutory sectors of peak-affect experiences remains as a stable, pathological intrapsychic structure" (p. 7).

The terms *tolerable* and *intolerable* are used here in a technical manner to refer to experiences that were either bearable or unbearable and does not refer to whether or not the child

had his or her needs gratified. What makes an experience bearable is a mixture of the child's capacities to integrate and the environment's facilitation.

Although we internalize every experience throughout infancy and childhood, not all seem to result in fixated ego state relational units. If there is a failure of integration, it is the intolerably exciting/disappointing and intolerably rejecting/attacking relational experiences that will be introjected and become fixated as Child-Parent ego state relational units (Little, 2006a). On the other hand, the tolerable good-enough experiences are integrated as relational schemas in the integrating Adult ego state.

Rubens (1994) referred to the intolerable fixated relationships as "structuring internalizations" and tolerable experiences as "nonstructuring internalizations" (pp. 164-165). This highlights that all experiences are internalized but only the intolerable and unintegrated become part of an internal structure. In transactional analysis, fixated structured internalizations result in script, which Joines (1991) referred to as a closed system. However, tolerable, nonstructuring internalized experiences would be integrated in here-and-now functioning and would be referred to as autonomy, which Joines described as an open structure; it would be seen as an aspect of an integrating Adult ego state. It is the closed system of structuring internalizations that form the foundation for characterological structures and defenses and consist of "defensive relational schemas" (Žvelc, 2009, p. 34).

Using the integrating Adult model of ego states (Erskine, 1988), I previously suggested that the Parent, Adult, and Child ego states are not just discrete states of the ego (Little, 2006a) but that the Child and Parent are linked by affect as relational units. The Child-Parent ego state relational units (Little, 2006a) consist of intolerable and/or traumatic experiences that have been introjected and fixated. These are unintegrated and not amenable to learning from experience. Rubens (1994) suggested that when "experience is intolerable and not amenable to integration and not permitted into consciousness then it is subject to repression" (p. 161). Summers (2009) described these unintegrated experiences as located in unconscious implicit memory. On the other hand, those experiences that have been internalized and integrated result in self-other relational schemas that are flexible, capable of evolving, and available for updating. These self-other relational schemas are seen as aspects of the integrating Adult ego state (Erskine, 1988). Summers (2009) described them as part of nonconscious implicit memory and consisting of "good enough self-other interactions" (Summers, 2010).

In summary, I am distinguishing between two kinds of relational schemas. On the one hand, there are those that consist of the internalization of tolerable, good-enough experiences in nonconscious implicit memory. These nonstructuring internalizations are an aspect of the integrating Adult ego state and represent autonomous, here-and-now functioning from an open system. On the other, Child-Parent ego state relational units refer to relational schemas that consist of intolerable experiences that are introjected, fixated, and subject to repression. These units "develop defensively in response to unbearable or unmanageable experience" (Summers, 2010, ). Such structuring internalizations are unintegrated and result in a closed script system located in unconscious, implicit memory and often forming the foundation for characterological structure and defenses.

### The Core-of-Pain, Defenses, and Clinical Assessment

In the process just described, intolerable, frustrating relational experiences are split off from those that are tolerable, and the infant gradually begins to forget, avoid, and eventually repress the former. The vulnerable dependent self becomes split off, repressed, and hidden from the defensive self that copes with the world.

Initially, when entering therapy, clients may present the therapist with a description of a painful trauma and also demonstrate how they defend against the pain. Driver behavior (Kahler with Capers, 1974), such as "pleasing people," may be used as a defense and a way of attaching to, and preserving, a primary relationship with an-other. Borrowing a term from Hinshelwood (1991), what is being defended

against is the "core-of-pain" (p. 172). This refers to the original relational trauma and/or deprivation that the infant experienced, which he or she tries to repress so as to control it and, by doing so, keep the other as good.

From this perspective, clinical assessment can be viewed as the identification of "pictures" of relationships (Hinshelwood, 1991) between the self and an-other. In the assessment of potential clients, it is helpful to focus on three areas of self-other relations to ascertain whether there is a common pattern.

First, clients usually describe their current life situation, including what brought them to therapy (which I describe as the *out-there* aspects). Second, they will also probably describe their early experiences of infantile/childhood self-and-other relations (the *back-there* aspects) (particularly because that is what many clients think therapists want to hear). Third, there is the manner in which they respond to the assessor and how the assessor feels and behaves in response (the *in-here* aspects) (Figure I). This third aspect may represent the beginning of the transference-countertransference relationship and may reflect the script protocol (Berne, 1961, p. 118).

These three self-other relational units may point directly to a core-of-pain or intolerable experiences with which the client is attempting to deal. The therapist may intuit, from clients' presentation, an ego image of their early painful or frustrating experience (Berne, 1961, p. 70). Alternatively, the situations that clients describe may refer to the kinds of self-other units used by them to evade their core-of-pain. These would be described as *defensive units*.

For example, Maxine, a young woman in her twenties, referred herself to me for an initial appointment. As with most clients, she started by speaking of what was going on in her current life (out-there element). Maxine spoke of her work and how she was occasionally anxious about talking to her colleagues. She said she was frightened they would be cross with and possibly reject her. In social situations, she often did not know what to do or say and found herself saying what she thought others wanted to hear. She sounded as if she was anxious in the presence of others and experienced them as critical, harsh, or even bullying.

As usual in an assessment session, I was relatively silent but attentive. Because of my behavior, Maxine appeared to have trouble trying to work out what I expected from her and, therefore, what to say to me. However, she did speak of a recent panic attack she had at home, before leaving for work. I wondered if she had

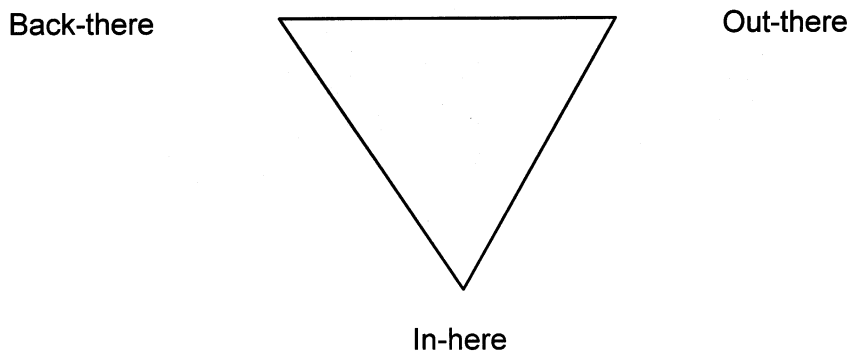



Figure I
Assessment Triangle (adapted from Malan, 1979)

been anxious before arriving for her appointment with me (in-here element and possibly the beginning of the transference relationship).

Maxine then described her mother as stern and cold, after which she seemed to have nothing more to say. This might have been demonstrating how she responded to her mother. I also wondered if she was experiencing my quiet attentiveness as stern and cold. She seemed charming and intelligent, and I found myself attracted to her, which I found uncomfortable. I suspected that being pleasing was her way of making a connection with me. I found myself wondering if I was going to be pulled toward pleasing her in response to her Parent/object (this constituted my early countertransference response).

As I usually do in an assessment session, I asked Maxine if there was anything else she thought I should know about her. She mentioned that as a child she was jealous of her brother, who suffered with a physical disability and had received more of her mother's attention than she did. She said she tried to be good so that she would be noticed, but her mother was only interested in her brother. Mother would scream at Maxine if she was not quiet, saying in an angry voice, "Haven't I got enough to deal with?" (back-there element, which might also have been an indication of Maxine's core-of-pain and difficulties around attachment).

The picture and ego image I had of this young woman was of someone who longed for attention but was frightened to be seen, who wore a variety of "outfits" in the presence of others in an attempt to offer a pleasing and acceptable appearance. Maxine's anxious self seemed linked to a harsh, cold, impatient other who probably expected her to disappear or be nondemanding and who would angrily reject any demands from her.

The assessment process may lead the assessor to formulate a notion regarding the point of maximum pain (Hinshelwood, 1991) or trauma. The way clients relate to the therapist, the stories they tell about their current life, and any references to their childhood give indications of their relationship with their internal objects, that is, between their Child and Parent ego states. Most clients come to therapy in the hope that someone will help them deal with their core-of-pain or early trauma that they carry inside. In an attempt to protect and defend themselves from retraumatization, they use certain ways of relating to evade the core-of-pain. People behave in these defensive, self-protective ways to avoid repeating painful earlier experiences, but they often eventually experience some kind of retraumatization (the game payoff as described by Berne, 1964/1966). However, what they unconsciously hope for is something different, something healing and transforming. It is as if they are looking for the good object that they believe is hiding behind the bad object, someone who will eventually transform their experience. Here we have a sense of both the needed relationship and the repeated relationship.

**Therapeutic Approach**

Berne developed transactional analysis as a therapeutic method for the social control of self-defeating behaviors through strengthening and decontaminating the Adult ego state. He undertook a further stage of therapy, deconfusion of the Child, through psychoanalysis on the couch. In *Transactional Analysis in Psychotherapy,* Berne (1961) wrote of using "structural analysis to decontaminate the Adult as a preparation for psychoanalytic treatment" (p. 173). He also wrote that "structural analysis is only the apple of which psychodynamics is the core" (p. 233).

Various techniques have been developed since Berne's death to undertake deconfusion of the Child ego state. I propose here not only deconfusion of the Child but of the Child-Parent ego state relational unit. In the tradition of Berne, I believe that the integration of transactional analysis, with its focus on communication and transactional patterns, and psychodynamic theory, with its focus on intrapsychic processes, the content of the mind, and transference phenomena, results in an effective way of thinking about in-depth, individual psychotherapy. My emphasis is on seeing the structure of the mind as made up of relational configurations, with both the therapist and the client bringing their particular minds to bear on the therapeutic dyad. This, in turn, gives rise to the transference-countertransference matrix, which consists of

cognitive and affective, conscious and unconscious elements (Maroda, 2004) and is unique to each particular therapeutic coupling.

The transference-countertransference matrix is not limited to a static configuration consisting of the projection and introjection of internal ego state relational units but also consists of a "dynamically progressive transference drama" (Berne, 1961, p. 174), one that unfolds within the therapeutic dyad.

As the therapeutic work develops, with the therapist offering an empathic and understanding relationship, the conflict/deficit that is part of the client's internal world begins to be stirred and activated. The therapist's stance of empathic inquiry and introspection (Lichtenberg, Lachmann, & Fosshage, 1992) and his or her presence begin to mobilize the previously repressed infantile self with its need for attachment. Working relationally, within the transference-countertransference matrix, enables the client to project onto the therapist aspects of his or her ego state relational units and the related conflict/deficit. The therapist thus becomes the needed other. Initially, the therapist may be the recipient of the client's projection of the exciting object, but inevitable disappointments usually lead clients to see the therapist as a frustrating and therefore bad object.

The therapist's continued and "sustained empathic inquiry" (Stolorow, 1994, p. 44), presence, and willingness to talk of the "unspeakaboutable" (Erskine, 1996) will mobilize the client's selfobject (Kohut & Wolf, 1986) and relational needs (Erskine, 1996). The more the therapist is experienced as the needed object, the more he or she becomes the feared bad object. The therapist needs to be able to tolerate being both the feared bad object and the needed other. If the therapist can tolerate this process, the client will be helped to experience both relationships.

When I speak of "object," I am referring to a person to whom feelings and actions are directed (Elliott, 2001). Blackstone (1993) suggested that the $P_1$ ego state is analogous to the object in object relations theory and that $C_1$ is analogous to the self. Likewise, in this article, when I refer to the object, I equate this with the Parent ego state in the conceptual model. Similarly, when I speak of the self, I equate it with the Child ego state.

The term *selfobject*, as Stolorow, Brandchaft, and Atwood (1995) wrote, refers to an object "experienced subjectively as serving certain functions, pertaining to the maintenance, restoration, and transformation of self-experience" (p. 16), which is how I use it in this article.

In summary, the therapist's presence mobilizes and activates the dependent self, with all of its longings and fears. Working within the transference results in the therapist being experienced as both the exciting/disappointing and rejecting/attacking object. In both instances, the therapist is experienced as the bad object. If the therapist manages to hold his or her stance and does not act out—but instead helps the client understand, symbolize, and make meaning of how the client and therapist are relating to each other and what that means for the client's internal world—then the therapist becomes a new object, one with whom working through is taking place. An impasse will probably be experienced within the Child ego state between the needed relationship and the feared relationship. The resolution will include the experience and expression of previously repressed feelings and needs within the therapeutic dyad.

In the therapeutic process, the therapist's own Adult relational schemas and Child-Parent units will also be activated. It is inevitable that the unconscious communication between client and therapist will not only mobilize the therapist's integrated experiences but also those that may not have been fully processed and addressed in his or her own therapy.

**Impasse Clarification**

The integrated relationally focused psychotherapy that I am describing here, consisting of a combination of transactional analysis and psychodynamic theory, focuses on intrapyschic relationships, both the client's and the therapist's, and interpersonal and intersubjective processes. The goal and method of therapy is to help clients to be aware of and, where appropriate, to transform their internal structure through the therapeutic relationship. The process begins with establishing an empathic and introspective stance, thus supporting the development of a

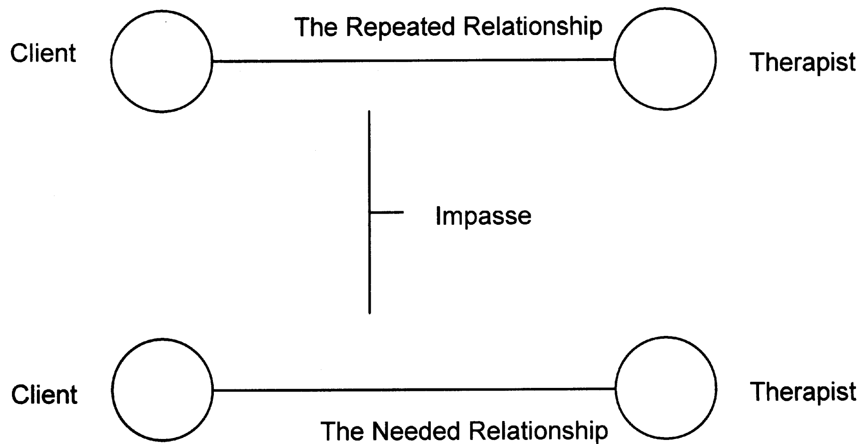
therapeutic alliance. This, in turn, supports the gradual emergence of conflicts/deficits and an impasse within the therapeutic dyad.

In this process, the therapist attends to the Adult ego state self-other relational schemas and the Child-Parent ego state relational units as they manifest in the therapeutic dyad, paying particular attention to the quality of affect. In so doing, he or she makes use of countertransference responses. Initially, clients describe experiences in their external world. Gradually, a transference relationship develops, and the focus shifts to the interaction within the therapeutic dyad, moving from back-there and out-there to in-here.

As the shift moves to in-here, the therapist listens to and reflects on the manner of the client's relating, gradually examining the nature of the self-other dyads that are active. Initially, as a result of the therapist's stance, the vulnerable part of the client, which has been wounded in some way, is awakened. The therapist's presence, attunement, and empathic understanding (Erskine, Moursund, & Trautmann, 1999) will be likely to stir relational, selfobject, and ego development needs previously sequestered. Alongside this reawakening of the possible satisfaction of the need will be the fears of frustration and retraumatization (Novellino, 1985). The impasse that eventually emerges out of this process occurs not only within the personality of the client but also within the therapeutic dyad, with the involvement of the therapist.

Interpersonally, the impasse becomes manifest as two types of transference-countertransference matrices: the repeated relationship and the needed relationship (Figure 2). A distinction between these was made by Mitchell (1988) when he described the relational-conflict (the repeated relationship) and developmental arrest model (the needed relationship). In the transactional analysis literature, Novellino (1985) referred to a transference impasse and the positive and negative poles of the transference. I have been exploring the notion of two aspects of the transference clinically since first mentioning them in my 2001 article "Schizoid Processes: Working with the Defenses of the Withdrawn Child Ego State."

Hargaden and Sills (2002) described a similar phenomenon in their influential book *Transactional Analysis: A Relational Perspective.* They wrote about three transference relationships: projective, introjective, and transformative. Introjective and projective transferences are akin to the repeated and needed relationships, respectively. Hargaden and Sill's description of the introjective transference (pp. 51-56) and countertransference (pp. 64-68) relied on Kohut's self psychology and the use of narcissistic selfobject transferences (Kohut & Wolf, 1986), particularly the idealizing and mirroring selfobjects. It does not make reference to other needed relationships that might support development and growth. In their formal presentation of their theory of "the dynamics of the relationship"' (Chapters 4 and 5), Hargaden and Sills do not mention a broader view of ego development and integration (Winnicott, 1965a), which would include the need to develop self and other boundaries. They also do not consider the acquisition of capacities that enable the individual to master his or her "impulses, to operate independently of parental figures, and control" his or her environment (Rycroft, 1968, p. 39) and to develop the capacity to mourn separateness from the object. This omission from the formal presentation of their theory is unfortunate. However, in their presentation of the clinical case of Beatrice, which is peppered throughout the book, the reader will find various references to other selfobject and ego development needs, such as the "adversarial selfobject" (Wolf, 1988, p. 67). This need is highlighted when the therapist realizes that Beatrice required a more adversarial position with her therapist (Hargaden & Sills, 2002, p. 67). Object loss and mourning are also mentioned in the last chapter, "How to Say Goodbye?" (pp. 187-199). However, if the reader is new to this theoretical material, these references may not be clear. Nevertheless, there is an enormous overlap between what I am describing in this article and Hargaden and Sills's three transference domains. I am presenting here a view of impasse clarification that is an addition to the three types of impasses described by Goulding and Goulding (1979).




1. The repeated relationship is potentially traumatizing, nongratifying, attacking, and/or rejecting and will be likely to evoke the defensive behavior. Stern (1994) described this relationship as consisting of the client's experience of the therapeutic dyad as "being organized in terms of familiar pathogenic relationship patterns," which may also include the exciting but disappointing object (Fairbairn, 1952; Little, 2001). The relationship usually involves the bad object, which Rycroft (1968) defined as the object the individual "hates and fears, who is experienced as malevolent" (p. 100) and persecutory. This pole of the transference is the source of conflict, with its expectation of selfobject failure (Stolorow et al., 1995). It is the repetitive dimension of the transference and often gives rise to the antirelational unit or the destructive elements. This relationship is akin to Hargaden and Sills's (2002) projective transference, and Mitchell (1988) described as it the relational-conflict transference.

2. The needed relationship, as Stern (1994) described it, consists of the client's experience of the other as a "self-facilitating object" (p. 317), including a desire for an object who can attend to the vulnerable self with its unfulfilled need for growth and development. This addresses a selfobject function that was "missing or insufficient during formative years" (Stolorow et al., 1995, p. 102) and represents the sought-after good object whom the client probably loves and that Rycroft (1968) described as the one "who is experienced as benevolent" (p. 100). This relationship may contain the unmet need for attachment and an empathic, attuned response that would constitute a secure base (Bowlby, 1979, p. 103) and gives rise to the relationship-seeking unit. This relationship is similar to Hargaden and Sills's (2002) introjective transference and what Mitchell (1988) referred to as the developmental arrest transference.

Figure 2
The Relational Impasse

I view their description as an intrapsychic, one-person psychology. In the process of redecision therapy developed by the Gouldings, the client is invited to reexperience an early scene while the therapist listens for a conflict between "self" and "not-self" (Stewart, 1989, p. 146). Not-self is usually an-other or a parent figure. Goulding and Goulding described impasses as intrapsychic conflicts between various ego states. Stewart (1989) described Type 1 and Type 2 impasses as a conflict between self and other and a Type 3 impasse as a conflict within

the Child ego state. The impasse is often between a defensive ego state and a previously disowned aspect. Mellor (1980) added a more thorough developmental perspective to the Gouldings' impasse theory. For the Gouldings and Mellor, the conflicts are intrapyschic. What I am proposing is an interpersonal perspective that entails working in the transference-countertransference matrix, thus drawing the intrapsychic into the interpersonal to work through the disappointment, frustration, and traumas of earlier relationship failures. From this perspective, the impasse occurs between two transference-countertransference relationships that involve two selves and two others, although the impasse may have been contained within the Child ego state.

**Case Example: Can My "Heaviness" Be Handled?**

I will describe an aspect of the work I undertook with Ruth, a woman in her late twenties who presented as depressed. We had been working together for 2 years, one session per week. What had gradually emerged in the therapy was her struggle with, on the one hand, her desire to be close to and trust me and, on the other, her long-standing defense of being independent and self-reliant, which defended against her core-of-pain (in-here aspect). She was also experiencing this conflict with her partner of 5 years, whom she was unsure whether to leave or not (out-there aspect).

She arrived at one particular session in a very low mood and started by stating in a flat tone, "I don't like myself." She was quite melancholic and depressed. She continued, "I want too much. I should settle for less," said with a critical tone toward herself. This statement was an expression of the part of herself that attacks her, that is, her critical antirelational ego state unit. She then spoke of how she struggled to connect with me but did not know how to, as if something profound was missing. She went on to speak of a precious part of her that she kept in a secret box at home and occasionally, if there was nobody around, she would take a peek at it. It felt for me that, in more recent sessions, she had allowed me to take a peek at her precious self. However, she kept this precious part hidden and would only sneak a look at it because she believed the whole world was hostile to her emergence. In wanting to connect with me, it was as if she wanted too much. It seemed to me that her need to connect—her dependent, relational-seeking self—was being kept in the box. This woman was someone I liked working with and whom I looked forward to seeing. I felt a corresponding desire to connect with her.

She continued by talking of her family; she felt on the outside, unconnected to them, with no sense of being a member. She felt that they did not care for her as she grew up and still did not. She suddenly became tearful and said, "I am damaged goods"; she held her head in her hands crying. It was as if the notion of damaged goods was an explanation to herself for the feeling of being on the outside of her family, an expression of the original wounding. At this point I felt deeply sad and felt the urge to comfort her. Although I was certain she heard the compassion in my voice, I was also aware that if I got too close, she might withdraw into her shell. I remained present and attuned, there to be discovered when she was ready.

In the previous session she had told me she felt a vague sense of being connected to me. She was beginning to allow her dependent self to emerge. However, previously she had tried to "kill off" her vulnerable/dependent part, because she was frightened of depending on being close to me or anyone else. Being close seemed to entail running the risk of experiencing surprises, which she wanted to avoid. I internally hypothesized that surprise equaled attack (this hinted at her core-of-pain).

I was, for her, someone who understood her and could handle her depression. I was also someone who might surprise her, who might get too close and metaphorically "touch" her in some way or even "attack" her. Her impasse was between the self that was fearful of retraumatization, on the one hand, and the need to be close and dependent, on the other. Both these aspects of her formed a relational configuration with aspects of me as her therapist. There was an aspect of me that felt connected with her, who enjoyed her and wanted to tell her of aspects of my life that would connect

with her. There were things we had in common. There were also times when I could feel uninterested in some of her stories, particularly when I felt envious of her talents and skills.

The part of her that wanted to attach to someone and be close saw me as someone who understood, who could handle her depression, and who did not retaliate or become masochistic. On the other hand, there was a part of her that tried to remain independent, experiencing me as someone who might not like or care for her and would attack her. In response to her self-reliant behavior in the sessions, I noticed that it was true that I did not like her at those times because she was independent and aloof. She defended against the possibility of me and others not liking her by encasing her vulnerability in a schizoid retreat. She lived in isolation, her house acting as a shell to protect her from a hostile world. In her mind, she kept her vulnerability in a secret box at the back of her wardrobe and took it out only on her own when she felt safe to do so. She also defended by listening to others and looking after them. If they inquired after her, as I did, she would be evasive to keep them (and me) away. When she did this in therapy, I felt irritated and occasionally commented on how she had shut me out and moved on, leaving me feeling excluded.

Once, when she thought she would have to stop therapy prematurely, she presented me with a fait accompli. She had not considered any alternative options but just said she would not be coming for the next few months while she sorted out her work situation. It was as if it would not matter to me one way or the other. I felt angry at not being given any notice or the opportunity to discuss the situation. My energy rose as we spoke, and I became more animated. It was quite apparent to her that I was angry, and she said she was surprised at my response. She said she had not realized that it would concern me whether she continued therapy. In that moment she experienced that she mattered to me, and we then managed to negotiate our way through the situation so that we could continue our working relationship.

At present, I am more or less a good object for her. Further down the therapeutic road, I will probably become more of a bad object and someone she hates. This will enable her to work through the negative transference and separate from me, which usually occurs naturally as the work progresses from the initial phase of establishing an empathic and understanding relationship to a conflicted relationship (Maroda, 2004). As the vulnerable self becomes mobilized, not only will the selfobject and relational needs (Erskine & Trautmann, 1996) continue to be stirred, the pain and rage regarding earlier traumas will also be stirred. In addition, there will be a part of me that will resonate with her bad object, and in some way I will inevitably behave as the bad object, an aspect of myself that I will need to face.

**Therapeutic Considerations**

An impasse occurs between the needed and repeated relationships when the two relationships emerge into conflict with each other within the therapeutic dyad. These two relationships constitute two transference-countertransference matrices (Figure 2), and both need to be worked with directly.

In a client with a primitive, borderline level of functioning (Kernberg, 1984), the impasse between the repeated and needed relationship in the therapeutic dyad manifests more as a struggle between the all-good self-other and the all-bad self-other relational units. The therapist would then need to address contradictory primitive ego state relational units, an incoherent sense of self and other, and impairments in affect regulation (Clarkin, Yeomans, & Kernberg, 2006). At this level of functioning, the impasse may emerge between a relational-seeking self and an antirelational unit. The latter will manifest more as a destructive aspect of the personality that wants to attack and destroy the link between the relationship-seeking self and the therapist, a destructiveness that may persuade such individuals that they are better off on their own rather than connected to the therapist.

What I describe in the remainder of this article is more relevant to therapy with someone with a neurotic personality organization than to someone with a borderline personality organization (Kernberg, 1984). Because consideration of the more primitive level of functioning is beyond the scope of this article, I refer the

reader to two of my previous articles (Little, 2005a, 2006b).

In psychological games (Berne, 1964/1966), there is always a repeated, self-defeating element, which is familiar to most of us as transactional analysts. There is the pull to repeat earlier traumatic relationships with a bad object that is either attacking and rejecting or exciting but disappointing. There is also the unconscious desire for a different response to these earlier formative experiences. This desire for the needed relationship may be identified through countertransferential feelings, associations, dreams, and fantasies accompanied by an understanding of the vulnerable relational self that contains thwarted selfobject, relational, and ego development needs.

When the therapist is the recipient of the bad object projection in the repeated relationship, a corresponding "bad" part of her or him will probably be stimulated because there is usually some aspect of the therapist that is similar to the projection. In fact, in my opinion, it is essential that a corresponding part of the therapist be stirred for the therapy to be effective. If this corresponding aspect is mobilized, it is often a shameful aspect of the process for the therapist, who may think, "Maybe the client sees me as bad because I am bad."

Therapists who can accept becoming the bad object for clients have the opportunity to create an environment in which the client can experience and express pain, frustration, aggression, and hate. This is best accomplished through working within the transference-countertransference matrix. The challenge for the therapist is to manage this without the collapse of a self-reflective space (Messler Davies, 2004) or Adult ego state. Messler Davies wrote that, as therapists, the challenge is to evoke a bad object relationship without concretely becoming the bad object (p. 714). In this way, therapists allow themselves be used by clients.

For Messler Davies (2004), a further challenge is to find a way "to evoke and manage the emergence of our most secret and shame riddled 'bad selves', our own and the patient's" (p. 717). These bad selves are the ones that are linked to a relationship with our bad objects. Messler Davies believes that it is these self states that "tyrannize us internally; who fill us with shame, self-hate, and self-loathing; who fuel relentless repetitions" (p. 717). To engage with this process in therapy is often difficult and challenging.

The client will project various ego state relational units into the therapeutic dyad and exert pressure on the therapist, through projective identification, to fulfill a particular role. On occasion, this oscillates, sometimes quite rapidly, between projecting a Child ego state and then a Parent ego state. If the therapist identifies with the projections, she or he will also move rapidly between various states in himself or herself. Racker (1982) described these identifications as concordant or complementary: concordant when the therapist identifies with the self state that the client is experiencing and complementary when the therapist identifies with the other.

One aspect of working with the repeated and needed relationships is identifying different self-states that in the recent and distant past may have been unacceptable and thus became dissociated from each other. The therapist "aims to help the patient eventually to accept the infantile wishful aspects of himself which have aroused painful conflict and have become threatening during the course of his development" (Sandler & Sandler, 1983, p. 422). That is, a major goal of in-depth psychotherapy is to help the client "become friends with the previously unacceptable parts of himself, to get on good terms with previously threatening wishes and fantasies" (p. 422). Feldman (2007) suggested that this will "diminish the need for denial, splitting and projection" (p. 374). The therapist also faces the challenge of acknowledging and accepting some of his or her own self-states that may have been unacceptable.

The use of interpretations with the repeated relationship offers a new interpersonal experience (Stern, 1994) that leads the client to experience the therapist as a new object. In the case of the needed relationship, interpretations may identify the developmental and selfobject functions served by the therapist. The therapist's attuned presence and interpretations will mobilize repressed selfobject needs and relational longings, with the hoped for idealized

object alongside the feared persecutory object. To some extent, the therapist will fulfill and frustrate both sets of expectations.

**The Therapist as a New Object: The Therapeutically Required Relationship**

I want to distinguish here between the needed and repeated transference-countertransference relationships, as described earlier, and the therapeutically required relationship. The latter can tolerate and respond to both the repeated and needed relationships, with the therapist being experienced as both the good and the bad object as well as the good and the bad self. The therapist will probably always have parts of himself or herself that resonate with both the longed-for good self-object unit and the feared bad self-object unit. Without this, projective identification would not work.

Tolerating and integrating both relationships requires a therapeutic stance that maintains "technical neutrality" (Clarkin et al., 2006, p. 74). This does not entail what is often called the "rule of abstinence" (Freud, 1915/1958), but it does involve not being invested in one relationship over the other. Instead, the therapist must be willing to work with and remain equidistant from both. Technical neutrality is an attitude of mind, a nonjudgmental stance, not a set of behaviors. At various times in therapy, one or the other of the two relationships will be dominant or need attention. When the therapist offers the required relationship, she or he will be working with both transference domains and will be at times feared and at other times longed for. For the sake of clarity, I am describing these two relationships as separate entities, but in clinical practice they are usually interwoven. In addition, technical neutrality (Figure 3) consists of balancing an attitude and stance between being perceived as both the new object and the old object (Greenberg, 1986). The old object is experienced as the bad object and contains the longed-for object, as if the longed-for object stands in the shadow of the feared object.

In these two transference-countertransference relationships, the client invites the therapist to repeat old experiences but also longs to be exposed to new experiences. The therapist will seem like someone from the past and then, at other times, like someone new. The therapeutically required relationship represents that which is appropriate for the therapist to provide. This is in contrast to what was needed from the primary caretakers earlier in the person's life but was missing, insufficient, or part of a traumatic experience. What was missing and/or never sufficiently provided will need to be understood and grieved. The therapeutically required relationship, sometimes called the "mutative transference" (Lindy, 2006), fills in "missing, damaged, or distorted elements in psychic structure so that enduring therapeutic change can occur" (p. 296).

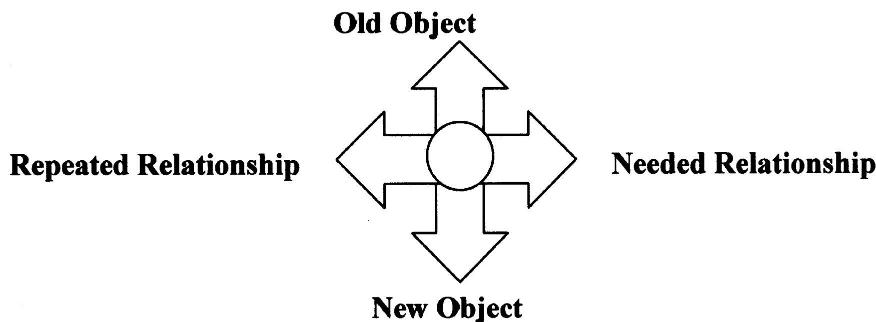



Figure 3
The Position of Technical Neutrality

As stated earlier, the therapeutically required relationship offers containment: holding as described by Winnicott (1960/1965b) and the container-contained process as described by Bion (1962). Ogden (2007) reminded us that Winnicott's notion of the holding that can be offered within the therapeutic relationship is, in effect, an illusion. Whereas maternal holding includes physically holding in a firm and tender manner, therapeutic holding is metaphorical and involves the therapist supporting the client's "going-on-being" (Winnicott, 1956/1984, p. 303). Bion, on the other hand, suggested that the therapist receives, through projective identification, the client's unconscious communications. Through reverie, reflection, and dreaming (Bion, 1962), these projections are transformed, which "render(s) them comprehensible" (Riesenberg-Malcolm, 1999, p. 161).

For therapy to work, the therapist needs to be experienced both as someone new and as someone from the past (Cooper & Levit, 1998). As I have written elsewhere (Little, 2001), therapists who tend to focus on the repetitive element of the therapy process, in the form of games (Berne, 1964/1966), may overlook how new capacities for relating are emerging out of the old. On the other hand, those who work within the relational model may be too quick to offer a new relationship, thereby defensively welcoming aspects of the new and, in doing so, seeking relief from the old, repetitive, problematic relationship with its games. We need to find a balance between these ways of working (Little, 2001, p. 41).

Through the therapeutically required relationship, the therapist provides a different relational experience from those that are feared or those that are longed for by clients. This process is challenging for both parties, and the therapist needs to use his or her countertransference response to inform and guide the therapeutic way of being with the client.

Clients need to discover themselves in the mind of another who is impacted by them and who responds accordingly. The adult, like the infant, needs to feel he or she is in the presence of a mind that can handle his or her feelings of love for the object and hate of it and who can help the person to integrate them. Once the conflict has emerged in the therapeutic dyad, the psychotherapist needs to support the integration of the two transference-countertransference relationships.

As Bollas (1987) suggested, clients are searching for a "transformational experience" that will enable them to understand and experience the repeated and needed relationships and to experience the therapeutically required relationship that supports integration and grieving. The therapeutically required relationship is not about gratifying archaic infant/childhood needs/wants (Cornell & Bonds-White, 2001). However, there will be some gratification, for example, when the therapist mirrors the client, serves a selfobject function, or is reliable and consistent (Erskine & Trautmann, 1996). In addition to being able to metabolize and transform countertransferential feelings and withstand attacks without retaliation or masochistic submission, the therapist must be able to handle erotic feelings and attachment needs as well as the aggression and destructiveness that will be stimulated in both the therapist and the client.

The therapeutic goal—the eventual integration of the two relationships, with their feared bad object and the longed-for good object—will also lead to the integration of the split self. This will result in the capacity to experience both love and hate, with the predominance of love over hate.

The therapist and client, each with his or her own Adult relational schemas and Child-Parent ego state relational units, meet and generate a unique interplay or coupling. In this process, eventually the two poles of the transference will emerge. The therapist's interpretation of the two poles places him or her as a new object, one that appears unique in its capacity to explore the relational dynamics and to help make meaning out of the pull to repeat traumatic experiences and the desire for the needed relationship.

Interpretations need to address both aspects of the needed and repeated relationships; they also need to forward integration, not reinforce a defensive split. Maintaining technical neutrality and not being invested in either the repeated or needed relationship will more likely support integration. The therapist also needs to bear in mind that each side of the split may not

know what the other side knows; initially, it is the therapist who holds both sides in mind. Once a conflict has emerged in the relationship, then the movement needs to be in the direction of integration.

**Splitting, Chaos, and the Timing of Interpretations**

If a primitive defense of splitting is being used to keep the needed and repeated relationships apart, then the goal of therapy is the integration of this split structure. Interpretations are aimed at this integration.

As part of the therapeutic process the therapist needs to create a space for the client's repressed needs to emerge and become manifest in the therapy dyad. There needs to be a strong enough therapeutic alliance and experience of the new object (van Beekum, 2005) to foster this emergence. The therapist's presence will, initially, be likely to foster a link with the vulnerable part of the client, which may provoke the emergence of resistance or an attack on the therapeutic dyad. This manifestation will be in reaction to the destabilization of the script and ego state units caused by the therapist's presence. Premature and mistimed interpretations may result in chaos, the collapse of the client, or aggression aimed at the therapy/therapist.

If the therapist attempts to offer, as suggested by Alexander (1957), the opposite of the original repeated traumatic experience as a corrective experience, then the therapist and client may be avoiding the conflict with the repeated relationship. As Segal (2007) suggested, they may only be activating the opposite side of the split and not resolving the split structure; that is, they may be fostering the needed relationship at the expense of working through the repeated one.

**Conclusion**

As therapists, in addressing the two transference-countertransference relationships described in this article, we need to work with our clients to move to a state of conflict or impasse. I believe this can best be achieved through working with the nature of these relationships as they become manifest in the therapeutic dyad. I have described the therapeutically required relationship, which consists of working with both transference-countertransference matrices, and the impasse that may eventually emerge. The goal of therapy is the integration and resolution of these transference-countertransference matrices.

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