

## **Integrating Metapsychiatry and British Object Relations**

**By Diana Kerievsky, LCSWR**

In 1963, at the age of 19 I went to see Thomas Hora, M.D., an analytically trained psychiatrist who was known in the field as an existentialist. After my first session with him I had the following dream: I was drowning. A bridge overhead was burning and I thought I would die. A powerful voice arose from the dream and told me that I would be all right and that I would not die. For me that was the voice of God. It was then that I began my 30 year psychospiritual journey with Thomas Hora as an analysand and Research Associate of the New York Institute of Metapsychiatry which ended a couple of years before he died in 1995.

In 1989, I decided to fulfill one of my childhood aspirations which was to become a social worker. At that time, Hora said the meaning of my wanting to become a social worker was to heal a childhood wound. Not understanding the meaning of his statement, at that point in time, I nevertheless, with great trepidation, and without his blessing enrolled in school.

Hora was a Modern existential analyst, and as such we spent no time analyzing past injustices. Discussion about my parents, siblings and background never came up in session. His orientation was that understanding and healing of the past would occur when the patient became aware of his or her "mode of being" in the world in the present.

However after going through social work school and being certified in individual and group psychoanalysis, I came to the realization that the patient also needs the therapist to be a witness to the embedded memories of the abused child. Since the abuse happened in secret and in an unconscious closed family climate, the therapist must become a witness for the child.

With all this said the question remains how does the patient whose early wounds are seared into consciousness heal. How does she or he become a functioning, productive, and loving being in the world. Thomas Hora devised a system of thought which synthesized his understanding of existential analysis with a metaphysical concept of the meaning and purpose of the existence man and women. He called this system of thought "Metapsychiatry" and formulated what he called the Two Intelligent Questions which became the basis for his approach. The first intelligent question asks the patient, "What is the meaning of what seems to be?" And the second asks "but what is what really is?"

The first question helps the patient to unveil, through phenomenological discernment, the unconscious pattern of thought which manifests externally as problems in living. The basic assumption is that once one becomes aware of their unconscious parental and intergenerational systemic dictates, or "what seems to be" since the seems to be is not a reality, only then can we begin to ask the next question which is "but what is what really is?" It is here that Hora, influenced by Zen Buddhism, the Judeo/Christian Bible and existential philosophers such as Husserl, Heidegger, Binswanger, De Chardin and Buber formulated what he believed to be the meaning and purpose of human existence.

Metapsychiatry states that just as a leaf is a manifestation of the tree, so is man/woman to God.

God, Hora states, is a universal principle manifesting as Love and Intelligence in the world. Not unlike the principle of gravity, though unseen and perhaps not realized, nevertheless, exists. And like gravity if we are not aware of our true essence, we can find ourselves in great trouble.

In my analytic training I was drawn to the teachings of the British Object Relations School which included Fairbourn, Guntrip, & Winnicott. I found the writings of these three analytic teachers especially helpful in understanding how the child internalizes the projections of the parent and consequently both good and bad objects emerge in the psyche. The bad object internalization, Fairbourn states, is a coping mechanism for the child to keep the parent idealized. More recently, modern analysts such as Daniel Stern and Beatrice Beebe have affirmed the observations of these earlier object relations analysts through research studies. Stern tells us that from the interplay between parent and infant a sense of an emergent, core, subjective and verbal self evolves from birth onwards. He states that "there is no confusion between self and other in the beginning or at any point during infancy and this sense of self remains fully functioning and active throughout life." Beebe confirms Stern's observations by using video to document the infant's emergent sense of self. She observed, over long periods of time, the interaction between infants and mothers by tracking the matching and attunement of the infants response to its mother's positive and negative behavior. The research clearly

demonstrates how the child begins to anticipate as well as internalize the attitudes of its primary object, which in most cases in this study is the mother.

I have endeavored to synthesize my understanding of the internalized parental object with Hora's Metapsychiatric approach. This is how I see it: Without a spiritual orientation, the patient needs to hold onto her internalized objects for two reasons: First, there is an unremitting hope that the primary object (parent) will finally one day come through for her. The second is a fear that if she were to let go of this imbedded hope she would find herself abandoned. Ruminating, obsessive compulsive behavior and depression are ways we devise to keep these objects close by, even though they drive us crazy. Indeed, according to Winnicott, we have already experienced this abandonment in childhood (which we can see in Beebe's videos) and our repetitive behavior is a means to ward off this memory.

Metapsychiatry, which is a scientific discipline, is based on a metaphysical concept of man and woman. This discipline gives us a way to turn our attention from these internal destructive objects (or what seems to be) by replacing the invalid core memories with transcendent, life- enhancing, existentially valid ideas (or to what really is.)

Metapsychiatry does not ask us to give up our object. In fact it says we need to be attached to an object. But the object it speaks about is a universal principle which operates throughout all life forms. It is a basic principle that cannot be materially seen but can be realized and demonstrated, like the principle of gravity. The ideas of Metapsychiatry, like Winnicott's "transitional objects," guide and teach us to separate

from and replace our internalized childhood objects with realizing our essential nature, our true inner object. Learning to meditate, pray and study spiritual readings can also be seen as a transitional object. These pursuits enable us to internalize the creative source of intelligence, love and goodness which is the nature of our being. Metapsychiatry refers to this essence as the organizing principle of the universe: Love-Intelligence.

The foundation of Metapsychiatry is based on what Hora termed "The Two Intelligent Questions." These two questions are considered when we are with our patients.

1. The first question asks: "What is the meaning of what seems to be?"
2. The second asks: "What is what really is?"

The first question looks at the patient's experience and endeavors to understand the specific meaning or what we call the mental equivalent of the phenomenon presenting itself. Hora based this perception on the patient's world-view, which he called "the mode of being in the world." Once the meaning is discerned or realized, the second question then endeavors to turn our attention to "What really Is." This is the spiritual healing solution which we need to turn our attention to and which affirms the Truth of Our Being.

For example, a patient that I have worked with for many years, inevitably meets men who cannot make a commitment to her. She tends to be attracted to men who are generally in a lower socioeconomic and intellectual position than she is and for some reason are unstable and unavailable. She becomes sexually engaged with them soon after they meet and within a short time the relationship dissolves leaving her feeling lonely, frustrated and depressed.

This woman retains an imbedded memory of early deprivation and internalized bad objects. What seems to manifest in this young woman is a belief and hope that someone will show up one day who will fulfill all her unmet needs.

Her "mode of being in the world" is that of an emotionally starved child who looks toward men and women as vehicles to soothe and take care of her. Everyone she comes in contact with becomes a potential caretaker. There is a wish and a strongly held belief, from the past, that the child will one day get her parents to attend to her in the right way and heal this old wound. So each new man, woman, employer, friend and therapist becomes a potential healer of her wounded child and when the child's wish is not fulfilled the idea is reinforced that she is inadequate. There is a repetitive cycle which takes place when the men in her life fail her. She then reverts to the secret, by that I mean unconscious, wish that her mother will finally come through for her. But, of course, she never does.

So what could be the spiritual solution here? What is what really is? And how can considering what really is help this young woman?

Metapsychiatry speaks of the 3 Rs: Recognition, Regret and Reorientation. Recognition means that we now understand the psychodynamic issues of our past. When we remember what occurred, we can then forgive it and let be. By letting be we no longer get a charge from the memory nor use it to perpetuate the old story line. Understanding the meaning of the past mitigates its tight hold on us and we can be free to find our true

selves and not stay hooked into our parental fantasies. We can then contemplate the Zen Koan: "Show me your face before your parents were Born." We can, however, also regret our errors. Regret is salutary. Regret keeps us humble. The Ego cannot thrive in a sense of humility. From here we Reorient. We turn our attention to and ask ourselves What really Is. We endeavor to seek Reality. We seek Reality by mind-fasting. Mind-fasting means we become aware of our unhealthy self-confirmatory thoughts. Self-confirmatory thoughts manifest as opinions; as wanting and not wanting; as what should be and what shouldn't be. Hora states that should thinking is tyrannical. When we recognize these troublesome desires we can turn our attention to alternative health promoting thoughts. We can meditate on the 4 W's: Who Am I? What am I? Where am I? And What is My Purpose? These meditations can help stop the obsessive monkey mind. Once we gain an understanding of what really is, then, as one of the Metapsychiatric principle states: "The Understanding of what really is abolishes all that seems to be. "Freud stated that we have an "Observing Ego." Metapsychiatry tells us we can turn to the "Transcendent Observer."

Most importantly, it is the therapist who must come to realize her essential spiritual nature. Only then can the therapist begin to sit with the patient. She must be with the patient in a loving and attentive mode, like a good parent. She must have a reverent attitude when she meets with the patient to endeavor and consciously invite God, love intelligence into the analytic room. She must keep in mind the question: What does God Want?