

Cura Vitae: The Cure of Life and the Search To Be Real¹

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Abstract

Cura animarum—the cure of souls—has defined much of Christian caregiving. A world suffering from poverty, health pandemics, and war may require a new paradigm. The cure of life—*cura vitae*—offers a new understanding of caregiving and seeks to find meaning for all people, regardless of their religious or philosophical orientation. In the counseling relationship, *cura vitae* is closely related to counselees searching to be real. Realness requires inner security and ego-strength, imagination, abilities to embrace one's destructiveness and to repair relationships, accessing one's emotional life, discovering self and others anew, and being playful. Persons who achieve realness can live creatively in a world come of age.

Key words Pastoral counseling, object relations theory, *cura vitae*, *cura animarum*

Introduction

How can one best describe a pastoral care for a world come of age, a world where firm foundations are deconstructed? This question is not new, since Christian caregivers throughout history have discerned ways to offer care. Historians William Clebsch and Charles Jaekle (1994) argue that at least eight paradigms of care can be identified since the first century, each closely following the culture of that specific era. As the fledgling Christian tradition began, caregiving focused on sustaining individuals in anticipation of the final judgment (the first era until 180 AD). This was followed by paradigms that focused on reconciling sinful persons to God (130-

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306 AD); on educative guidance during the time of the imperial church (306-500AD); and on inductive guidance during the Dark Ages (500-900AD). During medieval times, the focus was on sacramental healing (11th-13th centuries), followed by an emphasis on renewal and reconciliation during the Renaissance and the Reformation (13th-16th centuries). Shaped by the Enlightenment, the Christian tradition responded by sustaining pious and pure souls (17th-18th century). Finally, caregiving in the post-Christian era primarily addressed pastoral guidance towards spiritual growth and religious privacy (late 18th and 19th centuries). Today, we can identify a new paradigm, one best described not in terms of *cura animarum*, the cure of souls, but as *cura vitae*, the cure of life.

In his book, *Cura vitae: Illness and the cure of life*, South African theologian, Daniel Louw (2008) argues for this new paradigm in pastoral caregiving. In a scholarly manuscript, Louw, deeply touched by the HIV/AIDS crisis in Africa, explores pastoral care that seeks meaning in suffering, trusts a futile world, and empowers living in the face of death (p.9), while questioning whether traditional approaches to caregiving can speak into today's world. *Cura vitae* is primarily preparatory and preventative: it prepares persons to face illness and death even as it empowers persons not to become ill or stuck in dysfunctional systems (p.10). Also, pastoral care as *cura vitae* is affirming of all lives, restorative, and transformational (p.13).

Embracing the uniqueness of personhood, *cura vitae* as the cure of life affirms individuality within multiple relational systems. It finds health in the presence of meaning rather than in the absence of illness. *Cura vitae* awakens hope. Louw summarizes his argument as follows (p.11):

Cura vitae is about a theology of life and the healing of life... It is about hope, care, and the endeavor to give meaning to life within the reality of suffering, our human

vulnerability, and the ever-present predicament of trauma, illness, and sickness... Cura vitae is a theological attempt to create a paradigm shift in care giving from a predominant focus on our “knowing and doing” functions to our “being” functions.

Working within a (Dutch Reformed) Christian paradigm, Louw’s work draws heavily on Christology and eschatology. In this article, I would like to build upon Louw’s basic challenge to embrace a paradigm shift in pastoral care and counseling to focus on lives (and not souls or spirits or even problems) and to instill hope and restore human dignity. I will not be following Louw into the Christian tradition. Instead, I explore how an approach to caregiving informed by object relations theory can shape caregiving as *cura vitae*. More specifically, I focus on responding to *the search to be real* as a way to answer the challenge of curing lives. *The search to be real* was first identified by D.W. Winnicott (1896-1971) and followers of the Middle Group within object relations theory as a basic desire of a person; a desire that may have led the person to seek counseling in the first place.

Object relations theory: A seven-object psychology

The search to be real is central to an object relations understanding of emotional and relational health. Laplanche and Pontalis defines object relations as (1974, p.277):

a designation for the subject’s mode of relation to [his or her] world; this relation is the entire complex outcome of a particular organization of the personality... [It implies] interrelationship... involving not only the way the subject constitutes [his or her] objects but also the way these objects shape his/her actions.”

Object relations theory asks about the relationships that formed a person and the person’s relationships with himself or herself, other persons, and the outside world. The “object” within

object relations theory is most often a person, but can also be an inanimate object or even a belief system (See also, St. Clair, 1994, pp.7-8).

The relational emphasis within object relations theory is not limited to an individual or the individual's immediate relationships. Rather, due to its wide-ranging nature, object relations theory is well suited to inform caregiving as curing lives. Christopher Bollas describes this wide-ranging interest of object relations theory when he distinguishes between a "one-person psychology", a "two-person psychology" and object relations theory "overlapping circles of influence" (1999, pp.55-58). In a one-person psychology, thoughts and feelings derive fundamentally from the dream works of a self. In a two-person psychology the "ideas and feelings derive from the work of two engaged subjectivities" (p.55). Further describing the multi-dimensional nature of object relations theory, Bollas builds upon Marion Milner's concept of "overlapping circles" of influence (p.57). The circles, each identifying a psychology in itself, are 1) the self and the unconscious, 2) the self and mother, 3) the self and family, 4) the self and groups, 5) the self and society or culture, 6) the self and the universal order, and 7) the self and (transitional) objects that can move between circles 1-6. Bollas writes that one can "add further numbers designating other domains of mental life..." as counselees experience their world in unique ways (p.57). Even though Bollas does not identify it as such, one can argue that object-relations theory is a seven-object psychology covering all spheres of a person's life that informs meaning for a person.

The search to be real

From within this seven-object psychology comes the question: *What does it mean to be real?* The search for realness is as old as the humanity itself. It is beautifully described in Margery William's character, the Skin Horse, from her book, *The Velveteen Rabbit* (1922):

“What is real?” asked the Rabbit one day . . . “Does it mean having things that buzz inside you and a stick-out handle?” “Real isn't how you are made,” said the Skin Horse. “It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but really loves you, then you become real.” “Does it hurt?” asked the Rabbit. “Sometimes,” said the Skin Horse, for he was always truthful. “When you are real you don't mind being hurt.” “Does it happen all at once, like being wound up,” he asked, “or bit by bit?” “It doesn't happen all at once,” said the Skin Horse. “You become. It takes a long time . . . but once you are real, you can't become unreal again. It lasts for always.”

The Skin Horse, in his wisdom, reminds us that realness is a process and closely tied to someone who loves another. One is loved into realness, loved into becoming alive. The holding environment that welcomes a person into this world is a determining factor. One's childhood home is such an environment. So too the counseling relationship. (Do you want to leave this as an incomplete sentence?)

In *HomeIs Where We Start From*, Winnicott distinguishes himself yet again from Freudian thought when he reflects on “The concept of a healthy individual.” Winnicott writes: “I want finally to look at the life that the healthy person is able to live. What is life about? I do not need to know the answer, but we can agree that it is more nearly about BEING than about sex” (1986, p.34). He then continues (p.35):

Being and feeling real belong essentially to health, and it is only if we can take being for granted that we can get on to the more positive things. I contend that this is not just a

value judgment, but that there is a link between individual emotional health and a sense of feeling real. No doubt the vast majority of people take feeling real for granted, but at what cost? To what extent are they denying the fact, namely, that there could be a danger for them of feeling unreal, of feeling possessed, of feeling they are not themselves, of falling forever, of having no orientation, of being annihilated, of being nothing, nowhere? Health is not associated with denial of anything.

Being real, which for Winnicott is central to creative living, includes the ability to embrace paradoxical tensions in one's own being. It also takes us back into early childhood fears, such as being annihilated or a fear of falling forever, fears that follow us into adulthood in different forms, such as the fear of failure and the fear of dying. When we deny the deep fears we carry due to environmental breakdown or failure, Winnicott believed, realness cannot be achieved.

Counselors want to foster realness in their clients. Realness might also be the unspoken wish that brings many counselees into counseling. For a counselor to facilitate realness in a counselee, the quality of the relationship and not necessarily the technique used is the determining factor. Realness within the counselor is thus important. Harry Guntrip (1901-1975), the Methodist minister and object relations theorist best known for exploring schizoid phenomena, those feelings of emptiness, detachment, and withdrawal a person can embody, broached this sensitive topic of realness in the counselor. In his book, *Psychotherapy and Religion*, Guntrip writes: "The psychotherapist has got to take the risk of being a real person, with all [his or her] limitations as well as skill and experience, to the patient, so that the patient may have a chance of becoming a real person with [him or her]" (1956, p.155). When counselors are filled with "pretensions," Guntrip continues, when they "shelter behind technique" or when they are "immature" they inevitably prohibit not only realness in their counselees, but the

counselors also are at risk of exploiting their counsees in the interest of their own unresolved emotional problems. Sketching an even worse scenario, Guntrip states that the counselor who does not achieve realness may even repeat the original injury of a counselee. If the cure of lives are best done when one life touches (or one can say loves) another, realness in the personhood of the counselor is of paramount importance.

Anticipating our argument that the cure of lives is central to our caregiving, Winnicott identifies realness as possibly more important than seeking a cure. In an essay entitled "The location of cultural experience," Winnicott asks: "What is life about? You may cure your patient and do not know what it is that makes him or her go on living," Winnicott continues (1993, p.100). For Winnicott, life is about living creatively, about being real. As a metaphor for life, however, realness is a rich and varied construct.

As of yet, I have not defined realness. I appreciate Winnicott scholar Dodi Goldman's definition as it guides *cura vitae* (1993, p.xvi):

The notion of the real is about being alive, creative, spontaneous, and playful; cherishing one's uniqueness, accepting one's insignificance, tolerating one's destructive impulses, living with one's own insanity; feeling integrated while retaining the capacity for unintegration; being receptive and open and knowing how to make use of the world without needing to react to it; finding and contributing to the inherited cultural tradition; tolerating one's essential isolation without fleeing to false relationships or retreating into deleterious insulation.

A counselee can grow towards realness by facilitating within the counselee self-confidence and inner security and by helping the counselee to imaginatively and creatively engage his or her inner world, objective reality, and the world between the subjective and the objective.

Furthermore, as the counselee's emotional life is explored, the counselee learns that the counseling relationship is a facilitative relationship, changing his or her experience of self as well as the experience of others. As the counselee sees himself or herself in more nuanced ways, that skill is carried over into the counselee's relationship with others, discovering who they are as persons while refraining to engage persons from internalized preconceived notions. In addition, the counselee discovers a playful and creative approach to living while experiencing realness. In the remainder of this essay core moments along the path towards realness are explored.

Healing the basic fault within the devalued child

Reflecting on becoming a real person, Harry Guntrip states that most people hold a memory of being a "deflated and devalued child" (p.135). To this feeling persons respond by either becoming "hard" or "defiant" or "naughty", or they shrunk into themselves like snails. Guntrip continues (p.137):

It is impossible for the individual to remedy this internal weakness by his own unaided efforts, so far as it is perpetuated in his unconscious by the repression of earliest phases of his life history, chiefly the experiences of the first five years...Bad-object relationships in infancy and childhood prevent the child from developing a strong and consolidated 'ego-structure', a firm sense of definite selfhood with positive characteristics and creative powers... The individual whose early ego-development has been stunted feels unequal to every task and feels that [he or she] will 'go to pieces' under every pressure.

For Guntrip, the person "never at bottom feels that [he or she] is one" and carries feelings of being "hollow, empty, unreal, or feeling a vacuum inside" (p.137). Feeling unequal in every task,

the person who lacks inner security dreads revisiting their childhood where they received their wounds. When dread and stress sets in, “cracks begin to appear and anxiety begins to break through from the deep-down inner world” (p.138)..

Almost forty years later, but in language similar to Guntrip’s, psychiatrist and analyst Michael Balint identified “a basic fault” in a person with a compromised sense of self. He describes “patients [who] feel there is a fault within [them], a fault that must be put right. And it is felt as a fault, not a complex, not a conflict, not a situation” (1992, p.21). Persons with a basic fault carry a feeling that someone has failed them even as they carry much anxiety around their basic fault. The goal of counseling, Balint writes, then becomes assisting the counselee to “find himself, to accept himself, and to get on with himself, knowing all the time that there is a scar in himself, his basic fault, which cannot be 'analyzed' out of existence; moreover, he must be allowed to discover his way to the world of objects—and not be shown the 'right' way by some profound or correct interpretation” (p.180).

Guided by *cura vitae*, a counselor’s first task might be to secure a sense of ego-strength and to address the basic fault within counselees. This will change the self-experience of persons who might protect themselves with defiance and hardness or who hide in their shells. Christopher Bollas, in his book, *The Shadow of the Object: Psychoanalysis of the Unthought Known*, identifies counselors as “transformational objects,” persons changing the self-experience of others. Bollas writes that “[w]e have failed to take notice of the phenomenon in adult life of the wide-ranging collective search for an object that is identified with the metamorphosis of the self. In many religious faiths, for example, when the subject believes in the deity's actual potential to transform the total environment, [the person] sustains the terms of the earliest object

tie...” (1987, pp.15-16). Pastoral counselors follow Bollas in becoming transformational agents by changing the self-experience of their counselees.

Inviting a person into the intermediate area of experiencing

A second possible task for the counselor embracing *cura vitae* is stimulating and increasing a counselee’s imaginative capacities. Without imagination experiences of hope, creativity, and engaging symbols, all central aspects of *cura vitae*, are not possible. Imagination takes us to that world between dreaming—the imagination of the inner-self—and sense perception, which belongs to the objective world. Winnicott argues for a “third world” in which one can live and without entering that world, health is not possible (1992b, p.230):

There is the third part of the life of a human being, a part that we cannot ignore, an intermediate area of *experiencing*, to which the inner reality and the external world both contribute. It is an area that is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping the inner and outer reality separate yet inter-related.

For Winnicott, this “area” between subjectivity and objectivity is an area filled with illusion, which held positive connotations for Winnicott. It is the “area” where one finds art, culture, tradition, and also religion. And just as adults do not challenge a small child who believes her teddy bear can speak, so too is the intermediate area of experiencing best left unchallenged.

The intermediate area of experiencing is a potential space where one finds not only objects of art and religion, but also a space where a person can imagine painful experiences in the past to avoid horrible experiences in his or her future. Imagining the pain one carries or even the

madness that is within us can deepen our sense of feeling real, as Michael Eigen writes (2004, p.26):

Winnicott touches a place where madness makes us feel real. If we fail to reach the most frightening point of all, we may miss what is most personal in our beings. If we fail to reach for the most frightening point of breakdown in our search as persons, we will be leaving a crucial fact of self out.

“Therapy” Eigen continues, “seems a feeble response in light of the immensity of what we face, but it provides a place where people sit together and dip into processes that all too readily spin out of control in the world at large” (ibid). Pastoral care that does not have a generative component, leaving the world a better place for the current and future generations, is not curing lives.

The imaginative power and freedom one finds in the intermediate area of experiencing not only induces hope and diminish mad destruction, it also fosters creative living, which goes far beyond being creative. Creative living touches all aspects of one’s life, one’s relationships, one’s behaviors, one’s wants and needs. Reflecting on this freedom, Christopher Bollas finds no imagination or creativity in being compulsive. In his *Cracking Up: The Work of Unconscious Experience*, Bollas writes that “[p]sychoanalysts come across many people who lack the unconscious freedom necessary for creative living. Their freedom is restricted, their mind bound in anguished repetitions that terminate the dissemination of the self. This obstruction to freedom is easily observed in the person who is obsessed” (1995, p.71).

Caregiving as *cura vitae* seeks to facilitate inner-personal and inter-personal freedom and is well aware that we live in an obsessed world that has spun out of control. In this world, especially women and children, but also the earth itself are the victims of personal madness and

harmful repetitions. By allowing a counselee to imagine the madness within them, the likelihood that their madness will touch the lives of others diminishes. Moreover, by recognizing the duality of our existence, that we can embody madness while we function in this world, fosters a sense of realness in us. Realness never employs denial, even denial of our own mad tendencies, for such denial is a defensive stance of a self that cannot enter the intermediate area of experiencing.

Embracing one's destructiveness

Cura vitae seeks to facilitate personal madness and destruction in fantasy so that it need not become madness and destruction in reality. Fostering realness thus includes helping counselees acknowledge their inherent cruelty and greed. It also implies facilitating the acceptance of responsibility for ones thoughts and actions and how one impacts one's immediate relationships. *Cura vitae* actually seeks to instill a healthy sense of guilt as a way of being in the world, a guilt that should not be confused as the embodying of an external moral code, but as an inner need to repair broken relationships. In an essay entitled, "Aggression, guilt and reparation," Winnicott argued that someone with a personal sense of guilt could become a "fully integrated person...that takes full responsibility for all feelings and ideas that belong to being alive" (1997, p.137). Thus, rather than feeling guilty about the fact that we can hurt someone and possibly do, owning one's destructiveness awakens a desire to repair the relationship damaged by our destructiveness. An integrated person will repair personal relationships rather than feeling guilty. A failure of integration often leads to a denial of personal destructiveness and personal responsibility.

In a violent world pastoral counseling may be seen as ineffective if it does not empower counselees to be less destructive toward themselves and to others. Pastoral counselors invite counselees to imagine their own selves as not just destroyed, but possibly even annihilated, a

form of destruction that carries little hope for there was no reparation. Counselees discover their annihilated selves birthed from the annihilated selves of parents and caregiver and other authority figures. Within the counseling relationship, the annihilated selves of counselees receive reparation as the wounded selves become known, is felt, and accepted. Michael Eigen, in his book, *Feeling Matters*, reflects on the consequences of addressing annihilated selves and destruction in a therapeutic journey when he writes (2007, pp.141-142):

My hope is that making room for the annihilated self will enable us to be less destructive.

We often injure, even destroy each other, in order to reach the realness of our annihilated beings. How much destructiveness aims at “showing” how destroyed we feel. Therapy is one place to try to contact the annihilated self without destroying ourselves. Speaking, sensing, and imagining is a less costly method of discovery than giving in to the compulsion to destroy.

To be a real person is to be someone mindful of one’s destructive potential, someone who can destroy in fantasy with an ability to repair relationships in reality. As Winnicott argued, realness required integration. Ann Ulanov, in her *Finding Space: Winnicott, God, and Psychic Reality*, echoes Winnicott when she writes that “[w]e reach the possibility of integration when we release our aggression from an omnipotence where we believe we can possess everything in reality that we desire in fantasy, touching the sober depths of imagination where we realize one thing at a time...” (2001, p.138). Ulanov follows Bollas who finds that within a counseling relationship the destruction is not contained to unconscious mental processes, but when the counselee destroys the counselor’s wording and the counselor survives, for example, the patterns of repetition in the counselees mental structures are broken (1995, p.203). Similarly, Joyce Anne Slochower reminds us that a counselee’s attacks towards the counselor might be ongoing and

unremitting even to the point of destroying a counselor's capacity to think. Tolerating such attacks is not only necessary and useful, but "crucial to therapeutic movement." (1996, p.80). Survival brings hope and restoration, while annihilation leads to despair.

Since aggression and the potential for much destructiveness are inherent to being human, *cura vitae* seeks creative ways to educate persons about their own destructiveness and to empower them towards owning responsibility for their own potential. Moreover, *cura vitae* provides persons with opportunities to not only re-experience some of the destructiveness they experienced before, but also to repair some of their annihilated selves they carry deep within themselves. This diminishes the likelihood of living out destruction within reality.

Becoming an emotional being

Despite Descartes more well known dictum, *cogito ergo sum* (I think, therefore I am), we are more precisely defined by *sentio ergo sum* (I feel, therefore I am) (Forencich, 2006, p.63). *Cura vitae* envisions persons who can access their emotional lives and who are comfortable in their own skin. Being comfortable in a one-body relationship and resisting the desire to spill over into especially inappropriate two-body relationships signifies maturity. The emotional journey towards maturity takes many paths, including moving beyond a natural tendency to think one's emotions rather than feel them; growing away from loneliness to enter solitude, and inevitably revisiting the pain of emotional and other wounds. In short, one has to discover the unique history of our childhood, as Alice Miller urges in her book, *Prisoners of Childhood* (1981, pp.3-4). Being responsive to one's emotional life can cause much pain before we experience freedom. However, the freedom we receive is an enduring defense against the possibility of mental illness.

Counseling without a significant engagement of feelings is impossible to imagine. What Michael Eigen verbalizes for psychotherapy is true for pastoral counseling as well (2007, p.2):

Psychotherapy is based on the premise that feelings matter... It does so not as dogma but as exploration, tentatively, for wherever we dip into existential fields, more happens. The therapist is not someone outside the emotional universe. No one is. It is not that the therapist removes herself from the emotional field. It is more that she is more used to working with it from within. It is an illusion to think we get “outside” our emotional life.... Now the truth: no one gets used to working with emotion from within. To work within emotional fields is always more than one can do.

The emotional field is a challenge to engage because it is fraught with our wounds. When we receive emotional wounds in especially childhood, when the holding or facilitative environment failed us, Winnicott found that those moments become “frozen moments” (1992a, p.284). These moments take much emotional and spiritual energy to keep them from thawing, leaving little room for inner freedom and even spontaneity. In the counseling relationship those frozen moments are reached and they are allowed to become unfrozen. This thawing process, however, is not without pain and resistance. The result of entering one’s pain is living without defenses such as grandiosity, narcissism, depression, shame, contempt, or the compulsion to repeat.

Cura vitae, as it seeks to cultivate emotional wellness in persons, recognizes that emotional health might not be possible without discovering the truths we carry about our childhoods. The counselor as an agent of *cura vitae* becomes a mirror in which the counselee can discover himself or herself anew. In this relationship, healthy inter-dependence is found and the counselee need not flee to false relationships nor retreat into isolation. The counselor becomes an echo (Miller, 1981,p.35), someone completely centered on the counselee’s affective experience.

Paying close attention to the emotional lives of people is the positive contribution pastoral counselors offer. Like a midwife facilitating the birth of a baby, counselors witness the birth of emotional selves. This process, Eigen reminds us, can be time consuming, but then caregiving always offers others the gift of time (2007, p.1).

Discovering one's self and other anew

To be real is to discover oneself and others anew. Typically, we engage others and the world through preconceived notions or through projective mechanisms such as splitting, projection, projective identification, or through the lens of personal need. Splitting is the handling of anxiety or tension by seeing another person or group in either one of two ways: either good or bad, thereby splitting the loving and hurtful facets of experience (Ogden, 1986, p.50). Projection is the operation whereby qualities, feelings, wishes, or even objects, which a person refuses to recognize or accept in himself or herself, are expelled from the self and located in another person or group (Laplanche and Pontalis, 1974, p.356). Projective identification, in turn, is a concept that addresses the way in which feeling states corresponding to the unconscious fantasies of one person (the projector) are engendered in and processed by another person (the recipient), that is, the way in which one person makes use of another person to experience and contain an aspect of himself (Bollas, 1987, p.243). When these projective mechanisms are in operation, realness cannot be found since the other person cannot be engaged as an independent, subjective being.

Winnicott spoke about discovering the other in terms of object usage. He introduced the concept in a lecture titled "The Use of an Object and Relating through Identifications" given to the New York Psychoanalytic Society on 12 November 1968, a lecture that received much criticism (Winnicott, 1994). Winnicott noted that clients must place him as "*analyst outside the*

area of subjective phenomena” before they can make use of him (p.219). It is important to emphasize the fact that Winnicott used the word “use” in a very particular manner, as it refers more to the independent existence of an external object than to the subjective use of an object. He stated emphatically (p.226):

By ‘use’ I do not mean ‘exploitation.’ As analysts, we know what it is like to be used, which means that we can see the end of the treatment, be it several years away. Many of our patients come with this problem already solved—they can use objects and they can use us and can use analysis, just as they have used their parents and their siblings and their homes. However, there are many patients who need us to be able to give them a capacity to use us. This for them is the analytic task.

In arguing for the use of an object, Winnicott distinguished object relating and object usage. In object relating, through projection mechanisms such as splitting and projection, something of the individual is found in the object, although it is enriched with feeling. *Object usage*, however, takes object relating for granted. It differs from object relating in that, to be used, the object must necessarily be real in the sense of being part of shared reality, and not a bundle of projections and identifications. The object’s nature must be known and its independent existence must be accepted. The object within object usage is outside the fantasized omnipotent control of the individual and not part of a projective reality.

The growth from object relating to object usage indicates a central dynamic that occurs in the fantasy of the individual (p.222):

This change [from relating to usage] means that the subject destroys the object. In other words, [the arm chair philosopher] will find that after ‘subject relates to object’ comes ‘subject destroys object’ (as it becomes external); and then may come ‘*object survives*

destruction by the subject.’ But there may not be survival. A new feature thus arrives in the theory of object-relating. The subject says to the object: ‘I destroyed you,’ and the object is there to receive the communication. From now the subject says: “Hullo object. I destroyed you. I love you. You have value to me because of your survival of my destruction of you. While I am loving you, I am destroying you all the time in unconscious *fantasy*.”

An object that survived subjective destruction becomes real. That is, as a person denies his or her presuppositions and preconceived notions to determine the nature of another person or group, the other person becomes a real entity with an independent subjectivity. This destruction in fantasy is a hopeful act leading to realness in the counselee who engaged in subjective destruction. It also offers the possibility of realness in the lives of whomever the person engages. When we meet someone as a real person and not as a subjective projection, we are less likely to injure or wound or dismiss that person, for we have entered into a significant relationship. Every person, for example, has to discover that their intimate partner or child is not the same person as the image alive in their minds. If that image can be destroyed, the person can discover a familiar person anew.

Becoming playful

A sixth theme within an object relations perspective on *cura vitae* addresses play and creative living. A person with a deep sense of inner security, someone who is imaginative, less destructive, able to hold emotion and repair relationships, and skilled at entering into deep relationships will be a playful person, for these capacities and skills are the building blocks for the capacity for play. Play is a transformational experience that can instill a sense of peace and

well-being even as it can defuse moments of tension and hostility. Play of course, can also awaken powerful emotions, emotions best held in a one-body relationship. Furthermore, even preoccupied play denies repetition and compulsion. As one loses oneself in play, its life-affirming nature and preventative and restorative functions are discovered.

In Ian Suttie's (1898-1935) classic text, *The Origins of Love and Hate* (published in 1935), he reflected on the impact of the early environment on one's capacity to love and hate. Reflecting on play, Suttie wrote (1988, p.18):

Necessity is not "the mother of invention"; Play is. Play is a necessity, not merely to develop the bodily and mental faculties, but to give to the individual that reassuring contact with [his or her] fellows which [he or she] has lost when the mother's nurtural services are no longer required or offered. Conversation is mental play...

Pastoral counseling, rich in symbolic play as words, images, time, and other objects become "toys" to play with, is a form of mental play as Suttie envisioned. Play needs a play space and the counseling relationship offers that to a counselee. The mental play within the counselee and between the counselee and the counselor awakens the ability of play in a counselee. The counselee learns how to engage in subjective play but also how to play with others. When a counselee can play with his or her counselor, the counseling journey might be close to its conclusion. Play then describes *a way of being in the world* and not necessarily an activity. Winnicott believed that the presence of play allows a person to live creatively in the world (In, Davis & Wallbridge, 1990, p.61):

Put lot in store on a child's play. If a child is playing there is room for a symptom or two, and if the child is able to enjoy playing, both alone and with other children, there is no very serious trouble afoot. If in this play is employed a rich imagination, and if so

pleasure is got from games that depend on exact perception of external reality, then you can be fairly happy. The playing shows that this child is capable, given reasonably good and stable surroundings, of developing a personal way of life, and eventually of becoming a whole human being, wanted as such, and welcomed by the world at large.

For object relations theorists, there is a direct relationship between the creative gestures of an infant and the more sophisticated living of an adult. For the infant and the adult alike, however, a feeling that life is worth living is the result. “Because of the continuing overlap of inner and outer worlds, the intensity of feeling and of the sense of Real invested in infantile experience and in playing is carried over into adult life” (In, Davis & Wallbridge, 1990, p.64). Elsewhere, Winnicott wrote that “[t]o be creative a person must exist and have a feeling of existing, not in conscious awareness, but as a basic place to operate from. Creativity is then doing that arises *out of being...*” (1986, p.39). Fostering a sense of being and not finding one’s identity in doing, playing and creativity opens the possibility of seeing the world afresh, with new senses.

Cura vitae as the cure of life seeks to empower a basic form of living, a personal way of engaging the world. This creative experience allows for meaning to be discovered in the midst of life’s ups and downs, for playing is filled with potential.

Conclusion

In his insightful book, *Against Happiness: In Praise of Melancholy*, Eric Williams asks: “What then, is America becoming?” He answers his own question (2009, p.20):

It is turning into a nation of true consumers, people bent on taking in huge mouthfuls of Happy Meals, hoping too for a special prize, earned just for eating an imitation of a real

hamburger. What, really could be wrong with this? Apparently a lot could be wrong. Look at what sort of people this culture is creating. I have seen them. You have too. They haunt the gaudy and garish spaces of the world and ignore the dark margins. They tilt their heads to the side, feign bemusement, and nod knowingly....

Pastoral counseling that cannot speak into our contemporary world where those at the margins are ignored, a world where some individuals seem to thrive while billions are suffering in poverty and violence, needs to revisit its own foundations. Building a pastoral care that focuses on the cure of life is one possible path to reclaim relevance in a world come of age, a world where “soul” and “care” can be informed by many religions leading into different directions.

Dodi Goldman might be correct when he writes that “[f]eeling real is more than existing, it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a sense into which to retreat for relaxation” (1993, p.xx). Goldman believes that counselees, with increased frequency, have the need to feel real. If a counselee leaves a counseling relationship feeling more real compared to starting the journey, the journey was successful.

Cura vitae cultivates persons and families and systems to feel alive, creative, spontaneous, and to be playful. It empowers persons to cherish their uniqueness while accepting their inherent insignificance; persons who can tolerate their destructive impulses and embrace their own insanity. It instills in persons the ability to hold the tension between feeling integrated and unintegrated; to be receptive and responsive to their relationships and the world. And as real persons, they avoid false relationships.

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