

# OBJECT RELATIONSHIP

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## Objective Psychotherapy (Karpman's Method)

**Primary Disciplinary Field(s):** Psychiatry, Psychotherapy, Clinical Psychology

### 1. Core Definition and Objective

Objective Psychotherapy, as developed primarily by Benjamin Karpman, is a structured treatment procedure fundamentally characterized by its emphasis on written communication between the patient and the therapist. The core objective of this technique is to systematically reduce the inherent **subjectivity** typically involved in the intensely personal relationship between patient and therapist, thereby making the therapeutic process more analytical and documented. This methodology was specifically designed to be efficient and effective for specific populations, including institutionalized patients and individuals experiencing mild to moderate emotional disturbances. Unlike traditional psychoanalytic approaches that rely heavily on verbal free association and transference dynamics, Objective Psychotherapy utilizes a series of structured written exchanges--questionnaires, reports, and interpretive memoranda--to facilitate patient insight and therapeutic progress.

Karpman viewed the procedure as a means of introducing critical distance and encouraging the patient to engage intellectually with their own emotional experience. The process begins with an essential **orientation phase**, where the therapist establishes a foundational understanding of emotional health and neurosis, positioning the latter as an emotional illness requiring intellectual understanding, rather than sheer willpower, for cure. This initial framing sets the stage for a highly structured, step-by-step written inquiry intended to uncover the psychogenetic mechanisms underlying the patient's disorder. The comprehensive documentation generated throughout the treatment allows both parties to review progress objectively and ensures that interpretations are grounded in the patient's explicit, written accounts of their life and inner world.

### 2. Historical Context and Proponent (Benjamin Karpman)

The technique of Objective Psychotherapy is intrinsically linked to its innovator, Dr. Benjamin Karpman, a prominent psychiatrist known for his work with institutionalized individuals, particularly those within the correctional system. Karpman's development of this method stemmed from a necessity to treat patients who might benefit less from highly subjective, prolonged verbal psychoanalysis, either due to their environment (such as institutional settings where consistency is vital) or the nature of their emotional disorders. His approach sought a middle ground: retaining the depth of psychoanalytic inquiry regarding underlying mechanisms while imposing a rigid, controlled structure upon the communication to minimize potential transference issues and emotional volatility.

Karpman documented his methodology and findings, arguing for its utility, particularly in cases of

moderate neuroses. He saw it as a valuable, shorter alternative or complement to traditional psychoanalytic procedures. Crucially, the approach reflects a belief that intellectual insight, derived from confronting one's own written history and emotional accounts, is a powerful catalyst for therapeutic change. By demanding written responses and assigning readings, Karpman intentionally layered an educational component onto the therapy, encouraging the patient to view their own condition through an informed, external lens.

### 3. Phase I: Initial Orientation and Autobiographical Elicitation

The therapeutic process commences with a series of initial, face-to-face interviews. During these contacts, the therapist's primary role is didactic and motivational. The therapist explains the profound significance of **emotions** in human life and clearly defines neurosis as an emotional illness curable only through comprehensive understanding, explicitly differentiating this curative process from reliance on mere willpower. Furthermore, the therapist assures the patient of unwavering support and the likely benefit they will derive from the treatment, fostering an atmosphere of trust and collaborative engagement before the written work begins.

Following this orientation, the sessions transition from lengthy therapeutic interviews to brief, focused meetings held several times a week. These brief contacts are strictly for administrative purposes: explaining instructions, providing written material, and receiving the patient's submitted answers. The first substantive therapeutic step involves issuing the patient a structured set of approximately twenty questions. This initial questionnaire is designed to elicit comprehensive **autobiographical material**, covering critical relational and experiential areas, including relationships with primary caregivers (mother and father), siblings, social environment, friendships, and early sexual interests.

The patient is explicitly instructed not just to provide factual answers but to place paramount **emphasis on the emotional aspects** of their experiences. Upon receiving and reviewing these detailed written accounts, the therapist prepares a concise memorandum. This document highlights the critical insights derived from the answers and explains their significance in clear, common-sense terms. Karpman observed that this initial interpretive memorandum often serves a dual purpose: maintaining the patient's engagement and providing the patient with their crucial first glimpse of objective self-insight.

### 4. Phase II: Dream Analysis and Insight Development

The second major phase of Objective Psychotherapy focuses intensively on the patient's unconscious material, primarily through dream analysis, yet maintaining the strict written format. The patient is asked to submit detailed written accounts of their dreams. When the therapist receives this material, they provide a brief, introductory explanation of the core psychological

processes involved in dreams, such as **symbolism** and displacement, preparing the patient for the subsequent interpretive work.

The therapist then proceeds to interpret the submitted dreams. Crucially, these interpretations are maintained at a practical, common-sense level, drawing extensively upon and contextualizing the material supplied in the initial autobiographical questionnaire. These interpretations are formally presented to the patient in writing. Following receipt of the therapist's written interpretation, the patient is required to elaborate further on their dream narrative and provide their own comments and reactions, also in written form. Karpman found this reflective, written interchange to be particularly potent, not only for deepening psychological insight but also for demonstrating to the patient that many of their seemingly unconscious thoughts and reactions are actually capable of being brought under **conscious control**.

During this phase, an intellectual dimension is further reinforced through mandated reading assignments. Patients are assigned relevant literature on psychopathology and psychotherapy from foundational authors such as Sigmund Freud, Karl Menninger, Pierre Janet, William McDougall, Morton Prince, and Wilhelm Stekel. The selection of texts is carefully tailored to align with the patient's specific level of intelligence and emotional needs. The primary objectives of this reading requirement are twofold: to educate the patient without enforcing rigid indoctrination, and perhaps more importantly, to stimulate the recall and recovery of forgotten or repressed experiences pertinent to their disorder.

### 5. Phase III: Deepening the Inquiry and Synthesis

As the treatment progresses, the therapist constructs a second set of written questions. These questions are formulated precisely based on the insights gleaned from the patient's written responses concerning their dreams, their reactions to the assigned reading material, and the specific nature of their diagnosed disorder. This set of questions is strategically designed to penetrate deeper into the patient's personality structure. Karpman stated that these questions are highly likely to bring forth the underlying **psychogenetic mechanisms** with greater clarity and definition, moving beyond symptomatic descriptions to etiological understanding.

This second, more penetrating questionnaire is managed using the identical ground rules established in Phase I: the patient submits explicit answers in writing, focusing on emotional context. Subsequently, a third, and typically final, set of questions is administered, continuing the structured inquiry and refinement of self-understanding. Once the entire, extensive cycle of written question-and-answer interchange has been completed, the final synthesizing step is performed by the therapist. The therapist compiles and presents the patient with a "memorandum as a whole." This comprehensive document serves as the formal therapeutic conclusion, synthesizing all the psychological insights obtained throughout the entire structured written process, providing the

patient with a final, cohesive understanding of their neurosis and recovery path.

## 6. Therapeutic Flexibility and Scope

A defining characteristic of Karpman's approach is its commitment to **individualization**, despite its structured format. Karpman maintained that every neurosis possesses a unique character, necessitating that the therapeutic tools utilized must be carefully adjusted not only to the specific needs of the individual patient but also to the personality and skills of the therapist. Consequently, he did not assert Objective Psychotherapy as the sole valid approach, but rather as an effective methodology, particularly for cases involving moderate disorders, including institutionalized criminals, where its structure proved beneficial.

The flexibility of the method allows the therapist to adapt dynamically to therapeutic necessity. If, for instance, the initial structured questionnaires fail to yield sufficient foundational information or depth of insight, the therapist is encouraged to transition to a more traditional, free-association-based psychoanalytic approach. Conversely, Karpman also suggested that a therapist utilizing traditional psychoanalysis might switch mid-treatment to the shorter, structured method of Objective Psychotherapy, using the material already gathered through free association as a robust basis for formulating the required written questions. This requirement places a high burden on the therapist to remain continuously flexible and alert, selecting the specific procedural adaptation that promises to be most effective for the unique clinical situation presented by a particular patient.

## 7. Key Components and Procedural Steps

**Initial Orientation:** Face-to-face interviews establishing trust, defining neurosis as an emotional illness, and emphasizing cure through intellectual understanding over willpower.

**First Questionnaire:** Elicitation of general **autobiographical material** (relationships, history, environment) with mandatory focus on emotional aspects.

**Initial Memorandum:** Therapist's written summary and common-sense explanation of the significance of the patient's initial answers, generating the first glimpse of self-insight.

**Dream Submission and Interpretation:** Patient submits written dream accounts; therapist provides written interpretations based on previously supplied autobiographical material and common-sense logic.

**Mandated Reading:** Assignment of texts by authors like Freud and Menninger to educate the patient and stimulate the **recall of forgotten experiences**.

**Second and Third Questionnaires:** Progressively deeper sets of written questions targeting underlying psychogenetic mechanisms, informed by previous answers and dream reactions.

**Final Memorandum:** Synthesis of all insights achieved throughout the process, presented to the patient as a comprehensive summary of their neurosis and treatment.

## Further Reading

[Benjamin Karpman \(Wikipedia\)](#)

[Psychotherapy \(Wikipedia\)](#)

[Sigmund Freud \(Wikipedia\)](#)

[Karl Menninger \(Wikipedia\)](#)

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