5.3: Object Relations Theory

There are those who say that it is inappropriate to refer to object relations theory as if it were a single theory. It is more appropriate to refer to object relations theorists, a group of psychoanalysts who share a common interest in object relations, but whose theories tend to vary with each individual theorist. Sigmund Freud used the term object to refer to any target of instinctual impulses. In the current context, an object is a person, or some substitute for a person such as a blanket or a teddy bear, which is the aim of the relational needs of a developing child. Melanie Klein is generally recognized as the first object relations theorist, and her change in emphasis from Sigmund Freud’s view was rather profound. Freud believed that a child is born more like an animal than a human, driven entirely by instinctual impulses. Only after the ego and the superego begin to develop is the child psychologically human. Klein, however, felt that a baby is born with drives that include human objects, and the corresponding need for relationships. In other words, the infant’s instinctual impulses are designed to help the child adapt to the distinctly human world into which the child is born (Mitchell & Black, 1995).

**Melanie Klein**

Melanie Klein (1882-1960) was also born in Vienna, about 13 years before Anna Freud. However, she did not remain there. She moved first to Budapest, where Klein entered into psychoanalysis with Sándor Ferenczi. She then moved to Berlin, where she continued her psychoanalysis with Karl Abraham. Since the move to Berlin occurred in 1921, and since she credited this period with Abraham much more significantly than the time she spent with Ferenczi, the most significant portion of her psychoanalysis actually occurred shortly after that of Anna Freud (Mitchell, 1986). However, the time periods are so close that, despite the difference in age, they really should be considered contemporaries. But they certainly did not agree, as we have already seen.

There are two factors that contributed to the differences between Klein and Anna Freud. Since Klein underwent psychoanalysis with Ferenczi in Budapest, and then Abraham in Berlin, her exposure to multiple points of view likely
gave her a unique perspective on psychoanalysis. Anna Freud, remember, never left her father’s home while he was alive. Also, in 1925, just as the two women were embarking fully on their own careers, Klein moved to England following the death of her mentor Karl Abraham. This separation from the continent of Europe, in a country where analysts already shared ideas similar to Klein’s, led to a freedom of thought that allowed Klein to develop her own theories without restraint (Mitchell, 1986).

As mentioned above, Klein believed that an infant is born with the capacity and drive to relate to others. An inherent problem with this reality, however, is that the infant must be prepared to deal with all types of people and relationships. Thus, Klein believed that the death-instinct and its aggressive energy are every bit as important as the life-instinct (Eros) and its libidinal energy:

…What then happens is that the libido enters upon a struggle with the destructive impulses and gradually consolidates its positions…the vicious circle dominated by the death-instinct, in which aggression gives rise to anxiety and anxiety reinforces aggression, can be broken through by the libidinal forces when these have gained in strength. As we know, in the early stages of development the life-instinct has to exert its power to the utmost in order to maintain itself against the death-instinct. But this very necessity stimulates the growth of the sexual life of the individual. (pgs. 211-212; Klein, 1932/1963)

As the child continues to develop, love becomes the manifestation of the life-instinct, and hate becomes the manifestation of the death-instinct (Mitchell, 1986). As for people in the child’s life, the child will begin to recognize both good and bad elements of their support for and relationship to the child. The child will also recognize good and bad aspects of its own thoughts and behaviors. As a result, the child will begin a process known as splitting, in which the bad parts of an object are split off and not allowed to contaminate the good parts of the object. In simpler terms, a child can continue to love its parents, even though there may be times that the parents do not satisfy the impulses of the child. Similarly, the child can continue to feel a positive sense of self-esteem, even though they sometimes fail or do bad things. Such split attitudes can continue into adulthood, and we sometimes hear people talk about "love-hate" relationships.

Since the child is born with the life-instincts and death-instincts necessary to establish and maintain object relations, Klein did not focus on development as going through a series of stages. Instead, she suggested two basic developmental orientations that help the child to reconcile its emotions and feelings regarding the inner and outer worlds in which the child exists: the paranoid-schizoid position and the depressive position (Jarvis, 2004; Kernberg, 2004; Mitchell, 1986; Mitchell & Black, 1995). The means by which the child processes these emotions and orientations is based largely on fantasy. Klein believed that the child is capable at birth of an active fantasy-life. This fantasy emanates from within, and imagines what is without, and it represents the child’s primitive form of thinking about the world and about the child’s relationships (Jarvis, 2004; Kernberg, 2004; Mitchell, 1986). With regard to the mother, the child’s first object:

In the baby’s mind, the ‘internal’ mother is bound up with the ‘external’ one, of whom she is a ‘double’, though one which at once undergoes alterations in his mind through the very process of internalization; that is to say, her image is influenced by his phantasies, and by internal stimuli and internal experiences of all kinds. (pgs. 148-149; Klein, 1940/1986)

Klein believed that object relations are present at birth, and the first object is the mother’s breast (Klein, 1946/1986).
Due, in part, to the trauma of birth, the child’s destructive impulses are directed toward the mother’s breast from the beginning of life. As the child fantasizes attacking and destroying its mother, it begins to fear retaliation. This leads to the paranoid position. Because of this fear, and in order to protect itself, the child begins the process of splitting the mother’s breast and itself into good and bad parts (the schizoid position). The child then relies on two principle defense mechanisms to reduce this anxiety: introjection leads the child to incorporate the good parts of the object into itself, and projection involves focusing the bad parts of the object and the child onto the external object. This introjection and projection then provide the basis for the development of the ego and the superego (Klein, 1946/1986; Mitchell, 1986).

As the child continues to develop, it becomes intellectually capable of considering the mother, or any other object, as a whole. In other words, the mother can be both good and bad. With this realization, the child begins to feel guilt and sadness over the earlier fantasized destruction of the mother. This results in the depressive position, and it represents an advancement of the child’s maturity (Jarvis, 2004; Kernberg, 2004; Klein, 1946/1986; Mitchell, 1986).

**Discussion Question:** Melanie Klein is unique in her emphasis on aggression and the death-instinct. Does it seem reasonable to consider aggression as important in human development as libido (and Eros)? Is it possible that aggression was an essential element in the development of the human species, but one that is no longer needed?

Another important contribution by Klein was the method of **play analysis**. She acknowledged that some psychoanalytic work had been done with children prior to 1920, particularly by Dr. Hug-Hellmuth (Klein, 1955/1986). Dr. Hug-Hellmuth used some drawings and play during psychoanalysis, but she did not develop a specific technique and she did not work with any children under the age of 6. Although Klein believed that even younger children could be psychoanalyzed in the same manner as adults, that doesn’t mean they have the same ability to communicate as adults. Klein’s interest in play analysis began with a 5 year-old boy known as ‘Fritz.’ Initially Klein worked with the child’s mother, but when his symptoms were not sufficiently relieved, Klein decided to psychoanalyze him. During the course of psychoanalysis, she not only listened to the child’s free associations, she observed his play and considered that to be an equally valuable expression of the child’s unconscious mind (Klein, 1955/1986). In *The Psycho-Analysis of Children* (1932/1963), she described the basics of the technique:

On a low table in my analytic room there are laid out a number of small toys of a primitive kind - little wooden men and women, carts, carriages, motor-cars, trains, animals, bricks and houses, as well as paper, scissors and pencils. Even a child that is usually inhibited in its play will at least glance at the toys or touch them, and will soon give me a first glimpse into its complexive life by the way in which it begins to play with them or lays them aside, or by its general attitude toward them. (pg. 40)

**Figure \(\PageIndex{1}\)**

*Klein believed that by watching children at play an analyst can gain a deep understanding of the psychodynamic processes taking place in the child’s mind.*

It is interesting to note that although Anna Freud often commented on Klein’s work, Klein seldom mentioned Anna Freud. It may be that Anna Freud felt compelled to address the work of a leading figure whom Anna Freud considered to be incorrect, whereas Klein felt no such need to
address the work of the younger Anna Freud. Klein certainly cited Sigmund Freud’s work extensively, but when she mentioned Anna Freud she typically failed to give credit where credit is due. For example, in *The Psycho-Analysis of Children* (Klein, 1932/1963), she mentions Anna Freud only once, in the introduction to the book:

Anna Freud has been led by her findings in regard to the ego of the child to modify the classical technique, and has worked out her method of analysing children in the latency period quite independently of my procedure…In her opinion children do not develop a transference-neurosis, so that a fundamental condition for analytical treatment is absent…My observations have taught me that children can quite well produce a transference-neurosis, and that a transference-situation arises just as in the case of grown-up persons…Moreover, in so far as it does so without having recourse to any educational influence, analysis not only does not weaken the child’s ego, but actually strengthens it. (pg. 18-19)

This quote not only emphasizes a fundamental disagreement between Klein and Anna Freud, it also seems to dismiss the value Anna Freud placed on her educational background. Later in her career, Klein even went so far as to suggest that she herself was closer to Sigmund Freud’s perspective than Anna Freud was:

I do not know Anna Freud’s view about this aspect of Freud’s work. But, as regards the question of auto-eroticism and narcissism, she seems only to have taken into account Freud’s conclusion that an auto-erotic and a narcissistic stage precede object relations, and not to have allowed for the other possibilities implied in some of Freud’s statements such as the ones I referred to above. This is one of the reasons why the divergence between Anna Freud’s conception and my conception of early infancy is far greater than that between Freud’s views, taken as a whole, and my view. (pg. 206; Klein, 1952/1986)

Clearly, whereas Anna Freud felt that Klein was reading too much into her analysis of children, Klein felt that Anna Freud had failed to consider the wider perspectives allowed by the work of Sigmund Freud. Given the complexity of individual personality, it may be that the true answer to this question is different for each person undergoing psychoanalysis.

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**Placing the Neo-Freudians in Context - 2: The Psychoanalysis of Children**

Before continuing our examination of object relations theorists, it is important to stop and ask why the psychoanalysis of children received so much attention. Many people think of early childhood as a carefree time to run and play, a time when our parents take care of every need, and we have no responsibilities at all. However, for many children, life holds much more challenging problems than just the normal psychological processes of growing up. Abuse, neglect, being caught in the middle of a bitter divorce, these are just some of the things that occur in the lives of too many children. In considering situations where society is forced to intervene, Anna Freud and her colleagues believed that we should shift our focus from thinking about the “best interests” of the child and think instead about providing the “least detrimental available alternative for safeguarding the child’s growth and development” (Goldstein, Freud, & Solnit, 1973). Their reasoning was that in cases of abuse, neglect, divorce, etc., the “best interests” of the child are no longer possible, and certainly cannot be restored by a judge. Therefore, the best that society can hope to do is to help the child as much as possible. Obviously, psychotherapy may play an important role in this process for those children who are emotionally disturbed.

The question remains, however: at how early an age can psychoanalysis be effective? The answer depends somewhat
on your perspective. As we have already seen, Anna Freud did not consider children capable of fully participating in psychoanalysis as adults can; she did not consider their play behavior to be the same thing as free association. Melanie Klein, however, did consider children to be good subjects for psychoanalysis at very early ages. In fact, Klein took it one step further: she practically considered psychoanalysis necessary for normal development! Klein’s childhood was not easy. Her father seemed to care only for her sister Emilie, and Emilie and their brother Emmanuel constantly harassed Klein. Her closest sister in age, Sidonie, took pity on Klein and taught her arithmetic and how to read. However, when Klein was only 4 years old, both she and Sidonie came down with tuberculosis. Sidonie died, and her death was very traumatic for Klein. Klein suffered from depression throughout her life, and even spent some time in a hospital being treated for it during her 20s (Sayers, 1991; Segal, 2004). This may have had a lot to do with Klein’s focus on the death instinct and aggression during early childhood development. Her own descriptions of childhood can seem quite frightening:

We get to look upon the child's fear of being devoured, or cut up, or torn to pieces, or its terror of being surrounded and pursued by menacing figures, as a regular component of its mental life; and we know that the man-eating wolf, the fire-spewing dragon, and all the evil monsters out of myths and fairy stories flourish and exert their unconscious influence in the fantasy of each individual child, and it feels itself persecuted and threatened by those evil shapes. (pgs. 254-255; Klein, 1930/1973)

Not only are such early childhood challenges frightening for individuals, Klein also believed that all attempts to improve humanity as a whole have failed because no one has understood “the full depth and vigor” of the aggressive instincts in each person. Klein believed that psychoanalysis could help both individuals and all humanity by alleviating the anxiety caused by the hatred and fear that she proposed all children experience during their psychodynamic development (Klein, 1930/1973). And so, Klein expressed the following desire for psychoanalysis:

…I hope, child analysis will become as much a part of every person’s upbringing as school education is now. Then, perhaps, that hostile attitude, springing from fear and suspicion, which is latent more or less strongly in each human being, and which intensifies a hundredfold in him every impulse of destruction, will give way to kindlier and more trustful feelings toward his fellow men, and people may inhabit the world together in greater peace and goodwill than they do now. (pgs. 267-268; Klein, 1930/1973).

Donald W. Winnicott

Anna Freud and Melanie Klein represent two extremes in the debate over the development of personality in childhood and how psychoanalysis can help to understand that development and treat psychological disorders. Anna Freud strictly adhered to her father’s theory, believing that young children lacked the psychological development necessary for participating fully in adult-like psychoanalysis. Klein, on the other hand, considered children quite advanced at birth, with the death-instinct and its aggressive impulses being every bit as important as Eros and the libido. In contrast to these extremes, an independent school of object relations theorists developed with more moderate views. Donald Winnicott was one of the most influential of these more moderate theorists, as were Margaret Mahler and Heinz Kohut. We will take a look at some of the ideas of Mahler and Kohut in the next section.

Winnicott (1896-1971) was a pediatrician before becoming an analyst, so he brought a wealth of experience in observing mother-infant interactions to psychoanalysis. Already well respected for his medical treatment of children,
Winnicott became increasingly interested in their emotional disorders. So, he joined a group of psychoanalysts being formed in London under the guidance of Sigmund Freud (Winnicott, Shepherd, & Davis, 1986). His first analyst was James Strachey, the man responsible for translating much of Freud’s work into English and who was also instrumental in bringing Klein to England. Winnicott continued his analysis with Joan Riviere, one of Klein’s closest colleagues, and he was eventually supervised by Klein herself (Mitchell & Black, 1995). Due to his prior experience and independent spirit, however, he developed his own theories separately from those of Klein.

Winnicott saw the early years of life as being a time when the child must transition from a state of subjective omnipotence toward one of objective reality. When a newborn is hungry, the breast appears. When a newborn is cold, it is wrapped in a blanket and warmed. The baby believes that it has created these conditions through its own wishing, and so it feels omnipotent. The mother’s responsibility during this time is to cater to the baby’s every wish, to anticipate the needs of the child. As a result, the baby does indeed have its wishes granted almost immediately. This subjective sense of self, as an empowered individual, is crucial to the core of personality as the child grows and represents the true self (Kernberg, 2004; Mitchell & Black, 1995; Winnicott, 1967/1986).

For this development to proceed in a healthy manner, the child must have what Winnicott called a good enough mother (Winnicott, 1945/1996, 1968a,b/2002, 1968c/1986). The good enough mother at first fulfills the child’s wishes immediately and completely, but then withdraws when not needed. This creates an environment in which the child is protected without realizing it is being protected. Over time, the mother slowly withdraws even from the immediate satisfaction of the child’s needs. This allows the child to develop a sense of objective reality, the reality that the world does not immediately and completely satisfy anyone’s desires and needs, and that wishing does not lead to satisfaction. So the good enough mother is not a perfect mother in the sense that she provides forever anything that the child wants. Instead, she does what is best for the development of the child, offering fulfillment and protection when needed, and withdrawing when the child must pursue its own development. Winnicott considered the unique condition of the good enough mother as something quite fascinating:

A good enough mother starts off with a high degree of adaptation to the baby’s needs. That is what “good-enough” means, this tremendous capacity that mothers ordinarily have to give themselves over to identification with the baby...The mother is laying down the basis for the mental health of the baby, and more than health - fulfillment and richness, with all the dangers and conflicts that these bring, with all the awkwardnesses that belong to growth and development. (pg. 234; Winnicott, 1968b/2002)
A good enough mother satisfies the needs of her child, but withdraws when the child does not need her, eventually no longer being available to the child in an instant. Over time, this allows the child to develop a realistic sense of the world.

Discussion Question: Donald Winnicott believed that healthy development required a child to have a good enough mother. Do you think you had a good enough mother (or father), and do you agree with this approach to raising an infant?

There is at least one big problem with discussing how extraordinary the good enough mother is: it seems to ignore the role of the father. However, this was not the case. Although Winnicott emphasized the biological reality that the father does not share the same physiological relationship that the mother and child share, he did acknowledge that in the course of development the father plays an important role (Winnicott, 1968b/2002, 1968c/1986). Thus, in considering the overall development of the child, he acknowledges the role of good enough parents:

I must be careful. So easily in describing what very young children need I can seem to be wanting parents to be selfless angels, and expecting the world to be ideal…Of children, even of babies, it can be said that they do not do well on mechanical perfection. They need human beings around them who both succeed and fail.

I like to use the words “good enough.” Good enough parents can be used by babies and young children, and good enough means you and me. In order to be consistent, and so to be predictable for our children, we must be ourselves. If we are ourselves our children can get to know us. Certainly if we are acting a part we shall be found out when we get caught without our make-up. (pg. 179; Winnicott, 1969/2002)

Objective reality is not, however, the goal of development. It is just as extreme as subjective omnipotence. While it is true that wishing does not lead to satisfaction, it is also true that loved ones will help to satisfy our needs and desires to the best of their ability. An individual living entirely in the realm of objective reality lacks the subjective core of their true self and cannot connect with others. Instead, they live in expectation of what others will do, influenced entirely by external stimuli (Mitchell & Black, 1995). Such individuals develop what is called a false self disorder (Winnicott, 1964/1986, 1967/1986, 1971). Although Winnicott described the false self as a successful defense, within the context of ongoing development, he did not consider it to be a condition of psychological good health (Winnicott, 1964/1986, 1967/1986). However, it is part of normal development in every person’s life. For example, children are taught to say “thank you” even when they may not be thankful for something. We actually teach them to lie, as part of the price for socialization. However, some children find it difficult because of the need to continually re-establish the importance of the true self relative to the false self (Winnicott, 1964).

For Winnicott, the process of transitioning from subjective omnipotence toward objective reality is crucial to development. The transitional experience is not just a concept, however, since it often involves transitional objects. A child’s blanket, or a teddy bear, is very important to the child. They do not exist merely as a substitute for the mother, they are also an extension of the child’s own self. This allows the child to experience a world that is neither entirely within its control nor entirely beyond its control (Kernberg, 2004; Mitchell & Black, 1995). Such a world is closer to the condition in which most of us actually live, and fits well with Winnicott’s definition of the good enough parent: one who is...
honest and real in dealing with their children. The relationship between the child and its mother, as well as the relationships between the child and its larger family, are actively involved in this transitional experience. There is an intimate connection between a mother and a child when they are playing, and that connection exists in a common ground: the transitional space that is neither child nor mother. Because this is a shared and secret place, it is a symbol of the trust and union between them. Taken further, this space becomes an opportunity for the child to see itself mirrored in the mother’s face. If the mother is loving and supportive, the child is able to develop a sense of feeling real (Winnicott, 1968a/2002). Although the relationship with the mother may be the most special, these phenomena do carry over to the father and the rest of the family as well (Winnicott, 1966/2002).

Discussion Question: Winnicott felt that transitional objects were important for helping children to develop without too much anxiety. Did you have a favorite transitional object, and do you still have it? Do you think it is healthy for children to have such objects, and what might you do with your own children if you have them? If you already have children, do they have transitional objects, and did you ever consciously expect them to have them?

Winnicott proposed that the transition that occurs during early development, from subjective omnipotence to objective reality, is facilitated by transitional objects. In the picture on the left, John is cuddling his blanket. To the right is John’s other important transitional object, his gorilla HaHas, and the author’s old Teddy bear. [Images © 2010 Mark Kelland]

For Winnicott, the psychoanalytic process was an opportunity for the patient to re-experience the early subjective experiences of a relationship with the good enough mother. The therapist takes the role of the good enough mother, allowing the patient to spontaneously “be” in the relationship, while the analyst tries to anticipate and accommodate the
patient’s needs. The hope is that the analyst and the therapeutic environment will allow the patient’s aborted
development to be reanimated, with the patient’s true self emerging as a result (Mitchell & Black, 1995). However, there
can be no single technique in this process, as each case is different (Winnicott, 1971). More important than technique is
the analyst’s overall skill as an analyst, their ability to make use of various techniques within the psychoanalytic session.
Perhaps the most important aspect of this overall view of what is necessary for effective psychoanalysis, according to
Winnicott, is that the analyst needs to have been a good, healthy candidate in the first place. Winnicott believed that “it is
not easy to turn a badly selected candidate into a good analyst…” (Winnicott, 1971).

Although Winnicott may have felt that technique was not some special trick to be used by anyone in performing
psychoanalysis, he did have some favorite techniques. As described above, he watched the playful interaction between
child and mother, in much the same way as Klein used her play technique. Winnicott also liked to use the Squiggle
Game, a technique that makes use of drawings by the child and the analyst, including the opportunity for each to make
changes in the other’s drawings. Winnicott believed that this process provided a special opportunity to make contact with
the child, in which it felt to him as if the child were alongside him helping to describe the case (Winnicott, 1971). In
Therapeutic Consultations in Child Psychiatry, Winnicott (1971) offers many examples of such drawings along with brief
descriptions and analyses of the corresponding cases.

In closing, Winnicott felt it was important to focus on psychological health, and he defined this as something much more
than simply making it through each day, going to work, and raising a family. He believed that healthy individuals actually
lived three different lives: 1) a life in the world, with interpersonal relationships being key; 2) a personal psychic reality,
including creativity and dreams; and 3) their cultural experience. Winnicott admitted that it was difficult to incorporate the
cultural experience into the life of an individual. However, he favored the transitional space between the child and its
mother, and felt that it was dependent on the mother having been very supportive of the child during development
(Winnicott, 1967/1986). In considering the overall purpose of life, in contrast to Freud’s perspective, Winnicott wrote:

...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…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…the vast majority of people take feeling real for granted, but at what cost? To what extent
are they denying a fact, namely, that there could be a danger for them of feeling unreal, of feeling possessed, of feeling
they are not themselves, of falling for ever, of having no orientation, of being detached from their bodies, of being
annihilated, of being nothing, nowhere? Health is not associated with denial of anything. (pgs. 34-35; Winnicott, 1967/
1986)

The Final Development of Individuality: Margaret Mahler and Heinz
Kohut

Margaret Mahler (1897-1985), was also a pediatrician before becoming a child analyst, and the early relationship
between a child and its mother had a significant impact on her views of developmental ego psychology. At birth,
according to Mahler, a child is focused entirely on itself, in a state of primary narcissism known as the normal autistic
phase. In agreement with Sigmund Freud, Mahler believed that in the first few weeks of life there is very little cathexis of
libido outside of the child itself. She borrowed Freud’s analogy of a bird’s egg to describe this period in which the child
has minimal interaction with external stimuli. Through contact with the mother, however, the child slowly becomes aware
that it cannot satisfy its needs by itself. As the child becomes dimly aware of the mother’s activities, the child begins to
think of itself and its mother as an inseparable system. This intimate connection between child and mother is called normal symbiosis (Kernberg, 2004; Mahler, Pine, & Bergman, 1975; Mitchell & Black, 1995). As important as this stage is for the development of the child, the child still needs to develop a sense of individuality. That process is known as separation-individuation:

We refer to the psychological birth of the individual as the separation-individuation process: the establishment of a sense of separateness from, and relation to, a world of reality, particularly with regard to the experiences of one’s own body and to the principal representative of the world as the infant experiences it, the primary love object. Like any intrapsychic process, this one reverberates throughout the life cycle. It is never finished; it remains always active…(pg. 3; Mahler, Pine, & Bergman, 1975)

Separation-individuation, therefore, refers to the two main tasks that a young child must accomplish in order to grow up. First, they must separate from their mother (including the psychological understanding that they and their mother are two separate beings), and then they must fully develop their individuality. According to Mahler, this process involves a series of four subphases: differentiation, practicing, rapprochement, and consolidation. The earliest subphase, differentiation, is signaled by the child’s increasing alertness around the age of 4 to 5 months. Following a “hatching process”, the child directs much of its attention outward, but this alternates with the child often turning back to the mother as its point of orientation. Transitional objects, as described by Winnicott, are also important during this period. As the child becomes old enough to start crawling, it moves out into the world and begins practicing its ability to interact with the environment. The practicing subphase enters full force as the child begins to walk, and an important aspect of this is a full, physical understanding of the child’s separateness from its mother. Accordingly, its interests can now spill over into the many toys and other objects the child discovers in the world (Kernberg, 2004; Mahler, Pine, & Bergman, 1975; Mitchell & Black, 1995).

During the rapprochement subphase (approximately 1 ½ to 2 years of age), the child’s psychological development catches up with its physical development, and the child potentially enters a state of confusion and anxiety. The child becomes aware that the mobility it gained during the practicing subphase has had the unfortunate effect of truly, and physically, separating the child from its mother. The distress this causes leads the child to regularly check in with its mother for security. This is a progressive stage, but is often seen as a regression by the parents (Mitchell & Black, 1995). Pushing the child away too early at this stage can lead to psychological problems later in life, and Mahler urged that one cannot emphasize too strongly the importance of the mother providing optimal emotional availability to the child (Mahler, Pine, & Bergman, 1975). If all goes well, the child will then enter the final subphase and consolidate a definite, and in some aspects lifelong, individuality. Mahler believed that this process indicated a far-reaching structuralization of the ego and definite signs that the child has internalized parental demands, an indication that the superego has developed as well (Mahler, Pine, & Bergman, 1975).

Louise Kaplan, who worked with Mahler for a time, was interested in applying the theory Mahler had developed to the full range of human life, both in terms of age and cultural differences. Although Kaplan agreed that the most profound development occurs during early childhood, she emphasized that the purpose of all this, from the point of view of society, is what sort of person will grow out of each child.

In the first three years of life every human being undergoes yet a second birth, in which he is born as a psychological being possessing selfhood and separate identity. The quality of self an infant achieves in those crucial three years will profoundly affect all of his subsequent existence. (pg. 15; Kaplan, 1978)
The conditions of these early years, however, are not always good. In many cultures women are oppressed, sometimes violently. This has an effect on the mothering these women are able to provide their children. Male children may be valued, but in a possessive way. Female children may be scorned, as they lack the male privileges the mother wishes she had herself (Kaplan, 1978). Of course, not all cultures are like this. Kaplan describes a wide variety of cultures, both primitive and modern, and considers some of the many factors that contribute to the nature of adulthood. She compared hunter/gatherer cultures such as the Zhun/twasi or the Ik, tribes found in southern Africa, as they are compelled to transition from old ways of life toward more modern ways. The increased aggressiveness and general life stress that Kaplan observed coinciding with these changes in culture suggests to her that our modern way of life has led to many of these psychological problems. She believed that in “every adult human there still lives a helpless child who is afraid of aloneness.” When social conditions are competitive and/or abusive, adults are as alone and helpless as children. According to Kaplan, this would be true even if there were perfect babies and perfect mothers (Kaplan, 1978).

Discussion Question: Mahler believed that children develop through three stages. First the child focuses on itself, then the child becomes aware of their intimate relationship with their mother, and finally a sense of individuality develops. If you look at your relationship with your parents, which stage seems more dominant: your narcissism, your symbiosis, or your separation-individuation?

Heinz Kohut (1913-1981) continued and expanded on this perspective of the important and revealing relationship between childhood development and the life and psychological health (or not) of adults. Kohut was born in Vienna, and studied medicine at the University of Vienna, as Sigmund Freud had. Also similar to Freud, he took some time to study medicine in Paris. In 1937, Kohut’s father died and he was deeply troubled. He first went to a psychologist for treatment, but later sought psychoanalysis from August Aichhorn. Aichhorn was a highly respected analyst, and a close personal friend of both Sigmund and Anna Freud. The success of his analysis greatly interested Kohut himself, and led to his becoming an analyst as well. After fleeing Nazi controlled Austria in 1939, Kohut eventually settled in America. He continued his psychoanalytic training at the Chicago Institute for Psychoanalysis (where Karen Horney had been the first associate director), but not without difficulty. Initially, Kohut was soundly rejected by the institute. He then entered into therapy with Ruth Eissler, a training and supervising analyst at the institute, and the wife of a protégé of the well-respected Aichhorn. Making these connections was an intentional effort at good networking, and Kohut was later accepted into training (Strozier, 2001).

In his theory, Kohut focused on the self and narcissism. Most theorists express a negative view of narcissism, but Kohut felt it served an essential role in the development of individuality. Early childhood is a time of vitality, children are exuberant, expansive, and creative. Kohut was interested in the fate of this vitality, and how it can be preserved into adulthood (Mitchell & Black, 1995). The development of a healthy self depends on three kinds of selfobject experiences. Selfobjects are the adults who care for the child, and they need to provide for both physiological and psychological needs. First, a child needs selfobjects who confirm the child’s vitality, who look on the child with joy and approval. In this first basic narcissistic process, known as mirroring, the child is able to see itself as wonderful through the eyes of others. An important aspect of mirroring is empathy, a state in which the mother and child actually share their feelings as if they were one (Strozier, 2001). The second type of selfobject satisfies the child’s need to be involved with powerful others, people the child can look up to as images of calmness, control, and omnipotence. This second basic narcissistic process, known as idealizing, allows the child to experience the wonder of others, and to consider itself special due to its relationship with them. Finally, the child needs to experience others who are open and similar to the child, allowing the child to sense an essential likeness between the child and the selfobject. Although this was not
described as a basic narcissistic process, its lack of development can be seen in the twinship transference described below. These various relationships will help the child to develop a healthy narcissism, a realistic sense of self-esteem. Although reality will begin to chip away at this narcissism, in a healthy environment the child will survive the occasional frustration and disappointment and develop a secure, resilient self that maintains some kernel of the vitality of early childhood into adulthood (Mitchell & Black, 1995).

An important question, however, is how are the selfobjects incorporated into the child’s sense of self? As suggested above, mirroring is the first important step. As the child observes the mother’s joy and approval of the child, the child comes to believe that it must be wonderful. Why else would the mother be so happy to see the child? Similarly, as the child observes selfobjects that are powerful and calm, those selfobjects the child has idealized, the child projects the best part of itself onto those selfobjects. Accordingly, the child sees those selfobjects as wonderful and, since the child is with them, the child must be wonderful too. In these instances the child strengthens its own sense of self, its own narcissism, in comparison to others. These processes can be seen in the psychoanalytic session with patients who have not developed a healthy sense of self. They will exhibit three types of selfobject transference toward the analyst: mirroring transference, idealizing transference, and twinship transference. In mirroring transference, the attention of the analyst allows the patient to feel more real and more internally substantial. In idealizing transference, the patient comes to believe that the analyst is an important and powerful person, and the patient is to be valued by virtue of their association with the analyst. And finally, in twinship transference, the patient feels as if they are a companion to the analyst in the process of therapy (Mitchell & Black, 1995; Strozier, 2001).

**Discussion Question:** Heinz Kohut also considered a degree of narcissism to be necessary for a child to develop a sense of individuality. Are you more likely to choose friends who admire you (mirroring), or whom you admire (idealizing)? Or do you choose friends who are similar to you, and who help you to develop a realistic sense of self (twinship)? In each instance, is your choice an overwhelming desire, or just one aspect of choosing your friends?

Late in his career Kohut turned his attention to a topic that had also captured Sigmund Freud’s attention late in his career: God and religion. Kohut felt that Freud had made a crucial error in evaluating religion. Freud believed that religion would be undone by the study of science, but Kohut felt that it was simply wrong to try evaluating religion in a scientific way. He did not consider God to be an internalized image of the frightening and all-powerful father, but rather an internalization of the earliest and most wonderful relationship in life: the love of a mother (Strozier, 2001). In keeping with his basic theory, he tried to outline the precise psychological needs that were being satisfied by religion. Most importantly, there is something uplifting about religion. The mirroring need is typically referred to as grace, the gifts freely given to us by God, something psychologically similar to the love shown by a mother holding and cuddling her beloved child. God is, of course, the ultimate in idealization, a perfect being, all-knowing and all-powerful. While an immense and ornate cathedral or temple may seem awesome to those who are religious, other spiritual people can be similarly impressed looking down from a mountaintop, walking along the ocean shore, or listening to beautiful music. As for the final selfobject need, twinship, one can easily relate the community of a religious congregation. Perhaps it is no coincidence that we often hear priests and ministers talking about a congregation as the children of God. Although it was never quite clear what Kohut’s own religious or spiritual beliefs were, he did write:

There is something about this world in our experience that does lift us up beyond the simplicity of an individual existence, that lifts us into something higher, enduring, or, as I would rather say, timeless. (pg. 332; quoted in Strozier, 2001)
Cultural Perspectives on Parent-Child Attachment

This is a true story. I was at our local gym while my older son was at gymnastics practice. There were some children attending a party at the gym, including a little boy about 2 years old who was running around on one of the gymnastics floors. He fell down and hurt himself, and he started crying. A couple of the coaches walked over to help him, but he just cried louder and roughly turned away from them. Then he heard his mother calling him. He ran over to his mother, crying all the way, and she scooped him up into her arms. Almost immediately he stopped crying, started squirming around, and when she put him down he raced back onto the floor and started running wildly in circles and yelling for joy! This is a marvelous example of what psychologists call a secure attachment.

Attachment theory was developed by John Bowlby and advanced by Mary Ainsworth (see Jarvis, 2004; Mitchell & Black, 1995; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). Bowlby considered attachment theory to fit within an object relations approach to psychodynamic theory, but it was largely rejected by the psychodynamic community. He proposed an evolutionary basis for attachment, a basis that serves the species by aiding in the survival of the infant. In other words, the attachment between an infant and its primary caregivers helps to ensure both that the infant stays close to the parents (the objects, if we consider object relations theory) and the parents respond quickly and appropriately to the needs of the infant. Ainsworth studied the attachment styles of children using a technique called the strange situation. In the strange situation, one of the caregivers (let’s say the mother) takes a child into an unfamiliar playroom, and allows the child to explore. A stranger enters, interacts with the mother, and then tries to interact with the child. The mother leaves, then returns, the stranger leaves, and then the mother leaves again. The stranger then returns, then leaves, and finally the mother returns. Throughout all of these events, the child is observed for evidence of having a secure base (feeling comfortable enough to explore the unfamiliar room), separation anxiety (due to the absence of the mother), stranger anxiety (due to the presence of the stranger), and, finally, for its attachment to its mother (when the mother returns at the end of the experiment) (Jarvis, 2004). A securely attached child, as in the story above, will feel free to explore a new environment. When hurt or frightened, however, the child will seek its mother for protection and comfort. Having found that comfort, having affirmed its secure base, the child will then venture out again. But is this true for children in all cultures?

It has been suggested that attachment theory and interpretations of the strange situation are embedded in Western perspectives and ideals, particularly those of middle-class White Americans. In particular, a secure attachment seems to promote the independence of the child, and its ability to separate from the mother and move out into the world. One of the key measures of a secure attachment is that child is comforted by the presence of its mother, particularly after the child
has been in the presence of strangers. However, numerous cultural problems arise from these perspectives. For example, in many African American households children are raised by different members of an extended family, possible including individuals who are not related to the family. Thus, African American children raised in such an environment may respond quite differently to the strange situation, it may not be novel to them (Belgrave & Allison, 2006). As mentioned briefly in Chapter 1, Kenneth and Mamie Clark were two very important individuals who studied the development of African American children. Respectively, they were the first African American man and African American woman to receive Ph.D. degrees in psychology. In addition to studying racial identification in African American children during the 1940s (Clark & Clark, 1947), they established what became the Northside Center for Child Development in Harlem, New York. Primarily under Mamie Clark’s guidance, the center provided a broad range of psychological services including consultations for behavioral and emotional problems, vocational guidance for adolescents, and child-rearing education for African American parents. In addition, the center provided the same services for a smaller number of White and Puerto Rican children from working-class families in Harlem. Mamie Clark’s goal was to give the children of Harlem the same sense of emotional security that she had enjoyed as a child, a sense of security that was elusive in the poor neighborhoods of Harlem (Lal, 2002).

Rothbaum et al. (2000) compared American perspectives on attachment to those in Japan, a country with similar socioeconomic conditions but a very different history and culture. Attachment theory has been considered to have three, universal core hypotheses: sensitivity, competence, and the secure base. In order for a child to feel secure, the mother must respond quickly and appropriately when the child perceives a threat. In other words, she must be sensitive to the child’s needs. When a child feels secure, and has a secure relationship with its primary caregivers, attachment theory predicts that the child will grow up socially and emotionally competent. And finally, the secure base is intimately linked with the child’s exploration of the environment and the child’s ability to respond appropriately to environmental stimuli.

If we compare Japan to the United States, and how we define each of the factors listed above, we come to very different conclusions. According to Rothbaum et al. (2000), so-called sensitive parents in the United States emphasize the child’s autonomy. They expect their children to explore the environment, and they wait for their children to express their needs before responding. In Japan, however, mothers try to anticipate their children’s needs, and they promote the child’s dependence on its mother. In Japan, mothers emphasize emotion and social factors, as opposed to communication and physical objects. Similar differences are seen with regard to social competence. An American who grows up socially competent (assumed to be the result of secure attachments in childhood) is expected to be independent and self-sufficient, willing to express and defend their own opinions. In Japan, however, as in all typical collectivist cultures, a socially competent adult is expected to be dependent on the social in-group and emotionally restrained (Rothbaum et al., 2000). With regard to
the secure base, in the United States it is expected to encourage the child’s autonomy, exploration, and general orientation to the environment first. In contrast, Japanese children are encouraged to focus more on their mothers, in both distressing situations and in those involving positive emotions. Since the expectations of each aspect of attachment theory are so different in Japan and the United States, which are assumed to be representative of Western and Eastern societies, Rothbaum et al. (2000) question whether attachment theory itself is truly universal. They do not question that children and their parents form important and deeply meaningful attachments, but they do question whether attachment can be reasonably evaluated the same way in all cultures.

There are other researchers, however, who question whether the perspectives of Rothbaum et al. (2000) justify rejecting the universality of attachment theory. For example, Posada and Jacobs (2001) acknowledge differences in behavior among different cultures, but they emphasize that all children have the potential for developing secure base relations with their parents and the subsequent secure attachments. It is important to keep in mind that Bowlby’s theory was originally proposed in an evolutionary context and humans are, after all, primates. Also, Ainsworth first coined the term secure base relationship after studying a rural, African community in Uganda, not in a Western culture (Posada and Jacobs, 2001). Rothbaum et al. (2000) also suggest that the relationship between Japanese mothers and their children is better expressed by amae, a dependence on and presumption of another’s love. Amae has been described as what a child feels when seeking his or her mother (consider the child in the story at the beginning of this section, as he ran crying to his mother). However, when the question is asked in the right way, Japanese mothers would prefer their children to fit a definition of a secure child as opposed to one experiencing amae (van IJzendoorn and Sagi, 2001). Indeed, the very meaning of amae is not clearly understood, and may not be easily compared to behaviors recognized in Western cultures (Gjerde, 2001). It may also be true that insecure relationships may be more adaptive in some cultures than secure attachments, and our misunderstanding of these concepts does not allow us to conclude which perspective on attachment theory, if any, should be preferred (Kondo-Ikemura, 2001).

Finally, since attachment problems do sometimes arise, and since attachment must be defined within a relational context, is an individual therapy such as psychoanalysis the best course? If family therapy might be a better option in some circumstances, is anything being done to address cultural issues there? Fortunately, the answer is yes. Psychologists have begun comparing and contrasting family therapy in such diverse cultures as Japan, Israel, and the U.S. Virgin Islands (Dudley-Grant, 2001; Halpern, 2001; Kameguchi & Murphy-Shigematsu, 2001; see also Kaslow, 2001). In keeping with the hopeful sentiments that Melanie Klein expressed regarding child psychoanalysis, Kaslow (2001) believes that family psychology has a role to play “in undertaking the challenges of working with and for families in creating a healthier, more peaceful, less violent world for all.”
A Contemporary Perspective: Otto Kernberg

Otto Kernberg (1928-present) is one of the leading figures in psychodynamic theory today. Kernberg has focused on two major paths: trying to integrate the various psychodynamic, ego psychology, and object relations theories into a unified perspective and trying to provide a research-based methodology for the treatment of patients, particularly patients with **borderline personality organization** (a pathological identity formation that includes all of the major personality disorders; Kernberg, 2004, Kernberg & Caligor, 2005).

Despite seemingly significant differences between Freud’s classical theory and the theories of the neo-Freudians we have examined above (as well as others we have not looked at), Kernberg has done an admirable job of bringing the theories into a cohesive framework. This was accomplished by setting up a hierarchical series of developmental levels at which failure to develop normally causes characteristic types of disorders, whereas successful development leads to a healthy individual. In contrast to Freud, Kernberg believes that an infant begins life as an emotional being unable to separate its own reality from others around it. As the child experiences object relations in this first stage of development, those emotions develop into the drives described by Freud: pleasant emotions lead to libidinal drives and unpleasant emotions lead to aggressive drives. During the second stage of development, the child’s continued development in relation to others leads to an understanding that objects can be both negative and positive (the process of splitting described by Klein), and this leads to a reduction in the intensity of love and hate toward those objects. In other words, the child can love flawed individuals, since the child does not need to completely love or completely hate the important objects in their life. In simple terms, according to Kernberg, individuals who fail to accomplish the first stage of development, an understanding that they are separate from others, develop psychotic disorders. Individuals who fail to accomplish the splitting necessary in the second stage of development will develop borderline disorders, characterized by an exaggerated fixation on “bad” self and object representations (Kernberg, 2004). Completing these first two stages does not end the process, however, because the third level is the one described by Freud himself: the developmental stage in which unconscious id (emotional) impulses threaten the individual’s sense of what is good and acceptable behavior. Thus, classic neurotic disorders still potentially face those who have moved beyond the more severe psychological pathologies of psychotic and borderline conditions (Kernberg, 2004; Mitchell & Black, 1995). We will examine Kernberg’s theory in more detail at the end of the chapter, where we will examine his psychoanalytic theory of personality disorders.

In 2004, Kernberg published an excellent book entitled *Contemporary Controversies in Psychoanalytic Theory, Techniques, and Their Applications*. In this chapter we have seen that many disagreements arose between neo-Freudian theorists, and at first glance their theories seem to disagree more than they agree. Kernberg, however, has this to say:

> Psychoanalytic object relations theories constitute so broad a spectrum of approaches that it might be said that psychoanalysis itself, by its very nature, is an object relations theory: all psychoanalytic theorizing deals, after all, with the impact of early object relations on the genesis of unconscious conflict, the development of psychic structure, and the re-actualization or enactments of past pathogenic internalized object relations in transference developments in the current psychoanalytic situation. (pg. 26; Kernberg, 2004)

He offers an excellent summary of the basic elements of theorists we have examined (Klein, Winnicott, Sullivan, Mahler), as well as some we haven’t (Fairbairn, Jacobson), and how their theories can be blended with classical
Freudian psychoanalytic theory. He then examines how psychoanalysts today are addressing a wide variety of unresolved topics, including: Freud’s dual-drive theory (libido and aggression), homosexuality and bisexuality, mourning and depression, social violence, and the resistance among many in the field of psychoanalysis to improved research and changes in psychoanalytic education and training (Kernberg, 2004).

In the final chapter of his book on *Contemporary Controversies…*, Kernberg examines the historical progression of psychoanalytic thought in English speaking countries (the so-called English schools). The “controversial discussions” of the 1940s led to a mutual agreement to disagree among three major lines of thought: the ego psychologists following Anna Freud, the object relations theorists following Melanie Klein, and the independent school that included D. W. Winnicott. Although the result of these discussion was to delineate the differences among these approaches, over time practicing psychoanalysts recognized the limitations of each approach (Kernberg, 2004). So, many theorists and clinicians began bringing together those elements of each approach that were most valuable. Along the way came some very different perspectives, such as those of Kohut and his self psychology and the culturalist views of Sullivan, and the field was changed dramatically. Kernberg also contrasts these developments to those within the French school of psychoanalysis, a somewhat more traditional approach that emphasizes psychoanalytic method over technique (Kernberg, 2004). He concludes by suggesting that the future of psychoanalytic thought may be a blending of the English and French schools (Kernberg, 2004). One notable early French psychoanalyst was Princess Marie Bonaparte, a personal friend of Sigmund and Anna Freud. We will briefly look at her contributions to psychoanalytic theory in a later chapter.