Psychoanalytic Theory

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The historical relationship between clinical social work and psychoanalysis is both fascinating and extremely complex. Classical psychoanalytic theory and, later, ego psychology stand in relation to social work theory and practice in much the same way as the theory of relativity stands in relation to modern theoretical physics. In each case, the introduction of a new and radical theory has had far-reaching ramifications for the existing framework of knowledge.

In this chapter, psychoanalytic ideas and their unique contributions and adaptations to the practice of clinical social work will be discussed and explored in depth. Psychoanalytic theory, of course, is not a unified body of knowledge; rather, it is composed of multiple theories, models, and schemata pertaining to development, psychopathology, and clinical method and technique. It is a literature of vast scope whose evolution spans an entire century.

Psychoanalysis and Clinical Social Work: A Concise History

The earliest historical influence of psychoanalytic ideas on the social work field seems to have occurred in the late 1920s. Strean (1993) observes that the professional climate in social work favored the introduction of psychoanalytic ideas at this time, inasmuch as caseworkers had begun to recognize the limitations of advice giving, moral suasion, and manipulation of the environment in their work with clients. In the early 1920s, with the advent of the child guidance movement and work with clinical populations such as the shellshock victims of World War I, the context for social work practice shifted dramatically. Many social workers began to work in hospitals and clinics, thereby extending their exposure to psychiatrists and psychiatric thinking (Goldstein, 1995). The influence of psychiatric thinking so dominated social work during this period that it led one historian to describe it as the "Psychiatric Deluge".

Psychoanalysis offered a radically new perspective, one that augmented and complemented the caseworker's understanding of how social forces contribute to the client's maladjustment, with a unique emphasis on the client's motives, conflicts, disturbing wishes, defensive adaptations, and personal history (Strean, 1993, pp. 6-7).
(Goldstein, 1995; Woodroffe, 1971). Freud's theories, in particular, stimulated great interest among many social workers.

Psychoanalytic theory placed emphasis on the individual and imputed meaning to pathological symptoms. It presumed the existence of an unconscious and of universal experiences in early-childhood development (such as the Oedipus complex) that, failing adaptive resolution, might persist into later development and serve as a basis for psychopathology. It also provided a model for understanding the tendency of individuals to translocate and to repeat early-childhood conflicts in adult relationships, even extending to the relationship between client and worker (Goldstein, 1995).

Annette Garrett, in a publication that appeared in 1940, became one of the first social work authors to comment on the transformative impact of Freud's work on social work theory and practice. She observed that the concepts of social diagnosis and social treatment, originally derived from the pioneering work of Mary Richmond, had gradually evolved into psychosocial diagnosis and psychosocial treatment. The incorporation of Freudian ideas into social work practice thus enabled social workers to individualize the person-in-environment configuration; each client was regarded as having a unique set of personal experiences, specific strengths and weaknesses peculiar to him or her, and highly individualized, idiosyncratic ways of operating in the world (Strean, 1993).

During the past 80+ years, psychoanalysis has exerted a powerful and, at times, revolutionary influence on the field of clinical social work, a phenomenon paralleled in other social and behavioral sciences. Although it can be argued that the impact of psychoanalytic thinking has pervaded a variety of clinical social work approaches, three classical approaches to social casework may illustrate this influence most clearly: (1) the diagnostic or psychosocial school, (2) the functional school, and (3) the problem-solving approach.

The Diagnostic or Psychosocial School

Although Mary Richmond is often credited with having originated the diagnostic or psychosocial approach to casework, there were a number of other early contributors.

Gordon Hamilton, Bertha Reynolds, Charlotte Towle, Fern Lowry, Marion Kenworthy, Betsey Libbey, Annette Garrett, and Florence Hollis are among those whose teaching and scholarship helped shape this approach to casework (Hollis, 1970).

An important link between psychoanalysis and the psychosocial approach is in the latter's use of Freudian personality theory as a basic organizing framework. According to Hollis (1970, p. 36), dynamic personality theory, augmented by ego psychological principles, provided the most useful approach to an understanding of the individual and his or her relative success or failure in adaptive functioning.


The influence of psychoanalytic theory is especially evident in the psychosocial school's view of diagnosis. Diagnosis is conceived of as having three equally important facets: (1) dynamic diagnosis, in which the individual's interplay with others in his or her environment is examined; (2) etiological diagnosis, where the focus is on both current and historically remote features of the person-environment matrix; and (3) classificatory diagnosis, in which an effort is made to classify various aspects of the individual's functioning, typically including a clinical diagnosis (Hollis, 1970, p. 52). Other psychoanalytic ideas, such as resistance, transference, and countertransference, have also been integrated into the psychosocial perspective.

The Functional School

The functional theory of casework, developed by Virginia Robinson and Jessie Taft at the Pennsylvania
School of Social Work in the 1930s, was also linked to psychoanalysis. The functionalists, however, rejected the classical psychoanalytic ideas that the psychosocial school had embraced, characterizing them as “mechanistic, deterministic view(s) of man . . . [who is seen as] . . . prey to the dark forces of an unconscious and . . . the harsh restrictive influences of internalized parental dicta in the early years” of development (Smalley, 1970, pp. 82–83). Freud’s disciple, Otto Rank, whose theories emphasized human growth, the development of the self, and the will as a controlling and organizing force, became an important force in functional theory as a member of the teaching faculty at the University of Pennsylvania. Rank’s work also emphasized ideas such as the use of relationship to facilitate growth and the significance of time as a factor in the helping process, ideas that Taft and others used as the basis for the functional model.

One of Rank’s unique contributions, according to Smalley (1970), was his theory of birth trauma:²

Rank emphasized the development of life fear and death fear out of the birth experience and saw all individuals as experiencing and expressing these two fears throughout life . . . the fear of not living, not experiencing, not realizing potential which may be thought of as the death fear; and the fear of separation, of independent existence outside of the womb. (pp. 92–93)

The Problem-Solving Model

The problem-solving model was developed by Helen Harris Perlman in the 1950s at the University of Chicago. Perlman’s model has been described by one author as an effort to traverse the often contentious debate that had erupted between the functional school and the diagnostic school by the 1950s, although she was largely unsuccessful in achieving this objective (Goldstein, 1995, p. 37). Perlman’s model of casework is very closely tied to ego psychological theory, and she views the casework process itself as demonstrating a “striking parallel” with “the normal operations of the ego in its problem-solving efforts” (Perlman, 1957, p. 85). With the use of concepts such as partializing (breaking down large problems into smaller, more manageable tasks), Perlman (1970) attempted to “translate ego psychology into action principles” (p. 135).

The problem-solving model also emphasized the significance of relationship, and Perlman did write of relational phenomena such as transference and countertransference. However, she was always careful to make clear distinctions between casework and depth psychology. Casework always aimed to “maintain the relationship on the basis of reality,” to keep client and caseworker firmly anchored in their joint purpose, aware of “their separate and realistic identities” and their goal of achieving “a better adaptation between the client and his current problem-situation” (Perlman, 1957, p. 78). Such goals stand in marked contrast to those of psychoanalysis and psychoanalytic psychotherapy, where there is considerably greater emphasis and attention given to remote or distal causes of intercurrent symptoms and failures in adaptation and to the intrapsychic basis of conflict in general. Furthermore, whereas the transference relationship is promoted in psychoanalysis and in certain psychoanalytic psychotherapies, the effort in the problem-solving approach is to “manage the relationship and the problem-solving work so as to give minimum excitation to transference” (Perlman, 1957).

²Rank’s (1924/1973) book The Trauma of Birth was at first favorably received by Freud (Jones, 1957). Within 2 years, however, with the publication of Inhibitions, Symptoms, and Anxiety (Freud, 1926), Freud had completely reversed himself, rejecting Rank’s thesis in toto.
FOUNDATIONS OF THEORETICAL PSYCHOANALYSIS

Psychoanalysis is the creation of Sigmund Freud (1856–1939), a Viennese neurologist whose pioneering studies of hysteria, obsessional illness, and other obscure disorders of unknown etiology led him from the practice of neurology to the creation of a new form of treatment based on the investigation of the individual sufferer's mental life. Freud discovered that certain mental illnesses occurred when the sufferer's personality was permeated by the intrusion of powerful and mysterious impulses from deep within the psyche. At one time, Freud thought that these mysterious impulses were delayed reactions to traumas, especially sexual traumas that had been experienced in early childhood and then dissociated. He soon discovered, however, that these mysterious impulses were not merely the reactions to untoward events of childhood; rather, they were expressions of instinctual drives at the core of the psyche. Normally, these instinctual forces are repressed, Freud wrote, but in neurosis they rise up like demonic forces from the deep. Neurotic symptoms such as hysterical paralyses, amnesias, obsessions, and phobias could be seen as the battleground where the forces of the invading instinctual drives were locked in combat with the defending forces of the embattled personality.

Freud devoted his life to the study of these invading instinctual forces—of their origins in the mind and their influence on mental life. He came to think of the mind as an organization of hierarchically ordered mental systems, in which higher systems, which are associated with mature development, regulate the activity of lower systems, which are more primitive. Instinctual forces, he believed, emanated from the great darkness at the center of psychic life, which he called the unconscious or, later, the id. He endeavored to identify the elemental instinctual forces, to trace their development, and to discern their influence not only on the individual but also on the cultural life of humankind. During the course of his career, Freud continually modified his investigative-therapeutic techniques and wrote extensively about his discoveries, applying them not only to the problems of psychopathology and pathogenesis but also to the psychology of dreams, mythology, creativity, and love and to critical issues in anthropology, developmental psychology, religion, and political science.

The structure of Freud's psychoanalytic enterprise was exceedingly complex. Freud conceived of psychoanalysis as a research method, a therapeutic technique, a theory of mental functioning, a theory of psychopathology, and a theory of human development. Each of these theories was intimately connected with each of the others. As a result of clinical discoveries, the entire network of theories was continually modified. In the course of his lifetime, Freud propounded three theories of the instincts (1905, 1914b, 1920), two theories of anxiety (1895a, 1926), and two different models of the mind (1900, 1923).

One of the most important trends in the development of Freudian theory was the progressive expansion of his focus from the study of instinctual drives and of the unconscious to the investigation of higher strata of the mind responsible for processing and regulating the instincts in accordance with realistic and moral considerations. Freud initially was little interested in the higher functions of the mind, which he thought were easily understood through introspection. His expanding clinical experience, however, yielded new data that dramatically disconfirmed this naive assumption. Many clients, he learned, suffered from feelings of guilt of which they were utterly unaware and over which they could exert no control. He also discovered that defensive functioning was largely unconscious. These discoveries revealed that the higher stratum of the mind was largely unconscious and far more complex in its functioning than he had originally recognized. Freud's early work may be characterized as a psychology of the id or depth psychology, while the later work is usually summarized by the term ego psychology.

One of the extraordinary features of Freud's scientific style was that he never systematized his ideas or categorically renounced any of his earlier points of view, even when he propounded new ideas that contradicted the old. As a result, his students could
hold different "Freudian" positions, each the product of a different phase of Freud's theoretical development.

In the years since Freud's death, psychoanalysts around the world have reshaped Freud's theory in accordance with their own views and empirical data. The result has been a proliferation of psychoanalytic theories, a process paralleled by efforts to identify their most salient common characteristics. Some have paid special attention to the problem of object relations, characterizing these theories as having either a drive/structure or a relational-structure basis (Greenberg & Mitchell, 1983). Others have grouped psychoanalytic theories into several dominant psychologies or orientations of psychoanalytic thought, which collectively have been referred to as the four psychologies of psychoanalysis (Pine, 1988).

Although each of these psychological systems or orientations—drive theory, ego psychology, object relations theory, and the psychology of the self—has certain distinctive features, it is arguable as to whether any of the four can be thought of as an essentially separate psychological system (Pine, 1990).

We have based the following discussion on somewhat different premises. It is our understanding that the impetus for the development of each major school of psychoanalytic thought has typically involved certain fundamental questions believed to be irreconcilable within the framework of existing theory. Each of these schools has retained certain features of traditional or mainstream psychoanalytic theory, so that in most instances, the differences among these major schools reflect processes that are both qualitative and evolutionary. We therefore prefer to speak of the continuities and discontinuities of the respective schools. Because the discontinuities between traditional psychoanalytic theory and later developments in ego psychology are somewhat less pronounced than are, for example, those between traditional psychoanalytic theory and psychology of the self, traditional psychoanalytic theory and later ego psychology are presented in the same discussion. This same rationale permits us to separate the discussion of the various object relations theories, both British and American, from self psychology and relational psychoanalysis.

Classical Psychoanalytic Theory

Classical psychoanalytic theory derives from the structural model or viewpoint of psychoanalysis (Freud, 1923). It represents an integration of Freud's theories of instinctual life with his later understanding of the ego and ego development. Classical psychoanalytic treatment techniques emphasize self-knowledge or insight as the essential curative factor in psychotherapy. Classical psychoanalytic theory has been refined in each generation of Freud's followers. The most influential proponents of the classical position have included theorists such as Otto Fenichel, Anna Freud, Annie Reich, Bertram Lewin, Leo Rangell, Jacob Arlow, and Charles Brenner. Much of the following exposition of classical theory derives directly from Freud. The more contemporary views discussed here derive largely from the views of Charles Brenner and his collaborators. Because Brenner's thinking includes a number of significant modifications, it is often characterized as contemporary classical or contemporary structural theory.

Psychoanalytic theory posits that the mind is a product of evolutionary development, which functions to ensure adaptation and survival. Mental activity is governed by a fundamental propensity to seek pleasure and avoid pain. Freud called this the pleasure-unpleasure principle, or sometimes simply the pleasure principle. It is likely that the pleasure principle is favored by natural selection because pain is associated with injury, which threatens survival, while pleasure is associated with the satisfaction of...
needs, which promotes survival. Organisms failing to seek pleasure and avoid pain would probably be prone to extinction.

Freud held that the mind is moved to activity by the pressure of genically determined motivations, or instinctual drives, whose satisfaction is pleasurable. The automatic pursuit of pleasurable satisfactions is modified by successive developmental experiences in which pleasure seeking is paired with aversive contingencies that provoke affects of unpleasure. This is exemplified by the normal experiences of socialization in which primitive infantile pleasures are disrupted by parental discipline. Socialization challenges the pleasure principle by creating situations in which the child learns that the pursuit of instinctual pleasures will be met by aversive contingencies such as punishment or the withdrawal of affection. As a result, urges to pursue those instinctual pleasures trigger contradictory affective signals motivating contradictory tendencies toward both approach and avoidance. This approach-avoidance dilemma may be characterized as a condition of psychic conflict.

Psychoanalytic research reveals that mental life is characterized by the pervasive presence of psychic conflict. This is a consequence of the prolonged dependency of the child on his or her parents and, later, on the extended family and wider social environment. As a result of this extensive dependency, a child undergoes a protracted process of development and socialization during which many innate desires for pleasurable activity and human relatedness are subject to the idiosyncratic responsiveness and disciplinary actions of the child’s significant caretakers. When these responses to the child’s behavior are repetitive and painful, they eventually precipitate psychic conflict in the child, who wants to gratify her pleasurable inclinations yet avoid the painful consequences she expects her behavior to elicit. Psychic conflict challenges the mind to produce new patterns of pleasure seeking that will gratify desires while avoiding or minimizing the expected aversive consequences.

Freud discovered that psychological symptoms and character pathologies are complex structures, unconsciously produced by the mind to avoid or minimize unpleasure. He characterized these structures as compromise formations. The concept of compromise conveys the discovery that psychological symptoms and character problems, however painful or crippling, are intended to achieve a measure of pleasure while averting a measure of pain.

At one time, psychoanalysts believed that psychic conflict and compromise formation were features of mental illness while mental health was characterized by the absence of psychic conflict. Psychoanalytic data, however, have revealed this to be an inaccurate view of mental health. Analysis of the healthy aspects of any individual’s mental functioning, such as a happy vocational choice or the pursuit of a pleasurable hobby, regularly reveals the influence of the same desires and conflicts that determine the client’s symptoms and character pathology (Brenner, 1982).

CONFLICTS, COMPROMISE FORMATIONS, AND THEIR AFTERMATH

The analysis of compromise formations requires a familiarity with their basic anatomy. Psychoanalytic data reveal that compromise formations regularly include wishes of childhood origin that are associated with, and therefore arouse, aversive affects, such as anxiety and guilt, and psychological defenses that function to reduce the unpleasure of these aversive affects. This section will provide a more detailed description of these components.

Wishes of Childhood

Childhood wishes are formed by the interaction of biological and social-experiential factors. In the first days of infancy, biologically rooted needs produce tension states that are devoid of psychological content. These diffuse tensions acquire structure when caretakers provide “experiences of satisfaction” appropriate to the infant’s actual need. As a result, diffuse tensions are gradually transformed into wishes to repeat these experiences of satisfaction (Freud, 1900). Because these experiences entail specific activities with specific persons, wishes always include representations of these activities.
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and persons. These aspects of the wishes are called their aims and objects. Every individual's wishes are unique and personal because they are formed by unique personal experiences.

Psychoanalysts have traditionally employed a theory of drives (or instinctual drives) to conceptualize the biological sources of mental life. The psychoanalytic concept of instinctual drives differs from the ethological concept of instincts. In lower animals, instincts are "specific action potentials" with genically determined, prestructured patterns of action (Thorpe, 1956). The evolution of higher vertebrates, however, includes the progressive substitution of learned behavior for these preprogrammed action patterns (Lorenz, 1937/1957). In psychoanalytic theory, instinctual drives give rise to tensions but not to specific programs for action. Wishes, which arise when these tensions are structured by experiences of satisfaction, are specific schemata for action. Because they represent the motivational pressure of drives, wishes are also referred to as drive derivatives. Drives themselves, however, are not observable and must be regarded as hypothetical constructs (Brenner, 1982). Psychoanalytic theory has traditionally employed the related idea of drive energy to conceptualize the driving force of wishes in mental life. Although some contemporary theorists reject these energetic ideas (Greenberg & Mitchell, 1983; Klein, 1976; Mitchell, 1988), many analysts find them useful because they provide a means for conceptualizing the fluctuating intensities with which wishes are invested.

Psychoanalytic theorists since Freud have wrestled with the challenge of identifying and classifying the basic drives. Many different drives have been suggested over the years. Freud himself posited basic drives for sex and self-preservation (1905) and, later, for life and for death (1920). Other theorists hypothesized drives for power and masculinity (Adler, 1927), individuation (Jung, 1916, 1917), aggression (Hartmann, Kris, & Lowenstein, 1949), mastery (Hendricks, 1942), attachment (Bowlby, 1969), effectance (White, 1963), safety (Sandler, 1960), empathy (Kohut, 1971, 1977), and so on. Are all these drives primary motivations, or may some be better understood as derivative expressions of more basic drives? Most theorists believe that science is best served if primary drives can be identified. To date, no scientific consensus about primary motivations has been achieved. Most traditional analysts, however, recognize the existence of two primary drives: the sexual and the aggressive. This classification is based on clinical findings that regularly reveal the prominent role of sexual and aggressive wishes in the psychodynamics of symptoms and other pathology.

The Sexual Drive

In psychoanalytic thought, sex has a broader meaning than it does in everyday discourse. In psychoanalysis, the word sexual connotes a broad range of pleasures that are not necessarily connected with sexual intercourse or even with overtly sexual conduct. The semantic extension of the terms sex and sexuality highlights the plasticity of the sexual drive and the continuity of sexual development from childhood to adulthood. Human sexuality does not arise in adulthood or even in adolescence but in early childhood. Although the sexual wishes of childhood differ from those of adulthood, they are predecessors of adult sexuality, and their motivational influence is discernible when the sexual wishes of adulthood are studied. Although adult sexuality supersedes childhood sexuality, it does not entirely replace it. Childhood sexual wishes are absorbed into the larger network of adult desires and in some cases may substitute for adult desires. Because some childhood sexual wishes are inevitably conflictual, their role in adult sexuality often results in disturbances in sexuality and love life. Adult sexuality, then, cannot be adequately understood without an appreciation of its roots in the sensual desires of childhood.

Childhood sexuality (or infantile sexuality) is composed of numerous sensual pleasures, experienced in relation to sensitive parts of the body, such as the skin, the mouth, the anus, and the genitals (the erogenous zones). Freud believed that these pleasures are initially stimulated by the activities of baby care, such as holding, feeding, touching, and bathing, and then subsequently pursued as ends in
their own right. He also believed that the maturation of the sexual drive through childhood entailed a sequenced intensification of oral, anal, and phallic (clitoral) sexual wishes (Freud, 1905). Between the ages of about 3 and 6, these sexual wishes give rise to the formation of the Oedipus complex.

The Oedipus complex is a configuration of psychological forces characterized by the concentration of sexual wishes on one parent, usually of the opposite sex, and the emergence of hostile feelings for the remaining parent, who is now the child’s rival in love. Numerous variations in this typical pattern occur under different familial conditions. Siblings, for example, may become objects of oedipal desire, through early displacement away from a loved parent or when a child’s relations with parents thwart typical oedipal development (Abend, 1984; Sharpe & Rosenblatt, 1994). The Oedipus complex typically entails feelings of inadequacy, fears of the rival parent’s retaliation, and usually feelings of defeat. These painful consequences normally motivate a retreat from oedipal strivings and efforts to limit awareness of persisting oedipal desires, a process that initiates the latency phase, during which sexual wishes are relatively dormant. The Oedipus complex actually consists of both positive oedipal and negative oedipal strivings. The positive Oedipus complex reflects the child’s wish for a sexual relationship with the opposite-sex parent and a concomitant wish for the demise of the same-sex parent. Due to the child’s sense of vulnerability and fundamental ambivalence, however, negative oedipal strivings coexist with the positive ones. In effect, the child also desires sexual union with the parent of the same sex, a wish that gives rise to feelings of rivalry with the opposite-sex parent for the former’s affections. In most instances, the positive Oedipus complex supersedes the negative Oedipus complex, a condition that traditional psychoanalytic theory stipulates is necessary for the emergence of a heterosexual orientation and a cohesive identity in adulthood (object choice) resembles a primary object of childhood sexuality.

The Aggressive Drive

Most psychoanalysts recognize that destructive wishes play an important role in mental life. Although there is little dispute about the centrality of aggression, there is widespread disagreement about how best to understand it. Analysts differ on whether the aggressive drive exerts a continuous pressure for discharge, as does the sexual drive, or whether aggression is a “reactive instinct” (Fine, 1975), triggered by frustration, perceived threats, or other noxious conditions. Freud and many of his followers believed that the aggressive drive generates a more or less continuous flow of destructive impulses (Freud, 1920; Hartmann et al., 1949). Friedman and Downey (1995) have recently argued that aggression is related to the organizing influence of male hormones on the fetal brain and is thus a typical feature of male psychology, evidenced by the rough-and-tumble play among boys. They suggest that aggression in males may express genically determined strivings for dominance over other males. Other important theorists conceptualize aggression as a reaction to threats or injuries to self-esteem (Kohut, 1972; Rochlin, 1973), to physical or mental pain (Grossman, 1991), to the experience of “ego weakness” (Guntrip, 1968), to the frustration of dependency needs (Fairbairn, 1952; Saul, 1976), to “the internally felt experience of excessive unpleasantness” (Paren, 1979); and so on.

Psychological data support the view that hostile aggression is a reaction to pain, frustration, and feelings of endangerment. These mental states can be episodic and situational, but they may also be chronic features of mental life. Traumatic events, for example, often leave emotional “lesions,”
which give rise to a continuous stream of aggressive wishes. Captain Ahab's unrelenting hatred for Moby Dick, the great whale that bit off his leg, is a good example. All children experience frustrations and disappointments and are prone to feel small, powerless, damaged, or unloved, at least at times. Oedipal strivings, for instance, normally entail feelings of anxiety and guilt, which may persist as feelings of doom or endangerment. The ultimate failure of oedipal ambitions often leaves a feeling of inferiority. In this view, aggression is an inevitable aspect of mental life since everybody suffers to some extent from the painful residue of childhood conflicts. It is likely that aggression may become a central motivation of mental life in accordance with the degree to which such painful states dominate subjective experience. It may also be observed that people who endure a great deal of pain or frustration as a result of maladaptive compromise formations are also prone to be aggressive as a consequence of their unhappiness. Aggression is not only a component of psychic conflict; it may also be a consequence of it.

Unpleasures

Psychic conflict occurs when wishes become associated with painful affects of unpleasures in the course of development. Freud (1926) discovered that childhood wishes were regularly associated with anxiety (i.e., fear). He found that these fears fall into one of four basic categories, each representing a specific danger: (1) loss of the object (mother or primary caretaker), (2) loss of the love of the object, (3) punishment, especially by genital mutilation (castration), and (4) fear of being a "bad" child who deserves to be punished (fear of conscience, or superego). When a wish is associated with any of these dangers, the impulse to enact it triggers mounting anxiety. This may reach traumatic levels if not alleviated by the reassurance of protective caretakers or by independent measures. Over time, the child gradually learns various ways to reduce anxiety, called defenses. One important defense is repression, which entails a shifting of attention away from tempting but dangerous wishes. As awareness of the wish diminishes, the associated fear is also reduced. Eventually, the child learns to recognize the onset of anxiety and to employ defenses to curtail its development. When anxiety is employed as a signal of danger, it is called signal anxiety.

Contemporary psychoanalysts have offered many additions and refinements to Freud's 1926 theory. Many theorists have proposed additions to the classification of psychological dangers and anxieties: fear of loss of the personality, or "aphanisis" (Jones, 1911); fear of being eaten (Fenichel, 1929); fear of ego disintegration (A. Freud, 1936); engulfment by persecutory objects (Klein, 1946/1975a); ego dissolution (Bak, 1943); narcissistic injuries, such as humiliation or disillusionment with an ideal object (Kohut, 1966); dissolution of self (Frosch, 1970); fragmentation anxiety (Kohut, 1971); separation anxiety (Mahler, 1968, 1972); and annihilation anxiety (Hurwich, 1989, 1991), to name a few. There is no arbitrary limit to the number of childhood fears that may be identified, although any proposal should conform to childhood psychology. Fear of one's own death, for example, is not regarded as a fear of early childhood since young children have no concept of death. In children's thought, death signifies known dangers, such as bodily damage or separation from loved ones. The study of childhood fears is complicated by the fact that some fears are disguised expressions of more basic anxieties. The theoretical desideratum is to identify the elemental fears. At present, this remains an unsettled issue.

An important theoretical innovation follows from the discovery that anxiety is not the only painful affect with which childhood wishes are associated. Brenner (1975) has demonstrated that depressive affects (or miseries) also instigate psychic conflict. He has proposed an important revision in the psychoanalytic theory of affects and their relation to psychic conflict (Brenner, 1975, 1982). In his view, all affects are composed of two components: (1) sensations of pleasure and unpleasure, which are innate potentials, and (2) ideas of gratification and calamity, which derive from experience. Pleasurable affects include sensations of pleasure in conjunction with ideas of gratification. Unpleasurable affects include sensations of unpleasure in conjunction with
ideas of misfortune or calamity. The ideational component also entails a temporal dimension: Gratification or calamity may occur in the future, in the present, or in the past. Happy reminiscences, for example, pertain to past gratifications, while excited anticipation pertains to future expectations. Similarly, anxiety includes the anticipation of future calamities, while depressive affect includes calamities that have occurred. In Brenner's view, the ideational components of anxiety and depressive affect are identical. These are the four dangers Freud described, conceptually reformatted as the calamities of childhood (Brenner, 1982).

Brenner's revised theory expands the explanatory range of dynamic thinking and better explains certain clinical data. In Brenner's view, both anxiety and depressive affect are regularly occurring components of psychic conflict. Psychic conflict occurs when wishes are associated with depressive affect, just as when they are associated with anxiety (Brenner, 1982). This is a normal aspect of the mourning process, during which every wish for reunion with the lost object elicits a wave of misery. It is also typical of many pathological conditions, especially depressive conditions, in which psychic conflict is characterized by prominent feelings of loss, of being unloved, of being punished or morally condemned, or of being inferior (Brenner, 1982). Both anxiety and depressive affect typically include ideas pertaining to more than one calamity. A child who fears that he will be viciously attacked by a punitive parent, for example, is also likely to feel either anxious or miserable about the loss of the parent's love. Insofar as depressive affect is a motivational factor in psychic conflict, the term signal anxiety should be replaced by the term signal affect (Jacobson, 1994).

Defense

The third component of psychic conflict is defense. The theory of defense is a cornerstone of psychoanalytic theory (Freud, 1894). The theory of defense has undergone numerous changes and revisions, and like the other aspects of psychoanalytic theory, it is subject to numerous controversies. Defenses may be defined as psychological activities that reduce the unpleasure of psychic conflict by blocking, inhibiting, or distorting awareness of disturbing mental contents. Defenses are traditionally conceptualized as methods for blocking or disguising the expression of the drive derivatives that arouse unpleasure. Contemporary theorists, however, recognize that the unpleasure associated with drive derivatives may be warded off independent of the drive (Abend, 1981; Brenner, 1981, 1982). This is particularly important in clinical work with impulsive clients who habitually “forget” about the consequences of their conduct. Of course, defenses against negative affects may also be adaptive—for example, in situations where anxieties are unrealistic and unduly inhibiting or in circumstances that require courage or fortitude in the face of unpleasure.

The traditional concept of defense mechanisms entails the assumption that defenses are discrete mental functions that can be observed and classified. In the course of his career, Freud described at least 10 different defenses. In her pioneering study of the ego, Anna Freud (1936) listed 9 different defenses: (1) regression, (2) repression, (3) reaction formation, (4) isolation, (5) undoing, (6) projection, (7) introjection, (8) turning against the self, and (9) reversal, to which intellectualization and identification were eventually added. In the years that followed, this list grew to include 22 major and 26 minor defenses (Laughlin, 1979). Contemporary structural theory explains this proliferation as a consequence of the idea that defense requires special mechanisms. In fact, what are cited as defense mechanisms are simply ego functions that are deployed in situations of psychic conflict to reduce unpleasure.

Whatever ensues in mental life that results in diminution of unpleasurable affects—ideally in their disappearance—belongs under the heading of defense... the ego can use for defense whatever lies at hand that is useful for the purpose. (Brenner, 1981, p. 558)

Affects, ideas, attitudes, alterations of attention, and even wishes (drive derivatives) may serve as defenses.
Brenner thus concludes, “Modes of defense are as diverse as psychic life itself” (p. 561).

THE GENESIS OF PSYCHIC CONFLICTS AND COMPROMISE FORMATIONS

The analysis of psychological conflicts and compromise formations also requires knowledge of the genesis of psychic conflict. Psychic conflict comes into existence during the course of individual development as a result of childhood experiences and the way that they are interpreted by the child. Childhood normally entails many pleasurable experiences, which give rise to wishes for an expanding variety of pleasures. These are often felt as desires of great urgency and power and are often irresistible to the immature child. Even as these wishes reach new levels of intensity, however, every child must undergo a succession of socialization experiences, such as weaning and toilet training, in which their expression is limited, restricted to special circumstances, or utterly forbidden. Discipline often entails punishment and temporary withdrawals of the parent’s loving attentiveness, interactions that are threatening to the child. The character of the child’s subjective perception may be quite distorted because of the child’s emotional reactions to discipline and as a result of his or her immature cognitive functioning. Whenever a parent punishes a child or restricts a child’s pleasure, especially a pleasure in which the child is highly invested, the child is prone to become frustrated and angry. The angrier the child becomes, the more likely he or she is to believe that the parent is equally angry. Parents who discipline, even lovingly, may thus come to be perceived as fantastical figures of devastating power. These distorted representations of the parent’s aggressive intentions are an aspect of the child’s psychic reality.

Psychic reality is the true context of existence from the child’s point of view (Freud, 1900). Psychic reality is only partially determined by objective events. Wishes, affects, and related cognitive distortions result in the formation of a privately constructed universe in which highly unrealistic wishes, such as the wish to be both sexes or the wish to marry the parent, may appear quite reasonable. Accompanying these wishes, fears of horrendous dangers, such as abandonment or castration, may appear equally real and imminent. Sometimes aspects of psychic reality may be recognized as fantastical in nature, an insight that dissipates their compelling quality. The situation is more complicated when the construction of psychic reality includes memories, however fragmentary, disguised, or elaborated, of seduction and incest or of other threatening or horrifying events. When psychic reality has been shaped by such objective events, fantastically exaggerated elaborations of these memories tend to exert a persistent influence over the person, based on an enduring sense of actuality. Psychic conflicts are thus bound to be particularly damaging and intractable when parents are actually abusive or when childhood is characterized by the occurrence of unusual traumas, such as a death in the family, an accident, an illness, or surgery.

No matter how entangled in psychic conflict a child’s wishes may be, they exert a persistent pressure toward gratification, thus motivating an unending succession of efforts to achieve fulfillment, in both fantasy (imaginary action) and action. In the course of these efforts, childhood wishes are shaped and reshaped by the impact of aversive contingencies on the one hand and by the discovery of pleasurable substitutes on the other. Repetitive trials eventually produce compromise solutions. The best compromises confer a maximum of pleasure with a minimum of unpleasure. These compromises are valued and retained as preferred schemata or blueprints for future gratifications of the wish. They may be repeated with numerous variations whenever the wish arises, in both fantasy and action. Of course, the inexorable process of socialization soon imposes new restrictions and unpleasures, which in turn necessitate new compromise formations.

Pine (1970) illustrates this developmental process with regard to the transformation of anality (pleasure related to bowel functioning) and scopophilia (pleasure in looking at others). He describes the compromise formations of two 8-year-olds who are intensely invested in anal wishes. One talks incessantly about bathroom odors and the
need to avoid them, a pattern that keeps these thoughts in mind. A second vigorously sprays the toilet with aerosol spray, thus creating a potent new odor to enjoy. Two other 8-year-olds desire to look at their mother's naked body but are frightened of the sight of her penis-less genitals. Each takes every opportunity to look, but each allays anxiety differently. One simply "looks through" his mother; the other gleefully points at his mother's fat. In each case, the scopophilic wish may be enjoyed while the desire to look is disguised or denied. In each of these cases, the primary wish of childhood has given rise to derivative forms, new editions that minimize their aversive emotional consequences. The continuing development of each childhood wish thus entails the creation of successive compromise formations, each represented by particular patterns of conduct and corresponding anthologies of private fantasies (Arlow, 1969). By the time adulthood is reached, mental life will include numerous layers of developmentally stratified compromise formations. All are rooted in the primary wishes and conflicts of childhood. These are the hidden organizers of psychic life.

THE METAPSYCHOLOGICAL PERSPECTIVES

What is referred to as the Freudian metapsychology is actually a collection of six axiomatic principles that serve as the explanatory basis for Freud's most important formulations about human behavior and psychopathology. The term metapsychology came to be used to refer to this framework because it emphasized phenomena that went beyond the extant psychological systems of Freud's time. The six viewpoints or perspectives are the topographical, structural, dynamic, economic, genetic, and adaptive. Some authors have suggested that the genetic and adaptive perspectives, unlike the first four perspectives, were not as clearly explicated by Freud as by later theorists, although there is a general consensus that these two perspectives are nevertheless implicitly represented in Freud's writings (Moore & Fine, 1990).

The Topographical Perspective

According to the topographic model (Freud, 1900), the mind is composed of three systems: (1) the system unconscious, (2) the system preconscious, and (3) the system conscious. The system unconscious, which represents the primitive core of instinctual strivings, functions entirely according to the pleasure principle and is incapable of delaying or inhibiting pleasure seeking. It generates desires for which it seeks representation in conscious thought and fulfillment in action. The unconscious is developmentally superseded by a higher system, the preconscious, which functions in tandem with the system conscious. The preconscious is composed of contents and thought activities that are readily identifiable and accessible to consciousness, and it is therefore also referred to as the preconscious-conscious. The preconscious is capable of realistic thought, moral self-evaluation, and conscious regulation of pleasure seeking according to the reality principle. Most important, the preconscious inhibits the primitive impulsivity of the unconscious by blocking the mental representations of unconscious desires through repression and other defenses. The preconscious performs this function because certain primitive impulses, which are pleasurable in the system unconscious, are experienced as unpleasurable in the (more realistic) system preconscious. Finally, the system conscious is conceptualized as a sense organ, capable of perceiving outer stimuli, bodily sensations (including emotions), and the mental contents of the preconscious. In this early formulation, Freud conceptualized psychic conflict as occurring between the unconscious and the preconscious-conscious.

The Structural Perspective

Freud employed the topographic model until it became clear that it did not accurately match the clinical data. The topographic model predicts that the anti-instinctual activities of the preconscious should be accessible to conscious awareness. Clinical data revealed, however, that some aspects of defensive and moral functioning (unconscious
defenses and unconscious guilt), both anti-instinctual features of the preconscious, are in fact inaccessible to consciousness. Accordingly, Freud (1923) developed a revised model, which has come to be known as the structural model. According to the structural model, the mind is constituted by three agencies—the id, the superego, and the ego—each of which serves a different set of functions. *Id* is a new term for the older *system unconscious*, which continuously generates primitive impulses that press for satisfaction. The superego, a mental system composed of internalized representations of parental authorities, functions as an inner supervisor, providing love and approval for moral behavior, as well as condemnation and criticism for immoral desires and conduct. The ego is the executive system of the mind, responsible for the organization of mental life and the management of social conduct. The ego functions to integrate the demands of the id and the superego with the conditions and contingencies of external social reality. The ego is the seat of consciousness, although the aspects of ego functioning (unconscious thoughts, ego defenses) are unconscious. The structural model permits the conceptualization of psychic conflict between the three systems, each of which pursues potentially contradictory aims. In accordance with the structural model, the terms *unconscious*, *preconscious*, and *conscious* may be used as adjectives to describe the accessibility to consciousness of specific mental contents rather than as nouns to denote mental systems.

**The Dynamic Perspective**

The dynamic perspective, which can be traced to *Studies on Hystera* (Breuer & Freud, 1893–1895), postulates that behavior is motivated; it is lawful, has an identifiable cause, and is purposive (Holzman, 1970). The dynamic perspective is necessary to understand not only neurotic symptoms and other forms of psychopathology but also the neurotic meaning of ostensibly insignificant behavioral acts associated with everyday living (also termed *parapraxes*), such as slips of the tongue, the forgetting of names, misreadings, and bungled actions (Freud, 1901; Holzman, 1970). It is an especially important and facilitative viewpoint in psychoanalytic efforts to understand the latent meaning of dreams.

In *The Psychopathology of Everyday Life* (Freud, 1901), the dynamic perspective is brought to life by literally hundreds of examples of parapraxes. A representative vignette follows:

I forbade a patient to telephone to the girl he was in love with—but with whom he himself wanted to break off relations—since each conversation served only to renew the struggle about giving her up. He was to write his final decision to her, though there were difficulties about delivering letters to her. He called on me at one o’clock to tell me he had found a way of getting round these difficulties, and amongst other things asked if he might quote my authority as a physician. At two o’clock he was occupied in composing the letter that was to end the relationship, when he suddenly broke off and said to his mother who was with him: “Oh! I’ve forgotten to ask the professor if I may mention his name in the letter.” He rushed to the telephone, put through his call and said into the instrument: “May I speak to the professor, please, if he’s finished dinner?” In answer, he got an astonished: “Adolph, have you gone mad?” It was the same voice which by my orders he should not have heard again. He had simply “made an error,” and instead of the physician’s number he had given the girl’s. (p. 222)

**The Economic Perspective**

It is not possible to explain mental life solely on the basis of qualitative variables. All the motivations already described vary in their intensities at different times, resulting in an endless shifting in the balance of psychological forces within the mind. The economic perspective is an outgrowth of Freud’s observations concerning the strength of the drives and

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*From the Greek, literally translated as “abnormal or faulty actions.”*
other mental phenomena that seemed to require a quantitative explanation. In his early clinical work, Freud had been impressed by the power of intrusive ideas and the compelling character of rituals in obsessive-compulsive neurosis, the refractory nature of conversion symptoms to even the most aggressive medical interventions, and the potency of paranoid delusions. These forms of psychopathology, as well as his experience with the resistance of his neurotic clients, convinced him that a quantitative factor underlies much of behavior, pathological or otherwise (Holzman, 1970). The mechanisms of displacement and condensation, both of which Freud had originally discussed in connection with the concepts of primary and secondary process and dream analysis (Freud, 1895b, 1900, 1911), were also conceived of quantitatively. Displacement is the intrapsychic operation whereby the intensity or interest of an idea that is anxiety generating is shifted onto a second idea that has an associative connection to the first but is less anxiety arousing. Condensation is an unconscious defensive operation through which a single image, as in a dream, actually serves to represent multiple ideas or meanings.

The Genetic Perspective

The genetic point of view, like the topographical, economic, and dynamic viewpoints, is anchored in Freud's earliest papers and several lengthier works, for example, Studies on Hysteria (1893–1895) and The Interpretation of Dreams (1900). The genetic viewpoint asserts that a meaningful psychological understanding of the adult is of necessity predicated on a thorough comprehension of that person's childhood experiences. Stated in slightly different terms, the genetic perspective postulates that the past persists into the present (Holzman, 1970). This particular viewpoint, which has been expropriated by popular culture to a greater degree than perhaps any other, has given rise to the somewhat simplistic notion that dysfunctional behavior and psychopathology in adulthood are almost invariably linked to unhappy childhood experiences.

Freud actually never regarded past experiences as the sole criterion for the development of later psychopathology. He did propose that the historical legacy of experiences acquired meaning as a consequence of a "mutual interaction between and integration of constitutional factors and environmental events" (Holzman, 1970, p. 56). In other words, constitutional factors such as the strength of the drives and various individual endowments and capabilities exert influence and are, in turn, influenced by the nature of the individual's experiences in his or her environmental milieu.

The Adaptive Perspective

The adaptive perspective, chiefly concerned with the relationship of the individual to the surrounding environment, highlights the influence of both interpersonal and societal forces. This has been termed the individual's "commerce with the real world" (Holzman, 1970, p. 58). Although the adaptive perspective was present in a nascent form in Freud's early formulations of drive theory (1900, 1905), it was not until his publication of The Ego and the Id (1923) that the importance of the extramural environment was emphasized. The development of Freud's concept of the ego and its relationship to the environment opened the way for dramatic developments in psychoanalytic theory.

EGO PSYCHOLOGY

In a sense, our exploration of ego psychology has already begun with the discussion of compromise formations, defense theory, and metapsychological perspectives. In the early stages of his career, Freud was primarily concerned with exploring the depths of the mind in an effort to discover its primordial origins. He saw mental life as the refracted expression of primitive strivings. His first view of the curative process in psychoanalysis rested on the assumption that bringing these strivings to life (i.e., making the unconscious conscious) would permit them to be dealt with in a more adaptive way. Accordingly, he had little interest in studies of consciousness, which he regarded as superficial. With the introduction of structural theory in 1923, the importance of the
preconscious was expanded, and the psyche was depicted as having greater complexity.

The 1923 formulation of structural theory was epochal, permitting various problems in normal development as well as the influence of environmental variables and the character of the infant’s earliest relationships with caregivers to be studied in entirely new ways. At the same time, ego psychological theorists have managed to preserve more or less intact Freudian drive theory, which may differentiate this school from either object relational or self-psychological theories (Mitchell & Black, 1995). The more prominent architects of ego psychology are Anna Freud, Heinz Hartmann, Rene Spitz, Margaret Mahler, Erik Erikson, and Edith Jacobson. It is to certain of their contributions that we now turn.

Anna Freud and Defense Theory

Perhaps Anna Freud’s most significant contribution to ego psychology was her clarification of defense theory and specification of the principal mechanisms of defense. She was also considered a pioneer in the field of child psychoanalysis and devoted much energy to studying the psychoanalytic treatment process and to developing research instruments such as the Hampstead Profile, a comprehensive, developmentally based instrument for assessing a client’s ego functioning and object relations. Anna Freud’s efforts to explicate the structural model and Sigmund Freud’s (1926) revised theory of anxiety, and to make these consonant with a superordinate focus on the ego and its functions, led her to consider problems such as the “choice of neurosis” and “motives” for defense. In fact, she distinguished four principal motives for defense against the drives: (1) superego anxiety (or guilt), (2) objective anxiety (in children), (3) anxiety about the strength of drives, and (4) anxiety stemming from conflicts between mutually incompatible aims (A. Freud, 1936). On the basis of her extensive observations of and psychoanalytic work with young children, Anna Freud later developed the concept of developmental lines (A. Freud, 1963), a variegated developmental schedule that permitted the clinician-researcher to follow important changes in sexual, aggressive, and social developmental “lines” from infancy to adolescence.

The Ego and Adaptation

Heinz Hartmann’s contributions were designed to enhance and expand the scope of psychoanalytic theory, with the objective of transforming it into a system of general psychology (Goldstein, 1995; Mitchell & Black, 1995). A central argument of Hartmann’s most important work, Ego Psychology and the Problem of Adaptation (1939), was that the human infant was born with innate “conflict-free ego capacities” that would be activated in an “average expectable environment,” thereby ensuring the infant’s survival and adaptation. The capacities to which Hartmann (1939) referred included language, perception, memory, intention, motor activity, object comprehension, and thinking. Hartmann’s notion of conflict-free ego capacities contrasted with more traditional psychoanalytic ideas, where adaptation is achieved only as an outcome of frustration and conflict. Hartmann also proposed the twin concepts of alloplastic adaptation, the individual’s efforts to alter external realities to meet various human needs, and autoplastic adaptation, which refers to the individual’s efforts to accommodate to external realities.

The Developmentalists: Rene Spitz, Margaret Mahler, and Erik Erikson

Spitz and Mahler, both of whom began their professional careers as pediatricians, are well recognized for their important contributions to developmental ego psychology. Working as a consultant in a foundling home during World War II, Spitz first described the dramatic sequelae of a syndrome that exacted a profound developmental toll on the infants he studied. Although the nutritional needs of these infants were met quite adequately and care was provided for them in hygienic environments, they were deprived of interaction with maternal caregivers. Seemingly as a direct consequence of the absence of mother-infant interaction, they became withdrawn, failed to achieve developmental milestones, and had
very high morbidity and mortality rates (Spitz, 1945). Spitz characterized this syndrome as *anaclitic depression* (depression associated with thwarted dependency needs). Spitz (1965) later identified what he termed the *three psychic organizers*: (1) the baby's social response at approximately 3 months, (2) the emergence of stranger anxiety at 8 months, and (3) the child's "no" response, first observed at about 15 months. Spitz's greatest contribution may have been his systematic effort to identify the particular facilitative environmental conditions that spur the development of the "innate adaptive capabilities" Hartmann had previously described (Mitchell & Black, 1995).

Mahler's work was also principally with young children, although the original focus of her clinical research was psychotic youngsters. Mahler believed that the nature of the ego pathology she observed in psychotic children was inadequately addressed within the traditional framework of drive theory. She proposed that these children suffered from defects or failures in the organization of internalized self and object representations, and experienced a corresponding difficulty in differentiating self from not self; in consequence, such children were largely incapable of acquiring an enduring sense of self that is distinct and separable from others. This, in turn, suggested to Mahler that the infant's "mediating human partner," as Spitz had also maintained, had a highly significant role in the evolution of the infantile ego. Ultimately, Mahler turned to the study of normal infant development. Mahler's theory of the separation-individuation process, recent criticisms notwithstanding (Homer, 1985; Stern, 1986), introduced a schema that not only transformed the study of infant pathology but also served as the theoretical basis for a psychoanalytic approach to the psychotherapy of adults with borderline personality disorder (Masterson & Rinsley, 1975). On the basis of her longitudinal investigations of mother-infant pairs in a nursery setting, Mahler portrayed a process that begins at birth and continues into the child's fourth year (Mahler, Pine, & Bergmann, 1975). Characterizing infants as essentially nonrelated or objectless at birth (the autistic phase), she described their gradual emergence via a period of mother-infant symbiosis into four relatively discrete stages of separation and individuation: (1) differentiation (5–9 months), (2) practicing (9–15 months), (3) rapprochement (15–24 months), and (4) the development of object constancy (24–36 months and beyond).

Erikson's greatest contributions to ego psychology involved his theory of psychosocial and psychosexual epigenesis and the detailed attention he gave to the concept of ego identity. Whereas Spitz and Mahler had focused their attentions on the earliest developmental processes of the infant's emerging ego, Erikson's psychosocial epigenetic theory examined ego development across the entire life span and highlighted social-environmental factors to a greater degree than any existing ego psychological model. In Erikson's view, healthy ego development was contingent on the mastery of specific developmental tasks and normative crises associated with each of eight life cycle stages he identified:

1. **Basic trust versus basic mistrust**: This stage is coterminous with Freud's oral phase; the principal experiential mode in this stage is oral receptive. In optimal circumstances, there is a preponderance of
positively valenced experiences with one’s mother, which culminate in basic trust.

2. **Autonomy versus shame and doubt:** This stage coincides with the anal stage in Freud’s model of the libidinal stages. The emphasis is on the child’s newly emerging autonomy, coextensive with the increased radius of locomotor activity and maturation of the muscle systems. Success in this phase results in the child’s pleasure in independent actions and self-expression, and failure to shame and self-doubt.

3. **Initiative versus guilt:** This stage corresponds to Freud’s phallic stage. Sexual curiosity and oedipal issues are common, competitiveness reaches new heights, and the child’s efforts to reach and attain goals acquire importance. Danger arises when the child’s aggression or manipulation of the environment triggers an abiding sense of guilt.

4. **Industry versus inferiority:** This stage occurs during the latency period in Freud’s model. It is associated with the child’s beginning efforts to use tools, his sense of being productive and of developing the capability to complete tasks.

5. **Identity versus identity diffusion:** This stage is ushered in by adolescence. It is perhaps the most extensively developed in the Eriksonian model. Stable identity requires an integration of formative experiences “that give the child the sense that he is a person with a history, a stability, and a continuity that is recognizable by others” (Holzman, 1970, p. 163). Erikson (1959) also enumerated seven aspects of identity consolidation that are critical codeterminants of success or failure in this stage: (1) a time perspective, (2) self-certainty, (3) role experimentation, (4) anticipation of achievement, (5) sexual identity, (6) acceptance of leadership, and (7) commitment to basic values.

6. **Intimacy and distanciation versus self-absorption:** The major developmental task of this phase, which occurs during early adulthood, is the individual’s capacity for healthy sexual and non-sexual intimacy while still retaining a firm sense of personal identity. Should such intimacy be impossible, there is a “regressive retreat to exclusive concern with oneself” (Holzman, 1970).

7. **Generativity versus stagnation:** This penultimate phase of the adult life cycle involves the adult in the critical tasks and responsibilities of parenting. Parenthood is not inextricably tied to generativity, however; just as there are adults who relinquish or are otherwise unable to fulfill parental responsibilities, so too are there childless adults whose generativity involves the pursuit of creative or artistic initiatives.

8. **Intimacy and dispassion and disgust:** Ego integrity is the culmination of ego identity (Erikson, 1959; Goldstein, 1995). It reflects a level of maturity signaling the individual’s acceptance of the past, particularly past disappointments and mistakes.

**Jacobson: The Self and the Object World**

The daunting task of summarizing the considerable scope of Edith Jacobson’s contributions to the psychoanalytic literature has been previously discussed (Greenberg & Mitchell, 1983). Jacobson attempted to integrate the Freudian emphasis on constitutional factors in development (including instinctual drives) with the growing recognition of the potent imprint of life experience. In a series of papers that culminated in the publication of *The Self and the Object World* (1964), Jacobson revised and reformulated Freud’s theory of psychosexual development and various aspects of classical metapsychology, particularly the economic principle. Although she never actually disputed the primacy of the drives, she theorized that the mother-infant relationship had complementarity with innate maturational forces and, furthermore, that the distinctive features of the infant’s instinctual drives acquire meaning only within the milieu of the caregiving relationship. In Jacobson’s model of early development, a complex reciprocal interchange between the infant’s ongoing experience with caregivers and the maturational unfolding of the drives leads to the formation of self images and object images. These images have different hedonic valences, and it is the infant’s gradual capacity for integrating good and bad experiences of objects and of self that is finally
necessary for mature affectivity. The phenomenology of affective disorders was also of considerable interest to Jacobson, whose book Depression: Comparative Studies of Normal, Neurotic, and Psychotic Conditions (1971) continued her exploration of the complex relationship between affectivity and the inner representational world.

OBJECT RELATIONS THEORY

None of the psychoanalytic theory groups discussed in this chapter actually constitutes a fully separate psychoanalytic psychology. This is perhaps especially true of object relations theory, a general heading under which is subsumed several distinct groups of theories, each possessing distinctive theoretical premises and complementary approaches to psychoanalytic treatment.

Grotstein (1996) traces the psychoanalytic use of the term object to a series of six papers written by Freud: (1) “Three Essays on the Theory of Sexuality” (1905), (2) “Family Romances” (1909), (3) “On Narcissism: An Introduction” (1914a), (4) “Mourning and Melancholia” (1917), (5) “A Child Is Being Beaten” (1919), and (6) “The Ego and the Id” (1923). In the original use of this term, Freud (1905) had sought to minimize the importance of the infant's caretakers, who were viewed more with respect to their inhibition or facilitation of the child’s instinctual wishes than as human beings in their own right. Gradually, however, Freud demonstrated increasing interest in the role of objects, which we can glean from “his conception of the ego-ideal, the superego, and the Oedipus Complex itself . . . contributions [where the object is conceived] as being incorporated into the psychic structure” (Grotstein, 1996, p. 91). In Freud’s (1917) essay on the mourning process, there was further exploration of the relationship between external object loss and the internal process through which the object is established as an identification in the mourner’s ego. Freud also made use of object relations ideas in his examination of the role that sadism and masochism played in pathological narcissism.

A number of theorists have shaped object relations thinking since Freud: Karl Abraham (1924/1948), whose model of object relations was embedded in an eloquent paper on the development of the libido; Sandor Ferenczi (1913/1950), whose postulation of an infantile desire to return to a prenatal symbiotic state anticipates the work of Margaret Mahler; Ian Suttie (1935/1952), who wrote that the infant comes into the world with an innate need for companionship, nonsexual love, and security, all of which evolve in the mother-infant relational matrix (Mishne, 1993); Imre Hermann (1933, 1936), who hypothesized that there was a human instinct to cling that paralleled the instinctual behavior of other primates; and Michael Balint and Alice Balint, among whose theoretical contributions were the instinct of “primary object love” (M. Balint, 1937/1949)11 and “the basic fault” (A. Balint, 1937/1949), a concept that designated a primary breach in the ego arising during the preoedipal period.

Contemporary object relations theories, however, have been especially influenced by several major theorists: Harry Stack Sullivan, Melanie Klein, and Donald Winnicott.

Interpersonal Psychoanalysis: The Work of Harry Stack Sullivan

Interpersonal psychoanalysis derives from the clinical work and theoretical formulations of Harry Stack Sullivan (1892–1949), an American psychiatrist who pioneered the psychotherapeutic treatment of severely disturbed individuals. Sullivan, who studied medicine in Chicago, was greatly impressed by

10Grotstein (1996, p. 95) observes that Hermann’s work seems to have adumbrated the well-known experiments of H. F. Harlow (1959) in this regard.

11In their assertion of such an instinct, the Balints repudiated Freud's concept of primary narcissism and the idea that infants only gradually develop attachments to objects (Grotstein, 1996).
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the exciting intellectual developments in philosophy and the social sciences at the University of Chicago. He was particularly influenced by the work of social thinkers such as George Herbert Meade, Edward Sapir, John Dewey, and other proponents of the American pragmatist school of philosophical thought. Sullivan’s distinctive approach to psychotherapy and psychiatry reflected his profound immersion in this intellectual milieu (Chapman, 1976; Mullahy, 1970; Perry, 1982).

Sullivan was deeply dissatisfied with existing psychoanalytic theory. He distrusted the abstract, metaphorical concepts of Freudian theory, which, in his view, pertained to mental systems and structures that are not observable and are, hence, only hypothetical in nature. In contrast to Freudian theorists, Sullivan (1953, 1956), who was greatly influenced by Bridgman’s (1945) “operationalism,” believed that psychiatric theories should, to the greatest extent possible, employ “operational” terms with definable and empirical referents. Sullivan also found that Freudian theory (as it existed during his formative years of psychiatric practice) was inadequate to the understanding and treatment of the severely mentally ill clients with whom he worked. As a result, Sullivan’s clinical and theoretical contributions to psychiatric and psychoanalytic thought are strikingly original and couched in his own highly idiosyncratic terminology.

Over the years, Sullivan came to reject the basic features of Freudian theory. Most important, Sullivan repudiated Freud’s belief that human motivations are determined by instinctual drives. In opposition to Freud’s classical drive theory, Sullivan posited that human motivations are primarily interpersonal in nature, determined by interpersonal relationships, especially the relationships of childhood and adolescence, and understandable only in terms of such relationships. Sullivan believed that human beings respond to two sets of motivations. One set is characterized as the satisfaction of bodily and emotional needs, including sexuality and intimacy. A second set of motivations is related to the experience of anxiety and related strivings for security. Both the satisfaction of needs and the achievement of security are interpersonal events occurring in relation to other persons. In contrast to the Freudian conception of personality as the characteristic way the individual organizes the competing claims of id, ego, and superego, Sullivan conceptualized personality as the characteristic ways in which the individual interacts with other people in the pursuit of satisfactions and security. Mental illness, he argued, can best be understood as a disturbance of interpersonal relations. Sullivan’s efforts to employ operational concepts and his concomitant emphasis on interpersonal relations gradually gave rise to a new psychoanalytic orientation in which the primary focus was on interpersonal relations rather than intrapsychic events.

Sullivan’s approach to treatment reflected this shift of emphasis. If mental illness and other malformations of personality are the consequence of pathogenic interpersonal relationships, he reasoned, mental health may best be promoted by the creation of healthy interpersonal relationships. In the late 1920s, Sullivan implemented this idea at Sheppard and Enoch Pratt Hospital in Baltimore, where he developed an unusual inpatient psychiatric unit for male schizophrenics in which ward staff were specially trained to interact with the patients and to foster comfortable and emotionally rewarding interpersonal relationships with them in order to help correct their unhealthy relationship patterns. Sullivan also developed a distinctive method of conducting individual therapy with clients. Abandoning the free-association method of classical psychoanalysis, Sullivan employed a conversational approach to clients, conceptualizing his role as that of a participant-observer in the relationship with the client. His goal was to engage the client in a collaborative study of the client’s interpersonal relationships so that the client’s unhealthy patterns of relating to others could be discovered and understood. Most important, Sullivan stressed the importance of establishing a healthy relationship with the client to correct habitual maladaptive interpersonal patterns. Employing these techniques, Sullivan achieved unparalleled therapeutic gains with clients who had previously been regarded as hopeless and untreatable. As his work became known, Sullivan became one of America’s most respected and admired psychiatrists. He acquired
a growing circle of collaborators that included some of the leading thinkers in psychoanalysis, such as Clara Thompson, Erich Fromm, and Frieda Fromm-Reichmann, all of whom contributed to the development of the interpersonal school of psychoanalysis. Sullivan never attempted to establish a comprehensive theoretical system, and contemporary therapists working within the interpersonal tradition have introduced their own technical and theoretical innovations (Arieti, 1974; Chrzanowski, 1977; Fromm-Reichmann, 1950; Havens, 1976, 1986; Levenson, 1972; Thompson, 1964; Witenberg, 1973). Interpersonal psychoanalysis is best described as a set of different approaches to theory and clinical practice ... with shared underlying assumptions and premises” (Greenberg & Mitchell, 1983, p. 79). These include Sullivan’s rejection of Freudian instinct theory, his basic view of psychopathology as a disturbance of interpersonal relationships, his belief in the interpersonal roots of mental illness, and his emphasis on the curative importance of healthy interpersonal relationships. Interpersonal psychoanalysis has often been criticized by exponents of traditional psychoanalysis as superficial or lacking in depth because of its focus on the interpersonal field and its rejection of drive concepts. However, Sullivan’s ideas are now believed to have exerted a profound and far-reaching influence on contemporary psychoanalytic thinking (Havens & Frank, 1971).

An overarching theme in Sullivan’s writings is that the human infant is born into a relational milieu; relational configurations in his theoretical model evolve out of actual experience with others. Sullivan (1931) repeatedly underscored the assertion that human beings can be understood only within the “organism-environment complex” and consequently are incapable of “definitive description in isolation.” In Sullivan’s developmental model, a superordinate importance is placed on the interpersonal field, together with the efforts that children devise to maintain relatedness with significant others.

Needs for satisfaction are “integrating tendencies” that impel the individual to seek physical and emotional contact with others. The integration of relationships in the pursuit of satisfactions is complicated, however, by the arousal of painful affective states that Sullivan characterizes as anxiety. Sullivan’s notion of anxiety differs from Freud’s view of anxiety in two principal ways. In his mature formulation (Freud, 1926), Freud conceptualized anxiety as a form of fear related to specific typical danger situations of childhood (loss of the mother, loss of the mother’s love, castration, and guilt). Sullivan used the term anxiety to include any form of mental suffering, distress, or anguish aroused in an interpersonal situation. A second difference pertains to the manner in which anxiety is generated. In Freudian theory, anxiety is a signal of danger, typically aroused by the mobilization of repressed wishes associated with specific danger situations. Accordingly, “Drives and reality are inextricably linked as sources of danger to the ego” (Holzman, 1970, p. 143). In Sullivan’s theory, the infant’s experience of anxiety is aroused by anxiety (in its more narrowly defined sense) or by other strong affects of distress in the caregiver. Babies are exquisitely sensitive to the moods of others and, through a phenomenon Sullivan termed empathic linkage, experience the caregiver’s anxiety as if it were their own. While needs for satisfaction are integrating tendencies that foster relatedness, anxiety and other forms of emotional suffering are aversive experiences that impair interpersonal relations. Excessive anxiety in infancy and childhood predispose the affected individual to experience anxiety in the context of his or her adult relationships. This vulnerability to anxiety contributes to disturbances of interpersonal relationships that are usually referred to as psychopathology or mental illness.

Sullivan believed that the most basic differentiation for the infant was “not between light and dark,
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or between mother and father, but between anxious states and non-anxious states” (Mitchell & Black, 1995, p. 68). During development, the child forms schematic impressions or “personifications” of self and mother. Pleasurable experiences give rise to impressions of the “good mother” and the “good me,” while experiences of anxiety produce impressions of the “bad mother” and the “bad me.” Extremely painful or terrifying interpersonal situations elicit representations of the “evil mother” and the “not me.” The memory of such experiences is vigorously avoided and may be terrifying when aroused. “Evil mother” and “not me” experiences are associated with severe mental illness.

Sullivan introduced the term self-system to collectively characterize the myriad psychological activities that the individual employs to avoid anxiety (“bad me” and “not me”) and to ensure feelings of security (“good me”). In Sullivan’s writing, security is defined as the absence of anxiety. The self-system is an expansive system of mental states, symbols, and coordinated activities that function to promote feelings of security by assessing the safety of interpersonal situations, anticipating the arousal of anxiety, and minimizing anxiety through the activation of security operations. Security operations roughly parallel the concept of defense in the traditional Freudian system: They operate covertly, out of the individual’s awareness, serving to diminish anxiety and other feelings of emotional distress associated with the “bad me” or “not me” and to restore feelings of security and well-being that are the affective concomitants of the “good me.” The concept of security operations also differs from the traditional Freudian concept of defenses, however, in significant ways. In classical Freudian theory, defenses are mental activities designed to reduce anxiety arising from intrapsychic conflict (i.e., conflict between the id, ego, and superego). In Sullivan’s theory, security operations are intended to diminish the anxiety and emotional distress that arise from disturbances in interpersonal relationships. While defenses are best understood as intrapsychic phenomena, security operations entail an interpersonal dimension. Security operations promote relatedness and facilitate the satisfaction of emotional needs by preserving security in interpersonal situations.

Security operations develop and become increasingly sophisticated as the child matures. Typical security operations of early childhood include apathy and somnolent detachment, both of which reflect a process of disengagement from an anxiety-arousing interpersonal situation, such as an anxious or anguished mother. As the child develops progressive cognitive capabilities, other security operations become possible. A typical security operation of later development is selective inattention, a tactical redeployment of focal attention from disturbing aspects of interpersonal experience to aspects that enhance the individual’s feelings of self-esteem or security. As a result of selective inattention, disturbing aspects of interpersonal phenomena are excluded from experience and memory. An individual’s security operations include complex patterns of interpersonal activity that manifest as typical aspects of the individual’s interpersonal relationships. For example, habitual compliance or placating behavior, aggressive bullying or dominating, emotional withdrawal or constriction, and pomposity and self-centeredness may be conceptualized as complex security operations intended to avoid anxiety in interpersonal situations, that is, to maintain the vulnerable individual’s sense of comfort and security. Sullivan (1953) summarizes patterns of interpersonal conduct such as the dramatization of roles, or the repetitive enactment of emotionally safe relational configurations, interpersonal patterns that he calls me-you patterns.

In sum, Sullivan’s interpersonal approach to psychoanalysis is prototypical of psychoanalytic schools of thought that diverge from classical Freudian theory by positing that human motivations and personality structure derive from the interpersonal experiences of development rather than from the unfolding influence of instinctual drives. Other psychoanalytic theorists who shared this point of view are Fairbairn (1952) and Guntrip (1968, 1971). Greenberg and Mitchell (1983) group these schools of thought together as the relational theories of psychoanalysis.
In addition to his enduring impact on psychoanalytic theory, Sullivan’s (1962) contributions have had a major impact on the understanding and treatment of schizophrenia. Sullivan was passionate in his arguments against professional “objectivity” and “detachment” in the psychotherapy of schizophrenic clients, since he believed that the distorted interpersonal relations of the schizophrenic originally developed from a matrix of disordered relationships between the client and members of the client’s family. Although a relational approach to the psychotherapy of schizophrenia has enjoyed less popularity since the recent ascendancy of biological psychiatry, Sullivan’s emphasis on the social context of psychopathology remains a viable theoretical premise.

The Work of Melanie Klein

Some have asserted that Melanie Klein (1882–1960) and her theory of object relations have exerted an influence on the contemporary world of psychoanalysis second only to that of Freud (Mitchell & Black, 1995). Though this claim is arguable, most would concede that Klein’s theoretical positions were at the center of a protracted debate in the British psychoanalytic establishment that ultimately led to the creation of three separate schools of psychoanalysis in that country. Klein was also the first psychoanalyst to treat children with the psychoanalytic method, “a project...long overdue...[that] aroused considerable interest in the psychoanalytic community,” when her first paper was published in 1919 (Greenberg & Mitchell, 1983, p. 119). Although the history of psychoanalysis is replete with controversies over theory and technique, perhaps none has attained the notoriety and divisiveness or equaled the profound ramifications of the prolonged disagreement between Melanie Klein and Anna Freud.

The schism that developed between Klein and Anna Freud began in the mid- to late 1920s over issues of technique in child analysis. A fundamental premise of Klein was that the play of young children was equivalent to the free associations of adult clients; so long as the meaning of their play was interpreted to them, children, like adults, were suitable subjects for psychoanalytic treatment. Anna Freud’s position, however, was that small children could not be analyzed owing to an inherently weak and rudimentary ego that would be incapable of managing deep interpretations of instinctual conflict (Mitchell & Black, 1995). Klein published a number of theoretical and clinical papers and several books over a period of some 40 years. Although she steadfastly maintained that her observations and psychoanalytic work with children were intended as confirmations and extensions of Freud’s hypotheses, her discoveries led her to portray the mind “as a continually shifting, kaleidoscopic stream of primitive, phantasmagoric images, fantasies, and terrors,” a vision that seemed very unlike that of Freud (Mitchell & Black, 1995, p. 87). In Freud’s model of the mind, the Oedipus complex has a developmentally profound, transformative impact on the psyche that yields the creation of new conflict-mediating structures (the mature ego and superego) that have stability and coherence. An almost inexorable progression of the libido culminates in the 6-year-old’s genital sexuality and the accompanying oedipal dilemma; this, for Freud, constitutes the core conflict or nuclear complex of the neuroses. In fact, Klein never questioned the primacy of the Oedipus complex but located it at a much earlier point in development than did traditional psychoanalytic theory. Klein’s fundamental view of the nature of oedipal phenomena also differed from the traditional perspective. For Klein, “The very nature of the Oedipus complex changed from a struggle over illicit pleasures and the fear of punishment, to a struggle for power and destruction and the fear of retaliation” (Greenberg & Mitchell, 1983, p. 123).

Sigmund Freud had theorized that infants proceed from a state of primary narcissism to object love via autoerotism; in effect, true object love is not possible until the libido progresses to the oedipal stage. The Kleinian infant, by contrast, is both psychologically separate and object seeking from the moment of birth (Grotstein, 1996; Klein, 1935). Klein went further, however, proposing that infants as young as
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3 weeks of age are subject to a primitive anxiety state, which she called persecutory anxiety. She believed that this configuration of anxiety was linked to schizoid mechanisms (e.g., splitting, projective identification, idealization, and magic omnipotent denial) and that such intrapsychic experience resulted in the infant's first developmental organizer, the paranoid-schizoid position (Klein, 1935):

Paranoid refers to the central persecutory anxiety, the fear of invasive malevolence, coming from the outside. . . . Schizoid refers to the central organizing defense: splitting, the vigilant separation of the loving and good breast from the hating and hated bad breast. (Mitchell & Black, 1995, p. 93)

The infant who is operating out of the paranoid-schizoid position has a bifurcated and fragmented experience of objects; "the child attempts to ward off the dangers of bad objects, both external and internal, largely by keeping images of them separate and isolated from the self and the good objects" (Greenberg & Mitchell, 1983, p. 125). Relations with objects are, by definition, always partial and either all good or all bad but never composed of both good and bad parts. According to Klein (1964), however, the infant gradually begins to integrate the experiences of good and bad breast-other, so that whole-object relations ultimately become possible. Klein has termed this important shift in intrapsychic experience, which begins at approximately 3 to 4 months, the depressive position.

The depressive position (the second developmental organizer of infancy) is initiated by the infant's growing concern for the welfare of the libidinal object who has been the recipient of hateful fantasies of vengeance and annihilation characteristic of the paranoid-schizoid position. Concomitant with the infant's newly emerging capacity for whole-object relations is an ability to experience ambivalence or both good (loving) and bad (hateful) feelings toward the same object. Although this represents a critical developmental achievement for the infant, it simultaneously creates new dangers since the whole mother who disappoints or fails the infant, generating the pain of longing, frustration, desperation, is destroyed in the infant's hateful fantasies, not just the purely evil bad breast (with the good breast remaining untouched and protected). The whole object (both the external mother and the corresponding internal whole object) now destroyed in the infant's rageful fantasies is the singular provider of goodness as well as frustration. In destroying the whole object, the infant eliminates her as a protector and refuge . . . [which leads to] . . . intense terror and guilt. (Mitchell & Black, 1995, p. 95)

The target of the infant's destructive urges is also a deeply loved figure toward whom the infant feels profound gratitude (Klein, 1935). These feelings, coupled with the child's regret and sorrow over his or her destructiveness, serve as the basis for fantasies of reparation. Such fantasies are intended to repair the damage and transform the annihilated object into a whole object once again.

The concept of projective identification, which some believe to be a sine qua non for the understanding and treatment of borderline and other severe personality disorders, is also attributed to Klein (1946/1975a, 1952/1975b). Projective identification not only represents a strategy of defense but is a significant though developmentally primitive mode of interaction. In projective identification, the subject projects unwanted parts of the self into others for "safekeeping." Ogden (1982), a contemporary Kleinian, has defined the concept in the following manner:

Projective-identification is a concept that addresses the way in which feeling states corresponding to the unconscious fantasies of one person (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. (p. 1)

In Kleinian theory, the regulation and containment of aggression has the quality of a leitmotif, though with specific meanings at various developmental stages.
Klein and her theories have been criticized for a number of reasons. A basic premise of Klein is that the infant is capable of a complex fantasy life from birth, a contention that receives little support from either cognitive psychology or the neurosciences (Tyson & Tyson, 1990). Others have noted that in Klein’s framework, where mental life is viewed as fragmented and chaotic, there is “considerable fuzziness concerning the relationship between fantasy and the establishment of character or psychic structure” (Fairbairn, 1952; Kernberg, 1980; Mishne, 1993). At the same time, the magnitude of Klein’s influence is indisputable and of particular importance for our discussion of the theorist whose work we now consider, D. W. Winnicott.

The Middle Tradition and D. W. Winnicott

There was considerable divisiveness within the British psychoanalytic community by the early 1940s, principally due to theoretical differences between Anna Freud and Melanie Klein, which had given rise to an increasingly contentious and acrimonious professional environment. At the time, Ernest Jones was the official head of the psychoanalytic movement in Britain, and he had worked diligently to foster a professional climate of “creative exploration, inclusiveness, and openness to emerging ideas,” an ambience that had made possible relative quiescence, if not harmony, between Melanie Klein and adherents of mainstream psychoanalysis—at least until the arrival of the Freuds from Vienna in 1938 (Borden, 1995). As relations between those faithful to Anna Freud’s views and those who pledged loyalty to Melanie Klein began to deteriorate, Jones worked to uphold the integrity of the British Psycho-Analytical Society. In 1943 and 1944, he organized what have come to be known as the “Controversial Discussions,” a series of formal theoretical debates the original intent of which was to provide Melanie Klein with an opportunity to clarify her position on Sigmund Freud’s metapsychology (Borden, 1995; Kohon, 1986; Mishne, 1993) and to explore the nature of theoretical differences between the Kleinians and (Anna) Freudians. The result of these discussions, which failed to resolve the deep theoretical differences between the two camps, was the organization of the British psychoanalytic community into three distinct groups: (1) the Kleinians, (2) the Freudians, and (3) a middle or independent group.

The independent group consisted of a number of seminal thinkers, among them D. W. Winnicott, W. R. D. Fairbairn, John Bowlby, Michael Balint, and Harry Guntrip. Each of these theorists developed object relations theories based on Klein’s basic postulate of an infant who is object seeking from the moment of birth. At the same time, “They also all broke with Klein’s premise of constitutional aggression... proposing instead an infant wired for harmonious interaction and nontraumatic development but thwarted by inadequate parenting” (Mitchell & Black, 1995, pp. 114–115). D. W. Winnicott (1896–1971) is regarded by many as the best-known representative of the independent group (Borden, 1995; Grotstein, 1996). Winnicott, like Spitz and Mahler, was originally trained as a pediatrician and spent more than 40 years working with infants and mothers. His careful observations of infants and their mothers led him to assert that “there is no such thing as an infant. There is only the infant and its mother” (Winnicott, 1960/1965b, p. 39). This declaration, which is truly axiomatic for Winnicott, underscores the critical importance that he attributed to the earliest object relations between infant and caregiver.

Winnicott is especially well-known for his ideas about primary maternal preoccupation, good-enough mothering, and the holding environment; his formulation of the true self and the false self; and the concept of the transitional object.

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14Ernest Jones (1879–1958), a pioneer in the early psychoanalytic movement, was a close friend and disciple of Freud. The contribution for which he is most often remembered is his three-volume biography of Freud (Jones, 1953, 1955, 1957).

15See King and Steiner (1991) for a detailed account of these meetings.
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Primary Maternal Preoccupation, Good-Enough Mothering, and the Holding Environment

Winnicott believed that the emergence of a health-promoting psychological milieu for each human infant depends on his or her mother’s capacity for what Winnicott termed primary maternal preoccupation. The state of primary maternal preoccupation, which gathers considerable momentum in the last trimester of pregnancy, reflects each mother’s natural absorption with the baby growing inside her. The expectant mother becomes increasingly withdrawn from her own subjectivity... and more and more focused on the baby’s movements, on the baby’s vitality.... The mother finds her own personal interests, her own rhythms and concerns fading into the background. (Mitchell & Black, 1995, p. 125)

Winnicott (1965b) has also characterized this as the mother’s identification with the infant.

Good-enough mothering, which commences with the mother's primary maternal preoccupation, initially requires that the mother meet the symbiotic needs of her newborn. If she is well attuned to her baby, whatever she offers the baby is provided at the “right time” for her baby rather than being timed to meet her own needs. As her baby faces experiences that evoke frustration, aggression, or loss, the good-enough mother is able to provide empathically attuned support, or holding. Winnicott stresses that good-enough mothering is a natural and spontaneous process that evolves out of each mother’s intuitions and leads to the creation of a facilitative or holding environment on which each infant depends. He also observed that the extensive adaptations and accommodations that a mother makes for her infant gradually diminish; the result is brief lapses that teach the baby that the mother is not omnipotent (Moore & Fine, 1990). Such maternal failures in empathy are cotermous with significant advances in the infant’s psychomotor development; while infantile omnipotence is lost, there is newfound delight in the infant’s exciting forays into the object world outside the infant-mother matrix (Winnicott, 1958/1965a, 1960/1965b).

True Self and False Self

Winnicott wrote that all individuals begin life with a true self, an “inherited potential” that represents the infant’s core self or essence. In a facilitative environment, the true self, which has been equated with the spontaneous expression of the id, continues to develop and becomes firmly established. The false self, on the other hand, is a facade that the infant-child erects so as to achieve compliance with the mother’s inadequate adaptations, whether these maternal failures are in the form of deprivations or impingements on the child’s growth (Goldstein, 1995). Infants exposed to such repeated deprivations or impingements are able to survive, but in Winnicott’s estimation, they are able to do so only at the cost of “living falsely” (Mishne, 1993; Winnicott, 1960/1965b). Although Winnicott emphasized that the partition or distribution of self-experience into “true” and “false” is always present in varying degrees (even in normal infants), the false self has an almost palpable presence in various forms of child and adult psychopathology. Winnicott treated a number of clients with basic pathology of the self, individuals who might have been diagnosed with schizoid or borderline disorders. What impressed him most about such clients was their profound inner alienation. In such clients, “subjectivity itself, the quality of personhood, is somehow disordered” (Mitchell & Black, 1995, p. 124). Winnicott gradually came to understand that these adult clients suffered from “false self disorders,” and the bridge he “constructed between the quality and the nuances of adult subjectivity and the subtleties of mother-infant interactions provided a powerful new perspective for viewing both the development of the self” and the process of treatment (Mitchell & Black, 1995, p. 125).

The Transitional Object

Winnicott’s concept of the transitional object is perhaps the best known of his theoretical ideas, though its popularization may have contributed to a blurring of its original meaning (Mitchell & Black, 1995). The transitional object is typically a blanket,
a teddy bear, or some other inanimate but nevertheless cherished possession of the infant. The soothing and calming qualities with which it is endowed are especially evident during stressful separations from caregivers and at bedtime (Winnicott, 1951/1958). Its odor and tactile characteristics hold a special significance, in that they are believed to be reminiscent of the child's mother. In the mother's absence, it is the transitional object that enables the infant to sustain the illusion of a calming, comforting mother. Because the transitional object is a creation of the infant and, unlike the mother, remains under his or her control, it serves to promote the infant's increased autonomy and independence (Moore & Fine, 1990). The blanket or teddy bear, however, is not simply a symbolic re-creation of the mother, designed to facilitate the infant's transition from symbiotic merger to relative autonomy; it is, rather, a "developmental way station,"

a special extension of the child's self, halfway between the mother that the child creates in subjective omnipotence and the mother that the child finds operating on her own behalf in the objective world. The transitional object . . . cushions the fall from a world where the child's desires omnipotently actualize their objects to one where desires require accommodation to and collaboration of others to be fulfilled. (Mitchell & Black, 1995, p. 129)

Although Winnicott (1951/1958) originally presented the concept of the transitional object and transitional experience in the context of early infant development, he later broadened this framework to include aspects of adult experience. The transitional experience for the child is embedded in a capacity for play, whereas for the adult, transitional experience is a "protected realm" where there exist opportunities to "play with" new ideas and fantasies and cultivate one's own creative impulses (Greenberg & Mitchell, 1983).

Winnicott's theories, unlike those of Freud, Klein, or Sullivan, have never attained the status of a school of thought, nor did Winnicott ever make the claim that his theories, taken together, represented "a comprehensive theory of object relations" (Bacal & Newman, 1990, p. 185). His papers, many of which were originally presented as talks (Greenberg & Mitchell, 1983), have a stylistic informality and poetic quality that at times can be almost seductive to the reader; at other times, however, these same inherent ambiguities and his idiosyncratic, discursive style make Winnicott difficult, even frustrating, to read. Despite this, and despite recent criticisms of Winnicott's distortion of traditional psychoanalytic ideas (Greenberg & Mitchell, 1983), his influence has remained strong. Winnicott's vision has enriched our understanding not only of infant development but also of the significant relationship between environmental failures in early life and the phenomenology of certain disorders of adulthood.

THE PSYCHOLOGY OF THE SELF

The psychology of the self, introduced by Heinz Kohut, has only recently emerged from a vigorous and at times rancorous debate within psychoanalytic circles. The evolution of Kohut's self psychology is represented in a series of books and papers published between 1959 and 1984. Kohut originally introduced "his theoretical and technical innovations within the framework of classical drive theory" (Greenberg & Mitchell, 1983, p. 357) but subsequently presented a significantly expanded and revised framework (Kohut, 1977, 1984) that has become the basis for an important and distinctive theory of psychoanalytic psychology.

Heinz Kohut (1913–1981) received a traditional psychoanalytic education and worked for many years in the classical tradition with his analytic clients. The original impetus for the development of his theory came from his clinical experiences with clients, particularly those who seemed unable to make use of the interpretations that followed the classical formulas. Kohut had noted that despite his most concerted efforts, these clients frequently evinced no benefit from his interpretive work, and in many cases, their symptoms actually became worse (Leider, 1996). After repeated efforts to revise and refine his formulations proved unsuccessful, Kohut surmised that the essential difficulty was not that he had timed his interpretations poorly or that the focus was either too narrow or too
global, but that the fault lay with the fundamental theoretical assumptions of classical theory. These theoretical premises, Kohut argued, were useful in the treatment of the classical neuroses (e.g., hysterical, obsessive-compulsive, and phobic disorders), but by the latter part of the 20th century, such cases were no longer seen with the same frequency as they had been in Freud’s day. If classical neurotic cases were modal in the 1920s, clients with borderline and narcissistic personality disorders, in particular, seemed to be diagnosed with increasing frequency by the 1960s and 1970s.

Kohut’s vision of the human condition gradually evolved into something quite different from that of Freud. The Freudian view of humankind can be characterized as an ongoing battle between primitive desires and civilized precepts for behavior, a struggle that is repeated anew with each succeeding generation. In such a perspective, guilt represents a supreme accomplishment, a painful though essential ingredient for the renunciation of instinct, which is a sine qua non for civilized behavior. Kohut, on the other hand, addressed himself not to battles but to isolation... painful feelings of personal isolation... Kohut’s man in trouble was not riddled with guilt over forbidden impulses; he was moving through a life without meaning... He looked and acted like a human being, but experienced life as drudgery, accomplishments as empty. Or he was held captive on an emotional roller coaster, where exuberant bursts of creative energy alternated with painful feelings of inadequacy in response to disrupting perceptions of failure. The creative process was short-circuited... Relationships, eagerly, even desperately pursued, were repeatedly abandoned with an increasing feeling of pessimism at ever getting what one really “needs” from another. (Mitchell & Black, 1995, p. 149)

Kohut asserted that one of the most fundamental distinctions between self psychology and classical psychoanalytic theory concerned human nature. Kohut (1977) believed that classical psychoanalysis was chiefly concerned with Guilty Man, “whose aims are directed toward the activity of his drives... and who lives within the pleasure principle,” attempting “to satisfy his pleasure-seeking drives to lessen the tensions that arise in his erogenous zones” (p. 132). Kohut’s concept of Tragic Man, however, illuminates “the essence of fractured, enfeebled, discontinuous human existence” (p. 238). It represents Kohut’s effort to explain clinical phenomena such as the schizophrenic’s fragmentation, the pathological narcissist’s efforts to cope with diffuse and painful vulnerabilities, and the despair of those approaching old age with the recognition that important ambitions and ideals remain unrealized.16

Kohut and his adherents have introduced several terms and concepts that are associated with psychoanalytic self psychology, each of which we shall explore in some detail: mirroring, idealizing, and partnering selfobjects; the tripolar self; the self types; empathy and transmuting internalization; cohesion, fragmentation, and disintegration anxiety; and compensatory structures.

**Mirroring, Idealizing, and Partnering Selfobjects**

Kohut used the term *selfobject* to refer to a particular kind of object relationship in which the object is actually experienced as an extension of the self, without psychological differentiation. Kohut (1971) observed that the expected control over such [selfobjects]... is then closer to the concept of control which a grownup expects to have over his own body and mind than to the... control which he expects to have over others. (pp. 26–27)

He believed that infants are born into an interpersonal milieu that optimally provides them with three distinctly different though equally necessary kinds of selfobject experiences. One kind of experience calls for mirroring selfobjects, “who respond to and confirm the child’s innate sense of vigor, greatness and perfection.” A second variety of selfobject experience
requires the powerful and reassuring presence of caregivers "to whom the child can look up and with whom he can merge as an image of calmness, infal­libility, and omnipotence" (Kohut & Wolf, 1978, p. 414). Kohut later introduced a third selfobject realm, referred to as alter ego or partnering selfobjects. This third variety provides a range of experiences through which children acquire a sense of belonging and of essential alikeness within a community of others.

The Tripolar Self

The tripolar self is the intrapsychic structure over which are superimposed the three specific selfobject experiences we have described. The first pole, that of grandiose-exhibitionistic needs, is associated with the need for approval, interest, and affirmation (mirroring). The second pole, the idealizing pole, is associated with developmental needs for closeness and support from an (omnipotent) idealized other (Leider, 1996). The third pole is that of the alter ego, and it involves the ongoing need for contact with others who are felt to bear likeness to the self. These three poles are "structures that crystallize as a result of the interaction between the needs of the self and the responses of those important persons in the environment who function as selfobjects" (Leider, 1996, p. 141).

The Self Types

Kohut and other exponents of psychoanalytic self psychology believe that the self is most usefully understood within the intersecting matrices of developmental level and structural state. Four principal self types that have been identified are (1) the virtual self, an image of the newborn's self that originally exists within the parent's mind and evolves in particular ways as the parental "selfobjects emphatically respond to certain potentialities of the child" (Kohut, 1977, p. 100); (2) the nuclear self, a core self that emerges in the infant's second year, serving as the basis for the child's "sense of being an independent center of initiative and perception" (Kohut, 1977, p. 177); (3) the cohesive self, the basic self-structure of a well-adapted, healthily functioning individual, characterized by the harmonious "interplay of ambitions, ideals, and talents with the opportunities of everyday reality" (Leider, 1996, p. 143); and (4) the grandiose self, a normal self-structure of infancy and early childhood that develops originally in response to the selfobject's attunement with the child's sense of himself or herself as the center of the universe.

Empathy and Transmuting Internalization

Kohut, whose theoretical contributions have focused on development of the personality, psychopathology, and psychoanalytic technique, placed a great deal of emphasis on the role of empathy in human development. Self psychology defines empathy as "vicarious introspection," the immersion of oneself into the experience of an other; the capacity for empathic attunement in the child's selfobject milieu is considered to be of the utmost importance. At the same time, a critical impetus for healthy self-development involves what are described as minor, relatively nontraumatic lapses in parental empathy. Such lapses, because they are optimally frustrating, serve as a catalyst for the child's development of transmuting internalizations. Transmuting internalization is an intrapsychic process whereby the child gradually "takes in" functions associated with the selfobject, which may range from self-calming and self-soothing to pride, humor, and stoicism in the face of adversity. In other words, through an almost imperceptible, bit-by-bit process of translocation, these functions gradually become enduring parts of the child's own self-structure, though they are transformed to "fit" the child's unique self.

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1 Kohut has referred to this as the need for "uplifting care," both literally and figuratively speaking, from the idealized selfobjects.

18 Akhtar (1988) also notes that self psychology has made contributions to the study of sociopolitical processes and the philosophy of human nature.

19 The key elements in the sequence of transmuting internalization are, in order, optimal frustration, increased tension, selfobject response, reduced tension, memory trace, and development of internal regulating structure.
Cohesion, Fragmentation, and Disintegration Anxiety

*Cohesion* is the term used in self psychology to refer to a self state that serves as the basis for robust, synchronous, and integrated psychological functioning. Self-cohesion makes possible the harmonious interplay of ambitions, ideals, and talents in the context of everyday realities. It also protects the individual from regressive fragmentation in the face of adversity or obstacles that may interfere with the satisfaction of object or selfobject needs (Leider, 1996). Individuals who are fragmentation prone (who tend, under stress, to develop symptoms such as hypochondriasis, hypomanic excitement, or disturbances in bodily sensation and self-perception) have been unable to acquire stable, consolidated, and enduring self-structures. Whether this is a consequence of parental pathology, environmental vicissitudes, or a combination of the two, it is invariably associated with the unavailability of parental selfobjects to perform important selfobject functions. Such developmental deficiencies are associated with self or selfobject disorders (e.g., narcissistic pathology, borderline states, depression, and psychosis). Disintegration anxiety is defined as the fear of the breaking up of the self, which, according to Kohut, is the most profound anxiety a human being is capable of experiencing. A related term, *disintegration products*, refers to various symptoms produced by an enfeebled, disharmonious self (e.g., paranoia, narcissistic rage, exhibitionism, and other paraphilias).

Compensatory Structures

When in the course of early development, the parental selfobjects fail to respond adequately to a particular constellation of selfobject needs (whether for mirroring, idealizing, or partnering), it is sometimes possible to compensate for these deficiencies through more intensive structuralization of a second set of selfobject needs. As an example, an individual who has experienced developmental arrest in the area of ambitions (perhaps due to chronic disappointments in his or her efforts to evoke mirroring responses from a parent) may find the same selfobject to be far more accessible for the fulfillment of idealizing or partnering needs. The evolution of compensatory structures is motivated by the individual’s need to rise above developmental obstacles and to repair defects in self-structure (Leider, 1996). Compensatory structures, however, are regarded as normative, and as Kohut (1984) observes, “There is not one kind of healthy self—there are many kinds” (p. 44).

**RECENT DEVELOPMENTS IN SELF PSYCHOLOGY**

Self psychology is no longer the unitary theory it was during Kohut’s lifetime, though most who are identified with his theories continue to subscribe to two basic features of his work: (1) the central importance of the therapist’s sustained, empathic immersion in the subjective experience of the client and (2) the concept of selfobjects and the selfobject transference (Mitchell & Black, 1995). There has been considerable divergence and ferment within self psychology in recent years, a situation that has prompted one well-known theorist to observe that “self psychologists no longer have a common language” (J. Palombo, personal communication).

The analyst and infant researcher Joseph Lichtenberg (1983, 1989) has addressed himself to Kohut’s developmental concepts and their particular meaning in light of important new developments in the field of infant research. Infant research has also been of interest to Lachmann and Beebe (1992, 1994), who have paid special attention to self-psychological notions of self-regulation and transmuting internalization, expanding and extending Kohut’s original formulations. Stolorow’s intersubjectivity theory (Stolorow, 2000). Defensive structures, another term Kohut used, are differentiated from compensatory structures in that the former “cover over” the primary defects in the self, whereas compensatory structures actually compensate for the defect rather than simply disguise it.
Brandschaft, & Atwood, 1987), while based on the organizing framework of Kohut’s system, represents a more revolutionary paradigm. “Rather than the individual, isolated self, Stolorow’s emphasis is on the fully contextual interaction of subjectivities with reciprocal, mutual influence” (Mitchell & Black, 1995, p. 167). Bacal (1995) and Basch (1986, 1988), and others too numerous to mention, have also shaped the burgeoning literature of psychoanalytic self psychology.

RELATIONAL PSYCHOANALYSIS

Relational psychoanalysis is a relatively new and evolving school of psychoanalytic thought. Considered by its founders to represent a “paradigm shift” in psychoanalysis, the relational approach was initiated by the publication of Jay Greenberg and Stephen Mitchell’s book Object Relations in Psychoanalytic Theory in 1983. This work, and the relational movement that followed it, brought together various strains of psychoanalytic theorizing, all of which were seen to assign primary importance to real interpersonal relations, rather than to instinctual drives, in their understanding of human motivation and personality. The relational approach thus began as a work of “selective integration” of compatible psychoanalytic models and approaches, particularly the interpersonal school of Harry Stack Sullivan (the psychoanalytic tradition in which both Mitchell and Greenberg were educated), British object relations theory, and the self-psychological theory of Heinz Kohut, among others. Each of these schools of thought were seen to be conceptually rooted in a “relational” premise that differed from the fundamental “drive” premise of traditional Freudian psychology.

Greenberg and Mitchell characterized all these theoretical systems as “relational models,” creating both a theoretical umbrella and, eventually, an organizational context for dialogue and collaboration among “relational” theorists and practitioners from otherwise differing backgrounds. It should be evident in this context that relational psychoanalysis did not originate as a single school of thought and cannot therefore be neatly summarized by a comprehensive set of theoretical propositions to which all relational psychoanalysts subscribe. Relational psychoanalysis refers to a spectrum of psychoanalytic theories and theorists brought together on the basis of a common set of fundamental premises about human nature. These schools of thought all diverge from traditional Freudian conceptualizations of human motivation and the nature of the mind. Some of the theorists brought together under the “relational” rubric, such as Harry Stack Sullivan and Ronald Fairbairn, were explicit in the criticism of Freud’s drive theory. Others, such as Donald Winnicott and Hans Loewald, fit their novel ideas into a traditional psychoanalytic framework, using “drive” terminology to express ideas that, on a relational construal, actually differed from those of Freud.

The relational movement gained its first institutional foothold when it became a separate (and among candidates studying in the program, an instantly popular) official “orientation” within the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis, in 1988. In 1991, a scholarly journal, Psychoanalytic Dialogues: A Journal of Relational Perspectives, devoted to the development of the relational school of thought was launched under the editorship of Stephen Mitchell. This journal immediately became a well-respected and influential publication, attracting submissions from around the world. Relational ideas quickly grew in influence, especially in New York, and have had a worldwide influence in Italy and other European countries, in Israel, and elsewhere.

The most influential relational psychoanalyst has been Stephen Mitchell, whose writings provide the primary, though not the only, source for this brief overview of relational theory. Between the time he published his 1983 volume with Jay Greenberg and his sudden and untimely death in December 2000, Stephen Mitchell authored or coauthored several subsequent, widely read books (e.g., Mitchell, 1988, 1993b, 1997, 2000). Mitchell’s account of relational theory is the primary source for this overview. His enormous output following the publication of his book with Greenberg, along with the contributions of a growing circle of relational psychoanalysts, transformed the relational model from a product of selective integration into a vibrant international movement.
producing an exciting original literature, nurtured by developments in research and adjacent schools of thought (e.g., attachment research, intersubjectivity, mentalization), and giving rise to new training institutes and professional psychoanalytic organizations.

The Relational Challenge to Drive Theory

The core challenge of relational theory has, from its inception, been directed toward Freudian “drive theory” and the “drive/structure” model of mental life posited by Freud (Greenberg & Mitchell, 1983). To articulate the relational objections of Freudian theory, it is necessary to outline those tenets of Freudian theory that are the subject matter of their critique. In the following paragraphs, then, we review these features of Freud’s theorizing as they are seen by their relational critics. The rendition is accurate so far as it goes, but it is selective, emphasizing only those features that are relevant to the relational challenge, namely, the mechanistic and biological components of the theory, and omitting other aspects, which are outside the scope of this focus.

From its inception, psychoanalytic theory concerned itself with the motivations that underlie mental life and behavior. Freud (1905) conceptualized the primary motivations that “drive” human behavior as “instinctual drives,” formed by the phylogenetic experiences of the human race and rooted in the elemental constitution of every human being. Early in his theorizing, Freud construed the primary motivations as the sexual and self-preservation drives, often epitomized as “sex and hunger” (1905, 1915a). Some years later, Freud (1920) linked both these drives within a larger notion of “Eros” or the life instinct. At the same time, he posited a “death instinct” which, in his view, gave rise to an aggressive drive. While many analysts rejected the idea of a death instinct (e.g., Simmel, 1944), virtually all analysts since Freud have recognized both sex and aggression as important motivations in mental life, a notion often characterized as the dual-drive theory (e.g., Hartmann et al., 1949).

In Freud’s formulations, instinctual drives have their source in the body but are represented in the mind as tension states, or states of “unpleasure,” that can only be relieved through an action that satisfies the instinctual demand (Freud, 1905, 1915a). If sexual needs, originating in the sex organs, produce a tension state in the mind, only a sexual action (e.g., an action leading to orgasm) will dissipate it. Such action, leading to “drive discharge,” produces a subjective feeling of relief, or “pleasure.” Patterns of successful drive discharge (actions that reduce unpleasure) are represented in the mind as “wishes” or, more broadly, as “desire.” Because sexual drives (and often aggressive drives, as well) require the involvement of another person (formally characterized as the drive’s “object,” in Freudian terminology), drive discharge motivates interpersonal events and engagements. Interpersonal relations are thus seen as “drive derivatives.”

Instinctual drives were seen by Freud (1915a) as perpetually pressing the individual to action in the service of drive discharge, the intensity of the pressure they exert increasing or decreasing in accordance with the biological processes at their source. The realities of social life, however, make it impossible for anyone to gratify all their wishes all the time. As a result, patterns of drive discharge must be fashioned to fit a social context. The foregoing view may be summarized by observing that human behavior is orchestrated by drives that are modified by the constraints imposed by the social world. In the relational view, these social constraints, derived from interpersonal relationships, were far less important to Freud and his followers than the drives they constrained.

Relational theorists challenge this view of human motivation, decisively rejecting the idea that human beings seek out interpersonal relationships for the primary purpose of gratifying instinctual sexual or aggressive drives. A cornerstone of all relational theory is the premise that human beings are born with a primary need for relatedness and communication with other human beings. This need is seen as fundamental to the human organism, and its satisfaction is held to be necessary for normal development and survival. In the relational perspective, then, social experience is primary as a motivation and as an organizer of mental life. It is social experience, not biological, preformed instinctual drives, that shapes our personalities.
Evidence for the existence of a primary need for relationships is drawn from multiple sources. Children who are abused or neglected by their parents are seen to be intensely attached to their hurtful and frustrating parents, despite the fact that these relationships are a source of suffering rather than of pleasure. Similarly, adults may seek out relationships with others that repeat traumatic injuries and frustrations. Traditional analytic theory has explained such self-injurious behavior by reference to faulty ego functioning, primitive defenses, latent sexual meanings and pleasures embedded in painful experience, the repetition compulsion, and the death instinct. Relational theorists, on the other hand, who do not regard all behavior as motivated by the pursuit of pleasure, can readily explain such maladaptive attachments as satisfying a primary need to maintain human relatedness and preserve or repeat important relationships, despite the pain these relationships entail.

Relational theorists also cite very substantial evidence from attachment research (Bowlby, 1969, 1973, 1975) as well as infant research (Lichtenberg, 1983) that points to the primacy of a need for interpersonal relationships. Reviewing a large body of such research, Lichtenberg writes, "Study after study documents the neonate's preadapted potential for direct interaction—human to human—with the mother" (cited by Mitchell, 1988, p. 24). Daniel Stern (2005) points to the existence of "mirror neurons" as evidence that human beings are innately equipped to understand each other's experience and, thus, to relate to each other in a psychologically meaningful way (p. 80). Mirror neurons are neurons situated in the motor cortex that fire when another is observed in various kinds of behavior. Notably, their pattern of firing replicates the neural activity that would occur if the observer were engaged in the same behavior. Mirror neurons are thus seen as an innate neural foundation for our empathic understanding of the actions and intentions of others. Iacoboni (2008) suggests that the absence of sufficient mirror neurons is the cause of autism, whose pathognomonic feature is "mindblindness," or the inability to understand the minds of others.

The relational claim that human beings seek connection with others as an end in itself, rather than as a means to gratify instinctual drives, accords with contemporary ideas about the evolution of human beings. As early social life became more complex, natural selection would have favored those of our ancestors who were capable of forming good relationships with others and negotiating the demands of social life successfully. As cultures become increasingly complex, greater social intelligence is needed to survive. "In a sense," writes the anthropologist Clifford Geertz, "the brain was selected by culture" (quoted in Mitchell, 1988, p. 18). The relational view is also supported by ethological studies, such as those cited by Bowlby (1969), who construed attachment behavior as ensuring the proximity of the mother to the child and thus enhancing the child's likelihood of survival. Mitchell (1988) concludes as follows:

The infant does not become social through learning or through conditioning, or through an adaptation to reality...the infant is programmed to be social. Relatedness is not a means to some other end...the very nature of the infant draws him into relationship. In fact, relatedness seems to be rewarding in itself. (p. 24)

Relational Configurations and the Nature of the Mind

As described above, human beings are motivated by an innate desire to establish interpersonal relationships with others. The character of the relationships we seek to form and also those we seek to avoid are determined not by preformed instinctual patterns but by actual experiences with other people. Early experiences with parenting figures give rise to expectations about how we will be treated by others. These expectations, in turn, motivate our subsequent relational strivings. Our interpersonal experiences thus give rise to the motivations that will impel us to form further relationships. Mitchell (1988) and other relational theorists view the mind as composed not of instinctual drives but of "relational configurations" (p. 3).
Relational configurations are models of interpersonal or "relational" experiences that we seek with others as well as those painful or frightening experiences that we seek to avoid. As noted above, relational configurations are formed on the basis of actual life experiences, but they are not necessarily veridical representations of those experiences, as all encounters of the objective world are experienced through a prism of representations and fantasies, formed on the basis of yet earlier experience. Like life experiences themselves, relational configurations are posited to include three dimensions: (1) the self, (2) the object, and (3) the psychological "space" in which the two interact. "These dimensions are subtly interwoven, knitting together the analysand's subjective experience and psychological world" (Mitchell, 1988, p. 33). In the relational model, interpersonal experience and the relational configurations to which they give rise are the building blocks of the mind. Insofar as the mind is structured through interactions with others, it is impossible to conceive of a mind in isolation, outside of a context of interpersonal relationships. Relationships are the "stuff" of the mind, Mitchell writes.

Relational configurations determine our perceptions of others, our expectations of their attitudes and responses to us, and our interpersonal behavior toward them. Although relational configurations are stable and repeated, producing a feeling of continuity and consistency of life experience, they are also normally subject to the influence of new experiences with others. Thus, while relational configurations shape our experience of others, they are, in turn, also shaped by our actual interpersonal experiences through life. The potential openness of relational configurations to change on the basis of new interpersonal experience is fundamental to the relational view of psychotherapeutic treatment.

Relational configurations also shape our experience of ourselves. Relational theorists do not view the "self" as a unified structure located outside a social or relational field. The self is a network of impressions that we form of ourselves in the context of our relationships with others. Harry Stack Sullivan (1940) wrote that the self is formed, at least in part, by the "reflected appraisals" of others (p. 22). Kohut (1971, 1977), writing many years later, would similarly refer to the importance of "mirroring" in the development of the self. For Sullivan, Kohut, and the relational theorists who followed, the notion of "self" is meaningful only within the context of our relationships with other people, including current interpersonal relationships in the real world as well as those we preserve within our memories and imaginations.

Psychopathology in the relational perspective is characterized by relational configurations that are conducive to painful relationships; constrictions in our capacity for authenticity, mutual intimacy, and love; and impairments in the quality of self-experience. Although relational configurations are normally susceptible to transformation in the context of new experience, this mutability is more limited in psychopathological conditions. Psychopathology is characterized by the maladaptive character of relational configurations, by the rigidity of those configurations, and, importantly, by persistent attachments to painful or frustrating relationships with primary figures (as in the case of abused children, noted above). As will be seen below, the clinical practice of relational psychoanalytic therapy not only features the creation of novel and more adaptive relational configurations through the therapeutic interaction but also entails, to one degree or another, the elucidation and interpretation of those persistent relational configurations that limit the client's relational potential and happiness.

Sex and Aggression in Relational Thought

Although the relational model is a vigorously "environmental" model of personality functioning, positing that personality organization is structured by interactions with others, it is not, on that account, exclusively or "naively" environmental. As seen above, our motivation for human interaction, as well as our preadapted capacity for complex human relationships, can be traced to evolutionary
pressures. In this sense, relational theory is no less Darwinian than Freudian theory. Similarly, although relational theory does not construe sexuality or aggression as “drives,” sex and aggression are both prominent features of human life, and relational theory acknowledges and accounts for both from within its own perspective (Mitchell, 1988, 1993a).

Theoretical Roots and Developments of Relational Ideas

While relational psychoanalysis was organized as an umbrella movement, “American interpersonal” psychoanalysis, as propounded by Harry Stack Sullivan, has clearly been the dominant theoretical influence on its development. British object relations theory, as represented especially by the writings of Ronald Fairbairn and Donald Winnicott, has also been very influential, as has the work of infant researchers, postmodern philosophy, and, to some extent, the writings of Heinz Kohut. Sándor Ferenczi, one of the first generation of psychoanalysts following Freud, has also come to be appreciated as a pioneer who introduced many ideas and clinical approaches later adopted and developed by relational psychoanalysts.

Basic Clinical Tenets of Relational Psychoanalysis

Relational psychoanalysis is not a unified theory and contains no unitary theory of psychoanalytic technique. Because the relational school includes practitioners from a wide diversity of backgrounds, each with its own treatment traditions, it is impossible to articulate a single approach that characterizes all. Sullivanian interpersonalists are apt to be more active in their approach than, say, object relations therapists or self psychologists. Some are more freewheeling, others less so. Some challenge their clients, insistently confronting rigid schemata, while others take an attitude of passive receptivity or empathic immersion.

In general, however, analysts and therapists committed to a relational approach engage the therapeutic situation with a few clinical propositions in mind: (a) Personality is formed through interpersonal interactions, (b) the clinical situation is inherently intersubjective and shaped by mutual influence and must be conducted in a way that incorporates this fact, and (c) the client needs some kind of authentic personal engagement from the therapist. These assumptions suggest a “model relational approach,” characterized, to one degree or another, by the following features: (a) The relationship between client and therapist typically takes “center stage,” in part as a source of information about the client’s subjective life but, more important, as an interpersonal context within which habitual relational configurations are transformed, characteristic relational patterns are renegotiated, rigid expectations are called into question, and new relational potentials are actualized; (b) the therapist seeks to understand and articulate the interpersonal field as a whole, including the ongoing and resonating impact of each participant on the other, rather than observing the client as an isolated entity whose mind is unaffected by the ongoing interaction; (c) the therapist pursues understanding in collaboration with the client, engaging the client as an equal partner, and the therapist’s observations and interpretations are offered in a spirit of mutual discovery and inquiry—as possibilities rather than as objective pronouncements; and (d) the therapist is attentive to the pervasive mutual influences exerted in the therapeutic interaction, to the mutual evocation of emotional states and impressions, and is open to recognizing, acknowledging, and articulating his or her own role in creating conflicts and impasses.

CONCLUSION

This chapter began by exploring the relationship between clinical social work and psychoanalysis in some depth, examining particular social work treatment theories and their incorporation of various psychoanalytic concepts. We also summarized a range of psychoanalytic systems, from traditional Freudian theory to relational psychoanalysis. Various models of development have also been included, principally because psychoanalytic
developmental theories are typically closely linked to psychoanalytic theories of psychopathology. Finally, we have labored to explicate major theoretical disagreements in order to reveal the richness and complexity of this vast body of literature. We hope that this chapter has provided a useful overview of important psychoanalytic theories and controversies and the unique relationship between them and clinical social work.

REFERENCES