

Doris M. I. Wall

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Theories of Personality

Jess Feist

McNeese State University

Gregory J. Feist

College of William and Mary

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Klein: Object Relations Theory

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Klein

In contrast to Adler and Jung, who eventually repudiated Freud's theories, Melanie Klein sought to validate and extend Freud's ideas within the framework of psychoanalysis. Unlike these three earlier theorists, Klein carefully observed young children and built her **object relations theory** mostly on those observations. In contrast to Freud, who emphasized the first 4 to 6 years of life, Klein stressed the importance of the first 4 to 6 *months* after birth. She insisted that the infant's drives (hunger, sex, and so forth) are directed to an object—a breast, a penis, a vagina, and so on. According to Klein, the child's relation to the breast is fundamental and serves as a prototype for later relations to whole objects, such as mother and father. The very early tendency of infants to relate to partial objects gives their experiences an unrealistic or fantasy-like quality that affects all later interpersonal relations. Thus Klein's ideas tend to shift the focus of psychoanalytic theory from organically based stages of development to the role of early fantasy in the formation of interpersonal relationships.

In addition to Klein, other theorists have speculated on the importance of a child's early experiences with the mother. Margaret Mahler believed that children's sense of identity rests on a three-step relationship with their mother. First, infants have basic needs cared for by their mother; next, they develop a safe symbiotic relationship with an all-powerful mother; and finally, they emerge from their mother's protective circle and establish their separate individuality. Otto Kernberg also emphasized the importance of a healthy mother-child relationship, postulating that such a relationship would allow the child to develop a stable self-concept and satisfactory interpersonal relations. Heinz Kohut theorized that children develop a sense of self during early infancy when parents and others treat them as if they had an individualized sense of identity. John Bowlby investigated infants' attachment to their mother as well as the negative consequences of being separated from their mother.

✧ Biography of Melanie Klein

Melanie Reizes Klein was born March 30, 1882, in Vienna, Austria. The youngest of four children born to Dr. Moriz Reizes and his second wife, Libussa Deutsch Reizes, Klein believed that her birth was unplanned—a belief that led to feelings of being rejected by her parents. She felt especially distant to her father, who favored his oldest daughter, Emilie (Sayers, 1991). By the time Melanie Klein was born, her father had long since rebelled against his early Orthodox Jewish training and had ceased to practice any religion. As a consequence, Klein grew up in a family that was neither prouligious nor antireligious. During her childhood she observed both parents working at jobs they did not enjoy. Her father was a physician who struggled to make a living in medicine and eventually was relegated to working as a dental assistant. Her mother ran a shop selling plants and reptiles, a difficult, humiliating, and fearful job for someone who abhorred snakes (H. Segal, 1979). Despite her father's meager income as a doctor, Klein aspired to become a physician.

Klein's early relationships were either unhealthy or ended in tragedy. She felt neglected by her elderly father, whom she saw as cold and distant, and although she loved and idolized her mother, she felt suffocated by her. Klein had a special fondness for her older sister Sidonie, who was 4 years older and who taught Klein arithmetic

and reading. Unfortunately, when Klein was 4, Sidonie died. In later years, Klein confessed that she never got over grieving for Sidonie (J. Segal, 1992). After her sister's death, Klein became deeply attached to her only brother, Emmanuel, who was nearly 5 years older and who became her close confidant. She idolized her brother, and this infatuation may have contributed to her later difficulties in relating to men. Like Sidonie earlier, Emmanuel tutored Klein, and his excellent instructions helped her pass the entrance examinations of a reputable preparatory school (Petot, 1990).

When Klein was 18, her father died, but a greater tragedy occurred 2 years later when her beloved brother, Emmanuel, died. Emmanuel's death left Klein devastated. While still in mourning over her brother's death, she married Arthur Klein, an engineer who had been Emmanuel's close friend. Klein believed that her marriage at age 21 prevented her from becoming a physician, and for the rest of her life, she regretted that she had not reached that goal (Grosskurth, 1986).

Unfortunately, Klein did not have a happy marriage; she dreaded sex and abhorred pregnancy (Grosskurth, 1986). Nevertheless, her marriage to Arthur produced three children: Melitta, born in 1904; Hans, born in 1907; and Erich, born in 1914. In 1909, the Kleins moved to Budapest where Arthur had been transferred. There, Klein met Sandor Ferenczi, a member of Freud's inner circle and the person who introduced her into the world of psychoanalysis. When her mother died in 1914, Klein became depressed and entered analysis with Ferenczi, an experience that served as a turning point in her life. That same year she read Freud's *On Dreams* (1901/1953) "and realized immediately that was what I was aiming at, at least during those years when I was so very keen to find out what would satisfy me intellectually and emotionally" (quoted in Grosskurth, 1986, p. 69). At about the same time she discovered Freud, her youngest child, Erich, was born. Klein was deeply taken by psychoanalysis and trained her son according to Freudian principles. In addition, she began to psychoanalyze Erich from the time he was very young. She also attempted to analyze Melitta and Hans, both of whom eventually went to other analysts. Melitta, who became a psychoanalyst, was analyzed by Karen Horney (Chapter 6) as well as by others (Grosskurth, 1986). An interesting parallel between Horney and Klein is that Klein later analyzed Horney's two youngest daughters when they were 12 and 9 years old. (Horney's oldest daughter was 14 and refused to be analyzed.) Unlike Melitta's voluntary analysis by Horney, the two Horney children were compelled to attend analytic sessions, not for treatment of any neurotic disorder but as a preventive measure (Quinn, 1987).

Klein separated from her husband in 1919 but did not obtain a divorce for several years. After the separation, she established a psychoanalytic practice in Berlin and made her first contributions to the psychoanalytic literature with a paper dealing with her analysis of Erich, who was not identified as her son until long after Klein's death (Grosskurth, 1998). Not completely satisfied with her own analysis by Ferenczi, she ended the relationship and began an analysis with Karl Abraham, another member of Freud's inner circle. After only 14 months, however, Klein experienced another tragedy when Abraham died. Then, like Freud before her, Klein began a life-long self-analysis.

Before 1919, psychoanalysts, including Freud, based their theories of child development on their therapeutic work with *adults*. Freud's only case study of a child was Little Hans, a boy whom he saw as a patient only once. Melanie Klein changed

that situation by psychoanalyzing children directly. Her work with very young children, including her own, convinced her that children internalize both positive and negative feelings toward their mother and that they develop a superego much earlier than Freud had believed. Her slight divergence from standard psychoanalytic theory brought much criticism from her colleagues in Berlin, causing her to feel increasingly uncomfortable in that city. Then, in 1926, Ernest Jones invited her to London to analyze his children and to deliver a series of lectures on child analysis. These lectures later resulted in her first book, *The Psycho-Analysis of Children* (Klein, 1932). In 1927, she took up permanent residency in England, remaining there until her death on September 22, 1960.

Klein's years in London were marked by division and controversy. Although she continued to regard herself as a Freudian, neither Freud nor his daughter Anna accepted her emphasis on the importance of very early childhood or her analytic technique with children. Her differences with Anna Freud began while the Freuds were still living in Vienna, but they climaxed after Anna moved with her father and mother to London in 1938. Before the arrival of Anna Freud, the English school of psychoanalysis was steadily becoming the "Kleinian School," and Klein's battles were limited mostly to those with her daughter, Melitta. In 1934, Klein's older son, Hans, was killed in a fall. Melitta, who had recently moved to London with her psychoanalyst husband, Walter Schmideberg, maintained that her brother had committed suicide, and she blamed her mother for his death. During that same year, Melitta began an analysis with Edward Glover, one of Klein's rivals in the British Society. Klein and her daughter then became even more personally estranged and professionally antagonistic, and Melitta maintained her animosity even after her mother's death.

Although Melitta Schmideberg was not a supporter of Anna Freud, her persistent antagonism toward Klein increased the difficulties of Klein's struggle with Anna Freud, who never recognized the possibility of analyzing young children (King & Steiner, 1991; Mitchell & Black, 1995). The friction between Klein and Freud never abated, with each side claiming to be more "Freudian" than the other (Hughes, 1989). Finally, in 1946 the British Society accepted three training procedures—the traditional one of Melanie Klein, the one advocated by Anna Freud, and a Middle Group that accepted neither training school but was more eclectic in its approach. By such a division, the British Society remained intact, albeit with an uneasy alliance.

✧ Introduction to Object Relations Theory

Object relations theory is an offspring of Freud's instinct theory, but it differs from its ancestor in at least three general ways. First, object relations theory places less emphasis on biologically based drives and more importance on consistent patterns of interpersonal relationships. Second, as opposed to Freud's rather paternalistic theory that emphasizes the power and control of the father, object relations theory tends to be more maternal, stressing the intimacy and nurturing of the mother. Third, object relations theorists generally see human contact and relatedness—not sexual pleasure—as the prime motive of human behavior.

More specifically, however, the concept of object relations has many meanings, just as there are many object relations theorists. This chapter concentrates primarily on Melanie Klein's work, but it also briefly discusses the theories of Margaret S.

Mahler, Otto Kernberg, Heinz Kohut, and John Bowlby. In general, Mahler's work was concerned with the infant's struggle to gain autonomy and a sense of self; Kernberg's with combining drive theory, ego psychology, and object relations; Kohut's with the formation of the self; and Bowlby's with the stages of separation anxiety.

If Klein is the mother of object relations theory, then Freud himself is the father. Recall from Chapter 2 that Freud (1915/1957a) believed instincts or drives have an *impetus*, a *source*, an *aim*, and an *object*, with the latter two having the greater psychological significance. Although different drives may seem to have separate aims, their underlying aim is always the same—to reduce tension, that is, to achieve pleasure. In Freudian terms, the **object** of the drive is any person, part of a person, or thing through which the aim is satisfied. Klein and other object relations theorists begin with this basic assumption of Freud's and then speculate on how the infant's real or fantasized early relations with the mother or the breast become a model for all later interpersonal relationships. Adult relationships, therefore, are not always what they seem. An important portion of any relationship is the internal psychic representations of early significant objects, such as the mother's breast or the father's penis, that have been *introjected*, or taken into the infant's psychic structure, and then *projected* onto one's partner. These internal pictures are not accurate representations of the other person but are remnants of each person's earlier experiences.

Although Klein continued to regard herself as a Freudian, she extended psychoanalytic theory beyond the boundaries set by Freud. For his part, Freud chose mostly to ignore Klein. When pressed for an opinion on her work, Freud had little to say. For example, in 1925 when Ernest Jones wrote to him concerning Klein's "valuable work" with childhood analysis and play therapy, Freud simply replied that "Melanie Klein's work has aroused considerable doubt and controversy here in Vienna" (Steiner, 1985, p. 30).

✧ Psychic Life of the Infant

Whereas Freud emphasized the first 4 or 6 years of life, Klein stressed the importance of the first 4 or 6 *months*. To her, infants do not begin life with a blank slate but with an inherited predisposition to reduce the anxiety they experience as a result of the conflict produced by the forces of the life instinct and the power of the death instinct. The infant's innate readiness to act or react presupposes the existence of *phylogenetic endowment*, a concept that Freud also accepted.

Fantasies

One of Klein's basic assumptions is that the infant, even at birth, possesses an active fantasy life. These fantasies are psychic representations of unconscious id instincts; they should not be confused with the conscious fantasies of older children and adults. When Klein (1932) wrote of the dynamic fantasy life of infants, she did not suggest that neonates could put thoughts into words. She simply meant that they possess unconscious images of "good" and "bad." For example, a full stomach is good, an empty one is bad. Thus, Klein would say that infants who fall asleep while sucking on their fingers are fantasizing about having their mother's good breast inside themselves. Similarly, hungry infants who cry and kick their legs are fantasizing that

they are kicking or destroying the bad breast. This idea of a good breast and a bad breast is comparable to Sullivan's notion of a good mother and a bad mother (see Chapter 8 for Sullivan's theory).

As the infant matures, unconscious fantasies connected with the breast continue to exert an impact on psychic life, but newer ones emerge as well. These later unconscious fantasies are shaped by both reality and by inherited predispositions. One of these fantasies involves the Oedipus complex, or the child's wish to destroy one parent and sexually possess the other. (Klein's notion of the Oedipus complex is discussed more fully in the section titled "Internalizations.") Because these fantasies are unconscious, they can be contradictory. For example, a little boy can fantasize both beating his mother and having babies with her. Such fantasies spring partly from the boy's experiences with his mother and partly from universal predispositions to destroy the bad breast and to incorporate the good one.

Objects

Klein agreed with Freud that humans have innate drives or instincts, including a *death instinct*. Drives, of course, must have some object. Thus, the hunger drive has the good breast as its object, the sex drive has a sexual organ as its object, and so on. Klein (1948) believed that from early infancy children relate to these external objects, both in fantasy and in reality. The earliest object relations are with the mother's breast, but "very soon interest develops in the face and in the hands which attend to his needs and gratify them" (Klein, 1991, p. 757). In their active fantasy, infants *introject*, or take into their psychic structure, these external objects, including their father's penis, their mother's hands and face, and other body parts. Introjected objects are more than internal thoughts about external objects; they are fantasies of internalizing the object in concrete and physical terms. For example, children who have introjected their mother believe that she is constantly inside their own body. Klein's notion of internal objects suggests that these objects have a power of their own, comparable to Freud's concept of a superego, which assumes that the father's or mother's conscience is carried within the child.

✧ Positions

Klein (1946) saw human infants as constantly engaging in a basic conflict between the life instinct and the death instinct, that is, between good and bad, love and hate, creativity and destruction. As the ego moves toward integration and away from disintegration, infants naturally prefer gratifying sensations over frustrating ones.

In their attempt to deal with this dichotomy of good and bad feelings, infants organize their experiences into **positions**, or ways of dealing with both internal and external objects. Klein chose the term "position" rather than "stage of development" to indicate that positions alternate back and forth; they are not periods of time or phases of development through which a person passes. Although she used psychiatric or pathological labels, Klein intended these positions to represent *normal* social growth and development. The two basic positions are the *paranoid-schizoid position* and the *depressive position*.

Paranoid-Schizoid Position

During the earliest months of life, an infant comes into contact with both the good breast and the bad breast. These alternating experiences of gratification and frustration threaten the very existence of the infant's vulnerable ego. The infant desires to control the breast by devouring and harboring it. At the same time, the infant's innate destructive urges create fantasies of damaging the breast by biting, tearing, or annihilating it. In order to tolerate both these feelings toward the same object at the same time, the ego splits itself, retaining parts of its life and death instincts while deflecting parts of both instincts onto the breast. Now, rather than fearing its own death instinct, the infant fears the *persecutory breast*. But the infant also has a relationship with the *ideal breast*, which provides love, comfort, and gratification. The infant desires to keep the ideal breast inside itself as a protection against annihilation by persecutors. To control the good breast and to fight off its persecutors, the infant adopts what Klein (1946) called the **paranoid-schizoid position**, a way of organizing experiences that includes both paranoid feelings of being persecuted and a splitting of internal and external objects into the good and the bad.

According to Klein, infants develop the paranoid-schizoid position during the first 3 or 4 months of life, during which time the ego's perception of the external world is subjective and fantastic rather than objective and real. Thus, the persecutory feelings are considered to be paranoid; that is, they are not based on any real or immediate danger from the outside world. The child must keep the good breast and bad breast separate, because to confuse them would be to risk annihilating the good breast and losing it as a safe harbor. In the young child's schizoid world, rage and destructive feelings are directed toward the bad breast, while feelings of love and comfort are associated with the good breast.

Infants, of course, do not use language to identify the good and bad breast. Rather, infants have a biological predisposition to attach a positive value to nourishment and the life instinct and to assign a negative value to hunger and the death instinct. This preverbal splitting of the world into good and bad serves as a prototype for the subsequent development of ambivalent feelings toward a single person. For example, Klein (1946) compared the infantile paranoid-schizoid position to transference feelings that therapy patients often develop toward their therapist.

Under pressure of ambivalence, conflict and guilt, the patient often splits the figure of the analyst, then the analyst may at certain moments be loved, at other moments hated. Or the analyst may be split in such a way that he remains the good (or bad) figure while someone else becomes the opposite figure. (p. 19)

Ambivalent feelings, of course, are not limited to therapy situations. Most people have both positive and negative feelings toward their loved ones. Conscious ambivalence, however, does not capture the essence of the paranoid-schizoid position. When adults adopt the paranoid-schizoid position, they do so in a primitive, unconscious fashion. As Ogden (1990) pointed out, they may experience themselves as a passive object rather than an active subject. They are likely to say "he's dangerous" instead of saying "I am aware that he is dangerous to me." Other people may project their unconscious paranoid feelings onto others as a means of avoiding their own destruction by the malevolent breast. Still others may project their unconscious positive feelings onto another person and see that person as being perfect while viewing themselves as empty or worthless.

Depressive Position

Beginning at about the 5th or 6th month, an infant begins to view external objects as whole and to see that good and bad can exist in the same person. At that time, the infant develops a more realistic picture of the mother and recognizes that she is an independent person who can be both good and bad. Also, the ego is beginning to mature to the point at which it can tolerate some of its own destructive feelings rather than projecting them outward. However, the infant also realizes that the mother might go away and be lost forever. Fearing the possible loss of the mother, the infant desires to protect her and keep her from the dangers of its own destructive forces, those cannibalistic impulses that had previously been projected onto her. But the infant's ego is mature enough to realize that it lacks the capacity to protect the mother, and thus the infant experiences guilt for its previous destructive urges toward the mother. The feelings of anxiety over losing a loved object coupled with a sense of guilt for wanting to destroy that object constitute what Klein called the **depressive position**.

Children in the depressive position recognize that the loved object and the hated object are now one and the same. They reproach themselves for their previous destructive urges toward their mother and desire to make *reparation* for these attacks. Because children see their mother as whole and also as being endangered, they are able to feel *empathy* for her, a quality that will be beneficial in their future interpersonal relations.

The depressive position is resolved when children fantasize that they have made reparation for their previous transgressions and when they recognize that their mother will not go away permanently but will return after each departure. When the depressive position is resolved, children close the split between the good and the bad mother. They are able to not only experience love *from* their mother, but they also display their own love *for* her. However, an incomplete resolution of the depressive position can result in lack of trust, morbid mourning at the loss of a loved one, and a variety of other psychic disorders.

✧ Psychic Defense Mechanisms

Klein (1955) suggested that from very early infancy, children adopt several psychic defense mechanisms to protect their ego against the anxiety that is aroused by their own destructive fantasies. These intense destructive feelings originate with oral-sadistic anxieties concerning the breast—the dreaded, destructive breast on the one hand and the satisfying, helpful breast on the other. To control these anxieties, infants use several psychic defense mechanisms, such as *introjection*, *projection*, *splitting*, and *projective identification*.

Introjection

By **introjection**, Klein simply meant that infants fantasize taking into their body those perceptions and experiences that they have had with the external object, originally the mother's breast. Introjection begins with an infant's first feeding, when there is an attempt to incorporate the mother's breast into the infant's body. Ordinarily, the infant tries to introject good objects, to take them inside itself as a protection against anxiety. However, sometimes the infant introjects bad objects, such as the

bad breast or the bad penis, in order to gain control over them. When dangerous objects are introjected, they become internal persecutors, capable of terrifying the infant and leaving frightening residues that may be expressed in dreams or in an interest in fairy tales such as "The Big Bad Wolf" or "Snow White and the Seven Dwarfs."

Introjected objects are not accurate representations of the real objects but are colored by children's fantasies. For example, infants will fantasize that their mother is constantly present; that is, they feel that their mother is always inside their body. The real mother, of course, is not perpetually present, but infants nevertheless devour her in fantasy so that she becomes a constant internal object.

Projection

Just as infants use introjection to take in both good and bad objects, they use *projection* to get rid of them. Projection is the fantasy that one's own feelings and impulses actually reside in another person and not within one's body. By projecting unmanageable destructive impulses onto external objects, infants alleviate the unbearable anxiety of being destroyed by dangerous internal forces (Klein, 1935).

Children project both bad and good images onto external objects, especially their parents. For example, a young boy who desires to castrate his father may instead project these castration fantasies onto his father, thus turning his castration wishes around and blaming his father for wanting to castrate him. Similarly, a young girl might fantasize devouring her mother but projects that fantasy onto her mother, who she fears will retaliate by persecuting her.

People can also project good impulses. For example, infants who feel good about their mother's nurturing breast will attribute their own feelings of goodness onto the breast and imagine that the breast is good. Adults sometimes project their own feelings of love onto another person and become convinced that the other person loves them. Projection thus allows people to believe that their own subjective opinions are true.

Splitting

Infants can only manage the good and bad aspects of themselves and of external objects by **splitting** them, that is, by keeping apart incompatible impulses. In order to separate bad and good objects, the ego must itself be split. Thus, infants develop a picture of both the "good me" and the "bad me" that enables them to deal with both pleasurable and destructive impulses toward external objects.

Splitting can have either a positive or a negative effect on the child. If it is not extreme and rigid, it can be a positive and useful mechanism not only for infants but also for adults. It enables people to see both positive and negative aspects of themselves, to evaluate their behavior as good or bad, and to differentiate between likable and unlikable acquaintances. On the other hand, excessive and inflexible splitting can lead to pathological repression. For instance, if children's egos are too rigid to be split into good me and bad me, then they cannot introject bad experiences into the good ego. When children cannot accept their own bad behavior, they must then deal with destructive and terrifying impulses in the only way they can—by repressing them.

Projective Identification

A fourth means of reducing anxiety is **projective identification**, a psychic defense mechanism in which infants split off unacceptable parts of themselves, project them onto another object, and finally introject them back into themselves in a changed or distorted form. By taking the object back into themselves, infants feel that they have become like that object, that is, they identify with that object. For example, infants typically split off parts of their destructive impulse and project them onto the bad, frustrating breast. Next, they identify with the breast by introjecting it, a process that permits them to gain control over the dreaded and wonderful breast.

Projective identification exerts a powerful influence on adult interpersonal relations. Unlike simple projection, which can exist wholly in fantasy, projective identification exists only in the world of real interpersonal relationships. For example, a husband with strong but unwanted tendencies to dominate others will project those feelings onto his wife, who he then sees as domineering. The man subtly tries to get his wife to *become* domineering. He behaves with excessive submissiveness in an attempt to force his wife to display the very tendencies that he has deposited in her.

✧ Internalizations

When object relations theorists speak of **internalizations**, they mean that the person takes in (introjects) aspects of the external world and then organizes those introjections into a psychologically meaningful framework. In Kleinian theory, three important internalizations are the ego, the superego, and the Oedipus complex.

Ego

Klein (1930, 1946) believed that the ego, or one's sense of self, reaches maturity at a much earlier stage than Freud had assumed. Although Freud hypothesized that the ego exists at birth, he did not attribute complex psychic functions to it until about the 3rd or 4th year. To Freud, the young child is dominated by the id. Klein, however, largely ignored the id and based her theory on the ego's early ability to sense both destructive and loving forces and to manage them through splitting, projection, and introjection.

Klein (1959) believed that although the ego is mostly unorganized at birth, it nevertheless is strong enough to feel anxiety, to use defense mechanisms, and to form early object relations in both fantasy and reality. The ego begins to evolve with the infant's first experience with feeding, when the good breast fills the infant not only with milk but with love and security. But the infant also experiences the bad breast—the one that is not present or does not give milk, love, or security. The infant introjects both the good breast and the bad breast, and these images provide a focal point for further expansion of the ego. All experiences, even those not connected with feeding, are evaluated by the ego in terms of how they relate to the good breast and the bad breast. For example, when the ego experiences the good breast, it expects similar good experiences with other objects, such as its own fingers, a pacifier, or the father. Thus, the infant's first object relation (the breast) becomes the prototype not only for the ego's future development but for the individual's later interpersonal relations.

However, before a unified ego can emerge, it must first become split. Klein assumed that infants innately strive for integration, but at the same time, they are forced to deal with the opposing forces of life and death, as reflected in their experience with the good breast and the bad breast. To avoid disintegration, the newly emerging ego must split itself into the good me and the bad me. The good me exists when infants are being enriched with milk and love; the bad me is experienced when they do not receive milk and love. This dual image of self allows them to manage the good and bad aspects of external objects. As infants mature, their perceptions become more realistic, they no longer see the world in terms of partial objects, and their egos become more integrated.

Superego

Klein's picture of the superego differs from Freud's in at least three important respects. First, it emerges much earlier in life; second, it is *not* an outgrowth of the Oedipus complex; and third, it is much more harsh and cruel. Klein (1933) arrived at these differences through her analysis of young children, an experience Freud did not have.

There could be no doubt that a super-ego had been in full operation for some time in my small patients of between two-and-three-quarters and four years of age, whereas according to the accepted [Freudian] view the super-ego would not begin to be activated until the Oedipus complex had died down—i.e. until about the fifth year of life. Furthermore, my data showed that this early super-ego was immeasurably harsher and more cruel than that of the older child or adult, and that it literally crushed down the feeble ego of the small child (p. 267).

Recall that Freud conceptualized the superego as consisting of two subsystems: an ego-ideal that produces inferiority feelings and a conscience that results in guilt feelings. Klein would concur that the more mature superego produces feelings of inferiority and guilt, but her analysis of young children led her to believe that the *early superego* produces not guilt but *terror*.

To Klein, young children fear being devoured, cut up, and torn into pieces—fears that are greatly out of proportion to any realistic dangers. Why are the children's superegos so drastically removed from any actual threats by their parents? Klein (1933) suggested that the answer resides with the infant's own destructive instinct, which is experienced as anxiety. To manage this anxiety, the child's ego mobilizes libido (life instinct) against the death instinct. However, the life and death instincts cannot be completely separated, so the ego is forced to defend itself against its own actions. This early ego defense lays the foundation for the development of the superego, whose extreme violence is a reaction to the ego's aggressive self-defense against its own destructive tendencies. Klein believed that this harsh, cruel superego is responsible for many antisocial and criminal tendencies in adults.

Klein would describe a 5-year-old child's superego in much the same way Freud did. By the 5th or 6th year, the superego arouses little anxiety but a great measure of guilt. It has lost most of its severity while gradually being transformed into a realistic conscience. However, Klein rejected Freud's notion that the superego is a consequence of the Oedipus complex. Instead, she insisted that it grows along with the Oedipus complex and finally emerges as realistic guilt after the Oedipus complex is resolved.

Oedipus Complex

Although Klein believed that her view of the Oedipus complex was merely an extension and not a refutation of Freud's ideas, her conception departed from the Freudian one in several ways. First, Klein (1946, 1948, 1952) held that the Oedipus complex begins at a much earlier age than Freud had suggested. Freud believed that the Oedipus complex took place during the phallic stage, when children are about 4 or 5 years old and after they have experienced an oral and anal stage. In contrast, Klein held that the Oedipus complex begins during the earliest months of life, overlaps with the oral and anal stages, and reaches its climax during the **genital stage** at around age 3 or 4. (Klein preferred the term "genital" stage rather than "phallic," because the latter suggests a masculine psychology.) Second, Klein believed that a significant part of the Oedipus complex is children's fear of retaliation from their parent for their fantasy of emptying the parent's body. Third, she stressed the importance of children retaining positive feelings toward *both* parents during the Oedipal years. Fourth, she hypothesized that during its early stages, the Oedipus complex serves the same need for both sexes, that is, to establish a positive attitude with the good or gratifying object (breast or penis) and to avoid the bad or terrifying object (breast or penis). In this position, children of either sex can direct their love either alternately or simultaneously toward each parent. Thus, children are capable of both homosexual and heterosexual relations with both parents. Like Freud, Klein assumed that boys and girls eventually come to experience the Oedipus complex differently.

Male Oedipal Development

Klein (1945) believed that during the early months of Oedipal development, a boy shifts some of his oral desires from his mother's breast to his father's penis. At this time the little boy is in his *feminine position*; that is, he adopts a passive homosexual attitude toward his father. Next, he moves to a heterosexual relationship with his mother, but because of his previous homosexual feeling for his father, he has no fear that his father will castrate him. Klein believed that this passive homosexual position is a prerequisite for the boy's development of a healthy heterosexual relationship with his mother. More simply, the boy must have a good feeling about his father's penis before he can value his own.

As the boy matures, however, he develops oral-sadistic impulses toward his father and wants to bite off his penis and to murder him. These feelings arouse castration anxiety and the fear that his father will retaliate against him by biting off his penis. This fear convinces the little boy that sexual intercourse with his mother would be extremely dangerous to him.

The boy's Oedipus complex is resolved only partially by his castration anxiety. A more important factor is his ability to establish positive relationships with both parents at the same time. At that point the boy sees his parents as whole objects, a condition that enables him to work through his depressive position.

Female Oedipal Development

Like the young boy, a little girl first sees her mother's breast as both good and bad. Then around 6 months of age, she begins to view the breast as more positive than negative. Later, she sees her whole mother as full of good things, and this attitude

leads her to imagine how babies are made. She fantasizes that her father's penis feeds her mother with riches, including babies. Because the little girl sees the father's penis as the giver of children, she develops a positive relationship to it and fantasizes that her father will fill her body with babies. If the female Oedipal stage proceeds smoothly, the little girl adopts a "feminine" position and has a positive relationship with both parents.

However, under less ideal circumstances, the little girl will see her mother as a rival and will fantasize robbing her mother of her father's penis and stealing her mother's babies. Just as the boy's hostility toward his father leads to fear of retaliation, the little girl's wish to rob her mother produces a paranoid fear that her mother will retaliate against her by injuring her or taking away her babies. The little girl's principal anxiety comes from a fear that the inside of her body has been injured by her mother, an anxiety that can only be alleviated when she later gives birth to a healthy baby. According to Klein (1945), penis envy stems from the little girl's wish to internalize her father's penis and to receive a baby from him. This fantasy precedes any desire for an external penis. Contrary to Freud's view, Klein could find no evidence that the little girl blames her mother for bringing her into the world without a penis. Instead, Klein contended that the girl retains a strong attachment to her mother throughout the Oedipal period.

For both girls and boys, a healthy resolution of the Oedipus complex depends on their ability to allow their mother and father to come together and to have sexual intercourse with each other. No remnant of rivalry remains. Children's positive feelings toward both parents later serve to enhance their adult sexual relations.

In Summary Klein believed that people are born with two strong drives—the life instinct and the death instinct. Infants develop a passionate caring for the good breast and an intense hatred for the bad breast, leaving a person to struggle a lifetime and to reconcile these unconscious psychic images of good and bad, pleasure and pain. The most crucial stage of life is the first few months, a time when relationships with mother and other significant objects form a model for later interpersonal relations. The adult ability to love or to hate originates with these early object relations.

✧ Later Views on Object Relations

Since Melanie Klein's bold and insightful descriptions, a number of other theorists have expanded and modified object relations theory. Among the more prominent of these later theorists are Margaret Mahler, Otto Kernberg, Heinz Kohut, and John Bowlby.

Margaret Mahler's View

Margaret Schoenberger Mahler (1897–1985) was born in Sopron, Hungary, and received a medical degree from the University of Vienna in 1923. In 1938, she moved to New York where she was a consultant to the Children's Service of the New York State Psychiatric Institute. She later established her own observational studies at the Masters Children's Center in New York. From 1955 to 1974, she was clinical professor of psychiatry at Albert Einstein College of Medicine.



Margaret Mahler

Mahler was primarily concerned with the psychological birth of the individual that takes place during the first 3 years of life, a time when a child gradually surrenders security for autonomy. Originally, Mahler's ideas came from her observation of the behaviors of disturbed children interacting with their mothers. Later, she observed normal babies as they bonded with their mothers during the first 36 months of life (Mahler, 1952).

To Mahler, an individual's psychological birth begins during the first weeks of postnatal life and continues for the next 3 years or so. By *psychological birth*, Mahler meant that the child becomes an *individual* separate from his or her primary caregiver, an accomplishment that leads ultimately to a *sense of identity*.

To achieve psychological birth and individuation, a child proceeds through a series of three major developmental stages and four substages (Mahler, 1967, 1972; Mahler, Pine, & Bergman, 1975). The first major developmental stage is **normal autism**, which spans the period from birth until about age 3 or 4 weeks. To describe the normal autism stage, Mahler (1967) borrowed Freud's (1911/1958) analogy that compared psychological birth with an unhatched bird egg. The bird is able to satisfy its nutritional needs autistically (without regard to external reality) because its food supply is enclosed in its shell. Similarly, a newborn infant satisfies various needs within the all-powerful protective orbit of a mother's care. A neonate has a sense of omnipotence, because, like the unhatched bird, the neonate's needs are cared for automatically, through no expenditure of effort. Unlike Klein, who conceptualized a newborn infant as being terrified, Mahler pointed to the relatively long periods of sleep and general lack of tension in a neonate. She believed that this stage is a period of absolute primary narcissism in which an infant is unaware of any other person. Thus, she referred to normal autism as an "objectless" stage, a time when an infant naturally searches for the mother's breast. She disagreed with Klein's notion that infants incorporate the good breast and other objects into their ego.

As infants gradually realize that they cannot satisfy their own needs, they begin to recognize their primary caregiver and to seek a symbiotic relationship with her, a condition that leads to **normal symbiosis**, the second developmental stage in Mahler's theory. Normal symbiosis begins around the 4th or 5th week of age but reaches its zenith during the 4th or 5th month. During this time, "the infant behaves and functions as though he and his mother were an omnipotent system—a dual unity within one common boundary" (Mahler, 1967, p. 741). In the analogy of the bird egg, the shell is now beginning to crack, but a psychological membrane in the form of a symbiotic relationship still protects the newborn. Mahler recognized that this relationship is not a true symbiosis because, although the infant's life is dependent on the mother, the mother does not absolutely need the infant. The symbiosis is characterized by a mutual

cuing of infant and mother. The infant sends cues to the mother of hunger, pain, pleasure, and so forth, and the mother responds with her own cues, such as feeding, holding, or smiling. By this age the infant can recognize the mother's face and can perceive her pleasure or distress. However, object relations have not yet begun—mother and others are still "preobjects." Older children and even adults sometimes regress to this stage, seeking the strength and safety of their mother's care.

The third major developmental stage, **separation-individuation**, spans the period from about the 4th or 5th month of age until about the 30th to 36th month. During this time, children become psychologically separated from their mothers, achieve a sense of individuation, and begin to develop feelings of personal identity. Because children no longer experience a dual unity with their mother, they must surrender their delusion of omnipotence and face their vulnerability to external threats. Thus, young children in the separation-individuation stage experience the external world as being more dangerous than it was during the first two stages.

Mahler divided the separation-individuation stage into four overlapping sub-stages. The first is *differentiation*, which lasts from about the 5th month until the 7th to 10th month of age and is marked by a bodily breaking away from the mother-infant symbiotic orbit. For this reason, the differentiation substage is analogous to the hatching of an egg. At this age, Mahler observed, infants smile in response to their own mother, indicating a bond with a specific other person. Psychologically healthy infants who expand their world beyond the mother will be curious about strangers and will inspect them; unhealthy infants will fear strangers and recoil from them.

As infants physically begin to move away from their mothers by crawling and walking, they enter the *practicing* substage of separation-individuation, a period from about the 7th to 10th month of age to about the 15th or 16th month. During this subphase, children easily distinguish their body from their mother's, establish a specific bond with their mother, and begin to develop an autonomous ego. Yet, during the early stages of this period, they do not like to lose sight of their mother; they follow her with their eyes and show distress when she is away. Later, they begin to walk and to take in the outside world, which they experience as fascinating and exciting.

From about 16 to 25 months of age, children experience a *rapprochement* with their mother; that is, they desire to bring their mother and themselves back together, both physically and psychologically. Mahler noticed that children of this age want to share with their mother every new acquisition of skill and every new experience. Now that they can walk with ease, children are more physically separate from the mother, but paradoxically, they are more likely to show separation anxiety during the *rapprochement* stage than during the previous period. Their increased cognitive skills make them more aware of their separateness, causing them to try various ploys to regain the dual unity they once had with their mother. Because these attempts are never completely successful, children of this age often fight dramatically with their mother, a condition called the *rapprochement crisis*.

The final subphase of the separation-individuation process is *libidinal object constancy*, which approximates the 3rd year of life. During this time, children must develop a constant inner representation of their mother so that they can tolerate being physically separate from her. If this libidinal object constancy is not developed, children will continue to depend on their mother's physical presence for their own security. Besides gaining some degree of object constancy, children must consolidate

their individuality; that is, they must learn to function without their mother and to develop other object relationships (Mahler et al., 1975).

The strength of Mahler's theory is its elegant description of psychological birth based on empirical observations that she and her colleagues made on child-mother interactions. Although many of her tenets rely on inferences gleaned from reactions of preverbal infants, her ideas can easily be extended to adults. Any errors made during the first 3 years—the time of psychological birth—may result in later regressions to a stage when a person had not yet achieved separation from the mother and thus a sense of personal identity.

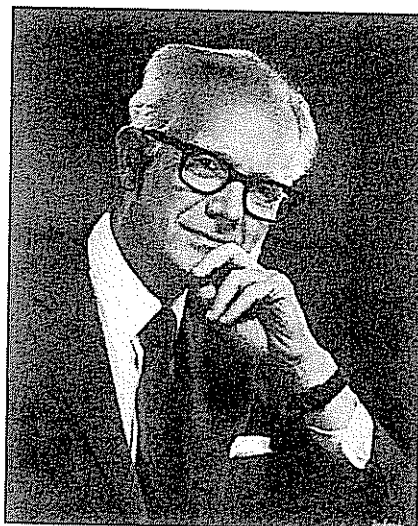
Heinz Kohut's View

Heinz Kohut (1913–1981) was born in Vienna but spent most of his professional life in the United States, where he was a professional lecturer in the Department of Psychiatry at the University of Chicago, a member of the faculty at the Chicago Institute for Psychoanalysis, and visiting professor of psychoanalysis at the University of Cincinnati. A neurologist and a psychoanalyst, Kohut upset many psychoanalysts in 1971 with his publication of *The Analysis of the Self*, which replaced the ego with the concept of self. In addition to this book, aspects of his self psychology are found in *The Restoration of the Self* (1977) and *The Kohut Seminars* (1987), edited by Miriam Elson and published after Kohut's death.

More than the other object relations theorists, Kohut emphasized the process by which the *self* evolves from a vague and undifferentiated image to a clear and precise sense of individual identity. As did other object relations theorists, he focused on the early mother-child relationship as the key to understanding later development. Kohut believed that human relatedness, not innate instinctual drives, are at the core of human personality.

According to Kohut, infants require adult caregivers not only to gratify physical

needs but also to satisfy basic psychological needs. In caring for both physical and psychological needs, adults, or *selfobjects*, treat infants as if they had a sense of self. For example, parents will act with warmth, coldness, or indifference depending in part on their infant's behavior. Through the process of empathic interaction, the infant takes in the selfobject's responses as pride, guilt, shame, or envy—all attitudes that eventually form the building blocks of the self. Kohut (1977) defined the self as "the center of the individual's psychological universe" (p. 311). The self gives unity and consistency to one's experiences, remains relatively stable over time, and is "the center of initiative and a recipient of impressions" (p. 99).



Heinz Kohut

The self is also the child's focus of interpersonal relations, shaping how he or she will relate to parents and other selfobjects.

Kohut (1971, 1977) believed that infants are naturally narcissistic. They are self-centered, looking out exclusively for their own welfare and wishing to be admired for who they are and what they do. The early self becomes crystallized around two basic *narcissistic needs*: (1) the need to exhibit the grandiose self and (2) the need to acquire an idealized image of one or both parents. The *grandiose-exhibitionistic self* is established when the infant relates to a "mirroring" selfobject who reflects approval of its behavior. The infant thus forms a rudimentary self-image from messages such as: "If others see me as perfect, then I am perfect." The *idealized parent image* is opposed to the grandiose self because it implies that someone else is perfect. Nevertheless, it too satisfies a narcissistic need because the infant adopts the attitude, "You are perfect, but I am part of you."

Both narcissistic self-images are necessary for healthy personality development. Both, however, must change as the child grows older. If they remain unaltered, they result in a pathologically narcissistic adult personality. Grandiosity must change into a realistic view of self, and the idealized parent image must grow into a realistic picture of the parents. The two self-images should not entirely disappear; the healthy adult continues to have positive attitudes toward self and continues to see good qualities in parents or parent substitutes. However, a narcissistic adult does not transcend these infantile needs and continues to be self-centered and to see the rest of the world as an admiring audience. Freud believed that such a narcissistic person was a poor candidate for psychoanalysis, but Kohut held that psychotherapy could be effective with these patients.

Otto Kernberg's View

Otto F. Kernberg (1928–) was also born in Vienna, received a medical degree from the University of Chile in 1953, but has lived in the United States since joining the staff at the Menninger Clinic in Topeka in 1957. More recently, Kernberg has been a training and supervising analyst at the Columbia University Center for Psychoanalytic Training and Research as well as professor of psychiatry at Cornell University Medical College. Presently, he is director of the Institute for Personality Disorders at New York Hospital–Cornell Medical Center, Westchester Division.

Unlike Klein and Mahler, who worked almost exclusively with young children, Kernberg observed mostly older patients. His work with seriously disturbed adults has led him to formulate a model of how the healthy infant develops and how mature adult relationships evolve from childhood experiences. Like Klein, he regards his work as an extension of Freudian psychoanalysis rather than an alternate approach.

Kernberg (1976, 1984, 1986, 1993, 1995) believes that the key to understanding personality organization—from the extremely disturbed to the normal—is the mother-child relationship. Healthy early object relations result in an integrated ego, a punishing superego, a stable self-concept, and fulfilling interpersonal relations. Inadequate early mother-child relations lead to contradictory ego states and various levels of adult psychopathology.

In all levels of personality organization, Kernberg found the same structural units, or **internalized object relationships**, namely, a self-image, an object-image,



Otto Kernberg

and a certain affect that colors the self-image and the object-image. For example, in relating to the mother, an infant might sometimes have the image of a "good me," a "good mother," and a strong positive feeling, while at other times the infant experiences the "bad me," the "bad mother," and strong negative affect. In this example, the infant is able to separate contradictory aspects of self by *splitting* its ego. In an adult, continual splitting would represent a defect in the ego, but in infants and sometimes in adults, splitting is a helpful defense against anxiety.

Kernberg (1986) linked split-off ego states to the defense mechanisms of *introjection* and *identification*. A child's earliest and most primitive level of internalized object relationships is introjection, or the "swallowing whole" of an object-

image, a self-image, and the affect generated by the interaction of the object and the self. At this early stage of development, introjected images are undifferentiated and kept apart by the splitting process, enabling a child to keep separate images of, for example, the good mother *and* the bad mother. The affective portion of each introjection is important, because it helps the child synthesize images with similar feeling tones. For example, oral gratification, nurturance, and mother-child contact may all fuse to become the good internal object.

Identification, a higher form of introjection, is the second level of internalized object relations. As infants mature cognitively, they acquire the capacity to see themselves and their mother as having specific social *roles*. "Role implies the presence of a socially recognized function that is being carried out by the object or by both participants in the interaction" (Kernberg, 1976, p. 30). For example, when a mother helps dress a child, she is interacting in a specific way with that child as well as fulfilling the socially acceptable role of a mother. Again, the child has a specific self-image (subject) as a dependent person who needs help getting dressed, an image of the mother (object) as a helper in getting dressed, and a specific affect related to the interaction with mother during the dressing situation. The various roles played by the child eventually lead to consistent patterns of behavior, which in turn facilitate *ego identity*.

Kernberg's concept of ego identity closely follows that of Erik Erikson (Chapter 9). "Ego identity refers to the overall organization of identifications and introjections under the guiding principle of the synthetic function of the ego" (Kernberg, 1976, p. 32). Ego identity gives the person a sense of continuity of the self. An established self-identity organizes other self-images, allows the person to see object-images more consistently, and facilitates stable interpersonal relations. Ego identity is the highest level of organization of the self, and it leads to integrated ego development and a mature, functioning superego. Lack of stable ego identity results in a continuation of the split-off ego, disintegration, and an assortment of psychological disorders.

More recently, Kernberg (1998) has applied his theory of individual development to groups and organizations. He believes that groups and organizations display the same types of identity problems, disintegration, and pathology shown in individuals. He further contends that psychiatric patients can perform well in healthy groups, just as healthy individuals will reveal some types of pathology in sick groups and organizations. Thus, well-structured therapy groups can have a curative effect on its neurotic members, whereas regressive groups with inadequate task structure can have a pernicious effect on otherwise healthy individuals.

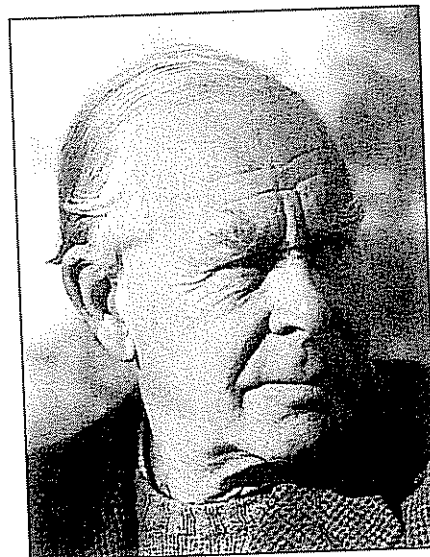
Kernberg's attempt to synthesize Freudian drive theory, object relations theory, and developmental theory has been accepted more by clinicians—both psychologists and psychiatrists—than by academic psychologists. The theory departs from Freud in that it sees people as being shaped by social experiences rather than by instinctual drives, and it departs from Klein and Mahler in that it is not based on observations of the mother-child interaction and is therefore less specific or detailed.

John Bowlby's Attachment Theory

John Bowlby (1907–1990) was born in London, where his father was a well-known surgeon. From an early age, Bowlby was interested in natural science, medicine, and psychology—subjects he studied at Cambridge University. After receiving a medical degree, he started his practice in psychiatry and psychoanalysis in 1933. At about the same time, he began training in child psychiatry under Melanie Klein. During World War II, Bowlby served as an army psychiatrist, and in 1946 he was appointed director of the Department for Children and Parents of the Tavistock Clinic. During the late 1950s, Bowlby spent some time at Stanford's Center for the Advanced Study in the Behavioral Sciences but returned to London where he remained until his death in 1990.

In the 1950s, Bowlby became dissatisfied with the object relations perspective,

primarily for its inadequate theory of motivation and its lack of empiricism. With his knowledge of **ethology** and evolutionary theory (especially Konrad Lorenz's idea of early bonding to a mother-figure), he realized that object relations theory could be integrated with an evolutionary perspective. By forming such an integration he felt he could correct the empirical shortcomings of the theory and extend it in a new direction. Bowlby's *attachment theory* also departed from psychoanalytic thinking by taking childhood as its starting point and then extrapolating forward to adulthood (Bowlby, 1969/1982, 1988). Bowlby firmly believed that the attachments formed during childhood have an important impact on adulthood. Because childhood attachments are crucial to later de-



John Bowlby

velopment, Bowlby argued that investigators should study childhood directly and not rely on distorted retrospective accounts from adults

The origins of attachment theory came from Bowlby's observations that both human and primate infants go through a clear sequence of reactions when separated from their primary caregivers. Bowlby observed three stages of this **separation anxiety**. When their caregiver is first out of sight, infants will cry, resist soothing by other people, and search for their caregiver. This stage is the *protest* stage. As separation continues, infants become quiet, sad, passive, listless, and apathetic. This second stage is called *despair*. The last stage—the only one unique to humans—is *detachment*. During this stage, infants become emotionally detached from other people, including their caregiver. If their caregiver (mother) returns, infants will disregard and avoid her. Children who become detached are no longer upset when their mother leaves them. As they become older, they play and interact with others with little emotion but appear to be sociable. However, their interpersonal relations are superficial and lack warmth.

From such observations, Bowlby developed his attachment theory, which he published in a trilogy titled *Attachment and Loss* (1969/1982, 1973, 1980). Bowlby's theory rests on two fundamental assumptions. First, a responsive and accessible caregiver (usually the mother) must create a secure base for the child. The infant needs to know that the caregiver is accessible and dependable. If this dependability is present, the child is better able to develop confidence and security in exploring the world. This bonding relationship serves the critical function of attaching the caregiver to the infant, thereby making survival of the infant, and ultimately the species, more likely.

A second assumption of attachment theory is that a bonding relationship (or lack thereof) becomes internalized and serves as a mental working model on which future friendships and love relationships are built. The first bonding attachment is therefore the most critical of all relationships. However, for bonding to take place, an infant must be more than a mere passive receptor to the caregiver's behavior, even if that behavior radiates accessibility and dependability. Attachment style is a *relationship* between two people and not a trait given to the infant by the caregiver. It is a two-way street—the infant and the caregiver must be responsive to each other and each must influence the other's behavior.

Influenced by Bowlby's theory, Mary Ainsworth (1919–1999) and her associates (Ainsworth, Blehar, Waters, & Wall, 1978) developed a technique for measuring the type of attachment style that exists between caregiver and infant, known as the *Strange Situation*. This



Mary Ainsworth

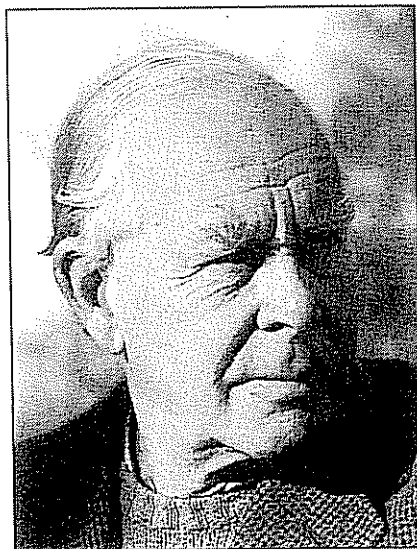
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John Bowlby

procedure consists of a 20-minute laboratory session in which a mother and infant are initially alone in a playroom. Then a stranger comes into the room, and after a few minutes the stranger begins a brief interaction with the infant. The mother then goes away for two separate 2-minute periods. During the first period, the infant is left alone with the stranger; during the second period, the infant is left completely alone. The critical behavior is how the infant reacts when the mother returns; this behavior is the basis of the attachment style rating. Ainsworth and her associates found three attachment style ratings: secure, anxious-resistant, and avoidant.

In a *secure attachment*, when their mother returns, infants are happy and enthusiastic and initiate contact; for example, they will go over to their mother and want to be held. All securely attached infants are confident in the accessibility and responsiveness of their caregiver, and this security and dependability provides the foundation for play and exploration. In an *anxious-resistant attachment style*, infants are ambivalent. When their mother leaves the room, they become unusually upset, and when their mother returns they seek contact with her but reject attempts at being soothed. With the anxious-resistant attachment style, infants give very conflicted messages. On the one hand, they seek contact with their mother, while on the other hand, they squirm to be put down and may throw away toys that their mother has offered them. The third attachment style is *anxious-avoidant*. With this style, infants stay calm when their mother leaves; they accept the stranger, and when their mother returns, they ignore and avoid her. In both kinds of insecure attachment (anxious-resistant and anxious-avoidant), infants lack the ability to engage in effective play and exploration.

✧ Psychotherapy

Klein, Mahler, Kernberg, Kohut, and Bowlby were all psychoanalysts trained in orthodox Freudian practices. However, each modified psychoanalytic treatment to fit her or his own theoretical orientation. Because these theorists varied among themselves on therapeutic procedures, we will limit our discussion of therapy to the approach used by Melanie Klein.

Klein's pioneering use of psychoanalysis with children was not well accepted by other analysts during the 1920s and 1930s. Anna Freud was especially resistive to the notion of childhood psychoanalysis, contending that young children who were still attached to their parents could not develop a transference to the therapist because they have no unconscious fantasies or images. Therefore, she claimed, young children could not profit from psychoanalytic therapy. In contrast, Klein believed that both disturbed and healthy children should be psychoanalyzed; disturbed children would receive the benefit of therapeutic treatment, whereas healthy children would profit from a prophylactic analysis. Consistent with this belief, she insisted that her own children be analyzed. She also insisted that negative transference was an essential step toward successful treatment, a view not shared by Anna Freud and many other psychoanalysts.

To foster negative transference and aggressive fantasies, Klein provided each child with a variety of small toys, pencil and paper, paint, crayons, and so forth. She substituted *play therapy* for Freudian dream analysis and free association, believing that young children express their conscious and unconscious wishes through play. In

addition to expressing negative transference feelings through play, Klein's young patients often attacked her verbally, which gave her an opportunity to interpret the unconscious motives behind these attacks (Klein, 1943).

The aim of Kleinian therapy is to reduce depressive anxieties and persecutory fears and to mitigate the harshness of internalized objects. To accomplish this aim, Klein encouraged her patients to reexperience early emotions and fantasies but this time with the therapist pointing out the differences between reality and fantasy, between conscious and unconscious. She also allowed patients to express both positive and negative transference, a situation that is essential for patients' understanding of how unconscious fantasies connect with present everyday situations. Once this connection is made, patients feel less persecuted by internalized objects, experience reduced depressive anxiety, and are able to project previously frightening internal objects onto the outer world.

✧ Related Research

Both object relations theory and attachment theory are based on the importance of early bonding relationships and the cognitive models that become internalized from these relationships. Internal cognitive models provide a foundation for all future relationships. Therefore, both object relations and attachment theory predict that secure attachments are likely to lead to self-confidence in children and to stability in adult friendships and romantic love relationships.

Attachment Theory and Children's Object Relationships

Both Bowlby and Ainsworth assumed that a child's early attachment to parents can have a powerful affect on later development. Children with a secure attachment to their mother or other caregiver will develop greater confidence and security in exploring their world than will children with an insecure attachment.

Does research support these assumptions? One team of investigators, Steven Kirsh and Jude Cassidy (1997), looked at the quality of attachments in infancy to see if they were related to attention and memory at age 3½. All children had participated in Ainsworth's Strange Situation procedure at age 18 months and were identified as having either a secure or insecure attachment to their mothers. At age 3½, the children were shown drawings of different mother-child dyads engaging in a positive, neutral, or negative interaction. As predicted by attachment theory, insecure-avoidant children looked away from the drawings more than either secure-ambivalent or insecure-ambivalent children did. In a second phase of the attention task, the researchers showed the children drawings of mother-child dyads interacting in a positive manner. They found that insecure-avoidant children and insecure-ambivalent children looked away from the drawings more than the secure children did. In the memory task, children were read stories in which a mother responds either in a helpful or a rejecting manner to her child's bid for help. Secure children recalled the helpful stories better than insecure-avoidant children did, and they remembered rejecting stories better than insecure-ambivalent children did. Kirsh and Cassidy concluded that children with secure attachment have both better attention and better memory than do children with insecure attachment.

L. Alan Sroufe and his colleagues (Fury, Carlson, & Sroufe, 1997; Sroufe, Carlson, & Shulman, 1993) have conducted longitudinal studies to see how attachment during infancy relates to friendship patterns during childhood and adolescence. To measure attachment as early as possible, these researchers recruited women in their third trimester of pregnancy. The women, who agreed to have their children tested from birth to adolescence, were mostly single, highly stressed, and from a low socioeconomic background. Sroufe et al. began extensive assessments of children during the first year of life, at age 3 years, and then yearly up through Grade 7. They also studied a subset of these participants attending a summer camp at ages 10 and 15. At each of these time periods, personality and behavioral ratings were made by parents, teachers, camp counselors, and the children themselves. Sroufe et al. found that securely attached children, compared with those who were insecurely attached, were more self-reliant, independent, socially skilled, and popular. In addition, securely attached children were more able to manage their impulses, participated more actively in peer groups, and were less likely to cling to their teachers. By middle childhood, the securely attached children formed friendship groups that were semi-permeable and allowed for outsiders to join in selectively, whereas insecurely attached children had friendship patterns that were either totally permeable (open) or totally impermeable (closed).

Later, this same research team (Fury et al., 1997) investigated the relationship between children's drawings of their families and their early attachment classifications. They asked children who had just completed the 3rd grade and who had exhibited stable attachment patterns from 12 to 18 months to draw pictures of their family. The drawings, which were made in the absence of mother or siblings, were coded by judges for major attachment categories, namely secure, anxious-avoidant, and anxious-resistant. In general, the researchers found support for the notion that attachments can predict how children see themselves and other family members at age 8 or 9. For example, children with secure attachment classification during infancy produced family drawings that were independently rated by judges as secure, whereas children with avoidant attachment tended to draw avoidant pictures and those rated as resistant tended to produce resistant drawings. Fury et al. concluded that family drawings may tap into unconscious aspects of the manner in which 8- and 9-year-old children represent themselves and their family.

Attachment Theory and Adult Relationships

Other research has investigated the impact of attachment on the formation of adult love relationships and friendships. An influential study by Cindy Hazan and Phil Shaver (1987) predicted that different types of early attachment styles would distinguish the kind, duration, and stability of adult love relationships. More specifically, these investigators expected that people who had secure early attachments with their caregivers would experience more trust, closeness, and positive emotions in their adult love relationships than would people in either of the two insecure groups. Likewise, they predicted that avoidant adults would fear closeness and lack trust whereas anxious-ambivalent adults would be preoccupied with and obsessed by their relationships. Using college students and other adults, Hazan and Shaver found support for each of these predictions. Securely attached adults did experience more trust and closeness in

their love relationships than did avoidant or anxious-ambivalent adults. Moreover, the researchers found that securely attached adults were more likely than insecure adults to believe that romantic love can be long-lasting. In addition, securely attached adults were less cynical about love in general, had longer lasting relationships, and were less likely to divorce than either avoidant or anxious-ambivalent adults.

Later investigations of adult relationships have tended to support the research by Hazan and Shaver. For example, Thomas Morrison, Beth Goodlin-Jones, and Anthony Urquiza (1997) found that college students with secure relationships had less hostility and greater independence than did students with avoidant or ambivalent relationships. More specifically, participants who categorized their current or most intimate relationship as avoidant described both themselves and their partner as relating through a pattern of attack and protest. Ambivalent participants also described themselves as attacking, but did not perceive their partners in this manner. In summary, adults who feel secure and comfortable in their intimate relationships are more trusting and independent than are adults who see their relationship as either avoidant or ambivalent.

✧ Critique of Object Relations Theory

Currently, object relations theory continues to be more popular in Britain than it is in the United States, although it has become somewhat more firmly established in America (Solomon, 1995). The "British School," which included not only Melanie Klein but also W. R. D. Fairbairn and D. W. Winnicott, has exerted a strong influence on psychoanalysts and psychiatrists in England. In the United States, however, the influence of object relations theorists, while growing, has been less direct.

How does object relations theory rate in generating research? In 1986, Morris Bell and colleagues published the Bell Object Relations Inventory (BORI), a self-report questionnaire that identifies four main aspects of object relations: Alienation, Attachment, Egocentricity, and Social Incompetence. To date, only a few studies have used the BORI to empirically investigate object relations. However, attachment theory is currently generating much research. Thus, we rate object relations theory low on its ability to generate research, but we judge attachment theory moderate to high on this criterion for a useful theory.

Because object relations theory grew out of orthodox psychoanalytic theory, it suffers from some of the same *falsifications* that confront Freud's theory. Most of its tenets are based on what is happening inside the nascent infant's psyche, and thus these assumptions cannot be falsified. The theory does not lend itself to falsifications because it generates very few testable hypotheses. Attachment theory, on the other hand, rates somewhat higher on falsification.

Perhaps the most useful feature of object relations theory is its *ability to organize* information about the behavior of infants. More than most other personality theorists, object relations theorists have speculated on how humans gradually come to acquire a sense of identity. Klein, and especially Mahler and Bowlby, built their theories on careful observations of the mother-child relationship. They watched the interactions between infant and mother and drew inferences based on what they saw. However, beyond the early childhood years, object relations theory lacks usefulness as an organizer of knowledge.

As a *guide to the practitioner*, the theory fares somewhat better than it does in organizing data or suggesting testable hypotheses. Parents of young infants can learn of the importance of a warm, accepting, and nurturing caregiver. Psychotherapists may find object relations theory useful not only in understanding the early development of their clients but also in understanding and working with the transference relationship that clients form with the therapist, whom they view as a substitute parent.

On the criterion of consistency, each of the theories discussed in this chapter has a high level of *internal consistency*, but the different theorists disagree among themselves on a number of points. Even though they all place primary importance on human relationships, the differences among them far exceed the similarities. In addition, we rate object relations theory low on the criterion of *parsimony*. Klein, especially, used needlessly complex phrases and concepts to express her theory.



Concept of Humanity

Object relations theorists generally see human personality as a product of the early mother-child relationship. The interaction between mother and infant lays the foundation for future personality development because that early interpersonal experience serves as a prototype for subsequent interpersonal relations. Klein saw the human psyche as "unstable, fluid, constantly fending off psychotic anxieties" (Mitchell & Black, 1995, p. 87). Moreover, "each of us struggles with the deep terrors of annihilation . . . and utter abandonment" (p. 88).

Because they emphasize the mother-child relationship and view these experiences as crucial to later development, object relations theorists rate high on *determinism* and low on free choice.

For the same reason, these theorists can be either *pessimistic* or *optimistic*, depending of the quality of the early mother-infant relationship. If that relationship is healthy, then a child will grow into a psychologically healthy adult; if it is not, the child will acquire a pathological, self-absorbed personality.

On the dimension of *causality versus teleology*, object relations theory tends to be more causal. Early experiences are the primary shapers of personality. Expectations of the future play a very minor role in object relations theory.

We rate object relations theory high on *unconscious determinants of behavior* because most of the theorists trace the prime determinants of behavior to very early infancy, a time before verbal language. Thus, people acquire many personal traits and attitudes on a preverbal level and remain unaware of the complete nature of these traits and attitudes. In addition, Klein's acceptance of an innately acquired phylogenetic endowment places her theory even further in the direction of unconscious determinants.

The emphasis that Klein placed on the death instinct and phylogenetic endowment would seem to suggest that she saw biology as more important than environment in shaping personality. However, Klein shifted the emphasis from Freud's biologically based infantile stages to an interpersonal one. Because the intimacy and nurturing that infants receive from their mother are environmental experiences,

Klein and other object relations theorists lean more toward *social determinants* of personality.

On the dimension of *uniqueness versus similarities*, object relations theorists tend more toward similarities. As clinicians dealing mostly with disturbed patients, Klein, Mahler, Kernberg, Kohut, and Bowlby limited their discussions to the distinction between healthy personalities and pathological ones and were little concerned with differences among psychologically healthy personalities.

Key Terms and Concepts

- Object relations theories assume that the *mother-child relationship* during the first 4 or 5 months is the most critical time for personality development.
- Klein believed that an important part of any relationship is the *internal psychic representations* of early significant objects, such as the mother's breast or the father's penis.
- Infants *introject* these psychic representations into their own psychic structure and then *project* them onto an external object, that is, another person. These internal pictures are not accurate representations of the other person but are remnants of earlier interpersonal experiences.
- The *ego*, which exists at birth, can sense both destructive and loving forces, that is, both a nurturing and a frustrating breast.
- To deal with the nurturing breast and the frustrating breast, infants *split* these objects into good and bad while also splitting their own ego, giving them a *dual image* of self.
- Klein believed that the *superego* comes into existence much earlier than Freud had speculated and that it grows along with the Oedipal process rather than being a product of it.
- Klein suggested that the child's relationship with the mother plays a central role in the *Oedipal complex*.
- During the early Oedipal years, the little boy adopts a *feminine position* and has no fear of being castrated as punishment for his sexual feelings for his mother.
- Later, he projects his destructive drive onto his father, who he fears will bite or castrate him.
- The male Oedipus complex is resolved when the boy establishes good relations with both parents and feels comfortable about his parents having sexual intercourse with one another.
- The little girl also adopts a *feminine position* toward both parents early in the Oedipal experience. She has a positive feeling both for her mother's breasts and for her father's penis, which she believes will feed her with babies.
- Sometimes the little girl develops hostility toward her mother, who she fears will retaliate against her and rob her of her babies.
- With most girls, however, the female Oedipus complex is resolved without any antagonism or jealousy toward the mother.