CHAPTER 1

Psychoanalytic/psychodynamic developmental theories

Peter Pearce

There has now been more than a hundred years of psychoanalytic theorizing on the development of personality, and there are consequently a variety of different psychodynamic models. Despite sharing common origins, each of these theories has a different emphasis. Some theorists have sought to adapt existing ideas to remain within the psychoanalytic approach, while others have redefined them as distinct and separate.

Sigmund Freud’s developmental stage theory

The approach began with the work of Sigmund Freud in Vienna at the end of the nineteenth century. Freud was trained as a medical doctor and applied terms from scientific study to his ideas, endeavouring, particularly early in his career, to give them a biological basis. He coined the term ‘psycho-dynamic’ to describe the constant tension and conflict between opposing forces within the ‘psyche’ or internal world.

He outlined a ‘structural’, tripartite model of the internal (intrapsychic) world, defining three distinct elements: id, ego and superego, or ‘it’, ‘me’ and ‘above me’ (see also in this series Brinich and Shelley, The Self and Personality Structure, 2002).

Freud described ‘instincts’ or ‘drives’ that were seen as innate, universal and constantly felt.

An instinct differs from a stimulus in that it arises from sources of stimulation within the body, operates as a constant force and is
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such that the subject cannot escape from it by flight as he can from an external stimulus. An instinct may be described as having a source, an object and an aim. The source is a state of excitation within the body and its aim is to remove that excitation.

(Freud 1938: 125)

For Freud, life was principally concerned with the management of these conflicts, with individuals attempting to maximize instinctual gratification while minimizing guilt and punishment. Freud’s approach has, therefore, been described as a conflict management model of the inner world.

Freud initially conceptualized drives (in German, Triebe) as related to the preservation of life (hunger and thirst) and to the preservation of the species (termed sexual drives). In Beyond the Pleasure Principle (1920) he grouped these drives together, calling them Eros or life drives. At this point he posited an additional set of drives that were antagonistic to Eros. He named these the aggressive or death drives (Thanatos), as their aim was to move towards extinction – the equivalent in personal terms perhaps of the ‘heat-death of the universe’.

For Freud, drives had the goal of conserving an earlier state of affairs, and so the death drive embodies the tendency for living organisms to return to the inanimate state. ‘The aim of all life is death . . . inanimate things existed before living ones . . .’ (Freud 1920). The death drive has remained a controversial concept within the psychoanalytic world after Freud. Melanie Klein’s use of this concept is discussed later in this chapter.

Freud emphasized the importance of childhood for adult functioning, particularly the first five years of life. He came to believe that the major influence on development was the psychosocial conflict surrounding the sexual drive during these early years of life. The pervasive importance of this drive in shaping development and adult functioning was seen to arise from a number of its properties.

Sexuality begins early in life and its development is long and complicated, making it very prone to distortion. Further, ‘the sexual instincts are remarkable for their plasticity, for the facility with which they can change their aim . . . for the ease with which they can substitute one form of gratification for another’ (Freud 1938: 127). This means that many aspects of life can be sexualized. Therefore, in addition to biological development, environment and social context exert important influences on both the form and the expression of the sexual drive.

Freud gradually evolved a model of human development described
in psychosexual stages. He identified three early (pre-genital) stages of sexual development. The characteristics of infantile sexual life were considered ‘essentially auto-erotic (i.e. that it finds its object in the infant’s own body) and that its individual component instincts are upon the whole disconnected and independent of one another in their search for pleasure’ (Freud 1905: 63).

Each stage has become known by the area of the body seen as the predominant erogenous, or ‘erotogenic’, zone during that particular version of the psychosexual conflict between instinctual drive and society: oral, anal and phallic.

Each erotogenic zone is associated with a vital somatic function: the oral zone with feeding, the anal zone with defecation and so on. It is through the pleasurable sensation that accompanies fulfilment of any of these somatic functions that an erotogenic zone becomes established. A need to repeat this pleasurable sensation arises, which then becomes separate from the somatic function.

Sexual development is ‘diphasic’, that is, it occurs in two waves. The pre-genital stages are brought to a halt, or ‘retreat’, by a period called ‘latency’. A ‘second wave sets in with puberty and determines the final outcome of sexual life’ (Freud 1905: 66).

These phases of ‘sexual organization’ are normally passed through smoothly, with little more than a hint of their existence. ‘It is only in pathological cases that they become active and recognisable to superficial observation’ (Freud 1905: 64). Too little or too much gratification at any stage results in the individual becoming ‘fixated’. Freud described how, at times of stress throughout life, such ‘fixation points’ could be pre-dispositional. The precise impact would vary according to what stage frustration or indulgence happened and what form it took.

Each stage therefore has an adult character type associated with it and particular defences which predominate. These defences become particularly strong if fixation occurs. The character traits related to fixation at any stage are described in terms of bipolar opposites, either of which may be shown, although there is of course here something of a ‘heads I win, tails you lose’ argument, in as much as anal fixation, for example, can be interpreted in terms of extreme tidiness or extreme messiness.

Freud came to believe that the three pre-genital stages did not succeed each other in a clear-cut fashion: ‘one may appear in addition to another; they may overlap one another, may be present alongside of one another’ (Freud 1940: 155). He also outlined how much from each earlier stage, ‘obtains permanent representation in the
The oral stage (the first year of life)

Freud describes how the first organ to emerge as an erotogenic zone is the mouth, through the action of sucking.

To begin with, all psychical activity is concentrated on providing satisfaction for the needs of that zone. Primarily, of course, this satisfaction serves the purpose of self-preservation by means of nourishment; . . . The baby’s obstinate persistence in sucking gives evidence . . . of a need for satisfaction which, though it originates from and is instigated by the taking of nourishment, nevertheless strives to obtain pleasure independently of nourishment and for that reason may and should be termed sexual.

(Freud 1940: 154)

Sensual sucking is described as rhythmic and as ‘not infrequently combined with rubbing some sensitive part of the body such as the breast or the external genitalia. Many children proceed by this path from sucking to masturbation’ (Freud 1905: 46).

He points out how during the oral, or ‘cannibalistic’, stage, ‘sexual activity has not yet been separated from the ingestion of food . . . The sexual aim is incorporation of the object – the prototype of a process which, in the form of identification, is later to play such an important psychological part’ (Freud 1905: 64).

So the infant seeks to take in or incorporate whatever he comes across or experiences. At this stage his well being is largely dependent on others. If his needs are satisfied, he comes to conceive of existence in a positive way and to see the world about him as warm and benevolent. If he is deprived, his emotional orientation may well be pessimistic; he comes to anticipate that the world will be unrewarding and hostile to his needs . . . fixation at this stage . . . is likely to result in an adult who is overly concerned with oral gratification.

(Stevens 1983a: 40)

The potential conflicts at this stage are therefore around taking and receiving. Receiving represents the earliest, passive experience of the
infant being given nourishment, and taking the more active attempts by the infant to satisfy oral needs by mouthing and sucking objects.

There are three main defences of the oral stage, all of which are a part of normal development: denial, projection and introjection (see the companion volume in this series on *Defences and Resistance*, Davy and Cross, forthcoming). Freud describes how, ‘during this oral phase sadistic impulses already occur sporadically along with the appearance of teeth’ (Freud 1940: 154). More needs to be said about this aspect when discussing Karl Abraham’s elaborations on the psychosexual stages.

*The anal stage (1 to 3 years old)*

‘Like the labial zone, the anal zone is well suited by its position to act as a medium through which sexuality may attach itself to other somatic functions.’ Freud (1905: 51) During the infant’s second year, physical development enables the beginnings of bowel control. This leads to a shift of the erotogenic zone to the anus, as the contents of the bowels act ‘as a stimulating mass upon a sexually sensitive portion of mucous membrane’ (Freud 1905: 52). The sexual drive becomes centred around the pleasurable sensations of expelling or retaining faeces. As a consequence of this physical development, caregivers’ expectations for continence also increase. Personality development is greatly influenced by how this experience of toilet training is handled.

Freud describes how, in this ‘sadistic-anal’ organization, the opposition between two currents, one active and one passive, which run through all sexual life, is already developed. ‘The activity is put into operation by the instinct for mastery through the agency of the somatic musculature; the organ which, more than any other, represents the passive sexual aim is the erotogenic mucous membrane of the anus.’ (Freud 1905: 64) So mastery of the bodily musculature during this stage ushers forth ‘auto-erotic’ pleasurable sensations accompanying the expelling or retaining of faeces. It also enables the child to begin to delay gratification in order to please others, or attempt to control caregivers by withholding or expelling faeces inappropriately. Potential conflicts are concerned with giving (anal expulsiveness) and withholding (anal retentiveness). Social conditioning really comes to the fore during this stage. Parental disgust at the child who gets toilet training wrong may lead to shame and guilt; parental praise for using the potty and being ‘clean’ may elicit pride.
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The infant regards their faeces as part of their own body; faeces represent an infant’s first ‘gift’. By producing faeces ‘he can express his active compliance with his environment and by withholding them, his disobedience’ (Freud 1905: 52).

Therefore, this stage is seen as the beginning of a shift in drives, from being purely auto-erotic to having objects – a significant development not just in child development but also in Freud’s theory, representing the first hint of the move from drive theory to object relations theory. Freud describes an intermediate phase between the auto-erotic and object relating, which he called (healthy) ‘narcissism’. Unlike in auto-eroticism, at this point the infant has a concept of her own person; so the infant’s own body comes to be the sexual object – she loves herself as herself. As Rycroft (1972: 72) notes, Freud further differentiated between ‘primary narcissism, the love of self which precedes loving others, and secondary narcissism, love of self which results from introjecting and identifying with an object.’ Confusingly, in psychoanalytic writing the term ‘narcissism’ has subsequently been used to describe many different concepts.

The anal stage is also the beginning of ‘ambivalence’, as the active and passive currents are almost equally developed. Sadistic impulses begin to act to a greater extent. These are seen as a ‘fusion of purely libidinal and purely destructive urges’ (Freud 1940: 154). However, one of the things that characterizes these early pre-genital stages remains that ‘the combination of the component instincts and their subordination under the primacy of the genitals have been effected only very incompletely or not at all’ (Freud 1905: 65).

In the Three Essays on Sexuality (1905) Freud makes it clear that although the focus at this stage is on the musculature involved in defecation there is also sexual pleasure in muscular activity generally: ‘children feel the need for a large amount of muscular exercise and derive extraordinary pleasure from satisfying it’ (Freud 1905: 68).

In response to the demands made upon him, he can submit, rebel or learn to cope with authority while maintaining his own autonomy . . . if the pleasure a child takes in playing with his faeces is severely constrained by his parents, for example, he may develop defences against such forbidden pleasures which may express themselves later as obsessive orderliness and cleanliness. If parents reinforce his production on the potty, this may lay the foundation for later pleasure in creating. And miserliness may result from a child developing an unwillingness to ‘let go’.

(Stevens 1983: 41)
The predominant defences related to this stage are ‘isolation’, ‘intellectualization’, ‘reaction formation’ and ‘undoing’.

The phallic stage (3 to 6 years old)

At around the age of 3 years the predominant erogenous zone is thought to shift to the genitalia as children begin to explore their own and others’ bodies. The area of the genitals is stimulated in the course of everyday washing and drying, and the child learns to stimulate this area for themselves.

Freud’s theorizing about this stage shifted several times as his ideas developed. Early on he posited that the anal organization was followed by the genital. Later he reformulated this position, clarifying that it was not the genitals but the phallus that predominated. ‘It is to be noted that it is not the genitals of both sexes that play a part at this stage but only the male ones (the phallus). The female genitals long remain unknown’ (Freud 1940: 154). At this point in his thinking Freud viewed the development of both genders to be related to the norm of male sexuality. ‘Maleness exists, but not femaleness. The antithesis here is between having a male genital and being castrated. It is not until development has reached its completion at puberty that the sexual polarity coincides with male and female’ (Freud 1923: 312, Freud’s italics). Jacobs (1992: 48) highlights how this position seemed to shift again in Freud’s last papers.

Although he appears in places to hold to identical development in boys and girls in the pre-genital stages (1933a: 151), he made a significant recognition of the way girls and boys differ in their earliest relationships, for example pre-Oedipal exclusive attachment to mothers is greater in women than men (1931b: 377).

The phallic stage is seen as a ‘forerunner of the final form taken by sexual life’ (Freud 1940: 154). The child’s curiosity about sexual differences becomes heightened, ‘the sexuality of early childhood reaches its height and approaches its dissolution’ (Freud 1940: 154). Freud (1940) suggests that both boys and girls, ‘have begun to put their intellectual activity at the service of sexual researches’, and that both ‘start off from the premise of the universal presence of the penis’. From this point the paths of the sexes begin to diverge. The boy initially views the girl’s clitoris as an even smaller penis than his own and then moves on to believe that the little girl has been castrated.
This gives rise to the boy's own fear of castration. The girl, ‘comes to recognise her lack of a penis or rather the inferiority of her clitoris, with permanent effects on the development of her character; as a result of this first disappointment in rivalry, she often begins by turning away altogether from sexual life’ (Freud 1940: 155). Freud acknowledged that he was more confident about describing male development.

This concern with sexual differences is played out in the phallic stage through ‘the central phenomenon of the sexual period of early childhood’ (Freud 1924: 315) – a conflict that Freud eventually named the Oedipus complex. Put at its most simple, the child is believed to develop incestuous desires for the parent of the opposite sex along with the desire to displace the same-sex parent. Freud sees resolution of this Oedipal conflict as the key to successful psychosexual development. Wolheim (1971: 120) describes the male child’s passage through this conflict, including the rather more complex picture that Freud in fact posits:

On account of the loving wish for the mother and the hostile wish against the father, the child feels itself threatened by the father, and this threat is represented in the mind as the threat of castration. The child, however, also loves his father; and so along with fear of the father goes some measure of fear for the father – fear, that is for the father on account of his, the child’s, hostility. In consequence of these two fears, the child’s sexuality comes to grief and is altogether suppressed: and the so-called latency period sets in.

So the objects that are both desired and feared are given up and become replaced with identifications that are formative in later sex role behaviour. This also leads to the introjection of parental attitudes and the beginnings of the superego or conscience. Freud’s description of female psychosexual development at this stage is both less clear and more controversial. Freud initially assumed that girls followed a parallel development to that of boys through the Oedipal conflict. Later he came to view as a key experience the little girl’s realization that neither she, her mother, nor any woman has a penis. Freud describes how this gives rise to penis envy and the little girl’s devaluing of all women. ‘She has seen it and knows that she is without it and wants to have it . . . After a woman has become aware of the wound to her narcissism, she develops, like a scar, a sense of inferiority’ (Freud 1925b: 336, 337). For this she blames her mother ‘who sent her into
the world insufficiently equipped’ (Freud 1925b: 338). The girl gives up her wish for a penis, substituting a wish for a child and thus shifting her interest to her father as love-object. So for girls the Oedipus complex is not really resolved, and according to Freud this means that the superego is less well developed. (See Gilligan in chapter 5 for a full critique of this suggestion.)

Jacobs (1992: 150) describes how ‘actual sexual abuse, or even emotional seduction of children, or the use of children by parents as allies in their own warring relationship, . . . makes the possibility of resolution of the Oedipus complex much more difficult’. Jacobs acknowledges Freud’s much-criticized shift from stories of actual seduction to a belief that neuroses more frequently resulted from phantasies of seduction. He also points out that Freud did not completely retract his belief in actual seduction.

According to Freud, in the earlier pre-genital stages ‘the different component instincts set about their pursuit of pleasure independently of one another; in the phallic phase there are the beginnings of an organisation which subordinates the other urges to the primacy of the genitals and signifies the start of a co-ordination of the general urge towards pleasure into the sexual function’ (1940: 155). The main defence of the phallic stage is repression; that is, avoiding the anxiety aroused by instinctual wishes by pushing them out of awareness.

The latency stage (6 years of age to puberty)

Latency follows the resolution of the Oedipus complex in boys – or the equivalent and different shift Freud thought occurred in girls. It is a time of relative dormancy of the sexual drive and consequently of a reduction in conflict. The term ‘latency’ is not intended to imply that sexual impulses are absent, but rather that the child can focus more on the external and social world, freed from some of the interference of concerns from the previous stages. Sexual energy is diverted into affection, acting as a transitional stage in the development of loving relationships at adolescence. Jacobs (1992: 48–9) points out that, ‘although Freud said that this period was culturally determined, “a product of education”, he also felt that the development “is organically determined and fixed by heredity”’. It was viewed as essential to the development of advanced civilization, as well as playing a significant part in the predisposition to neuroses through the action of disgust and shame.
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The genital stage (from puberty onwards)

At puberty the physical development of the sexual system is completed and sexual feelings re-emerge. They are no longer self-directed (auto-erotic) but now involve seeking an object, eventually perhaps a partner. The genital stage represents the completion of development, the attainment of mature sexuality combining the learning from all the earlier pre-genital stages. Sensual and affectionate expression merge, and the natural aim of the sexual drive is now genital sexual intercourse. Freud describes the complete organization as

a state of things . . . in which

(1) some earlier libidinal cathexes are retained,
(2) others are taken into the sexual function as preparatory, auxiliary acts, the satisfaction of which produces what is known as fore-pleasure, and
(3) other urges are excluded from the organisation, and are either suppressed altogether (repressed) or are employed in the ego in another way, forming character-traits or undergoing sublimation with a displacement of their aims.

(Freud 1940: 155)

Though the genital character is socially well adjusted, because expression of the sexual instinct continues to be subject to societal expectations, even mature genital functioning is not free of some conflict requiring a defensive response. The major defence of the genital stage is sublimation. In sublimation, instinctual drives are given expression in a more socially acceptable form, thus being successfully discharged. This is also known as aim-inhibited sexuality or love.

Karl Abraham on psychosexual stages

Karl Abraham, one of Freud’s earliest followers and colleagues, expanded upon the psychosexual stages, notably in *A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders* (1924).

A major contribution to the stage model was the subdivision of oral, anal and genital stages, which, as outlined by Symington, are as follows:
Abraham was both the first psychoanalyst to focus upon character formation and the first to attend to the importance of the child’s early relationship with its mother, or more specifically its mother’s breast. In many ways he presages the ideas developed by Melanie Klein – not surprisingly since he was her second analyst. Freud acknowledged Abraham’s new subdivisions in the New Introductory Lectures on Psychoanalysis (1938: 129), beginning with the oral stage. ‘In the earlier stage of it we only have oral incorporation, and there is no ambivalence in the relation to the object, i.e. the mother’s breast. The second stage, which is distinguished by the onset of biting activities, may be called the “oral-sadistic” stage. It is here that we get the first manifestations of ambivalence.’ So in the earlier oral stage the child cannot distinguish between itself and its mother, much as Winnicott was later to suggest. Symington (1986: 161–2) describes how for Abraham, the infant’s ‘pleasure in sucking gets transferred to the anal and urethral sphincters’ . . . so . . . ‘pleasure in soiling or retention of faeces, therefore, can be a response to overindulgence at the oral stage. That is, anal traits develop from the ruins of an oral eroticism whose development has miscarried.’

Abraham subdivided the anal stage into earlier and later stages in an attempt to account for the development of melancholia and obsessional neuroses.

In the former of these the destructive tendencies to annihilate and to get rid of things have the upper hand, while in the latter those tendencies predominate which are friendly to the object, and seek to possess things and hold them fast. In the middle of this phase, then, there appears for the first time a consideration for the object, which is a forerunner of a later relation of love towards the object.

(Freud 1938: 129)

Though Abraham sought only to expand upon Freud’s stages of development, he did differ from him in his view of the relationship
between the individual and society. Whereas Freud believed that there was an inevitable opposition between the two, Abraham believed that, in mature man, the needs of the individual and society could come together.

**Anna Freud and ego psychology**

In the *Three Essays on the Theory of Sexuality* (1905: 73), Freud describes puberty as the time when ‘changes set in which are destined to give infantile sexual life its final normal shape’. Anna Freud, his daughter, became particularly interested in the period of adolescence and extended Freud’s developmental theory to expand upon what takes place during this time.

Where Freud had worked mostly with adults and concentrated his attention on id impulses and the unconscious elements of intra-psychic life, Anna Freud worked with children and adolescents and was more interested in the place of the ego in the dynamics of the psyche. That focus on ego became known as ego psychology. Erik Erikson, whose ideas are explored in chapter two, is perhaps the best-known exponent of ego psychology, and was certainly strongly influenced by Anna Freud’s ideas on adolescence through his training with her. Another important exponent of ego psychology is Heinz Hartmann.

Anna Freud based her ideas upon child observation as well as her extensive analytic work with children and adolescents. She described how the physical changes of adolescence were accompanied by an increase in impulses such as the sexual drive. An imbalance between id and ego resulted. Adolescence was, therefore, ‘by its nature an interruption to peaceful growth . . . it is normal for an adolescent to behave for a considerable length of time in an inconsistent and unpredictable manner’ (A. Freud 1998: 195–6). She considers these fluctuations between extremes to be signs of normal development, ‘no more than the adult structure of personality taking a long time to emerge’ (A. Freud 1998: 196). It is instead the ‘one-sided suppression, or revolt, or flight, or withdrawal, or regression, or asceticism, which are responsible for the truly pathological developments’ (A. Freud 1998: 196). Adolescence was seen as a time of great uncertainty about the self. Issues of self-identity subconsciously come to pervade everything that is done. To regain psychological equilibrium the adolescent is faced with the task of balancing the instinctual wishes of the id against the social demands of the ego.
Another of Anna Freud’s major contributions to developmental theory is the idea of viewing any given child against the background of a developmental norm. Such norms are described as ‘developmental lines’ (A. Freud 1963). They ‘trace the child’s gradual outgrowing of dependent, irrational, id- and object-determined attitudes to an increasing ego mastery of his internal and external world’ (A. Freud 1963: 245). For example, the line from the body to the toy and from play to work. Play begins with the child’s first erotic pleasure from the mother’s body. This role is transferred to the first soft plaything, the ‘transitional object’ (Winnicott 1953), gradually broadening to other toys and then to games more generally. As direct satisfaction from the play activity slowly gives way to pleasure in the finished product and impulse control develops, ability to play changes into ability to work.

Object relations theory

Sigmund Freud originally appears to have believed that the only value of interactions with other people was the part that they could play in satisfying instincts. Object relations theorists believe that interactions with others are more than merely an outcome of attempts to maximize instinctual gratification. The mechanistic-sounding term ‘object’ came from Freud’s own use of it in relation to instincts having a source, an aim and an ‘object’, literally referring to whatever is the target or satisfaction of a need. Objects can be people, parts of a person (like the mother’s breast) or a non-human article of attachment.

There is not one central theorist who can be seen as responsible for the theory of personality development described as object relations theory; rather a variety of independent but related theories have emerged. Variants on object relations theory have in common the value they put on the role of interpersonal relations in personality development. Broadly, this theory views personality as being shaped by the specifics (real and perceived – the latter called phantasy) of interpersonal encounters. Through experiences of interacting with others, external relationships are taken in to become parts of we, termed ‘internal objects’ (Fairbairn 1954). These interactions become the building blocks of ‘self-structure’ (Kohut 1971), while distortions or deficits in this internalized self-structure may lead to later problems.

Melanie Klein was among the early object relations theorists, together with W.R.D. Fairbairn, Donald Winnicott and Michael Balint and others: their ideas have come to be known as the British School.
Similar theories developed in the USA, with analysts such as Harry Stack Sullivan, Erich Fromm, Karen Horney, Frieda Fromm-Reichmann and others becoming known as interpersonal psychoanalysts.

These theorists were originally trained in psychoanalysis, and many of them have sought to maintain coherence with this tradition, even if some left the mainstream institutions and founded schools of their own. They have viewed object relations as an addition to Freud’s theorizing rather than as a replacement for it. Others, notably Otto Kernberg, while remaining within institutionalized psychoanalysis have seen their underlying assumptions about development as irreconcilable and have defined themselves as separate. Michael Kahn (1991) makes a case for the usefulness of both approaches, seeing Freud’s theories as helpful for understanding internal intra-psychic development and object relations theory as helpful for understanding interpersonal development.

**Melanie Klein**

Melanie Klein, like Anna Freud, although in a different country and developing in a different direction both in theory and technique, pioneered the use of therapy with children through play. Through observations of children she came to believe that they were more occupied with the need to manage feelings directed towards the central figures around them than with the erotic impulses on which Freud had focused. She saw the mother–child relationship as central in personality development, forming a sort of prototype for all other relationships; and she believed that intra-psychic development in a child’s first year of life dictated much of later personality. This emphasis on the first year (as, for example, the time of the Oedipus complex, first feelings of guilt, and so on) distinguishes her model from that of Freud, in which the first five years are significant.

Klein’s developmental theory remained compatible with Freud’s in acknowledging the motivating role played by instinctual drives. In fact Klein reformulates Freud’s death instinct (Thanatos), putting the emphasis on aggressive impulses rather than on impulses towards self-extinction. The conflict between the instinctual forces of life and death, for Klein, is projected out on to objects in the external world.

Klein suggests that a newborn infant has an ego already able to feel anxiety, make use of defences and begin to form object relations in
phantasy and reality. For Klein, it is through this ongoing process of introjection and projection of objects rather than through the Freudian psychosexual stages that the ego develops. From birth the infant exists in relation to another person, or part of a person (a part-object), beginning with the mother, and more particularly with the mother’s breast, as the primary object. The breast is experienced at times as satisfying and ideal, and at other times as frustrating or persecutory. It is the infant’s own aggressive impulses that give rise to these persecutory feelings about the breast.

Klein’s developmental theory emphasizes the role of innate ambivalence and phantasy in early development. Ambivalence arises from the innate conflict between the instinctual drives of life and death that are manifested as love and hate, destructiveness and envy. From birth the infant tries to manage this tension by ‘bringing them together in order to modify the death drive with the life drive or by expelling the death drive into the outside world’ (Mitchell 1986: 19). Klein sees resolution of this innate tension towards mother and breast as central within the development of personality, through holding together conflicting feelings and conflicting perceptions of the other – this holding together being known as ambivalence. The infant’s actual experience of mothering is given less emphasis, while the relation to parental objects in phantasy is seen to play a central part in what is taken in (by the process of introjection) to become a part of the ‘self’. It is in this aspect in particular that Klein’s developmental theory markedly diverges from the object relations theories of Winnicott and Fairbairn.

Strachey has pointed out that Freud variously used two different definitions of instincts: one that implies that an instinct is its mental representation, and one that differentiates between the two. Klein uses the term ‘phantasy’ to refer to this mental expression of instincts. The archaic ‘ph’ spelling for fantasy is intended to indicate that the process is an unconscious one. As instincts are on the frontier between the somatic and the mental, the phantasies derived from them are also experienced as being both somatic and mental phenomena. Mitchell (1986: 23) describes how

In Klein’s concept, phantasy emanates from within and imagines what is without, it offers an unconscious commentary on instinctual life and links feelings to objects and creates a new amalgam: the world of imagination. Through its ability to phantasmise the baby tests out, primitively ‘thinks’ about, its experiences of inside and outside. External reality can gradually affect
and modify the crude hypotheses phantasy sets up. Phantasy is both the activity and its products.

So for Klein, normal development principally involves managing the opposing inner forces of love and hate, of preservation and destruction. She replaces Freud’s concept of stages of development with descriptions of positions. Her use of the term positions emphasizes that these are to be seen as ‘a specific configuration of object relations, anxieties and defences which persist throughout life’ (Segal, 1973, p. ix; our emphasis).

She describes two positions: the ‘paranoid schizoid position’, spanning the first 3 to 4 months of life; and the ‘depressive position’, which begins at about 3 to 4 months. Both positions continue to play a forceful role, to different degrees according to different circumstances, throughout childhood, adolescence and adult life. In the paranoid schizoid position, anxiety is experienced by the early infant’s ego both through the internal, innate conflict between the opposing instincts for life and death (manifested as destructive envy) and by interactions in external reality. Hannah Segal describes how ‘when faced with the anxiety produced by the death instinct, the ego deflects it’ (Segal 1973: 25). She goes on to describe how, for Klein this deflection consists partly of a projection, partly of the conversion of the death instinct into aggression. The ego splits itself and projects that part of itself, which contains the death instinct outwards into the original external object – the breast. Thus, the breast, which is felt to contain a great part of the infant’s death instinct, is felt to be bad and threatening to the ego, giving rise to a feeling of persecution. In that way, the original fear of the death instinct is changed into fear of a persecutor.

The remainder of the death instinct within the self is transformed to aggression aimed at this persecutor. A similar process of projection onto the breast occurs with the life instinct, creating a ‘good’ (or gratifying) object.

So from early on the ego comes to relate to the primary object of the mother’s breast as ‘split’ into two parts: a ‘good’, pleasurable and ‘ideal’ part; and a ‘bad’, frustrating and ‘persecutory’ part.

This paranoid schizoid position is characterized by persecutory anxiety, with the infant fearing annihilation by the bad object, thus the term ‘paranoid’; and by maintenance of a relationship with the
‘good’ object, through phantasized splitting of the infant ego, emphasized by the term ‘schizoid’. The infant ego does not yet have the ability to tolerate or integrate these different aspects, and thus makes use of magical omnipotent denial in order to remove the power and reality from the persecutory object, and manage these inner impulses.

The depressive position, a curious term that has little to do with depression, describes integration. It represents a significant step in development occurring with the infant’s discovery that the hated breast and the loved breast are one and the same. Mother begins to be recognized as a whole object who can be good and bad, rather than two part-objects, one good and one bad. Love and hate, along with external reality and intra-psychic reality (phantasy), can also begin to co-exist.

With the acceptance of ambivalence, mother begins to be seen as fallible and capable of good and bad, and the infant begins to acknowledge its own helplessness, dependency and jealousy towards the mother. The child becomes anxious that their aggressive impulses have harmed or even destroyed the mother, whom they now recognize as needed and loved. This results in ‘depressive anxiety’ replacing destructive urges with guilt.

**W.R.D. Fairbairn**

Fairbairn’s theory was perhaps the first fully ‘relational’ theory of development. He viewed people as social beings who are primarily motivated, not by sexual or aggressive drives, but in seeking out satisfying relationships with others. So they are primarily ‘object seeking’. In contrast to Klein’s emphasis on the infant’s phantasies, it is real interaction with caregivers that has the greatest importance for development according to Fairbairn.

Fairbairn’s developmental theory, like that of Klein, emphasizes the role played by the early relationship between mother and child. He goes into further detail about a range of ‘object relations’, drops the term id, and although he retains the traditional psychoanalytic terms of ego and libido, confusingly he uses these terms differently. Like Klein, he believed that infants are born with a functional ego. However, for Fairbairn, it is the ego that is the source of libido, not the impersonal id. Libido is an energy of desire for emotional contact. The erotogenic zones (mouth, anus, penis and vagina) are merely the pathway to this contact with the object.

Fairbairn bases his developmental terms around the issue of
dependence within the infant’s early relationships. He describes three developmental phases: ‘infantile dependence’, ‘quasi-independence’ and ‘mature dependence’. The first phase, infantile dependence, is marked by little differentiation between mother and child. Fairbairn describes this near fusion as a state of ‘primary identification’. The second phase of ‘quasi-independence’ is a long ‘transitional stage’. It entails the continuing organization of the internal world into more clearly differentiated representations of objects. This phase is characterized by discrimination, acceptance and rejection. Mature dependence, the final phase, might more accurately be described as mature interdependence, as it is marked by mutuality and cooperation between equals. In relationships at this ‘mature’ phase of development, difference and underlying healthy dependency can both be acknowledged.

For Fairbairn, the transition from dependence to interdependence continues throughout life, and problems of development arise from difficulties in negotiating these transitions and separations. Fairbairn believes that the psychoneuroses associated with pathology in Freud’s model of the psychosexual stages are normative, defensive techniques of the transitional stage (‘transitional stage techniques’). He believes that they help the child towards greater object differentiation. If these techniques persist into later life they do become pathological, showing as phobic, hysteric, obsessional or paranoid behaviour.

At birth the infant has a non-ambivalent and totally dependent relationship towards the mother (breast). Experiences of frustration and rejection are an inevitable part of this relationship and because of dependency, the infant can neither control mother nor abandon her. Fairbairn suggests that this results in the infant splitting the mother into good and bad aspects, which can then be kept apart from one another psychologically and thus allow necessary dependence to continue.

‘The infant’s inner world is split into “good” and “bad” internal objects as a defensive measure adopted by the child to deal with his original object (the mother and her breast) in so far as it is unsatisfying.’ (Fairbairn 1963). The inner representative of the comforting and satisfying mother, the ‘good’ internalized object, is called the ‘ego ideal’ or ‘ideal object’. This is the source of the child’s feeling of being desirable and loved. The ‘bad’ or ‘unsatisfying’ internalized objects are conceptualized as two separate aspects: either as ‘exciting objects’, stemming from maternal interactions that are tantalizing and over-stimulating; or ‘frustrating objects’, which arise from maternal interactions that are withholding or rejecting.
Through the action of splitting and repression of these parts, the child’s ego is split into three ego states: a ‘central (conscious) ego’ deriving from the ideal object (ego ideal); a repressed, ‘libidinal ego’, associated with the exciting (libidinal) object; and a repressed ‘anti-libidinal ego’ associated with the rejecting (or anti-libidinal) object. Fairbairn calls this internal situation the schizoid position, although this is different from the paranoid schizoid position described by Klein.

Children dominated by the libidinal ego state feel empty, deprived and frustrated. Those dominated by the anti-libidinal ego state feel chronic rage and, though they yearn for acceptance, feel unloved and unlovable. So, problems in development arise from these extremes of splitting and repression.

**D.W. Winnicott**

Winnicott was influenced early on by Melanie Klein, although he differs from her in a number of significant ways, including, like Fairbairn, the emphasis on the actual, experienced, relational environment for development rather than on phantasy and the innate. He conceives of a ‘natural’ growth towards maturity that depends upon the provision of a ‘good-enough facilitating environment’ (1971: 139) and describes development as three progressive phases: absolute dependence, relative dependence and towards independence.

The infant’s absolute dependence in the first few weeks after birth is met by what Winnicott describes as ‘primary maternal preoccupation’ (Winnicott 1956). This is a heightened sense of awareness in the mother about herself and her baby that enables her to respond to the child with perfect attunement. Ego development thus depends upon the mother providing ‘good-enough ego-coverage’ to help contain the baby’s ‘unthinkable anxieties’:

1. going to pieces;
2. falling for ever;
3. having no relationship to the body;
4. having no orientation; and
5. complete isolation because of there being no means of communication.

(1965: 58)

During this time, mother and child are seen as merged, existing in a
state of ‘seamless oneness’ (Winnicott 1960a). The infant is hungry, and when the breast appears, the infant experiences itself as omnipotent, as having itself created the breast. Hazler and Barwick (2001: 32), in a companion volume in this series, describe how the mother ‘plays the role of supportive ego, sustaining the baby’s omnipotent illusion’. Winnicott regards this infantile illusion of omnipotence as an ordinary and necessary aspect of child development. He believes that such healthy development of the ‘true self’ (the inherited disposition of the child) occurs in an atmosphere of acceptance and care, with a caregiver who is attuned and responsive to the child’s ‘spontaneous gestures’. Such a ‘good-enough mother’ (Winnicott 1954) offers at the ‘right time’, rather than imposing her own timing and needs; and, in this way, provides a ‘good-enough’ ‘holding environment’ with an optimum amount of constancy and comfort. With sufficient experiences of responsive maternal attunement, the infant builds the security needed to begin to tolerate inevitable failures of empathy. The maternal ‘holding’ environment provides stability and constancy, literally a sort of holding together of the infant, a sense of ‘going on being’.

The shift to the next phase, relative dependence, is distinguished from the first phase as a state ‘that the infant can know about’ (1965: 87); that is, the child begins to gain an awareness of their dependence, and through experiencing mother’s absence, also learns about loss.

This process occurs as the mother’s adaptation to her child gradually begins to lessen and small environmental ‘failures’ begin to occur. These maternal failures, described by Winnicott (1960a) as ‘impingements’, if occurring in well-timed ‘small doses’, help the child to learn that they are not omnipotent and encourage a sense of separateness. So during relative dependence the mother functions as a sort of buffer between the child and the outside world. Her ‘failure’ to adapt helps the child to adapt to external reality, and the child’s developing intellect enables tolerance of maternal failures in adaptation. ‘In this way the mind is allied to the mother and takes over part of her function’ (1965: 7). But, as Hazler and Barwick (2001: 32) describe, if ‘impingements occur too early or are too intense, the infant’s experience is not of a loosening hold but of being “dropped”’.

This task of ‘disillusionment’ is again an important part of normal development. As the infant gradually begins to be able to differentiate itself from its mother, the capacity to form symbols develops. Winnicott describes how this time between merger and separation is bridged through the action of a ‘transitional object’. This is the
infant’s first ‘not-me’ possession, often a blanket or toy with a characteristic feel and smell. It acts to provide the comfort of mother when she is not available and thus promotes separation and autonomy.

The third phase of development, towards independence, ‘is never absolute. The healthy individual does not become isolated, but becomes related to the environment in such a way that the individual and the environment can be said to be interdependent’ (1965: 84).

Like Anna Freud, Winnicott considers the parent/child conflicts of adolescence to be important developmentally. Jacobs (1995: 45), quoting Winnicott, describes how,

for healthy development the adolescent needs ‘to avoid the false solution . . . to feel real or to tolerate not feeling at all . . . to defy in a setting in which dependence is met and can be relied on to be met . . . to prod society repeatedly so that society’s antagonism is made manifest, and can be met with antagonism’.

(1965: 85)

Jacobs (1995: 55) goes on to describe how adolescents

have to discover their own maturation, which includes their need to challenge and metaphorically to kill off their parents. Parents cannot make this happen. They ‘can help only a little: the best they can do is to survive, to survive intact, and without changing colour, without relinquishment of any important ‘principle’ (1971: 145, Winnicott’s italics).

Margaret Mahler

Margaret Mahler was a paediatrician. Through her work with autistic and psychotic children she began to focus on bonding and interruptions in the early mother and child relationship. She developed a theory of personality based around the process of separating and differentiating the self from others. The course of this early separation process is seen as setting the template for future relationships with others. It is the beginning of a life-long process of ‘separation-differentiation’.

A number of phases in the development of the self are identified, from psychological fusion to separation. These phases concentrate on mother and child interactions over the first three years of life. Mahler (1968) terms them the ‘autistic phase’, the ‘symbiotic phase’ and the
‘separation-individuation phase’, the last of which is made up of a series of sub-phases. These phases overlap each other, and the final phase, separation-individuation, is the beginning of a process that continues throughout life.

The first phase, ‘normal autism’, occupies the child’s first 3 to 4 weeks. The infant is unaware of other people during this time, responding only to bodily tensions. Fixation at this stage may be responsible for the most extreme psychotic states in adulthood.

At the age of 2 to 3 months, vague awareness begins of a link between the mother (or the primary caregiver) and tension reduction. This is the beginning of the symbiotic phase. Though there is some awareness of mother, she is not yet perceived as separate. The infant continues to need the mother’s close emotional attunement, but failures during this phase may also lead to psychoses in adulthood.

From around 5 months to about 3 to 4 years old, the most involved stage, separation-individuation, takes place. Interaction during this phase is crucial in laying down the development of the sense of self and manner of relating to others taken on into adulthood. Mahler breaks this stage into four sub-phases: differentiation, practising, rapprochement and libidinal object constancy (Mahler et al. 1975). Each of these sub-phases is broadly linked to advances in the child’s physical development.

The differentiation sub-phase occurs from approximately 5 months through to 10 months. This is prompted by the child’s improving visual and sensory abilities; the mother begins to be experienced as separate. During this time ‘stranger anxiety’ emerges.

As the child gains sufficient physical ability to crawl, at around 10 or 11 months, the practising sub-phase takes over. For the first time the child has the ability to physically distance themselves from mother. Mahler describes this as the time of the child’s ‘psychological birth’. During this sub-phase the infant makes movements away from mother and continually looks to her for reassurance and ‘emotional refuelling’.

As the child approaches about a year and a half, and with the beginnings of speech, feelings of self-assertion and separation come to dominate. This is the sub-phase of rapprochement. Mahler describes the rapprochement crisis in familiar terms as the obstinate battles of the ‘terrible twos’. The child struggles with the increasing wish to be separate and the continuing need for reassurance and support. As Cashdan (1988: 15) writes, ‘the mother’s ability to successfully provide the child with the right balance of emotional support and firmness, while still allowing the child to engage in a healthy

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level of independent activity, is an important factor in the resolution of the crisis.'

The important final sub-phase, libidinal object constancy, takes place at around 2½ to 3 years of age. As the name implies, this sub-phase is concerned with the child gaining a stable, internal representation of the mother that can be invoked in her absence. Once able to do this, the child is enabled to function autonomously and establish healthy object relations. For libidinal object constancy to be achieved, positive and negative maternal introjects have to be integrated. Cashdan (1988: 15) describes how, if this task remains incomplete, ‘the child – and later the adult – responds to those in his interpersonal environment either as punitive and rejecting or as unrealistically gratifying’. Narcissistic and borderline personality structure may result from failures during this separation-individuation phase.

**Heinz Kohut**

Heinz Kohut built his developmental ideas from his work with people who had narcissistic personality disorders. The focus of what he terms self psychology is on how a coherent and stable concept of self is created and maintained through early interaction with others.

He describes how from birth the child has needs for a psychological relationship in addition to physical needs. Kohut calls these needs ‘normal narcissistic needs’ and elaborates three different aspects that must be adequately met for normal development to proceed.

These needs are for an adequately ‘mirroring’, confirming response; the need to ‘idealize’, or merge with a calm, soothing, idealized other; and the need to feel a sense of belonging and of being like others (the alter ego need). If these are sufficiently respond to, a sense of ‘self’ develops, which in a healthy person functions throughout life. Kohut (1978) describes how ‘the self is part of the personality that is cohesive in space, enduring in time, the centre of initiative and the recipient of impressions.’

These needs, known as ‘self-object needs’, begin for the infant with the ‘grandiose-exhibitionistic’, or mirroring, need. For this need to be adequately met, children need to receive a sufficiently strong message of their parents’ delight in them.

The second essential self-object need is the idealizing need, described by Kohut as the need for an ‘idealized parental imago’ (1978). If the child gains sufficient experiences of perceiving one or
more of their caregivers as strong, calm and capable then this need will be adequately met.

The third self-object need for the developing infant is the need to be like others, what Kohut calls the ‘alter ego’, or ‘twinship’, need. Children need to feel that they are like their carers. When this need is adequately responded to it helps to provide a feeling of belonging.

Kohut (1971) suggests that healthy development occurs when both ‘gratification’ and ‘frustration’ are optimal. There will, inevitably, be occasions when caregivers fail to provide the responses to an aspect of these needs. If these occurrences are not too traumatic and happen within a climate of adequate response on many previous occasions, these ‘failures’ can act as developmental opportunities.

In such circumstances, the child discovers the ability to momentarily take on each of these ‘self-object’ (Kohut 1978) functions for themself. This process of external object relations becoming an inner relational structure is known as ‘transmuting internalization’. Such experiences encourage the development of the child’s confidence about coping with the external world and with internal conflicts and pressures. They gradually build important aspects of a strong, cohesive self.

So children who have been well ‘mirrored’ begin to know through such ‘optimal frustrations’ that they are acceptable, and are less concerned with eliciting confirmation of this from others. Children whose idealizing needs have repeatedly been well responded to begin to feel confident about their own ability to cope with both the external world and with internal conflicts and pressures; they develop the capacity to be ‘self-soothing’. Children whose needs to be like others have been well met develop a sense of belonging and communal status. ‘Self-object needs’ are ongoing through life, and thus the process of building self-structure is never fully completed. New additions and modifications can continue to be made throughout life.

However, if a child does not receive enough positive responses in any one of these areas, the self-object need concerned may be ‘traumatically frustrated’. In this event, the need begins to be denied (or in psychoanalytic terms, ‘repressed’, Freud, 1933) and will, therefore, remain in ‘primitive’ form, not becoming integrated into the self. This can lead to a variety of problems or disorders of the self in adulthood (Kohut, 1978).

So traumatic frustration of mirroring needs can result in insecurity and in lack of self-worth; it may also produce unrealistic grandiosity or boastfulness as an attempt to seek gratification of these stunted needs. Traumatic frustration of idealizing needs can lead to joylessness,
and lack of vitality and inspiration; frustration of alter ego needs leads to individuals who feel somehow strange and different from other people.

There is a similarity between Winnicott’s (1960a) idea of the withdrawal from authenticity and spontaneity into a ‘false self’ in response to a hostile world and Kohut’s descriptions of problems of the self. Kohut’s views on the development of the self have given rise to considerable debate and controversy, within psychoanalytic circles and beyond. Kahn (1991: 81) describes how Kohut’s psychoanalytic critics viewed him as having tried to reduce the importance of sex and aggression and of softening ‘the diamond hard discipline of psychoanalytic practice by introducing into it the warm softness of humanism’. Equally, Kohut’s ideas have attracted supporters who view his theory as a bridge between psychodynamic and humanistic schools of thought and as providing a key framework for integration.

**John Bowlby and Mary Ainsworth: attachment theory**

The work of John Bowlby and Mary Ainsworth, known as attachment theory, was largely derived from parent/child observation and interview. It is an interactional model developing from the object relations approach, integrating ideas from ethnology, systems theory and cognitive psychology. A central role in development is given to intimate emotional bonds between people, called ‘attachments’. Forming and maintaining these attachments is essential throughout the life cycle, but is particularly significant developmentally in the relationship between the infant and the caregiver. Attachments are ‘neither subordinate to nor derivative from food and sex . . . Instead the capacity to make intimate emotional bonds . . . is regarded as a principal feature of effective personality functioning’ (Bowlby 1998: 121).

At birth there is an array of ‘developmental pathways’ open to the infant. Which pathway is taken depends upon the infant’s environment and particularly on interactions with the caregivers. Bowlby hypothesizes that attachment behaviour is organized by continuous feedback, a sort of interactive regulation. He views this as analogous to the physiological control systems that regulate such functions as body temperature and blood pressure; ‘the attachment control system maintains a person’s relation to his attachment figure between certain limits of distance and accessibility, using increasingly sophisticated methods of communication’ (Bowlby 1998: 122). Attachment behaviour takes time to develop, not becoming an ‘organized pattern’
until the second half of the first year, as it requires the cognitive capacity to hold mother in mind when she is not present. However, from birth the infant shows a ‘germinal capacity’ for social interaction; and within days, by hearing, smell and by the way they are held, the infant begins to distinguish between the mother figure and other people. Bowlby describes how the building blocks for the later development of attachment are also present from birth, ‘crying, sucking, clinging, and orientation. To these are added, only a few weeks later, smiling and babbling, and some months later still, crawling and walking’ (1969: 319). The onset of the social smile encourages mother’s attention and rapidly extends the cycles of interaction between them.

Attachment behaviour is a reciprocal relationship, with the mother figure offering responses that need to match the care-seeking behaviour of the infant. To feel attached is to feel safe and secure. This feeling of safety, known as the ‘secure base’ effect (Ainsworth 1982), provides a platform for curiosity, exploration and play. Proximity to the attachment figure is sought when an individual is alarmed, anxious, tired or unwell. So, ‘provided the parent is known to be accessible and will be responsive when called upon, a healthy child feels secure enough to explore’ (Bowlby 1998: 122).

Bowlby describes the development of attachment in four phases (1969: 319–23):

- Phase 1: orientation and signals without discrimination (circa birth to 3 months): The infant will respond to any person in the vicinity by orientation towards them, eye tracking, grasping and reaching, smiling and babbling.
- Phase 2: orientation and signals directed towards one (or more) discriminated figure(s) (circa 3 to 6 months): The infant begins to focus attention more on familiar people.
- Phase 3: maintenance of proximity to a discriminated figure by means of locomotion as well as signals (circa 6 months to 3 years): The infant actively seeks to maintain contact with the mother figure. The infant’s repertoire of responses extends to include following a departing mother, greeting her on her return, and using her as a base from which to explore . . . the friendly and rather undiscriminating responses to everyone else wane . . . strangers become treated with increasing caution and . . . are likely to evoke alarm and withdrawal.

(Bowlby 1969: 321)
Phase 4: formation of a goal-corrected partnership (3 years and upwards): By observing the behaviour of the mother figure and what influences it, the child begins to gain insight into her feelings and motives. This ushers in a much more complex relationship between them, which Bowlby calls ‘partnership’. During this phase the child increasingly tolerates separation from the mother figure and forms other close bonds.

The advent of ‘stranger anxiety’ during phase 3 signifies that by this time the infant has a working model of the mother figure that can be used for comparison and recognition. The infant builds such ‘internal working models’ of the main caregivers and their ways of communicating and behaving, along with a complimentary model of themselves interacting with them. These internal working models are built from the real-life day-to-day interactions between the infant and caregivers. So what is represented in the infant’s mind is ‘something that has been neither entirely outside the person nor entirely inside’ (Marrone 1998: 44), but rather the relationships themselves.

A securely attached child will have internal working models of reliable, responsive and loving caregivers and of a self worthy of that love. If caregivers are unpredictable or rejecting, internal working models will not be accurate representations, but will instead be built on accommodating to them.

When a mother responds favourably only to certain of her child’s emotional communications and turns a blind eye or actively discourages others, a pattern is set for the child to identify with the favoured responses and to disown the others.

(Bowlby 1998: 132)

This ‘coping’ can take two forms, adherence or avoidance, resulting in ambivalent or avoidant attachment. (For a more in-depth description of this self-structure see the companion volume in this series by Brinich and Shelley 2002.)

Bowlby (1998: 127) describes how,

during the first two or three years the pattern of attachment is a property of the relationship. . . . if the parent treats the child differently the pattern will change accordingly. . . . as a child grows older, the pattern becomes increasingly a property of the child himself, which means that he tends to impose it, or some derivative of it, upon new relationships.
As a secure child is less demanding and more rewarding to care for than an anxious child, these patterns of attachment, once established, tend to become self-perpetuating. A gradual process of updating these models occurs in healthy development so that they remain relatively contemporary representations. However, this process is impeded in anxious attachment because discrepant experience is defensively excluded. Therefore the resulting patterns of interaction continue to be imposed unchanged on whatever relationships are encountered. Opportunities for change, whether beneficial or detrimental, continue throughout life.

Holmes ((1993) 2002: 70) succinctly sums up the impact of attachment theory across the life cycle.

For Bowlby, the human dilemma turns on the central importance of an attachment that cannot be entirely reliable, must perforce be shared, and will be lost, eventually (and often prematurely). The capacity to separate from attachment figure(s) and to form new attachments represents the developmental challenge of adolescence and young adulthood. The cycle repeats itself as parents attach themselves to their children only to let them go as they reach adolescence. Finally, as death of one’s loved ones, and one’s own death approaches, the ‘monotropic’ bond to life itself has gradually to be relinquished.

**Daniel Stern**

Stern’s developmental model is based on both observation of parent–infant interaction and on his work as an adult psychoanalyst. His theory centres on the infant’s changing subjective experience of self and other.

As new behaviours and capacities emerge, they are reorganised to form organising subjective perspectives on self and other. The result is the emergence, in quantum leaps, of different senses of the self.

(Stern (1985) 1998: 26)

Stern describes a sequence of ‘domains of relatedness’ during the first three years of life. These are not phases to be passed through. Rather, once present, each of these continues to remain active and develops throughout life.
From birth, infants begin to experience a ‘sense of an emergent self’. This is the first domain. The infant is pre-designed to notice pattern and relationship, and to make connections, though they are not yet organized. Between 2 and 6 months, the ‘domain of core relatedness’ is built as the infant senses that they are separate from mother physically, are different agents, have distinct affective experiences, and have separate histories (Stern (1985) 1998: 27). Between the 7th and 9th months of life, the ‘sense of a subjective self’ begins to emerge. This takes place with the infant’s growing recognition that ‘there are other minds out there as well as their own’ (Stern (1985) 1998: 27). The ‘domain of inter-subjective relatedness’ thus becomes possible. The infant gains the capacity to ‘attune’ to mental states between people.

At around 15 to 18 months, a ‘sense of verbal self’ begins to emerge:

With this new capacity for objectifying the self and co-ordinating different mental and actional schemas, infants have transcended immediate experience. They now have the psychic mechanisms and operations to share their interpersonal world knowledge and experience, as well as to work on it in imagination or reality. The advance is enormous.

(Stern (1985) 1998: 167)

However, the emergence of language also causes a split in the experience of the self. We become estranged from direct contact with our own experience. As Stern succinctly puts it, ‘language forces a space between interpersonal experience as lived and as represented’ (Stern (1985) 1998: 182). It is in this rift that the possibility of reality distortion and neuroses arises.

Conclusions

The variety of models that have been developed within the psychoanalytic tradition demonstrates how far psychoanalytic thinking has come from the original three stages of sexuality in 1905. Drive or instinct theory has largely been replaced by object relations theory, but the models that come from infant observation still have a long way to go before they can provide any semblance of clear understanding about what this apparently crucial period of life is like in inner experience, and what effect it has on the years of childhood and adult life that follow.