Object Relations Theories and Psychopathology, by F. Summers

a. People / Organizations:
   - .
b. Quotes:
   - .
c. General Notes:
   - Introduction: The Origin of Object Relations Theories (pg. 1)
     - "Object relations theories have been a part of psychoanalysis whether implicitly or explicitly since the 1950s at least. They began to garner more attention after the publication of the Greenberg and Mitchell text in 1983, but they have become widely read and discussed in mainstream psychoanalytic discourse only in the past two decades. Psychoanalytic theorists and clinicians who have doubts about the usefulness of traditional psychoanalytic theory, with either some or all patients, have turned increasingly to object relational theories to broaden or transform their theoretical and clinical viewpoint In addition, these theories have been subject to different interpretations. **Greenberg and Mitchell (1983) and the relational school view object relational theories as part of a wider movement to supplant ego psychology with a relational model of psychoanalysis. On the other hand, Kernberg (1984) and the Kleinian School (1960) tend to see object relational concepts as an extension of ego psychology.** Both Kohut and Winnicott accommodated to drive theory early in their theorizing, but both men ultimately abandoned the ego-drive model in favor of a purely psychological approach emphasizing early relationships as the key variable in the developmental process and personality formation." (pg. 1)
       - "**Object relations theory is a reaction to the drive-ego model of the psyche.** Object relational theories were developed by clinicians dissatisfied with the clinical and theoretical limitations of the classical psychoanalytic model." (pg. 1)
   - The Origins of Ego Psychology (pg. 2)
     - "When Freud abandoned the theory of sexual trauma as the etiology of neurosis in favor of endogenous drives, psychoanalytic theory shifted to consideration of the internal workings of the mind. Freud (1915a) began to focus on inborn drives as the motivating force of psychopathology and eventually extended this to personality development in general. **As drives and their vicissitudes came to be considered the critical factor in development, psychoanalytic theory made a decisive move away from external events, including trauma, as the focus of its method and theory toward the functioning of the mind which was now conceived to be a product of the drives, or biological tension states, which aim for gratification via tension reduction**. According to this drive model, human motivation originates in the press of biological drives which gain psychological expression in the form of wishes, and these wishes power psychological functioning. Psychopathology, in this model, is caused by the repression not of memories of external trauma, but of wishes (Freud, 1915b). The pathogenic conflict is between the censorship of consciousness and unconscious wishes for instinctual gratification (Freud, 1915c). When the repression barrier is broken through by disguised expression of unconscious wishes, symptoms result. The clinical implication of this shift from the trauma theory to the drive model was that the goal of the analytic process became the uncovering of unconscious wishes, the repression of which was considered the cause of neurosis." (pg. 2)
       - "With the publication of *The Ego and the Id* in 1923…Freud pointed out in that work that the unconscious cannot be equated with wishes, nor the conscious with the forces of repression. **The mechanism of repression is itself unconscious. Further, the guilt which motivates the repression is also unconscious**. These facts led Freud to superimpose his structural model of ego-id-superego on the topographic model of unconscious-preconscious-conscious. **The ego, which consists of the repressive mechanisms, is largely unconscious, and the superego, which is the moral system motivating the repression of unacceptable wishes, has a conscious component, the conscience, and an unconscious component in the form of unconscious guilt.** From the viewpoint of this structural model, psychological conflict takes place not between the unconscious and the conscious, but between the unconscious components of the ego or superego and the id. Psychopathology is a compromise formation between an id content, such as a sexual wish, which is otherwise blocked from consciousness, and an ego defense mechanism, such as repression, due to its unacceptability to the moral system, or superego. **Psychopathology is, therefore, a result of conflict between competing psychological structures.** This shift in Freud's theoretical thinking marked a change in psychoanalytic theory and practice away from the exclusive focus on drives to an equal emphasis on the forces opposing it (Freud, 1937). These opposing forces included both the motive, which was considered to be guilt, a function of the superego, and the defense mechanisms which it employed to keep the wish unconscious, an ego mechanism. With this theoretical shift, the ego now assumed the central role in the functioning of the psyche. The degree of health or pathology of the personality, from this viewpoint, was a function of the ability of the ego to manage the press of drive-based wishes for discharge and the constraints of reality upon such gratification. The moral constraints from within in the form of the superego are an additional counterpressure to drive discharge which the ego must manage. Ego strength, or the capacity of the ego to handle the conflicting demands of id, reality, and superego, now assumed the pivotal role in the well-being of the personality. **Ultimately, the ego must balance the demands of id, super-ego, and reality to achieve psychic balance**. **To the degree that the ego is not able to accomplish a functional balance, the personality will fall ill**. For example, if the ego is forced to use excess repression, wishes will seek substitute expressions of discharge and hysterical symptoms will result. To the extent that **the ego displaces unacceptable wishes onto the environment**, phobic fears will occur. Thus does ego psychology include the functioning of the ego in all psychopathology. Every symptom implies a failure of the ego to balance effectively the need for drive discharge with the constraints of superego strictures and reality (Fenichel, 1945). In accordance with this view, Freud changed his conceptualization of anxiety. Whereas he had originally viewed anxiety as the result of dammed up libido due to repression, he now reconceptualized anxiety as a warning signal to the ego (Freud, 1926). When the ego senses danger from unacceptable wishes, it will experience anxiety. **The ego, sensing danger from within, employs a defense mechanism to ward off the threatening affect and restore the ego to temporary balance, even if at the price of a symptom outbreak**. From the viewpoint of the structural model, anxiety is not a product of repression, but rather motivates repression and other defenses. This reconceptualization of anxiety is another indication that Freud by this point had given the ego the central role of synthesizing the various pressures to which the psyche is subject. The structural model resulted in a concept of psychological organization. **The ego is not simply a group of mechanisms, but a coherent organization whose task is to relate to reality and promote the functioning of the personality by balancing competing pressures. That is to say, the ego is the adaptive capacity of the organism.** According to this view, in the healthy personality, the ego is the master of the id, superego, and relations with reality. This concept led Freud to the question of how such mastery is possible given the biological origins of the psyche. He had to account for the establishment of a psychological organization, the structured ego, which opposes the gratification of the drives, from which all human motivation originates. Freud's answer was that **the ego developed from drive frustration**. Gratification is never all the child wants, even in the best of circumstances. Eventually the preoedipal tie to the mother is given up, and later the oedipal object must be relinquished (Freud, 1923). The loss of these early objects, according to Freud, forces the child to set up a substitute internal

psychological representation of the parents to replace the abandoned objects of childhood longings. As the early attachment to the mother is given up in reality, she is taken in psychologically. The object cathexis of the mother is replaced by identification with her. In the oedipal phase, which Freud considered decisive for the identifications, the longing for the parent of the opposite sex is given up, and the child either intensifies identification with the same sex parent or identifies with the opposite sex parent in response to the loss." (pg. 2-3)

- "In Freud's formulation, the id drives the organism to seek object contact in order to achieve instinctual gratification. When reality forces the relinquishment of these objects, they are taken in via identification and form the basis of the ego. Thus, **the ego develops out of the id by frustration of wishes and loss of objects.** In Freud's view, **the ego is the part of the id that, from the necessity of frustration, relates to reality and is formed by becoming like the objects reality forces it to relinquish**. Likewise, the superego is a "precipitate of abandoned object cathexes of the id," but it is also a reaction formation against those choices in the form of moral objection. Thus, both the ego and superego are formed from the internalization of previously cathected objects." (pg. 4)

- The Classical Ego Psychologists (pg. 4)
  - "In Hartmann's view, the ego is a group of functions, including both defenses and adaptive mechanisms, and these functions are organized into a system he called the "synthetic function" of the ego. This system is not simply an outgrowth of the id, but an organized, adaptive capacity which controls functioning in health and has its own sources of growth in addition to frustration of wishes. Nonetheless, complete ego autonomy is not possible in Hartmann's view because the ego uses energy from the drives, especially the aggressive drive. The organized ego achieves only a relative autonomy from the id to which it is always linked." (pg. 5)
  - "Rapaport viewed the relationship between ego and id as the relationship between constitutional givens and the creation of the personality (Rapaport, 1951, 1957). Although he agreed with Hartmann that the ego developed from an undifferentiated ego-id matrix, he pointed out that in healthy development, the emergent ego organization obeyed its own laws, distinct from and independent of the elements from which it emerged. Insofar as the ego is autonomous from the id, it is better adapted to reality, and more capable of functioning. The extent to which the ego is unable to achieve autonomy from the id is the degree to which it will be a slave to it, with a resultant inability to adapt to the demands of reality. **The health of the personality, in Rapaport's view, is a function of ego autonomy, the ability of the ego to manage the id pressures**. The actual content of id wishes and the conflicts to which they give rise are of little moment to Rapaport as the same wishes and conflicts may exist in healthy and pathological personalities. The difference is to be found in the ability of the ego in health to achieve autonomy from the id so that it can manage its conflicts without symptomatic outcome." (pg. 5)
  - "Whether ego psychology conceives the ego as completely independent of the id, as in White's formulation, or more functionally autonomous, as in the theories of Hartmann and Rappaport, ego psychology comes to see the ego as a separate organization from the id. **This model of the mind as consisting of drives and an ego organization which has some autonomous ability to regulate their discharge will be referred to here as the "drive-ego" model**. According to this model, the crucial issues in development are the vicissitudes of the drives and, concomitantly, the organization of the ego, the adaptive capacity of the organism. As can be seen from this review, within ego psychology there are two views of ego autonomy. According to Hartmann and Rapaport, the ego originates from both inborn apparatuses and the neutralization of drives; White and Hendrick view the ego as having its own energies. For Hartmann and Rapaport, ego autonomy is only relative as they adhere to Freud's notion that the ego is formed partly on the basis of drive frustration. By contrast, White abandoned the notion of structuralization through frustration. White's more complete cleavage from Freud led to a departure from the frustration model of ego development. White was able to marshal considerable experimental and observational evidence to support his view of total ego autonomy. In so doing, he gave only the most minimal role to object relationships in the development of the ego. White viewed the ego as originating in psychic energy, similar to the energy fueling the id. By contrast, Hartmann and Rapaport in their view of the relative autonomy of the ego, saw a direct connection between the vicissitudes of object relations and ego development. In their view, frustration in drive-fueled object relationships led to the structuralization of the ego. However, their derivation of the ego from id energy was speculative, lacking the evidential support of White's theory." (pg. 7)
- Ego Psychology and the Psychoanalytic Process (pg. 7)
  - "**Due to the influence of ego psychology, psychoanalytically informed assessment now typically includes judgments regarding the patient's ego strengths and weaknesses as well as its structure. Psychopathology is understood not simply in terms of the conflicts which produced it, but also by the way the individual handles the conflict, that is, by the ego mechanisms utilized for this purpose**. From the ego psychological viewpoint, the structure of the ego is as much at issue in the understanding of pathology as the conflict with which the ego is grappling." (pg. 8)
    - "**Interpretation is geared toward the ego mechanisms as much as what they conceal.** "**Ego analysis" has come to mean analyzing the defensive organization as much as the drive-based wishes presumed to underlie it.** Although this may seem like a self-evident technical principle from the contemporary viewpoint, it is a clear departure from the technique Freud adopted in Studies on Hysteria when he advocated using any means to circumvent the patient's defenses to bring forth unconscious repressed material (Freud, 1895). Ego psychology shifted the theory of technique to defense interpretation, according this aspect of the process a role equal to interpreting unconscious wishes." (pg. 8)
- Ego Psychology and Object Relationships (pg. 11)
  - "**All ego psychologists discussed thus far have either ignored or minimized the role of object relationships in the formation of the ego. In contrast, the third branch of ego psychology views ego formation as a function of object relationships.**" (pg. 11)
- Conclusion (pg. 15)
  - "Let us summarize to this point: In Freud's view, abandoned object cathexes formed the ego structure via identification. However, the concept of ego autonomy first introduced by Hartmann challenged the contention that frustrating object relations alone motivate ego development. If the ego has its own sources of motivation, its development is not fueled by frustration, and the "frustration" theory of ego development is simply untenable. If the ego has a degree of autonomy, but is partly motivated by drive neutralization, then Freud's concept of ego development from abandoned objects can still play a role in the structuralization of the psyche. However, it is unclear how such a speculative transformation of psychic energy comes about, and, in any case, White showed that ego functioning occurs in the absence of drive frustration. Furthermore, Jacobson and Mahler have shown that the mother-child relationship includes much more than frustration, that aspects of the whole relationship are internalized to form the ego and superego structures. Their work demonstrated that ego autonomy is not in conflict with the view that ego formation is a product of object relationships. **All the major object relational theorists have departed from Freud in adopting the view that psychological structure is a product of object relationships, and not simply their frustrating aspects.**" (pg. 15)
  - "Once the assumption is abandoned that psychological structure necessarily grows out of frustration, it is possible to view personality formation as a matter of the internalization of autonomously motivated object relationships. From this viewpoint, object relational theories become an extension of the concept of complete ego autonomy and also of Freud, Hartmann and Rapaport's notion that the ego develops from object relations, shorn of the assumption of frustration. **All object relational theories view the personality as a complex product of early object relationships. Different theorists, as we shall see, accord the drives different roles in this process, but none of these theorists link the frustration of drives to the structuralization of the personality. An object relational theory as defined here and used throughout this text, signifies any systematic effort to account for personality development and pathology on the basis of the internalization of relationships with others.** This model is contrasted with the drive-ego model, according to which the drives and their vicissitudes, however disguised, sublimated,

or neutralized, along with ego mechanisms, account for personality development. The relational origins of the psyche have been carried even further than the object relational view by the interpersonal theorists. Beginning with Sullivan's interpersonal theory of the personality, the Sullivanians have developed a theory of personality formation, psychopathology, and psychoanalysis based on the principle that all psychological phenomena are interpersonal." (pg. 16)

- "The thrust of psychoanalytic work within the object relational paradigm is being carried out by a group of theories which, although differing considerably, have as their underlying commonality the view of development and pathology as a product of the internalization of early interpersonal relationships. Consequently, they conceptualize the psychoanalytic process as a treatment focused on the manifestations of these internalizations in the form of object relationships. Each object relational theory has a different view of the critical factors in development and pathology and a distinct concept of the significant ingredients of successful analytic treatment. As we shall see, some theories tend to accord the drives a major role, whereas other theories abandon drive theory entirely. The theories also differ on the role of the environment versus constitution in pathology, and on the critical environmental variables implicated in questions of health and pathology. In their conceptualizations of the treatment process, they differ on both the role and content of interpretation and the extent to which other interventions are desirable. Consequently, we cannot speak of a single "object relations theory." **Object relations is an umbrella concept for any theory which derives its principles of human motivation from the need for early relationships and consequently views the primary goal of psychoanalytic treatment as modification of the object relationships that have grown out of these early relationships.** Precisely how the personality develops from early relationships and what the implications of this are for treatment is answered differently by each theory, and we now turn to the individual object relational theories to see how each variant of this model addresses these issues." (pg. 16)

- Chapter 2 - Fairbairn and His Legacy (pg. 17)
  - "W. R. D. Fairbairn sought to reconceptualize psychoanalytic theory by recasting it as an object relations model of personality development and psychopathology. His interests remained the theoretical reconceptualization of the psychoanalytic theory of development, mental structure, and pathology until near the end of his life when he began to draw out the clinical implications of his views." (pg. 17)
  - Theory (pg. 17)
    - "**Fairbairn viewed Freud's groundbreaking discovery to be the concept of the unconscious and the interpretation of psychological phenomena such as psychopathology and dreams as products of unconscious mental processes**. However, Fairbairn felt the limitation of Freud's thought lay in his "impulse psychology," or drive theory. Fairbairn's attack on the primacy of impulses in personality development, psychopathology, and clinical theory led him to formulate his alternative object relations psychology (Fairbairn, 1949, 1951). For Fairbairn, impulses only exist within an ego structure, however primitive or undifferentiated it may be. To base human psychology on "impulses" is a theoretical artifact. In so far as an impulse has any relevance within an individual psyche, whether consciously or unconsciously, it lies within an ego structure. The impulse does not exist somehow before the ego, either temporally or logically. For Fairbairn, human experience can have meaning only within an ego. Consequently, he disputed Freud's (1923) concept of an original id, out of which the ego is born. Fairbairn went further than Hartmann's concept of an original undifferentiated matrix out of which both ego and id are born (Hartmann, 1939). For Fairbairn, the ego exists from birth as the baby's needs exist within an experiencing organism, however undifferentiated it may be. This viewpoint led Fairbairn to a primary theoretical postulate: structure before energy. He disagreed with Freud's concept of directionless psychic energy existing from birth, which must be harnessed by the development of psychic structure. In so far as energy is meaningful within a human psyche, it resides within an ego structure (Fairbairn, 1946). Fairbairn ultimately disputes Freud's tripartite structural model of id, ego, and superego since all divisions in the psyche are divisions within the ego. According to Fairbairn (1951), not only do all impulses emanate from an experiencing ego, but they always have objects." (pg. 17-18)
      - "Since there is an ego from the beginning seeking an object, libido is reality oriented, not pleasure seeking, although the relationship with reality is initially immature. However minimal the actual experience of reality, Fairbairn's point is that libido does not seek pleasure, it seeks an object and is, therefore, reality seeking from the start. Pleasure, according to Fairbairn, is a "signpost" to the object. When pleasure is sought for its own sake, the psyche has broken down. A personality dominated by pleasure seeking is pathological, not normal, even in the earliest stages of development. Fairbairn's defense of this view is that there is no other way of understanding the devotion of children and adults to their bad objects who bring them only pain." (pg. 18)
    - "**Fairbairn reconceptualized Freud's structural model into three types of ego, each of which has a corresponding object**" (pg. 19)
  - Development (pg. 19)
    - See text
  - Psychological Structure (pg. 21)
    - "According to Fairbairn, the dynamics of psychical division originate in the infant's experience of the unsatisfactory object. Here again Fairbairn was influenced by Klein who emphasized ego splitting as a normal process in early development to manage the anxiety of frustration, as will be discussed in Chapter 3 (Klein, 1952). For Fairbairn, **if the object provides a satisfactory experience, ego integration and development are fostered.** Theoretically, if an infant were to experience complete satisfaction, no psychical division would occur. **All unsatisfactory experience leads to the internalization of a bad object**, which is both exciting and frustrating. Since the infant seeks an object which is not responsive, it feels that its own love is unacceptable. The infant now has an internalized rejecting object. In an effort to diminish the intense pain and anxiety of feeling its own love rejected, the infant splits the unsatisfying object into the "exciting" and "rejecting" objects, both of which are repressed. Since **for Fairbairn all objects give rise to a corresponding ego structure**, this internalization of objects results in psychical division into the libidinal and antilibidinal egos. **The satisfying object, which he calls the "accepted object," remains within the ego and becomes the central ego. The "exciting object" becomes the libidinal ego which is dynamic, like the central ego, but is relatively more infantile and less reality oriented than the central ego. The "rejecting object" becomes structured as the "internal saboteur," and uses aggression produced from the frustration of the unsatisfactory object to repress the libidinal ego exciting object structure.** The central ego has rejected both the libidinal ego and internal saboteur. The dynamics of this reaction is also aggression. The central ego deploys aggression to reject the exciting and frustrating objects, or the libidinal ego and internal saboteur, and, the latter structure uses aggression to repress the exciting object and its subsidiary, the libidinal ego. This configuration of the central ego, or accepted object, repressing the internal saboteur rejecting object and the libidinal ego exciting object, and the additional repression of the latter by the former is what Fairbairn calls the "basic endopsychic situation." It should be noted that the aggression deployed for repression is wholly a result of frustration. Fairbairn saw no evidence for an aggressive drive, or even aggression analogous to libido, embedded in an ego structure seeking objects. Fairbairn's view was that aggression appears only when libido is frustrated by an unsatisfying object, resulting in ambivalence. To remove the danger to the good object, aggression is deployed for the object splitting necessary to manage the pain of frustration." (pg. 21-22)
      - "In accordance with his object relations model, **Fairbairn pointed out that when an object is repressed, an ego structure is formed**. **As a consequence, to give up the object is to lose a part of the ego, resulting in annihilation anxiety.** By equating the internalization of objects with the formation of ego structure, Fairbairn believed he accounted for the adhesiveness of object attachments, including the clinically frequent tenacity of ties to painful objects. This explanation has implications for the concept of resistance, as will be discussed below.

Fairbairn also believed his theory employed a more satisfactory concept of aggression." (pg. 23)

- Psychopathology (pg. 24)
  - See text
- Treatment (pg. 29)
  - See text
- Guntrip (pg. 32)
  - See text
- Fairbairn's Legacy (pg. 42)
  - "…Fairbairn's thought endures in the growing and widespread reach of the relational movement. All of this is in part a reflection of the fact that **Fairbairn created the only psychoanalytic model of psychic structure that is a viable alternative to Freud's (1923) structural model of id-ego superego. Devoid of any biological assumptions, Fairbairn provided a concept of psychic structure that relies solely on psychological concepts.** For analysts who do not subscribe to the drive model of human motivation, Fairbairn's model is a way of structuring the patient's material to make sense of how the different parts of the mind work together or are in conflict (e.g., Padel, 2014). Psychic structure, of course, for Fairbairn, is a product of ego splitting, and his concept of ego splitting as the normal source of the subdivisions of the mind lives on in the work of many analysts." (pg. 48)

- Chapter 3 - The Kleinian School (pg. 51)
  - Development and Psychopathology: The Paranoid Position (pg. 51)
    - "**According to Klein, the problem of the earliest phase of development is that the infant is born with the aggressive drive, which gives rise immediately to annihilation anxiety** (Klein, 1935, 1948b). **Aggressivity, for Klein, is the death instinct, or the drive to destruction, so that the ego is born with the anxiety of its own destructiveness.** Although the infant is also born with the life instinct, or libido, this positive force is not inherently strong enough to dissipate the death instinct completely, so the primitive ego must use the mechanisms at its disposal to assuage annihilation anxiety. The first and most dependable mechanism is projection. The infant attributes the destructiveness and its attendant anxiety to the breast, which frees the primitive ego from the anxiety of being destroyed from within (Klein, 1948a, 1957). Klein drew two key implications from this view of the origins of psychological life. First, she pointed out that **innate aggressivity leads immediately to an object relationship** (Klein, 1957). Because of the immediacy of this projection of destructive impulses, mental process from its origin has an object. Consequently, Klein disputed Freud's notion of the stages of autoerotism and primary narcissism. While she did not disagree with the existence of objectless states, she viewed them as coexisting with the early relationship with the breast, so that there are no objectless stages of development. At every stage, the infant is in relationship with the object. Second, she believed that the cost of the projection of aggressivity onto the breast is a new state of danger from without as the breast holds the threat of destruction which once resided within the ego. All the vicissitudes, mechanisms, anxieties, and feelings associated with this earliest object relationship of a primitive ego fantasizing attack from a "bad breast" constitutes the paranoid position, which Klein considered the earliest developmental phase (Klein, 1948, 1957)." (pg. 51-52)
      - "Ultimately, it is the relative strength of the early object relationships which Klein believed determine the outcome of the paranoid position and the structure of mental development. Development within the paranoid position is a function of the amount of innate aggressivity and libido with which the ego is born and the consistency of good feeding and good overall handling, which determines the degree of frustration to which the infant is subject (Klein, 1937, 1952a, 1957). All good feeds and good handling are initially projected onto the good breast just as negative experience and handling are projected onto the bad breast. The battle for the fate of the infant's psyche is waged between innate aggressivity, frustrating experience, and negative handling, which lead to the buildup of the bad object; and, innate libido, gratifying experience, and positive handling, leading to the buildup of the good object. Klein makes clear that both the good and bad object relationships have internal and external sources." (pg. 53)
  - The Projective and Introjective Cycles (pg. 53)
    - "**The initial projection of positive and negative experience onto the good and bad breasts is the first step in the projective and introjective cycles which Klein considered the essence of the paranoid position** (Klein, 1952b). All frustrating experience in this phase of development stimulates the infant's aggressive drive and strengthens the bad object relationship. According to Klein's view, the infant reacts to all frustrating experience by sadistically attacking the breast in fantasy, thus endangering it. These fantasied attacks quickly become attacks on the mother's insides as the breast is believed to have the object which gratifies, but is refusing to provide it. This early oral aggressivity is projected onto the breast to protect both the ego from its own destructiveness and the breast from the ego's sadistic attacks. Klein believed the fantasied attacks on the breast and the mother's insides dissipate annihilation anxiety, but produces a different threat. The infant is under potential attack from without, as the breast becomes the danger. The bad object is outside possessing the destructiveness which once threatened from within. **The projective process has transformed annihilation anxiety into persecutory anxiety**. To reduce the danger of attack from outside, the ego introjects the bad breast in an effort to control the danger (Klein, 1952b). Klein's thinking is similar in this regard to Fairbairn's concept of introjection as an effort to master the anxiety of the bad object. This introjection is the next step in the projective-introjective cycle, and like all other maneuvers in this process, assuages one type of anxiety, but generates another. The danger to the ego now resides within once again. It may appear that the infant has gained nothing by shifting aggressivity from inside to outside and back again, however this is not so, according to Klein. **Each step in the projective-introjective cycle does reduce anxiety, but its success depends on the relative balance of good and bad object experience. Persecutory anxiety inevitably creates the need for introjection, but the degree of anxiety produced by the internalization of the bad object is a function of the buildup of the internal good object in satisfying experience.** If there has been a strong buildup of the good internal object, the amount of aggressivity internalized will not result in an overwhelming degree of annihilation anxiety, and will allow the successful reduction of persecutory anxiety. This situation also creates anxiety to some degree because the bad object within is always dangerous, even though the danger is much reduced from the original annihilation anxiety. The introjection of the bad breast is the core of the malignant, harsh aspect of the superego (Klein, 1948a). This introjected persecutory anxiety is experienced by the verbal child or adult as internal verbal self-abuse. This view of early superego formation allowed Klein to explain the persecutory nature of the superego in children and various types of pathology characterized by self-flagellation. She believed that all children suffer from severe superego strictures because the bad breast is introjected so early. Similarly, the introjection of the good breast forms the core of the benign superego. The balance of the good and bad introjected objects determines the relative severity of the superego. Kein viewed the persistent, vicious self-attacks so common in both adult and child character pathology as fixation in the paranoid position due to excessive introjected persecutory objects and are to be distinguished from guilt over injury to the object, which is a depressive position dynamic to be discussed below (Klein, 1948a). Internalized persecutory anxiety is rooted in anxiety of attack defended against by the introjection of the bad object, rather than concern for the object. According to Klein, both are superego structures, but, if the ego is fixated at this level, the mature superego will not develop. It should be underscored that **the introjection of persecutory anxiety, although it reduces the threat from without, generates anxiety from within and thus poses a threat to the ego, the extent of which depends on the buildup of the good internal object.** This anxiety can become overwhelming if the good object buildup is insufficient to counteract it, and, in fact, the internal good object is never sufficient to eliminate completely the need to reproject the aggressivity (Klein, 1952b). However, now the need is not only to expel the bad object, but also to control it. The primitive ego

makes a desperate effort to control its aggressivity by projecting the bad object "into" the breast and identifying itself with the object. The infant attempts to control its own aggressivity by endeavoring to control the aggressivity in the object. Klein calls this mechanism projective identification (Klein, 1948b). She viewed it as the prototypical aggressive object relationship. It should be noted that in recent years projective identification has come to be regarded as an interpersonal process in which the object of the projection must actually feel the affects projected "into" him/her (Ogden, 1982). This view, which will be discussed further below, is an extension of Klein's concept of projective identification as an internal, fantasied process. To reduce the anxiety of internal persecution, the infant fantasies putting its self-hatred "into" the mother. Projective identification, like every step of the projective-introjective cycle, generates anxiety of its own. The object now becomes ever more dangerous as it "contains" the aggressivity and must be controlled. The fate of this mechanism, too, depends on the relative balance of good and bad object experience. If the internal good object is strong, projective identification may be sufficient to dissipate the anxiety of attack. However, if good object experience is insufficient, the buildup of the internal good object is weak, and the infant does not feel it can control the destructiveness of the object. To defend against this new danger from the "outside," the primitive ego uses the only mechanism it has at its disposal: it introjects the object. This reintrojection is now a "forceful entry" into the psyche, resulting in the feeling of being controlled from the outside (Klein, 1948b). This is a dangerous level of introjection which Klein believed to be the source of paranoid delusions of mind and body control. According to Klein, in normal development all these steps in the projective-introjective cycle are experienced to some degree (Klein, 1952b). The extent to which the ego is forced to rely on projective identification is a major factor in the movement of the ego toward growth or pathology. The more the balance of object relations is weighted in favor of bad object experience, the more is the ego forced to utilize the primitive mechanisms of the paranoid position such as projective identification and its reintrojection in increasingly desperate efforts to control its own aggressivity. Conversely, the more good object experience predominates, the less does the ego need to use defenses against aggressivity, and the greater is the movement toward ego integration and growth. Klein felt that there was support for the crucial role of good and bad object balance in infant observation (Kein, 1952a). Although **she has been quite justifiably criticized for unfounded speculation on the infant's mental processes,** she felt that the data of infant observation confirmed her views of good and bad object experience. The terrifying screams of the small baby who has been left were evidence for Klein that such an infant feels subjected to attacks from a bad object. Similarly, the fact that the infant calms down eventually when the mother returns or it is comforted by another, meant to Klein that the infant had reestablished the good object. The ability to tolerate frustrations and disappointments is a function of good and bad object relationships which can be observed, Klein believed, by the way the infant reacts to the "badness" or "goodness" of the object. While it is clear that she is making inferences from infant behavior which can be interpreted quite differently, Klein believed that such infant observations support her theoretical views. The mechanisms of good object experience are critical for ego development. All good experiences, including good feeds, enhance the projection of libido onto the breast, and the internalized good object (Klein, 1957). Because of the dangers within caused by the introjection of the bad breast, the good breast is also introjected in an effort to combat the threat of the internalized bad object. This internalization of the good object forms the core of the ego. We have already seen that the superego is formed by the internalization of good and bad objects. The ultimate strength of the ego and superego structures is primarily a function of the balance of good and bad object buildup at this early developmental phase (Klein, 1952c). Consequently, object relationships, ego, and superego structures are all intimately related. Her position was that one cannot separate object relations from mental structure. Klein believed her views in this regard were an expansion of Freud for whom the ego was a "precipitate of abandoned object cathexes" and the superego was also an internalized object (Freud, 1923)." (pg. 53-55)

- Splitting (pg. 55)
  - "The fantasied destructive attacks threaten not only the primitive, helpless ego, but also the good breast. To protect the good breast, or gratifying object, unspoiled by aggressivity, the infant splits the breast into good and bad (Klein, 1937, 1957). Because of the need to protect the good breast, the splitting of the object occurs simultaneously with the projection of destructive impulses onto the breast. **Splitting thus becomes a primary defense mechanism of the paranoid position.** Klein does make clear that splitting is never total. She believed that even in the earliest phase of infancy, there is some mingling of the good and bad breast in the infant's mind, however if this contact between the two objects is transitory, the good breast remains intact. **The use of splitting prevents the infantile ego from having to experience the anxiety of injuring the good object. The internalized good object assuages anxiety to some degree because of the inevitable contact between the good and bad internalized objects, but such contact is threatening to the good object at this phase because of its fragility. Consequently, the two internalized objects must be split, causing the ego to split into good and bad selves.** This ego splitting protects the bad self, but mitigates the effects of the internalized good object on the internalized bad object. Just as object splitting protects the good object, or breast, ego splitting protects the good self. Nonetheless, according to Klein, every internalization of good object experience fosters ego integration by providing a counterbalance to the internalized bad object. **The structure of the ego is a product of the internalization of good and bad objects.** As good feeds and overall good handling lead to the strengthening of the internalized good object, the core solidity of both the ego and superego is strengthened. To the extent that bad object experience interferes with this development, the ego is weakened and the persecutory internalized object influences the development of the superego. **The result of splitting is an ego so weakened as to lack cohesiveness**. If splitting is unsuccessful in defending against bad object experience because of insufficient buildup of the good object, a more severe form of splitting will take place. To defend against persecutory anxiety, the good object will be exaggerated into the idealized object, which is fantasized to provide unlimited gratification (Klein, 1948, 1952d, 1957). The idealized object is identified with the ever-bountiful breast and thereby serves as a defense against persecutory anxiety. The fantasized availability of this overflowing breast obliterates all frustration and negative experience. If the idealized object disappoints in some fashion which breaks through into awareness, the disappointment results in the emergence of the persecutory object. Thus, Klein makes a crucial distinction, not always made so clearly in psychoanalytic theory, between the good object and the idealized object. The former is an inherent part of good experience, and the latter is a defense utilized only when the ego feels threatened by persecutory anxiety, and leads to a more severe form of splitting, the cleavage between the persecutory object and the idealized object. This degree of splitting always reflects an excessive degree of persecutory anxiety which is not well defended by the projective-introjective cycles alone (Klein, 1957). The idealized object can also be introjected, and the ego will take advantage of this opportunity to defend against dangers within. The idealized object is then identified with the self, and a feeling of omnipotence results. This omnipotence diminishes annihilation anxiety in a fashion analogous to the way the idealized object protects against persecutory anxiety. The fantasy of omnipotence provides the infant with the feeling of having unlimited control over its own fate and simultaneously obliterates awareness of all negative experience, helplessness, and frustration. **Both idealization and omnipotence, which tend to go together, defend against the helplessness and persecutory anxiety of the paranoid position**. To utilize effectively defenses such as idealization and omnipotence, the ego must deny all frustration and negative experience. In this way, **the ability to deny reality becomes another primary defense in this stage of development**." (pg. 55-56)
- The Dynamics of Envy (pg. 56)
  - "The helplessness and dependence of the infant in the paranoid position makes the need for gratification aggressive. No sooner is the infant aware of its need for the breast than it feels envious of the good breast for having the supplies necessary for its survival (Klein, 1957). We have already seen that Klein did not recognize an initial state of merger. According to her view, the infant is aware very early that the source of its gratification is outside itself. The very fact of the good object existing outside itself leads to envy of the good breast. Further, the bad breast is withholding, so it too is envied. To the infant, **frustration always means being withheld from, so envy is elicited in both gratification and**

frustration. Envy goes beyond hatred to the desire to injure. The hatred of the breast for having or withholding what is needed produces the desire to injure the breast, so that Klein believed the desire to spoil and remove the good object and replace it with the bad is inherent in envy. Since envy is dangerous to the good object, it must be defended against with the means available in the paranoid position. The most useful defense initially against envy is devaluation of the object because denigration involves denial of the need for the object. Alternatively, the object can be idealized to protect against the recognition of the hateful desires to spoil the object inherent in the envy of it. However, idealization, as it exaggerates the good qualities of the object, can also incite envy even while attempting to defend against it. In this case, the object is devalued to defend against the idealization, providing a layered defensive structure. The child possessive of excessive envy may also split off the envy and become compliant, making exaggerated efforts to please the mother." (pg. 56-57)

- Psychopathology (pg. 57)
  - "**The primary defenses of the paranoid position are projection, introjection, projective identification, splitting, idealization, omnipotence, and denial** (Klein, 1948b). **All these defenses serve the purpose of defending against aggressivity and its associated anxieties**, whether in the original form of annihilation anxiety, its projected form, persecutory anxiety, or introjected persecutory anxiety. These defenses will be utilized by all infants, but the degree to which these defenses become employed to protect the ego determines the propensity for the ego to become fixated in the paranoid position. From this description of Klein's conceptualization of the mechanisms of the paranoid position, one can see that various types of pathology may originate from fixation in this phase of development. If the good object buildup is virtually nonexistent, the projective-introjective cycle ends in the desperate "forceful entry" of the projectively identified object, resulting in delusions of being controlled (Klein, 1948b). According to Klein's understanding, psychosis results from a failure of projective identification. However, this mechanism will be more successful if there is sufficient good object buildup to allow the projective identification to allay anxiety. This same principle applies to projection, introjection, denial, idealization, and omnipotence. If the internalized good object is fragile, but provides a significant portion of the ego-superego structures, these defenses will become a major fixation point of the personality. One can identify borderline conditions, narcissistic character disorders, and other types of severe character disorder as types of psychopathology which are characterized by reliance on these defenses. It should be emphasized that the entire personality need not be fixated at this level for paranoid position dynamics to be operative. Neurotic patients frequently make use of paranoid position defenses, however their personality is not organized around them. The organization of defenses at this level implies a weak, unintegrated ego. A stable defensive structure relying on splitting and the projective-introjective defenses arrests the development of the ego by preventing the integration of split ego and object states. For Kein, the ego with adequate balance between the good and bad objects and good and bad egos, moves naturally toward the integration of ego and object, the details of which will be discussed in the context of the depressive position. However, an imbalance arrests the ego in the early split state preventing this movement and inhibiting further ego growth. The result is a permanently weak, incohesive ego, lacking the integration of internalized objects. Such an imbalance also arrests superego development. The internalized bad objects are ruling the personality by their continual threat, preventing the movement toward a realistic, reasonable superego by the integration of good and bad objects. In lieu of an integrated superego structure, the personality is ruled by the internalized persecutory object. The constant self-flagellation of the borderline and other severe personality disorders is testimony to this inhibition of superego development. The internalized good object which, in normal development, would form the core of the benign superego is weak and split off, and has minimal influence on the internalized bad object which tyrannically rules the ego. The use of paranoid position defenses, the arrest of ego development in a weak, incohesive state, and the failure of superego development all reflect fixation in the paranoid position and constitute Klein's understanding of severe character pathology. Furthermore, according to Klein, when frustration interferes with good object buildup, the degree of internalized good object is fragile and its instability results in greed, the desire to incorporate and devour. When a good object is introjected, it is greedily devoured in fantasy in an effort to protect it against potential enemies. The desire to devour threatens the object, further contributing to its fragility. The result is a cycle of greed and anxiety as the ego desperately searches for good objects by indiscriminately identifying with external objects. This cycle represents Klein's understanding of the "as if" personality and the chameleonlike identity changes characteristic of severe pathology. As we have seen, in projective identification, the external object must be controlled in order to control the aggressivity projected "into" the object. The ego with insufficient buildup of the internal good object feels under extreme threat and will cling to the external object in a desperate effort to control it. If the defense works well enough to stabilize the ego at this level, there is no forceful reintrojection of the external object which, as we saw (see p. 54) is the mechanism for psychosis. This type of personality is characterized by the clinging dependence so typical of borderline patients. The demands, excessive expectations, and inability to separate so characteristic of severe character pathology are all rooted, in Klein's view, in the desperate attempt to control the patient's own aggressivity projected "into" the other (Klein, 1948b)." (g. 57-58)
    - "When the mechanism of projective identification dominates the personality, the external object becomes a representation of the self. The ego is so governed by the anxiety of controlling aggressivity that it views the object solely as an aggressive threat, and the aggressivity belongs to the ego. Since the object is now identified with the self, Klein regards such object relationships as narcissistic. Clinging to the object poses the threat of intruding upon it and blurring object boundaries." (pg. 58)
  - "**The counterbalance to envy is good experience, leading to good object relationships, and the introjection of the good object**. The buildup of the good object acts as a counterbalance to envy and hate, just as it counterbalances the internalized bad object. Good experience produces enjoyment, and a natural product of the enjoyment is gratitude. The degree of enjoyment experienced in the paranoid position expands the capacity for gratitude later on. Conversely, excessive aggressivity and arrest in the paranoid position inhibits the development of the capacity for gratitude. The interference of intense envy and destructive impulses with enjoyment and gratitude explain the lack of gratitude in severe character pathology." (pg. 61)
  - "The commonality of all these forms of psychopathology is that **the ego feels endangered by the projection of its aggressivity. The ego, in its primitive, incohesive, and fragile form, is always a victim, experiencing itself as subject to powerful, hostile forces against which it must defend itself, but feels ill-equipped to do so**. When the ego begins to move toward the experience of itself as an agent by developing a sense of responsibility, a new developmental phase is initiated." (pg. 62)
- The Depressive Position (pg. 62)
  - "If the early positive experiences and innate libido have been strong enough to result in a solid internalized good object, the growing ego will be able to begin to recognize that the good and bad objects are the same. As mentioned, Klein believed that there was always some degree of mingling even in the paranoid position, but she felt that a new developmental phase is ushered in when the infant yields splitting as a major mechanism for the organization of its object relationships, in favor of the beginning of object integration (Klein, 1937). Klein believed that this shift begins at about three to four months and is completed at about six months when she believed the oedipal phase is initiated. The integration process appears to be conceptualized primarily as a developmental unfolding given satisfactory early experiences and innate libido leading to the internalization of the good object. In addition, movement to the depressive position is motivated by the anxieties of the paranoid position. The most positive response to persecutory anxiety is to begin object integration. **When the infant becomes aware the object it hates and desires to injure and destroy is the same object it loves and depends on for gratification, it has begun to move from the part object level of object relations to the experience of whole objects** (Klein, 1935, 1940). Simultaneously, the infant has begun to remove itself from the painful role of victim characteristic of the paranoid position. However, it now finds itself with a new form of anxiety as the infant now feels it

desires to injure the object of its love. This recognition moves the growing ego to the feeling of agency, as it now feels the power to injure. Rather than experiencing itself as the passive victim of persecution, the infant believes itself to be the agent of injury. The persecution is now of the object rather than the ego, and the source of danger is within, rather than without. The realization that one can injure the object of its love is the depressive position, and the anxiety that this feeling engenders is depressive anxiety. According to Klein, guilt originates from the anxiety of injuring the loved object (Klein, 1948a). Because integrated object perception stimulates the recognition of the desire to injure, whole object perception is inevitably accompanied by guilt and anxiety. This view represents a major disagreement between Klein and classical psychoanalytic theory, as she believed guilt stems from destructive wishes toward the loved object, rather than sexual longing and appears long before the consolidation of the oedipal phase at about three years of age. Because guilt arises in this way, it is closely linked to the anxiety of loss and inevitably results in the reparative desire, as the ego fears for the loved object. Guilt is the bridge between the destructive desire and reparation. As the infant begins to integrate the good and bad objects, it initiates the movement in its object relations from the part to the whole object level. This movement is halting and oscillating as whole object perception inevitably gives rise to depressive anxiety, which results in the urge to regress to the paranoid position. Some movement backwards is an inevitable component of the lengthy process of object integration, but if the good object is sufficiently internalized, the infant will be able to sustain whole object integration. Despite the chronological priority of the paranoid position, Klein often seemed to regard the depressive position as the fundamentally most important developmental phase. She tended to emphasize it in her discussions of psychopathology, and even formulated it before she conceptualized the paranoid position. Indeed, the distinction between these two critical developmental phases is not always clear. Envy presumably originates in the paranoid position, and yet it involves the desire to injure the gratifying object. She did not seem to regard envy in the paranoid position as equivalent to the object integration of the depressive position." (pg. 62-63)

- Defenses in the Depressive Position (pg. 64)
  - "Because the anxiety of losing the loved object is so painful and the consequences so potentially disastrous, defenses are erected against depressive anxiety. Reparation is made possible by the omnipotence of early ego development, as the child fantasizes restoring the parental figure. Because the reparative experience includes the omnipotent belief in the magical ability to control bad objects and restore good objects, mania is a normal accompaniment of the depressive position (Klein, 1940). The infantile ego is so weak that to manage the overwhelming anxiety of intending to injure the loved object, it resorts to an omnipotent defense. In Klein's view, **omnipotence is the fantastic belief in absolute control, and, therefore, involves denial of psychic reality**. Aggressivity, bad objects and dependence on real objects are denied, and good objects which are believed to be under omnipotent control, are idealized. The denial of psychic reality is, therefore, an inevitable component of the infant's needs to master the depressive position. Excessive depressive anxiety may also be defended against by massive denial of the dangers to the good object (Klein, 1935). Since depressive anxiety inevitably becomes overwhelming to the infantile ego, at some point all children utilize the omnipotent defense of denial of psychic reality to escape the anxiety of losing the good object. In the manic state, the ego resorts to the omnipotence of controlling and mastering all objects, so that all dangers to the good object disappear and the object is magically restored. The importance of good objects in reality is denied as is all object danger. In this way, all guilt and dread disappear. The essence of the manic defense, for Klein, is the ego's denial of both psychic and external reality and the flight to the exaggerated internalized good object. The manic state so massively defends against the anxiety of losing the loved object that all dependence on objects is denied and the only object relation is to the internalized, idealized object with which the ego now identifies itself. In the normal developmental process the reality of frustration and negative experience inevitably occurs, forcing reality upon the child to some extent. Consequently, fluctuations between the manic and depressive positions are continuous throughout this period as the infant alternately denies and perceives psychic reality (Klein, 1935, 1940). When the manic defense fails, the child is forced into reliance upon obsessive mechanisms in a desperate effort to repair the object over and over to prevent psychic disintegration. This mechanism constitutes the origin of childhood obsessional symptoms in Klein's view (Klein, 1935). The child is attempting to control magically the object it fears it has destroyed because the early aggressive intent was not successfully repaired. Since the manic defense never works perfectly, some degree of obsessional symptoms is an inevitable part of childhood. The adult obsessive is fixated in this endless effort to restore magically the fantasied injury to the loved object." (pg. 64-65)
- Assessment of Klein's Work (pg. 84)
  - See text
- The Kleinians (pg. 87)
  - "The most consequential additions to Klein's thought developed by her followers fall into five general categories: (1) the expansion of the concept of projective Identification and the consequent emphasis on the countertransference; (2) the differentiation of clinical syndromes and the specificity of understanding the individual clinical syndromes and specific mechanisms and treatment approaches based on Kleinian concepts; (3) the application of Kleinian technique to psychotic states; (4) the inclusion of non-interpretive techniques in treatment; and (5) the evolution of the treatment model to a recognition of the importance of the analytic alliance and the development of the analytic relationship as necessary for interpretations to be effective." (pg. 87)

- Chapter 4 - Winnicott and Related Theorists (pg. 107)
  - Development (pg. 108)
    - "**Winnicott's (1965) most general concepts are the "maturational process" and the "facilitating environment."** According to Winnicott, every human organism is born with a drive, called the "maturational process," to develop in a given direction. This constitutional given cannot be changed, but it can be blocked if there is a failure of the "facilitating environment" that is required for the maturational process to take place. Maturational process and facilitating environment are two sides of one coin for Winnicott, as they are for Hartmann (1939). The environment need not be perfect, but it must be "good enough" for the maturational process to unfold. If it is not, development is blocked and emotional disorder is the likely outcome. For Winnicott, all symptoms are manifestations of arrests in development, or blocks in the maturational process. More than any other psychoanalytic theorist, Winnicott emphasized the importance of the environment for the growth and development of the baby into a child. Since the baby cannot be thought of - much less perform its essential task of growing into a child and adult - without a maternal environment, **the relationship of dependence between child and mother was the critical developmental axis in Winnicott's thought;** that is, he conceived of development as phases of dependence of the child on the mother. Winnicott (1963a) described t**hree phases of dependence: absolute, relative, and "toward independence."** The "transition" phase between absolute and relative dependence, an important developmental milestone in his theory, is a subphase of the stage of relative dependence. Although Winnicott wrote only one paper delineating clearly the three specific dependency phases, he continually referred to them and his work on development and psychopathology relies completely on them. On many occasions he referred to shifts in dependence as the critical features of development. Accordingly, the phases of dependence provide the framework for understanding his theory of development and psychopathology. By setting his various contributions into this context, their meaning becomes more comprehensible. It should be noted that the last phase in Winnicott's schema, "toward independence," is given no more than a mention. He felt that this phase, equivalent to the oedipal stage, was well conceptualized and understood within the framework of classical psychoanalytic theory, and he did not attempt to contribute to this body of knowledge. The corpus of his work focused on the preoedipal stages of development, although the distinction between oedipal and preoedipal pathology is not so clear-cut: Winnicott believed that supposedly neurotic disorders often defend against more primitive issues and that even in neurotic conditions the

possibility of regressive movement is very real. Nonetheless, Winnicott's contribution to the psychoanalytic theory of development, psychopathology, and treatment lies in the preoedipal phases of dependence. Given Winnicott's emphasis on early development and the interdependence of mother and child, each stage will be discussed from the viewpoint of both parties." (pg. 108)

- Absolute Dependence (pg. 108)
  - **"In the first phase of development the infant is not aware of its dependence on the environment (Winnicott, 1963a). Because the infant cannot differentiate itself from the environment, there is no "me" or "not me." The mother, or maternal environment, provides for the infant's needs, but the infant has no awareness of the mother**. According to Winnicott (1960a), **the infant in this phase lives entirely in a magical world in which needs are met by their very existence.** Reality has not yet entered the infant's experience. According to Winnicott, the infant's existence is so dependent on the mother that one cannot speak of a baby but only of "the environment-individual setup." Winnicott (1952) described the situation this way: "There is no such thing as a baby... if you show me a baby you certainly show me also someone caring for the baby, or at least a pram with someone's eyes and ears glued to it. One sees a 'nursing couple'" (p. 99). **There being no awareness of separateness, the infant-mother relationship exists at this phase on the basis of physical contact** (Winnicott, 1963a). **The infant is aware of the relationship only insofar as it feels touched, held, or caressed or experiences other physical contact.** When such contact is withdrawn the loss of contact is felt, but separation from another person is not experienced. Winnicott (1952) emphasized here the lack of a "time factor." That is, **the infant has no sense of continuity in self or other: it does not know that it exists or that the mother is real**. Consequently, when there is separation, any physical contact will substitute for the lost contact. This primitive sense of existence is crucial for Winnicott's understanding of a variety of clinical conditions. Because the sense of existence is so rudimentary, any disruption threatens the minimal sense of existence the infant is able to feel in this stage. As there is no self that could manage anxiety as a warning signal, all anxiety is experienced as annihilation anxiety (Winnicott, 1952, 1960a). Consequently, the infant in this phase lives on the brink of "unthinkable anxiety" (Winnicott, 1952). Since the lack of temporal sense gives the infant little belief in relief, annihilation anxiety can be quickly produced. As discussed in more detail later, environmental adaptation must be "near total" (Winnicott, 1956a) so that the small doses of reality are manageable and annihilation anxiety is fended off. Signals do not exist in the phase of absolute dependence, according to Winnicott (1963a). Since the infant is unaware of separateness, it has no awareness of a person on whom it depends and cannot signal its needs. Thus, the caretaker must interpret the infant's behavior as communication even though the infant has no intention of communicating. The infant's needs must be met without any communication from the infant, and if the infant survives, some needs have apparently been met. Insofar as mentation is possible, needs appear to the infant to be satisfied by their very existence; they are experienced as bringing their own gratification. Thus, according to Winnicott (1945, 1960a), **the infant in this phase lives in a magical world of omnipotence in which mentation produces gratification. The first critical developmental task is the achievement of integration**. **Experience is "unintegrated" in this stage, as feelings, needs, and tension states are not experienced as belonging to a common whole** (Winnicott, 1945, 1962). There is no "me" to hold together experiences, no sense that discrete experiences are linked and no time factor to connect discrete experiences. Here Winnicott is drawing on Glover's 1937 concept of "ego nuclei." Experiences are not linked together in time and are therefore not experienced as a "lived temporal unity" According to Winnicott, they have no "unit status." Because experiences are discrete rather than continuous, there is no "lived psychic reality" (Winnicott, 1945). The sense of temporal continuity is an achievement as experiences are gradually linked together into an integrated self. It follows from the inability to differentiate "me" from "not me" that the infant is not yet able to experience itself as a person. This inability means there is a lack of "personalization" of experience; the infant's sensations, needs, and feelings are not personalized into "my experience" In Winnicott's words, experience is not yet "localized." "Personalization" is the second major developmental achievement, an outcome of successfully traversing the early phase of dependence." (pg. 108-109)
    - **if things are not yet differentiated, then the world the infant experiences is already integrated. The mother, along with fulfilling unspoken infant needs, keeps the environment integrated for just a while. The paradox, however, is the longer the mother serves as mediator / facilitator / integrator the more she awakens the infant to the world, thus moving the infant to childhood. Continued contact speeds up the process of separation / differentiation / individuation. Every encounter presses against the sheen of omnipotence. So, as we can see, the role of the mother is dialectical: her presence "holds together" and slowly "tears apart" the world of the infant. This (con)fusing mixture of two things happening underneath (or, really, "behind") a single heading is experienced very early on life, straddling infanthood and childhood. What this means is, in the very early moments when the infant is awakening to the world, the world is reciprocally imposing on the infant an insurmountable task: to reconcile what appears already reconciled.*
  - "From the infant's point of view, needs do not have to make a detour through reality to be met; thus there is no reality sense. The third primary task of absolute dependence is the gradual development of the sense of reality. As noted earlier, **with each frustration, the infant experiences a bit of reality, and its "omnipotence" is pierced.** Because "realization" is made possible by environmental failures (Winnicott, 1945), unsuccessful adaptation is as crucial to the infant's sense of reality as successful adaptation. Winnicott (1963d) points out that "there is no question of perfection here. Perfection belongs to machines; what the infant needs is just what he usually gets, the care and attention of someone who is going on being herself" (pp. 87-88). The environmental adaptations and failures provide the infant with "doses" of reality in manageable portions: "The whole procedure of infant care has as its main characteristic a steady presentation of the world to the infant" (Winnicott, 1963a, p. 87). As the infant's needs are met, the nascent sense of self grows and frustrations become gradually more tolerable, resulting in the ability to feel a temporal sense. Gradually, reality and fantasy become distinguishable; however, there is still very little sense of reality in the phase of absolute dependence. Only with its passage into later dependence phases is the infant able to differentiate pure mentation, as in fantasy, from the experience of reality and thereby achieve "realization." (This conceptualization anticipated Kohut's 1971 view, discussed in Chapter 6, that maternal empathy and its failures are instrumental in the journey from archaic grandiosity and idealization to a realistic view of self and others.) **As there is no self-other distinction in the phase of absolute dependence**, **there are no objects yet for the infant** (Winnicott, 1971). Insofar as one can speak of objects in the infant's awareness, they are experienced within the orbit of infantile omnipotence; that is, the infant feels they are under its complete control. One cannot yet speak of object usage, although there is a sense of "object relating" within the omnipotent sphere. In order to use an object, it must be seen as external to the self, and this awareness does not occur until the phase of relative dependence." (pg. 110)
    - "According to Winnicott (1971), **the infant looks at the mother and sees itself**. The mother is looking at the baby and "what she looks like is related to what she sees there" (p. 112). **The mother performs a "mirror role"** (but this function is not the same as Kohut's well-known concept of "mirroring," as shall be seen in Chapter 6); that is, the mother functions as a mirror by giving back to the infant what it gives in its own look. The infant's first image of itself includes a connection with the mother; by the mother's look, the infant knows that it is seen." (pg. 110)
  - "For Winnicott, the drives are initially fused, since aggression is part of love, and the split is between excited states, which always include aggression, and quiescence. Splitting of good and bad objects is a defensive pathological reaction to the failure of the environment to hold the early aggression. If the environment is good enough, the infant has no awareness that its aggressiveness can injure and the aggression therefore remains a part of the "love impulse." There comes a point at about six months of age when the infant becomes aware that it does not control gratification. This critical developmental step marks the beginning of the self-object distinction. The infant is now starting to see objects as

outside the self, marking the entrance of the reality principle into the infant's life (Winnicott, 1971). According to classical psychoanalytic theory, the infant, out of frustration, has an aggressive response to the awareness of reality. Winnicott (1971) saw a more constitutive role for aggression - in the development of the infant's very sense of reality. He believed that the infant experiences its aggressiveness as expelling the object from the sphere of omnipotence. The object must be "destroyed," and only later, when it is "refound" as an external object in the phase of relative dependence, can it be "used." Thus, for Winnicott, **aggression plays a crucial role in the development of the self, the sense of reality, and the recognition and use of objects.** To summarize the phase of absolute dependence from the viewpoint of the infant: **the infant lives in a world of magical omnipotence in which there is no sense of self or reality, and no experience of objects. Experience is discrete, disconnected, fleeting, and outside of a "lived psychic reality."** All these aspects of the absolute dependence phase are emphasized in Winnicott's work because he felt that they provide clues to the mystery of primitive psychopathology." (pg. 111)

- "For Winnicott, empathy does not mean understanding verbal communications; it does not even mean grasping their affective undertones. It means knowing what the infant needs, even though the infant cannot communicate its needs. The empathic mother interprets her infant's behavior as a communication to her, even though the infant does not intend to communicate. The infant cries and the mother interprets the cry as a signal of hunger." (pg. 111)
    - "The mother need not adapt perfectly to the infant's needs, but the adaptation must be "good enough" to allow the infant the experience of omnipotence (Winnicott, 1960a); the infant is not yet ready for reality, and too early a confrontation with it would be dangerous. Adaptation by the mother must be "near absolute" so that the infant can live in its delusional world of omnipotence. However, it cannot and should not be perfect because environmental "failures" are necessary to prepare the way for the infant's descent into eventual reality. The mother's provisions for the infant fall into two categories of maternal functions: the "object mother" and the "environmental mother" (Winnicott, 1963b). The object mother provides for the "object instinctual needs" by satisfying hunger, holding the infant, and keeping diapers clean. However, the object mother alone is insufficient. The infant has "ego needs" from the very beginning, and these are not met by the object mother. For example, the infant needs an environment in which air and water temperatures are relatively comfortable, the noise level is neither unstimulating nor assaultive, and there is visual stimulation that is interesting without being overwhelming. Most importantly, the environment must be relatively free of "impingements" that would interfere with emotional growth." (pg. 112)
- "The infant's needs and emotional states are "held" well enough by the good enough mother, who is able to contain whatever tension states occur by her empathy. Because the only anxiety the infant experiences in this phase is annihilation anxiety, **the mother must "hold" the anxiety and meet the infant's needs well enough to keep the infant from experiencing a sense of annihilation.** To succeed in this preventive task, the maternal environment must protect the infant from impingements. **The principal function of "holding," then, is keeping the infant sufficiently free of environmental impingement that it lives within its fantasy of omnipotence and continues to grow**. Included in the emotional states of the infant that must be "held" by the "environmental mother" is the infant's aggression (Winnicott, 1950). Recall that, according to Winnicott, the infant's erotic need has an inherent aggressive "pre-ruth" component. The infant's object instinctual need "destroys" by "attacking" the mother's body and the mother must be willing to absorb and hold such aggressive attacks. As we have seen, Winnicott (1971) believed that the destructive drive "pushed" the object outside the sphere of the infant's omnipotence, thus "objectifying" the object for the first time. It is crucial that the infant experience the object's survival of its destructive attacks; only then can the infant turn a "subjective object" into an "objective object." That is, only when the object survives the destructive attack can it be "used" by the infant. There is an inherent connection, for Winnicott, between the object's ability to survive the destructive attacks, the infant's growth out of omnipotence, and its ability to use an object. The mother's ability to hold the destructive attacks and not retaliate is critical to the infant's ability to perceive reality, see objects as "not me," and use objects as separate others for further growth. If the environment is able to perform its functions well enough in this phase - that is, if it is able to prevent impingements; hold the infant's frustrations, thereby preventing annihilation anxiety; "hold" the aggression; and meet the infant's overall ego and id needs the infant will begin to experience a sense of continuity of its various need states and a rudimentary sense of integration, personalization, and realization will occur. The inevitable environmental failures will force some degree of reality on the child, but these moments of brief recognition will not disturb infantile omnipotence because the holding has been "good enough" for the child to feel that its needs bring their own gratification. The growing child is then ready for what Winnicott sees as the first major developmental task in the formation of the self: the awareness of dependence." (pg. 112-113)

- Relative Dependence (pg. 113)
    - "For Winnicott (1960a, 1963a), the critical aspect of this developmental shift is the child's awareness of its dependence on an object outside itself. It is by virtue of this awareness that the infant is said to move from absolute to relative dependence. The infant now becomes interested in exploring the object of dependence but also becomes anxious in separating from it. **The first awareness of "me" versus "not me" is shown by the infant's reaching for objects, a new kind of play**. "We can say at this stage a baby becomes able in his play to show that he can understand he has an inside, and that things come from outside" (Winnicott, 1945, p. 148). The infant recognizes that the environment is separate, "out there," and yet necessary to meet its needs. The infant becomes aware in a rudimentary way that its needs do not automatically entail their own gratification. **This awareness of separation from the environment is the beginning of the sense of self - and, simultaneously, an experience of loss.**" (pg. 113)
    - "The infant attempts to preserve the attachment by identification with the mother. The infant's imitation of the mother which begins at this time, is conceptualized by Winnicott (1963a) as the first identification and as occurring in response to the newly discovered gulf between itself and its mother. **Relative dependence, for Winnicott, encompasses an extended developmental process from the breakdown of the omnipotence of the absolute dependence phase to the acceptance of reality and ambivalence toward whole objects**. Included in this phase is a variety of developmental tasks, the first of which is to manage the anxiety of separation from the mother, the awareness that it cannot meet its own needs. To master this anxiety and bridge the transition to reality orientation, the infant utilizes a variety of possessions and experiences referred to by Winnicott as transitional phenomena, the "transitional object" being only one, albeit the best-known, example (Winnicott, 1951). Winnicott's concept of transitional phenomena is so widely discussed, so commonly oversimplified and misunderstood, and yet so important to his thought that it is worth considering in detail. **The essence of any transitional phenomenon, for Winnicott, is its function as an intermediary between the fantasied world of omnipotence in the absolute dependence phase and the acceptance of reality, which is the outcome of the phase of relative dependence**. It is not commonly recognized that Winnicott (1951) distinguished three types of transitional phenomena. Initially, anything that is both "mine" and "not mine" is a transitional experience. Cooing serves this function; the infant emits the sound from within but hears it from without. The experience helps the infant differentiate "in" from "out" while providing a connection between them. Thumb sucking is a different type of transitional phenomenon, requiring organized control over the musculature; using the thumb is a developmental advance in that it begins the substitution of limited muscular control for the fantasy of omnipotent control. Thumb sucking indicates a willingness to yield the fantasy of omnipotence as the exclusive means of getting needs met and is a further step toward the acceptance of reality, even though the reality in this instance is a part of the infant's own body. Sometime after the thumb is used, the infant will draw from the realm of transitional phenomena a single object outside itself to which it becomes closely attached, its first "not me" possession. It is this possession that is called a transitional object. The infant knows that the stuffed animal, blanket, toy, or doll is outside of itself; therefore, it has relinquished to an even greater degree than with thumb sucking the fantasy of omnipotence of the absolute dependence phase. Not only

does the use of the first possession substitute muscular control for omnipotent control, but the infant is now using something it knows not to be itself. The possession can be lost or misplaced, and it must be found. **By using an object outside its omnipotent control and outside itself, the child has taken a further step toward reality acceptance:** It is true that the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast. Nevertheless the point of it is not its symbolic value so much as its actuality. Its not being the breast (or the mother) is as important as the fact that it stands for the breast (or mother) [Winnicott, 1951, p. 233]. On the other hand, **the transitional object is not a reality object. It is imbued with intense, powerful, personal meaning**. Finding the object immediately reduces intense anxiety; sometimes anxiety can be soothed in no other way. The object is treated as though it were the mother, although the child knows that it is not. **The paradox of the transitional object is that it is neither real nor delusional. It is illusory, an intermediate area of experience, lying between reality and fantasy** (Winnicott, 1951, 1971; Barking and Grolnick, 1970). According to Winnicott (1971), **the transitional object begins the world of illusion and prepares the way for play in childhood. Child's play, according to Winnicott, is based on giving an illusory meaning to something real**. The attributed meaning is known to be an illusion but is treated during the play as though it were not. Because the meaning must always be personal and unique to the individual, **transitional phenomena and its later variant, play, are always creative**. **Winnicott felt that all child and adult creativity, as well as aesthetic experience, are transitional phenomena and that this intermediate area of experience must continue into adult life for creative and cultural living, which he identified with mental health. The transitional object is a response to loss; for this reason, Winnicott (1971) believed that the transitional object is used as a "defense against depressive anxiety."** Nonetheless, he felt that the importance of the transitional object lies in its not being the mother or the breast; that is, it indicates that the infant, through its ability to use a piece of the real world to fill an emotional need, is moving away from omnipotent fantasy and toward reality. To realize its function fully, the transitional object must have certain features: the child must have complete ownership and dominance over it; it must contain intense feelings, both positive and negative; it must provide the experience of warmth and cuddling; and it must provide a feeling that it has a reality of its own. The assumption of dominance is critical so that the infant is not unduly frustrated, yet the object must have reality so that dominance is not confused with omnipotence. Having all these characteristics, the transitional object is able to be used as though it were the mother; it functions as though it were the mother, yet the infant knows and is reminded constantly by the object that it is not the mother. Transitional objects help the infant case the separation and stranger anxiety caused by awareness of dependence and separateness. Although these experiences are painful, they also betoken a developmental advance: the infant has moved from annihilation anxiety to anxiety of object loss. Episodes of stranger anxiety end when the mother returns, implying the existence of a maternal representation when she is not present. Stranger anxiety also implies a specific attachment to the mother as someone who has continuity in the infant's mind. Beginning with this attachment to the mother, the infant acquires a sense of the familiar. Experiences begin to connect with each other and the infant makes developmental advances it was incapable of in the phase of absolute dependence. Primary among these new advances is the sense of "temporal integration" (Winnicott, 1962). Since continuity is now experienced, the previously discrete ego nuclei begin to link together and develop into a sense of temporal continuity, eventually leading to the achievement of the sense of integration. The infant now has the growing sense of itself as one person with a variety of experiences, rather than an awareness of only discrete experiences. This sense of continuity leads to a rudimentary sense of self. Since experiences are now felt as belonging to a unit, a sense of "personalization" begins to develop. The growing child begins to experience what Winnicott calls a "lived psychic reality." The new sense of an "internal," a "me," is not solely a cognitive formulation. There is an "internal environment," since living now includes an "inside" and this is distinguishable from what is "outside." Whereas experience in the phase of absolute dependence simply occurs, in relative dependence experience begins to belong to "me," and it is in this phase that the child begins to use the word "me." Personalization is closely linked to the third achievement in the development of the self in the phase of relative dependence: the growing sense of "realization." **The infant has been "hatched" from the fantasy world of omnipotence into the realization that the environment is separate from the personalized self**. **The awareness of this distinction is the origin of the infant's sense of reality**. In the fantasy of omnipotence, there is no sense of the reality of the world or of the self. As the infant gains a sense of personal reality, the awareness of the self-other distinction takes place and the world is experienced for the first time as having a reality apart from the infant's mentation. This awareness culminates in the sense of the self as a real person and the sense of the world as a separate reality. Both world and self are becoming "realized." The infant now knows that its needs are met by a mother outside itself. The mother, as the medium for the fulfillment of the need, begins to represent reality to the child. In fact, Winnicott says, the mother "brings reality to the child" via her position between the need and its fulfillment. **Every delay, every imperfect meeting of need, forces reality upon the infant** who becomes aware that in order to have any control over the meeting of its needs, it must signal to its provider. The infant now intends to communicate. Whereas in the previous phase the infant cried and the mother interpreted the cry to mean hunger, now the infant cries to tell the mother of its hunger or, at a more advanced level of this phase, the child points to food. Now the mother need only understand communication; she does not have to create it. The child does not rely on the experience of need or wish to bring gratification; it relinquishes the magical control of pure mentation for the reality-based control of gesturing and communicating through word and deed. Now that temporal integration begins to occur, the infant can "carry" experience from one contact to the next. As it begins to form a sense of a single person who meets its needs, the growing child begins to experience a relationship. And once the sense of the mother is maintained without her physical presence, an "ego-relatedness" takes place between mother and child. Out of this psychological way of relating, the object is internalized and a relationship is formed. According to Winnicott (1956d), the infant is now capable of a relationship based not on physical contact but on the psychological recognition of the other. The "ego relationship" between infant and mother is the key to the development of the infant's concept of the other as a separate person. In this sense, Winnicott (1956a) opposed the traditional analytic conception that recognition of others as separate from the self is a product of frustration: "From this angle the recognition of the mother as a person comes in a positive way, normally, and not out of the experience of the mother as the symbol of frustration" (p. 304). The other side of ego relating is the development of the ego organization. "The first ego organization comes from the threats of annihilation which do not lead to annihilation and from which, repeatedly, there is recovery. Out of such experiences confidence in recovery begins to be something which leads to an ego and to an ego capacity for coping with frustration" (Winnicott, 1956a, p. 304). The infant develops an ego organization as he or she internalizes his ego-relatedness to the maternal environment that protects him outside of his awareness. For the development of the capacity for such ego-relatedness to take place, the infant must learn to be alone. First, the infant must be able to be alone in the presence of the mother, a paradox Winnicott noted, and even emphasized. By being alone in the presence of the mother, the infant experiences a relationship without physical contact or need gratification. The environmental mother is providing the child with an ego relationship, thereby allowing for her internalization. In Winnicott's view, once the mother is internalized, the infant can be alone without her. Ego-relatedness and internalization imply and foster each other, and as they develop the temporal integration of the personality is strengthened (Winnicott, 1962). At this point, "holding" has been replaced by "living with." The infant is developing a sense of self and the ability to communicate its needs to the mother. Recognition by the communicating infant that the mother is a separate person to whom communication must be made indicates that a relationship, a "living with," is beginning to form. The physical correlate of this shift from "holding" to "living with" is the difference between the mother holding the child in her arms and the child slipping off her lap, crawling away, and appealing to the mother when help is needed. However, the defining feature of the shift is not so much physical growth as the infant's recognition of the mother as a separate person to whom it communicates and with whom it begins to form a relationship (Winnicott, 1960a). With the development of the temporal unity of the personality, the growing child links experiences and begins to perceive that the "object

mother" whom it "destroys" when excited is the same as the "environmental mother" whom it loves when quiescent. This integration of objects creates a special problem, as the infant is now aware that it can injure the object of its love (Winnicott, 1963b). The infant has shifted from the "ruthlessness" of object instinctual attacks on the mother's body to awareness that it has been attacking the mother who cares for it." (pg. 114-117)

- Toward Independence (pg. 119)
  - See text
- Psychopathology and Treatment (pg. 120)
  - "All psychopathology, in Winnicott's view, results from an insufficiently facilitating environment, that causes the infant or child to react to environmental impingement, and thus arrests the maturational process. Impingements in the phase of absolute dependence potentially result in the most disabling forms of emotional disorder because they interfere with the most basic psychological structures. In the phase of relative dependence impingements may create character pathology whereas oedipal phase impingements are the source of neurosis." (pg. 120)
- Psychopathology and Absolute Dependence (pg. 120)
  - "In the phase of absolute dependence, if the satisfaction of environmental and object needs is not "good enough," the child cannot focus on "going on being." If maternal empathy is lacking, omnipotent fantasies are assaulted by reality before the child is ready to relinquish them and accept reality. The child becomes aware that needs are not met by their existence and is forced into a premature awareness of self-object differentiation. This premature awareness interrupts the development of integration, personalization, and realization. All forms of psychopathology originating in the phase of absolute dependence result from this dynamic. Premature awareness of the self-other distinction results in the eruption of annihilation anxiety, an "unimaginable terror" or fear of falling apart, akin to the anxiety of falling endlessly through the air (Winnicott, 1952). "Maternal failures produce phases of reaction to impingement and these reactions interrupt the 'going on being' of the infant. An excess of this reacting produces not frustration but a threat of annihilation. This in my view is a very real primitive anxiety, long antedating any anxiety that includes the word death in its description" (Winnicott, 1956, p. 303). This state is so terrifying that it must be defended against by whatever means are possible, and the only defense the infant has are omnipotent fantasies. Thus, the infant creates omnipotent fantasies to protect itself from annihilation anxiety (Winnicott, 1952), and these fantasies cannot be gradually relinquished in favor of reality. A prisoner of fantasied omnipotence, the infant protects itself against any incursion of reality into its private world; indeed, when reality threatens to intrude, it must be reinterpreted according to the child's omnipotent fantasies, or "brought into the sphere of omnipotence." **This distortion of reality by infantile omnipotence is the essence of Winnicott's concept of the developmental origins of psychosis**. He did not deny the possibility of constitutional factors in psychosis, but he believed that impingements play a crucial role by producing annihilation anxiety and the omnipotent defenses against it. Fixated in the omnipotent defense, the ego cannot become integrated, and indeed all developmental tasks suffer as the child's investment is focused on protecting itself via omnipotent defenses. "The focus is on the shell, not the kernel" (Winnicott, 1960a). Since all tension states threaten to become annihilation anxiety, frustration and disappointment tend to be denied and "magically" relieved, fixating the personality at the level of magical thought. Any assault from reality threatens to pierce the fragile defense and must be reinterpreted in line with the fantasied omnipotence. Thus, the growing child is driven further from reality and nearer to the outbreak of psychosis." (pg. 121)
- Psychopathology and Relative Dependence (pg. 127)
  - "We have seen that as children move into relative dependence by becoming aware of the mother as a separate person, they begin to internalize the mother and develop a sense of self as continuous and integrated. Impingement in this phase occurs to a developing self - not to an unintegrated self, as in absolute dependence, nor to a fully integrated self, as in the oedipal phase. Having achieved some degree of internalization, the infant experiences impingement as deprivation, a loss of something that was there, as opposed to the "privation" of impingement in absolute dependence. According to Winnicott, if mothering has been good enough until some point in the phase of relative dependence and then fails significantly without repair, the child will seek to regain what has been lost. Efforts to regain the lost object gain expression in the various symptoms of character disorders and borderline cases. One typical reaction is to attempt to replace maternal deprivation by taking objects. Winnicott (1956b) understood child and adolescent stealing as efforts to regain the lost mother by laying claim to the world. Children attempt to steal back what was stolen from them. In Winnicott's view, such behavior reflects a belief based on an unconscious memory of gratification that there is something of value to be found. Because an attempt to find the object is really an effort to "re-find" it, reflecting deprivation of something once possessed, Winnicott considered stealing a positive indicator." (pg. 127)
  - "A**ccording to Winnicott, creativity plays a major role in all effective analyses because only through creativity can one give one's own meaning to reality, that is, enter the process that forms the self.** In normal development the transitional object is used for this purpose; in analytic treatment the analytic space functions in an analogous way by facilitating creation of personal meaning. This principle holds true to some degree for all analytic treatment, but it is especially significant for the borderline patient, whose emotional development is arrested at the transitional phase. For such a patient there is no internalized maternal image; the primary transference issue is this absence rather than the repetition of an existing maternal image, as seen in higher level disorders. Consequently, the creation of a new object in the absent space is a major outcome of successful treatment." (pg. 131)
- Summary (pg. 137)
  - "Winnicott's theory of psychopathology and treatment is a direct outgrowth of his concept of development as a series of phases of dependence that must be overcome to arrive at a healthy, independent adult life. He saw all preoedipal forms of psychopathology as environmentally induced arrests in the movement from absolute dependence toward in-dependence, that is, from omnipotence to reality. Treatment has to do with locating the developmental arrest and providing the appropriate environmental response. For patients with preoedipal psychopathology and for neurotic patients in moments of regression, psychotherapeutic action involves the provision of a therapeutic atmosphere in which patients have the developmental experiences they were denied in the preoedipal phase. The analytic process is used, but it is modified according to the developmental issue alive in the treatment at any given moment. Winnicott proposed a hierarchy of values different from those in the traditional concept of psychoanalytic therapy. His fundamental premise is that psychoanalytic therapy is like the mother's role in development: its essence is adaptation to need. Just as the mother must understand the child's developmental level to provide for its needs, so too must the psychoanalytic therapist gear interventions to the patient's level of dependence and the associated developmental blocks. Interpretations are used insofar as they fit the developmental need, but adaptation is often the more appropriate modality. For example, if the patient is unable to integrate aggression with the erotic drive because of an early arrest in the experience of aggressiveness, the therapist's role is to help bring aggression into the patient's affection for the him or her so that the two impulses are "re-fused."" (pg. 137)
- The "Winnicottians" (pg. 139)
  - "Winnicott's followers have tended to emphasize three primary aspects of his work: (1) the application of psychoanalytic therapy to severe emotional disorder; (2) the use of the psychoanalytic setting in this type of treatment; and (3) the role of the therapist and his countertransference in the analytic process, especially in working with severe pathology." (pg. 139)
- Michael Balint (pg. 143)
  - See text

- Chapter 5 - The Work of Otto Kernberg (pg. 151)
  - Metapsychology (pg. 152)
    - "Although Kernberg, like Klein, adheres to the dual-drive theory, the primary motivational system for Kernberg consists of inborn affect dispositions. All gratifying and frustrating experiences stimulate affect, which is initially pleasure and unpleasure. Early affect states are organized in this very rudimentary way, but as perceptual and cognitive elaboration increases, affective states become increasingly more complex, and their discharge function becomes less important. Since the child's experiences with the environment trigger its affective states, the affect is always embedded within a relationship between self- and object-images, however rudimentary they may be. These object relations units are stored as "affective memory." The experiential store of psychological experience upon which the psyche is constructed consists, therefore, of object relations units, each of which consists of a self- and object-image and a connecting affective link." (pg. 152)
      - "Kernberg's concept that drive develops in the context of the mother-child relationship is similar to Loewald's (1971) view. Kernberg argues that the innate, instinctive components gradually develop into the drive organization as pleasure becomes a component of libidinal object relations units and "unpleasure" evolves into aggressive object relations units. In accordance with this shift, affects change their function as they and the developing drive system become more complex; at first organizers of the instinctive components, affects become "signals" of the drive organization. One can see from these conceptualizations that for Kernberg drives are not inborn motivational units, as they are for Klein. Affective dispositions and instinctive, behavioral "building blocks" are inborn, but the drive organization is conceptualized as an outcome of developmental experience that begins as undifferentiated object relations units and develops gradually into more complex object relationships. In its psychological form, a drive is represented by a wish for an object." (pg. 152)
  - Development (pg. 153)
    - "In Kernberg's developmental scheme two key steps are crucial to avoiding the development of severe psychopathology. First, **self-object differentiation must take place**. The failure of this psychic reorganization corresponds to the psychotic potential of the developing personality. When self-object boundaries become established, the psyche is defined as separate from the environment, but the psychological organization continues to be defined by splitting and its related defenses. The second crucial developmental step is **the shift from splitting to self and object integration, which, for Kernberg, is equivalent to the shift from a split ego to an integrated ego that organizes defenses around repression**. Failure to achieve this developmental milestone results in ego weakness and severe character pathology. Once repression and related defenses replace splitting as the primary organizer of the psyche, the ego is integrated and neurosis is the worst possible outcome." (pg. 155)
  - Psychopathology (pg. 155)
    - See text
  - The Borderline Personality Organization (pg. 157)
    - See text
  - The Narcissistic Personality Organization (pg. 162)
    - See text
  - Treatment (pg. 167)
    - See text
  - Application to Societal Violence (pg. 183)
    - See text
  - Volkan's Mission (pg. 186)
    - See text
  - Summary and Critique (pg. 188)
    - See text
- Chapter 6 - Self Psychology (pg. 195)
  - Development (pg. 196)
    - "It is clear that drives do not play a major role in normal development in Kohut's scheme. The crucial variable is the development of the self, which is a product of the responses of the selfobjects of childhood to the narcissistic needs of the child. If the self is cohesive and vital there are no isolated lustful longings or hostile wishes. In the healthy self, according to Kohut, both affectionate and assertive feelings are experienced joyfully. To the extent that the self is defective, affection becomes split off into lust, and self-assertion "breaks down" into hostility. In his view, sexual and hostile wishes are not inborn drives that must be tamed to achieve psychological organization; rather, the dispositions toward affection and assertion are inborn, and hostility and lust are pathological products of their distortion. The fate of affection and assertion is determined by the strength of the self which, as we have seen, is a function of the responses of the crucial selfobjects. If the selfobject responses are empathic, phase-appropriate, and optimally frustrating, sexual feelings are the healthy outgrowth of affectionate feelings and aggression is the joyful expression of self-assertion. If the responses of the selfobjects are not empathic but are excessively frustrating or stimulating, either in the preoedipal or oedipal phases, self-development is arrested, and pathology ensues. We now turn to the variety of pathological outcomes of faulty selfobject responses." (pg. 199)
  - Psychopathology (pg. 199)
    - "Kohut calls this threat "disintegration anxiety," the fear of loss of self. **The fear of loss of sense of who one is, according to Kohut, is the deepest form of human anxiety; it underlies all pathology.** Because disintegration anxiety is so intolerable, the self will always choose to protect itself, no matter what the cost. Kohut called this the "principle of the primacy of self-preservation." Protection of the self has greater motivational power than any type of libidinal or other gratification, and its failure is feared more than death. Consequently, threats to the self call forth strong defenses that protect the weak childhood self but, in so doing, block its further development. All psychopathology, in Kohut's view, ultimately results from arrested self-development and, therefore implies failure of the selfobject milieu. Differences in pathology are due to the severity and developmental stage of the selfobject failure and to the secondary conflicts that follow from such failures. With these concepts Kohut replaced the conflict-defense model with a model of pathology based on blockages in the development of the self. While a detailed comparison with Winnicott's theory is not possible here, it should be noted that Kohut's view of pathology as arrested development strikingly parallels Winnicott's concept of pathology as blocked maturational process." (pg. 200)
  - Narcissistic Disorders (pg. 200)
    - See text
  - The Structural Neuroses (pg. 208)
    - See text
  - Treatment (pg. 210)
    - See text
  - Narcissistic Disorders (pg. 211)
    - See text
  - Treatment of the Structural Neuroses (pg. 224)

        - See text
    - Summary (pg. 227)
        - "**For Kohut, not only can drives not be the basis for a psychology of complex mental states, but they cannot even be a part of such a psychology because they cannot be known by empathy and introspection. Psychological life begins, according to Kohut, with the empathy of the selfobject responding to the infant. The infant is born with innate potential, and when these givens come into contact with the empathy of the first selfobject, a rudimentary nuclear self is born.** Psychological development is from the beginning concerned primarily with the self, and the crucial factor in each phase is its relationship with its selfobjects. Optimally frustrating selfobjects give the self strength, harmony, and cohesion. Any faulty selfobject experience weakens the self and leaves it prone to pathology. With these concepts, Kohut reoriented psychoanalysis by directing its focus on the self, or, more precisely, the self-selfobject relationship. Since the fundamental issue in psychological development is the growth of the self, pathology of whatever type is due to a developmental arrest that leaves the self weak, vulnerable, and prone to fragmentation. Defenses are often erected to protect a vulnerable self, but the essence of pathology does not reside in the use of defenses. In fact, defenses should be appreciated by the analyst as self-preservative maneuvers. With these concepts Kohut, echoing Winnicott's concept of pathology as blocked maturational process, replaced the drive-defense model with the pathology of developmental arrest. Since, in his view, the self depends on its relationship with selfobjects and since its defects are caused by disturbances in that relationship, all pathology ultimately derives from faulty selfobject empathy in crucial phases of development. This reconceptualization of pathology fundamentally changes the nature of psychoanalytic treatment. Since pathology is arrested self-development, the crux of analysis is not interpretation of defense but mobilization of the arrested self via empathic engagement and the resumption of self-development by transmuting internalization. The analyst acts as a selfobject who functions as a part of the arrested self until he or she is internalized to complete its development. Interpretation is still the crucial tool of the analyst not so much because it makes the unconscious conscious but because it provides the optimal frustration necessary for the resumption of self-development by transmuting internalization. Most crucially, to help the self complete the unfinished tasks of development the analyst functions in a manner analogous to how the parental selfobjects should have functioned. To the degree that the analyst allows himself or herself to be used to finish the developmental task, the analysis will be successful." (pg. 228)
    - Critique (pg. 229)
        - See text
- Chapter 7 - Relational Analysis (pg. 245)
    - The Work of Harry Stack Sullivan (pg. 245)
        - "Sullivan found Freud's metapsychology of impulses and psychic mechanisms to be too far removed from patients' experiences. The difficulties people have in living have to do with their interpersonal relations, he believed, not intrapsychic mechanisms. **Sullivan's (1953) view is that human beings are inherently imbedded in such relationships to the point that one cannot understand them outside their relationships with others. The way one relates to others defines who one is.**" (pg. 345)
            - "Human life, in Sullivan's view, revolves around the dialectic between the dual needs for satisfaction and security. When a need is associated with minimal or no anxiety, it will be satisfied; when anxiety interferes, the need for security interferes with satisfaction. The degree to which the need for security dominates the need for satisfaction is the degree of psychopathology in the personality." (pg. 247)
    - The Work of Jay Greenberg and Stephen Mitchell (pg. 250)
        - "**Mitchell (1988) has adopted the view that psychological reality is a relational matrix encompassing both the intrapsychic and interpersonal realms**; he opposes this model to the "monadic view of the mind," which assumes that the self can operate independently of others. He considers the principal contributors to the relational model to be the interpersonal psychoanalysts, beginning with Sullivan and Fairbairn, and considers object relations theorists who emphasize self-development, such as Kohut, to be "monadic" theorists because their basic units, such as the nuclear self, are intrapsychic. Mitchell is also critical of theorists like Kohut, Winnicott, and Guntrip, who viewed pathology as developmental arrest, for failing to appreciate both the inherent nature of human conflict and the relational nature of development. **Mitchell's alternative is a "relational conflict" model, which recognizes the intrinsic nature of human conflict but sees its basic units as relational configurations**, not drives and defenses against them. **For Mitchell, mind does not need to become socialized: it exists only as a social product**. Therefore, the units of psychoanalytic study are relational bonds and the matrices they form. One can see in this view the influence of Sullivan's interpersonal theory of mental life. However, unlike Sullivan, Mitchell is concerned with the meaning of experience to the individual and sees psychoanalysis as the process of elucidating meaning, especially as it manifests itself in the patient-therapist interaction. Thus, Mitchell draws out the clinical implications of Sullivan's interpersonal theory by proposing that meaning is embedded in a relational matrix and that the relationship between patient and analyst is the best place to discover the meaning of the patient's experience." (pg. 250)
- Chapter 8 - An Object Relations Paradigm for Psychoanalysis (pg. 317)
    - "**The common principle of all object relational theories is that the fundamental human motivation is for object contact rather than drive discharge**." (pg. 317)

d. Further Readings:
    - .