# **Psychoanalytic Theories: Perspectives from Developmental Psychopathology,** by P. Fonagy & M. Target

a. People / Organizations:
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b. Quotes:
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c. General Notes:
   - Chapter 1 - An introduction to this book and to the basic psychoanalytic model (pg. 1)
     - "This book is about psychoanalysis from the special angle of psychoanalytic developmental psychopathology. Developmental psychopathology is the study of the origins and course of individual patterns of maladaptation (Sroufe and Rutter, 1984). Psychoanalysis has contributed substantially to this field, and continues to do so. Psychoanalysis helps us to understand the psychological processes that underlie continuity and change in patterns of adaptation or maladaptation. How is it that some individuals emerge from a period of crisis stronger and richer for the experience, whereas others find it increasingly difficult to adapt and cope? Psychoanalytic theories see development as an active, dynamic process where individuals add meaning to their experience, and the meanings attributed to these alter their consequences." (pg. 1)
       - "The developmental approach to psychopathology is the traditional framework of psychoanalysis (see Tyson and Tyson, 1990); it aims to uncover the developmental stages and sequelae of different disorders of childhood and adulthood and factors that influence them (Soufe, 1990; Sroufe, Egeland and Kreutzer, 1990)." (pg. 1)
     - "[A]ll the theories to be discussed in this book share a common set of assumptions. The core assumptions of the basic psychoanalytic model (Sandler, 1962a; Sandler and Joffe, 1969) include: (a) psychic determinism, the conviction that cognitive, emotional and behavioral aspects of pathology have psychological causes (rather than just physical causality or random biological events); (b) the pleasure-unpleasure principle, namely that behavior may be seen as an effort to minimize psychic pain and maximize psychic pleasure and a sense of intrapsychic safety; (c) the biological nature of the organism drives its psychological adaptation; (d) a dynamic unconscious, where mental forces compete for expression, helps to determine which ideas and feelings may reach consciousness; and (e) the genetic-developmental proposition, which states that all behaviors are understandable as sequences of actions developing out of earlier (even earliest infantile) events." (pg. 3)
       - "Psychoanalysts assume that mental disturbance is usefully studied at the level of psychological causation; that the representation of past experience, its interpretation and meaning, conscious or non-conscious, determines the individual's reaction to his or her external world and capacity to adapt to it. The emphasis on psychic causation does not imply either a lack of respect for or inadequate attention to other levels of analysis of psychiatric problems such as the biological, the family or broader social factors. Nevertheless, psychiatric problems, whether at the root genetic, constitutional or socially caused, are seen by the psychoanalyst as the meaningful consequence of the child's beliefs, thoughts and feelings and therefore accessible to psychotherapy. That a person's actions may be explained by his mental states (thoughts, feelings, beliefs and desires) is part of the commonsense psychology that we use without reflection (Churchland, Ramachandran, and Sejnowski, 1994). The extension of this model to unconsciously held beliefs and feelings may have been Freud's greatest single discovery (Hopkins, 1992; Wollheim, 1995)." (pg. 3)
       - "Complex unconscious mental processes are assumed to be responsible for both the content of conscious thinking and behavior. In particular, unconscious fantasies associated with wishes for instinctual gratification (past pleasure) or safety (Sandler, 1987b) motivate and determine behavior, affect regulation and the ability to cope with the social environment. Unconscious ideation is thought to generate emotional states which guide and organize mental functions." (pg. 3)
       - "The experience of the self with others is internalized and leads to representational structures of interpersonal interactions. At the simplest level, they create expectations about the behavior of others but, more elaborately, they determine the 'shape' of the representations of self and other and, in combination, constitute the individual's internal world." (pg. 4)
       - "It is assumed that psychic conflict is ubiquitous and that it causes the experience of unpleasure (or lack of safety). Intrapsychic conflict is inevitable, but some adverse childhood environments generate conflicts of overwhelming intensity. Children from such backgrounds cannot deal with later conflicts even within the normal range of experience. Trauma (such as death of a parent), abuse or long-term neglect thus undermine personality development by intensifying incompatible wishes or reducing the child's capacity to resolve conflict mentally." (pg. 4)
       - "The child is predisposed to modify unconscious wishes unacceptable to conscious thought through a developmental hierarchy of defense mechanisms that work to avoid unpleasure. This hierarchy reflects the individual's degree of pathology; relying on early defenses is normally associated with more severe disturbances." (pg. 4)
       - "Psychoanalysts assume that the patient's communication in a treatment context has meaning beyond that intended by the patient. They assume that defense mechanisms and other analogous mechanisms enable symptoms to carry multiple meanings, and to reflect the nature of internal representations of others and of their relationship to the individual. The analyst is able to bring the patient's attention to aspects of his or her behavior which are ego-dystonic and hard to understand. By making links, the analyst illustrates to the patient that his symptomatic behavior, while experienced as distressing, undesirable and perhaps irrational, may be seen as rational given the dual assumptions of unconscious mental experience and psychic causation." (pg. 4)
       - "The relationship to the analyst is the focus of therapy. It provides a window on the patient's expectations of others and can become a vehicle for disowned aspects of the patient's thoughts and feelings. Transference displacement may include repudiated aspects of past relationships, or past fantasies about these, as well as conflictual aspects of current relationships to parents, siblings or other important figures (Tyson and Tyson, 1986). The patient's words and actions (re-enactments) affect the analyst, and through exploring the role he or she has been placed in by the patient, the analyst can better understand the patient's representations of role relationships and feelings about them." (pg. 4)
       - "Modern psychoanalysis emphasizes the current state of the patient in relation to his or her environment, past relationships and adaptations to these. Psychoanalysts recognize that the therapy has an important holding or containing function in the patient's life, which goes beyond the specific impacts of interpretation and insight. The actual relationship with the analyst as a person creates the possibility of a reintegration or reorganization of the patient's internal world, which in turn facilitates his or her continued development. The establishment of an open, intense and safe relationship with another person may serve as the basis of new internalizations, bringing about a healthier resolution of past conflict and reparation of deficits." (pg. 4-5)
     - "A core assumption of psychoanalytic theory that is central to this book is the so-called genetic or developmental point of view, which psychoanalytic texts acknowledge to varying degrees. An essential idea running through all phases of Freud's thinking was the notion that pathology recapitulated ontogeny; that disorders of the mind could be best understood as residues of childhood experiences and primitive modes of mental functioning (see Freud and Breuer, 1895; Freud, 1905d; 1914; 1926). This implied that personality types and neurotic symptoms could be linked with specific developmental stages, and that symptoms could be understood in terms of fixations at and regressions to earlier periods of normal development."

(pg. 5)

- "**Psychoanalytic theory in general** (e.g. Jacobson, 1964) **and psychoanalytic theories of object relations in particular** (e.g. Bretherton, 1985; Sroufe, 1989; Westen, 1991b), **concern themselves with the way the structural mechanisms of the mind underpin the process of internalization of experience and the creation of a psychological model of the interpersonal world.**" (pg. 7)
  - "**[T]here is need for greater sophistication in thinking about the role of the environment. The influences between child and environment are reciprocal**; constitutional and parental factors interact in the generation of risk" (pg. 12)
- "**[Freud] maintained that the goal of achieving a society free of class division was founded on an illusion (Freud, 1933). He believed that people were never going to be able to live together without friction: to think that they might was to overlook 'the difficulties which the untameable character of human nature presents to every kind of social community'** (Freud, 1933, p. 219)." (pg. 13-14)
- "The devastating critiques of writers like Millett and Friedan focused on (1) the phallocentric vision of the girl as a castrated, stunted man; (2) Freud's opinion of the superego (morality) of women as weak, dependent and never so inexorable as in men; (3) Freud's emphasis on the role of jealousy and envy in women's lives; (4) the depiction of the mature woman's sexuality as naturally passive and masochistic; (5) Freud's vision of women as ruled by their biological urges and thus further condemned to serve men; (6) Freud's misapprehension (definitively discredited by the research of Masters and Johnson) that mature women could experience a superior form of sexual pleasure attributable to 'vaginal orgasm' and by implication that women whose orgasm depended on the clitoris were in some way immature, neurotic, bitchy and/or masculine; (7) Freud's loss of belief in the reports of childhood sexual abuse by his women patients, leaving a complacent and complicit heritage for the then dominant mental health profession." (pg. 15)
- "Psychoanalytic theory is not a static body of knowledge; it is in a state of constant evolution. In the first half of the last century, Sigmund Freud (see Chapter 2) and his close followers worked to identify the roles of instinct in development and psychopathology (drive theory). Later, the focus evolved and shifted to the development and functions of the ego, more formally ego psychology (see Chapters 3 and 4), to a current interest in the early mother-infant dyad and its long-term effect on interpersonal relationships and their internal representation, embodied in object relations theories (see Chapters 5, 6, 7 and 8). Concurrently, a psychology of the self has evolved as part of most psychoanalytic theories. With its integration into mainstream theories there is a better conceptual basis for a comprehensive and phenomenological clinical theory (see Chapter 7 and 8). There has been a movement away from metapsychological constructs couched in a natural science framework, to a clinical theory closer to personal experience, whose core focus is the representational world and interpersonal relationships (see particularly Sandler and Rosenblatt, 1962b; Jacobson, 1964; and Chapter 9 and 10). Contemporary theories attempt to trace the sometimes highly elusive link between formative emotional relationships and the complex interactions they involve, and the formation of mental structures." (pg. 23)

- Chapter 2 - Freud (pg. 31)
  - "In constructing his psychological model of dreaming, Freud distinguished three layers of the mind. The deepest layer, the system unconscious, was thought to be made up of desires and impulses of a mostly sexual and sometimes destructive nature. The dominating concern of the system unconscious was the fulfilment of these desires or, as Freud called it, the 'pleasure principle' (Freud, 1911a). The mode of thinking in the system unconscious (Freud, 1912b) was assumed by Freud to be fundamentally different from conscious thinking. Such 'primary process' thinking was assumed to be impulsive, disorganized, incomprehensible to rational thought, dominated by bizarre visual imagery and disregarding of time, order or logical consistency. Freud felt that dreams were to a large extent the product of these primary thought processes. Although frequently bizarre and usually baffling to conscious thought, dreams could be interpreted if the mechanisms of distortion were successfully unraveled." (pg. 34-35)
  - "In addition, Freud constructed a view of human life determined by primitive biological urges which the individual needs to master in the course of his or her development in order to conform to the demands of society. These urges or instincts are represented mentally in terms of wishes and are directed toward external objects for their satisfaction. He called them sexual instincts, although the word 'sexual' was used in an extended sense to mean something like 'physically pleasurable'." (pg. 36)
  - "Freud made an important distinction between neurotic symptoms and character traits. Whereas character (personality) traits owe their existence to successful defense against instinctual impulses, neurotic symptoms come into being as a result of the failure of repression (Freud, 1915c)." (pg. 40)
  - "The first, entirely unconscious, structure, the id, was the reservoir of sexual and aggressive drives, as the system unconscious had been in the previous model. The id is a translation into English-Latin from the German Es meaning 'it'. The term in German carries childlike or primitive connotations. The second structure, the superego, was seen as the organized psychic representation of childhood parental authority figures. The child's picture of the parents is naturally not realistic. The internalized authority figure was therefore held to be stricter and harsher than the parents were in reality. The superego becomes a vehicle for the ideals derived from parents and hence from society. It is the source of guilt, and as such is important in normal and pathological mental functioning. The superego is partly conscious but largely unconscious. The third component of this model was the ego. Ego is the English translation from the German Ich (meaning 'I'), Freud's term for the part of the personality closest to what the individual recognizes as his self. The ego is largely unconscious. It has the role of mediating between the id and the superego. It was the ego's function to cope with the demands and restrictions of external reality and to mediate initially between the drives and reality and, later on, as a moral sense develops, between the drives and the superego. To achieve this the ego has a capacity for conscious perception and problem-solving to deal with external reality, and the mechanisms of defense are available to it to regulate internal forces. Although parts of the ego are conscious, much of its struggle with the internal demands placed upon it by the id and superego occurs unconsciously. The ego was not simply a group of mechanisms but a coherent structure whose task was to master the competing pressures of the id, superego and external reality. **Consciousness in the structural model was conceived of simply as a sense organ of the ego**. In Freud's view, most sophisticated psychological processes could function outside consciousness. This is consistent with a viewpoint, now prevalent in cognitive and experimental psychology, that conscious experience is limited to the products of mental processes and that the processes themselves are beyond awareness (see Mandler, 1975)." (pg. 42)
    - "While **this model of the mind still saw the psyche as having a fundamentally biological origin**, Freud once again shifted to attribute much more significance to external events and less to the sexual motive. Anxiety, guilt and the pain of loss were seen as very much more important in explaining abnormal behavior than were sexual drives. Defenses were no longer viewed as simple barriers against unconscious impulses but as ways of modifying and adapting unconscious impulses and also of protecting the ego from the external world." (pg. 43)
      - "The first defense mechanism to be described by Freud was repression. This is the process by which an unacceptable impulse or idea is rendered unconscious. It has been suggested that repression is the primary form of defense and that other defenses are called into operation in response to its failure. Projection is the mechanism whereby unwanted ideas or impulses originating in the self are attributed to others. Thus, an active wish appears as a passively experienced outcome. In this way the object of aggression frequently comes to be feared. Reaction formation is a mechanism that serves to deny impulses by intensifying their opposites. For instance, people disturbed by cruel impulses toward animals might join the RSPCA or the American Humane Association, channelling their energies into preserving rather than destroying life. The nature of their efforts may at times give us a clue to the character of the original impulse: an example of this is the ardent animal-lover who published a pamphlet describing fifteen ways of painlessly killing a rabbit. Other defense mechanisms include denial (perceiving but refusing to acknowledge), displacement (the transfer of affect from one stimulus to another), isolation (when feelings are split off from thought), suppression (the conscious decision to avoid attending to a stimulus), sublimation (gratifying an impulse by giving it a socially acceptable aim), regression (reversion to a previously gratifying level of functioning), acting out (allowing one's actions to directly express an unconscious impulse) and intellectualization (separating a threatening impulse from its emotional

context and placing it in a sometimes inappropriate rational framework)." (pg. 44)

- "In the structural model, Freud conceived of the neurotic symptom as representing a combination of unacceptable impulses which threaten to overwhelm the ego and the defenses against them. The degree of health was a function of the ability of the ego to manage the press of drive-based wishes at the same time as addressing the constraints of reality (Freud, 1926). The degree to which the ego fails determines whether the person will fall ill. For example, if the ego is forced to use excessive repression, wishes will seek alternative expression and hysterical symptoms will be the consequence. **Every symptom implies the ego's failure to balance the need for drive discharge with the constraints of superego strictures and external reality** (Freud, 1933). Anxiety, the hallmark of most neurotic reaction types, was seen by Freud (1926) as the ego signaling the imminent danger of being overwhelmed and mobilizing its defensive capabilities, in much the same way that a fire alarm set off at the first sign of smoke might be aimed at summoning the assistance of the fire brigade. Neurotic reaction types are distinguished by the manner in which the ego defends itself against the anxiety and guilt engendered by childhood impulses (Freud, 1931b). Thus, in phobias Freud saw the operation of the mechanisms of projection and displacement." (pg. 46)
- "(1) Freud ignored spiritual values and was strongly anti-religious. (2) He neglected the social nature of humankind and contributed little to our understanding of the psychology of groups and social systems. (3) He thought of human beings as striving to reduce the internal pressure created by drives and neglected drives such as curiosity, which push toward increases rather than decreases of internal tension, and are thus not consistent with his theory of motivation. (4) He told us little about the nature of what is perhaps most uniquely human: consciousness. (5) He was unable to predict the future path of an individual's development, and he only commented on a person's current life in terms of his or her past. (6) Freud misunderstood women and was excessively influenced by the prevailing culture of his time as far as his views of race, age, sexuality and politics were concerned. (7) He deliberately suppressed information concerning the traumatic origins of neurotic disorders. (8) Most criticisms concern the data on which psychoanalysis is based - the use of the then predominant clinical case study: (a) His initial discoveries were based on introspection, a tool which he himself later discredited. (b) His conclusions were based on a small selected sample of middle-class Viennese individuals. (c) His data consisted of his biased recollections of what patients said to him during clinical interviews, which he sometimes did not write down until long after the session had ended. (d) To the extent that he used parents' responses as confirmatory evidence of his interpretations, he may be accused of influencing bis patients toward accepting his comments. (e) He rejected the use of more systematic methods of study. (f) It is claimed he sometimes falsified his data to fit his theories. (g) His claims for clinical effectiveness were exaggerated. (9) Equally important are the inadequacies of formal aspects of bis theorization: (a) his terms are ambiguous, with changing meanings; (b) he uses many metaphors, and his tendency to reify these (pretend that the metaphors corresponded to real entities) sometimes led to major logical fallacies, such as appearing to talk about parts of a person's mind as if they were individuals; (c) many of Freud's metaphors were based in nineteenth-century physiology, which was increasingly perceived as constraining and inappropriate by twentieth-century psychology; (d) his theory lacks parsimony (more assumptions are made than are needed to account for the data); (e) the inadequacies of his theorization make the theory difficult to test using alternative methodology and, notwithstanding some brave attempts, these tests have by and large not been successful." (pg. 48-49)

- Chapter 3 - The Structural Approach (pg. 53)
  - "Freud (1923) introduced the tripartite or structural model of the mind which described it as composed of instinctual derivatives (the id), an internalization of parental authority (the superego) and a structure independent of both these pressures, oriented toward internal and external adaptation (the ego). In 'Inhibitions, Symptoms and Anxiety' (1926) he added that innate features and the social environment both had important roles to play in the evolution of these structures and the primarily conflictual interactions between them. Freud's proposed sequence for the libidinal drive remained the cornerstone of developmental theory until the advent of ego psychology (Hartmann et al., 1946)." (pg. 53)
  - "Structural theorists see development as driven by a maturational pull, whereby independently emerging components and functions come to be linked, forming a coherently functioning organization (the ego) which is more complex than the sum of its parts (Hartmann, 1939; 1952). The system into which the defenses and adaptive functions of the ego were integrated is referred to as the 'synthetic function' of the ego. It is not simply an outgrowth of the id but an organized adaptive capacity that assures healthy functioning and has its own sources of growth. Stages of ego development represent nodal points at which 'fixation' may occur and to which, under the pressure of intense internal conflict, the individual may return." (pg. 55)
- Chapter 4 - Modifications and the developments of the structural model (pg. 71)
  - See text
- Chapter 5 - Introduction to object relations theory (pg. 107)
  - See text
- Chapter 6 - The Klein-Bion model (pg. 118)
  - "Melanie Klein's (1935; 1936; 1959) work combines the structural model with an interpersonal, object relations model of development." (pg. 118)
    - "Klein started her work in the 1920s using Freud's model. Her studies of the origin of the superego led to her later formulations. She examined the growth of the ego and superego in terms of the early relationships between the child and the caregivers (the original conception of internal object relationships referred to the relationship between internal psychic structures). In her early work with children she was struck by the fact that the internal images of objects were much more ferocious and cruel than the actual parents appeared to be. She assumed that these internal figures were distorted by sadistic fantasies. She developed the conception of internal objects and the inner world, which was far from a replica of the external world, built up through the mechanisms of introjection and projection at work from the beginning of life. The study of early introjective and projective processes led to a reformulation of the developmental stages of the ego and the superego - for instance the enrichment of the ego by introjections and its impoverishment by projection into the superego." (pg. 118)
  - "**In the Kleinian model the human psyche has two basic positions**: **the paranoid-schizoid and the depressive** (Klein, 1935; 1946; 1952; Klein, Heimann, Issacs and Riviere, 1940). In the paranoid-schizoid position, the psyche relates to part rather than whole objects. Relationships to important objects such as the caregiver are split into relations to a persecutory and to an idealized object; the ego (the self) is similarly split. In the depressive position, the relation is to integrated parents, both loved and hated, and the ego is more integrated. The paranoid-schizoid superego is split between the excessively idealized ego ideal, experienced with narcissistic omnipotence, and the extremely persecutory superego of paranoid states. In the depressive position the superego is a hurt love object with human features. The term 'position' is appropriate as it implies a particular constellation of object relationships, external and internal, fantasies, anxieties and defenses to which the individual is likely to return throughout life. They arise out of developmental stages - the paranoid-schizoid preceding the depressive - and maturity implies the predominant presence of the depressive position." (pg. 119)
    - "The paranoid-schizoid position is the infant's earliest relationship with the external world and is dominated by innate internal representations (Klein, 1932, p. 195; 1959, p. 248). **The baby's early efforts to organize internal and external perceptions are dominated by splitting**. In this way he attributes all goodness, love and pleasure to an ideal object and all pain, distress and badness to a persecutory one. The model of this is the hungry infant who is unable to represent the breast as absent as this would assume the capacity for object constancy. He experiences in its place a gnawing sensation (hunger) which in phantasy becomes the thought of being, as it were, attacked from within by a bad internal breast. He experiences the absence of satisfaction as persecution. All good feelings of affection and desire are aimed at the idealized good object which the infant wishes to possess, take inside (introject) and experience as himself (identify with). Negative affect (hatred, disgust, etc.) is projected onto the persecutory object, since the infant wants to get rid of everything felt to be bad and disruptive. The infant's mental life is seen as extremely

labile; good rapidly turns into bad, the bad gets worse and the good gets increasingly idealized. Each external object has at least one good and one bad representation, but both are just parts, not the whole object. The depressive position is marked by the infant's capacity to perceive the mother as a whole object who accounts for both good and bad experiences, and reaching this position is seen by Klein (1935, p. 310) as the central process and achievement in the child's development. At this moment the infant realizes his own capacity to love and hate the parent. The discovery of this ambivalence, and of the absence and potential loss of the attacked object, opens the child to the experience of guilt about his hostility to a loved object. This is what Klein calls 'depressive anxiety' as distinct from the 'persecutory anxieties' of the earlier paranoid-schizoid position. Working through the depressive position brings with it reparative feelings (Klein, 1929; 1932; 1935; Riviere, 1936). The psychic pain associated with the integration is so great that it can lead to defenses characteristic of this position, including manic or obsessional reparation, and total denial of damage or contempt. Segal (1957) links the capacities for symbolization and sublimation to depressive reparation. Bion (1957) was the first to point out that the depressive position is never permanently achieved. In fact the very term 'position' suggests a permanence which this state of mind rarely has. It is now accepted that the mind cycles between the two (Ps‹›D), as the achievement of D creates anxiety which can only be handled in the Ps state (by more primitive defenses such as splitting). As Kleinian theory has matured, the interest in a strictly development perspective has diminished. Bion's influence, in particular, has focused interest on the primitive mental mechanisms, whatever developmental stage has been reached. As projections diminish in the depressive position, and the sense of both internal and external reality gains ascendance, the individual begins to gain an understanding of the nature of his own impulses and phantasies." (pg. 119-120)

- "**The concept of 'projective identification' is central to this model (Klein, 1946). Whereas in the classical theory of projection, impulses and wishes are seen as part of the object rather than the self, and identification implies attributing to the self qualities perceived in the object, projective identification involves externalizing 'segments of the ego' and attempting to gain control over these unwanted possessions via often highly manipulative behavior toward the object. Consequently, projective identification is a more interactive concept then either projection or identification. There is a much closer relation to the object, which now 'stands for' the projected aspects of the self** (Greenberg and Mitchell, 1983, p. 128). The individual is seen as in part identifying with an aspect of the unacceptable impulses that were externalized and placed into the representation of the other. This applies equally to internal object relationships; thus, the superego not only contains the projected id impulses but also the projected parts of the ego itself. (This is why it is expected that the early superego will be experienced as physical (Riviere, 1936).) Herbert Rosenfeld (1952) described a florid schizophrenic patient who had three persecuting superegos - brown cow, yellow cow and wolf, which Rosenfeld saw as corresponding to his oral, urinary and anal impulses respectively. The concept of projective identification was probably originally described by Tausk (1919). Melanie Klein (1957) defines projective identification as an unconscious infantile phantasy by means of which the infant is able to relocate his persecutory experiences, by separating (splitting) them from his self-representation and making them part of another object." (pg. 121)
  - "Projective identification has explanatory power far beyond that of a mechanism of defense. The phantasy of magical control over an object may be achieved in this way. **Projective identification is not a truly internal process. It involves the object,** who may experience it as manipulation, seduction or a myriad of other forms of psychic influence." (pg. 122)

- Chapter 7 - The independent school of British psychoanalysis (pg. 137)
  - See text
- Chapter 8 - North American object relations theorists (pg. 165)
  - See text
- Chapter 9 - The interpersonal-relational: from Sullivan to Mitchell (pg. 204)
  - "Historically, Sullivan's (1953) dissatisfaction with mainstream psychoanalysis is comparable to that of Fairbairn (1952b), not just in time but because of their shared central complaint that mainstream psychoanalysis overlooks the relationship-seeking aspect of human character. Sullivan went further than Fairbairn in cutting his ties with the Freudian approach, rejecting explanations for disorder in terms of intrapsychic mechanisms and adopting an exclusive focus on interpersonal relations. **In Sullivan's view, nobody can be understood apart from his relationships with others: the way one is with others defines who one is. Intrapsychic concepts such as drives, defense mechanisms, or explanatory constructs such as structural conflicts between ego and id, id and superego, were seen by Sullivan as obscuring a person's problems by assuming a spurious divide between the person and his environment."** (pg. 206)
  - "Mitchell's contribution is relational in the sense that his central focus was the interpersonal nature of individual subjectivity. **Mitchell (1988) put forward the radical proposition that psychic reality is a relational matrix, encompassing both the intrapsychic and interpersonal realms.**" (pg. 212)
    - **true psycho-analysis is the critical appraisal of how one realm inter-acts upon, therefore shaping, the other.*
- Chapter 10 - Bowlby's attachment theory model (pg. 230)
  - See text
- Chapter 11 - Schema theory and psychoanalysis (pg. 255)
  - See text
- Chapter 12 - Fonagy and Target's model of mentalization (pg. 270)
  - See text
- Chapter 13 - On the practice of psychoanalytic theory (pg. 283)
  - See text
- Chapter 14 - Conclusions and future directions (pg. 302)
  - "For psychoanalysis to become a realistic developmental theory, it needs to evolve more concepts that pertain to later childhood, adolescent and adult development. Some developmental ideas generalize to the developmental process itself" (pg. 303)
  - "The hallmark of psychoanalytic theory is the attention to dynamically unconscious mental processes and motivation in the explanation of complex and often paradoxical human behavior." (pg. 305)

d. Further Readings:
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