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Psychoanalytic Theories

Perspectives from Developmental Psychopathology

PETER FONAGY PhD, FBA

and

MARY TARGET PhD

both of University College London

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CHAPTER 1

An introduction to this book and to the basic psychoanalytic model

1.1 Learning about psychoanalysis

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. Individuals' biology shapes these experiences at the same time as being shaped by them. The psychoanalytic theories we are going to consider are all ambitious formulations, aiming to expand our understanding of this passage through life by adding explanations of unconscious meanings and influences.

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 (Sroufe, 1990; Sroufe, Egeland and Kreutzer, 1990). This book provides an extensive review of psychoanalytic theories, including classical and contemporary structural theories, developments of ego psychological models, and British and US object relational approaches. The discussion of each of these psychoanalytical schools aims to highlight the contributions each can make to developmental psychopathology, in terms of etiology, treatment and evidence. We argue that bringing together psychoanalysis and developmental psychopathology makes explicit what has been at the core of psychoanalytic theorizing and treatment, from Freud's day onward.

Given the vastness of the psychoanalytic literature we are not able to do full justice to any of the theories. We have not covered many important ideas originating in France, Germany, Italy, Latin America: our coverage is fullest in the Anglo-American psychoanalytic tradition. We have taken each theory and tried to highlight its developmental component, then turned to the ways in which the developmental ideas explain maladaptive pathways through life. Our focus tends to be on personality disorder as the clearest test of the adequacy of such explanations. With each theory we have looked for systematically collected data bearing on the ideas proposed. There are more psychoanalytic theories than we need. Although many overlap, there are also unique features to each body of theory. Choosing between them is a major challenge for psychoanalytic scholarship. The two criteria for selection are coherence and consistency with the known facts. We have attempted to apply both of these to the theories under consideration.

This book concerns ideas more than practice. Comparing the theories from the point of view of their clinical usefulness is obviously another criterion that we could have used (and others have used) to assess psychoanalytic models. The book, however, is aimed primarily at students of psychoanalytic theory, be these students striving to apply a psychoanalytic perspective to another discipline, or aiming to improve their ability to help distressed patients. Psychoanalysis as a discipline stretches far beyond psychoanalytic psychotherapy. The psychoanalytic understanding of the mind, particularly from a developmental perspective, is relevant to those working with cognitive behavioral techniques, or even with pharmacotherapy, as well as to those who offer classical psychoanalysis. Developmental psychoanalysis is an approach to the study of the mind, perhaps the richest and most productive of all the theoretical frames of reference now available. Some great minds of the century that has passed have built on Freud's ideas to understand the difficulties that people encounter in the course of development. Their models represent an extremely rich body of ideas that well repay detailed study. We hope that the summaries we provide will allow students to begin along this path.

1.2 The basic assumptions of psychoanalysis

The psychology that Freud discovered and elaborated has enjoyed considerable success as an explanatory framework. This is because its few basic assumptions and propositions are open to endless revision and refinement and, arguably, because the clinical procedure that provides its evidential base offers a unique perspective on the human mind. Most specific propositions that were briefly touched on above and are to be reviewed in this book are

data-dependent, that is, they may be revised or even omitted without damaging the integrity of the psychoanalytic theoretical structure. However, all 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. Let us elaborate these points.

(a) 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).

(b) 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.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

(g) 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.

(h) 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.

1.3 The assumption of developmental continuity

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. For example, Freud's theory of narcissism or self-development during infancy was invoked to explain adult psychosis, and conversely, his view of psychic life during infancy was constructed largely on the basis of observations of adult psychopathology. His notion of infantile grandiosity is derived from the grandiosity observed in many instances of psychosis. The presumed confusion, presumed hallucinatory experiences and lack of reality testing of Freud's infant seems to parallel psychotic experiences. For Freud, and almost all psychoanalysts who followed him, there is a tacit assumption of an isomorphism between pathology and development, which permits bi-directional causal inference between childhood and pathology. The assumption covers all psychopathology and all stages of development. For example, Freudian analysts explained neurotic pathology as a residue of oedipal concerns, dating mainly from the third to fifth year of life. Character disorder was attributed to residues from between the infantile and the oedipal, mostly from the second year of life.

Freud's (1905d) psycho-sexual theory of development was revolutionary in constructing an understanding of adult disturbances in terms of infantile and early childhood experience. Karl Abraham (1927) filled in the details of the model, identifying specific links between character formation, neurosis and psychosis on the one hand, and instinctual development on the other. Contemporary followers of Freud proposed alternative clinical foci, but all

were based on developmental formulations: Alfred Adler's (1916) focus was on the child's feelings of inferiority as the root of the adult's striving for power and maturity; Sandor Ferenczi (1913) outlined the vicissitudes of the child's development of a sense of reality and the simultaneous sacrifice of fantasized omnipotence; Otto Rank's (1924) focus was at an even earlier stage, that of the birth trauma, which in his view underpinned all subsequent human conflicts, defenses and strivings. Even Carl Jung's (1913) model was developmental, if in a somewhat negative sense, in that he proposed that true maturity and mental health lay in the giving up of the 'child-self'.

More recent psychoanalytic theories continue to follow a developmental motif. Anna Freud (1936) provided a developmental model of ego defenses and later (1965) a comprehensive model of psychopathology based on the dimensions of normal and abnormal personality development. Melanie Klein (1935; 1936), influenced by Ferenczi and Abraham, was a pioneer in linking interpersonal relationships to instinctual developmental factors to provide a radically different perspective both on severe mental disorders and on child development. Meanwhile, in the US Heinz Hartmann (1939) with Kris and Loewenstein (1946) provided an alternative, equally developmentally oriented framework, focusing on the evolution of mental structures necessary for adaptation, and elaborated on the common developmental conflicts between mental structures in early childhood. Margaret Mahler (1979) and her colleagues (1975) provided psychoanalysts in the North American tradition with a dynamic map of the first three years of life, and ample opportunities for tracing the developmental origins of disorders. Fairbairn (1952a) traced the development of object seeking from immature to mature dependence; Jacobson (1964) explored the development of representations of self and other. Kernberg (1975) drew on previous work by Klein, Hartmann and Jacobson to furnish a developmental model of borderline and narcissistic disturbances; Kohut (1971; 1977) constructed a model of narcissistic disturbances based on presumed deficits of early parenting.

1.4 The developmental approach to psychopathology

The emerging field of developmental psychopathology (Garmezy and Rutter, 1983; Cicchetti, 1990a; Garmezy and Masten, 1994) has brought psychoanalysis and developmental psychology into close contact. Developmental psychopathology research has demonstrated that developmental continuity is an empirically elusive and conceptually complex problem (Kagan, 1987; Emde, 1988b), and cannot be simply assumed, as psychoanalysts are wont to do.

Recently, attempts to reconcile these empirical observations have reached toward the construct of mental representation, drawn from cognitive science (e.g. Mandler, 1985). 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. Increasingly, work in developmental psychiatry and psychology is focusing on the paths through which internal representations of early experiences with the primary figures of childhood come to have an impact upon the formation of later relationships. These may culminate in the types of relationship disorders and psychopathological conditions that appear across the lifespan (Emde, 1988a; Sroufe and Fleeson, 1988; Cicchetti, 1989; 1990a; Sameroff and Emde, 1989; Zigler, 1989).

1.5 General critiques of psychoanalytic theory

Few would question that psychoanalytic theory, and particularly Freud's ideas, have exerted a profound effect on twentieth-century thought; an equally small minority would consider its impact on the twenty-first century as assured. There have been numerous obituaries of psychodynamic thinking over the past decades (Grünbaum, 1984; Crews, 1995; Webster, 1995). Frederick Crews (1993) is perhaps representative of these critics. Crews asserts that psychoanalytic theory has no significant experimental or epidemiological support, that any body of knowledge built on Freud's dubious insights is likely to disappear into quicksand and that 'despite some well-intentioned efforts at reform a pseudoscience is what psychoanalysis has remained' (p. 55).

Attacks on Freud's corpus are by no means new. John Watson (1930) predicted that '20 years from now an analyst using Freudian concepts and Freudian terminology will be placed on the same plane as a phrenologist' (p. 27) and yet ushered in what is generally regarded as the heyday of psychoanalytic ideas. However, the pervasiveness and intensity of recent critiques cannot be shrugged off even by the most committed Freudians. As the psychoanalytic approach to developmental psychopathology moves into the new century, we believe it should deal with the challenges it faces and undertake a radical reappraisal of its epistemic framework. We believe that the psychoanalytic approach could make a timely and significant contribution to the progression of ideas in developmental psychopathology. In this section, we will consider some important limitations of current psychoanalytic ideas, which we believe psychoanalytic thinking should now address.

1.5.1 The evidential basis of theories

Most psychoanalytic theorizing has been done by clinicians who have not tested their conjectures empirically. Not surprisingly, therefore, the evidential basis of these theories is often unclear. For example, Melanie Klein asserted that the infant forms representations of the mother's breast and the father's penis. She would have been the first to admit that she had no direct evidence of this (see Spillius, 1994). Rather, in attempting to understand what adult patients say, Kleinian psychoanalysts find it helpful to assume the existence of such fantasies. In asking for additional evidence which triangulates with clinical material, we are not returning to operationalism, verificationism, or other discredited residues of logical positivism (see, for example, Leahey, 1980; Meehl, 1986). By restricting itself to a domain incompatible with controlled observations and testable hypotheses, psychoanalysis deprives itself of the interplay between data and theory that has contributed so much to the growth of twentieth-century science. In the absence of direct observations, psychoanalysts are frequently forced to fall back upon either the indirect evidence of clinical observation or an appeal to authority.

To accept clinical data as validating developmental hypotheses flies in the face not only of ferocious opposition from philosophers of science (e.g. Grünbaum, 1984; 1992), but also of common sense: to accept retrospective hypotheses requires the unlikely assumption that pathological states observed in the consulting room are isomorphic in their structure and function to early stages of development. The 'pathomorphic' (Klein, 1981) nature of psychoanalytic developmental theory biases psychoanalytic accounts toward abnormality. Thus developmental accounts will highlight aspects of development with connections to pathology. They will be far less illuminating about instances of psychological resilience despite intense trauma reported in anecdotal studies of famous individuals and clinical cases of adults maltreated as children, as well as in systematic studies of the impact of severe stress events on children (see Cicchetti et al., 1993).

Psychoanalytic ideas naturally reflect the clinical problems which preoccupied particular theoreticians. For example, Sullivan (1940; 1953) focused on the problem of social alienation and anomie as the core difficulty of the human condition, and postulated infantile anxiety, arising as a contagion from the mother, as the cause. Winnicott (1965a) conceived of inauthenticity and the false self as a core problem and focused on the failure of 'good enough' mothering and of the holding environment. Kohut's (1971; 1977) central clinical puzzle was how an enfeebled self develops and he emphasized the mother's capacity for empathic responsiveness. Melanie Klein's (1946) interests were in residues of primitive childhood thinking in adult

pathology, and her developmental ideas centered on the persistence of an infantile psychotic core gaining dominance in the personality as a result of faulty internalizations. It is rarely clear whether each psychoanalytic approach is associated with a particular category of clinical cases or, as is more likely, theoreticians reconstruct their patients' histories in ways that fit the theory.

The validation of psychoanalytic theories poses a formidable challenge to the researcher. Most of the variables are private, complex, abstract and difficult to operationalize or test. Psychoanalytic accounts focus on very remote etiological variables, and even when constructs are apparently operationalizable (e.g. splits in the ego, masochism and omnipotence), they are rarely formulated with sufficient exactness to allow them to be disproved.

There is a further major logical problem with the reconstructionist stance. At the simplest level, clinical theories of development are based on the accounts of currently distressed people who attempt to recall events that occurred during early childhood, the most important phase of which was pre-verbal. Psychoanalysis has contributed significantly to our current sophistication about the distortion of memories of early experience (see Brewin, Andrews, and Gotlib, 1993). The clear danger is the circular assumption that something must have gone amiss during childhood, otherwise these individuals would not be in such difficulties. Thus most developmental theories make recourse to various errors of omission or commission on the part of the mother, many of which would be difficult to verify retrospectively. The converse is also true, that the presence of healthy responses in an otherwise disturbed individual, leads clinicians to postulate moderating factors such as the presence of 'a good object' in an otherwise devastated interpersonal environment. This confirmatory bias is inherent to enumerative inductivism, which clinical theories of development find hard to avoid (Cooper, 1985).

Clinical material has enormous value as an illustration of a theoretical model. It also helps to generate hypotheses for more formal investigation. Clinical insight, however, is unlikely to help resolve theoretical differences concerning developmentally remote variables that are considered to place an individual at risk of a disorder. One reason for this is that the observations of experienced clinicians do not always converge on common reconstructions. Clinical data offer a fertile ground for theory building, but not for distinguishing good theories from bad or better ones. The proliferation of clinical theories (over 400 psychotherapeutic approaches or 'schools') is the best evidence that clinical data are more suitable for generating theories than for evaluating them.

However, it should not be too readily assumed that the empirical data that are most useful in testing predictions and that allow optimal control of

variables, minimize threats to validity and maximize the possibility of causal influence, are also most helpful in the construction of psychological theory. Westen (1990a; 1990b) points to the relative paucity of rich theories within current psychiatry and psychology which derive from controlled studies. Indeed, many psychological theories of psychopathology explicitly acknowledge their indebtedness to psychoanalytic ideas, which have inspired rich lines of empirical investigation, for example, Seligman's work on learned helplessness and depression (Seligman, 1975); Ainsworth et al.'s work on attachment (Ainsworth et al., 1978); Beck's schema theory of depression (Beck, 1967; 1976); and Slade's functional analysis of eating disorders (Slade, 1982).

The comparison of future psychoanalytic theories should move away from enumerative inductivism and develop closer links with data-gathering methods available in modern social science. To gather such data without obliterating the phenomena is an important challenge for the current generation of analysts.

1.5.2 The assumption of uniformity

Psychoanalytic developmental models aim at a level of abstraction where there is a one-to-one relationship between a particular pattern of abnormality and a particular developmental cause. Thus within any theory there is a single model for borderline personality disorder, narcissistic pathology, etc. Empirical studies, on the whole, are at odds with these accounts. For example, in eating disorder, where most psychoanalytic accounts involve specific pathology of early family relationships, empirical studies testify to the variations in parent–child interactions (see Kog and Vandereycken, 1985) and family dynamics (Grigg, Friesen and Sheppy, 1989), and there is no specific link to eating disorders (Yager, 1982; Strober and Humphrey, 1987; Stern et al., 1989).

There is a further sense in which uniformity is often inappropriately assumed by psychoanalytic theories, which may help to account for the point just made. Object relationships tend to be treated as a singular phenomenon which encompasses a number of subservient functions, e.g. empathy, understanding, the ability to maintain relationships, self and object representations etc. (see Kernberg, 1984). Current research is at odds with this kind of hierarchical model, and suggests the existence of a number of interlinked but independent mental functions that sustain social behavior and social cognition (see Fonagy, Edgcumbe et al., 1993). Westen (1991a; 1991b), for example, discusses four aspects of object relations: (1) the complexity of representations of people; (2) the affect tone of relationship paradigms; (3) the capacity for emotional investment; (4) the understanding of social causality. He offers empirical data to support the view that there is more or less developmental deficit on these dimensions in different pathologies. For example, borderline individuals show no deficit in the complexity of their representations of people, but show considerable pathology on the other dimensions. Too little is known about the common object relations abnormalities in specific disorders and the heterogeneity of individuals even within any of these major groupings.

Psychoanalysts should become less interested in global constructs and concern themselves far more with individual mental processes, their evolution, their vicissitudes and their role in pathological functioning. There may be a trade-off between apparent explanatory power and differentiation and exactitude. It seems to us, however, that if psychoanalysis is to survive, its preferred level of analysis will have to be groups of individuals (series of cases) rather than the single individual from whom generalizations to whole populations are made.

1.5.3 Alternative psychoanalytic accounts

There is a general failure amongst psychoanalytic writers to compare theoretical accounts of clinical observations (see Hamilton, 1993 for an exception). Instead, each framework is expanded to incorporate new data, making them unwieldy and difficult to contrast.

1.5.4 The stance toward the environment

Although recognizing that his patients' symptoms could be related to 'the purely human and social circumstances' of their lives (Freud, 1905a, p. 47), Freud increasingly sought to treat those symptoms as though they were entirely the work of endogenous processes. Although psychoanalytic accounts vary in terms of the relative emphasis given to the environment, they share a certain lack of sophistication in considering its influence. We have already touched on the exclusive focus on events within the earliest mother–infant relationship. Winnicott (1948) may well have been right to correct the Kleinian tendency to pathologize the infant and to attribute this pathology, more or less exclusively, to the baby's own drives. However, when he says that 'ordinary babies are not mad' (i.e. they are neither paranoid nor depressive), he acknowledges but one alternative to account for pathology: the mother. The work of Kohut, Adler, Modell, Masterson, Rinsley, and even Bowlby and Stern, has continued to focus on mothers' deficiencies as the cause of every variety of psychopathology. An extreme example of this was the unsuccessful attempt by some psychoanalysts to account for the most severe of mental disorders in terms of parental influences on the infant (for example the idea of the 'schizophrenogenic mother' (Fromm-Reichmann, 1948). More severe disorders were considered to be caused by either more severe parenting environments or environments of less severity but

experienced at an earlier stage of life. Neither of these models fitted well with what was discovered about psychotic disorders such as schizophrenia (Willick, 2001).

Evidently, there 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 (see, for example, Rutter, 1989a; 1993). A transactional approach suggests a poorness of fit model. For example, a temperamentally difficult child, born to parents disinclined to adopt a reflective, mentalizing stance toward the infant, may be at great risk, while neither factor alone might lead to difficulties.

Psychoanalytic views of environmental influences also lack sophistication in that, by and large, they ignore the wider cultural context. This may be a residue of the biological origin of psychoanalytic formulations (see Pine, 1985), and is by no means characteristic of all dynamic models (see, for example, Sullivan, 1953; Lasch, 1978). Some developmental phenomena may be so deeply biologically rooted that they are invariant cross-culturally (see Bowlby, 1969). Increasingly, however, evidence is accumulating that even the most basic psychological processes are accelerated or inhibited by cultural factors. Sissons Joshi and MacLean (1995) for example, found that in India, four-year-olds were fairly accurate when they were asked about a child concealing emotions from an adult in an appearance-reality task, whereas English children consistently failed. The authors attribute these differences to the greater respect and deference toward adults demanded of Indian children, especially girls. In view of the central role cultural factors play in the development of the self (see Mead, 1934) psychoanalysts may be ignoring their rootedness in Western culture at their peril. The individuated self, which is at the center of most psychoanalytic formulations, is also particularly Western in its orientation and contrasts with the relational self represented most strongly by non-Western cultures (see Sampson, 1988). The latter is characterized by more permeable and fluid self–other boundaries and by an emphasis on social control where this includes but reaches far beyond the person. The unit of identity for the relational self is not an internal representation of the other, or its abstraction or elaboration with an ego ideal, but rather the family or the community. It should be particularly noted that borderline personality disorder is a diagnosis most commonly applied to women (American Psychiatric Association, 1987). It is possible that, as a consequence of cultural forces or constitutional predisposition, women are less suited than men to the Western ideal of an individuated self (Gilligan, 1982; Lykes, 1985). Placing the individuated self at the peak of a developmental hierarchy risks ethnocentrism as well as pathologizing what may be an adaptive mode of functioning in some social contexts (see Heard and Linehan, 1993).

Findings from research on parent–child relationships in Japan and in the United States suggest that prolonging the symbiotic union between mother and infant does not undermine the individual's capacity to achieve autonomy (Rothbaum et al., 2000). The psychoanalytic literature (see below) is characterized by assumptions that there is a struggle between the desire for closeness and the desire for separation, and related to this, that conflicts between the needs of the self and of others are inevitable. Conflict is central to a Western (psychoanalytic) theory of development but it is not an essential part of a Japanese perception of childhood. The concept of self in psychoanalysis is almost by definition an independent entity, whereas within Japanese culture the self is conceived of as an interdependent structure (Markus, 1991). Western child-rearing practices appear to produce a separate self whose motivation for action is through expressiveness and exploration. Psychoanalysis with its value system rooted in autonomy and the achievement of self-determination by self-exploration through self-expression is perfectly consistent with these practices. By contrast, Asian child-care practices follow a path of 'symbiotic harmony' (Rothbaum et al., 2000) characterized by less encouragement of independence, more subtle directiveness and a far greater tolerance of closeness in infancy (Okimoto, 2001). The prototype of symbiotic harmony is the Japanese mother's extreme indulgence and the child's great dependence (*amae*) on the mother (Doi, 1973). Rather than struggling between closeness and separation, the struggle is rooted in a continual pull toward adapting the self to fit the needs of others. This view of childhood and selfhood is far less consistent with the model that psychoanalysts have considered universal. This does not mean that it cannot be understood in psychoanalytic terms, but psychoanalytic ideas will need to be broadened considerably in order to encompass the very different early environments which infants and children from other cultures experience.

1.5.5 Issues of gender: the feminist critique

Psychoanalytic developmental accounts have what many have seen as a gender bias. There are two aspects of this. Since the earliest work of Freud (1900) masculine development has invariably been more coherently described in psychoanalysis than its feminine counterpart (Orbach and Eichenbaum, 1982). In contrast, developmental models far more often implicate the mother than the father in pathological processes (e.g. Limentani, 1989). Although increasingly theory is written in terms of a 'caregiver' of either sex, it is not really known to what extent the actual gender affects pathological outcomes.

It is perhaps not surprising that Freud was unconcerned by the social inequalities his theories described. He 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). Some feminist writers have also seen Freud as over-influenced by the tendency of conservative Victorian patriarchs to see women as reproductive servants, or at idealized best, as civilizing and nurturing angels (e.g. Millett, 1971). Nevertheless, as Appignanesi and Forrester (2000) have pointed out, while it is excusable to be of one's historical time, to transform a time-bound prejudice into a model of the world in which women can only be failed men, and those who deviate from this model automatically become cases for psychoanalytic treatment, is unacceptable. Opposition to Freud's more polemical pronouncements about women grew, even in his lifetime, and several of the early pioneers of psychoanalysis risked 'excommunication' by challenging Freud's pronouncements about women. These included figures of real stature, such as Ernest Jones, Helene Deutsch, Melanie Klein and Jeanne Lampl de Groot.

It should be noted, however, that from the outset the feminist relation with psychoanalysis was marked by ambivalence, an ambivalence that indeed makes speaking of 'the' feminist critique, as if there were only one, highly problematic. Writers such as Klein chose to remain within the psychoanalytic institution despite their feminist criticisms of some of Freud's ideas because some of those who were also committed to feminist principles felt that psychoanalysis might even have something to contribute to their political agenda. The feminist writer Emma Goldman, for example, was impressed when she heard Freud lecturing in 1909 and shortly afterwards published an essay in which she indicated the affinity between psychoanalysis and feminism, which was due to the fact that psychoanalysis recognized that sexuality was pre-eminent in the make-up of women as well as men (Buhle, 1998). Despite its patriarchal tendencies, psychoanalysis gave articulation to female sexuality in a scientific and non-judgmental language free from the moralizing reflections of theological discourse. After Goldman's time, in the 1960s, women's liberation re-emerged in the context of a sexual revolution emphasizing freedom of sexual life, a radical ideology to which the psychoanalytic normalization of sexuality substantially contributed (e.g. Reich, 1925; 1933)

Despite this contribution to the sexual revolution, however, in the climate of increased gender awareness of the 1960s and 70s, Freud was initially represented as the main patriarchal apologist for male chauvinism. According to Kate Millett (1971), with the advent of psychoanalysis

> A new prophet arrived upon the scene to clothe the old doctrine of the separate spheres in the fashionable language of science ... Sigmund Freud was beyond question the strongest individual counter-revolutionary force in the ideology of sexual politics. (p. 178).

Millett saw the period of 1930–60 as that of the sexual counterrevolution whose political arm was Nazi Germany and the Soviet Union and whose ideological arm was psychoanalysis and sociological functionalism. Betty Friedan (1963) in *The Feminine Mystique* went further, suggesting that

> After the depression, after the war, Freudian psychology became much more than a science of human behavior, a therapy for the suffering. It became an all-embracing American ideology, a new religion ... Freudian and pseudo-Freudian theories, settled everywhere, like fine volcanic ash. (pp. 114–15)

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.

The publication of Juliet Mitchell's *Psychoanalysis and Feminism* (Mitchell, 1973) inaugurated the development of a more subtle and textured criticism of the limitations of Freud's (and psychoanalysis's) depiction of women than the sledgehammer approach taken by writers like Millett. For example, the notion of penis envy, initially unconditionally rejected as a pseudo-scientific myth, came to be seen as an accurate but misinterpreted observation. What women envied was not male anatomy, but the unjustifiable social superiority of the male gender. Envy of the penis could be symbolic of women's resentment of social emasculation, which Freud chose to overlook, preferring to focus on a superficial facet of this deep-rooted problem. Janine Chasseguet-Smirgel also suggested that female penis envy could be seen as manifesting the little girl's wish to establish an identity separate from that of her mother (Chasseguet-Smirgel, 1970). It should be acknowledged that unless Freud had drawn attention to penis envy, later feminist writers would not have been provoked into alternative explanations of it.

Toril Moi, following Cora Kaplan (Moi, 1985), has pointed out that Millett's attack on Freudian psychoanalysis depends for its effectiveness on seeing the sexual oppression to which it contributed as a conscious and deliberate plot against women by the ruling patriarchy. To argue this Millett

has to suppress acknowledgement of one of Freud's key insights, that is, that conscious action is influenced by unconscious desire: thus, not all misogyny may be conscious, and women may unconsciously identify with the views and attitudes of their oppressors, internalizing them in a manner that complicates the oppressor/victim schema. Hence also conscious awareness of the workings of the ideology of male patriarchy, though necessary, is unlikely to be a sufficient condition of women's liberation. Mitchell (1973) pointed out that feminism needed psychoanalysis to develop a theory of sexual difference in a patriarchal society, to explain women's subordination by illuminating the underlying unconscious conflicts.

A further link, introduced to Anglo-American readers by Mitchell and others, was the superficially unlikely alliance between Lacanian psychoanalysis and feminism which initially developed in post-1968 France. Unlike Anglo-American feminists, who opened their engagement with Freud with a vigorous denunciation of his works, Moi notes that from the outset

> the French took it for granted that psychoanalysis could provide an emancipatory theory of the personal and a path to the exploration of the unconscious, both of vital importance to the analysis of the oppression of women in patriarchal society. (Moi, 1985, p. 96)

The particular interest of writers such as Julia Kristeva, Luce Irigaray and Hélène Cixous in the works of Jacques Lacan may seem surprising given that in contrast to the focus of the psychoanalysis of the English and British schools on the mother–infant relationship (see Chapter 5–8), Lacan's interpretation of Freud focuses on the essential role of the father and the 'phallic function' in the constitution and gendering of the human subject. The work of Cixous, Irigaray, Kristeva and others could be described as a response to Lacan's call for a 'return to Freud'; however, their conclusions about Freud did not always fall into line with Lacan's. For example, Luce Irigaray's subsequently published doctoral thesis *Speculum de l'autre femme* led to her immediate expulsion from Lacan's École Freudienne in 1974. Writers in the French feminist tradition have drawn on Lacan's interpretations of Freud despite reservations about their possible phallocentrism because Lacanian psychoanalysis is seen as offering particularly useful conceptual tools with which to analyze the misogyny of the Western philosophical tradition, whose pervasive influence affects psychoanalytic discourse along with every other. Superficially the feminist writings of the Continental tradition seem to be much less directly politically engaged than those of the Anglo-Americans. Their emphasis on philosophy is due to their tendency to see it as a master discourse underpinning the workings of all other kinds of discourse, including the political; thus, their concern with the philosophical should not be seen as a turn from politics, since in their view it is necessary to begin with philosophy to bring about change.

An account of the intricacies of Lacanian theory is beyond the scope of this book. However, among the reasons for the powerful attraction of feminist writers to Lacan are: (1) In his call for a 'return to Freud', Lacan represented himself as a subversive, even revolutionary figure, giving an account of a much less familiar and more unsettling Freud than the authorized version which in Lacan's view had become stagnant. This strategy suggested to feminists that it might be possible to rescue Freud from behind enemy lines and reinvent a less paternalistic figure who could help them. (2) Lacan's theory eschews all the biological aspects of Freud's work, rejecting them as tied up with outmoded nineteenth-century scientific theories. This makes it possible to rescue psychoanalytic accounts of female sexuality from accusations of essentialism justified by spurious biological arguments. (3) Lacan's account of the constitution of subjectivity does not describe it as a process of individuation or self-discovery, but understands the 'subject' primarily as one who is subjected: social, cultural, political and linguistic structures, which Lacan often gives the collective name of the 'symbolic order', and which are first represented to the child by the father's separation of the dyad of mother and child, assign the subject its place – a place in society is preordained for the child by the *nom-du-père* (Name of the Father). Thus, the assumption of an identity is above all an experience of alienation, since the symbolic order in terms of which this identity has to be articulated is beyond the subject's control (in Lacan's model, the infant's first achieves this identity-in-alienation in the 'mirror stage' at between six and 18 months, where the perception of the wholeness of the image in the mirror 'anticipates the mastery of his body that the infant has not yet objectively achieved' Benvenuto and Kennedy, 1986, p. 54). These ideas obviously invite explicit political application, and were very attractive to a group whose identity has historically not been self-determined (before the twentieth century, discourses on the nature of woman were almost exclusively male). (4) Lacan's account of the presymbolic, which he calls the 'imaginary order', describes it in terms of the infant's relation to his mother. In the imaginary order, the child is part of his mother and perceives no separation from her. Lacan emphasizes that the imaginary is not a stage which one passes through but another mode or 'order' of experience that persists in an uneasy relation with the symbolic throughout life. This state of primal unity has been appropriated for the feminist cause by writers such as Hélène Cixous, who see it as offering the possibility of resistance to the implicitly patriarchal structures of the symbolic; since the symbolic depends for its functioning on clear separations between signifiers, the imaginary in which all distinctions become blurred has the potential to undermine its functioning.

However, the temptation to stake out a feminist territory by identifying femininity with the presymbolic maternal imaginary runs the paradoxical

risk of marginalizing women further, by denying them access to the symbolic order in which power games are played out. In the last decades of the twentieth century, feminist writers became increasingly critical of all attempts to describe the characteristics of femininity or female identity as such. If, historically, attempts to define woman's nature had been modes of resistance to change and served the function of putting her in her place, to continue to pursue this project, albeit with a revised political agenda, risked perpetuating the very structures feminists had set out to challenge. Significantly, the first articulation of this view came from the psychoanalyst Julia Kristeva, who suggests that 'the very dichotomy man/woman as an opposition between two rival entities may be understood as belonging to *metaphysics*' (Moi, 1985, p. 12). (It should be noted that to writers steeped in the Continental philosophical tradition, the word 'metaphysics' adumbrates political and ideological structures as well as philosophy.)

By contrast to the European feminist rapprochement with Freud via a return to a metaphoric reinterpretation of classical ideas, North American feminist analysts made their peace with him by using psychoanalytic tools to reject politically unsound dogma. For example, Nancy Chodorow (1989) argued that woman's mothering is one of the few universal and enduring elements of the sexual division of labor.

> Women's mothering ... creates heterosexual asymmetries which reproduce the family and marriage but leave women with needs that lead them to care for children, and men with capacities for participation in the alienated work world, it creates a psychology of male dominance and fear of women in men. (pp. 218–19)

The creation of gender identity is not via a biological self-discovery as Freud presumed but a psychological awareness of core gender identity which is most likely transmitted by the parents' expectations (Stoller, 1985). Chodorow (1978) fleshes out Freud's Oedipus complex which she regards as taking account only of the child's desires and fears in relation to the parents, omitting the parents' wishes and behavior toward the child. Object relations for Chodorow means patterns of family relationships. This is the advance which feminism requires. The evolution of sexual identity is a more complex affair in which the process of individuation and separation from the mothering figure (see Chapter 4) is harder for girls than for boys as the mother's femaleness constantly emphasizes difference and separateness in the case of boys while emphasizing sameness and regressive merging in the case of girls. Autonomy and a sense of self-in-relation is consequently more problematic for women than men (Gilligan, 1982). One of the conclusions that Chodorow came to was that the fear and loathing of mothers in Western culture together with all the fateful consequences of separate spheres would only be dissipated if men become mothers. As a consequence, non-gender

specific parenting became the key item on the political agenda (Chodorow, 1989).

To summarize, then, although psychoanalysis is in many ways entangled with the patriarchal institutions and ways of thinking which twentieth-century feminism set out to challenge, it also offered a range of useful concepts that have begun to make it possible to think beyond these constrictions. The paradoxical attraction between feminism and psychoanalysis can be explained by the psychoanalytic commitment to breaking down or recasting destructive and damaging psychic constellations, an approach which, inspired by the famous feminist slogan 'The personal is political', feminists applied to sexual politics.

1.5.6 Lack of specificity

Most psychoanalytic models are non-specific in their explanation of different forms of pathology. Self-psychological accounts of severe disorders are a good example. All too often, when the issue of specificity is raised, theoreticians invoke constitutional differences (see, for example, Freud, 1908b, p. 187). Etiological models do not identify specific early and later variables that shape specific symptoms, or the interaction among contributing factors. As a result psychoanalytic formulations are poor at predicting specific disorders. For example, they are not well able to predict the decline in one form of pathology (e.g. conversion reaction), and the increase in others (e.g. eating disorders).

Even more striking is the lack of thorough understanding of the varying prevalence of disorders across the lifespan. We have little to say about the spontaneous improvement of borderline personality disorder over time (McGlashan, 1986; Stone, 1990) or why patients improve in the absence of therapeutic help. Why should there be far more pathology among boys than girls in early childhood and the reverse in adolescence (Goodman and Meltzer, 1999)? Many concepts referred to theoretically (e.g. narcissism) have multiple references, some pertaining to developmental course (e.g. inadequate experience of mirroring and soothing), some to covert mental states (e.g. a fragile sense of self), and some to manifest presentation (e.g. a grandiose view of the self; Westen, 1992).

Psychoanalytic theoreticians in the future will have to pay closer attention to this inclination to blur the edges of concepts to enhance their heuristic value in clinical work and elsewhere. Although there is a short-term gain, particularly through enhancing a professional group identity by enabling members to believe that they share ideas, in the long term such fuzziness impedes progress, and scientific debate is degraded by appeals to authority (e.g. that of Freud, or Kohut or other major theoreticians) rather than scrutiny of the ideas themselves.

1.5.7 The weakness of the developmental perspective

Most of the theories reviewed suffer from a surprisingly narrow view of development, evident in theories of the self (for a critical appraisal see Eagle, 1984; Stern, 1985) and object relations (Peterfreund, 1978). These critics have raised two closely related issues. The first pertains to unjustified confidence in tracing particular forms of psychopathology to specific phases (e.g. borderline disorder to the rapprochement sub-phase of separation and individuation). The second concerns the over-emphasis on early experience, which is frequently at odds with developmental data. Westen (1990a; 1990b) is particularly clear in his evidence that pathological processes of self-representation and object relationships actually characterize developmental phases far later than those that have traditionally concerned psychoanalytic theoreticians. The emphasis on deficits in preverbal periods is a particular problem for psychoanalytic theory because it places so many of the hypotheses beyond any realistic possibility of empirical testing. Freud (1911b; 1913a) himself apparently favored the idea that the libidinal fixations underlying the psychoses were to be found in the earliest stages of development, and certainly developmentally earlier than the neuroses. However, the presence of a regressive symptom or behavior does not necessarily indicate a developmental failure, because we are dealing with regression in the descriptive sense of 'childlike' rather than as an explanation.

Peterfreund (1978) criticized what he saw as a dominant tendency in psychoanalytic developmental theory to 'adultomorphize infancy', that is, the tendency to describe early stages of development in terms of hypotheses about later states of psychopathology. There is no doubt that if an adult behaved as an infant does, he or she could be described as being in a state of fusion, narcissism, omnipotence, autism, symbiosis, to have hallucinatory experiences, to be disoriented and to have delusions. The infant, however, has limited behavioral possibilities and to apply an adult-oriented system to describe his functioning inevitably leads to logically untenable accounts. Some of the 'regressive' manifestations associated with psychosis have no real counterpart in normal development. Stechler and Kaplan (1980) note that, as we cannot know what the infant experiences, it is hard to see how empirical evidence in support of psychoanalytic claims can ever be compiled (see also Wolff, 1996; Green, 2000c). Clinically-based developmental accounts also tend to mirror the meta-psychological commitment of the author to, for example, a drive versus an object relationship based theory (compare the accounts of Anna Freud and Melanie Klein). As psychoanalytic meta-psychology is anyway at best loosely coupled to clinical observations (Gill, 1976; Holt, 1976; Klein, 1976b; Schafer, 1976), it cannot provide an independent test of developmental theory.

In sum, finding what are presumed to be primitive modes of mental functioning in individuals with severe disorders, such as borderline personality disorder or schizophrenia, cannot be taken as evidence for the persistence or regressive recurrence of early pathogenic experiences. Yet, even if horizontal splitting (Kohut, 1971) or identity diffusion (Erikson, 1956; Kernberg, 1967) in some way represented early modes of thought, an issue that would be controversial in any case, their emergence in adult mental functioning could easily be related to that which occurred later than infancy trauma (Fonagy, 1996b). Recently, in a powerfully argued paper, Martin Willick (2001) provided a number of current examples from the literature that illustrate that this criticism applies not only to past psychoanalytic theory but also to some work being done today.

1.5.8 Trauma, reconstruction, memories and fantasies

The classical psychoanalytic view has emphasized the intrapsychic experience of the individual and is relatively uninterested in the 'real' world in which intrapsychic experience developed. There is a silent assumption that the maturational stages of drives are more important than so-called 'accidents' of the environment. In contrast many more recent theories, based on the study of adult pathology, see the *actual* behavior of the mother toward the young child as crucial in the reconstructed history (Sullivan, 1953; Bowlby, 1958; Winnicott, 1960b; Kohut, 1971). Are such reconstructions true?

There is a current controversy in psychoanalysis (reflecting a culture-wide debate) concerning the 'knowability' of early experience. Shengold (1989) links the controversy to the eighteenth-century debate initiated by George Berkeley concerning the knowability of reality beyond the mind and its ideas. In 1977 Florence Rush argued that Freud had both discovered and covered up the extent of childhood sexual abuse (Rush, 1977). Masson (1984) fueled the current debate with his oversimplified *Assault on Truth*, which denied the pathogenic power of fantasies, the cornerstone of most psychoanalytic contributions (Freud, 1905d). Masson (1984) chastises Freud for having defensively abandoned and deliberately withheld evidence supporting the seduction theory of the neurosis. In fact, Freud never 'suppressed' the seduction theory but amended it to make it correspond with the facts and brought it into relationship with the discovery of infantile sexuality and its potential for pathogenesis (Hanley, 1987). In 1906 Freud insisted that the 18 patients in 'The Aetiology of Hysteria' (Freud, 1906) had given him accurate accounts of having been seduced in childhood (p. 190). Freud reinforced his view of the pathogenic significance of actual seduction experience in the 'Introductory Lectures' (Freud, 1916–17, p. 370), 'On Female Sexuality' (Freud, 1931a, p. 232) and in 'Moses and Monotheism' (Freud, 1939, pp. 75–6).

In contrast, psychoanalysts adopting a hermeneutic approach (e.g. Steele, 1979; Spence, 1982) repudiate a therapeutic search for the 'real' past and embrace the criterion of internal coherence as the sole appropriate test of 'truth'. Spence (1982; 1984) insists that psychoanalysis cannot claim privileged knowledge of the past (Freud's notion that it could be uncovered by means of a quasi-archaeological endeavor). He argues that the encounter with the past in the therapeutic context is an act of creation of a 'plausible' coherent narrative of our patient's life. Spence (1982) gives a critical warning: 'Once stated, it (the narrative truth) becomes partially true, as it is repeated and extended, it becomes familiar; and as its familiarity adds to its plausibility, it becomes completely true' (p. 177).

This debate acquired recent impetus from the controversy over the so-called 'false memory syndrome', basically the inference by overzealous therapists that their patients had been seduced in childhood, leading to legal issues of culpability. It is difficult to resolve this argument within the domain of psychoanalysis, a discipline committed to blurring the distinction between external and internal reality, rather than (as the controversy demands) being definitive about the difference between them (Fonagy and Target, 1997). Psychoanalysts have, however, begun to respond to this challenge (e.g. Brenneis, 1994), and the role of memory in therapeutic action is becoming an issue of considerable importance (Fonagy, 1999b). Such attempts, however, all fail to address the core question of the status of internal versus external experience in the etiology of psychological disorder.

There can be no adequate resolution to this debate. Most clinicians working with adult victims of childhood abuse would concur with Shengold (1989) that

> Having had the actual sexual experience does not necessarily make one patient sicker than another who has only transferred onto the therapist the *fantasy* of sexual contact without acting out or repeating it; but the analyst who treats a patient will palpably sense the distinct quality conferred by the *actual* experience, and will feel its effect in the intensity of the patient's distrust, the corruptibility of the patient's superego, the depth of the expectation of repetition – and in other resistances that affect the viability of future treatment. (p. 40)

In most of the cases the quality of the patient's recall and the convergence of evidence leaves little room for doubt about whether abuse actually happened. In cases where doubt exists, both patient and analyst must tolerate it (Mollon, 1998). The search for meaning is a ubiquitous aspect of human personality, and the therapist must resist the temptation to give false meaning to current misery, anguish and dejection by 'discovering' a spurious historical account of early deprivation (Target, 1998).

1.6 An overview of psychoanalytic theories

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.

Two factors have made this theoretical move possible: (1) observation-based psychoanalytic developmental theories (Freud, 1965; Mahler et al., 1975; Spillius, 1994); and (2) the growth of object relations theory which, within a developmental framework (see Pine, 1985), explores the evolution of a differentiated, integrated representational world that emerges within the context of a mother–infant matrix. Winnicott (1960c) termed this 'the holding environment'. At its broadest, object-relations theory concerns the development of schemata from a diffuse set of sensori-motor experiences in the infant, into a differentiated, consistent and relatively realistic representation of the self and object in interaction. This evolution is toward increasingly symbolic levels of representation, but with the general assumption that earlier levels of representations of interactions are retained in the mind and continue to exert powerful influences.

Psychoanalytic models have evolved through diverse attempts to explain why and how individuals in psychoanalytic treatment deviated from the normal path of development and came to experience major intrapsychic and interpersonal difficulties. Each model we will review focuses on particular developmental phases, and outlines a model of normal personality development derived from the analyst's clinical experience.

Freud was the first to give meaning to mental disorder by linking it to childhood experiences (Freud and Breuer, 1895), and to the vicissitudes of

the developmental process (Freud, 1900). One of Freud's greatest contributions was undoubtedly the recognition of infantile sexuality (Green, 1985). Freud's discoveries radically altered our perception of the child from one of idealized innocence to that of a person, struggling to achieve control over his biological needs, and make them acceptable to society through the microcosm of his family (Freud, 1930). Freud's views will be described in greater detail in Chapter 2 of this book.

Ego psychologists balanced this view by focusing on the evolution of the child's adaptive capacities (Hartmann, 1939), which he brings to bear on his struggle with his biological needs. Hartmann's model (Hartmann, Kris, and Loewenstein, 1949) attempted to take a wider view of the developmental process, to link drives and ego functions, and show how very negative interpersonal experiences could jeopardize the evolution of the psychic structures essential to adaptation. He also showed that the reactivation of earlier structures (regression) was the most important component of psychopathology. Hartmann (1955, p. 221) was also among the first to indicate the complexity of the developmental process, stating that the reasons for the persistence of particular behavior are likely to differ from the reasons for its original appearance. Among the great contributions of ego psychologists are the identification of the ubiquity of intrapsychic conflict throughout development (Brenner, 1982), and the recognition that genetic endowment, as well as interpersonal experiences, may be critical in determining the child's developmental path. The latter idea has echoes in the epidemiological concept of resilience (Rutter and Quinton, 1984; Garmezy and Masten, 1991). The contributions of the ego psychological approach of the 1950s and 1960s North American psychoanalysis will be reviewed in Chapter 3.

Child analysts (e.g. Freud, 1965; Fraiberg, 1969; 1980) taught us that symptomatology is not fixed, but rather a dynamic state superimposed upon, and intertwined with, an underlying developmental process. Anna Freud's study of disturbed and healthy children under great social stress led her to formulate a relatively comprehensive developmental theory, where the child's emotional maturity could be mapped independently of diagnosable pathology. Particularly in her early work in the war nurseries (Freud, 1941–45), she identified many of the characteristics which later research linked to 'resilience' (Rutter, 1990). For example, her observations spoke eloquently of the social support which children could give one another in concentration camps, which could ensure their physical and psychological survival. More recent research on youngsters experiencing severe trauma have confirmed her assumption of the protective power of sound social support (Garmezy, 1983; MacFarlane, 1987; O'Grady and Metz, 1987; Werner, 1989). Anna Freud's work stayed so close to the external reality of

the child that it lent itself to a number of important applications (Goldstein, Freud and Solnit, 1973; 1979).

Anna Freud was also a pioneer in identifying the importance of an equilibrium between developmental processes (Freud, 1965). Her work is particularly relevant in explaining why children, deprived of certain capacities by environment or constitution, are at greater risk of psychological disturbance. Epidemiological studies support this (Taylor, 1985; Yule and Rutter, 1985). Anna Freud was the first psychoanalyst to place the process and mechanisms of development at the centre-stage of psychoanalytic thinking. Her approach is truly one of developmental psychopathology, insofar as she defines abnormal functioning in terms of its deviation from normal development, while at the same time using the understanding gained from clinical cases to illuminate the progress of the normal child (Cicchetti, 1990a; Sroufe, 1990). It is a logical development of her work for us to begin to explore the nature of the therapeutic process, also in developmental terms. It is important to remind ourselves that sometimes we apply developmental notions to the therapeutic process metaphorically (Mayes and Spence, 1994), but essential components of treatment – particularly with children – and with personality disordered adults, inevitably involve the engagement of dormant developmental processes (Kennedy and Moran, 1991). Anna Freud's work and its relationship to developmental psychopathology will be the subject of the first half of Chapter 4.

Margaret Mahler, a pioneer of developmental observation in the United States, drew attention to the paradox of self-development, that a separate identity involves giving up a highly gratifying closeness with the caregiver. Her observations of the 'ambitendency' of children in their second year of life threw light on chronic problems of consolidating individuality. Mahler's framework highlights the importance of the caregiver in facilitating separation, and helps explain the difficulties experienced by children whose parents fail to perform a social referencing function for the child, which would help them to assess the realistic dangers of unfamiliar environments (Hornik and Gunnar, 1988; Feinman, 1991). A traumatized, troubled parent may hinder rather than help a child's adaptation (Terr, 1983). An abusive parent may provide no social referencing (Hesse and Cicchetti, 1982; Cicchetti, 1990b). The pathogenic potential of withdrawal of the mother, when confronted with the child's wish for separateness, was further elaborated by Masterson (1972) and Rinsley (1977), and helps to account for the transgenerational aspects of psychological disturbance (see Loranger, Oldham and Tullis, 1982; Baron et al., 1985; Links, Steiner and Huxley, 1988). The work of Mahler and her followers will be the subject of the second part of Chapter 4.

Joseph Sandler's development of Anna Freud's and Edith Jacobson's work in the UK, represents the best integration of the developmental perspective

with psychoanalytic theory. His comprehensive psychoanalytic model has enabled developmental researchers (Emde, 1983; 1988a; 1988b; Stern, 1985) to integrate their findings with a psychoanalytic formulation, which clinicians were also able to use. At the core of Sandler's formulation lies the representational structure that contains both reality and distortion, and is the driving force of psychic life. A further important component of his model is the notion of the background of safety (Sandler, 1987b), closely tied to Bowlby's (1969) concept of a secure base. These and others of Sandler's developmental concepts will be reviewed in the final part of Chapter 4.

The focus of object relations theories on early development and infantile fantasy represented a shift in world view for psychoanalysis from a tragic to a somewhat more romantic world view (see for example Akhtar, 1992). The contrast between the classical and the object relations positions is described in Chapter 5 and the subsequent chapters elaborate on the major object relations theories. Melanie Klein and her followers, working in London, constructed a developmental model that at the time met great opposition because of the extravagant assumptions these clinicians were ready to make about the cognitive capacities of infants. Surprisingly, developmental research appears to be consistent with many of Klein's claims concerning perception of causality (Bower, 1989) and causal reasoning (Golinkoff et al., 1984). Kleinian developmental concepts have become popular because they provide powerful descriptions of the clinical interaction between (both child and adult) patient and analyst. For example, projective identification depicts the close control that primitive mental function can exert over the analyst's mind. Post-Kleinian psychoanalysts (Bion, 1962a; Rosenfeld, 1971b) were particularly helpful in underscoring the impact of emotional conflict on the development of cognitive capacities. The Klein-Bion model will be described in Chapter 6.

The early relationship with the caregiver emerged as a critical aspect of personality development from studies of severe character disorders by the object-relations school of psychoanalysts in Britain. W.R.D. Fairbairn's focus on the individual's need for the other (Fairbairn, 1952a) helped shift psychoanalytic attention from structure to content, and profoundly influenced both British and North American psychoanalytic thinking. As a result, the self as a central part of the psychoanalytic model emerged in the work of Balint (1937; 1968) and Winnicott (1971b). The concept of the caretaker or false self, a defensive structure created to master trauma in a context of total dependency, has become an essential developmental construct. Winnicott's (1965b) notions of primary maternal preoccupation, transitional phenomena, the holding environment, and the mirroring function of the caregiver, provided a clear research focus for developmentalists interested in individual differences in the development of self-structure. The significance

of the parent–child relationship is consistently borne out by developmental studies of psychopathology. These studies in many respects support Winnicott's assertions concerning the traumatic effects of early maternal failure, particularly maternal depression (see Cummings and Davies, 1994) and the importance of maternal sensitivity for the establishment of a secure relationship (Ainsworth et al., 1978; Belsky, Rovine and Taylor, 1984; Grossmann et al., 1985; Bus and van IJzendoorn, 1992). The work of the British Independent school is reviewed in Chapter 7.

There have been many attempts by North American theorists to incorporate object-relations ideas into models which retain facets of structural theories. The work of two major figures is reviewed in Chapter 8. Kohut's self-psychology (Kohut, 1971; 1977; 1984; Kohut and Wolf, 1978) was based primarily on his experience of narcissistic individuals. His central developmental idea was the need for an understanding caregiver to counteract the infant's sense of helplessness in the face of his biological striving for mastery. Kohut emphasizes the need for such understanding objects throughout life and these notions are consistent with accumulating evidence for the powerful protective influence of social support across a wide range of epidemiological studies (Brown and Harris, 1978; Brown, Harris and Bifulco, 1986). Kohut also leans heavily on Winnicott and British object relations theorists, although his indebtedness is rarely acknowledged. The mirroring object becomes a 'selfobject', and the need for empathy drives development, which culminates in the attainment of a cohesive self. Drive theory becomes secondary to self theory, in that the failure to attain an integrated self-structure both leaves room for and in itself generates aggression and isolated sexual fixation. However, the self remains problematic as a construct; in Kohut's model, it is both the person (the patient) and the agent which is assumed to control the person (Stolorow, Brandschaft and Atwood, 1987). Nevertheless, Kohut's descriptions of the narcissistic personality have been powerful and influential examples of the use of developmental theory in psychoanalytic understanding. Moreover, Kohut's hypotheses concerning the profound and long-term consequences of a self 'enfeebled' by the failure of emotional attunement of the selfobject finds a powerful echo in the risk literature. The work of Cicchetti (1989; 1990a; 1990b) has shown a clear link between early trauma and disorganization and delay in self-development. Researchers working with maltreated infants and toddlers have noted striking attachment behaviors in such infants in spontaneous play as well as laboratory observations (Fraiberg, 1982; Carlsson et al., 1989; Crittenden and Ainsworth, 1989). The effectiveness of actions undertaken by the child is at the centre of Kohut's concept of self-esteem and is also the core of Bandura's notion of self-efficacy (Bandurs, 1982). Kohut's formulations were probably helpful in the operationalization of the concept of self-confidence (Garmezy,

1985; Rutter, 1990; Werner, 1990) although in some recent studies problem-solving skills and self-esteem appear to be independent indicators of resilience (Cowen et al., 1990).

An alternative integration of object relations ideas with North American ego psychology was offered by Otto Kernberg. Kernberg's contribution to the development of psychoanalytic thought is unparalleled in the recent history of the discipline. His systematic integration of structural theory and object relations theory (Kernberg, 1976b; 1982; 1987) is probably the most frequently used psychoanalytic model, particularly in relation to personality disorders. His model of psychopathology is developmental, in the sense that personality disturbance is seen to reflect the limited ability of the young child to address intrapsychic conflict. Neurotic object relations show much less defensive disintegration of the representation of self and objects into libidinally invested part-object relations. In personality disorder, part-object relations are formed under the impact of diffuse, overwhelming emotional states, which signal the activation of persecutory relations between self and object. Kernberg's models are particularly useful because of their level of detail and his determination to operationalize his ideas far more than has been traditional in psychoanalytic writing. It is not surprising, therefore, that a considerable amount of empirical work has been done directly to test his proposals (Westen, 1990b; Westen, 1990b; Westen and Cohen, 1993), and the clinical approach which he takes toward serious personality disturbance. Aspects of Kernberg's contribution will be reviewed in Chapter 8.

With the gradual demise of ego psychology in the US and the opening of psychoanalysis to psychologists and other non-medically qualified professionals, a fresh intellectual approach to theory and technique gained ground in theoretical and technical discussions, rooted in the work of Harry Stack-Sullivan (Sullivan, 1953) and Clara Thompson (Thompson, 1964). The interpersonalist approach, represented by prolific contemporary writers such as Steve Mitchell, Lewis Aron, Jessica Benjamin, Philip Bromberg and many others, has revolutionized the role of the analyst in the therapeutic situation. Influenced by post-modernist ideas, this group of clinicians generally conceive the analytic relationship as far more of two equals rather than of patient and doctor. They recognize the fundamentally interpersonal character of the sense of self and thus the irreducibly dyadic quality of mental function. They consistently recognize the influence of the interpersonal nature of the mind on the process of therapy, and the active role which the analyst as a person plays in the treatment process. Particularly controversial is the insistence of many interpersonalists that enactments by the analyst within the therapy are almost as inevitable as the patient's enactments in the transference. The contribution of this group of analysts will be the subject of Chapter 9.

Bowlby's (Bowlby, 1969; 1973; 1980) work on separation and loss also focused developmentalists' attention on the importance of the security (safety, sensitivity and predictability) of the earliest relationships. His cognitive-systems model of the internalization of interpersonal relationships (internal working models), consistent with object relations theory (Fairbairn, 1952a; Kernberg, 1975) and elaborated by other attachment theorists (Bretherton, 1985; Main, Kaplan and Cassidy, 1985; Crittenden, 1990), has been very influential. According to Bowlby, the child develops expectations regarding a caregiver's behavior and his or her own behavior. These expectations are based on the child's understanding of experiences of previous interaction, and organize the child's behavior with the attachment figure and (by extension) with others. The concept has had very broad application. Bowlby's developmental model highlights the transgenerational nature of internal working models: our view of ourselves depends upon the working model of relationships which characterized our caregivers. Empirical research on this intergenerational model is encouraging; an accumulating body of data confirms that there is intergenerational transmission of attachment security and insecurity (Main et al., 1985; Grossmann, 1989; see review by van IJzendoorn, 1995) and that parental mental representations shaping this process may be assessed before the birth of the first child (Fonagy et al., 1991; Benoit and Parker, 1994; Ward and Carlson, 1995; Steele, Steele and Fonagy, 1996). Psychoanalytic approaches based in developmental research, including attachment theory, will be introduced in Chapter 10. A number of theories have drawn deeply from the developmental research tradition, combining attachment theory ideas with psychoanalytic conceptions within general systems theory frames of reference. Some of these theories are covered in Chapter 11. For example, Daniel Stern's (1985) book represented a milestone in psychoanalytic theorization concerning development. His work is distinguished by being normative rather than pathomorphic, and prospective rather than retrospective. His focus is the reorganization of subjective perspectives on self and other as these occur with the emergence of new maturational capacities. Stern is the most sophisticated amongst psychoanalytic writers in dealing with several qualitatively different senses of self, each developmentally anchored. He is perhaps closest to Sandler in his psychoanalytic model of the mind, but his formulation of object relations also has much in common with those of Bowlby, Kohut and Kernberg. Many of Stern's suggestions have proved to be highly applicable clinically, including his notion of an early core self and the role of the schema-of-being-with the other. Other general systems theory interpretations of psychoanalysis originated in the work of practitioners of brief psychotherapy. Two particularly significant contributors are Mardi Horowitz (1988) and Anthony Ryle (Ryle, 1990). Both offer revisions of selected

psychoanalytic concepts in the context of substantial revisions of classical techniques. Chapter 12 includes a description of our own work on self-development and the capacity for mentalization.

Early theories have not been supplanted by later formulations and most psychoanalytic writers assume that a number of explanatory frameworks are necessary to give a comprehensive account of the relationship of development and psychopathology (see Sandler, 1983). So-called neurotic psychopathology is presumed to originate in later childhood at a time when there is self–other differentiation and when the various agencies of the mind (id, ego, superego) have been firmly established. The structural frame of reference (Arlow and Brenner, 1964; Sandler, Dare and Holder, 1982) is most commonly used in developmental accounts of these disorders. Personality or character disorders (e.g. borderline personality disorder, narcissistic personality disorder, schizoid personality disorder, etc.), as well as most non-neurotic psychiatric disorders, are most commonly looked at in frameworks developed subsequent to structural theory. Here, a variety of theoretic frameworks are available, including the structural, most of which point to developmental pathology arising at a point in time when psychic structures are still in formation (see, for example Kohut, 1971; Modell, 1985). But do theories matter at all? Do they really influence the clinical work with patients? This is a difficult question to answer. Evidently, analysts from very different persuasions, with very different views of pathogenesis are convinced of the correctness of their formulations and are guided in their treatments by that conviction. Since we do not yet know what is truly mutative about psychotherapy, it might well be that for many patients the analyst's theory of their etiology is not so crucial. The complex relationship between clinical work and theoretical development will be considered in Chapter 13 alongside a brief review of evidence concerning the outcome of psychoanalysis.

We end the book by highlighting some limitations and strengths of the psychoanalytic approach. In Chapter 14 we shall consider some of the potential growth points of psychoanalytic ideas as well as some of the current challenges it faces. We will focus on the potential extraordinary consequences of the new discoveries about the brain and its genetic underpinnings for psychoanalysis at its interface with the neurosciences.

Chapter 2
Freud

2.1 Overview of Freud's model of development

In 1930 Watson, one of the first advocates of behaviorism, predicted that 'twenty years from now an analyst using Freudian concepts and Freudian terminology will be placed on the same plane as a phrenologist' (a person practicing the nineteenth-century art of telling people's characters by feeling bumps on their head, Watson, 1930, p. 27). But as Jahoda noted in her provocative address to the British Psychological Society in 1972, 'Freud won't go away', despite the disenchantment of the psychological community with many of his views. Jahoda attributes the inaccuracy of Watson's forecast to the fundamental psychological questions raised by Freud's ideas.

Freud (1895) initially believed that he had discovered the cause of neurosis in the event of childhood seduction. In this conception, the neurotic symptom represented the early trauma in a distorted form. For example, a child of eight with hysterical blindness might achieve relative internal safety by 'shutting his eyes' to the memory of having witnessed his mother's rape. This model posited no mental apparatus; rather, the symptom emerged through the physical conversion of energy. For example, he wrote in 1888: 'Where there is an accumulation of *physical* tension, we find anxiety neurosis' (quoted in A. Freud, 1954).

Freud's so-called abandonment of his seduction hypothesis in favor of his second model, which emphasized fantasy driven by the biological drive state, interrupted his career as a social theorist of development. It led Freud (1905d) to attempt to explain all actions in terms of the failure of the child's mental apparatus to deal adequately with the pressures of a maturationally predetermined sequence of drive states. Adult psychopathologies, as well as dreaming, jokes and parapraxes, were seen as the revisiting of unresolved childhood conflicts over sexuality (Freud, 1900; 1901; 1905b).