

Attachment and Dynamic Practice

*An Integrative Guide for
Social Workers and Other Clinicians*

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Introduction

Attachment theory is rooted in observational studies that seek to examine the relational bonds between young children and their caregivers, typically mothers. Over time, researchers have established that children's affectional bonds with their caregivers are rooted in psychological, as well as biological, motives. Attachment studies across cultures have found that children seek a primary attachment with one caregiver and that most children are securely attached. Moreover, with the advance of attachment research, it has been discovered that childhood attachment patterns affect later adult personality styles and that children frequently develop an attachment style similar to that of their parents.

Attachment theory traces its origins to several scientific and social fields, most notably psychoanalysis, social work, behaviorism, ethology, evolution, and biology. The "father" of modern attachment theory, John Bowlby, motivated by his own frustration with then-prevailing psychoanalytic ideas regarding clinical practice and human development, believed that answers to the most perplexing questions surrounding human attachment were not available from any single discipline. In direct consequence of this approach, scientific findings that have accrued from research on human attachment

ever since continue to be broadly applicable to the social and behavioral sciences, rather than concentrated in a single disciplinary domain.

Attachment theory and research are also very closely aligned with the traditional interests of the social work profession. Both have emphasized infant and child welfare, the importance of relationships with primary caregivers, and the contributions of the extramural environment in shaping human functioning and pathology. The human attachment field has also gained global currency as a result of international research investigations conducted in Asian and African cultures. Indeed, after more than half a century of research on human attachment, the universality of the need for “affectional bonds,” the term Bowlby used to characterize children’s primordial need for their parents’ love and protection, is now taken for granted. Bowlby’s and Mary Ainsworth’s research helped to clarify the notion of intergenerational transmission of trauma and the development of mental disorders. More recently, an even stronger link has been forged between this body of research and social work practice as the findings of attachment research have been applied to clinical methods of prevention and treatment in such diverse areas as child welfare, trauma and eating disorders, and personality disorders.

Research findings from the attachment field have also helped us understand the impact of attachment disruptions on children’s personality development and on their evolving relationships. These findings have, moreover, dramatically altered the content and structure of parent education programs, as well as the training of mental health providers throughout the United States and other parts of the world.

The relationship between attachment theory and research and clinical practice has evolved only gradually. For many years, attachment researchers focused on investigating the influence of attachment disruptions on children’s and adults’ behaviors. Unfortunately, Bowlby’s ideas were not especially well received by the psychoanalytic community, nor were they judged to be truly consonant with existing clinical frameworks. Attachment theory, however, has proven to be a far more natural “fit” with relational and intersubjective theories, ideas that are considered by many to be at the forefront of contemporary psychodynamic practice. Such theories, no longer wedded to earlier psychoanalytic conceptions of the biological primacy of the instinctual drives, had already accorded far greater emphasis to human relationships, or what some psychoanalytic researchers have termed the “preexisting tie to the human environment” (Greenberg & Mitchell, 1983). Furthermore, psychodynamic practice had long been in search of a more

robust empirical framework to which certain assumptions regarding human development, psychopathology, and psychoanalytic conceptions of treatment might be anchored. Attachment theory and research have furnished a sound empirical basis for psychodynamic practice principles, particularly those associated with self psychology and relational theory. Moreover, while attachment theory does not provide an integrated clinical approach, we will show how attachment concepts can inform the treatment process.

Both of us are experienced clinicians who became interested in how attachment theory might be meaningfully applied to psychodynamic practice. We soon realized that little had been published on this topic in the social work literature, and in discussions with the late John Michel, who was at that time senior executive editor at Columbia University Press, we recognized the importance of writing this book. We are both also deeply involved in the academic world, and it has been our impression that many social work graduate students receive little, if any, exposure to attachment theory. To the extent that they do become acquainted with attachment theory, it is chiefly through two routes—the developmental psychology research literature and condensed summative reviews in graduate-level textbooks—neither of which addresses clinical applications. Furthermore, most of these publications do not provide much emphasis on the sequelae of attachment patterns for later development. We therefore decided to collaborate on an introductory text that could be used by students in graduate practice classes across three distinct curricular areas: human development, psychopathology, and clinical practice. We hope that this book will offer a clear and accessible introduction to attachment theory and research, that it will prove useful to students in their efforts to understand the relationship between early attachment patterns and later personality development, and, finally, that students will be able to extrapolate from the findings of attachment research and apply this knowledge to the broad range of clinical situations involving children, adolescents, and adults. To this end, we have included a number of illustrative clinical cases in the last three chapters of the book, each of which is thoroughly discussed and analyzed.

Our decision to coauthor this book followed a number of previous collaborations on various writing projects, and it underscores our mutual interest in developing and promoting psychodynamic theories and practice principles for clinical social work. As we became immersed in this project, we also found Jerry's rich clinical experience with children and adolescents and Shoshana's interest in cross-cultural practice to be especially complementary.

In the first part of the book, we focus on theoretical precursors of attachment theory in both social work and psychoanalysis, the history of attachment theory and research, the application of ideas regarding attachment to interpersonal and relational theories, and important research developments in the field of attachment over the last few decades. We have included the foremost figures in attachment research, starting with John Bowlby and Mary Ainsworth and moving on to Mary Main, Allan Sroufe, and Peter Fonagy, among others. In the last three chapters, we show how attachment concepts can inform diagnostic concerns and the treatment process with children, adolescents, and adults.

We hope that we have provided a succinct yet sufficiently detailed introduction to the field of attachment, its history, and its most important research findings and that students will be able to identify with the illustrative vignettes we have used. Bearing in mind that Bowlby's ideas regarding attachment could not help but be shaped by the panoply of psychoanalytic theories that arose from the rich theoretical climate of the mid-twentieth century, we have closely examined the relationship between other psychoanalytic developmental models and attachment theory. In keeping with current thinking in our field, we have also emphasized human diversity as it applies both to attachment research and to clinical practice. In this regard, we have selected cases that might be considered exemplars for clinical practice with diverse and special populations, including an urban African American adolescent, a Caribbean American woman, and a young adult with a neurological disability. Finally, we have highlighted the important relationship between attachment and pathology, especially insofar as the influence of trauma is concerned.

Beginnings

ONE

Early Conceptions of the Mother-Infant Relationship

Even before the formalization of John Bowlby's attachment theory in the late 1950s and 1960s, others had attributed importance to this concept and had begun to explore its characteristics. Konrad Lorenz, a fundamental figure in the field of ethology (the scientific study of animal behavior), whose work will be summarized in chapter 2, was one such theorist. A number of psychoanalysts, among them Freudian disciple Sandor Ferenczi and pioneering child psychoanalyst Melanie Klein, were also interested in the nature of the relations between parents and infants, a theoretical precursor to the idea of attachment. Klein's theories, controversial as they were, may in fact be seen as providing a significant link in the chain extending from Freud to the object relational ideas of the next generation of analytic developmentalists. Perhaps most influential within the psychoanalytic field, however, were those analysts associated with the "middle" or independent tradition of British object relations theory. These psychoanalytic theorists, who in addition to John Bowlby included such figures as D. W. Winnicott, W. R. D. Fairbairn, and Michael Balint (and perhaps more arguably the developmentalists Ian Suttie and Imre Hermann), were specifically disenchanted with classical conceptions of early development and are credited with being the architects of what is now termed the "relational/structure" model in contemporary psychoanalysis (Greenberg

& Mitchell, 1983). This chapter provides a concise summary of the work and influence of these early theorists, as well as a discussion of how their thinking may have shaped modern ideas of attachment.

The Beginning: Freudian Theory

In 1905, with the publication of *Three Essays on the Theory of Sexuality*, Freud offered a developmental schema to account for an elemental force, sexual energy, and its transformations from earliest infancy to puberty. This model, termed *libido theory*, made several important assertions about the nature of the infant's relationship to the external world. Freud believed that the libido progresses through various stages; each involves sensual pleasures and is experienced in association with sensitive parts of the body, such as the skin, the mouth, the anus, and the genitals. Freud believed that these bodily organs, which he termed the *erogenous zones*, are *cathected*, or charged with libidinal or sexual-drive energy according to a specific developmental sequence.

The earliest stage of libidinal development, which Freud termed the *oral stage*, begins at birth and continues through the middle of the second year of development. Some psychoanalysts believed that two subphases exist within the oral stage, the first of which involves sucking and the second, oral sadism (biting and devouring), but there was general recognition of the preeminence of oral needs, perceptions, and an oral mode of expression focused on the mouth, lips, tongue, and oral mucosa during this earliest developmental epoch. The next stage, termed the *anal stage* (from approximately one to three years), commences with the neuromuscular maturation of the anal sphincter. Such maturation was regarded as significant inasmuch as it furnishes the infant with appreciably greater voluntary control over the expulsion or retention of fecal products. Freud believed that there is a pleasure associated with the exercise of anal functions, which he termed *anal erotism*. Subsequent elaborations of this stage suggested the existence of two subphases, the *anal-sadistic* (destructive-expulsive) and *anal-erotic* (mastering-retaining) phases. The anal stage, according to the theory, is superseded by the *phallic stage* of development (from approximately three to five or six years), at which time erotic pleasure becomes firmly linked for the first time to stimulation of the penis or vagina. Central to the phallic stage is Freud's theory of the *Oedipus complex*, a conflict-laden configuration of psychological forces characterized by the concentration of sexual

wishes directed at one parent, usually of the opposite sex, and the concurrent emergence of hostile feelings toward the remaining parent, the child's rival in love.¹ The phallic stage is followed by a period of libidinal quiescence, referred to as *latency* (from approximately five to eleven years), during which there is relative inactivity of the libidinal drive, a situation that permits a fuller resolution of oedipal or triangular conflicts.

Although Freud later became more interested in the nature of the infant's actual relations with human objects, his 1905 theory of the libido makes several critical assumptions, among which is that there is no preexisting tie to (libidinal) objects, to the human environment. Indeed, Freud believed that infantile emotional life begins in a state of *primary narcissism*, in which self is not differentiated from object and investment in libidinal objects does not occur (Meissner, 2000). As the infant begins to mature, a different distribution of libido, termed *autoerotism*, becomes possible. Autoerotism, unlike the state of primary narcissism, is not objectless; by definition, it consists of those actions through which the infant uses her or his own body or body parts to achieve sexual satisfaction, a classic illustration of which is thumb-sucking. Such gratifications, however, are most usefully thought of as substitutes for the love object (mother) or the part object (maternal breast), which are not always attainable and hence are unreliable. Mature object relations, in which libido becomes available for deployment in the interpersonal realm, is in Freud's view achieved only through autoerotism and in consequence of the progression of the libido to the oedipal phase of development.

The "object" in this model of development, it is emphasized, is originally "created by the individual," a result of experiences of satisfaction and frustration of the expression of libidinal desire (Greenberg & Mitchell, 1983, p. 44). In Freud's libido theory, it is the object's *suitability* to the impulse that is paramount. A related assumption is that of the individual as a discrete entity, a "closed" system whose psychosexual development proceeds largely irrespective of any interpersonal context. Such a model seems to suggest that parents exercise relatively little influence over what is fundamentally an endogenously arising and sequentially unfolding developmental process. And, to the degree that they might exist, actual parental deficiencies receive comparatively little attention. Within such a framework, the concept of attachment as an organizing principle for infant development would be radical indeed.

Freud had at various times also grappled with phenomena associated with separation, loss, and the mourning process, in essays such as "Mourning

and Melancholia” (Freud, 1915/1917) and “Inhibitions, Symptoms, and Anxiety” (Freud, 1926). Of particular interest to Bowlby was Freud’s understanding of the nature of separation anxiety, which he ultimately explains as “a reaction to the felt loss of the object” (Freud, 1926, p. 137). However, because Freud theorizes that infants’ attachment to their mothers does not constitute a primary drive—since in the Freudian schema there is no preexisting tie to the object—he explains the longing experienced by an infant when the mother is unavailable primarily by invoking the economic hypothesis. In other words, physical separation leads to an accumulation of tension in the infant as a consequence of the possibility of nonsatisfaction of its needs. The real danger, according to Freud, is not the separation of the infant from her mother but the “economic disturbance” caused by the growing tensions, which the infant must somehow rid itself of (Freud, 1926). Freud, however, seems less than certain of this explanation. Indeed, in a later passage in the same work, he speculates that the infantile fear of loss of the object might conceivably be in the hardwiring, that it “might perhaps be accounted for as vestigial traces of the congenital preparedness to meet real dangers” found in other primates (Freud, 1926, p. 168). Bowlby, however, was far more confident than Freud had been. He became convinced that not only attachment behavior but also the child’s behavioral response to separations from the caregiver—the now famous sequence of protest, despair, and detachment initially identified by Bowlby and James and Joyce Robertson—possesses an instinctual basis. Yet another important difference between traditional psychoanalytic ideas about development and those advanced by Bowlby was the latter’s contention that children, even infants, are capable of mourning. Mourning, according to traditional psychoanalytic theory, is intimately linked to the attainment of a more or less fully functioning ego, a developmental accomplishment that is not theoretically possible until late childhood.²

In fact, a careful examination of Freud’s conception of object relations, the Oedipus complex, the function of anxiety, the phenomenology of mourning, and the stages of the libido reveals basic assumptions regarding the primacy of intrapsychic processes and the relative insignificance of the interpersonal environment in shaping human growth and behavior—ideas that appear to be at considerable variance with those of attachment theory, as we shall discover. Attachment theory tends to give far greater importance to the environmental surround of developing infants and, more specifically, to the nature of the affectional bond between infants and mothers. For

Bowlby—who, like Fairbairn and other object relations theorists, became convinced of the critical role played by *real* experiences—the Freudian vision of erogenous impulses in search of an object to facilitate discharge simply did not correspond to systematic observations of infants and mothers. Moreover, when infants were deprived of such vital interpersonal contact, traumatic sequelae and other forms of psychopathology were judged far more likely to occur.³

Bowlby was also critical of the evidentiary basis advanced in support of the claims that classical psychoanalysis made about human development and psychopathology, which were almost exclusively retrospective in nature. He wrote:

Most of the concepts that psychoanalysts have about early childhood have been arrived at by a process of historical reconstruction based on data derived from older subjects. This remains true even of ideas that stem from child analysis: the events and processes inferred belong to a phase of life that is already passed.... In creating this body of theory not only Freud but virtually all subsequent analysts have worked from an end-product backwards. Primary data are derived from studying, in the analytic setting, a personality more or less developed and already functioning more or less well; from those data the attempt is made to reconstruct the phases of personality that have preceded what is now seen.

(Bowlby, 1969, pp. 3–4)

In his approach, Bowlby proceeded in exactly the opposite direction. Employing observational data of very young children and their behavior in specific situations, he endeavored to describe the earliest stages of personality functioning and development, data from which he would then attempt to “extrapolate forwards.” Bowlby did not view his method, which embodied four components—prospective study, a focus on pathogenic influences and their sequelae, direct infant/child observation, and the use of animal data—as fundamentally incompatible with Freud’s views and methods, although he characterized them as largely unfamiliar to most psychoanalysts.⁴

An Early Challenge: The Work of Sandor Ferenczi

Sandor Ferenczi was an early adherent of classical psychoanalysis who made a number of important theoretical and clinical contributions, among which

were ideas about the salience of pre-oedipal experience and somewhat more controversial ideas about incest trauma (Rachman, 2000), the significance of actual maternal deprivation (Greenberg & Mitchell, 1983), and a technical innovation (the “active technique”) designed to shorten the overall length of psychoanalyses (Tosone, 1997). Arguably more controversial was Ferenczi’s position on “mutual analysis,” a radical modification of psychoanalytic technique in which the patient and the analyst become full-fledged analytic partners in the interest of “eliminating the patient’s feelings of inferiority to, and distance from the analyst” (Gay, 1988, p. 580). Interestingly, Ferenczi’s most systematic foray into the realm of psychoanalytic developmental theory, “Versuch einer Genitaltheorie” (Ferenczi, 1924), was not notably controversial. In this paper, he emphasizes the subjugation of each libidinal stage—with particular attention to that of genitality—to the primal effort to reestablish an original state of pleasure associated with intra-uterine existence.

Ferenczi’s relationship with Freud, which had been strained on more than one occasion, finally became damaged beyond repair over the issue of childhood sexual abuse. In the late 1890s, Freud renounced what has come to be known as the seduction hypothesis. Although at one time he had believed his patients’ reports of sexual trauma to represent veridical accounts, he gradually understood such reports to be deeply rooted oedipal fantasies,⁵ a discovery that permitted a fuller elaboration of the Oedipus complex. Also referred to in the literature as the “nuclear complex” of the neuroses, the Oedipus complex gradually attained a position of superordinate importance in classical psychoanalytic theory and practice over the next thirty-five years. Ferenczi, however, on the basis of his own clinical work in the late 1920s and early 1930s, “rediscovered” the seduction hypothesis that Freud had abandoned more than three decades earlier. Although he accepted the existence of infantile sexuality, Ferenczi became convinced that *actual* occurrences of parental sexual abuse were a relatively ubiquitous phenomenon—in any event, hardly the exception suggested by Freud’s theory. Indeed, Ferenczi was convinced that his patients had supplied him “with evidence of infantile seduction and rape, not fantasized, but real” (Gay, 1988, p. 583). What is especially noteworthy about Ferenczi’s position is its assumption of veridicality in such matters, as well as the presumption that ongoing, reality-based relationships between infants and significant objects in their environmental surround possess a pivotal significance in the development of later psychopathology.

Although these ideas are referenced in Ferenczi's *Clinical Diary* (Dupont, 1988) and elsewhere, his last published paper, "Confusion of Tongues Between Adult and Child" (1949), appears to offer the clearest exposition of his high valuation of *real*-object experiences in the manufacture of neurotic disorders:

I obtained above all new corroborative evidence for my supposition that the trauma, especially the sexual trauma, as the pathogenic factor cannot be valued highly enough. Even children of very respectable, sincerely puritanical families, fall victim to real violence or rape much more often than one had dared to suppose.

(p. 227)

Ferenczi's contributions to clinical theory, according to Bacciagaluppi (1993), can be seen to encompass several themes, among them the importance of a loving approach to the patient; the possibility that the analyst can make therapeutic mistakes and the crucial importance of acknowledging such errors; and, finally, the notion of reciprocity in the relationship between analyst and patient. Bowlby was most certainly influenced by Ferenczi, in particular by the importance the latter attached to real events and relationships, as well as his early recognition of the pivotally significant role played by maternal deprivation in the formation of later psychopathology. Furthermore, Bowlby's ideas about trauma, which he linked closely to external events and real-object experiences, appear far closer to the model formulated by Ferenczi than to Freud's conception, which remains arguably reliant on the economic hypothesis of tension accumulation and discharge. It may in fact be argued that Ferenczi's influence is at the heart of Bowlby's theory of attachment, where one finds "two innate and complementary sets of behavior: attachment and parental caregiving—fundamentally, a reciprocal loving relationship" (Bacciagaluppi, 1993, p. 193).

Since Ferenczi died prematurely in the same year in which the English translation of the "Confusion of Tongues" paper was published (1933), he was never able to explore more systematically the potential of his ideas regarding pathological influences on infantile object relations for the study of *normal* infant development, a task left in part to such theorists as Winnicott, Fairbairn, Balint, Suttie, and Hermann. All of these independent-tradition theorists, however, were also influenced by Melanie Klein—in certain cases perhaps more in reaction against the radical ideas she proposed than in concert with them.

Infants and Mothers in the Kleinian Framework

Melanie Klein's controversial ideas, even today a subject of debate among psychoanalytic scholars and practitioners, have pervaded virtually every aspect of psychoanalytic theory and practice, although her perspective on infant development and on the infant's relationship with the outside world will be of greatest concern to us here.

Klein's influence on the course of contemporary psychoanalysis, which some have suggested may be second only to that of Freud (Mitchell & Black, 1995), was first felt keenly in the protracted and at times bitter debate that emerged during the 1930s and 1940s within the British psychoanalytic establishment. Largely in consequence of Klein's positions, which were felt to be at fundamental variance with those of Anna Freud, three separate schools of psychoanalytic thought gradually emerged in Britain (classical/ego psychological, English, and independent). Klein was also the first psychoanalyst to treat children with the psychoanalytic method, although her developmental premises as well as her clinical approach to child analysis, which called for little modification of the analytic method used in work with adult patients, were met with skepticism, criticism, and outright disdain.⁶

Klein was a productive scholar, publishing a series of theoretical and clinical papers and several books over a forty-year period. She steadfastly maintained her allegiance to Freud, asserting that all of her observations, her clinical work with children, and so on were intended only to confirm or amplify Freud's own theoretical innovations. There is certainly a modicum of support for Klein's professed allegiance to classical theory and developmental principles: her emphasis on the oral component in the infant's relatedness to its mother, on the salience of Freudian dual instinct theory, and the primacy of the Oedipus complex, are among the more prominent illustrations of this claim. Nevertheless, upon closer examination, Klein's ideas seem very unlike those of Freud; her portrayal of the mind as "a continually shifting, kaleidoscopic stream of primitive, phantasmagoric images, fantasies, and terrors" (Mitchell & Black, 1995, p. 87) suggests a mental life, in terms of both structure and content, that differs vastly from what Freud proposed.

In Freud's theory of object relations, infants proceed from a primary narcissistic state to object love, but only through the detour of autoerotism; moreover, "true" object love, in Freud's theoretical formulation, is possible only after the libido has been redistributed in the phallic-genital stage, which

of course coincides with the Oedipus complex; whatever object relations might occur before this time—i.e., the pregenital stages—are to be considered regressive elaborations of the Oedipus complex (Fenichel, 1945; Grotstein, 1996).

It is here that Kleinian theory seems most transparently dyssynchronous with the classical framework. In the first place, Klein's theory is entirely psychological in nature, notable for its effort to "account for the contents and processes of mental dynamics" without recourse to biological explanations (Weininger & Whyte-Earnshaw, 1998, p. 198). Even Bowlby notes that in "contrast with Anna Freud, Melanie Klein is an advocate of the view that there is more in the infant's relation to his mother than the satisfaction of physiological needs" (1969, p. 367). The Kleinian baby, in stark contrast with the classical vision, is both psychologically separate and object seeking—rather than pleasure seeking—from the moment of birth (Grotstein, 1996; Klein, 1964). As noted, Klein's understanding of the infant's impulse life differs significantly from classical characterizations. For Freud, as we have mentioned, the object is in a sense a mental creation whose sole purpose resides in its suitability with/for the impulse. This, however, is in marked contrast to Klein's essential belief that

objects are built into the experience of the impulse itself... [so that] the object of desire was implicit in the experience of desire itself. The libidinal impulse to love and protect contained, embedded within it, an image of a lovable and loving object; the aggressive impulse to hate and destroy contained, embedded within it, an image of a hateful and hating object.

(Mitchell & Black, 1995, p. 91)

Such ideas also throw into much sharper relief one of attachment theory's most strenuous objections to the Kleinian conception of object relations—namely, Klein's contention that object relations are to be understood as completely *internal* phenomena. As perhaps the best known of Melanie Klein's many clinical supervisees during her years in London, Bowlby had gradually developed the "view that real-life events—the way parents treat a child—[are] of key importance in determining development," a perspective of which Melanie Klein was completely dismissive. Indeed, Klein forbade him to have contact with the families of his child patients, largely owing to her view that the child-mother relationship was of far less import than how it had become internalized (Karen, 1998). "The notion that internal relationships

reflect external relationships,” Bowlby later complained, “was totally missing from her thinking.”⁷

Bowlby had been similarly critical of the Kleinian emphasis on orality, food, and the significance of the breast, thematic elements that served to secure the link Klein had gone to such effort to establish between her ideas and those of Freud. In spite of Klein’s preoccupation with preserving this continuity between classical ideas and her clinical descriptions and theoretical formulations, Bowlby notes with a certain satisfaction, Klein’s own observations sometimes called for a very different conclusion. In a publication from the early fifties, Klein wrote:

Some children who, although good feeders, are not markedly greedy, show unmistakable signs of love and of a developing interest in the mother at a very early age—an attitude which contains some of the essential elements of an object-relation. I have seen babies as young as three weeks interrupt their sucking for a short time to play with mother’s breast or to look towards her face. I have also observed that young infants—even as early as in the second month—would in wakeful periods after feeding lie on the mother’s lap, look up at her, listen to her voice and respond to it by their facial expression; it was like a loving conversation between mother and baby. Such behavior implies that gratification is as much related to the object which gives the food as the food itself.

(Klein, 1952, p. 239)

Such ideas, as we have shown in our review of classical psychoanalytic theory, represented a significant departure from then-prevailing conceptions about infancy and instinctual life. Klein, however, did not stop here. She also theorized a psychological existence for infants that, in spite of her claims to the contrary, seemed much less an extension of classical theory than an alternative to it.

Klein proposed that three-week-old infants experience a primitive anxiety state, which she terms *persecutory anxiety*, which is in turn hypothetically linked to schizoid mechanisms (e.g., splitting, projective identification, idealization, and magical, omnipotent denial). She asserts that such intrapsychic experiences form the basis for the *paranoid-schizoid position*, the first developmental organizer of infancy (Klein, 1964). Klein prefers the term *position* to Freud’s term, *stage*, to highlight the “to and fro” movement of infant development, a process that she believed to be gradual and flexible and characterized by an almost unending series of progressive and regres-

sive steps (Weininger & Whyte-Earnshaw, 1998). In the paranoid-schizoid position, the infant's *paranoia* is referable to "anxiety over threatened, fantasied annihilation by persecutory internal objects" (Moore & Fine, 1990, p. 110), while *schizoid* is used to designate the defensive configuration (as per above). Both ego and object are split into "good" and "bad," which, in the Kleinian view, gradually enables the infant to attain order and coherence out of primordial chaos—what can only be described as a bifurcated and fragmented experience of objects and of self. In this way, the dangers of *bad* objects, whether internal or external, are kept separate and isolated from the self and *good* objects (Greenberg & Mitchell, 1983). In Klein's framework, the object relations of the paranoid-schizoid position are defined as being either all good or all bad, though never constituted as an admixture of the two. Whole-object relations do eventually become possible with the gradual integration of experiences of good and bad, but only following a critical developmental shift that Klein hypothesized to occur beginning at four to six months, termed the *depressive position*.

The depressive position is the second developmental organizer of infancy, the successor to the paranoid-schizoid position. At this developmental juncture, the infant strives to integrate "love and hate for objects, their 'good' and 'bad' aspects, other partial representations of them . . . and external reality with intrapsychic reality or fantasy" (Moore & Fine, 1990, p. 107). The central theme of the depressive position is concern for the object's welfare, which, of course, had until now been the recipient of hateful fantasies of vengeance and annihilation (emblematic of the earlier paranoid-schizoid position). The newly emerging capacity for whole-object relations means that the infant is now capable of experiencing ambivalence—that is, good (loving) and bad (hateful) feelings toward the *same* object. While this represents a critical developmental achievement for the infant, it also gives rise to new dangers: recognition that the maternal object may be destroyed or lost as a consequence of aggressive impulses within the infant's self, as well as oedipal conflict.⁸ The affects of sadness, regret, sorrow, and guilt become internally available to the infant at this time and fuel efforts to make "reparations" for the earlier damage the infant believes itself responsible for. These fantasies are intended to repair the damage and transform the annihilated object into a whole object once again.

Although our interest has primarily been with the influence that Klein's theories have had on object relations theories and more particularly on the development of Bowlby's ideas regarding attachment, it may be useful to note

that other writers have been critical of Klein on several grounds. For example, some have argued that in those fields (e.g., the neurosciences and cognitive psychology) where evidence might be offered in support of a fundamental Kleinian premise—that infants are capable of a complex fantasy life at birth—little if any exists (Tyson & Tyson, 1990). Others have been critical of Klein's lack of theoretical clarity regarding the relationship between fantasy and the establishment of character or psychic structure (Fairbairn, 1952; Kernberg, 1980; Mishne, 1993), and still others have faulted her for becoming the “adoptive parent” of Freud's much maligned and “largely ignored” death instinct (Karen, 1998).

The Independent, or Middle, Tradition: Winnicott, Fairbairn, and Balint

The independent, or middle, group consisted of a number of important thinkers, most of whom were associated with the British Psychoanalytical Society of the 1940s and 1950s. This group included D. W. Winnicott, W. R. D. Fairbairn, Michael Balint, and, somewhat less notably, Ian Suttie and Imre Hermann. Each of these theorists developed a view of object relations in accord with an important basic postulate: that an infant is from the moment of birth object seeking. Although this basic theoretical premise is attributable to the pioneering work of Melanie Klein, the middle traditionalists rejected a critical theoretical premise of Kleinian theory—that of constitutional aggression—and proposed as an alternative “an infant wired for harmonious interaction and nontraumatic development but thwarted by inadequate parenting” (Mitchell & Black, 1995, p. 114).

D. W. Winnicott

Usually considered the best-known representative of the independent group, Winnicott began his professional career as a pediatrician and only later sought training as a psychoanalyst. His oft-quoted axiom “There is no such thing as an infant; there is only the infant and its mother” (Winnicott, 1960b, p. 39) reinforces the pivotal significance that he attributes to the earliest object relations between infant and caregiver. For Winnicott, the relationship between mothers and babies—and more particularly the quality of mothering—is central. Disruptions to this vital mother-infant bond, whether in consequence of

environmental vicissitudes or poor mothering, might have far-reaching, if not disastrous, consequences. Such ideas seem to have led Winnicott and Bowlby down fundamentally similar pathways. In fact, Bowlby was well aware of these similarities and observed on numerous occasions that Winnicott expressed many of the same ideas in poetic language that he, Bowlby, endeavored to present in scientific terms (Karen, 1998). For example, Bowlby noted with satisfaction that Winnicott's view of infantile anxiety seemed to favor a perspective that, like his own, focused on the relation of primitive anxiety to attachment failures (Bowlby, 1973).⁹

Winnicott's opinion of Bowlby and his contributions reflected greater ambivalence, however. Though he cited Bowlby in his own papers—going so far as to suggest that “psychoanalysis needs Bowlby's emphasis on deprivation” if it is ever to arrive at a fuller understanding of antisocial character pathology (Winnicott, 1958b, p. 310n)—he was at other times quite critical of Bowlby. It was in fact Winnicott, then president of the British Psychoanalytical Society, who reacted so negatively to a paper linking ethological studies to attachment formation, privately confiding in a note to Bowlby's former training analyst, Joan Riviere, that acceptance of Bowlby's ideas would signify rejection of many of the ideas Freud had struggled to advance (Karen, 1998).

Their common interests notwithstanding, there were also important differences between the two theorists. Bowlby was chiefly concerned with the environment and with elucidating a scientific basis for the infant's interpersonal relationships, while Winnicott focused his attention on the subjective dimension of infantile experience (Karen, 1998). In formulating ideas such as primary maternal preoccupation, good-enough mothering, the holding environment, true and false self, and the concept of the transitional object, Winnicott offered a vision of infancy that seemed quite dissimilar from much that had preceded it.

Winnicott believed that the emergence of a health-promoting psychological milieu for each human infant is determined by her or his mother's capacity for what he terms *primary maternal preoccupation*. In the state of primary maternal preoccupation, mothers engage in a sort of adaptive withdrawal from the external world, focusing increasingly on the baby developing inside themselves. Although such withdrawal might under other circumstances be considered pathological, the mother's concentrated focus on her unborn child is critically necessary for the infant's transition from prenatal experience to that of the world outside the womb (Moore & Fine,

1990). Indeed, mothers find their own “personal interests... rhythms and concerns... fading into the background” (Mitchell & Black, 1995, p. 125). Using the language of classical psychoanalysis, Meissner describes this unique form of empathic attunement between mother and unborn child as the result of a maternal “narcissistic cathexis” that has the effect of permitting “mother to identify with the child” and, more specifically, with the child’s “inner needs” as though the latter “were... an extension of her own self” (Meissner, 2000, p. 199).

Good-enough mothering denotes the mother’s ability to offer her wholly dependent baby an *optimal* degree of comfort and environmental constancy (Moore & Fine, 1990). Commencing with the mother’s primary maternal preoccupation, this at first requires that she meet the symbiotic needs of her newborn infant, whose dependence upon caregiving is regarded as total or absolute and therefore is much like the symbiotic-phase infant of developmentalist Margaret Mahler¹⁰ (Meissner, 2000). Such needs initially involve the regulation of basic physiological processes, though they gradually grow in variety and complexity, so that complete satisfaction of the infant’s needs, if such a thing were ever possible, becomes increasingly unlikely as the infant matures. Indeed, in Winnicott’s view, the mother’s *shortcomings* are as essential to good mothering as her *successes*, a viewpoint that parallels the self-psychological notion of optimal frustration/optimal gratification as a necessary basis for the child’s transmuting internalizations.¹¹ Occurring in tandem with the child’s psychological development and enhanced locomotor abilities, which lead to increasingly frequent physical separations between the child and the mother, there is the painful recognition that neither mother nor infant is omnipotent (Moore & Fine, 1990). However, the infant’s exuberant forays into the object world outside the infant-mother matrix offer a compensatory pleasure that offsets the loss of the infantile fantasy of omnipotence (Winnicott, 1958a, 1965).

Although the attunement between mothers and infants can never be perfect, Winnicott stresses the idea that whatever is offered to the infant is offered at the “right time” for the infant rather than being timed to meet the mother’s own needs. The mother’s capacity to provide empathically attuned support or *holding* thereby equips her baby in situations that evoke frustration, aggression, or loss. Such holding, which possesses equally important physical and emotional dimensions, also gradually furnishes the infant with a “first sense of a world that can be trusted sufficiently for the process of separation to occur” (Frogget, 2002, p. 42). Maternal holding in effect provides

for containment of the infant's anxiety and thus permits creative exploration not only of the world outside mother's body and physical reach but also of the inner world—the world of thought, fantasy, and introspection. Such ideas appear to translate readily into the developmental framework and typology ultimately devised by Bowlby and his followers that highlighted *secure* versus *insecure* forms of attachment.

Winnicott also emphasizes that such exploration of the child's inner and outer environments occurs within a *potential space* between mother and infant, a "hypothetical area of mutual creativity" (Moore & Fine, 1990, p. 206). In a caregiving environment that is good enough, this potential space may ultimately become internalized by the child, who is then equipped to reproduce or re-create it in other circumstances and with other objects.

Winnicott also believed that all human beings begin life with a *true self*, an "inherited potential" that may be understood to represent the infant's core self or essence. In an attuned and growth-promoting, facilitative human environment, the true self, which has been described as a spontaneous expression of the id, is progressively elaborated and gradually becomes firmly established. However, when the mother, owing to environmental limitations, personal pathology, or perhaps a combination of the two, is unable to respond to the "sensorimotor, gestural, 'id' self of the infant" but offers instead a distorted reflection of what she observes, somewhat akin to that of the fun-house mirror, a *false self* forms alongside or in place of the true self. Put somewhat differently, the false self may be thought of as a facade erected by the infant child so as to comply with the mother's inadequate adaptations, whether such failures take the form of deprivations or impingements on the child's growth (Goldstein, 1995). Meissner has observed that

infants who develop in the direction of a false self mode have not experienced the security and mutual satisfaction of [an attuned mother-infant] . . . relationship. Such mothers are out of contact with the child and react largely on the basis of their own inner fantasies, narcissistic needs, or neurotic conflicts. The child's survival depends on the capacity to adapt to this pattern of the mother's response, which is so grossly out of phase with the child's needs. This establishes a pattern of gradual training *in compliance with whatever the mother is capable of offering, rather than the seeking out and finding of what is needed and wanted* [emphasis added].

(2000, pp. 202–203)

Infants who are locked into such patterns of forced compliance and negation of their own needs are able to survive, but, in Winnicott's view, only at the cost of "living falsely" (Winnicott, 1960a, 1965). Winnicott believed the bifurcation of self-experience into "true" and "false" structures is invariably present—even in normal infants—though only in the most disturbed children, adolescents, and adults does the false self organization elide its counterpart so completely.¹²

Winnicott treated many patients who suffered from various pathologies of the self, such as schizoid, borderline, or narcissistic personality disorders, individuals whose suffering seemed linked to a profound inner alienation. Such patients, Winnicott noted, may act and function normally, but they experience a fundamental disorder of their personhood. In effect, a critical dimension of subjectivity becomes subverted in such cases, so that the individual's true self, if not completely supplanted by a false self organization, is well hidden. "Winnicott's most profound and most productive insight," Mitchell and Black have noted, was the connection he made between false self disorders occurring in later life and "the subtle variations he observed in mother-infant interactions from the very beginning of life" (1995, p. 125). These observations seemed strongly to suggest significant if not striking continuities between infants' experiences with their mothers and "the quality and nuances of adult subjectivity," thereby offering important new opportunities for understanding not just the process of development but that of therapy as well (1995, p. 125).

Perhaps the most widely known of Winnicott's theoretical ideas is his concept of the *transitional object*. Winnicott believed that transitional objects, typically consisting of children's blankets, stuffed animals, pillows, toys, and other inanimate but nonetheless cherished possessions, serve to promote the developing child's gradually increasing independence. Such objects are endowed with soothing and calming qualities that become especially evident at times of heightened anxiety, for example, during stressful separations from caregivers or at bedtime (Winnicott, 1951), although the use of transitional objects is not by any means limited to such times. The transitional object has particular characteristics, including texture and odor, that are believed to remind the infant of the mother; indeed, efforts to "sanitize" such objects when they become dirty or foul-smelling may evoke strong protests in the child, who reacts to such a measure as a break in the continuity of her experience—a disruption that "may destroy the meaning and value" of the object (Winnicott, 1951, p. 232). The transitional object is transitional not only be-

cause it enables the infant to sustain the illusion of a calming, comforting mother in the mother's absence, but also because it "helps to bridge the gap between *me* and *not-me*... the space between the self and external reality." It is in this space, Winnicott notes, where "symbolization occurs, meaningful, affective, sharing-yet-separate companionship and love grow, [and] ... play and illusion are maintained in the spontaneous, creative activities of healthy people" (Fonagy & Target, 2003, pp. 139–140).¹³

Winnicott's conception of transitional objects and of transitional experience was initially formulated within a developmental context, although he ultimately extended this framework to include various aspects of adult experience. Conceiving of the transitional experience as occurring within an intermediate domain or realm of illusion that "embraces both inner and external reality," Winnicott believed that its essential characteristics might be preserved in "areas of adult functioning having to do with ... imaginative capacities [such] as creativity, religious experience, and art" (Meissner, 2000, pp. 200–201). Whereas the transitional experience for the infant or young child is intimately linked to a capacity for play, for the adult, transitional experience would be more likely to involve "playing with" new ideas and fantasies and the cultivation of one's own creative impulses.

W. R. D. Fairbairn

Fairbairn's *object relations theory* of development, like the framework developed by Winnicott, also represented a radical departure from classical psychoanalytic conceptions of libidinal drive and Freudian conceptions of the nature of the earliest relations between mothers and infants. First and foremost, Fairbairn's concept of ego is that of a structure "present from birth rather than developed from the id" in consequence of its commerce with reality (Moore & Fine, 1990, p. 71). Fairbairn's infantile ego, furthermore, possesses an energy all its own, thus obviating the need for the classical formulation of the id as the source of all psychic energy. In effect, the distribution of libidinal energy in the Fairbairnian model has become an *ego function*, and the id as an independent agency has therefore ceased to exist. Equally important is Fairbairn's conception of the *nature* of libidinal energy. Like Winnicott and other middle-tradition theorists, Fairbairn was more or less convinced that libido was object seeking rather than pleasure seeking. In effect, he believed the object to be "built into" the impulse from the very beginning. In such a scheme, pleasure is no longer conceived as the ultimate goal of the

impulse but rather as a vehicle through which a relational tie can be established (Greenberg & Mitchell, 1983). Fairbairn was undoubtedly influenced in the formulation of these ideas by his extensive experience in working with abused children. As Mitchell and Black observe,

He was struck by the intensity of their attachment and loyalty to [their] abusive parents; the lack of pleasure and gratification did not at all weaken the bonds. Rather, these children came to seek pain as a form of connection, the preferred connection, to others. Children, and later adults, seek from others the kinds of contact they experienced early on in their development. Just as ducklings become imprinted onto and follow around whatever caretaking object shows up at the right time . . . so, in Fairbairn's view, do children become powerfully attached to and build their subsequent emotional lives around the kinds of interactions they had with their early caregivers.

(1995, pp. 116–117)

Fairbairn's theory also represents a significant challenge to classical ideas about the origins of psychopathology. In Freud's articulation of the structural model—essentially, that conflict inheres in all mental activity and that there are specific conflict-mediating structures—a basic theoretical premise is the existence of instinctual aims of a hedonistic nature that strive for satisfaction or “discharge.” When such aims are interfered with, whether the result of internal superego prohibitions, external constraints, or a combination of the two, various adaptations are possible; some of these may be adaptive and relatively conflict-free resolutions, while others may be conflict-laden, fundamentally neurotic defensive accommodations. Even psychotic disturbances, which might be said to reflect a failure of defense, are understood within the classical framework to represent the “outcome of a . . . disturbance in the relations between the ego and the external world” that, like the neuroses, “originate[s] in the ego's conflicts with its various ruling agencies” (Freud, 1924, pp. 149, 152). In contrast, Fairbairn views psychopathology as the sequela of insurmountable obstacles to the infant's efforts to develop and maintain relationships with significant others or, in his language, “natural objects.” Interferences with the infant's or young child's efforts to establish such relational ties lead to the formation of internalized objects, which are “compensatory substitutes for unsatisfactory relations with real, external objects” (Mitchell, 1994, p. 82).

Fairbairn's characterization of internalized object relations appears in certain respects to parallel Bowlby's ideas, particularly in relation to Bowlby's later

elaboration of representational or internal working models, which is described in detail in chapter 2. Bowlby's concept of the internal working model is not necessarily a negatively valenced one, however, inasmuch as he assumes that *all* infants develop such representational models on the basis of their attachment experiences; for some, the model is an open, flexible one, revealing the subject's capacity to assimilate new information and anchored in a fundamentally secure attachment experience, whereas for others the model might reflect a kind of attachment rigidity, a foreshortening or derailment of development, perhaps linked to insecure or anxious attachment experiences. Although Fairbairn views all internalized objects as compensatory, the notion that such internal phenomena might distort or otherwise influence external object relationships is also clearly present in Bowlby's idea of representational models.

Not surprisingly, Fairbairn's understanding of human emotional development differs markedly from the libidinal phase model of classical theory. Unlike Freud, Karl Abraham, and other architects of libido theory, Fairbairn develops a conception of developmental stages that is not tied to a maturational sequence that shifts from one erotogenic zone to another. Rather, he theorizes a developmental process rooted in the individual's evolving capacity for relatedness to others. "What changes is not the body part, serving as a focus of instinctual tension, but the quality and complexity of relatedness to others" (Greenberg & Mitchell, 1983, p. 160). As individuals mature, they gradually exchange infantile dependency for mutuality and interdependence. Postpartum life, in Fairbairn's estimation, is the continuation of the intrauterine mental state, one characterized by a near-absolute merger with mother/mother's body. Fairbairn also refers to this infantile relationship to the mother as one of "primary identification," which in his view represents "the cathexis [libidinal investment] of an object which has not yet been differentiated from the cathecting subject" (Fairbairn, 1941, p. 34n).¹⁴

Fairbairn's theory of development, like the Freud/Abraham theory of libidinal development, also consists of three phases. Fairbairn's framework, however, is a model for the development of object relationships with the changing quality of the child's dependence on mother serving as the central organizing theme, a model that along with the progressive differentiation of infantile self from maternal object also emphasizes "a process of relinquishing narcissistic or self-centered attitudes in favor of loving and caring ones, and a process of more or less successful actualization of one's ideals in a relationship" (Robbins, 1994, p. 306). The three developmental stages that

Fairbairn identifies in this maturational schema are *infantile dependence*, *quasi independence*, and *mature dependence*.

Stage I: Infantile dependence

In this stage the infant's dependence on the mother is absolute, and the maternal breast serves as a "natural biological object to which the infant's mouth relates" (Moore & Fine, 1990, p. 73). Rather than emphasizing the erotization of the mouth and oral mucosa, however, Fairbairn focuses on the object relational idea of *incorporation*. Such "taking in" contributes to a gradual internalization of the breast. This is of course the developmental stage in which *primary identification* occurs, the fusion of the neonate with a maternal object from which she or he has not yet achieved differentiation (Moore & Fine, 1990, p. 73). Like the articulation of the stages of the libido, Fairbairn also postulates a division of the stage of infantile dependence into an *early oral* (preambivalent) *phase* and a *late oral* (ambivalent) *phase*. In the early oral phase, the mother's breast is treated as a part-object, whereas in the late oral phase, mother is a "whole-object treated as a part-object" (Grotstein & Rinsley, 1994, p. 337).

Stage II: Quasi dependence

Fairbairn hypothesizes an extended *transitional* stage situated midway between the stage of *infantile dependence* and that of *mature dependence*, which he terms the stage of *quasi dependence*. In this stage the differentiation of the infant's self from objects is initiated and progressively elaborated, and an inner world is gradually formed that consists of internal representations of these objects. As the object is "taken in," it is treated as bodily contents, and its "bad" parts are expelled (Moore & Fine, 1990). As noted earlier, however, Fairbairn regards such internal object representations as compensatory in nature, a substitute for whatever "sense of security and continuity" might be absent in the real relationships with the parents (Greenberg & Mitchell, 1983, p. 161). Viewed within such a framework—with its emphasis on the object-seeking nature of libido—individual psychic survival *depends upon objects*; therefore, the situation of greatest danger, one that might be termed emblematic of this stage, is the fear of separation or of object loss. Accordingly, the "central conflict of the entire transitional phase . . . is between the developmental urge toward mature dependence and richer relations, and the regressive reluctance

to abandon infantile dependence and ties to undifferentiated objects (both external and internal)” over the prospect of losing contact with the object (Greenberg & Mitchell, 1983, p. 162).

Stage III: Mature dependence

This stage is marked by the achievement of full differentiation of self from object and a capacity for mutuality, for “give and take,” in human relationships. As Fairbairn defines it, maturity is attained only by the child’s “renunciation of compulsive attachments to objects based on primary identification and merger” and an analogous repudiation of attachments to the child’s compensatory internal objects—in his estimation, a momentous and enormously challenging step, one that is probably never fully complete (Greenberg & Mitchell, 1983, p. 161). In order for such renunciation to occur, a child must feel “loved as a person in his own right” but also experience her or his own expressions of love as “welcomed and valued” by others (p. 161).

As chapter 2 will underscore, Fairbairn’s theory of development and his ideas regarding attachment bear a fundamental similarity to Bowlby’s formulations and seem in essential respects to be compatible with them. Although both theorists were influenced by the work of Melanie Klein, each “abandoned Klein’s efforts to preserve classical drive theory,” instead seeking to challenge and redefine “the basic principles within which classical theory operates” (Greenberg & Mitchell, 1983, p. 184). Both theorists were also critical of the physicalist tradition that undergirds classical theory, viewing it as inadequate and anachronistic (p. 184). However, Fairbairn’s radical notion that biological impulses do not have primacy but instead arise in consequence of the *frustration of relational needs*, though bearing a superficial similarity to Bowlby’s views, is not truly equivalent.¹⁵ As Fonagy and Target note, in Bowlby’s theory, the “goal of the child is not the object, e.g., the mother [an underlying premise of Fairbairn’s theory]. The goal that regulates the system is initially a physical state, the maintenance of a desired proximity to her,” a goal that is only later “supplanted by the more psychological goal of a feeling of closeness to the caregiver” (2003, p. 233).

Michael Balint

Michael Balint’s theoretical contributions, though not as celebrated as either Winnicott’s or Fairbairn’s, are also considered important for their emphasis

on what Balint terms unconditional or *primary object love*. Balint, who had trained with Ferenczi and remained a close follower, is credited with further developing his mentor's early work in such areas as early maternal deprivation and its clinical and transference sequelae, and in simultaneously striving to reconcile these ideas with those of mid-twentieth-century mainstream psychoanalysis (Greenberg & Mitchell, 1983). Balint, unlike Fairbairn, does not go so far as to reject classical drive theory, arguing that libido possessed two "fundamental tendencies—that it is *both* pleasure-seeking and object-seeking" (Greenberg & Mitchell, 1983, p. 183). However, at other times he conceives of "the pleasure-seeking aims of libido" much as Fairbairn does, as arising from frustration in the child's efforts to procure emotional supplies from the object. Nevertheless, he asserts that primary object love can be neither subsumed by nor otherwise "linked" to the Freud/Abraham model of libidinal stages, arguing that the idea of primary object love cannot be conceived in oral, anal, genital terms but rather that it "is something on its own" (Balint, 1952a, p. 85).

Much like his middle-tradition peers, Balint believed object relations to be present from the moment of birth. He is critical of the classical concept of primary narcissism, which, he concludes, asserts that the "individual is born having hardly any or no relationship with the environment" (Balint, 1968, p. 66). He writes:

Primary narcissism is a very curious notion, full of meaning and yet very poor. If we accept it, the very earliest state of the intrauterine mental life can be characterised as follows: the infant has no knowledge as yet of the external world, does not even perceive it; it has subjectively no relation to the objects and persons of its environment and thus no desires orientated towards the world; it experiences only increase and disappearance of its needs, but does not yet connect them with the external world; the observable emotional phenomena, such as crying, whining... are merely abreactions; as the infant does not yet perceive any external objects, it can have no libidinous object-relations as yet; of its libido nothing has yet been turned outwards.

(Balint, 1952a, p. 103)

Balint's objections are multiple, however. In the first place, he criticizes Freud's methodology, which he considers to represent a hypothesis based upon theoretical extrapolation—no more, no less—a critique he shares with Bowlby. He is critical also on the grounds that direct empirical observation

of infants, admittedly a fledgling science in the first half of the twentieth century, had demonstrated that “reactions of infants to libidinous environmental influences can be demonstrated indisputably as early as the first week of their life and certainly in the first month” (Balint, 1952a, p. 104).¹⁶ Balint further asserts that *absolute* narcissism is in itself impossible and, using as an example the difficulty in reaching a transcendental meditative state, observes that even a narcissistic *attitude* is extraordinarily difficult to achieve. Moreover, he believed that primary narcissism implies a state of indifference about the world, and yet infants who are theoretically in a state of primary narcissism express nearly unceasing requirements for attention and emotional supplies from their caregivers.

Balint instead proposes that the “relationship with the environment exists in a primitive form right from the start” and that the desire to be loved is inborn (Fonagy & Target, 2003). He characterizes the infant’s earliest object-relatedness as “passive” in nature, suggesting that its aim is simply to “be loved and satisfied, without being under any obligation to give anything in return” (Balint, 1952a, pp. 98–99). In Balint’s conception, narcissism represents one of two *detours* from this goal: failing sufficient gratification from primary objects, infants will, as a compensatory measure, love and gratify themselves. A far more adaptive detour, of course, is the individual’s willingness to conform to a partner’s wishes in order to receive love and gratification, what Balint terms “active” (versus “passive”) object love (p. 99). Within this framework, then, narcissism is *never* actually primary but is a reaction to or protection against a “bad” or nongratifying object.

Balint, like Bowlby, Winnicott, Fairbairn, and other object relations theorists, was also interested in the relationship of early traumata to later psychopathology, particularly pathology he identified as being rooted in infantile experience with the primary objects. In Balint’s view, traumatic breaches in the earliest relationship between infants and caregivers may give rise to what he terms the *basic fault* (Balint, 1968), a structural rending of the psyche. Balint is careful not to describe the basic fault as “a situation, position, conflict, or complex”; rather, he views it as a *level* of intrapsychic experience, the specific characteristics of which are these:

- (a) All the events that happen in it belong to an exclusively two-person relationship—there is no third person present; (b) this two-person relationship is of a particular nature, entirely different from the well-known human relationships of the oedipal level; (c) the nature of the dynamic force operating

at this level is not that of a conflict; and (d) adult language is often useless or misleading in describing events at this level, because words have not always an agreed conventional meaning.

(Balint, 1968, pp. 16–17)

According to Fonagy and Target (2003), the basic fault may be legitimately considered to constitute the developmental basis for personality disorders. Phenomenologically speaking, individuals exhibiting a basic fault have the “underlying feeling that something is not quite right about” them (p. 138), for which they seek out various environmental remedies. Ultimately, many such patients enter psychoanalysis or other forms of treatment, Balint believed, principally seeking to heal these basic disjunctions in the structure of the self. In his work with such patients, Balint experimented with various clinical approaches that were intended to “recapture missed developmental opportunities” as well as to reclaim dissociated parts of the self (Mitchell & Black, 1995, p. 136).

Balint’s interest in the relationship of early experiences with the primary objects to a child’s characteristic ways of managing anxiety led him to hypothesize two basic defensive strategies, *philobatism* and *ocnophilism*. Philobatism, writes Balint, is intended to characterize the “pleasure and activities” derived from reliance on one’s own skills and resources in a situation involving a basic threat to one’s sense of security (Balint, 1959). Balint’s model for such a strategy of defense is that of the acrobat, the thrill of whose performance lies in separation from the security of “mother earth.” If the philobat dislikes attachments to object, preferring instead the spaces between them (Fonagy & Target, 2003), the ocnophile, by contrast, is intensely dependent on and invested in objects. The world of the ocnophile, writes Balint, “consists of objects, separated by horrid, empty spaces. The ocnophil [*sic*] lives from object to object, cutting his sojourns in the empty spaces as short as possible. Fear is provoked by leaving the objects, and allayed by rejoining them” (1959, p. 32). At first blush, the ocnophile’s solution to the problem of anxiety over separation or object loss seems more primitive and less adaptive than the philobat’s acceptance of the inevitability of separation and of the separate existence of objects. The philobat has indeed accepted reality and, moreover, has learned to rely on skills and internal resources to cope with such frustrations and anxieties. However, Balint asserts that both attitudes—not the ocnophile’s alone—have the potential to be “pathological”; that is, one may be anxiously clinging to one’s love objects “in abject fear

that they may change” (ocnophilia) or adopting an attitude of supreme confidence that either new objects will always be readily available or old ones will have remained unchanged upon one’s return (philobatism).

It is tempting, though perhaps potentially misleading, to recast Balint’s ideas about the basic fault in attachment theory terms. As we recognized in our discussion of Fairbairn, it may also be possible to view Balint’s framework as adumbrating Bowlby’s theory of the representational or internal working model. In effect, philobats might be seen as having acquired a representational model consistent with secure attachment experiences, while ocnophiles could be seen to operate out of a representational framework reflecting anxious, or even ambivalent or disorganized, attachment experiences. (One problem with this ostensibly good “fit” between the two concepts, mentioned previously, is that Balint would be loath to characterize either philobatism or ocnophilism as necessarily adaptive or pathological, although the representational models in Bowlby’s framework are far more readily located along a continuum of adaptiveness/maladaptiveness).

Contributions of Ian Suttie and Imre Hermann

Though the work of Suttie and Hermann is less well known than that of other middle-tradition theorists, no summary of British object relational views on infant-mother attachment could be considered complete without some consideration of these two authors.

Ian Suttie, whose death at an early age seemed to plunge his work into relative obscurity, is nevertheless credited with one of the earliest challenges to the classical theory of motivation and libidinal stages. Writing in the mid-1930s, Suttie argued that infantile attachments to one’s mother, rather than constituting “merely the sum of infantile bodily needs and satisfactions,” might instead reflect a “need for company” and a primal effort to avoid the anxiety associated with isolation (Suttie, 1935, p. 16). Suttie regarded as “indisputable” that

a need for company, moral encouragement, attention, protectiveness, leadership, etc., remains after all the sensory gratifications connected with the mother’s body have become superfluous and have been surrendered. In my view *this is a direct development of the primal attachment-to-mother* [emphasis added], and, further, I think that play, co-operation, competition and cultural interests generally are substitutes for the mutually-caressing relationship of child and mother.

(Suttie, 1935, p. 16)

Suttie believed that infants begin life with a nonerogenous attitude of benevolent or loving attachment to their mothers, which relationship serves as a basis for all later forms of object love. Far from classical conceptions of infantile narcissism or of the libidinization of the infant's own body, Suttie held that the infant's bodily self acquires importance inasmuch as it also represents the object of maternal interest "and the first plaything shared with her" (Suttie, 1935, p. 37). In Suttie's view, motives for tenderness and companionship only later unite with the individual's appetite for sexual expression in mature object love, a position that is, of course, at considerable variance with Freud's conception of the development of genital sexuality. For Suttie, the instinct for self-preservation drives the infant's longing for and attachment to its mother, and this self-preservative dependency on others "is never completely outgrown, but persists as a need for companionship *apart from the organic satisfactions that may be derived therefrom*" [emphasis in the original] (Suttie, 1935, p. 259).

Perhaps not surprisingly, Suttie's theory of psychopathology is closely tied to any factor that might interfere with the exercise of the maternal function—that is, anything that has the potential to disrupt the normative developmental processes by which infants become socially mature and independent of the mother. In fact, Suttie asserts that specific disturbances in maternal character-formation can be linked to the infant's development of later psychopathology: "fixation[s], regressions, depressions, jealousies and antagonisms," which, in turn, constitute the basis for mental illness. Psychotherapy represents an attempt to reduce the dislocations of such thwarted attachments—the infant's "love life"—and to "free interest for social purposes" (Suttie, 1935, p. 259).

Imre Hermann, much like his colleague Michael Balint, was powerfully influenced by Ferenczi's ideas. Although he published a series of papers in the psychoanalytic journals of his era, Hermann, unlike the other theorists whose books and other publications we have summarized, never produced a major work. Indeed, it was most likely Michael Balint's high valuation of Hermann's ideas, cited in such works as *Primary Love and Psychoanalytic Technique*, that has made his work more enduring and guaranteed a place of some importance in the history of psychoanalytic ideas. Hermann's theory rests on two significant observations: (1) that infant primates cling to the bodies of their mothers throughout the first months of extrauterine life and (2) that human infants are prematurely separated from the bodies of their mothers. Human infants desire to live as a part of a dual unity with their

mothers, and insofar as the realities of civilization supervene to make this impossible, they will develop “a number of instinctual substitutive symptoms,” such as the sleeping position, reflexive adaptations (e.g., the Moro reflex), sucking, and, of course, the general tendency to respond to external threats by clinging to the mother or her substitute (Balint, 1952a). The infant of whom Hermann wrote was, significantly, actively engaged in behavior expressly designed to elicit responses in the maternal object, comparable in important respects to patterns observed in nonhuman primates. There is, therefore, comparatively little importance attached in Hermann’s theory to such notions as infantile passivity, autistic-like states, objectlessness, or primary narcissism, ideas that, as we have suggested, are associated both with classical theory and later with the views of developmentalists such as Margaret Mahler.

Hermann also claims that clinging is the developmental precursor of a range of object relational phenomena, both normal and pathological. Stroking, tenderness, and caresses may follow the “attenuation” of the tendency to cling; similarly, sadism and masochism might be traceable to pathogenic frustrations in the infant’s instinct to cling (Balint, 1952a). A variant of clinging, Hermann offered, is also assumed to be present in the erotic embrace. At the same time, Hermann, notes Bowlby, “was reluctant to regard [clinging] as an object relationship, so it would probably be incorrect to say that he subscribed to the theory of primary object clinging” (Bowlby, 1969, p. 371).¹⁷

This chapter has explored the work of a number of psychoanalytic writers, all of whom have developed theories to account for the earliest relations between mothers and infants. Inasmuch as each of the theorists whose ideas we have considered was also actively engaged in ongoing clinical work, developmental issues are, in virtually every case, considered *pari passu* with those involving the origins of later psychopathology—in particular, the ways in which such pathology may be associated with infantile life and with deficiencies or pathogenic features of the infant’s early environment. What Mitchell and Greenberg have referred to as Bowlby’s “broad reformulation of all the central features of personality development and psychopathology” (1995, p. 137), while no less revolutionary on this account, appears to have been influenced by ideas emerging from the fertile intellectual environment of post-World War II Europe and, more specifically, the British psychoanalytic community. Ferenczi’s influence, to the degree it may have existed, probably resided in his late effort to understand pathogenesis as a process

invariably affected by the subject's experiences with real, external objects, a viewpoint that was certainly consonant with Bowlby's emerging ideas about the origins of psychopathology. Bowlby was also taking issue with the ideas of his former mentor, Melanie Klein, whose theoretical premises about human development and psychopathology he had found so deeply troubling. (In this, Bowlby adhered to a time-honored tradition in psychoanalysis—that of theoretical secession—a path trod by many other great psychoanalytic thinkers, from Carl Jung to Otto Rank.)

As we have suggested, infant development, as conceived by middle traditionalists such as Winnicott and Fairbairn, reveals certain obvious conceptual parallels with Bowlby's theory of attachment. Like Bowlby, each attributed a great deal of significance to the notion of an infantile tie to the world of objects, and each tended to imbue real-world object relations with a significance at least equal to that of internalized object relations (indeed, in Fairbairn's case, internalized object relations were compensatory for what was unavailable in the external object world). Balint, too, emphasized the overriding importance of the *actual* relationship between infants and their environment. On balance, however, Balint's efforts were in the direction of augmenting and reshaping rather than rejecting the basic premises of Freudian libido theory. His solution—to suggest that libido might comprise both pleasure-seeking *and* object-seeking aims—must have struck Bowlby as both less agreeable and less serviceable a framework than, for example, Fairbairn's radical redefinition of drive. Finally, Bowlby seems to have been taken with the ideas of Suttie and Hermann, both of whom also emphasized the nonerogenous aspects of infant-maternal relations. Hermann, in particular, seemed to draw heavily from ethological ideas, a position that foreshadows Bowlby's own strong inclination to ground components of his attachment theory in infrahuman research.