NEO-FREUDIAN PERSPECTIVES ON
PERSONALITY*

Mark Kelland

This work is produced by OpenStax-CNX and licensed under the
Creative Commons Attribution License 4.0

Abstract

This module covers a variety of Neo-Freudian perspectives on personality development, including
the work of Anna Freud, Melanie Klein, D.W. Winnicott, Margaret Mahler, Heinz Kohut, and Otto
Kernberg. The references for this module can be found in the accompanying module entitled "References
for Personality."

Who were the neo-Freudians, and what exactly does this term mean? Many early psychoanalysts re-
mained basically true to Freud and his theories. These individuals are collectively known as either neo-
Freudians or as ego psychologists, for their emphasis on the ego. Shifting from Freud’s emphasis on the
id to an emphasis on the ego is a major change, but it does not require rejecting the basic elements of
Freud’s theory. The shift also encourages the study of children. After all, it is during childhood that most
of this dramatic psychological development occurs. The neo-Freudians stand in contrast to Alfred Adler and
Carl Jung, who intentionally distanced themselves from Freud, and Karen Horney, who initially brought a
female perspective to psychodynamic theory (a perspective in which she directly challenged some of Freud’s
ideas on women) but later shifted to a cultural perspective on the psychology of women. For an interesting
introduction to a number of important neo-Freudians, see Freud and Beyond (Mitchell & Black, 1995), and
for an introduction to some of their papers see The First Freudians (Ruitenbeek, 1973).

In this chapter, we will only be able to take a brief look at a handful of these theorists. Among the
many neo-Freudians, there are some notable individuals we will not be covering. Karl Abraham was an
active psychoanalyst in Berlin when the rest of Germany was largely mocking Freud’s theory. Sándor
Ferenczi accompanied Freud and Jung on their landmark trip to America. A. A. Brill was influential in
the development of psychoanalysis in America, and an early translator of Freud’s works into English. As
important as these theorists were in their own right, they have not had quite the influence of those whom
we will cover in this chapter.

First, we will examine Anna Freud’s contributions on the defense mechanisms. Although her father had
described many of the defense mechanisms, he left it to his daughter to literally write the book on them
(A. Freud, 1936/1966). Anna Freud also moved beyond her father’s work in at least one significant way: she
contributed to the study of applying psychoanalysis to children. Two other early contributors to the
application of psychoanalysis to children were Melanie Klein and D. W. Winnicott. Although Klein and
Anna Freud shared an interest in studying children, they often did not agree. This conflict led to a split
in the English school of psychoanalysis (Mitchell & Black, 1995). Winnicott had been trained in part by
colleagues of Klein, and he was supervised by Klein personally for a time, but eventually his independence
led him to develop his own theories. Having been a pediatrician before he became a psychoanalyst, he was

*Version 1.1: Nov 4, 2015 6:43 am -0600
†http://creativecommons.org/licenses/by/4.0/

http://cnx.org/content/m58036/1.1/
able to draw on a wealth of experience observing children interacting with their mothers (Mitchell & Black, 1995). Finally, we will take a very brief look at the work of Heinz Kohut and Margaret Mahler, and their perspectives on how an individual finally becomes just that.

**Placing the Neo-Freudians in Context - 1: Connecting Personality Theories**

In one sense, it is not possible to put the neo-Freudians in context, because to do so would be to suggest that these theorists have concluded their work. As we will see, the process of modifying Sigmund Freud’s theories toward some final, comprehensive theory accepted by all psychoanalysts continues today. So we must keep in mind that we are really just putting those theorists mentioned in this chapter in context, and this task is one that will continue into the future.

If you had been able to predict in 1910 what future perspectives on Freud’s theory would become, you might have easily done it. Some theorists stayed true to Freud’s basic principles, others took radically different approaches, and the rest fell somewhere in between. Not surprisingly, the strongest supporter of Freud’s theory was his own daughter Anna. Although she shifted the focus of psychoanalysis from the id to the ego, and emphasized analyzing children, these were reasonable extensions of Freud’s own work. And more importantly, she made these changes only within the constraints that her father’s theory allowed.

In contrast, Melanie Klein made radical changes to psychoanalytic theory, and directly challenged the views of Anna Freud. This challenge led to a public battle, one in which Anna Freud seems to have been respectful toward Klein, but Klein did not return the courtesy. Subsequently a third group arose, a group of moderates who appreciated the direction Klein had taken, but who had their own differences of opinion with her. Following a series of open discussions during World War II, it was agreed by all to acknowledge the differences among those who followed Anna Freud, Klein, or their own independent paths.

Eventually, subsequent theorists began to recognize the value in each different approach to psychoanalysis. Today, theorists like Otto Kernberg have come a long way toward blending the different neo-Freudian approaches together. But there remained an important area of psychology that needed further study in its own right: the psychology of women. The object relations theorists had laid an interesting foundation for what became a relational-cultural approach to the study of women, and ultimately all people.

**Anna Freud and Ego Psychology**

Anna Freud (1895-1982) was the youngest of Sigmund and Martha Freud’s six children, and the only one to pursue a career in psychoanalysis. However, this did not come about immediately, and Anna Freud never attended medical school as her father had. Therefore, she was one of the first lay psychoanalysts, which is an important consideration for all mental health practitioners today (since Freud and most other early psychoanalysts were actually psychiatrists who had attended medical school). In 1971, a survey conducted among psychiatrists and psychoanalysts identified Anna Freud as the most outstanding colleague among both groups (see Peters, 1985).

Anna Freud lived with her parents until Sigmund Freud’s death in 1939. She was a lively child, with a reputation for being mischievous. Although she always enjoyed a good relationship with her father, it was her older sister Sophie who was her father’s favorite daughter (Peters, 1985). She was quite intelligent, but never attended college. She did, however, attend private schools, eventually entering the Cottage Lyceum in Vienna during fifth grade. She soon entered the Cottage Lyceum’s high school, graduating in 1912. Since she had not chosen a career, she traveled to England to improve her English, one of several languages she had learned. Upon returning to Vienna, she became a teacher at the Cottage Lyceum’s elementary school. She was very popular among her students, one of whom described her as “such a marvelous and simple figure that I loved her deeply at that time” (cited in Peters, 1985). Her popularity likely resulted from her own love of teaching and for her students (Coles, 1992). Anna Freud considered this experience as a teacher to have been very valuable for her later career as a child psychoanalyst:

> The people who follow this line of thought hold that those who analyze children should possess not only the correct analytical training and mental attitude but something further: something which is called for by the idiosyncrasies of childhood, namely, the training and the mental attitude of the pedagogue... (pg. 130; A. Freud, 1973).

Even before she graduated, Anna Freud had begun reading her father’s works. But it was not until 1918 that she entered into psychoanalysis. Such a situation, a father psychoanalyzing his own daughter,
would be considered inappropriate today, but at that time the entire field was still quite new and many aspects of it were still experimental. In any case, Anna Freud subsequently became one of her father’s most unwavering supporters and an important psychoanalyst in her own right. In 1920 she attended the International Psychoanalytical Congress with her father, and 2 years later she was a member of the Vienna Psychoanalytical Society and began presenting her own papers. In 1923 she began her own practice treating children.

As Anna Freud was developing her theories regarding the psychoanalysis of children, Melanie Klein was developing her theories in England. There were significant disagreements between them, including a symposium in 1927 organized specifically to provide an opportunity for Klein to publicly attack Anna Freud’s theories (Peters, 1985). After Anna Freud arrived to stay in England with her family in 1938, the conflict between them threatened to split the British Psychoanalytic Society. However, during World War II, a series of discussion forums resulted in the establishment of parallel training courses for the two groups.

After the war began, Anna Freud helped to set up the Hampstead War Nursery to provide foster care for over 80 children, a number that rose to a total of 190 children over several years (Peters, 1985). In addition to simply providing care for the children, she hoped to provide the children with continuity in their relationships with staff and family. With long-time friend Dorothy Burlingham she studied the effects of stress on young children in wartime. This work continued after the war when she had an opportunity to help provide care for six orphans who had survived the Theresienstadt concentration camp (Coles, 1992; Peters, 1985).

Throughout the rest of her life, she remained devoted to her work at the Hampstead War Nursery. She helped to establish the Hampstead Child Therapy Course (in 1947) and a children’s clinic. Eventually the nursery became known more simply as the Hampstead Clinic, and Anna Freud became one of the major figures in psychoanalysis. She often traveled to lecture in the United States, and in the 1970s she was a co-author, with two professors from Yale University, of two books about governmental involvement in the lives of children who have been emotionally deprived and socially disadvantaged (see below). She received many honors, including honorary doctorates from Clark University (where her father had lectured during his trip to America), Harvard University, and Vienna University. The honorary medical degree she received from Vienna University was awarded in 1972, only 1 year after she returned to visit her native city for the first time since the Freud’s had escaped the Nazis in 1938.

Shortly after her death, the Hampstead Clinic was renamed the Anna Freud Centre, in her honor, and in 1986 her former home became the Freud Museum. Although she has been considered by some to have done little more than continue her father’s work, she was a pioneer in both ego psychology and the psychoanalysis of children. Accordingly, she deserves to be considered one of the most influential neo-Freudians. Much of the information in this biography can be found on The Anna Freud Centre website, as well as much more information on the center itself (http://www.annafreudcentre.org).

**Ego Psychology and the Defense Mechanisms**

In 1936, Anna Freud published perhaps her most influential book: *The Ego and the Mechanisms of Defense* (A. Freud, 1936/1966). She began by stating a redefinition of the field of psychoanalysis. There was a general bias, in her opinion, among many psychoanalysts to focus on the deep instinctual impulses of the id at the expense of considering the ego. However, since the id is always unconscious, its processes can never be observed directly. It may also be difficult to observe the processes of the ego as well, but at least the ego exists partially within the conscious mind. Since it is the ego that observes both the impulses of the id and the restraints of the superego, and since the ego is available to the psychoanalyst, she concluded “this means that the proper field for our observation is always the ego.” (A. Freud, 1936/1966)

Although the ego is observable, that doesn’t mean that a person’s thoughts and behaviors always make sense. As the id demands the satisfaction of its impulses, the ego attempts to restrain the id, in accordance with the external demands of society and the internal representation of those demands in the superego. When these factors come in conflict, and the ego cannot easily resolve the conflict, anxiety develops. In order to help alleviate that anxiety, and to continue restraining the impulses of the id, the ego resorts to defense mechanisms. In so doing, the ego transforms the conflict somewhat and attempts to keep both the conflict and the basis for the conflict unconscious. When an individual is suffering psychologically and has

http://cnx.org/content/m58036/1.1/
sought help from a therapist, according to Anna Freud, the psychoanalyst arrives on the scene as someone who disturbs this fragile peace. This is because “it is the task of the analyst to bring into consciousness that which is unconscious...” (A. Freud, 1936/1966).

In order to understand how the ego uses defense mechanisms, it is necessary to understand the defense mechanisms themselves and how they function. Some defense mechanisms are seen as protecting us from within, from the instinctual impulses of the id (e.g., repression); other defense mechanisms protect us from external threats (e.g., denial). When treating a patient, the goal of the psychoanalyst is to determine how much a given defense mechanism contributes to the symptoms and to the ego resistance of the patient (in other words, resistance to therapy). To help understand these issues, Anna Freud identified and discussed ten defense mechanisms as being commonly recognized in the field of psychoanalysis: regression, repression, reaction-formation, isolation, undoing, projection, introjection, turning against the self, reversal, and sublimation. See Table 6.1 for a description of some of the defense mechanisms most commonly discussed today.

The defense mechanisms are not all available to an individual at the same time. As originally proposed by her father, Anna Freud believed that the defense mechanisms develop with the structures of personality (the id, ego, and superego). For example, projection and introjection depend on the differentiation of the ego from the outside world, so they would not be available to the ego as defense mechanisms until the ego had sufficiently developed (and, perhaps, differentiated into the superego as well; A. Freud, 1936/1966). This became an important point of contention, however, with the English school of analysis that included Melanie Klein. Whereas Anna Freud and her colleagues believed that projection and introjection would not be available in early childhood, since the structures of personality have not adequately developed, members of the English school believed that projection and introjection were a necessary part of that development. Although this debate and others between Freudian and Kleinian theorists became rather bitter (Mitchell & Black, 1995), Anna Freud did acknowledge the following:

These differences of opinion bring home to us the fact that the chronology of psychic processes is still one of the most obscure fields of analytic theory... So a classification of the defense mechanisms according to position in time inevitably partakes of all the doubt and uncertainty which even today attach to chronological pronouncements in analysis. It will probably be best to abandon the attempt to classify them and, instead, to study in detail the situations which call for the defensive reactions. (pg. 53; A. Freud, 1936/1966)

The final outcome of personality development, whether primarily normal or abnormal, depends on the overall process of these defense mechanisms throughout development. It is natural that defense mechanisms are called upon by the ego during both waves of psychosexual development. Whether or not the ego develops as a yielding and flexible structure depends on the strength of the instincts during development and the environment in which the individual develops. If instinctual demands are excessively urgent during development, the ego will redouble its defensive activities. This can stiffen the resistance of the ego to the instinctual impulses, leading to symptoms and inhibitions that remain throughout life (A. Freud, 1936/1966). At least, they might remain until the patient is successfully analyzed by a qualified psychoanalyst.

What is the status of defense mechanisms in psychology today? Clinical psychologists have always found the concept of defense mechanisms useful, but for a period of time defense mechanisms did not receive much attention from academic psychologists (Cramer, 2000). The primary reason for this was that early studies aimed at demonstrating the existence of the defense mechanisms and their processes were not promising. However, these are particularly difficult processes to study, since much of the processing occurs unconsciously (Cramer, 2000; Kernberg, 2004). According to Cramer (2000), as the various fields of psychology developed, they began to examine psychological processes that received new names within the particular field, even though the processes being studied were actually defense mechanisms that had already been discovered within psychoanalysis. Just to cite a few examples: what cognitive psychologists describe as selective attention may involve the defenses of splitting and dissociation, in social psychology scapegoating is a form of displacement, and in developmental psychology a child’s verbal report of positive emotion while their facial expression clearly represents negative emotion is a classic case of denial (for a variety of examples and references see Cramer, 2000). Therefore, one can conclude that defense mechanisms, and defensive processes, have remained an important aspect of psychology and psychotherapy since they
were first described by Sigmund Freud and Josef Breuer in 1895 (Freud & Breuer, 1895/2004).

**Discussion Question:** Anna Freud believed that even normal personality development involved the common use of defense mechanisms. Consider your own personality. Are there situations that make you anxious and, if so, can you recognize the defense mechanisms you rely on? Do you have a common defense mechanism that you use more than any other?

**Psychoanalysis with Children**

As mentioned above, Anna Freud began her career as a school teacher. This interest in children never diminished, and as she began to devote her career to psychoanalysis and psychoanalytic research her focus remained on the psychological lives of children. In 1946 she published *The Psycho-Analytical Treatment of Children* (A. Freud, 1946). This book is a collection of works she had written mostly in 1926 and 1927, with the final portion having been written in 1945. The book begins with an interesting preface, an apology that the book had not been available in English at an earlier date, particularly in the country of England. The reason for this, according to Anna Freud (and many historians agree), is that in England the theories of Melanie Klein dominated the psychoanalytic community (see also Mitchell & Black, 1995). Klein and her colleagues believed that psychoanalysis could be conducted successfully with young children, and that the process of transference occurred in the same manner as it did with adult patients. Initially, Anna Freud believed that psychoanalysis could not be performed with young children. Later, she acknowledged that the efforts of her colleagues had helped to make that a possibility, but she steadfastly denied that she had ever seen the normal process of transference in anyone younger than adulthood (A. Freud, 1946).

**Repression**

Repression involves blocking an impulse from conscious expression. Examples include forgetting a traumatic event, such as sexual abuse, or being unaware of hostile feelings toward family members.

**Regression**

When faced with difficult situations that we cannot resolve, we may regress to behavior indicative of an earlier stage of development. For example, when we are very sick, we may act as helpless as if we were an infant and hope that someone will take care of us.

**Denial**

Denial refers to simply refusing to believe an unpleasant reality. For example, when someone is told they have a terminal illness, they may deny it and refuse to follow treatment recommendations.

**Projection**

Projection involves attributing our own negative impulses to another person. If, for example, we want to see another person fail, perhaps to make us feel superior, we may claim that they are trying to interfere with our success.

**Reaction-Formation** A reaction-formation is the process of suppressing unacceptable impulses and adopting an opposite course of action. For example, a parent who resents having children may shower them with love.

**Identification**

We often model our behavior after people we admire, or adjust our behavior based on people we fear. Internalizing this process of identifying with others is primarily how the superego develops, how we adopt the rules and guidelines of our culture and make them our own.

**Displacement** Sometimes we cannot respond directly to unpleasant situations, so we displace (or transfer) our impulses onto another object. For example, if your boss yells at you at work, you then go home and yell at people in your family.
Rationalization
Rationalization is the process of finding logical reasons for unacceptable behavior or thoughts. For example, a professor may constantly battle with administrators about policies, while claiming that he/she only has the best interests of their students in mind.

Isolation
Isolation involves separating the anxiety-provoking aspects of an event from one’s other thoughts and behaviors. For example, following the death of a child, one parent may set aside their grief in order to be able to provide support for the other parent.

Sublimation
Sometimes referred to as the successful defense mechanism, sublimation is the process of channeling unacceptable impulses into socially acceptable forms. It is often said that great artists must suffer before they can find the inspiration to master their craft.

Repression
Repression involves blocking an impulse from conscious expression. Examples include forgetting a traumatic event, such as sexual abuse, or being unaware of hostile feelings toward family members.

Regression
When faced with difficult situations that we cannot resolve, we may regress to behavior indicative of an earlier stage of development. For example, when we are very sick, we may act as helpless as if we were an infant and hope that someone will take care of us.

Denial
Denial refers to simply refusing to believe an unpleasant reality. For example, when someone is told they have a terminal illness, they may deny it and refuse to follow treatment recommendations.

Projection
Projection involves attributing our own negative impulses to another person. If, for example, we want to see another person fail, perhaps to make us feel superior, we may claim that they are trying to interfere with our success.

Reaction-Formation
A reaction-formation is the process of suppressing unacceptable impulses and adopting an opposite course of action. For example, a parent who resents having children may shower them with love.

Identification
We often model our behavior after people we admire, or adjust our behavior based on people we fear. Internalizing this process of identifying with others is primarily how the superego develops, how we adopt the rules and guidelines of our culture and make them our own.

Displacement
Sometimes we cannot respond directly to unpleasant situations, so we displace (or transfer) our impulses onto another object. For example, if your boss yells at you at work, you then go home and yell at people in your family.

Rationalization
Rationalization is the process of finding logical reasons for unacceptable behavior or thoughts. For example, a professor may constantly battle with administrators about policies, while claiming that he/she only has the best interests of their students in mind.

**Isolation**
Isolation involves separating the anxiety-provoking aspects of an event from one’s other thoughts and behaviors. For example, following the death of a child, one parent may set aside their grief in order to be able to provide support for the other parent.

**Sublimation**
Sometimes referred to as the successful defense mechanism, sublimation is the process of channeling unacceptable impulses into socially acceptable forms. It is often said that great artists must suffer before they can find the inspiration to master their craft.

**Repression**
Repression involves blocking an impulse from conscious expression. Examples include forgetting a traumatic event, such as sexual abuse, or being unaware of hostile feelings toward family members.

**Regression**
When faced with difficult situations that we cannot resolve, we may regress to behavior indicative of an earlier stage of development. For example, when we are very sick, we may act as helpless as if we were an infant and hope that someone will take care of us.

**Denial**
Denial refers to simply refusing to believe an unpleasant reality. For example, when someone is told they have a terminal illness, they may deny it and refuse to follow treatment recommendations.

**Projection**
Projection involves attributing our own negative impulses to another person. If, for example, we want to see another person fail, perhaps to make us feel superior, we may claim that they are trying to interfere with our success.

**Reaction-Formation**
A reaction-formation is the process of suppressing unacceptable impulses and adopting an opposite course of action. For example, a parent who resents having children may shower them with love.

**Identification**
We often model our behavior after people we admire, or adjust our behavior based on people we fear. Internalizing this process of identifying with others is primarily how the superego develops, how we adopt the rules and guidelines of our culture and make them our own.

**Displacement**
Sometimes we cannot respond directly to unpleasant situations, so we displace (or transfer) our impulses onto another object. For example, if your boss yells at you at work, you then go home and yell at people in your family.

**Rationalization**
Rationalization is the process of finding logical reasons for unacceptable behavior or thoughts. For example, a professor may constantly battle with administrators about policies, while claiming that he/she only has the best interests of their students in mind.

http://cnx.org/content/m58036/1.1/
Isolation
Isolation involves separating the anxiety-provoking aspects of an event from one’s other thoughts and behaviors. For example, following the death of a child, one parent may set aside their grief in order to be able to provide support for the other parent.

Sublimation
Sometimes referred to as the successful defense mechanism, sublimation is the process of channeling unacceptable impulses into socially acceptable forms. It is often said that great artists must suffer before they can find the inspiration to master their craft.

<table>
<thead>
<tr>
<th>Table 6.1: Common Defense Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Repression</strong></td>
</tr>
<tr>
<td><strong>Regression</strong></td>
</tr>
<tr>
<td><strong>Denial</strong></td>
</tr>
<tr>
<td><strong>Projection</strong></td>
</tr>
<tr>
<td><strong>Reaction-Formation</strong></td>
</tr>
<tr>
<td><strong>Identification</strong></td>
</tr>
<tr>
<td><strong>Displacement</strong></td>
</tr>
<tr>
<td><strong>Rationalization</strong></td>
</tr>
</tbody>
</table>

The importance of the analysis of children in terms of research is threefold, according to Anna Freud. It helps to confirm the theories developed by Sigmund Freud and others based on the analysis of adults, it leads to fresh conclusions and new conceptions (and she commends Melanie Klein on this point), and it serves as a point of transition to a field of applied analysis that she felt might become the most important of all: working with children as they develop (A. Freud, 1927/1973). What Anna Freud tried most to do in her writings was to point out the circumstances that make psychoanalysis with children different than psychoanalysis with adults. Fundamentally, there is no difference in the process. However, the results of the process must be viewed differently in order to understand what happens with children. Since Melanie Klein was actively pursuing the same goals, Anna Freud often wrote specifically about Klein, acknowledging her accomplishments, but also pointing out their differences.

The basic argument was aimed at the intellectual and psychological abilities of young children, and the extent to which the psychical apparatus (the id, ego, and superego) have developed. Since all three personality structures have developed in an adult, there is no need for the analyst to worry about that. All the analyst needs to do is to bring into consciousness the neurotic processes that have led to the patient’s symptoms (granted, that may be easier said than done). In children, however, the ego and especially the superego are still developing. Therefore, the analyst must consider the role he/she may play in the development of the child. The analyst must consider the extent to which the superego has already developed, and the analyst may be able to take advantage of its continuing development and help to direct and/or instruct superego development. According to Anna Freud (1927/1973):

...In the analysis of the adult we are at a point where the superego has already established its independence - an independence which is unshakable by any influence from the outside world...But child analysis...
must include all those cases in which the superego has as yet not reached any true independence. Only too clearly it strives to please its taskmasters, the child's parents and others responsible for his training...we have to use our influence from without in an educational manner by changing the child's relation to those who are bringing him up... (pgs. 138-139)

As these processes are actually observed, Anna Freud believed that the child's symptoms could transform in the presence of the psychoanalyst, in a way that simply did not happen with adults. Thus, it was essential to observe children from a different point of view than one observes adults. She acknowledged that Melanie Klein had contributed to our understanding of how children might be observed, but she felt that Klein had attributed too much to what Klein and her colleagues observed. Klein allowed children the opportunity to play with toys in her office, a situation in which the child's imagination can run wild. Klein believed this was the same for a child as free association was for an adult. However, Anna Freud countered that an adult is aware of their goals in psychoanalysis, whereas a child at play is not aware of being in therapy. As a result, Anna Freud viewed the play of children as fundamentally different than an adult's free association:

The play technique worked out by Mrs. Melanie Klein is certainly valuable for observing the child. Instead of taking the time and trouble to pursue it into its domestic environment we establish at one stroke the whole of its known world in the analyst's room, and let it move about in it under the analyst's eye but at first without his interference...

Mrs. Klein however...assumes the same status for these play-actions of the child as for the free associations of the adult patient...if the child's play is not dominated by the same purposive attitude as the adult's free association, there is no justification for treating it as having the same significance. (pgs. 28-29; A. Freud, 1946)

Anna Freud's steadfast belief that children do not have the intellectual or psychological capacity for free association, in part because they simply can't relax and lie still for an hour on the psychoanalyst's couch, also raises questions for the use of the second most common psychoanalytic technique, dream analysis. Dream analysis depends on the patient's ability to freely associate about the manifest content of the dream. With children, it is necessary for the psychoanalyst to connect the manifest content with the latent content, and this process will always be somewhat suspect (A. Freud, 1946). These problems lead into another controversy, the age at which psychoanalysis can occur. Whereas Klein and her colleagues believed that psychoanalysis could occur at any age, since babies are involved in play as part of their earliest activities, Anna Freud believed that some amount of speech was necessary to form an adequate therapeutic relationship with a child (so the earliest reasonable age for psychoanalysis would be around two to three years of age; A. Freud, 1946).

In her conclusion to *The Psycho-Analytical Treatment of Children*, Anna Freud re-emphasizes the role that the developmental processes play as a child (and their id, ego, and superego) grows. As such, a child analyst needs to be "as intimately familiar with the normal sequence of child development as he is familiar with the neurotic or psychotic disturbances of it" (A. Freud, 1946). She specifically mentions academic psychology and the tests being created by psychologists for the measurement of personality as useful in this regard. She also mentions one test as being especially useful in examining libido development and its disturbances: the Rorschach test. Still, she acknowledges that our understanding of the developmental processes of the libido and of the ego is "very incomplete." Yet she cautions psychoanalytic investigators "not to confine examinations to short-cuts of any kind..." (A. Freud, 1946). Clearly her concern for children, and for a professional approach to psychoanalytic research and practice, were foremost in her mind.

So what does current research tell us about the effectiveness of psychoanalysis on children? As is often the case, the results are not clear. Although a number of studies have shown that children benefit from psychoanalysis, the degree of that benefit has been disappointing (see Jarvis, 2004). When children of different age groups were studied, the results showed that psychoanalysis was more effective for younger children than it was for adolescents, something that Anna Freud would probably not have predicted. An important problem in many of the studies providing positive results, however, is that the results are based on reports by the therapists. Such reports are highly subjective and open to bias (Jarvis, 2004). Also, as we might expect, the effectiveness of psychoanalysis is dependent on the experience and skill of the analyst. Typically, analysts who have experience teaching and supervising psychoanalysis, as well as those who are
preparing to try a variety of psychoanalytic techniques, achieve significantly better outcomes with their patients (Kernberg, 2004). So we must consider the question of the effectiveness of child psychoanalysis as one that remains unanswered.

**Discussion Question:** Is a child at play engaging in the same mental activity as an adult engaged in free association? Melanie Klein believed yes, but Anna Freud disagreed. Do you think that children are capable of the same participatory role in psychoanalysis as adults, and is play the best way to observe children?

Late in her life and career, Anna Freud extended her work beyond the psychoanalytic treatment of children to larger issues of child advocacy. In collaboration with Joseph Goldstein, a professor of law at Yale University, and Albert Solnit, a professor of pediatrics and psychiatry at Yale’s medical school and Director of the Child Study Center at Yale, she co-authored two books: *Beyond the Best Interests of the Child* (Goldstein, A. Freud, & Solnit, 1973) and *Before the Best Interests of the Child* (Goldstein, A. Freud, & Solnit, 1979). These books focus on the importance of placing the interests of children first when the government intervenes in cases involving the custody and placement of children. These situations arise in many circumstances, such as in the case of orphans or following a difficult divorce, but also in more extreme cases of abuse or when certain parents do not believe in allowing medical care for very sick children. Since these situations can pit one parent against another, or the parents against the interests of society, the authors addressed very clearly reasons why the interests of the child should be placed first:

Some will assert that the views presented in this volume are so child-oriented as to neglect the needs and rights of the adults. In fact, this is not the case. There is nothing one-sided about our position, that the child’s interests should be the paramount consideration once, but not before, a child’s placement becomes the subject of official controversy. Its other side is that the law, to accord with the continuity guideline, must safeguard the rights of any adults, serving as parents, to raise their children as they see fit, free of intervention by the state, and free of law-aided and law-abetted harassment by disappointed adult claimants. To say that a child’s ongoing relationship with a specific adult, the psychological parent, must not be interrupted, is also to say that this adult’s rights are protected against intrusion by the state on behalf of other adults.

As set out in this volume, then, a child’s placement should rest entirely on consideration for the child’s own inner situation and developmental needs... (Goldstein, A. Freud, & Solnit, 1973)

So long as the child is part of a viable family, his own interests are merged with those of the other members. Only after the family fails in its function should the child’s interests become a matter for state intrusion. (Goldstein, A. Freud, & Solnit, 1979)

### 1 Object Relations Theory

There are those who say that it is inappropriate to refer to object relations theory as if it were a single theory. It is more appropriate to refer to object relations theorists, a group of psychoanalysts who share a common interest in object relations, but whose theories tend to vary with each individual theorist. Sigmund Freud used the term object to refer to any target of instinctual impulses. In the current context, an object is a person, or some substitute for a person such as a blanket or a teddy bear, which is the aim of the relational needs of a developing child. Melanie Klein is generally recognized as the first object relations theorist, and her change in emphasis from Sigmund Freud’s view was rather profound. Freud believed that a child is born more like an animal than a human, driven entirely by instinctual impulses. Only after the ego and the superego begin to develop is the child psychologically human. Klein, however, felt that a baby is born with drives that include human objects, and the corresponding need for relationships. In other words, the infant’s instinctual impulses are designed to help the child adapt to the distinctly human world into which the child is born (Mitchell & Black, 1995).

**Melanie Klein**

Melanie Klein (1882-1960) was also born in Vienna, about 13 years before Anna Freud. However, she did not remain there. She moved first to Budapest, where Klein entered into psychoanalysis with Sándor Ferenczi. She then moved to Berlin, where she continued her psychoanalysis with Karl Abraham. Since the move to Berlin occurred in 1921, and since she credited this period with Abraham much more significantly than the time she spent with Ferenczi, the most significant portion of her psychoanalysis actually occurred...
shortly after that of Anna Freud (Mitchell, 1986). However, the time periods are so close that, despite the difference in age, they really should be considered contemporaries. But they certainly did not agree, as we have already seen.

There are two factors that contributed to the differences between Klein and Anna Freud. Since Klein underwent psychoanalysis with Ferenczi in Budapest, and then Abraham in Berlin, her exposure to multiple points of view likely gave her a unique perspective on psychoanalysis. Anna Freud, remember, never left her father’s home while he was alive. Also, in 1925, just as the two women were embarking fully on their own careers, Klein moved to England following the death of her mentor Karl Abraham. This separation from the continent of Europe, in a country where analysts already shared ideas similar to Klein’s, led to a freedom of thought that allowed Klein to develop her own theories without restraint (Mitchell, 1986).

As mentioned above, Klein believed that an infant is born with the capacity and drive to relate to others. An inherent problem with this reality, however, is that the infant must be prepared to deal with all types of people and relationships. Thus, Klein believed that the death-instinct and its aggressive energy are every bit as important as the life-instinct (Eros) and its libidinal energy:

...What then happens is that the libido enters upon a struggle with the destructive impulses and gradually consolidates its positions...the vicious circle dominated by the death-instinct, in which aggression gives rise to anxiety and anxiety reinforces aggression, can be broken through by the libidinal forces when these have gained in strength. As we know, in the early stages of development the life-instinct has to exert its power to the utmost in order to maintain itself against the death-instinct. But this very necessity stimulates the growth of the sexual life of the individual. (pgs. 211-212; Klein, 1932/1963)

As the child continues to develop, love becomes the manifestation of the life-instinct, and hate becomes the manifestation of the death-instinct (Mitchell, 1986). As for people in the child’s life, the child will begin to recognize both good and bad elements of their support for and relationship to the child. The child will also recognize good and bad aspects of its own thoughts and behaviors. As a result, the child will begin a process known as splitting, in which the bad parts of an object are split off and not allowed to contaminate the good parts of the object. In simpler terms, a child can continue to love its parents, even though there may be times that the parents do not satisfy the impulses of the child. Similarly, the child can continue to feel a positive sense of self-esteem, even though they sometimes fail or do bad things. Such split attitudes can continue into adulthood, and we sometimes hear people talk about “love-hate” relationships.

Since the child is born with the life-instincts and death-instincts necessary to establish and maintain object relations, Klein did not focus on development as going through a series of stages. Instead, she suggested two basic developmental orientations that help the child to reconcile its emotions and feelings regarding the inner and outer worlds in which the child exists: the paranoid-schizoid position and the depressive position (Jarvis, 2004; Kernberg, 2004; Mitchell, 1986; Mitchell & Black, 1995). The means by which the child processes these emotions and orientations is based largely on fantasy. Klein believed that the child is capable at birth of an active fantasy-life. This fantasy emanates from within, and imagines what is without, and it represents the child’s primitive form of thinking about the world and about the child’s relationships (Jarvis, 2004; Kernberg, 2004; Mitchell, 1986). With regard to the mother, the child’s first object:

In the baby’s mind, the ‘internal’ mother is bound up with the ‘external’ one, of whom she is a ‘double’, though one which at once undergoes alterations in his mind through the very process of internalization; that is to say, her image is influenced by his phantasies, and by internal stimuli and internal experiences of all kinds. (pgs. 148-149; Klein, 1940/1986)

Klein believed that object relations are present at birth, and the first object is the mother’s breast (Klein, 1946/1986). Due, in part, to the trauma of birth, the child’s destructive impulses are directed toward the mother’s breast from the beginning of life. As the child fantasizes attacking and destroying its mother, it begins to fear retaliation. This leads to the paranoid position. Because of this fear, and in order to protect itself, the child begins the process of splitting the mother’s breast and itself into good and bad parts (the schizoid position). The child then relies on two principle defense mechanisms to reduce this anxiety: introjection leads the child to incorporate the good parts of the object into itself, and projection involves focusing the bad parts of the object and the child onto the external object. This introjection and projection
then provide the basis for the development of the ego and the superego (Klein, 1946/1986; Mitchell, 1986).

As the child continues to develop, it becomes intellectually capable of considering the mother, or any other object, as a whole. In other words, the mother can be both good and bad. With this realization, the child begins to feel guilt and sadness over the earlier fantasized destruction of the mother. This results in the depressive position, and it represents an advancement of the child’s maturity (Jarvis, 2004; Kernberg, 2004; Klein, 1946/1986; Mitchell, 1986).

**Discussion Question:** Melanie Klein is unique in her emphasis on aggression and the death-instinct. Does it seem reasonable to consider aggression as important in human development as libido (and Eros)? Is it possible that aggression was an essential element in the development of the human species, but one that is no longer needed?

Another important contribution by Klein was the method of **play analysis**. She acknowledged that some psychoanalytic work had been done with children prior to 1920, particularly by Dr. Hug-Hellmuth (Klein, 1955/1986). Dr. Hug-Hellmuth used some drawings and play during psychoanalysis, but she did not develop a specific technique and she did not work with any children under the age of 6. Although Klein believed that even younger children could be psychoanalyzed in the same manner as adults, that doesn’t mean they have the same ability to communicate as adults. Klein’s interest in play analysis began with a 5 year-old boy known as ‘Fritz.’ Initially Klein worked with the child’s mother, but when his symptoms were not sufficiently relieved, Klein decided to psychoanalyze him. During the course of psychoanalysis, she not only listened to the child’s free associations, she observed his play and considered that to be an equally valuable expression of the child’s unconscious mind (Klein, 1955/1986). In *The Psycho-Analysis of Children* (1932/1963), she described the basics of the technique:

On a low table in my analytic room there are laid out a number of small toys of a primitive kind - little wooden men and women, carts, carriages, motor-cars, trains, animals, bricks and houses, as well as paper, scissors and pencils. Even a child that is usually inhibited in its play will at least glance at the toys or touch them, and will soon give me a first glimpse into its complexive life by the way in which it begins to play with them or lays them aside, or by its general attitude toward them. (pg. 40)
Klein believed that by watching children at play an analyst can gain a deep understanding of the psychodynamic processes taking place in the child’s mind.

It is interesting to note that although Anna Freud often commented on Klein’s work, Klein seldom mentioned Anna Freud. It may be that Anna Freud felt compelled to address the work of a leading figure whom Anna Freud considered to be incorrect, whereas Klein felt no such need to address the work of the younger Anna Freud. Klein certainly cited Sigmund Freud’s work extensively, but when she mentioned Anna Freud she typically failed to give credit where credit is due. For example, in The Psycho-Analysis of Children (Klein, 1932/1963), she mentions Anna Freud only once, in the introduction to the book:

Anna Freud has been led by her findings in regard to the ego of the child to modify the classical technique, and has worked out her method of analysing children in the latency period quite independently of my procedure... In her opinion children do not develop a transference-neurosis, so that a fundamental condition for analytical treatment is absent... My observations have taught me that children can quite well produce a transference-neurosis, and that a transference-situation arises just as in the case of grown-up persons... Moreover, in so far as it does so without having recourse to any educational influence, analysis not only does not weaken the child’s ego, but actually strengthens it. (pg. 18-19)

This quote not only emphasizes a fundamental disagreement between Klein and Anna Freud, it also seems to dismiss the value Anna Freud placed on her educational background. Later in her career, Klein even went so far as to suggest that she herself was closer to Sigmund Freud’s perspective than Anna Freud was:

I do not know Anna Freud’s view about this aspect of Freud’s work. But, as regards the question of auto-eroticism and narcissism, she seems only to have taken into account Freud’s conclusion that an auto-
erotic and a narcissistic stage precede object relations, and not to have allowed for the other possibilities implied in some of Freud's statements such as the ones I referred to above. This is one of the reasons why the divergence between Anna Freud's conception and my conception of early infancy is far greater than that between Freud's views, taken as a whole, and my view. (pg. 206; Klein, 1952/1986)

Clearly, whereas Anna Freud felt that Klein was reading too much into her analysis of children, Klein felt that Anna Freud had failed to consider the wider perspectives allowed by the work of Sigmund Freud. Given the complexity of individual personality, it may be that the true answer to this question is different for each person undergoing psychoanalysis.

**Placing the Neo-Freudians in Context - 2: The Psychoanalysis of Children**

Before continuing our examination of object relations theorists, it is important to stop and ask why the psychoanalysis of children received so much attention. Many people think of early childhood as a carefree time to run and play, a time when our parents take care of every need, and we have no responsibilities at all. However, for many children, life holds much more challenging problems than just the normal psychological processes of growing up. Abuse, neglect, being caught in the middle of a bitter divorce, these are just some of the things that occur in the lives of too many children. In considering situations where society is forced to intervene, Anna Freud and her colleagues believed that we should shift our focus from thinking about the "best interests" of the child and think instead about providing the "least detrimental available alternative for safeguarding the child's growth and development" (Goldstein, Freud, & Solnit, 1973). Their reasoning was that in cases of abuse, neglect, divorce, etc., the "best interests" of the child are no longer possible, and certainly cannot be restored by a judge. Therefore, the best that society can hope to do is to help the child as much as possible. Obviously, psychotherapy may play an important role in this process for those children who are emotionally disturbed.

The question remains, however: at how early an age can psychoanalysis be effective? The answer depends somewhat on your perspective. As we have already seen, Anna Freud did not consider children capable of fully participating in psychoanalysis as adults can; she did not consider their play behavior to be the same thing as free association. Melanie Klein, however, did consider children to be good subjects for psychoanalysis at very early ages. In fact, Klein took it one step further: she practically considered psychoanalysis necessary for normal development! Klein's childhood was not easy. Her father seemed to care only for her sister Emilie, and Emilie and their brother Emmanuel constantly harassed Klein. Her closest sister in age, Sidonie, took pity on Klein and taught her arithmetic and how to read. However, when Klein was only 4 years old, both she and Sidonie came down with tuberculosis. Sidonie died, and her death was very traumatic for Klein. Klein suffered from depression throughout her life, and even spent some time in a hospital being treated for it during her 20s (Sayers, 1991; Segal, 2004). This may have had a lot to do with Klein's focus on the death instinct and aggression during early childhood development. Her own descriptions of childhood can seem quite frightening:

We get to look upon the child's fear of being devoured, or cut up, or torn to pieces, or its terror of being surrounded and pursued by menacing figures, as a regular component of its mental life; and we know that the man-eating wolf, the fire-spewing dragon, and all the evil monsters out of myths and fairy stories flourish and exert their unconscious influence in the fantasy of each individual child, and it feels itself persecuted and threatened by those evil shapes. (pgs. 254-255; Klein, 1930/1973)

Not only are such early childhood challenges frightening for individuals, Klein also believed that all attempts to improve humanity as a whole have failed because no one has understood "the full depth and vigor" of the aggressive instincts in each person. Klein believed that psychoanalysis could help both individuals and all humanity by alleviating the anxiety caused by the hatred and fear that she proposed all children experience during their psychodynamic development (Klein, 1930/1973). And so, Klein expressed the following desire for psychoanalysis:

...I hope, child analysis will become as much a part of every person's upbringing as school education is now. Then, perhaps, that hostile attitude, springing from fear and suspicion, which is latent more or less strongly in each human being, and which intensifies a hundredfold in him every impulse of destruction, will give way to kindlier and more trustful feelings toward his fellow men, and people may inhabit the world

http://cnx.org/content/m58036/1.1/
Donald W. Winnicott

Anna Freud and Melanie Klein represent two extremes in the debate over the development of personality in childhood and how psychoanalysis can help to understand that development and treat psychological disorders. Anna Freud strictly adhered to her father’s theory, believing that young children lacked the psychological development necessary for participating fully in adult-like psychoanalysis. Klein, on the other hand, considered children quite advanced at birth, with the death-instinct and its aggressive impulses being every bit as important as Eros and the libido. In contrast to these extremes, an independent school of object relations theorists developed with more moderate views. Donald Winnicott was one of the most influential of these more moderate theorists, as were Margaret Mahler and Heinz Kohut. We will take a look at some of the ideas of Mahler and Kohut in the next section.

Winnicott (1896-1971) was a pediatrician before becoming an analyst, so he brought a wealth of experience in observing mother-infant interactions to psychoanalysis. Already well respected for his medical treatment of children, Winnicott became increasingly interested in their emotional disorders. So, he joined a group of psychoanalysts being formed in London under the guidance of Sigmund Freud (Winnicott, Shepherd, & Davis, 1986). His first analyst was James Strachey, the man responsible for translating much of Freud’s work into English and who was also instrumental in bringing Klein to England. Winnicott continued his analysis with Joan Riviere, one of Klein’s closest colleagues, and he was eventually supervised by Klein herself (Mitchell & Black, 1995). Due to his prior experience and independent spirit, however, he developed his own theories separately from those of Klein.

Winnicott saw the early years of life as being a time when the child must transition from a state of subjective omnipotence toward one of objective reality. When a newborn is hungry, the breast appears. When a newborn is cold, it is wrapped in a blanket and warmed. The baby believes that it has created these conditions through its own wishing, and so it feels omnipotent. The mother’s responsibility during this time is to cater to the baby’s every wish, to anticipate the needs of the child. As a result, the baby does indeed have its wishes granted almost immediately. This subjective sense of self, as an empowered individual, is crucial to the core of personality as the child grows and represents the true self (Kernberg, 2004; Mitchell & Black, 1995; Winnicott, 1967/1986).

For this development to proceed in a healthy manner, the child must have what Winnicott called a good enough mother (Winnicott, 1945/1996, 1968a,b/2002, 1968c/1986). The good enough mother at first fulfills the child’s wishes immediately and completely, but then withdraws when not needed. This creates an environment in which the child is protected without realizing it is being protected. Over time, the mother slowly withdraws even from the immediate satisfaction of the child’s needs. This allows the child to develop a sense of objective reality, the reality that the world does not immediately and completely satisfy anyone’s desires and needs, and that wishing does not lead to satisfaction. So the good enough mother is not a perfect mother in the sense that she provides forever anything that the child wants. Instead, she does what is best for the development of the child, offering fulfillment and protection when needed, and withdrawing when the child must pursue its own development. Winnicott considered the unique condition of the good enough mother as something quite fascinating:

A good enough mother starts off with a high degree of adaptation to the baby’s needs. That is what “good-enough” means, this tremendous capacity that mothers ordinarily have to give themselves over to identification with the baby. The mother is laying down the basis for the mental health of the baby, and more than health - fulfillment and richness, with all the dangers and conflicts that these bring, with all the awkwardnesses that belong to growth and development. (pg. 234; Winnicott, 1968b/2002)
Figure 2
A good enough mother satisfies the needs of her child, but withdraws when the child does not need her, eventually no longer being available to the child in an instant. Over time, this allows the child to develop a realistic sense of the world.

Discussion Question: Donald Winnicott believed that healthy development required a child to have a good enough mother. Do you think you had a good enough mother (or father), and do you agree with this approach to raising an infant?

There is at least one big problem with discussing how extraordinary the good enough mother is: it seems to ignore the role of the father. However, this was not the case. Although Winnicott emphasized the biological reality that the father does not share the same physiological relationship that the mother and child share, he did acknowledge that in the course of development the father plays an important role (Winnicott, 1968b/2002, 1968c/1986). Thus, in considering the overall development of the child, he acknowledges the role of good enough parents:

I must be careful. So easily in describing what very young children need I can seem to be wanting parents to be selfless angels, and expecting the world to be ideal...Of children, even of babies, it can be said that they do not do well on mechanical perfection. They need human beings around them who both succeed and fail.

I like to use the words “good enough.” Good enough parents can be used by babies and young children, and good enough means you and me. In order to be consistent, and so to be predictable for our children, we must be ourselves. If we are ourselves our children can get to know us. Certainly if we are acting a part we shall be found out when we get caught without our make-up. (pg. 179; Winnicott, 1969/2002)

Objective reality is not, however, the goal of development. It is just as extreme as subjective omnipotence. While it is true that wishing does not lead to satisfaction, it is also true that loved ones will help to satisfy our needs and desires to the best of their ability. An individual living entirely in the realm of objective reality lacks the subjective core of their true self and cannot connect with others. Instead, they live in expectation of what others will do, influenced entirely by external stimuli (Mitchell & Black, 1995). Such individuals develop what is called a false self disorder (Winnicott, 1964/1986, 1967/1986). Although Winnicott described the false self as a successful defense, within the context of ongoing development, he did not consider it to be a condition of psychological good health (Winnicott, 1964/1986, 1967/1986). However, it is part of normal development in every person’s life. For example, children are taught to say “thank you” even when they may not be thankful for something. We actually teach them to lie, as part of the price for socialization. However, some children find it difficult because of the need to continually re-establish the importance of the true self relative to the false self (Winnicott, 1964).

For Winnicott, the process of transitioning from subjective omnipotence toward objective reality is crucial to development. The transitional experience is not just a concept, however, since it often involves transitional objects. A child’s blanket, or a teddy bear, is very important to the child. They do not exist merely as a substitute for the mother, they are also an extension of the child’s own self. This allows the child to experience a world that is neither entirely within its control nor entirely beyond its control (Kernberg, 2004; Mitchell & Black, 1995). Such a world is closer to the condition in which most of us actually live, and fits well with Winnicott’s definition of the good enough parent: one who is honest and real in dealing with their children. The relationship between the child and its mother, as well as the relationships between the child and its larger family, are actively involved in this transitional experience. There is an intimate connection between a mother and a child when they are playing, and that connection exists in a common ground: the transitional space that is neither child nor mother. Because this is a shared and secret place, it is a symbol of the trust and union between them. Taken further, this space becomes an opportunity for the child to see itself mirrored in the mother’s face. If the mother is loving and supportive, the child is able to develop a sense of feeling real (Winnicott, 1968a/2002). Although the relationship with the mother may be the most special, these phenomena do carry over to the father and the rest of the family as well (Winnicott, 1966/2002).

Discussion Question: Winnicott felt that transitional objects were important for helping children to develop without too much anxiety. Did you have a favorite transitional object, and do you still have it? Do you think it is healthy for children to have such objects, and what might you do with your own children if

http://cnx.org/content/m58036/1.1/
you have them? If you already have children, do they have transitional objects, and did you ever consciously expect them to have them?
Winnicott proposed that the transition that occurs during early development, from subjective omnipotence to objective reality, is facilitated by transitional objects. In the picture on the left, John is cuddling his blanket. To the right is John’s other important transitional object, his gorilla HaHas, and the author’s old Teddy bear. [Images ©2010 Mark Kelland]

Table 2

For Winnicott, the psychoanalytic process was an opportunity for the patient to re-experience the early subjective experiences of a relationship with the good enough mother. The therapist takes the role of the good enough mother, allowing the patient to spontaneously “be” in the relationship, while the analyst tries to anticipate and accommodate the patient’s needs. The hope is that the analyst and the therapeutic environment will allow the patient’s aborted development to be reanimated, with the patient’s true self emerging as a result (Mitchell & Black, 1995). However, there can be no single technique in this process, as each case is different (Winnicott, 1971). More important than technique is the analyst’s overall skill as an analyst, their ability to make use of various techniques within the psychoanalytic session. Perhaps the most important aspect of this overall view of what is necessary for effective psychoanalysis, according to Winnicott, is that the analyst needs to have been a good, healthy candidate in the first place. Winnicott believed that “it is not easy to turn a badly selected candidate into a good analyst…” (Winnicott, 1971).

Although Winnicott may have felt that technique was not some special trick to be used by anyone in performing psychoanalysis, he did have some favorite techniques. As described above, he watched the playful interaction between child and mother, in much the same way as Klein used her play technique. Winnicott also liked to use the Squiggle Game, a technique that makes use of drawings by the child and the analyst, including the opportunity for each to make changes in the other’s drawings. Winnicott believed that this process provided a special opportunity to make contact with the child, in which it felt to him as if the child were alongside him helping to describe the case (Winnicott, 1971). In Therapeutic Consultations in Child Psychiatry, Winnicott (1971) offers many examples of such drawings along with brief descriptions and analyses of the corresponding cases.

In closing, Winnicott felt it was important to focus on psychological health, and he defined this as something much more than simply making it through each day, going to work, and raising a family. He believed that healthy individuals actually lived three different lives: 1) a life in the world, with interpersonal relationships being key; 2) a personal psychic reality, including creativity and dreams; and 3) their cultural experience. Winnicott admitted that it was difficult to incorporate the cultural experience into the life of an individual. However, he favored the transitional space between the child and its mother, and felt that it was dependent on the mother having been very supportive of the child during development (Winnicott, 1967/1986). In considering the overall purpose of life, in contrast to Freud’s perspective, Winnicott wrote:

...What is life about? I do not need to know the answer, but we can agree that it is more nearly about BEING than about sex... Being and feeling real belong essentially to health, and it is only if we can take being for granted that we can get on to the more positive things...the vast majority of people take feeling real for granted, but at what cost? To what extent are they denying a fact, namely, that there could be a danger for them of feeling unreal, of feeling possessed, of feeling they are not themselves, of falling for ever, of having no orientation, of being detached from their bodies, of being annihilated, of being nothing, nowhere? Health is not associated with denial of anything. (pgs. 34-35; Winnicott, 1967/1986)

The Final Development of Individuality: Margaret Mahler and Heinz Kohut

Margaret Mahler (1897-1985), was also a pediatrician before becoming a child analyst, and the early relationship between a child and its mother had a significant impact on her views of developmental ego psychology. At birth, according to Mahler, a child is focused entirely on itself, in a state of primary narcissism known as the normal autistic phase. In agreement with Sigmund Freud, Mahler believed that in the first few weeks of life there is very little cathexis of libido outside of the child itself. She borrowed Freud’s analogy of a bird’s egg to describe this period in which the child has minimal interaction with external stimuli. Through contact with the mother, however, the child slowly becomes aware that it cannot satisfy its needs by itself. As the child becomes dimly aware of the mother’s activities, the child begins to
the primary love object differentiation, practicing, it y. According to Mahler, this process involves a series of four subphases: that they and their mother are two separate beings), and then they must fully develop their individual-order to grow up. First, they must separate from their mother (including the psychological understanding never finished; it remains always active...(pg. 3; Mahler, Pine, & Bergman, 1975)

Separation-individuation, therefore, refers to the two main tasks that a young child must accomplish in order to grow up. First, they must separate from their mother (including the psychological understanding that they and their mother are two separate beings), and then they must fully develop their individuality. According to Mahler, this process involves a series of four subphases: differentiation, practicing, rapprochement, and consolidation. The earliest subphase, differentiation, is signaled by the child's increasing alertness around the age of 4 to 5 months. Following a "hatching process", the child directs much of its attention outward, but this alternates with the child often turning back to the mother as its point of orientation. Transitional objects, as described by Winnicott, are also important during this period. As the child becomes old enough to start crawling, it moves out into the world and begins practicing its ability to interact with the environment. The practicing subphase enters full force as the child begins to walk, and an important aspect of this is a full, physical understanding of the child's separateness from its mother. Accordingly, its interests can now spill over into the many toys and other objects the child discovers in the world (Kernberg, 2004; Mahler, Pine, & Bergman, 1975; Mitchell & Black, 1995).

During the rapprochement subphase (approximately 1 ½ to 2 years of age), the child's psychological development catches up with its physical development, and the child potentially enters a state of confusion and anxiety. The child becomes aware that the mobility it gained during the practicing subphase has had the unfortunate effect of truly, and physically, separating the child from its mother. The distress this causes leads the child to regularly check in with its mother for security. This is a progressive stage, but is often seen as a regression by the parents (Mitchell & Black, 1995). Pushing the child away too early at this stage can lead to psychological problems later in life, and Mahler urged that one cannot emphasize too strongly the importance of the mother providing optimal emotional availability to the child (Mahler, Pine, & Bergman, 1975). If all goes well, the child will then enter the final subphase and consolidate a definite, and in some aspects lifelong, individuality. Mahler believed that this process indicated a far-reaching structuralization of the ego and definite signs that the child has internalized parental demands, an indication that the superego has developed as well (Mahler, Pine, & Bergman, 1975).

Louise Kaplan, who worked with Mahler for a time, was interested in applying the theory Mahler had developed to the full range of human life, both in terms of age and cultural differences. Although Kaplan agreed that the most profound development occurs during early childhood, she emphasized that the purpose of all this, from the point of view of society, is what sort of person will grow out of each child.

In the first three years of life every human being undergoes yet a second birth, in which he is born as a psychological being possessing selfhood and separate identity. The quality of self an infant achieves in those crucial three years will profoundly affect all of his subsequent existence. (pg. 15; Kaplan, 1978)

The conditions of these early years, however, are not always good. In many cultures women are oppressed, sometimes violently. This has an effect on the mothering these women are able to provide their children. Male children may be valued, but in a possessive way. Female children may be scorned, as they lack the male privileges the mother wishes she had herself (Kaplan, 1978). Of course, not all cultures are like this. Kaplan describes a wide variety of cultures, both primitive and modern, and considers some of the many factors that contribute to the nature of adulthood. She compared hunter/gatherer cultures such as the Zulu/twasi or the Ik, tribes found in southern Africa, as they are compelled to transition from old ways of life toward more modern ways. The increased aggressiveness and general life stress that Kaplan observed coinciding with these changes in culture suggests to her that our modern way of life has led to many of these psychological problems. She believed that in "every adult human there still lives a helpless child who is
afraid of aloneness.” When social conditions are competitive and/or abusive, adults are as alone and helpless as children. According to Kaplan, this would be true even if there were perfect babies and perfect mothers (Kaplan, 1978).

Discussion Question: Mahler believed that children develop through three stages. First the child focuses on itself, then the child becomes aware of their intimate relationship with their mother, and finally a sense of individuality develops. If you look at your relationship with your parents, which stage seems more dominant: your narcissism, your symbiosis, or your separation-individuation?

Heinz Kohut (1913-1981) continued and expanded on this perspective of the important and revealing relationship between childhood development and the life and psychological health (or not) of adults. Kohut was born in Vienna, and studied medicine at the University of Vienna, as Sigmund Freud had. Also similar to Freud, he took some time to study medicine in Paris. In 1937, Kohut’s father died and he was deeply troubled. He first went to a psychologist for treatment, but later sought psychoanalysis from August Aichhorn. Aichhorn was a highly respected analyst, and a close personal friend of both Sigmund and Anna Freud. The success of his analysis greatly interested Kohut himself, and led to his becoming an analyst as well. After fleeing Nazi controlled Austria in 1939, Kohut eventually settled in America. He continued his psychoanalytic training at the Chicago Institute for Psychoanalysis (where Karen Horney had been the first associate director), but not without difficulty. Initially, Kohut was soundly rejected by the institute. He then entered into therapy with Ruth Eissler, a training and supervising analyst at the institute, and the wife of a protégé of the well-respected Aichhorn. Making these connections was an intentional effort at good networking, and Kohut was later accepted into training (Strozier, 2001).

In his theory, Kohut focused on the self and narcissism. Most theorists express a negative view of narcissism, but Kohut felt it served an essential role in the development of individuality. Early childhood is a time of vitality, children are exuberant, expansive, and creative. Kohut was interested in the fate of this vitality, and how it can be preserved into adulthood (Mitchell & Black, 1995). The development of a healthy self depends on three kinds of selfobject experiences. Selfobjects are the adults who care for the child, and they need to provide for both physiological and psychological needs. First, a child needs selfobjects who confirm the child’s vitality, who look on the child with joy and approval. In this first basic narcissistic process, known as mirroring, the child is able to see itself as wonderful through the eyes of others. An important aspect of mirroring is empathy, a state in which the mother and child actually share their feelings as if they were one (Strozier, 2001). The second type of selfobject satisfies the child’s need to be involved with powerful others, people the child can look up to as images of calmness, control, and omnipotence. This second basic narcissistic process, known as idealizing, allows the child to experience the wonder of others, and to consider itself special due to its relationship with them. Finally, the child needs to experience others who are open and similar to the child, allowing the child to sense an essential likeness between the child and the selfobject. Although this was not described as a basic narcissistic process, its lack of development can be seen in the twinship transference described below. These various relationships will help the child to develop a healthy narcissism, a realistic sense of self-esteem. Although reality will begin to chip away at this narcissism, in a healthy environment the child will survive the occasional frustration and disappointment and develop a secure, resilient self that maintains some kernel of the vitality of early childhood into adulthood (Mitchell & Black, 1995).

An important question, however, is how are the selfobjects incorporated into the child’s sense of self? As suggested above, mirroring is the first important step. As the child observes the mother’s joy and approval of the child, the child comes to believe that it must be wonderful. Why else would the mother be so happy to see the child? Similarly, as the child observes selfobjects that are powerful and calm, those selfobjects the child has idealized, the child projects the best part of itself onto those selfobjects. Accordingly, the child sees those selfobjects as wonderful and, since the child is with them, the child must be wonderful too. In these instances the child strengthens its own sense of self, its own narcissism, in comparison to others. These processes can be seen in the psychoanalytic session with patients who have not developed a healthy sense of self. They will exhibit three types of selfobject transference toward the analyst: mirroring transference, idealizing transference, and twinship transference. In mirroring transference, the attention of the analyst allows the patient to feel more real and more internally substantial. In idealizing transference, the
patient comes to believe that the analyst is an important and powerful person, and the patient is to be valued by virtue of their association with the analyst. And finally, in twinship transference, the patient feels as if they are a companion to the analyst in the process of therapy (Mitchell & Black, 1995; Strozier, 2001).

Discussion Question: Heinz Kohut also considered a degree of narcissism to be necessary for a child to develop a sense of individuality. Are you more likely to choose friends who admire you (mirroring), or whom you admire (idealizing)? Or do you choose friends who are similar to you, and who help you to develop a realistic sense of self (twinship)? In each instance, is your choice an overwhelming desire, or just one aspect of choosing your friends?

Late in his career Kohut turned his attention to a topic that had also captured Sigmund Freud's attention late in his career: God and religion. Kohut felt that Freud had made a crucial error in evaluating religion. Freud believed that religion would be undone by the study of science, but Kohut felt that it was simply wrong to try evaluating religion in a scientific way. He did not consider God to be an internalized image of the frightening and all-powerful father, but rather an internalization of the earliest and most wonderful relationship in life: the love of a mother (Strozier, 2001). In keeping with his basic theory, he tried to outline the precise psychological needs that were being satisfied by religion. Most importantly, there is something uplifting about religion. The mirroring need is typically referred to as grace, the gifts freely given to us by God, something psychologically similar to the love shown by a mother holding and cuddling her beloved child. God is, of course, the ultimate in idealization, a perfect being, all-knowing and all-powerful. While an immense and ornate cathedral or temple may seem awesome to those who are religious, other spiritual people can be similarly impressed looking down from a mountaintop, walking along the ocean shore, or listening to beautiful music. As for the final selfobject need, twinship, one can easily relate the community of a religious congregation. Perhaps it is no coincidence that we often hear priests and ministers talking about a congregation as the children of God. Although it was never quite clear what Kohut's own religious or spiritual beliefs were, he did write:

There is something about this world in our experience that does lift us up beyond the simplicity of an individual existence, that lifts us into something higher, enduring, or, as I would rather say, timeless. (pg. 332; quoted in Strozier, 2001)

Connections Across Cultures: Cultural Perspectives on Parent-Child Attachment

This is a true story. I was at our local gym while my older son was at gymnastics practice. There were some children attending a party at the gym, including a little boy about 2 years old who was running around on one of the gymnastics floors. He fell down and hurt himself, and he started crying. A couple of the coaches walked over to help him, but he just cried louder and roughly turned away from them. Then he heard his mother calling him. He ran over to his mother, crying all the way, and she scooped him up into her arms. Almost immediately he stopped crying, started squirming around, and when she put him down he raced back onto the floor and started running wildly in circles and yelling for joy! This is a marvelous example of what psychologists call a secure attachment.

Attachment theory was developed by John Bowlby and advanced by Mary Ainsworth (see Jarvis, 2004; Mitchell & Black, 1995; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). Bowlby considered attachment theory to fit within an object relations approach to psychodynamic theory, but it was largely rejected by the psychodynamic community. He proposed an evolutionary basis for attachment, a basis that serves the species by aiding in the survival of the infant. In other words, the attachment between an infant and its primary caregivers helps to ensure both that the infant stays close to the parents (the objects, if we consider object relations theory) and the parents respond quickly and appropriately to the needs of the infant. Ainsworth studied the attachment styles of children using a technique called the strange situation. In the strange situation, one of the caregivers (let's say the mother) takes a child into an unfamiliar playroom, and allows the child to explore. A stranger enters, interacts with the mother, and then tries to interact with the child. The mother leaves, then returns, the stranger leaves, and then the mother leaves again. The stranger then returns, then leaves, and finally the mother returns. Throughout all of these events, the child is observed for evidence of having a secure base (feeling comfortable enough to explore the unfamiliar room), separation anxiety (due to the absence of the mother), stranger anxiety (due to the presence of the stranger), and,
finally, for its attachment to its mother (when the mother returns at the end of the experiment) (Jarvis, 2004). A securely attached child, as in the story above, will feel free to explore a new environment. When hurt or frightened, however, the child will seek its mother for protection and comfort. Having found that comfort, having affirmed its secure base, the child will then venture out again. But is this true for children in all cultures?

It has been suggested that attachment theory and interpretations of the strange situation are embedded in Western perspectives and ideals, particularly those of middle-class White Americans. In particular, a secure attachment seems to promote the independence of the child, and its ability to separate from the mother and move out into the world. One of the key measures of a secure attachment is that child is comforted by the presence of its mother, particularly after the child has been in the presence of strangers. However, numerous cultural problems arise from these perspectives. For example, in many African American households children are raised by different members of an extended family, possible including individuals who are not related to the family. Thus, African American children raised in such an environment may respond quite differently to the strange situation, it may not be novel to them (Belgrave & Allison, 2006). As mentioned briefly in Chapter 1, Kenneth and Mamie Clark were two very important individuals who studied the development of African American children. Respectively, they were the first African American man and African American woman to receive Ph.D. degrees in psychology. In addition to studying racial identification in African American children during the 1940s (Clark & Clark, 1947), they established what became the Northside Center for Child Development in Harlem, New York. Primarily under Mamie Clark’s guidance, the center provided a broad range of psychological services including consultations for behavioral and emotional problems, vocational guidance for adolescents, and child-rearing education for African American parents. In addition, the center provided the same services for a smaller number of White and Puerto Rican children from working-class families in Harlem. Mamie Clark’s goal was to give the children of Harlem the same sense of emotional security that she had enjoyed as a child, a sense of security that was elusive in the poor neighborhoods of Harlem (Lal, 2002).

Rothbaum et al. (2000) compared American perspectives on attachment to those in Japan, a country with similar socioeconomic conditions but a very different history and culture. Attachment theory has been considered to have three, universal core hypotheses: sensitivity, competence, and the secure base. In order for a child to feel secure, the mother must respond quickly and appropriately when the child perceives a threat. In other words, she must be sensitive to the child’s needs. When a child feels secure, and has a secure relationship with its primary caregivers, attachment theory predicts that the child will grow up socially and emotionally competent. And finally, the secure base is intimately linked with the child’s exploration of the environment and the child’s ability to respond appropriately to environmental stimuli.

If we compare Japan to the United States, and how we define each of the factors listed above, we come to very different conclusions. According to Rothbaum et al. (2000), so-called sensitive parents in the United States emphasize the child’s autonomy. They expect their children to explore the environment, and they wait for their children to express their needs before responding. In Japan, however, mothers try to anticipate their children’s needs, and they promote the child’s dependence on its mother. In Japan, mothers emphasize emotion and social factors, as opposed to communication and physical objects. Similar differences are seen with regard to social competence. An American who grows up socially competent (assumed to be the result of secure attachments in childhood) is expected to be independent and self-sufficient, willing to express and defend their own opinions. In Japan, however, as in all typical collectivist cultures, a socially competent adult is expected to be dependent on the social in-group and emotionally restrained (Rothbaum et al., 2000). With regard to the secure base, in the United States it is expected to encourage the child’s autonomy, exploration, and general orientation to the environment first. In contrast, Japanese children are encouraged to focus more on their mothers, in both distressing situations and in those involving positive emotions. Since the expectations of each aspect of attachment theory are so different in Japan and the United States, which are assumed to be representative of Western and Eastern societies, Rothbaum et al. (2000) question whether attachment theory itself is truly universal. They do not question that children and their parents form important and deeply meaningful attachments, but they do question whether attachment can be reasonably evaluated the same way in all cultures.
There are other researchers, however, who question whether the perspectives of Rothbaum et al. (2000) justify rejecting the universality of attachment theory. For example, Posada and Jacobs (2001) acknowledge differences in behavior among different cultures, but they emphasize that all children have the potential for developing secure base relations with their parents and the subsequent secure attachments. It is important to keep in mind that Bowlby’s theory was originally proposed in an evolutionary context and humans are, after all, primates. Also, Ainsworth first coined the term secure base relationship after studying a rural, African community in Uganda, not in a Western culture (Posada and Jacobs, 2001). Rothbaum et al. (2000) also suggest that the relationship between Japanese mothers and their children is better expressed by amae, a dependence on and presumption of another’s love. Amae has been described as what a child feels when seeking his or her mother (consider the child in the story at the beginning of this section, as he ran crying to his mother). However, when the question is asked in the right way, Japanese mothers would prefer their children to fit a definition of a secure child as opposed to one experiencing amae (van Ijzendoorn and Sagi, 2001). Indeed, the very meaning of amae is not clearly understood, and may not be easily compared to behaviors recognized in Western cultures (Gjerde, 2001). It may also be true that insecure relationships may be more adaptive in some cultures than secure attachments, and our misunderstanding of these concepts does not allow us to conclude which perspective on attachment theory, if any, should be preferred (Kondo-Ikemura, 2001). Finally, since attachment problems do sometimes arise, and since attachment must be defined within a relational context, is an individual therapy such as psychoanalysis the best course? If family therapy might be a better option in some circumstances, is anything being done to address cultural issues there? Fortunately, the answer is yes. Psychologists have begun comparing and contrasting family therapy in such diverse cultures as Japan, Israel, and the U.S. Virgin Islands (Dudley-Grant, 2001; Halpem, 2001; Kameguchi & Murphy-Shigematsu, 2001; see also Kaslow, 2001). In keeping with the hopeful sentiments that Melanie Klein expressed regarding child psychoanalysis, Kaslow (2001) believes that family psychology has a role to play “in undertaking the challenges of working with and for families in creating a healthier, more peaceful, less violent world for all.”

A Contemporary Perspective: Otto Kernberg

Otto Kernberg (1928-present) is one of the leading figures in psychodynamic theory today. Kernberg has focused on two major paths: trying to integrate the various psychodynamic, ego psychology, and object relations theories into a unified perspective and trying to provide a research-based methodology for the treatment of patients, particularly patients with borderline personality organization (a pathological identity formation that includes all of the major personality disorders; Kernberg, 2004, Kernberg & Caligor, 2005).

Despite seemingly significant differences between Freud’s classical theory and the theories of the neo-Freudians we have examined above (as well as others we have not looked at), Kernberg has done an admirable job of bringing the theories into a cohesive framework. This was accomplished by setting up a hierarchical series of developmental levels at which failure to develop normally causes characteristic types of disorders, whereas successful development leads to a healthy individual. In contrast to Freud, Kernberg believes that an infant begins life as an emotional being unable to separate its own reality from others around it. As the child experiences object relations in this first stage of development, those emotions develop into the drives described by Freud: pleasant emotions lead to libidinal drives and unpleasant emotions lead to aggressive drives. During the second stage of development, the child’s continued development in relation to others leads to an understanding that objects can be both negative and positive (the process of splitting described by Klein), and this leads to a reduction in the intensity of love and hate toward those objects. In other words, the child can love flawed individuals, since the child does not need to completely love or completely hate the important objects in their life. In simple terms, according to Kernberg, individuals who fail to accomplish the first stage of development, an understanding that they are separate from others, develop psychotic disorders. Individuals who fail to accomplish the splitting necessary in the second stage of development will develop borderline disorders, characterized by an exaggerated fixation on “bad” self and object representations (Kernberg, 2004). Completing these first two stages does not end the process, however, because the third level is the one described by Freud himself: the developmental stage in which unconscious id (emotional) impulses

http://cnx.org/content/m58036/1.1/
threaten the individual’s sense of what is good and acceptable behavior. Thus, classic neurotic disorders still potentially face those who have moved beyond the more severe psychological pathologies of psychotic and borderline conditions (Kernberg, 2004; Mitchell & Black, 1995). We will examine Kernberg’s theory in more detail at the end of the chapter, where we will examine his psychoanalytic theory of personality disorders.

In 2004, Kernberg published an excellent book entitled Contemporary Controversies in Psychoanalytic Theory, Techniques, and Their Applications. In this chapter we have seen that many disagreements arose between neo-Freudian theorists, and at first glance their theories seem to disagree more than they agree. Kernberg, however, has this to say:

Psychoanalytic object relations theories constitute so broad a spectrum of approaches that it might be said that psychoanalysis itself, by its very nature, is an object relations theory: all psychoanalytic theorizing deals, after all, with the impact of early object relations on the genesis of unconscious conflict, the development of psychic structure, and the re-actualization or enactments of past pathogenic internalized object relations in transference developments in the current psychoanalytic situation. (pg. 26; Kernberg, 2004)

He offers an excellent summary of the basic elements of theorists we have examined (Klein, Winnicott, Sullivan, Mahler), as well as some we haven’t (Fairbairn, Jacobson), and how their theories can be blended with classical Freudian psychoanalytic theory. He then examines how psychoanalysts today are addressing a wide variety of unresolved topics, including: Freud’s dual-drive theory (libido and aggression), homosexuality and bisexuality, mourning and depression, social violence, and the resistance among many in the field of psychoanalysis to improved research and changes in psychoanalytic education and training (Kernberg, 2004).

In the final chapter of his book on Contemporary Controversies..., Kernberg examines the historical progression of psychoanalytic thought in English speaking countries (the so-called English schools). The “controversial discussions” of the 1940s led to a mutual agreement to disagree among three major lines of thought: the ego psychologists following Anna Freud, the object relations theorists following Melanie Klein, and the independent school that included D. W. Winnicott. Although the result of these discussion was to delineate the differences among these approaches, over time practicing psychoanalysts recognized the limitations of each approach (Kernberg, 2004). So, many theorists and clinicians began bringing together those elements of each approach that were most valuable. Along the way came some very different perspectives, such as those of Kohut and his self psychology and the culturalist views of Sullivan, and the field was changed dramatically. Kernberg also contrasts these developments to those within the French school of psychoanalysis, a somewhat more traditional approach that emphasizes psychoanalytic method over technique (Kernberg, 2004). He concludes by suggesting that the future of psychoanalytic thought may be a blending of the English and French schools (Kernberg, 2004). One notable early French psychoanalyst was Princess Marie Bonaparte, a personal friend of Sigmund and Anna Freud. We will briefly look at her contributions to psychoanalytic theory in a later chapter.

**Personality Theory in Real Life: Kernberg’s Psychoanalytic Theory of Personality Disorders**

Otto Kernberg is one of the leading figures advocating a psychoanalytic theory of personality disorders, particularly within an object relations perspective (see Kernberg & Caligor, 2005). In important ways he has followed the model of Sigmund Freud, in that he has based much of this theory on experience psychoanalyzing patients. His theory has been developed in conjunction with the therapeutic approach that grew out of both that experience and his developing theory. Thus, Kernberg’s work represents an applied approach to the study of personality disorders.

Kernberg’s model of personality disorder emphasizes personality structures, which are derived from the interaction of constitutional (i.e., temperamental) and environmental factors during early childhood. These structures are relatively stable mental functions or processes that serve to organize an individual’s behavior and subjective experiences. Psychological structures that are conscious and observable are typically referred to as “surface” structures, whereas those that are primarily unconscious are called “deep” structures. The basic building blocks of these personality structures are internalized object relations. Internalized object relations are particular emotional states linked to a specific image of a particular relationship (e.g., anxiety linked with an image of a confused and unsure self and a critical, judgmental parent). These internal object relations are integrated and hierarchically organized into the higher-order structures that form the...
personality. At the core of this personality organization is the individual’s “identity.” According to Kernberg and Caligor (2005), a healthy, consolidated identity corresponds with a stable and realistic sense of self and others. In contrast, a pathological identity stems from an unstable, polarized, and unrealistic sense of self and others. This pathology arises because the emotional states of the internalized object relations are predominately negative; they are crude, intense, and poorly modulated. There is also a preponderance of aggression and defensive mechanisms based on primitive dissociation (splitting).

A normal personality, according to Kernberg, is characterized by an integrated concept of self and an integrated concept of significant others. Individuals with a normal personality can express a wide range of emotions, and even intense emotions do not lead to a loss of impulse control. Normal individuals have an integrated and mature system of internalized values, and they can appropriately manage their sexual, dependent, and aggressive motivations. The development of the normal personality depends on a large extent on the relationship the child has with its mother (the primary caregiver). If the mother is successful in helping the child transform highly emotional states into integrated experiences, then the child’s internalized object relations will be primarily positive. Erik Erikson first proposed this concept, and he believed that ego identity was not complete until adolescence (see Kernberg & Caligor, 2005).

The abnormal personality, in contrast, results from early childhood interactions with caregivers who do not help to transform highly emotional states into integrated experiences. On the contrary, caregiver’s failure to help the child integrate its emotional experiences can intensify the child’s anger and anxiety, perhaps leading to an increase in aggression. Consequently, a child who cannot integrate the good and bad aspects of its emotional states and object relations will come to depend on defense mechanisms that enhance continued splitting. The child becomes fixated at a poorly integrated level of development. One of the most important implications of this approach to personality disorders is the role that primary caregivers play. What constitutes a parent, or other caregiver, who cannot help the child to integrate its emotional states in a healthy, normal manner? Numerous studies in different countries have identified a high rate of physical and sexual abuse in patients with borderline disorders.

The level at which integration fails to occur results in the nature of the pathological personality organization. A psychotic personality organization occurs when the individual has not integrated a clear concept of self and significant others. They do not have a clear identity formation, they may not distinguish intrapsychic processes from external stimuli, and therefore there may be a lack of reality testing. According to Kernberg, psychotic personality organization represents an atypical form of psychosis (Kernberg & Caligor, 2005). Borderline personality organization is similar, but less severe. The individual has achieved a level of integration in which the self and others are seen as separate, but that integration is pathological. There is a great deal of defensive splitting, and the individual lacks a clearly developed set of internalized values (the superego). Emotion fluctuates from intense to superficial, emotion is generally negative, and there may be excessive aggression. There is also a lack of integration of the sense of others, making relationships particularly unstable and unrealistic. Curiously, achieving an integrated sense of self and others does not resolve all psychological problems associated with personality development. Even if an individual has moved beyond the stages of psychotic and borderline personality development, and developed an integrated sense of self and others, they may still be prone to neurotic personality organization. At this level, defenses are based primarily on repression and stable reality testing. This is the level at which Sigmund Freud studied personality and psychological disorders, according to Kernberg (2004).

With this perspective in mind, how then do we treat individuals with personality disorders? Kernberg’s primary focus is an exploration of the patient’s internal object relations. These pathological internal object relations play out in the patient’s current interpersonal relationships, and through the process of transference they play out in the therapeutic relationship as well. In patients with neurotic personality disorganization these transferences are relatively stable and understandable within a psychoanalytic context. With more severe personality organizations, the transferences are poorly organized, unstable, unrealistic, and the activation of the internal object relations can be immediate and chaotic. There is also a rapid interchange between the roles played by the patient with regard to which object of an internal object relation they identify with, and, accordingly, which object they attribute as the analyst. With severe borderline patients special attention must always be paid to the strong tendency toward acting out, which can lead to suicide
attempts, drug abuse, self-mutilation, and other aggressive behavior (Kernberg & Caligor, 2005).

Therapy with these patients is a long and difficult task. In order for psychoanalysis to be successful, it may require multiple sessions each week for 4 to 6 years. This is necessary because the goal is no less ambitious than modifying personality organization and the quality of the patient’s internal object relations, all of which were laid down during the formative years of infancy and early childhood (Kernberg & Caligor, 2005). Within the context of this theory, the outcome for individuals with a neurotic personality organization is hopeful, whereas the outcome for those with a borderline personality organization remains challenging. Kernberg and Caligor (2005) do not propose an approach to the treatment of patients with a psychotic personality organization. Therefore, continued research and clinical application will be necessary if we hope to be able to treat all patients suffering from personality disorders.

2 Review of Key Points

- The neo-Freudians, also known as ego psychologists, remained true to much of Freud’s original theory, but they shifted their focus from the id to the ego.
- Anna Freud began her career as a teacher. This concern for children continued throughout her career, much of which was spent caring for children at the Hampstead War Nursery (which later became the Hampstead Clinic, and is now called the Anna Freud Centre, as a tribute to the career of Anna Freud).
- Anna Freud established ego psychology, believing that it made more sense to focus on the conscious ego, which we can observe directly, than on the unconscious id.
- As her father had, Anna Freud described defense mechanisms as the means by which the ego avoids the anxiety associated with being unable to meet the demands of the id or the constraints of the superego.
- There are a wide variety of defense mechanisms, which are generally oriented toward protecting us from internal threats (id impulses) or external threats (the rules and expectations of society).
- Anna Freud was one of the first psychoanalysts to work with children, and she used the same basic approach that she did with adults.
- Later in her career, Anna Freud accepted that even very young children (under the age of 6) could benefit from psychoanalysis, but she insisted that they could not cooperate with the psychoanalyst in the same way as an adult.
- When working with children, Anna Freud felt it was important to fill in gaps that the child could not (such as connecting manifest and latent content in dreams). She also believed that the psychoanalyst should help to educate the child with regard to his/her relationships.
- Object relations theory emphasizes that children are born with the capacity and drive to relate to others.
- Since all aspects of relationships have importance, Melanie Klein proposed that the death-instinct and aggression are just as important as the life-instinct (Eros) and libido.
- Splitting is an important process that involves recognizing the good and bad aspects of objects.
- Klein proposed that an infant goes through two developmental orientations: the paranoid-schizoid position later develops into the depressive position.
- One of Klein’s major contributions was the method of play analysis. She felt that observing the play of children could reveal as much unconscious material as free association by adults.
- Anna Freud and Melanie Klein disagreed about how fully the child could be psychoanalyzed, and how young they could be during psychoanalysis.
- According to Winnicott, a child must transition from a state of subjective omnipotence toward one of objective reality.
- In order for a child to develop a healthy personality and realize their true self, according to Winnicott, the child must have a good enough mother (and good enough parents).
- When development does not follow a healthy path, children can develop a false self disorder.
- The transitional experience that children must go through may be facilitated by transitional objects (such as a blanket or teddy bear).
- For Winnicott, the primary purpose of therapy is to provide an opportunity for the patient to re-
experience the relationship of a good enough mother.

- Winnicott was an advocate of the Squiggle Game, a therapeutic technique that allows children to draw pictures to represent their thoughts and feelings.
- Mahler believed that children begin life in a state of primary narcissism known as the normal autistic phase. As they become aware of their mother they enter into normal symbiosis.
- In order for the child to develop a sense of individuality, according to Mahler, the child must go through a process known as separation-individuation.
- Louise Kaplan, a student and colleague of Mahler, suggested that much of the stress experienced during development is the result of societal changes, and that modern cultures exacerbate this stress.
- Kohut believed that a certain measure of narcissism was necessary for the development of individuality.
- According to Kohut, children need several types of selfobjects. They will see themselves mirrored in the eyes of others, they will idealize others, and they will develop a realistic sense of self-esteem through relationships with others.
- During psychoanalysis, the analyst can provide each of these types of relationships through mirroring transference, idealizing transference, and twinship transference. This allows the patient to feel more real and more substantial.
- Kohut questioned Freud’s rejection of religion. He offered a point of view in which religion fulfills a variety of basic psychological needs for people.
- Otto Kernberg has offered a perspective that blends all of the neo-Freudian and object relations theories together, suggesting that they represent a continuum of stages in human development.