

# Ego Psychology and Object Relations

## COMMON THEMES: TOWARD EGO PSYCHOLOGY AND THE SELF

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## SUMMARY



“Psychoanalysis was a well-guarded fortress, and most psychologists had little interest in scaling its walls . . . [in contrast] today . . . ‘pluralism’ characterizes contemporary psychoanalysis” (Westen, 1990, p. 21).

The boundaries of the psychodynamic approach have become increasingly elastic, as many in this tradition have become interested in new ideas about personality that go well beyond Freud’s original contributions. This chapter presents some of the main ideas of theorists who retained much of Freud’s psychodynamic orientation but transformed its focus and shape in crucial ways. These “neo-Freudians” or post-Freudians represent a wide range of innovations. They began with Freud’s own followers at the start of the 20th century and moved on to some radical departures from his ideas by leaders in current psychodynamic psychology (Westen, 1998).

## COMMON THEMES: TOWARD EGO PSYCHOLOGY AND THE SELF

Although each neo-Freudian writer has made a distinctive contribution, certain common themes emerge, especially in recent years. These themes suggest a gradual shift in focus, summarized in Table 3.1. Less attention is paid to Freud’s ideas about the basic sexual and aggressive instincts of the id, and the id itself is given a less dominant role. This shift is accompanied by an expansion of the concept and functions of ego and “self,” to the point where the newer theoretical trends have been named **ego psychology** and its practitioners are called ego psychologists.

Ego psychologists now pay more attention to the ego and its defense maneuvers and less attention to the role of underlying id impulses as determinants of most human behavior. They recognize that the ego has crucial conflict-free functions. These ego functions are relatively independent of underlying unconscious motivations. They are directly in the service of the coping process and to some degree free of the intrapsychic drama produced by the instincts as they seek expression. Conflict-free ego functions are seen in the normal operation of much of our everyday perception, memory, language, and thought.

With this growth of the role of ego, the person is viewed as a more competent, potentially creative problem solver, engaged in much more than the management of instincts that press for discharge. The neo-Freudians, as Table 3.1 suggests, also saw human development as a more continuous process that extends throughout the life span.

**Table 3.1**  
**Post-Freudian Developments: Some Characteristics of the Neo-Freudians**

Less Attention To	More Attention To
Id and instincts	Ego and self
Purely intrapsychic causes and conflicts	Social, interpersonal causes; relationship issues
Earliest childhood	Later developments throughout the life span; adult functioning
Psychosexual stages	Social forces and positive strivings; the role of the culture and society

More than the product of early psychosexual experiences, personality began to be viewed as a lifelong development, rooted in social and interpersonal relations and in the context of culture and society. Much human striving began to be seen as motivated by social and personal goals as well as by the satisfaction of primitive instincts. (See *In Focus 3.1* for one example.)

You have seen that for Freud, the id and the instincts were the dominant aspects of the total personality. The ego was subservient to the id's instinctual wishes, even in healthy personalities. More recent theorists in the psychoanalytic tradition have put more emphasis on social variables shaping personality and less on the role of instincts. These neo-Freudian ego psychologists assert a "conflict-free sphere" of the ego (Hartmann, Kris, & Loewenstein, 1947; Rapaport, 1951). In their view, the ego has its own sources of energy and follows a course of development independent of the id and the instincts. That is, some portion of ego functioning is not determined by the attempt to avoid conflict between the id and the demands of society: It deals, instead, with the ego's reality-oriented tasks (Kihlstrom, 1987, 1990).

Let us now consider some of the major relevant theorists to illustrate the range and nature of their ideas about personality, starting with the highly controversial Carl Jung.

## Carl Jung

Born in 1875, Carl Jung was brought up in Basel, Switzerland, the son of a pastor in the Swiss Reformed Church. Upon earning his medical degree from the University of Basel, he began his career in psychology at the Psychiatric Institute in Zurich. Jung began as an admirer and associate of Freud but later became a dissenter and developed his own theory of psychoanalysis and his own method of psychotherapy. His approach became known as **analytical psychology**. Although it retains Freud's unconscious processes, it claims a **collective unconscious**—an inherited foundation of personality. The contents of the collective unconscious are **archetypes** or "primordial images." Unlike the personal unconscious, whose contents were once conscious but have been forgotten or repressed, the contents of the collective unconscious have never been in consciousness. Therefore, the contents of the collective unconscious are not individually acquired; they are due to heredity. Examples of archetypes include God, the Young

## IN FOCUS 3.1

## Motives Outside the Id: Competence Motivation— and Beyond

At the same time that the neo-Freudian analysts were expanding the conception of ego functions, psychologists also were beginning to call attention to the importance of human needs and motives beyond the Freudian id impulses of sex and aggression. Most relevant for ego psychologists are such so-called higher-order motives as curiosity, the need for stimulation, and the desire for play and adventure. All these may be seen as parts of a more basic motive: the desire for competence (White, 1959). Everyday activities such as a child's exploring, playing, talking, and even crawling and walking, according to Robert White, reflect the desire for mastery and effective functioning; they are satisfying for their own sake (intrinsically) and create in the person a feeling of efficacy. White argues the point in these words:

If in our thinking about motives we do not include this overall tendency toward active dealing, we draw the picture of a creature that is helpless in the grip of its fears, drives, and passions; too helpless perhaps even to survive, certainly too helpless to have been the creator of civilization. It is in connection with strivings to attain competence that the activity inherent in living organisms is given its clearest representation—the power of initiative and exertion that we experience as

a sense of being an agent in the living of our lives. This experience may be called a *feeling of efficacy* (White, 1972, p. 209).

In sum, **competence motivation** is a desire for mastery of a task for its own sake and may apply to such diverse tasks as running, piano playing, juggling, chess, or the mastery of a new surgical procedure. According to White, the desire for mastery arises independently of other biological drives (such as hunger and sex) and is not derived from them. Moreover, people engage in activities that satisfy competence needs for the sake of the activity, not for the sake of any external reward such as the praise, attention, or money to which it may lead. The concept of competence motivation is valuable in emphasizing the enormous range of creative activities that humans pursue and appear to enjoy in their own right. It is, however, only one of many newer directions explored by psychodynamic theorists in their focus on the functions of the ego. These include higher-order nonphysiological motives and needs—such as achievement, intimacy, and power—and diverse life goals and projects that range from going to college to building a career and a family (Emmons, 1997).

Potent Hero, the Wise Old Man, the Earth Mother, the Fairy Godmother, and the Hostile Brethren. They occur in myths, art, and dreams of all mankind.

In Jung's view, the psyche included not only a conscious side but also a covert or **shadow aspect** that is unconscious. Personal growth involves an unfolding of this shadow and its gradual integration with the rest of the personality into a meaningful, coherent life pattern. The unconscious of every female includes a masculine, assertive element (the **animus**). The unconscious of every male includes a feminine, passive element (the **anima**). To be constructively masculine or feminine, individuals of each sex must recognize and integrate these opposite sex elements within themselves (see Table 3.2).

Jung described four basic ways of experiencing (contacting) the world: *sensing*, *intuition*, *feeling*, and *thinking*, summarized in Table 3.3. According to Jung, people differ consistently in the degree to which they emphasize each way of experiencing. One person, for example, might typically prefer intuitive leaps with little abstract

**Table 3.2**  
**Examples of Jungian Concepts**

*The Collective Unconscious:* Found in everyone and said to contain inherited memories and ancestral behavior patterns

*Archetypes:* Basic elements or primordial images forming the collective unconscious, manifested in dreams and myths (for example, Earth Mother, the Wise Old Man)

*The Animus:* The masculine, assertive element in the unconscious of every woman

*The Anima:* The feminine, passive element in the unconscious of every man

*The Mandala:* Usually a circular shape, symbolizing the self, and often divided into four parts

thought. Another might know the world mostly through his or her senses with little use of either intuition or reason. In addition, Jung suggested **extraversion-introversion** (discussed further in Chapter 6). Like the four ways of experiencing, these two attitudes of extraversion-introversion are divided: One is dominant in the conscious life while the other influences the unconscious side of the personality.

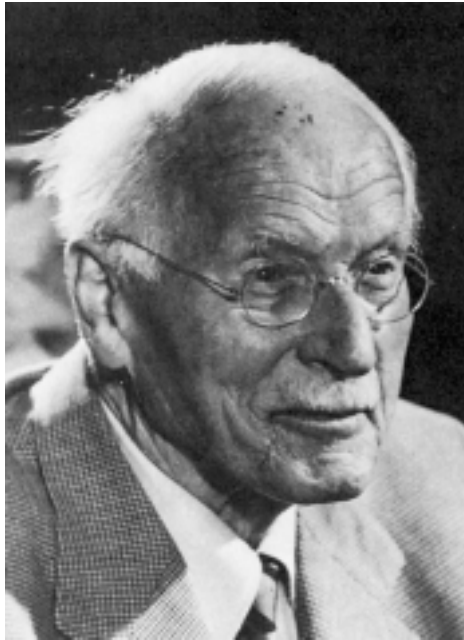
Jung broadened the concept of psychic energy. He did not exclude the sexual instinct of Freudian theory but thought it was only one among many instincts. Jung placed great emphasis on the goal-directed nature of personality and believed that human behavior cannot be explained entirely by past history. For Jung, the meaning of behavior became fully intelligible only in terms of its end products or final effects; we need to understand humans not only in terms of their past but also in the light of their purposes and goal strivings.

Jung, like Freud, emphasized symbolic meanings. He believed, for example, that “abnormal behaviors” are expressions of the unconscious mind. Some examples of these expressions are shown in Table 3.4, and they reveal clear overlap with Freud’s thinking. Also like Freud, Jung thought that abnormal behaviors were merely one way in which the contents of the unconscious may reveal themselves. More often, he felt, they are expressed in dreams.

**Table 3.3**  
**Jung’s Four Ways of Experiencing the World**

Ways of Experiencing	Characteristics
Sensing	Knowing through sensory systems
Intuition	Quick guessing about what underlies sensory inputs
Feeling	Focus on the emotional aspects of experience—its beauty or ugliness, pleasantness or unpleasantness
Thinking	Abstract thought, reasoning

**Carl Gustav Jung  
(1875–1961)**



Jung went beyond Freud, however, in his increasing fascination with dreams as unconscious expressions of great interest in their own right. (He believed that this contrasts with their use merely as starting points for saying whatever comes to mind, that is, “free associations,” discussed in Chapter 4.) As Jung put it: “. . . I came increasingly to disagree with free association as Freud first employed it; I wanted to keep as close as possible to the dream itself, and to exclude all the irrelevant ideas and associations that it might evoke” (Jung, 1964, p. 28).

In the same direction, Jung became intrigued by the unconscious for its own sake. He viewed the unconscious not just as the source of instincts. For him it was a vital, rich part of everyone’s life, more significant than the conscious

world, full of symbols communicated through dreams. The focus of Jungian psychology became the study of people’s relations to their unconscious. Jung’s method taught individuals to become more receptive to their own dreams and to let their unconscious serve as a guide for how to live.

Jung’s conception of personality is complex, more a set of fascinating observations than a coherent theory. His observations often dwelled on the multiple, contradictory forces in life: “I see in all that happens the play of opposites” (1963, p. 235). Yet he also was one of the first to conceptualize a *self* that actively strives for oneness and unity. He believed that to achieve unity and wholeness, the individual must become increasingly aware of the wisdom available in his or her personal and collective unconscious and must learn to live in harmony with it. Jung saw the self (the striving for wholeness) as an archetype that is expressed in many ways. The expressions of the

**Table 3.4**  
**Examples of Unconscious Symbolic Meanings Believed to Underlie Abnormal Behavior (“Symptoms”) According to Jung**

Behavior	Underlying Meaning
Asthma attack	“She can’t breathe the atmosphere at home”
Vomiting	“He can’t digest—(some unpleasant fact)”
Spasm and inability to swallow	“He can’t swallow it”
Leg paralysis	“She can’t go on any longer”

SOURCE: Jung, C. G. (1964). *Man and his symbols*. Garden City, NY: Doubleday.





**Figure 3.1**  
**A Mandala**

striving for wholeness include the **mandala** (a magic circle archetype shown in Figure 3.1) and various religious and transcendental experiences. He devoted much of his life to the study of these expressions in preindustrial societies, alchemy, mythology, dreams, and symbols. His ideas continue to fascinate many psychologists and are being applied to topics that range from “feminist consciousness” (Lyons, 1997) to the role of the spiritual in healing (Molina, 1996). However, his ideas remain difficult to study with the methods most psychologists favor.

## Alfred Adler

Like Freud, Alfred Adler also was born in Austria, 14 years after Freud—in 1870. He earned his degree as a doctor of medicine in 1895. After a brief period as an ophthalmologist, he practiced psychiatry, joining Freud’s Vienna circle of associates at the turn of the century. A highly independent, even rebellious person, Adler broke from Freud after 10 years and began his own psychoanalytic movement, ultimately as a founder of the Society for Individual Psychology.

Adler’s contributions have suffered an ironic fate. Much of what he said has become so widely accepted and seems so plausible that it has been incorporated into the everyday ideas and terms, the ordinary wisdom that we intuitively have about

psychology. Some of these concepts are so common as to risk becoming clichés. Nevertheless, while the popularity of Adler's ideas makes them less distinctive, they remain important even in contemporary thinking about personality.

It is often said that every personality theory captures best the personality of the theorist who created it. Adler's own childhood was marked by chronic illness and hostile relations with his five siblings. Interestingly, both these themes—physical weakness, or “organ inferiority,” and **sibling rivalry**—became central concepts in his theory. Adler's theory begins with a recognition of the infant's profound *helplessness*, a state that makes him or her especially vulnerable to any biological *organ inferiority* or weakness. This biological vulnerability becomes the root for a psychological state that endures in the person and that has central importance in Adler's theory: *feelings of inferiority*.

It is the struggle to overcome these inferiority feelings that provides the underlying motivation for lifelong compensatory strivings. Throughout the life course, the person tries to make up for the perceived deficit by reaching for superiority, by striving for perfection. The particular attitude the person adopts toward the inevitable state of inferiority, rather than the deficit itself, was most important for Adler; given a courageous attitude, a perceived deficit can become a positive asset. We all know dramatic examples of personal victories in overcoming biological deficits. Demosthenes was the ancient Greek who achieved fame as a great orator, overcoming a childhood stutter, and more than one great athlete reached the Olympics after long efforts to compensate for early concerns with physical weakness or illness. If the person fails to develop effective compensations, the risk is that he or she will suffer from an **inferiority complex**.

Adler's *compensatory motivation* contrasts sharply with the id impulses, sexual and aggressive in nature, featured as the driving forces in Freud's theory. It is a much more social psychological view of motivation. It is rooted in a biological deficit but goes much beyond that origin. Adler also showed this more social orientation in other parts of his theory in which he is alert to cultural influences and social, interpersonal situations. He saw the rivalry among siblings within the family as an important part of development. Thus he viewed the family as the context for significant relationships and conflicts beyond those captured in the Oedipal triangle of mother-father-child that was central for Freud. Indeed, Adler's ideas were notable as a major break from concern with inborn impulses and hereditary causes to focus on the environmental forces and the social world as determinants of personality development. The specific ways in which the person tries to strive for his or her goals in the striving for superiority show a basic unity. This *unity of function* develops as a distinctive *style of life*; it originates in infancy and is characterized in the organism's functioning consistently. Although the individual functions with consistency, the pattern that makes up the style of life can be modified. This happens when the person changes the goals toward which the whole pattern of striving is directed.

The striving for perfection plays a great role for Adler, but it is matched by his concern for the individual's *social feeling* or *social interest*, qualities vital for the healthy, well-functioning personality. This focus on the positive, adaptive aspects of personality development is also seen in two other Adlerian concepts: *courage* and *common sense*. Taken together, social feeling, courage, and common sense constitute the set of characteristics that mark well-functioning, healthy persons.





In Adler's view of compensatory motivation, the striving to excel may be a way of overcoming early feelings of inferiority.

Such persons cope with the realities of life, including their inevitable helplessness and inferiority, with confidence and constructive strivings, without excessive fear but also without unrealistic fantasies. In contrast, the unhealthy personality abandons appropriate effort and avoids facing realistic difficulties by a retreat into increasingly grandiose fantasies. These fantasies are defensive in the sense that they widen the gap to reality and provide an unrealistic avoidance of failure.

The positive qualities of social feeling, courage, and common sense are natural states: Every person is capable of having them spontaneously unless they are blocked or frustrated badly in the course of development. For example, the excessively *pampered child* may develop a style of life characterized by extreme demandingness, while the severely *rejected child* may live life in a world seen as dangerous and hostile.

To help overcome this type of damage, the therapist in the Adlerian approach provides the encouragement and sympathetic understanding that allows the patient to face life more realistically and effectively. In this supportive atmosphere, the patient can abandon "mistaken" strivings for fantastic superiority and stop the retreat from reality to begin to face life with common sense, courage, and social feeling.

## Erich Fromm

Erich Fromm (1941, 1947) helped to expand Freudian concepts to the individual as a member of society. Freud saw personality development as a reaction to satisfactions



**Erich Fromm**  
(1900–1980)

and frustrations of physiological drives. In contrast, for Fromm people are primarily social beings to be understood in terms of their relations to others. According to Fromm, individual psychology is fundamentally social psychology. People have psychological qualities, such as tendencies to grow, develop, and realize potentialities, that result in a desire for freedom and a striving for justice and truth. Thus human nature has a force of its own that influences social processes.

Fromm's explanation of character traits illustrates the difference between Freud's biological orientation and Fromm's social orientation. Fromm criticized Freud's idea that fixation at certain pleasure-giving stages is the cause of later character traits. According to Fromm, character traits develop from

experiences with others. Psychosexual problems and attitudes are rooted in the whole of the character structure. They are expressions in the language of the body of an attitude toward the world that is socially conditioned. According to Freud, culture is the result of societal suppressions of instinctual drives. Fromm also believed that culture is molded by the structure and substance of a given society but does not focus on suppression of drives as the point of origin. For Fromm, the dominant character traits of the people in a society become forces shaping the social process and the culture itself.

Another major point of departure from Freud is Fromm's belief that ideals like truth, justice, and freedom can be genuine strivings and not simply rationalizations of biological motives. Freud's psychology is a psychology of instinctual drives that defines pleasure in terms of tension reduction. Fromm's psychology tries to make a place for positive attributes, such as tenderness and the human ability to love, and implies that these human needs have a force of their own. He believes that character is not the result of passive adaptation to social conditions. It is a dynamic adaptation on the basis of elements that either are biologically inherent in human nature or have become inherent as the result of historic evolution.

## **Erik Erikson**

The psychoanalyst Erik Erikson (1963) has proposed stages of development that call attention to problems of social adaptation (Table 3.5). As children grow up, they face a wider range of human relationships. The solution of the specific problems at each of eight **psychosocial stages** (rather than psychosexual stages) determines how adequate they will become as adults. Erikson's focus on psychosocial development reflects the

**Table 3.5**  
**Erikson's Stages of Psychosocial Development**

Stage and Age	Psychosocial Crisis	Optimal Outcome
I. Oral-sensory (first year of life)	Trust vs. mistrust	Basic trust and optimism
II. Muscular-anal (second year)	Autonomy vs. shame, doubt	Sense of control over oneself and the environment
III. Locomotor-genital (third through fifth year)	Initiative vs. guilt	Goal-directedness and purpose
IV. Latency (sixth year to start of puberty)	Industry vs. inferiority	Competence
V. Puberty and adolescence	Identity vs. role confusion	Reintegration of past with present and future goals, fidelity
VI. Early adulthood	Intimacy vs. isolation	Commitment, sharing, closeness, and love
VII. Young and middle adulthood	Generativity vs. self-absorption	Production and concern with the world and future generations
VIII. Mature adulthood	Integrity vs. despair	Perspective, satisfaction with one's past life, wisdom

SOURCE: Adapted from Erikson, E. (1963). *Childhood and society*. New York: Norton.

growing neo-Freudian emphasis on broad social and cultural forces rather than instinctual drives alone.

At each stage of development, Erikson hypothesizes a psychosocial “crisis.” This crisis arises from the person’s efforts to solve the problems at that stage. For example, in the first stage of life (the “oral-sensory” stage of the first year) the crisis involves “trust versus mistrust.” Erikson hypothesizes that at this stage the child’s relation to its mother forms basic attitudes about “getting” and “giving.” If the crisis is properly resolved, the experiences at this stage lay the foundation for later trust, drive, and hope.

Erikson’s stages extend beyond infancy to include crises of adolescence and adulthood. He sees development as a process that extends throughout life, rather than being entirely determined in the early years. In this developmental process, “ego identity” is central:

The integration . . . of ego identity is . . . more than the sum of the childhood identifications. It is the accrued experience of the ego’s ability to integrate all identifications with the vicissitudes of the libido, with the aptitudes developed out of endowment, and with the opportunities offered in social roles (Erikson, 1963, p. 261).

The underlying assumptions of his view of development are:

- (1) that the human personality in principle develops according to steps predetermined in the growing person’s readiness to be driven toward, to be aware of, and to interact with, a widening social radius; and (2) that society, in principle, tends to be so constituted as to



**Erik H. Erikson**  
(1902–1994)

meet and invite this succession of potentialities for interaction and attempts to safeguard and to encourage the proper rate and the proper sequence of their enfolding (Erikson, 1963, p. 270).

Erikson's ideas have become popular in many parts of our culture. His thoughts concerning the “identity crises” of adolescence, for example, are discussed widely. Indeed the phrase **identity crisis** has become a part of everyday speech. Both provocative and literate, Erikson's ideas have influenced concepts of human nature and the general intellectual culture. Erikson believes that all young people must generate for themselves some “central perspective and direction” that gives them a meaningful sense of unity and purpose. This perspective integrates the remnants of their childhood with the expectations and hopes of adulthood (Erikson, 1968). This sense of identity involves a

synthesis of how individuals have come to see themselves and their awareness of what the important other people in their lives expect them to be.

## THE RELATIONAL SELF: OBJECT RELATIONS THEORY

In the past two decades, psychodynamic theory and practice have undergone particularly important transformations. While many psychologists remain within an essentially psychoanalytic framework, many have moved far beyond Freud and his immediate followers. These innovators are changing how they think about personality, the roots of mental health, and ways to help troubled people.

The basic orientation of this relational approach has emerged clearly in an integrative review of this movement (Cashdan, 1988; Greenberg & Mitchell, 1983). There have been different variations in this shift. Leaders include such psychoanalysts as Melanie Klein (one of the earliest innovators) in England and, more recently, Otto Kernberg (1976, 1984) and Heinz Kohut (1971, 1977) in the United States. In this section we will emphasize the common themes of change that seem to be emerging in this movement.

The approach is called **object relations theory** and therapy (Cashdan, 1988), and the first point to note is that the “objects” in the language of this theory are simply other human beings. The term *objects* is a leftover from classic psychoanalysis, and *significant others* essentially could substitute for it. The important shift from classic



The developing self is defined from the start in relational, interpersonal terms in Kohut's theory.

psychoanalysis to object relations theory is that while the former focused on the instinctual drives, the latter focuses on the relationships to significant other people (i.e., object relations).

The most important object for the developing child generally and unsurprisingly is the mother. It is in the context of the young child's relationship with the mother that the **relational self** begins to originate and emerge. Note that the self is defined from the start in relational or interpersonal terms. That redefinition also fits the relational view of the self in current research on how people cognitively (mentally) process information about themselves (e.g., Andersen, 1997), as discussed in Part VI. (See *In Focus 3.2.*)

### “Good-Bad Splitting”

Within psychodynamic theory, one of the first to address the mother-child relationship in great depth was Melanie Klein, a British psychoanalyst who was Freud's contemporary. A theme that still persists from Klein's work is her clinical observation that the young child tends to divide the world into good and bad. Klein saw the core conflict throughout life as a struggle between positive feelings of love and negative feelings of hate. Her insight that in this conflict people tend to “split” the world into benevolent and malevolent components has been integrated into much current relational theorizing about personality structure and development.

## IN FOCUS 3.2

## A Cognitive Reconceptualization of the Relational Self and Transference

In recent years, concepts like the relational self and transference have been reconceptualized in light of current theory and findings on how memory works.

### The Relational Self

According to researchers who study the self from this modern memory theory framework, self-knowledge includes all the thoughts (cognitions) and feelings (affects) that develop about oneself. It consists of information that is stored and organized in memory as a cognitive-affective (mental and emotional) representation. This knowledge representation is closely connected in the memory system to knowledge representations about the significant other people in one's life (e.g., Andersen, Reznik, & Chen, 1997; Linville & Carlston, 1994), making these two types of information directly associated. Consequently, when the representation of a particular significant other is activated (e.g., you interact with or think about your mother), aspects of your own self-representation also become activated mentally. These close connections in memory make the self intrinsically *relational* and interpersonal: In a sense, the significant others to whom one is close become part of one's personal identity. Thus the self-definition and sense of self evolves from and is linked to the important relationships in one's life.

As the self develops in relation to a particular significant other person, expectations also develop about the most likely interactions that will occur with him or her. Consequently, the relational self comes to include knowledge of interpersonal scripts about the expected pattern of self-other interaction, based on those earlier experiences. For example, an adolescent may come to expect that interactions with her mother on certain topics are likely to play out along predictable lines (e.g., more hassles, more guilt, more avoidance). These scripts

become reactivated in future interactions with the significant other or with other people who remind you of that person (Andersen et al., 1997).

### Transference

The notion of the *relational self*, conceptualized in terms of memory representations that connect self-knowledge with representations of significant others, also has revived interest in the psychodynamic concept of transference, now recast in social-cognitive terms. In that view, when one develops relationships with new people, *transference* readily occurs. That happens to the degree that representations of significant others in memory are activated by the newly encountered person. Feeling attracted to—or repelled by—the newly encountered person and easily making all sorts of inferences about his or her qualities (that may or may not turn out to be accurate) can be understood in terms of the particular significant other representation that is being triggered by and applied to the new person (Andersen et al., 1997; Andersen & Chen, 1998). If the psychiatrist's manner reminds the patient of her father, the cognitive-affective representation of the father and of the patient's self in relation to him also may become easily activated and brought to mind.

Note that this view of transference is compatible with Freud's (1912/1958) claim that the individual's mental representations of significant others, most notably the parents in early childhood, profoundly influence relationships to new people (including the psychoanalyst in the treatment process). It is different, however, because it views how this process happens in terms of social-cognitive information processing rather than as a reflection of the psychosexual drives and conflicts favored in psychodynamic theory (as discussed in Part VI).

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Klein spoke of a nourishing “good breast” and an empty “bad breast” in the child's conflict-ridden representation of the mother. This notion has remained in a variety of contemporary psychodynamic ideas about “good” and “bad” self-representations, in-



ternal representations of the self and of other people. It is part of the belief that from infancy on there is a tendency to somehow “split” or partition experiences in good-bad, gratifying-frustrating terms (Cashdan, 1988), fragmenting rather than integrating them into a coherent whole. When these splits are severe, therapy seeks to help the person integrate them.

## Internalizing Maternal Interactions: Early Representations

Building on this idea, one of the most influential object relations theorists, Otto Kernberg (1984), sees the mother-child relationship as giving rise to and characterized by “**bipolar representations.**” Each of these bipolar representations is made up of the child’s image of itself, its image of the significant other person (the mother), and the feelings activated when the interaction occurs. If the child experiences deprivation during the interaction, it will emotionally color that bipolar representation negatively. If satisfaction is experienced in the interaction, a positive bipolar representation will result. The bipolar representations are internalized or, in Kernberg’s biological metaphor, “metabolized” as a result of the experienced interactions. These internalizations produce different types of unique consequences within the child at different points in development. The bipolar representations that accumulate in this fashion become the basic internalized units of mental structures. They serve as lenses or templates through which the developing person views the emerging self in relation to others (Cashdan, 1988). Subsequent relationships, in turn, are seen and experienced through the templates provided by these earlier internalized representations.

Like Freud, object relations theorists focus on the importance of the early years. Unlike Freud’s emphasis on how the instinctual drives are expressed and managed in the first few years, however, these theorists stress the type of caretaking relationship that develops with the early caretaker, usually the mother. This early relationship becomes the basic framework for the perception and experience of later relationships. The details of this developmental process have received increasing research attention by child psychologists. They are researching the quality and varieties of early attachment relations between mother and child (Ainsworth et al., 1978; Sroufe & Fleeson, 1986) and tracing their consequences in the course of development (see *In Focus 3.3*).

## The Development of Self

Briefly, development is seen as a process in which the newborn begins in a world that is experienced as “split” into “good” (gratifications) and “bad” (tensions) feelings. In this early world, “objects” (other people, including the mother) are not yet differentiated. Emotional splitting of experiences and objects in good-bad, positive-negative terms continues throughout later life.

The most important object, the mother, soon begins to be represented by the young child internally as an image. With cognitive development and the growth of language skills, the child can start to internalize not only a maternal image but also maternal conversation in the form of an inner dialogue. Some of these early conversations are audible. You know this if you have ever heard the conversations youngsters sometimes have

## IN FOCUS 3.3 Attachment Theory: The Roots of Object Relations

### The Attachment Relationship

A half-century ago, John Bowlby, a British psychiatrist, was seeing a three-year-old in analysis. He was being supervised by the psychoanalyst Melanie Klein, who refused to allow him to meet with the child's mother. Bowlby was frustrated by this experience because, in contrast to his supervisors, he believed that parents' behavior had an important role in the development of children's personality. He felt that psychoanalysts focused too much on children's fantasy lives at the expense of attention to what was happening in their real lives (Ainsworth & Bowlby, 1991). Concurrently, he had become interested in the work of animal researchers who found that the young of various species could become attached to something separate from that which fed them and would seek proximity to that figure in times of distress. This work suggested to Bowlby that attachment was a separate, independent goal from feeding and that it was important for psychological and physical well-being. Building on and synthesizing these ideas, he developed his now-famous attachment theory (Holmes, 1993). This theory is consistent with object relations theory in giving center stage to the relationship between the young child and the primary caregiver (Bowlby, 1982). For Bowlby, however, the psychological characteristics of the "object" (the primary caregiver, usually the mother) were crucial, and he emphasized the experienced relationship between the child and the mother.

### Internal Working Models

Based on experiences in this relationship, the child develops **internal working models**. These are mental representations of others, of the self, or of relationships which guide subsequent experience and behavior. Children who have had positive, gratifying experiences with significant others in their environment will develop internal working models of others as responsive and giving and of themselves as competent and worthy of affection; those who have had painful or unsatisfying experiences develop internal models that reflect those troubled relationships.

### The Strange Situation

Inspired by Bowlby, Mary Ainsworth developed the *Strange Situation* to examine patterns of infant-parent attachment in everyday situations among 8½- to 12-month-olds (e.g., Stayton & Ainsworth, 1973; Ainsworth, Blehar, Waters, & Wall, 1978). Ainsworth chose to conduct her study in a "strange" setting, that is, one unfamiliar to the baby, because she found that most American children were accustomed to the frequent comings and goings of their mothers throughout the day. Placed in an unfamiliar setting, however, and confronted with stress, young children were expected to exhibit more clearly their characteristic attachment behaviors.

with themselves as they praise or scold their own performance, saying "good boy" or "no, no" aloud to themselves. This internal dialogue is especially evident during toilet training and other early exercises in the development of self-regulation.

In time, the internalizations of maternal images and conversations become the foundations of the developing "self." You can see this development, for example, in the increasing use of "I" in the child's speech. The child's utterance changes from "Jane wants ice cream" to the personal pronoun in which "I" want it, "I" eat it, "I" am bad.

In this conception, emotional splitting continues as an aspect of the developing self: "Just as early splitting of the mother creates a split in the maternal presence, so the split in the inner maternal presence creates a split in the self. Early splits give birth

The Strange Situation assesses individual differences in the baby's quality of attachment relations. The child is introduced to a novel playroom environment with the mother and a stranger and is exposed to different levels of availability of the mother, from present and involved with the child, to present and mildly preoccupied, to absent. The child is separated from the mother twice during the Strange Situation; once left with the stranger and once left alone.

### Types of Attachment

Three main patterns of behavior were identified in this situation. Babies who avoided the mother throughout the paradigm as well as on reunion were considered insecure-avoidant, or *A* babies. Those who were able to greet the mother positively upon reunion and then return to play, and who attended to the mother and desired interaction with her throughout the procedure, were termed securely attached, or *B* babies. Infants whose reunion behavior seemed to be a combination of contact-seeking and anger, and who were difficult to comfort upon reunion, were classified as the *C* or insecure-resistant (or insecure-ambivalent) babies. These children displayed interaction-resistant behavior, but, once contact was attained, they showed contact-maintaining behaviors.

Data from home visits conducted before the Strange Situation revealed that the different types of babies experienced different patterns of maternal responsiveness. For example, mothers of infants rated as securely attached responded most quickly and consistently to their babies'

crying. Mothers of resistant babies were inconsistent in their responsiveness, while the responsiveness of mothers of avoidant children varied with the context: They were unresponsive to bids for contact and comfort and controlling and intrusive in response to their children's attempts at independent play.

### Long-Term Consequences

Research over the ensuing years has provided more data on these classifications. For example, children rated secure are more likely to remain confident and flexibly organized when faced with an insurmountable task as preschoolers (Arend, Gove, & Sroufe, 1979) and can suggest strategies for coping with the absence of a parent as 6-year-olds (Main, Kaplan, & Cassidy, 1985). Additionally, five-year-olds with a history of a secure relationship with the mother are less likely to exhibit negative interactions with a peer (Youngblade & Belsky, 1992). Many other links have been found and they seem to extend into adulthood. Studies of adult attachment suggest that individuals may carry specific attachment styles with them in relationships throughout life (e.g., Fraley & Shaver, 1997; Kobak & Sceery, 1988). For example, college students rated secure (by interview measures) were rated by their friends as more warm and nurturant (Bartholomew & Horowitz, 1991). Ultimately, these styles are thought to influence the way one parents one's own children (Main & Goldwyn, 1984).

to later splits" (Cashdan, 1988, p. 48). In time, individuals come to view themselves as "good" or "bad" depending on their earlier good-bad emotional experiences of splitting. The sense of self-esteem—or its lack—that ultimately emerges characterizes how persons feel about themselves. It is both the consequence of the earlier experiences and the determinant of much of what is experienced later in the course of life.

As the splitting process continues, a variety of identity splits occur. They yield such important categories as one's sexual identity, career identity, identity as a parent, and so on. Each is colored emotionally in good-bad terms. The emotional splitting represented by the enduring concern with goodness-badness never ends. When it is maladaptively tilted toward a badness imbalance, it continues to corrode the person's relationships. The therapeutic process, in turn, is viewed as the method for undoing the

imbalance, recognizing and overcoming inner conflicts, and developing a more integrated and positive image of the self.

## HEINZ KOHUT'S THEORY OF OBJECT RELATIONS AND THE SELF

. . . man can no more survive psychologically in a psychological milieu that does not respond empathically to him, than he can survive physically in an atmosphere that contains no oxygen (Kohut, 1977, p. 85).

The object relations theorists share several themes, as the previous section showed. One leader in this movement, Heinz Kohut, is selected in this section for further attention because his work is seen as especially influential for changing views of the healthy and the disturbed personality. Kohut, a psychiatrist who received his medical training at the University of Vienna, went on to psychoanalytic training and teaching in Chicago, where he gained recognition as a theorist and clinician in the 1970s.

In Kohut's view, profound changes in the family and culture throughout the century have occurred: Psychoanalysis and psychodynamic theory must be responsive to them. An important change, he believes, is that Freud's patients typically came from a Western civilization in which life was concentrated in the home and family unit. Families tended to expose their children to "emotional overcloseness" (Kohut, 1977, p. 269), and these intense emotional relations in turn often produced neurotic problems involving internal conflicts such as in the Oedipus complex. The developing child was likely to be trapped in too much intimacy, too much stimulation, too much intrusiveness.

In contrast, children now are more likely to see parents at most in leisure hours and to develop much less clear role definitions and models: "The environment which used to be experienced as threateningly close, is now experienced more and more as threateningly distant . . ." (Kohut, 1977, p. 271). While personal problems used to arise from being too stimulated emotionally by parents, even erotically as in Freud's case of "Little Hans" (Freud, 1963), now youngsters tend to be *understimulated* and may search for erotic sensations and other strong experiences to fill the emotional emptiness of their lives and to try to escape loneliness and depression.



Heinz Kohut  
(1913–1981)

Kohut's thinking has led the way for a new psychoanalytic interest in the self and for the treatment of problems such as disorders of the self. Rather than being driven by unconscious conflicts and impulses, Kohut sees patients today as often deprived of "**empathic mirroring**" and ideal "objects" or tar-

gets for suitable identification. Because their parents were walled off from them emotionally or too involved with their own narcissistic needs, they did not provide the necessary models for healthy development of the self and for the formation of meaningful, responsive relationships in adulthood.

People fear the destruction of the self when they don't feel the empathic human responses from the important others ("self objects") in their lives. Kohut compares this state to being deprived of "psychological oxygen." The availability of empathic reactions from self objects is as vital to the survival of the self as the presence of oxygen is to the survival of the body:

What leads to the human self's destruction is its exposure to the coldness, the indifference of the nonhuman, the nonempathical responding world (Kohut, 1984, p. 18).

What is feared most is not so much physical death, but a world in which our humanness would end forever (Kohut, 1980, 1984). In the same vein, Kohut does not see Freud's castration anxiety as the ultimate human anxiety: ". . . the little boy's manifest horror at the sight of the female genitals is not the deepest layer of this experience . . . behind it and covered by it lies a deeper and even more dreadful experience—the experience of the faceless mother, that is, the mother whose face does not light up at the sight of her child" (Kohut, 1984, p. 21).

The "disintegration anxiety" from a nonempathic, nonhuman environment, taken to the extreme, is seen in the inorganic, stainless steel and plastic heart experienced so terrifyingly in a dream reported by one of Kohut's patients (Kohut, 1984, p. 19). In his "stainless steel world" dream, Mr. U was in an ice tunnel with walls from which large glistening strands of ice went down to the ground and up to the ceiling. It was like an enormous model of the human heart, large enough to be walked around in (like one in a museum the patient knew well). Walking within this icy heart, Mr. U felt the anxiety of an oncoming but unnamed danger to which he was exposed, all alone, except for a shadowy figure to whom he appealed but who was unresponsive. In a flash, he was pulled through a crack in the wall into a cityscape that was blindingly bright—a landscape that was utterly unreal, with busy but completely unapproachable people all around: a "stainless steel world" in the patient's own words, in a science fiction scene with no escape, no communication, trapped forever, unreachable in a world of cold-heartedness.

## Reinterpretation of the Oedipal Period

Kohut's theory also leads to a reinterpretation of such Freudian constructs as the "Oedipal period." In his view, during this period the girl fears confrontation from a father who is nonempathic and sexually seductive instead of affectionate and accepting. In the same period she fears a mother who is competitive and hostile rather than reflecting that she is proud of the child and pleased by her.

In parallel fashion, during the same period the boy fears confrontation from a mother who is nonempathic and sexually seductive rather than affectionate and accepting of him. He also fears confrontation from a father who is competitive and hostile with him rather than pleased and proud.

**Table 3.6**  
**Kohut's Characteristics of the Self**

Defective Self	Healthy Personality
Fragmented experience of love (sexual fantasies)	Feels glow of healthy pleasure in appropriate sexual functioning
Fragmented assertiveness (hostile fantasies)	Able to be self-confidently assertive in pursuit of goals

## Kohut's Healthy Self

In Kohut's theory, if parents fail to respond empathically and healthily to their child in this phase of development, it sets up a defect in the self. As a result, the child develops a tendency to experience sexual fantasies and the fragments of love rather than love. Likewise, the child with a defective self also tends to experience hostile fantasies and only the fragments of assertiveness rather than appropriate assertiveness. The individual's typical internal reaction to these experiences becomes great anxiety. These characteristics of the defective self contrast with those of a healthy, normal personality, which, instead of anxiety and fragmented experiences, feels the glow of appropriate sexual functioning and assertiveness, as summarized in Table 3.6.

## APPROACHES TO RELATIONAL THERAPY

The new focus on the relational nature of personality has stimulated many alternative approaches to psychotherapy that go far beyond Freud's original ideas. For example, it has led therapists to conduct couples' group therapy from an object-relations standpoint (Feld, 1997). Two developments, both relational in theory but very different in practice, are seen in Kohut's own approach and, in contrast, in "family therapies," also considered here.

### The Road to Cure: Relational Therapy and Restoration of the Self

It follows from this conception that the goal of the analytic therapy process becomes the restoration of the self. Led by theorists like Kohut, **relational therapy** (our abbreviation for "object relations therapy") has emerged as a coherent approach to conceptualizing personality problems and treating them therapeutically. It is a psychodynamic approach in the sense that its roots are in earlier psychoanalytic theories. Like them, its focus is on the individual's often unconscious, long-standing conflicts and defenses. It is distinctive, however, in three ways. It sees the history of these problems in early relationships, especially with the mother. It sees their expression in current relationships. Finally, it conceptualizes their treatment as a process that emphasizes the relationship within the therapeutic experience.

In this approach, the therapeutic process requires formation of an empathic relationship with the analyst. The therapist actively and empathically "engages" the patient to build a close therapeutic relationship. Interpretation and confrontation of basic



relational problems occur in this supportive context. Note that this focus on the carefully nurtured empathic relationship contrasts with the “blank screen” image of the traditional Freudian analyst. Unlike the Freudian patient who free associates while reclining on a couch, with the therapist sitting behind the patient, in relational therapy, the two face each other and interact actively, the therapist providing empathic support as well as gradual confrontation.

Kohut’s therapy is considered relational in the sense just described, but it is still limited to the therapist-client interaction without directly involving the relationships currently within the family. The latter requires going beyond the two-person psychodynamic situation itself, as seen dramatically in such developments as family therapy, discussed next.

### Treating Interactions and Relationships: Family Therapy

Family therapy is a promising approach to treatment, based in part on modern psychodynamic theory of the sort developed by the neo-Freudians. In family therapy, the problem is seen as residing in the family’s system of interactions rather than within the child. The goal of therapy is a transformation in the family system—allowing family members to relate to one another in more adaptive ways (Minuchin, Lee, & Simon, 1996). This family therapy approach is illustrated nicely in efforts to treat **anorexia nervosa**, the psychophysiological problem of self-starvation (Minuchin, Roseman, & Baker, 1978). For example, the therapist may challenge the family’s notion that the



For Kohut, the modern child’s life is characterized not by too much parenting and intimacy but by loneliness.

daughter is sick and the parents are helpless. The problem is recast for them as one in which both parents and daughter are involved in a fight for control. This reorientation mobilizes the parents to treat their daughter as a rebellious adolescent, not as an invalid. Specific therapeutic strategies are directed toward challenging maladaptive family characteristics. For example, all family members are encouraged to speak for themselves or not to speak if they so choose. The protectiveness valued by the family may be redefined to include the protection of each member's individuality. Overprotection may be challenged directly by pointing out, for instance, that the child can take her coat off herself or even by explicitly stating that excessive protection robs the individual of her right to try and fail, learning how to cope in the process. The tendency of the family to avoid conflict may be challenged by insisting that two family members who disagree discuss their disagreement without the possibility of intervention by other family members to diffuse the conflict. The therapist's role is to maintain or even increase the conflict and to prevent intrusion or escape. Thus, instead of simply treating the individual as having a problem, the entire family is seen as in need of learning new and healthier ways of relating to one another—an approach far different from the original strategies Freud favored (Minuchin & Nichols, 1994). The focus has shifted from individual psychodynamics to the dynamics of the family as a social system.

## Relational Problems Expressed in Pathology: The Case of Anorexia

To illustrate the types of problems that relational therapists treat and how they conceptualize them, let us consider the following case illustration of the disorder called anorexia nervosa. In this now relatively common problem, often found in American adolescent girls, persons may starve themselves virtually to death even in the midst of plenty and with no initial physical illness responsible for the starvation.

Debby M. was 14 years old when she decided she wanted to be a fashion model and went on a diet. Gradually, she eliminated more and more foods until, one year later, she ate only cottage cheese, carrots, diet soda, and water. Her weight dropped from 115 to 81 pounds and her menstrual periods stopped. During this time Debby became excessively active physically. She would wake up at around 5 a.m. and jog two to three miles before getting ready for school, jogging another two to three miles in the afternoon when she returned home. Weekends were spent at the community swimming pool or practicing alone on the tennis court. She had always been a good student and continued to get excellent grades (often studying past midnight), but she withdrew from school activities and spent little or no time with friends. Her parents describe her as a good girl: they are proud of her grades and cannot explain why she will not eat. On her pediatrician's recommendation, Debby has been hospitalized. After careful physical examination, no organic cause has been found for her refusal to eat. Debby is diagnosed as having anorexia nervosa (Minuchin, Roseman, & Baker, 1978).

As Debby's case illustrates, anorexia nervosa occurs most often in middle-class females and usually begins during adolescence. Symptoms include a loss of over 25% of total body weight, cessation of menstruation, excessive activity, below normal body temperature, denial of hunger, fear of gaining weight, and a distorted body image. From 10 to 15% of these cases die of self-inflicted starvation.

A group of psychologists working with people who have this disorder report similarities in the way the families of these patients function (Minuchin, Roseman, & Baker, 1978). There are some distinctive family characteristics which appear to encourage and maintain anorexia nervosa. For example, the family members are overinvolved (enmeshed) with one another. Changes within one member or between two members affect other members too much. In addition, the relationships between parents and children, brothers and sisters, and husband and wife become so intertwined that they may become ineffective and inappropriate. The enmeshed family's excessive togetherness and sharing intrude on individual autonomy, and family members have poorly differentiated perceptions of one another and often of themselves. The family's overprotectiveness retards the child's development of autonomy and competence. In turn, the "sick" child may use her symptoms to control and manipulate the family. While normal families are able to disagree, these families are characteristically unable to confront their differences to the extent of negotiating a resolution. They avoid conflict, deny the existence of problems, or diffuse the disagreements that do occur, including the battles over the child's refusal to eat sometimes to the point of death.

## SUMMARY

1. In general, the psychoanalytic followers of Freud have de-emphasized the role of instincts and psychosexual stages. They have concerned themselves more with the social milieu and the ego. Their conception of human nature has been less deterministic, less drive oriented, and more humanistic.
2. One especially striking departure from Freud is the psychology of Jung. Jung emphasized the unconscious and its symbolic and mystical expressions. He focused on dreams and on human beings' need to achieve unity through greater awareness of their collective and personal unconscious.
3. Freud saw sex and aggression as the basic human motives. Beginning with the neo-Freudians and continuing to the present, psychologists have expanded the list of human wishes by adding many higher-order motives. These motives, such as competence, are purely psychological and have no specific physiological bases. A good example of a higher-order motive is competence motivation, which is the desire for mastery of a task for its own sake.
4. Freud's theory has many implications for our view of the human being. The impact and value of this theory cannot be judged fully until we examine its applications.
5. Adler's theories provide another significant departure from Freud. Based on his own personal experience, Adler saw individuals as struggling from birth to overcome profound feelings of helplessness and inferiority and striving for perfection. This compensatory motivation, and not id impulses, guides behavior and fuels psychological development. According to Adler, people are social beings who are influenced more by cultural influences and personal relations than by sexual and aggressive instincts.
6. Fromm likewise saw people primarily as social beings who can be understood best in relation to others. People are not simply victims of biological urges. Instead, Fromm invests them with the ability to grow, to develop, to reach potentialities. Culture does not exist to stifle instinctual drives; instead, it is a product of the people in the society.
7. Erikson revises and broadens Freud's ideas about developmental stages. Erikson views social adaptation, not unconscious sexual urges, as the key force underlying development that takes place over

an entire lifetime. Most critical during this development is the evolution of “ego identity,” which involves the incorporation of past experiences and future hopes, and which directs people through life.

**8.** Object relations theories are one of the most important recent developments in psychoanalytic theory. Prominent object relations theorists, primarily Kernberg and Kohut, emphasize the mental representation of the self and other persons. These mental representations develop in the early relationship with the primary caregiver. They are characterized by emotional splits into good and bad components or “bipolar representations.” According to Kohut, troubled people have experienced a lack of “empathic mirroring”: Psychotherapy in this framework tries to provide such empathic care, to enhance

damaged self-esteem, and to help the person find suitable objects for identification.

**9.** Although many traditional approaches to personality change still emphasize insight and awareness of unconscious motives and feelings, more current approaches focus on the relational aspects of people. Relational therapy, as practiced by the object relations theorists, and family therapy, which concentrates on more current life problems and relationships, are two primary examples.

**10.** Current research on memory information about one’s self supports the view of the self in relational interpersonal terms: What we know about ourselves is often contextualized in our relations with significant others.