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Psychoanalytic Theories of Infant Development and its Disturbances: A Critical Evaluation
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ABSTRACT

Various psychoanalytic theories about the emotional and social development of normal infants are current. Each is associated primarily with the individual who has advanced it. Limits are set to the usefulness of the theories by their efforts to comprehend overly broad areas of psychic growth, by their speculative quality, and by their reliance on insufficient data. Progress toward understanding the psychic structure of infants depends upon the coordination of psychoanalytic observations and theory with the studies of infant behaviors being made by developmental and experimental psychologists.

In the first third of this century psychoanalytic writings about infant development followed Freud's outlines regarding instinctual drives, psychosexual phases, and the emergence of the reality principle, and their elaborations by Ferenczi, Abraham, and Bernfeld. During the next third psychoanalysts opened the field into several avenues. In one, normal and abnormal infant behaviors, abilities, and individual differences were studied in varieties of settings, more or less systematically;¹ in another, propositions about early stages of normal psychic development

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1 E.g., by Fries, Brunswick, Ribble, A. Freud, Goldfarb, Greenacre, Spitz, Hoffer, Brody, Lourie, Winnicott, Benjamin, in about that chronological order.

2 A. Balint, M. Balint, Benedek, Brody and Axelrad, Erikson, Fenichel, Hendrick, Hartmann, Kris and Loewenstein, Mahler, Winnicott.

3 M. Klein.

4 Kernberg, Kohut.

5 Bion, Bowlby, Fairbairn.

- 526 -

were presented, in most cases without reference to data;² and in yet another, a position altering classic theory took hold.³ Now, in the final third we face further efforts toward theoretical revisions⁴ about infant development and also radical departures from it.⁵

While major milestones of infant growth have been distinguished, it has become evident that data are needed about kinds of events and conditions that influence the achievement of many subsets of milestones, in various sectors of development. Psychoanalysts have for the most part studied affects, object relations, and need satisfactions in infancy and have given less attention to cognitive behaviors that come under the control of the ego, such as memory, competence, and judgment. To the psychoanalytic clinician, "hard" research has appeared to be too occupied with quantifiable behaviors and, in contrast to psychodynamic issues, sterile. Psychologists, in their turn, have often regarded psychoanalytic propositions as having too little appreciation of perceptual and cognitive processes (see, for example, Bower [1977, p. 148]).

The current issue of the clinical importance of developmental deficiencies as against structural conflict in the oedipal period will inevitably influence the kinds of information that investigators of infancy and early childhood will seek. To my mind, this is for the most part an unnecessary issue. The course of ego formation and object cathexes proceeds during infancy with incessant mingling of gratifications and frustrations. On the negative side, these bring on states of tension, stress, anxiety, or apathy, which nourish varieties of discord with environmental elements, best understood in terms of their provision of pleasure or unpleasure; and soon enough, degrees and kinds of inner

- 527 -

conflict. The fine continuum from psychological health to pathology that may be observed in the first year of life illustrates the indivisibility of connections that exist between early ego formation and later conflict-free and conflictual development. Recognition of this may have been lost as a result of the enthusiasm with which Hartmann's ideas of primary autonomy, neutralized energy,

and conflict-free spheres were met, and as a result of the tendency of many psychoanalysts to consider preverbal experience and behavior as being outside the province of psychoanalysis. These attitudes are undergoing change, as may be seen in the participation of many psychoanalysts in the proceedings of the First World Congress on Infant Psychiatry in Portugal in 1980 (Call, Galenson, and Tyson, 1982).

Psychoanalysts now have a group of disparate theories to account for aspects of psychological development during infancy. It is tempting and often advisable to ignore those that go far afield of basic propositions, yet in view of the troubled state of the discipline (Holzman, 1976), it seems expedient to try to sort out the more useful parts of those that are mainly current. My purpose in this essay is therefore to direct critical attention to the works of Melanie Klein, with a note on object relations theories, René A. Spitz, Donald W. Winnicott, John Bowlby, Margaret S. Mahler, Heinz Kohut, and Anna Freud, because these authors have so far had the major theoretical influence on the psychoanalytic study of normal infant development. I shall review their ideas only insofar as they are explicitly related to normal infants, and my remarks will extend to events beyond fifteen months, the usual age when speech has begun to develop, only when the theories extend from infancy into the second year of life. Problems of organic arrest or deviation will be omitted, as well as references to many impressive additions to our knowledge of infant behavior and development by other psychoanalysts.

I wish to consider the validity of psychoanalytic contributions to the study of infancy, to which reference is made most frequently in the present. I shall take most exception to theoretical - 528 -

statements that most rely on suppositions that have easily become popular and have led to cumulative error. "Make one mistake at the rudimentary level, and we continue to be saddled with its distorted effects throughout our theoretical adventures; ending finally with false conclusions—and usually false interpretations" (Glover, 1968, p. 55). To advance scientific inquiry, one must at all points be vigilant enough to ask, "How do we know?"

MELANIE KLEIN⁶

If a history of the development of Melanie Klein's theory were written, her efforts to reconstruct the development of neurotic conflict from experiences in the first months of life might appear less irregular, for it was in her time that J. B. Watson (1919) was stressing that three emotional responses of infants, fear, love, and rage, were universal, and the importance of these affective states became central in Klein's thinking about infant fantasies. She may not have read Watson's work, but in the 1920's his ideas were well known.

Klein's revision of classic psychoanalytic theory has been criticized often and sharply,⁷ with what appears to be impeccable argument. Yet these critiques have convinced none but those already convinced of the fallacies of her theories. Her thesis may be tersely summarized: The psychic life of all infants is dominated by exciting, aggressive fantasies that are motivated by greed, envy, oral and anal sadism, and hate, all these mixed with or confused by simultaneous erotic longings. The good breast, internalized, restores the lost prenatal unity with the mother. The bad, frustrating breast, also internalized, takes on destructive qualities. Both the good and the bad are introjected and become prototypes of gratifying or persecutory objects. They

⁶ Many discussions of the work of Klein, Winnicott, and Bowlby have appeared in the psychoanalytic literature. Mine will be very brief, and will touch mainly on aspects of their propositions that have not been dealt with elsewhere.

⁷ Bibring (1947); Brenner (1950), (1968); Furer (1977); Glover (1945); Greenson (1974); Kernberg (1969); Spitz (1946a); Waelder (1937); Yorke (1971); Zetzel (1953); and others.

- 529 -

arouse sadistic fantasies of scooping out the mother's breast and body of all that is good and filling it with all that is bad, with ensuing anxiety. Envy of the mother's breast is constitutional. Primary perceptions of the mother as all good or all bad lead to fantasies of introjection and projection, fears of death, and a paranoid-schizoid position in the first three or four months of life. In the next few months oral desires are transferred from the mother's breast to the father's penis which, also internalized, is perceived as a good or bad object (Klein, 1943-1944b, p. 219), and then the infant has fantasies of the mother containing the father and the father containing the mother (1957). As the ego (present at birth) develops, the infant makes effort in fantasy toward

reparation, and the paranoid mechanism is weakened. Superego development parallels the earliest processes of introjection, and by the middle of the first year of life the infant enters a primary phase of the oedipus complex. Fantasies of destroying the babies inside the mother with poisoned urine and feces are projected, the infant fears retaliation in kind (1957), and so arrives at the depressive position, a state comparable to adult mourning (1950). Obsessional features develop in the infant's second year.

On the realistic side, Klein did bring attention to the force of actual events, such as a mother's adaptation to her infant, the impact of anxiety on developmental factors, weaning (1936), (1940), (1943-1944a), (1943-1944b), the relation between guilt and creativity (1929) and between sadism and intellectual inhibition (1931). Her recognition of the need for closer observation of babies (1943-1944a, p. 264) unfortunately did not restrain her from relying on speculations about them. Most of her examples of infant behavior (1943-1944a) are anecdotal. Perhaps she drew some of her ideas from common observations of the quickness with which infants may be distracted from distress to laughter or from irritability to curiosity; or of the grievances that infants appear to hold against a loved object. She also contributed very positively to psychoanalytic thought when she described the intensities that affects can reach during infancy. Robbins (1980)

- 530 -

is probably correct in pointing out that she elaborated on the dyadic relation of mother and child as Freud had elaborated the triadic oedipal relation, that is, she gave envy a place in the first relationship that is comparable to jealousy in the oedipal position. She insisted that the infant possesses a complex and universal fantasy life; she asserted that ego, fantasies, object relations, and defenses are present at birth; that early forms of the superego and the oedipus complex are present at six months; that by six months the infant has traversed a period of paranoid-schizoid anxiety followed by depression; that the young infant has knowledge of the parents' sexual relation; and that preverbal events can be subjected to analysis; these drew some psychoanalysts to a full commitment to her views and baffled others who were at first eager to learn from her.

An essential basis for the disputes about her ideas about psychic experiences of infants may be found in Meltzer's (1981) recent tribute to Klein for her expansion of classic theory. He decries the model of mental life set forth, as he sees it, by Freud, who "could think of emotionality only in a Darwinian way as a relic of primitive forms of communication. He ... confused the experience of emotion with [its] communication; thus treating it as an indicator of mental functioning rather than as a function in itself" (p. 178). This model presumably was corrected by Klein because, unlike Freud, she listened to children's ideas "naïvely" and discovered that we live in an internal world that is as real as the outside.

To accept this argument that the value of imagination is supreme is to surrender to an existential chaos. Indeed, in Meltzer's view, a premium is placed on unbound energy and primary process: Mrs. Klein described ... what you might call a theological model of the mind. Every person has to have what you might describe as a "religion" in which his internal objects perform the function of Gods—but it is not a religion that derives its power because of belief in those Gods but because these Gods do in fact perform functions of the mind. Therefore if you

- 531 -

do not put your trust in them you are in trouble, and this trouble is the trouble of narcissism (p. 179).

The real trouble is that narcissism flourishes when "internal objects" receive major cathexis of drive energies, that is, when perception of objects and events in the observable physical world is depreciated and objective reality is denied. Klein's concepts "carried the realization that we do not live in two worlds only, that we may live in many worlds, and that people who live in different worlds cannot communicate with one another because the language that they use has a different frame of reference" (p. 179).

Freudian and Kleinian theorists do not live in two worlds. Their major difference is that one aims toward a scientific discipline, the other toward a system of beliefs that are reactionary and come close to assuming a kind of psychological predestination. Perhaps it is just this willing separation of Kleinian theory from science, its "phenomenology" (Mackay, 1981), that has increased its attractiveness for some. As a plausible theory of the beginnings of mentation, object relations, or psychic conflict, it fails.

A NOTE ON OBJECT RELATIONS THEORIES

The several present object relations theories⁸ demonstrate how in the pursuit of knowledge one may lose sight of the subject of study. Although the theories have different emphases regarding the structure of pathology, they have a similar, though always explicit base with regard to Klein's rejection of the concept of primary narcissism in favor of her assumption that the infant is related to an object from birth, and her presumption of a complex mental life that begins with birth. One looks for the real infant in their formulations only to find a reconstructed one, or none. One has to search carefully for any reference to specific infant behavior. For this reason—that the theories have not

⁸ See, for example, the *Journal of the American Psychoanalytic Association*, 1979, 27:313-398; Robbins (1980); and Sutherland (1980).

- 532 -

been developed out of investigations of infancy—I shall say little about them, excepting the work of Heinz Kohut for later discussion because his conceptualizations about psychic states of infants are more extensive and have had greater influence than the others.

A second reason to give less attention to object relations theories is that psychoanalytic theory always has spelled out inherent connections between the development of object relations and of the ego. It has been understood that ego components become manifest by virtue of an infant's increasing control of body parts and body functions with, for, or against objects in general. By definition object relations are internalized and reflect perceived, felt, and maintained connections—drive derivatives—between the self and external objects.

I shall comment, however, on some statements by Michael Balint, who first outlined reasons for an object relations theory; by Joseph Sandler and his associates because their arguments have taken on a certain resemblance to object relations theory; and by Otto Kernberg because he is the most active proponent of object relations theory in the United States. I have selected these authors because they have expressed the least intention to revise structural theory, yet their efforts exemplify the ease with which theory with scant benefit of facts can obstruct the progress of psychoanalytic understanding of infancy.

Michael Balint

Balint (1937) wished to reconcile the opinions of the "Londoners" led by Klein and Riviere, of the "Viennese" of the classic school, and of Ferenczi and Hermann in Budapest. As he explained the issue, Freud's (1931) description of infants' seemingly unappeasable greed and ambivalence was taken by the English analysts as confirmation of their belief that the very young infant's mental life was characterized by "extravagance, hostility, general discontent, insatiable greed, obvious ambivalence" (Balint, 1937, p. 266) and by oral-sadistic impulses that arise as reactions of hate when gratification is delayed and that

⁹ Hermann's (1936) observations that primates spend their first few months clinging to the mother's body, and that the human infant is separated from the mother's body forcibly and much too early, added to Balint's conviction that the human infant seeks to continue being part of a "dual-unit" and to cling to the mother when danger threatens and so, from the beginning, shows active behavior directed toward an object. Balint (1937) believed, furthermore, that "the ultimate goal of all instincts is union with the object" (p. 270) and that in a love relation one treats the partner as if his desires are identical with one's own, but the partner's existence is never in doubt. Thus Balint felt it legitimate to assume that the same primitive form of love must occur very early in life, that all later object relations can be traced back to it, and that this primary form of object relation is not linked to any of the erotogenic zones but to "the instinctual interdependence of mother and child" (p. 270).

- 533 -

manifest the death instinct. They also believed, as noted before, that the infant projects his hostility and develops a kind of paranoia, and that tender impulses appear later, along with fantasies of reparation.⁹ The original object of hate and love is thus split into two, "in an almost spastic effort" to keep the good and bad objects apart. A further assumption was that object splitting in the transference, stirred by the patient's despair when frustrated and by bliss when gratified, must represent repetitions from the past. Waelder's (1937) doubts about the validity of

this position seemed to Balint justified but not convincing, because they did not help to explain infants' insatiable greed and hostility.

In sum, the root of the polemic, Balint wrote, was that the English group focused on the infant's vehement reactions to frustration by the primary love object, while the Viennese focused on the "tranquil, quiet sense of well-being" that comes with satisfaction, and "clung desperately to the hypothesis of primary narcissism" (p. 271). Balint considered the latter to be a "negative notion" because it refers to so short a period and allows for no description. He added that Freud himself had emphasized that absolute narcissism is not possible; narcissism should make one independent of the external world, something rarely possible. Narcissism implied indifference to the external world, but narcissistic people are very demanding; and newborns, when picked up, stop crying—their gratification from

- 534 -

physical contact shows their innate relatedness to an object. To the argument that an infant cannot build relations to objects that do not yet exist in his mind, Balint (1937) replied, As far as I know it is the first time in the history of psychoanalysis that the possibility of an experience (perhaps) not being conscious is used as argument against its psychological existence. Moreover, how do we know for certain that the infant does not know anything at all of the external world? (p. 273).

Balint believed that all of the features of primary love were verifiable. Now, forty-five years later, when the polemic has been complicated and enlarged, much of the original thesis is maintained in object relations theories, still without recourse to empirical data. This comment applies to a most recent effort (Mancia, 1981) to link the physiological functions and the sensory responsiveness of the fetus to a "mother-foetus relationship" in which the mother transmits "elements not only of her own biological state, but also of her own mental and emotional world" (p. 352), and so facilitates the newborn's organization of a self.

Joseph Sandler

Joseph Sandler is not allied with the object relations school, but several of his recent papers edge toward it and show how ideas that are "in the air" may be infectious. Over a period of time he has shifted emphasis from drive gratification to objects who provide feelings of well-being, and from narcissism to self-cathexis in infancy. In the first paper he (1960a) proposed that perception in infancy is an act of mastery of stimuli and that successful perception is an act of integration accompanied by feelings of safety. The feeling represents more than the absence of anxiety and need not be conscious. It has a definite quality that the ego makes effort to preserve. "Genetically, this feeling must be a derivative of the earliest experiences of tension and satisfaction. It is a feeling of well-being, a sort of ego-tone"

- 535 -

(p. 353) (like Balint's [1937, p. 271] description of feeling, when gratified, "a tranquil, quiet sense of well-being"). The safety level is normally maintained by effective handling of excitations and is reduced by trauma, danger, or anxiety. The safety principle mediates the development of the reality principle, and the capacity for more refined and valid perceptions parallels the development of more accurate reality testing. Sandler made no reference to successful perceptions that are disintegrative, nor did he explain how the feeling of safety differs from the accepted understanding of a low, steady tension state, such as "alert inactivity" (Wolff, 1959), that can be sufficient for an infant to begin to perceive the world about him alertly and to act on impulses appropriately and with agreeable affect. Apparently, he wished to identify a state during early infancy in which ease or contentment are so firmly felt that the feeling is always sought thereafter; for he says that throughout life one continues to repeat early object relations that bring feelings of safety.

The subject of affective experience recurs, more or less, in subsequent publications by Sandler and several co-authors. Its relevance for infancy is not always clear. He next wrote that the "affective state ... of bodily well-being which the infant experiences when his instinctual needs have been satisfied... later becomes localized in the self, and we see aspects of it in feelings of self-esteem as well as in normal background feelings of safety" (1960b, p. 149, n.). Efforts to restore the original narcissistic state, or central affective state, are seen as a great impetus to ego development. Yet where Freud (1914) in this connection spoke of "ego libido" with reference to a primal condition, Sandler (1960b) substituted an equally inappropriate "self-cathexis" (p. 149) and

reaffirmed it in the statement that threats to the self exist from birth (p. 158). An original narcissistic state, which we do not know how to describe, is still, however, not the same as a self at birth.

Sandler and Rosenblatt (1962) described a child's initial representational world. At first it contains the crudest representations

- 536 -

of pleasure, unpleasure, and need-satisfaction; sensations felt in the body then lead to the formation of a body representation and, by extension, to a self-representation. The authors seem to be speaking of a child until they say that "it is only gradually that the infant learns to distinguish self from not-self, and self from object ..." (p. 134). And turning to the issue of superego development, they consider that the problem of regulation of well-being is linked to the child's effort to maintain the narcissistic integrity of his self-representation (p. 141). Again, a narcissistic state and a self-representation would appear to co-exist.

In a further effort to describe the wish to preserve affective states of well-being (and admittedly influenced by Hartmann's ideas of neutralization and functional autonomy), Sandler and Joffe (1966) offered the idea that "the component which differentiates constant object relationships from need-satisfying ones is a contribution of the ego, an additional affective ego value cathexis [describable as] 'nonsensual love,' 'esteem for the object,' etc. This is not the same as the aim-inhibited instinctual component" (p. 343). They do not say why not. As their thesis continues, feeling states, feeling cathexes, and value cathexes residing in the ego fortify positive feelings of well-being in the self and, when necessary, set defensive measures in motion. The ego "demands" to preserve well-being. Thus a theory of motive forces encompassed within the ego structure and obscuring the functions of the drives and the superego is advanced. The same authors (1967) suggested that a psychology of feelings and values might be invoked to account for observable variations in what is usually called narcissism, and shortly after, they (1969) discussed the importance of recognizing a variety of affective signals, not only signal anxiety.¹⁰ Taking the reality principle into account, they said, "usually provides an anticipated pleasure or a feeling of safety, or both" (p. 85). The child's need to control and regulate feelings leads to the development of distinctions

¹⁰ Emde (1980) has since treated this subject at length.

- 537 -

among self, non-self, and objects; and object representations then become bound up with feeling associations of a most intense and varied sort ... as a consequence, self and object representations receive an increasing abundance of feeling-cathexes... [which] may be crude and primitive, but may also later be of the most refined and asensual sort (we can speak here of value-cathexes) (p. 89).

In addition to feelings resulting from instinctual discharge and post-discharge (well-being), feelings of safety and function pleasure are significant. Finally Sandler and Joffe (1969) suggested that object relations can be conceived of as always being self-object relations. But what else can they be, except for group-object relations, or relations to things or ideas? (The latter has been discussed by Brody and Axelrad [1978].)

By 1978 Sandler and Sandler arrived at the opinion that it is simplistic to consider object relations as drive investments of objects. They preferred to regard an object relation as a special form of gratification yielded by interaction with the environment. It provides the infant with an "affirmation and reassurance [that have] to be satisfied constantly in order to yield a background of safety" (p. 286, italics added). Furthermore, they suggest that the concept of object may be extended to say that the first objects experienced by the child are experiences of pleasure and unpleasure, and that sensory and perceptual experiences in early infancy become associated with pleasure and unpleasure as primary objects, which become object representations in the sense of people or parts of people. This redefinition of object appears at first to mean that the first perception of an affect is simultaneously a first perception of an object, because the mother is said to be a "primary affective pleasurable object"; yet it is not the mother herself but the "dynamic gestalt of interaction experiences" (p. 294) with her that becomes the good object. Object and affective experience seem here to be synonymous. The infant is related to a feeling. By

- 538 -

his greater stress on the quality of "primary affective objects" in the environment, and lesser stress on instinctual drives, Sandler appears to neglect the essential anaclitic factor in the development of object relations. I am inclined to doubt that this was his intention.

Otto F. Kernberg

Otto F. Kernberg (1977), (1979a), (1979b) has made extraordinary effort to connect Kleinian and Freudian theory and to unify the concepts brought forward by Jacobson, Mahler, and others in formulations of his own. He (1979a) has paid tribute to Jacobson for her writings about normal and pathological moods and normal and pathological self- and object representations, and has himself frequently discussed a range of moods and behaviors as they appear normally and in the borderline or psychotic patient. From these, from Mahler's concept of the separation-individuation phase, and from adult pathology he has extrapolated a description of the infant's mental condition.

Kernberg regards his theory as being intermediate between psychoanalytic metapsychology and clinical theory and as a refinement of structural theory. He appears to aim toward making a tight pandect to unite ideas (not propositions) about mental representations of earliest-perceived objects and about drive development. Accordingly, he (1979a) describes the first intrapsychic structure, a fused self-object representation of mother and infant, as constituting a presymbiotic phase, and he sees the libidinal investment in the self and in objects as being originally one process. Subsequent experiences of frustration lead to aggressive investments of self and object, and then the infant's intrapsychic world of object relations is reflected in good and bad self-representations and good and bad object representations. He offers no chronology for these psychic progressions and refers to experiences as pleasurable or painful, good and bad, as Klein did. And since we assume that from the first days of life many kinds and grades of pleasure and unpleasure of varying

- 539 -

duration, intensity, and frequency are felt, to retain "good" and "bad" as single felt qualities of the mother or her surrogate does not seem to be justified, at least not in an unspecified early period. As to the larger picture of infancy, Kernberg (1979b) states that the earliest internalization processes have

a self-object polarity—even when self- and object-representations are not yet differentiated [how can a polarity exist prior to differentiation of the poles?]; by the same token, all subsequent developmental steps also imply the presence of dyadic internalizations, that is, internalization of an object not only as object representation but as an interaction of the self with the object, so that units of self- and object-representations (and the affect dispositions—the clinical manifestations of a drive derivative—linking them) are the basic building blocks for later internalized object- and self-representations and, still later on, of the overall tripartite structure (ego, superego, and id) (p. 208).

This part of a single prolix sentence contains a leap from birth to the oedipal phase in a series of ideas that are difficult, if not impossible, to align with conceivable or observable psychic states of an infant.

Calef and Weinshel (1979) are severely critical of Kernberg's efforts to replace structural theory with object relations theory; of his retreat from the significance of regression, the vicissitudes of sexuality, and the central position of the oedipus complex; and of his alternative emphasis on early splitting of aggression and libido, and his tendency to see conflict with the external world instead of intrapsychic conflict. Klein and Tribich (1981) have pointed out fundamental errors in Kernberg's efforts to bridge classic Freudian theory and the British schools of object relations theory. His ideas may have relevance to borderline pathologies. With regard to infant mental development, they appear too speculative and abstract to be useful.

I daresay that we may arrive at reasonable conceptualizations of narcissism, self, affects, and objects in infancy when psychoanalysts

- 540 -

will have become more accustomed to working along with clinical, experimental, developmental, and comparative psychologists, whose training permits more direct study of infant perception, behavior, and learning, as these are related to states observable in preverbal periods.

RENÉ A. SPITZ

In contrast to Klein, René Spitz collected data about affective behavior of infants systematically

and was the first psychoanalyst to do so. The experiments he carried out, few and simple, opened the way for use of scientific method by clinicians and so for innumerable clinical, experimental, and theoretical studies of the emotional and social life of the infant. This was in spite of his having observed mainly institutionalized infants.

His first publication (1945) on this subject described a progressive deterioration of infants in a "foundling home" who had been weaned and separated from their nursing mothers at age three months. From then on they had very limited freedom of movement, received no stimulation of any kind, and experienced extreme loneliness. Each infant shared with seven others the care of a surrogate mother. The rate of infectious diseases among them rose extremely. In their first four months a population of 88 infants had a mean Developmental Quotient of 124; in the last four months of their first year the mean Quotient fell to 72, and by age two it had fallen to 45. The mortality rate was extraordinarily high. A follow-up report (1946b) indicated that 27 of an original 91 infants¹¹ had died by the end of their first year, and 7 more by the end of their second year. All of the 21 still available for observation between ages two and four were found to be very severely arrested in all areas of development. A question has been raised by D. G. Freedman

11 Spitz (1945) gave an N of 61, then said (p. 59) there were 88 children up to age two and a half, including subjects beyond chronological infancy. The follow-up report (1946b) refers to 91 infants, with no explanation for the discrepancies. Probably infants were added to the population during the two years between the first and second reports.

- 541 -

(1974) about the implications of Spitz's account. According to a study by Scrimshaw and Behar (1961), the foundling home was located in a severe protein deficiency belt, and in 1974 marasmus was still a major public health problem there, even among homereared infants. Spitz probably knew about the endemic marasmus because he was explicit about the superior hygienic care the infants received. His observations still attest to the limits of psychological survival. Spitz (1946a) also observed 12312 infants in a "nursery," actually a penal institution. They thrived well in their first six months, but during the next six months 19 suffered severe depression and 26, mild depression; 28 were undiagnosed. Spitz perceived that the depressive condition set in only among infants who had been separated from their mothers for more than three months in the second half year of life. He called it "anaclitic depression," as is now well known, and influenced decades of study of the effects of early loss of affective and social stimulation. As the depressive states were much more severe in cases where the mother-infant relation had been good, he surmised that probably the infants who did not become depressed had substitute caretakers who were also good. He also assumed it probable that no severe depressions were seen among infants with bad relations to their mothers because their substitute caretakers were at least as good as the real mothers. This appears reasonable, and anaclitic depression has come to be regarded as a well-defined diagnostic entity. Little has been said about the fact that by Spitz's own count between 41 and 63 per cent of the 123 infants separated from their mothers were not depressed. This means that infants' vulnerability to object loss may be more multiply determined than has yet been recognized and that its incidence and dynamics need more study. Of greatest importance in this part of Spitz's work, however, was his bringing forward clear evidence of psychopathology that arises in

12 Spitz (1945) gave an original N of 69. No explanation appears for the 123. Later (1965) he noted that an additional 47 children were added to the sample, bringing it to a total of 170.

- 542 -

infancy which has lasting if not lethal effects.

Spitz's (1946c) finding of the appearance of the responsive smile in infants at age three months has been refined by several other investigators to show its much earlier appearance (his observations were of institutionalized infants). I believe, however, that his interpretation of its occurrence as a first major and critical achievement in the observable expression of positive affect—a "trail blazer" for the development of object relations—still stands. Only a trail blazer, one should perhaps say, because the degree to which an infant's smile reflects a capacity for sound object relations has yet to be shown. Some infants smile easily but sustain little visual curiosity about people, and others are slow to smile but show selective, repeated, and sustained

positive responses to people. Knowledge of the conditions under which spontaneous smiling appears should help to confirm the close relation between emotional and social maturity. Bower (1977) and others have since found that the development of smiling proceeds in many steps, beginning soon after birth. Within the first few days the smile can be elicited by visual patterns of dots as well as by the human face, and at two weeks by the mother's voice; and more smiles can be elicited by the sound of the human voice than of the rattle. At six weeks the human face is the most effective stimulus, and all normal infants can smile at the conceptual age of forty-six weeks. Bower finds that the smile is not necessarily related to relief of discomfort. Some smiles, he thinks, give evidence of an "intellectual" pleasure at having discovered something in the external environment. Bower considers that this may be an elementary form of problem solving. He cites experiments by J. S. Watson (1973), Papousek (1969), and Hunt and Uzgiris (1964) showing that the infant's smile is elicited when he "detects" that he can do something that makes something else happen, the pleasure of controlling something in the environment being the critical event. One of Bower's own examples is of a blind infant of eight weeks who did not smile at all. Given an auditory mobile (small bells) that produced sounds when the infant kicked it, he began to

- 543 -

smile vigorously and to coo. Before the experiment the bells alone had never aroused a smile. It occurred when the infant exercised control of the bells. Even the earliest smiles appear to Bower to be contingent on some form of human contact, for example, the infant looks at an object, the mother smiles and speaks, the infant sees her and smiles. Bower indicates that growth is a continuous and additive process. It appears that many of the reflex behaviors with which we have long been familiar, though seemingly transient, have measurable and significant effects. Spitz (1955) went on to claim that the mouth is the central and primary organ of perception in early infancy and that a shift from contact perception (tactile and kinesthetic) to distance perception (visual) occurs as a result of the nursing infant's staring unwaveringly at the mother's face from the beginning to the end of a feeding. He also said that the functions of the oral cavity (lips, tongue, and cheeks), of sensory responses to taste, temperature, smell, and pain, and of swallowing—all these combined allowed the infant to proceed from passive reception to active perception. He seems to have thought it necessary to insist that oral experience is basic to all forms of responsiveness to external events and so disregarded the fact that while the infant has to receive the nipple given to him by an external agent, his sucking and swallowing are not passive behaviors and may require more exertion than auditory or visual perception. Spitz's statement that the infant gazes steadfastly at the mother while feeding would be more correct had he said that when feedings are comfortable and comforting, and are carried out with enough composure for the infant to gaze peacefully at the mother, visual appetency or activity is likely to be promoted. Perhaps Spitz's conviction represents a wish to state with precision the classic formulation that oral satisfactions lead to the perception of the mother. It does not conform with general observations of the infant's visual focus during breast or bottle feeding, unless the mother faces the baby directly and often keeps her gaze on him.

- 544 -

Spitz (1965) maintained that neither direct observation nor experiment would yield much information about neonates. In spite of considerable evidence to the contrary that was then available (see Brody, 1956), he believed that neonatal behavior is random and consistent and that the neonate is not capable of form perception. Spitz may have been adamant about the primacy of oral perception because his training had impressed upon him the superordinate effects of oral gratification. His own experiments in eliciting smiles in young infants were so clearly rewarding that his disbelief in the value of testing other regular capacities for response in even younger infants remains puzzling. Charlesworth (1968), discussing the literature about infant perception, cited evidence that infants may respond to more distant stimuli than has been supposed and that a lag between perceiving and performing (as in discriminating sounds, or drawing forms) suggests the possibility of a more refined theory of early cognition. To put it cautiously, he says, "There is no evidence which strongly challenges the possibility of form perception in early infancy and there is presumptive evidence ... which suggests that the infant may be more quantitatively rather than qualitatively different in his perceptual capacities from an adult... Our knowledge of the infant's cognitive capacities will grow as a function of the growth

rate in our techniques and strategies of measurement" (p. 31).

Spitz's (1950), (1959), (1965) descriptions of infant anxiety in the presence of strangers between six and eight months of age have had most widespread influence. Many studies of stranger anxiety have not supported his belief that it is a universal phenomenon (Ainsworth, Bell, and Stayton, 1971); (Brody and Axelrad, 1970); (Greenberg, Hillman, and Grice, 1973); (Stayton and Ainsworth, 1973, and others). The many variations of it that have been reported are less surprising when one notes that Spitz (1965) said stranger anxiety was regularly to be seen at about eight months only under certain conditions:

A word of advice is in order: if one wishes to observe the phenomenon of the eight-month anxiety—and to experiment

- 545 -

with it—this should not be done in the mother's presence. Where manifestations of the eight-month anxiety are mild, the mother's presence will suffice to make them quite inconspicuous whereas in her absence they will show up unmistakably (p. 156).

Considering this advice, the difference between stranger anxiety and separation anxiety looks narrower. Either may depend on the length of time the infant is confronted by a stranger in the mother's presence, is left with the stranger alone, is left all alone for periods of varying duration, or left with familiar persons in the absence of the mother. Bower (1977) believes that both stranger and separation anxiety are related to the infant's skill in communication: a certain level is necessary for fear of loss of the well-known and knowing caretaker, or of the unknowing stranger, to occur. This conclusion coincides with the original findings of Spitz (1946a) that the infants most severely affected by their mothers' disappearance were those who had been well cared for by their mothers.

Spitz (1959) referred to three "organizers" of psychic development in infancy: the smile, stranger anxiety, and the headshaking "no" gesture at about fifteen months. Little attention has been paid to the third one. Spitz's idea was that the gesture derives originally from the young infant's turning his face toward and then away from food that is offered, and that later the "no" concept is expressed by the same form of gesture, as a negation and as a first abstract concept. Direct observation contradicts the latter. Many infants are capable of beginning abstract thinking by the end of the first year, if not before, as may be seen in their recognizing relations between objects (matching, fitting, adding, etc.). The "no" of refusal indicates a fending off of something specific and not of a whole class of objects in an abstraction.

Pathological object relations of infants engaged Spitz's attention. He (1965) called them "psychotoxic diseases of infancy." Provisionally he linked, for example, colic to anxious permissiveness in the mother, infantile eczema to maternal hostility,

- 546 -

rocking to the mother's oscillations between pampering and hostility, and fecal play to the mother's mood swings. Partial support for the connection between eczema and maternal hostility, and between rocking and maternal oscillations between pampering and hostility, were found by Brody and Axelrad (1970). Spitz's (1946a) other hypotheses, that genital play is normal and related to a close and balanced mother-infant relationship, were not supported. The hypothesis that genital play and rocking were infrequently associated was partially supported. These were important pioneer explorations of infant pathology, which deserve to be repeated by other investigators.

Spitz's contributions to the study of infancy have been fundamental. He changed the idea of infancy from an "oral phase" to one that encompassed cumulative experiences rather than a series of discrete events, and especially experiences related to the building of object relations. He showed that the infant had a psychic life that is complex and not adultomorphic. He struck a blow at Klein's overvaluation of unconscious fantasies in infancy by emphasizing observable behaviors. He led to an understanding of the depth of meaning in infant attachment to the mother and of the need for continuity of experience with a single person. He explained empirical data in ways that advanced classic psychoanalytic theory. In addition, he promoted the study of infancy more than any other single investigator of his time because he explained his observations according to an accepted body of theory, and he enriched the theory. These accomplishments outweigh by far his decision to dispense with simple statistical measures to verify the significance of his findings, and his occasional categorical statements.

DONALD W. WINNICOTT

Donald Winnicott deplored Klein's discounting the impact of external influences on the infant, but, like her, he was not interested in assembling data or in testing theory. Instead, he was passionately concerned to explain the infant's need for positive experiences in order to achieve emotional health. Two of his

- 547 -

best-known epithets, the "ordinary devoted mother" (1949b) and the "good enough mother" (1949a), (1960a), (1962a) have come to be used facilely, as if mothers in general may be so considered. He wished, of course, to lessen a mother's anxiety about her infant care and to reassure her of her natural kindness and competence. "If the child can play with a doll you can be an ordinary devoted mother," he wrote (1949a, p. 4), nicely setting aside the fact that a baby is by no means like a doll and that children may treat their dolls cruelly. Later he (1962a) defined the good enough mother as one who meets the baby's needs from the very beginning so well and so consistently that the infant is able to have a brief period of omnipotence—a feat by no means ordinary. It would be more useful to say that the consistently well cared for baby may be enabled to have experiences of pure pleasure.

Winnicott (1956) believed that when (under optimal conditions) a mother develops a heightened sensitivity, especially for a few weeks before and after delivery, a "primary maternal preoccupation," she is able to let her baby have spontaneous experiences, to be the "owner of sensations" appropriate at the beginning of life. The infant's "integration," his becoming a "unit self" is thus a function of the mother's having sustained a "holding environment" that provides body and affective support for him firmly and consistently, at a time when he is maximally dependent (1955), (1960b). Consequently, the infant experiences a "continuity of being" and acquires a personal psychic reality and a personal body schema at his own pace. "Id-functioning ... is collected together and becomes ego experience" (1962a, p. 56). In this way it is possible for him to develop a "true self" (1960a), i.e., constructed neither in defense against nor merely in compliance with the mother's failures to answer his needs reliably and empathically. The true self represents an integrating of all the infant's sensorimotor experiences. When a mother fails to provide for it, the infant's earliest anxiety is felt like annihilation. Unrelieved, it leads to the infant's merging with the mother or to total rejection of her

- 548 -

and so to the development of a "false self" and the loss of integrative capacities (1962a).

Winnicott explained that these ideas grew out of his work with adult psychotic patients: "My experiences have led me to recognize that dependent or deeply regressed patients can teach the analyst more about early infancy than can be learned from direct observation of infants, and more than can be learned from contact with mothers who are involved with infants" (1960a, p. 141).

This goes far!

The "holding environment" also facilitates the infant's move from an unintegrated state to a "unit status":

There comes into existence a limiting membrane which to some extent is equated with the surface of the skin, and has a position between the infant's "me" and his "not-me." So the infant comes to have an inside and an outside ... it becomes meaningful to postulate a personal or inner psychic reality for the infant ... the beginning of a mind as something distinct from the psyche. From this follows the whole story of the secondary processes and of symbolic functioning, of the organization of a personal psychic content, which forms a basis for dreaming and for living relationships (1960b, p. 45).

This allegorical manner of describing an infant's needs does not further the study of their psychological development. It is, in Winnicott's own words, a story, not a scientific statement. Two other little examples of Winnicott's style, chosen from many, show how it sustains ambiguity: "The first question that is asked about that which is labelled ego is this: is there an ego from the start? The answer is that the beginning is a summation of beginnings" (1962a, p. 56). And: "It is difficult to place the beginnings of the depressive position earlier than 8-9 months, or a year. But what does it matter?" (1962b, p. 176). Such statements make difficulties for the investigator who works with definitions and hypotheses as well as with creative thinking. Winnicott's legacy may eventually be found to lie in his assiduous efforts to convey an appreciation of positive affective and social experiences from the first days of life for their effects

on mental health. I believe that two of his best papers, one about

- 549 -

the capacity to be alone (1958), the other about the capacity for concern (1963), contain clearer insight. His discovery of the transitional object (1953) has been especially appealing, and so far, it is the only one of his ideas that has lent itself to observational studies (Brody, 1980). Others, if set in behavioral or psychophysiological language, may be used to generate sound hypotheses.

JOHN BOWLBY

John Bowlby has constructed a theory positing that infantile experiences of attachment, separation, and loss are the most fundamental for later mental health or illness. He has acknowledged his debt to psychoanalysis for being a main source of his theory, but gradually he has discarded all of its basic tenets except fear of object loss.

As a result of work with deprived and delinquent children (1938), (1939a), (1939b), (1940), Bowlby came to the opinion that infantile neuroses could most often be shown to depend on external events—almost the opposite of Klein's emphasis on endogenous fantasies. Soon he (1944) found psychoanalytic diagnostic categories insufficient to describe a group of delinquents whose behavior he attributed to premature and frequent separations from their mothers in early life, disturbed object relations, faulty superego formation, and consequent efforts to ward off depression. He called them "affectionless characters." Following his extensive survey (1951) of studies of maternal deprivation and his observations (Robertson and Bowlby, 1952); (see also, Robertson, 1958) of the dire effects of separation on children in hospitals, Bowlby became more convinced of the young child's intense need for secure and continuous attachment to the mother. Again (1958) he found psychoanalytic theory inadequate to describe it; applied ethology appeared to do so better. Over the next two decades he (1969), (1973), (1980) spelled out his theory of attachment and loss in infancy and early childhood, supporting it by ethological findings and systems theory. He believes that by removing difficulties inherent in psychoanalytic

- 550 -

approaches to the study of infancy, which he claims rely mistakenly on concepts of orality, narcissism, and instinctual drives, he has updated Freudian instinct theory.

Attachment

Bowlby (1969) submits that "innate behaviors" and "fixed action patterns" compose an instinctual response system of "attachment behaviors": sucking, crying, smiling, following, and clinging (1958); and tracking, reaching, and grasping up to twelve weeks of age, behaviors that continue on maturing levels up to six or seven months, after which vocalizations appear (1973).

Attachment to the mother reaches its zenith between eighteen and thirty months. Attachment behaviors are situationally determined, are activated and "terminated" by maternal behaviors that operate like social releasers among animals, and so create a social bond between mother and infant (1969).

Bowlby (1958), (1969) has been critical of psychoanalysts for having stressed, as he believes, that the infant's primary need is for food and warmth and the secondary need is for attachment to the mother. For this reason he calls psychoanalysis a "secondary drive theory." The misunderstanding is tied to his repeated efforts to show that psychoanalytic theory has missed the main point about infancy, the primary need for an unbroken attachment to the mother. He has made no response to a series of sharp objections to his arguments by Engel (1971), A. Freud (1960), Hanly (1978), Rochlin (1971), Roiphe (1976), Schur (1960), Spitz (1960), and others. In addition, his theory pays little attention to negative forms of attachment, construes excessive physical separations to be the main source of almost all psychopathology, and holds that unconscious motivation is in most cases a dispensable issue (see Brody, 1981).

Separation and Loss

For Bowlby (1973) the central problem of infancy is anxiety aroused by separation from the object of attachment in the age period between six months and four years, and anxiety has no

- 551 -

other etiology than the pain of impending or actual loss of the mother. Three typical phases describe the young child's emotional reactions to the loss: anxiety, marked by protests to regain her; vigilance for her return along with despair of it, manifest in grief and mourning; and defensive detachment from her. The exposition of these reactions among normal children has brought about procedural changes in pediatric hospitals worldwide. This clinical contribution of Bowlby

stands on its own merits, apart from his behavioral theory.

To support the statement that separation anxiety has pathogenic potentials only after age six months, Bowlby¹³ has cited only secondary sources.¹⁴ Many have shared this belief because:

1. Psychological tests show that until that age infants usually do not recognize the mother as an individual.
2. A. Freud and Burlingham (1944) said that separations after six months are more likely to disturb the infant than earlier ones.
3. Piaget (1936) described the absence of object permanence and object continuity in the early months, so the infant does not "lose" or search for an object until about seven months.
4. Ainsworth's (1963), (1967) studies show attachment behavior setting in during the latter part of the first year.
5. Schaffer and co-workers (1958), (1959), (1964) found that infants up to twenty-eight weeks who had been hospitalized showed signs of perceptual deprivation on their return home, and those over twenty-eight weeks suffered maternal deprivation; later Schaffer (1971) repeated that separation from the mother is meaningful only after six months. It is not clear whether Schaffer had opportunities to observe the appearance of subtle or mild discontinuities of development that may be seen in younger infants, such as somatic upsets, lowered sensory alertness, blank facial expression, or excessive preoccupation

13 See Bowlby (1958, p. 360); (1960a, p. 10); (1960b, p. 89); (1969, pp. 26, 326); (1973, pp. 52-55); (1980, pp. 412, 426).

14 Ainsworth (1963), (1967); Schaffer (1958); Schaffer and Callender (1959); Schaffer and Emerson (1964).

- 552 -

with the very near environment. To conclude that very young infants suffered from lack of human contact and stimulation but not from loss of their mothers' presence begs the question, because under ordinary circumstances the mother is the prime conveyor of human contact and stimulation in the first months of the infant's life.

6. Last but far from least, the reaction to Spitz's (1946a) dramatic finding of anaclitic depression after separation from the mother in the second half of the first year has reinforced, I believe incorrectly, the opinion that separations in the first half year do not have negative effects on the infant's emotional state. Actually Spitz (1945), (1946b) also described the malignant effects of total loss of the mother at age three months. Under what conditions could return of the mother have reversed the downward trends? We do not know, and we have no other data to show effects of separations of varying intervals, frequencies, and durations at various infant age levels. Brody and Axelrad (1970), (1978) found declines in age-adequate behavior of infants between six weeks and six months, and in some cases between three days and six weeks, when the mothers' relation to their infants was minimal, affectless, or mechanical; and at age one the infants' early affective and cognitive vitality was not recovered. Sudden or protracted loss of dependence on the persons through whom socialization is in process of being achieved in the first months of life appeared to have negative influence on the practice of perceptual discriminations and of drive investments of objects, animate and inanimate. D. A. Freedman (1981) has presented evidence that the human visual system is fully myelinated by age five months, and he referred to a number of studies showing that 25 per cent of congenitally blind children become autistic. It has appeared to him that this sensory deficit, unlike congenital deafness, is a crucial determinant of an infant's failure to develop a capacity for normal ego formation. The connection Freedman has made between blindness and skewed early development suggests how serious an error it may be to assume that the normal infant can with psychological

- 553 -

safety miss continuous and reciprocal visual interactions with the mother for periods during the first six months.

Separation anxiety in itself is not the controversial part of Bowlby's ideas. Nevertheless, he overstates its dangers when he states, without sufficient data, that "there is no experience to which a young child can be subjected more prone to elicit intense and violent hatred for the mother figure than that of separation" (1960b, p. 24).

Mourning

Bowlby (1980) believes that the mourning reactions of children between the ages of seven and seventeen months increasingly come to resemble those of adults, a belief facilitated by the omission of superego development from his theory. When he mentions conscious guilt, as may occur after the death of a parent, he regularly attributes its arousal to the child's memories of having been blamed by the deceased parent for a misdeed.

On this subject Bowlby has disregarded the remarks of A. Freud, Schur, and Spitz, noted before, and has taken Jacobson (1957) to task for stating that mourning is colored by aggression only when the depression is to some extent pathological. He claims, rather, that aggressive reactions usually are a part of normal mourning, although he also wrote, "Coupled with an angry striving for reunion, and reproach against the object for desertion, [mourning] is a starting-point of depressive illness" (1961, p. 336). He (1980) inveighs against Freud for having failed to recognize the full importance of the child's tie to the mother. It is true that although Freud's remarks about it date from 1895 to 1940, he did not examine it extensively,¹⁵ but not because he was uninterested in it, or idle. Bowlby criticizes A. Freud and Spitz for having "squeezed" their explanations of grief in infancy into an existing framework of primary narcissism, body needs, and anaclitic depression. He (1980) further

¹⁵ Harrison (1979) has persuasively discussed determinants for this in Freud's personal history. ¹⁶ After a lecture in New York City, Bowlby, in response to a question, indicated that separation anxiety in a young child could not be aroused by a fantasy, but only by an actual experience of abandonment (Gargiulo, 1980).

- 554 -

insists that, according to classic psychoanalytic theory, depressive disorders are a mark of regression to fixation points in infancy, and he interprets this to mean that (psychoanalysts believe) infants who develop favorably in their first year will in subsequent years be able to respond to object loss favorably. Among other efforts to derogate the insights of clinical psychoanalysis, he asserts that often reports given by patients about their childhoods, and accepted as true by their analysts, actually may omit important details such as possible verbalizations of a disparaging, demanding mother who could have contributed to a child's anxiety and incipient mourning, and possibly threatened the child with abandonment; the latter being the most pathognomic factor.¹⁶

Bowlby (1980) notes that A. Freud and Burlingham (1943, p. 51) observed that "childish grief is short-lived" and that between age one and two it usually ends in a few days. (They added that it would be an error to conclude that the grief reaction is only superficial.) A. Freud (1960) revised that statement somewhat in her comments about the grave effect of separation on a seventeen-month-old boy, yet added that bereavement behavior seen in the Hampstead Nurseries was expected to last for a few hours to several weeks or months. She leaves little doubt that, according to her observations, the grief of young children passes in a relatively short time, that their responses to loss are governed by the pleasure principle, and that they simply turn away from love objects who do not satisfy their needs. To me, it seems more fitting to consider that when they turn away, at least short-term hurt is likely to have been done to their capacity for sound object cathexis. A. Freud's (1960) more significant statement is that a mother's failure to satisfy her infant leads to his development of character defects resulting from failure in the transformation of narcissistic libido to

- 555 -

object libido, thus indicating that the infant's grief contributes to a lag in structure formation. She also mentions a suggestion by Bowlby that three main features of mourning are specific to human as distinct from animal behavior—the long persistence of reactions oriented toward the lost object, the presence of hostility toward the self, and the tendency to identify with the lost object. She considers his comment useful for differentiating separation and bereavement reactions of the youngest infants from those of young children, whose personality structures are more complex. Perhaps Bowlby's suggestion shows his awareness of limits to the ethological base of his ideas. In the past Bowlby expressed a hope of integrating his theory with that of classic psychoanalysis. His latest volume (1980) shows a willing separation from it.

MARGARET S. MAHLER

Margaret Mahler and her collaborators have described a process called "separation-individuation"

that spans the first three years of life. Their work represents a broad effort to mark out a continuum in which age-appropriate independence from the mother is normally attained in early childhood. Partly because of the speed with which knowledge of the process has become popular, it requires examination.

Mahler's experience in child psychiatry in this country began early in the 1940's, in the period when Kanner's description of infantile autism was being recognized. Her own observations of psychotic children brought her to see autism as a psychotic defense against a young infant's lack of vital need for symbiosis with the mother, and to construct the theory of "the symbiotic origin of infantile psychosis" (Mahler and Furer, 1968, p. 2). She was thus the first psychoanalyst to study differential aspects of childhood psychosis. With Ross and DeFries (1949) she first wrote about benign and malignant psychoses and then (1952) articulated distinctions between autistic and symbiotic psychoses. The search for genetic contributions to those conditions led

- 556 -

her to believe that they illuminated a psychological process beginning at birth that can eventuate in normal or pathological development. Over a period of some twenty-five years she defined steps in the first three years of the child's relationship to the mother that appear necessary for realization of his capacity to be safely apart from her, an individual in his own right. Her clinical insights have been acute. Questions may be raised, however, about the validity of the developmental steps she has outlined and the finality of her conclusions about normal development in infancy.

The course of the separation-individuation process is said to be preceded by two forerunners, a normal autistic phase in the first three to four weeks of life and a normal symbiotic phase ending at about five months. Four subphases follow: differentiation, practicing, rapprochement, and "on the way to libidinal constancy," the latter reaching into the fourth year. Most attention by others in the field has been given to the symbiotic and the rapprochement phases. As this paper deals with infancy, my remarks will extend to the practicing period, which runs from about ten to eighteen months, with a short comment about rapprochement. Most references will be to the latest and fullest exposition of the underlying theory and findings (Mahler, Pine, and Bergman, 1975).

The Normal Autistic Phase

The neonate is described as being in a state of "primitive hallucinatory gratification" in the normal autistic phase, waking mainly when in need and falling asleep when satisfied (Ferenczi, 1913); (Freud, 1900). Responsiveness to the external environment is fleeting. Until about the fourth week the infant's functioning is best understood in physiological terms, and the phase ends with a "cracking of the autistic shell." The metaphor is taken from Freud's (1911) reference to a psychic system shut off from the external world, as happens in a bird's egg, with its food supply enclosed in its shell. The data offered in support of a normal autistic phase are all secondary. References are to the protective

17 It would be helpful to know more precisely what the infant is innately protected from, i.e., how well he is protected from external stimuli if regular and appropriate relief is not provided by external agents. This has been discussed by Brody and Axelrad (1970).

- 557 -

shield (Freud, 1920); 17 primary autonomy (Hartmann, 1950), whose limited usefulness has often been discussed (Brody, 1956); (Brody and Axelrad, 1970); (Glover, 1968); (Nacht, 1952); and to a few clinical studies: Levy (1937) on tension discharge and Ribble (1943) on the earliest physiological and emotional needs. The work of Wolff (1959) regarding states of alert inactivity in the newborn, and Fantz (1961) regarding visual responsiveness of the neonate, are cited as evidence that in the first days of life selective responses to some kinds of stimuli do occur, with many intraindividual variations of reliability and stability.

To support their thesis, Mahler and her co-workers also note Benjamin's (1961) report of a maturational crisis at three or four weeks, found in electroencephalic recordings of increased sensitivity to external stimulation, and observations of increased crying and other motor manifestations of undifferentiated negative affect. Actually, Benjamin (1961), (1965) stated that the increased sensitivity, which appeared in forty-five recordings of infants from birth to five weeks, occurred when the infants' physiological needs were not well met, that is, when the

mother-figure did not help to reduce the infant's tension, and he was overwhelmed by stimuli; or when sensory stimulation was experimentally introduced. These are not ordinary conditions, and Benjamin advised that systematic confirmation of his provisional findings was needed. K. Tennes (1980) thinks that the total number of infants providing the recordings, at inconsistent intervals during the five-week period of the pilot study, was about ten, and that the reported change in sensitivity at two and a half weeks to five weeks was true in all the cases. This is important but not sufficient evidence to support a postulate about a normal autistic phase in the preceding weeks.

Spitz, Emde, and Metcalf (1970), who had worked with Benjamin's colleagues, did find that at three weeks the quiet

- 558 -

sleep EEGs differed from a previously somewhat chaotic picture, and that four to seven days later a striking maturational change occurred (an onset of sleep spindles). They also reported that at eight to twelve weeks another advance occurs and at about three months the beginnings of adult types of deep quiet sleep. Three months appeared to be the period of critical developmental importance in the acquisition of a specific EEG pattern. Thereafter "exogenous smiling becomes more specifically social and endowed with... psychological meaning [and] endogenous smiling, which is physiologically determined" (p. 428), decreases. The evidence following from Benjamin's work thus marked three months as an age of increased positive sensitivity to external stimuli, which may mean that that age is the one crucial for the infant's awareness of elements in the external world.

The case material in the 1975 volume includes no observation of an infant in the normal autistic phase. The argument for it has no support. Considerable disproof is to be found in a huge number of studies about neonatal and postnatal behaviors¹⁸ that have appeared in the last two decades.

The Normal Symbiotic Phase

The normal symbiotic phase is said to cover the two- to five-month period of infancy. "The essential feature is ... a hallucinatory or somato-psychic omnipotent fusion with the representation of the mother and, in particular, the delusion of a common boundary between two physically separate individuals" (1975, p. 45). The main supportive references are to Hoffer (1950a), (1950b), who observed mouth and hand movements among infants in the Hampstead Nurseries and interpreted them as evidence of the infant's move from primary to secondary narcissism, and to several concepts of Spitz (1965) and Winnicott (1958). Originally Mahler (1952) described a normal

¹⁸ See Ainsworth (1969); Bower (1976), (1977); Brody and Axelrad (1970); Charlesworth (1968); Dowling (1981); Lichtenberg (1981); Lipsett (1969); Stone, Smith, and Murphy (1973); and many others.

- 559 -

postnatal "social symbiosis" as a continuum of the prenatal "parasite-host" condition. At that time the concept may have been reinforced by a statement that she quoted from A. Freud and Burlingham (1944): "We assume on the basis of much evidence that the child's feeling of oneness with the mother's body has a parallel in the mother's feeling that the baby's body belongs to her" (p. 70). That statement presented an ideal, not one that allows for a generalization about a universal or regular phase in the mother-infant relation. Many infants experience little or infrequent body closeness to the mother. Many mothers feel burdened by the care of their infants and wish for distance from them.

A few years later Mahler (Mahler and Gosliner, 1955) said that a normal symbiotic phase begins in the second year of life and represents a second birth or "hatching" into a separation-individuation phase. Then she (1961) set the phase back to the second half of the first year, with its height at six to eight months (1963), and finally, from the second to the fifth month (1975). One would like to know what observations brought about the several alterations, placing the same behavior at progressively earlier age levels.

Symbiosis is an attractive concept. Its meaning has in recent years been attenuated to a catchphrase, often referring loosely to an intimate interrelation of two entities, although Mahler has used it with reference to a psychological interrelation. It expresses the idea that an infant

between two and five months does not experience himself (in whatever way he can) apart from the mother and, rather, "hallucinates" that he and she are an all-powerful unit. The idea that a normal infant has hallucinations of any kind, let alone of omnipotence, demands belief in a mental state for which no evidence is at hand. Evidence is at hand that the infant perceives fragmentary aspects of his real external world from the first hours of life and that he builds awareness of connections between himself and what is outside of himself in gradual increments.

In an effort to clarify the meaning of the symbiotic phase Pine

- 560 -

(1979) has explained that by "symbiotic" Mahler does not refer to the biological concept, but to "absence of awareness (in the child) of differentiating boundaries in the highly-invested mother infant 'dual unit'" (p. 226) and that the infant's attachment to the mother in the first five months is an attachment to her as an undifferentiated other. But "dual unit" (the same phrase used by Balint [1937]) merely restates the idea of symbiosis as Mahler defines it. (For a comment on "boundaries" as a hybrid concept see Slap and Levine [1978].) Pine (1981), in a further effort to characterize the symbiotic phase, has said that it "is best understood in terms of supercharged formative moments rather than in terms of any single totality of experience" (p. 25). There are prototype moments of sensory significance, he adds, that build a merger experience and contribute to a normal symbiosis. I believe this takes us no further than to say that prototypical moments build sensations of pleasure in intimacy and contribute to the growth of normal object relations—setting aside the fact that supercharged formative moments may also build displeasure and contribute to stress in object relations. Perhaps it would be suitable to describe the positive moments as short affective states of mutual blissful closeness between mother and infant and to hypothesize that when such states are a repetitive and salient feature of infant experience, the infant's capacity for sound object relations is likely to be augmented significantly. Temeles (1981) has noted that in favorable circumstances the earliest mother-infant relationship is relatively free of issues of demands and controls. That is to say, under conditions in which a mother is usually alert to her infant's needs and the infant does not require unusual attention, it is only natural that there should be few occasions for a mother and her infant of three or four months not to be in accord. Winnicott's (1956) opinion that the idea of a normal symbiosis does not add to that of interdependence, which he dated from the moment of birth, seems to me justified. Other objections to the concept of a normal symbiotic phase have been expressed by M. I. Klein (1981) and Peterfreund (1978).

- 561 -

Information about the symbiotic phase in the five representative cases presented by Mahler, et al. (1975), is sparse. In three of them it appears to be drawn from maternal reports up to the fifth month. The first child, Donna, and her mother are described as "matched in temperament" (p. 138), although at five months the infant had food fads and sleep problems (McDevitt, 1975). In a second case mother and infant were "a very happily and well attuned pair" (Mahler, et al., 1975, p. 155), but to such an extent that the infant Wendy was reluctant to give up her symbiotic tie, showed little push toward autonomous functioning, and had intense separation anxiety. In the third case there was a "most blissful symbiotic period" (p. 186), but the mother was so overstimulating that the infant needed to extricate himself from her. One would have expected that a phase of development experienced positively should not close with adaptational problems. The other two case descriptions seem to have been taken from maternal reports alone up to the seventh month of the infant and contain no information relating to the symbiotic phase. None of the cases, therefore, offers an example of a normal symbiotic phase lived through in a way that clearly demonstrates it to be a part of normal developmental progress.

There do exist data about infant behavior from age two to five months, some that appeared before the publication of Mahler, et al. (1975) and some since then, which may be used to support the thesis of a phase of particular harmony between mother and infant in that period. For example: Wolff (1965) found that during each of the first four weeks, states of alert inactivity increased; Yarrow (1967) observed differential responsiveness to the mother's face by the end of the first month, and Wolff (1963), to her voice in the fifth week. At ten to eleven weeks infants are unable to discriminate the face of the mother from that of a stranger, but can do so when her voice is added to the sight of her face (Horowitz, 1974). Bruner (1973) has described systematic alternations of behavior in mothers and their young infants. Stern (1974), (1982) and Stern, Jaffe,

and Beebe (1975) have observed visual and vocal communication

- 562 -

between mothers and their three-month-old infants and have discussed the ways these interactions serve the infants' regulation of state arousal, attentiveness, and learning. Scaife and Bruner (1975) and Collis and Schaffer (1975) described joint visual attention of mothers and their young infants. Informally, Pick (Panel, 1976) observed that when very young infants (no ages cited) were confronted with the face of the mother and the voice of the doctor after focusing on the face and voice of each separately, they became very confused, desperate, and frantic. Gardner and Gardner (1970) and then Meltzoff and Moore (1977) reported imitative tongue protrusion at six weeks, and although Meltzoff and Moore's methods have been questioned reasonably (Anisfeld, 1979); (Jacobson, 1979); (Jacobson and Kagan, 1979); and (Masters, 1979), the behavior does appear to have occurred. It is only not clear whether it is more conspicuous or more consistently evoked than other visual or oral responses. Barrera and Maurer (1981) found that three-month-olds discriminated and recognized smiling and frowning expressions posed by the mother and by a female stranger. Tronick, et al. (1978) observed mother-infant pairs between the infant ages of one to four months in face-to-face interaction. When the mothers faced their infants but remained facially impassive ("violation of reciprocity") the infants reacted with intense wariness and eventual withdrawal. Infants also initiated smiling at sight of the mother, made efforts to bring her out of her immobility, and turned away when they did not succeed. I have observed manifest resemblances between facial expressions, tempo of movements, and mood qualities of mothers and their infants of four to twenty-eight weeks of age (Brody, 1956).

Mahler's position regarding a symbiotic phase is well taken if she means to emphasize that optimally an intense, steady, continuous, and highly sensitive responsiveness between mother and infant in the first months of life can make a firm setting for a psychologically constructive ongoing relation between them. But a mutual responsiveness between a mother and her young infant is not so commonly and continuously observable that it

- 563 -

can be assumed to shape a regular developmental phase. "Symbiotic" can have a specific meaning in human growth if it refers explicitly to an infant's and a mother's perception of each other's behaviors and moods as responses to himself and herself solely. This would be rational in a period of the infant's life when his dependence on her is greatest and her dependence (need for) his readiness to be gratified by her is greatest. The two do not necessarily coincide.

Differentiation

For normal development to proceed, the infant moves beyond the "symbiotic orbit" in the sixth month. The first subphase proper of the separation-individuation process therefore begins with differentiation (five to ten months). It is inaugurated by a "psychological birth" called "hatching" (a metaphor that conflicts with the "cracking of the shell" in the infant's fourth week). He has come to possess a "permanently alert sensorium" and enjoys visual and manual examination of the mother's face and upper body. He tries to push away from her, to get down from her arms and crawl, to separate his body from hers but to "check back" frequently. He becomes more curious about strangers and may develop anxiety at sight of them. These behaviors are commonly seen. The extent to which they are motivated by an infant's wish to separate his body from his mother's is in the realm of hypothesis. Ainsworth (1963), (1967) reported that infants of approximately the same age strengthen their attachment to the mother and seek more closeness to her. The two interpretations are not contradictory. The infant may be trying to realize his ability to move away from the mother while he still nourishes his tie to her. It seems to me reasonable to consider his exploration of the mother's person, which physically he was not capable of weeks before, as a sign of his wish to increase familiarity with her visible and reachable parts, at least as much as to recognize a separateness between his and her bodies.

Resch (1979) has described hatching in seven infants. They

- 564 -

went from states of aimless, nonspecific staring at their surroundings, with neutral facial expressions, to attentive watching, examining, and searching movements, then to hatching: a firm sitting position, persistent looking, grasping and handling objects, and closer attention to persons. Willey (1982) has interpreted hatching as the infant's capacity to integrate simultaneous

information from multiple sources and has described its appearance in finely detailed infant eye movements. Her analysis of the components of visual behaviors and of the cognitive and affective advances they represent is impressively precise. She has described a continuum, from the neonate's efforts to focus, to deliberate searching of the "hatched" older baby to see relationships and meanings. Hatching, she believes, is a marked, sudden change in behavior, after which the infant's attention is "on" and is a permanent attribute of the waking state. She has observed it as early as three or four months and as late as ten months and suggests that it leaves identification of the human species behind, so that attention can be focused on relating to people rather than isolating them for visual study. Her conceptualization gives better definition to the stage Mahler calls "hatching," but the latter still appears to be a misnomer because it obviates the perceptual and social developments that must precede it. Willey has suggested that a more appropriate description of the visual behavior is peripheral attention, which refers to the infant's capacity to look at a specific object and at its periphery simultaneously. She believes that "hatching" applies to the same development that Piaget (1936) called mobile focus. The "permanently alert sensorium" by which Mahler, et al. (1975) characterize the subphase of differentiation is an excellent way of describing the reach of an infant's perceptual organization in about the sixth month. It is attained as a result of innumerable kinds and qualities of perception and of neural maturation. According to my observation, its emergence would occur close in time to the acquisition of consciousness and of a capacity to experience signal anxiety (Brody and Axelrad, 1970).

Evidence of infant striving for differentiation in the five cases

- 565 -

(Mahler, et al., 1975) is meager. In the first, it was seen in the infant's maintaining an optimal distance from her mother and watching her (p. 126). In the second, the infant crawled away not only for pleasure but to reach toys (p. 139). In the third, he crawled but preferred closeness to the mother (p. 156). In the fourth, differentiation was late; the infant did not smile responsively to the mother until he was eight months old, and then he could leave her for long periods of time (p. 171). These four infants developed stranger anxiety. The fifth began to push away from his mother as early as four or five months, showed no separation anxiety, and by eight or nine months preferred to be with strangers (p. 189).

The authors say that in the latter part of the subphase of differentiation, "All infants take their first tentative steps toward breaking away, in a bodily sense, from their hitherto completely passive lap-babyhood... All infants like to venture and stay just a bit of a distance away from the enveloping arms of the mother ..." (p. 55). All infants? Early or late in this subphase, sitting on the mother's lap does not mean the baby is passive. Although his locomotion is still latent, perceptually, manually, and socially he may be active indeed.

Practicing

The second subphase of the separation-individuation process, practicing, runs from about ten to eighteen months. The infant, having discovered his capacity to ambulate and so separate himself from his mother physically, practices an exhilarated going away from her at intervals, with returns to her for reassurance. Most normal infants who ambulate in any manner are often seen to use their gross motor skills in this way, experimenting with movement across distances, away from a home base and back to it but with great individual variations.

The reported practicing of the five representative infants does not support the claim of its universality. For Donna it began

- 566 -

between nine and ten months and was at its height by the year's end; at thirteen months she was still active and assertive but her frustration tolerance became low, her aggressive behavior marked, and other fears were added to her separation anxiety; at sixteen months she clung to her mother more and cried readily when her mother left the room. The second infant, Bruce, is said to have practiced between ten and fourteen months; then we read that the height of his practicing coincided with a summer recess from which he returned at fourteen months, showing behavior typical of the next subphase prematurely. As the length of the recess is not told, the duration of practicing appears to have been reported, not observed. In the other three cases, information about practicing is described as having been too little (Wendy), atypical (Teddy), or absent (Sam). The explorative locomotion of one-year-olds brings them discoveries that they are eager to share

with their mothers, and their intermittent motor-social game of running away and back often is accompanied by elation. The authors see the elation when getting away from the mother as an escape from engulfment by her. This interpretation may be plausible if one translates "engulfment" as possessed, restrained, or overwhelmed, thus referring to behavior rather than to a presumed fantasy. Or, "engulfment" may be a fitting metaphoric description if, on direct observation, the mother is excessively dominating or the infant excessively uneasy when physically too close to her, or for too long intervals, and shows relief on getting away from her even though he soon returns to her. An objective estimate of an infant's affective states in "practicing" would require extended observation of its elements.¹⁹ The further statement, "It is a rule

¹⁹ When Mittelmann (1954) described the dominance of an infant's motor urge at about one year, and its important functions of improving mastery and reality testing, he quoted a passage from A. Freud and Burlingham (1944) that I requote because of its clear exposition of infants' motor activities in their second year: "The great event in the child's life is his new ability to move freely and to control his movements, an ability which progresses quickly from crawling to walking, running, climbing, jumping, and is continued with the handling and moving of objects ... pushing, pulling, dragging, carrying, etc... Even when mothers fully recognize what intense pleasure the child derives from exercising these new functions ... they are ... usually unable to give the child free play... Some children ... for a while disregard all toys and show little interest in their companions; they behave as if they were drunk with the idea of space and even of speed; they crawl, walk, march and run, and revert from one method of locomotion to the other with the greatest pleasure... Chairs and pots are not used to sit on but are propelled about the room. Soft toys and animals on wheels are 'taken for walks,' balls are followed, and some children, after they have once gained an easy balance, show special pleasure in moving a toy along in each hand while they move themselves. Sometimes for an hour on end the whole population of the Junior Toddler room is on the move, circling around, crossing and recrossing like people on a skating rink" (pp. 14-15).

- 567 -

rather than an exception that the first unaided steps taken by the infant are in a direction away from the mother or during her absence" (p. 73), is contrary to common observation.

Similar rapid and changing movements observed in a nursery schoolroom, in seven clocked minutes, are shown in a drawing in Ames and Ilg (1976): at eighteen months, a child's locomotion covers about sixty sites, in all areas of the room, zigzagging in every direction; at two years he covers twenty-five sites along one diagonal; and at three years, only three sites, from one side of the room to the other, and back to the original one. Woodcock (1941) reported gracefully how toddlers think with their feet.

A series of 131 one-year-olds were observed with their mothers, for sessions of three to four hours, in the course of a longitudinal project (Brody and Axelrad, 1970). The infant was free to explore the environment, except when being fed by the mother or tested by the psychologist. The mother sat in the center of a large room (see pp. 108-112). Their interaction was continuously and regularly recorded in writing by the observer, except when the mother and infant were filmed during entire feedings. Practicing behavior as described by Mahler was observed in 33 cases, or 25 per cent. In two infants it occurred with aggressive intent: one returned to the mother several times to hit her,

- 568 -

the other to pinch her neck. For the other mother-infant pairs, frequencies of infants' movements in relation to their mothers were as follows:

Consistently maintained distance from mother 36

Consistently kept close to mother or demanded to be held on lap 13

Made social overtures or responses to mother from distance only 10

Repeatedly wedged self in tight places and looked to mother for rescue 1

No movement observable. Mother placed infant in crib or in playpen, or on lap, or otherwise continually interfered with his free movement 28

Insufficient information 10

To find out more about whether it is a function of trial separations or more a form of motor exercise in good spirits, we would have to know the frequencies with which the behavior occurs when other mothers and infants are not present (in Mahler's setting they were present), when other familiar adult females but not the mother are present, when mainly children are present (since walking and running with others means something different from doing so alone), and when the infants are at home and alone with mother; and we would need to know the intervals and durations of the infant's voluntary separations from the mother under these several conditions. It is possible that the presence of other mother-infant pairs encourages an infant's experimenting with temporary object loss.

A brief comment may be made about the next subphase, rapprochement (eighteen to twenty-one months). The child's behavior is now marked by intense ambivalence toward the mother, darting away from her, provoking chase and capture, and clinging, by subdued moods making for restlessness, and by a resurgence of stranger anxiety. Short descriptions of it are given (Mahler, et al., 1975) for two of the five representative

20 Donna showed increasing difficulties from thirteen to sixteen months, as noted before. At eighteen months her behavior was marked by extreme shyness, clinging, and other signs of anxiety and drive regression, yet McDevitt (Panel, 1978) states that her development seemed satisfactory until eighteen months and that her inhibitions and regressive relationships at age eight and a half were a consequence of the pathological and unresolved rapprochement crisis. He omits mention of her feeding and sleeping problems at age five months or before, and again between thirteen and sixteen months. Donna's problems appear to have set in long before the rapprochement crisis, and they continued well into her third year.

- 569 -

cases (Teddy, Donna).²⁰ More precise descriptions are about four other children. The authors say that the character of the rapprochement subphase was arrived at by comparing the activity of the "nine most thoroughly studied children" (p. 89). Whether they were the nine children just mentioned is not told. Referring to this subphase, the authors explain that the child, realizing his separateness from the mother and the possibility of object loss, must "gradually and painfully give up the delusion of his own grandeur" (p. 79). If we keep in mind the many normal insults to self-esteem that toddlers usually experience in necessary restrictions and little accidents, in submission to disliked routines, and in assault by other young children, it may be more fitting to speak of a gradual and visible modulation of their pride and pleasure in feeling independent than of unverifiable delusion.

Mahler, et al. (1975) mention the intertwining of two intrapsychic tasks: separation, involving distancing, disengagement from the mother, and boundary formation; and individuation, involving perception, memory, cognition, and reality testing. They have dealt with the first of these tasks and brought attention to a period of growth that few others have studied psychoanalytically. It is unfortunate that their observations are insufficient and are presented unsystematically and sometimes too positively. A particular difficulty in weighing their statements lies in their having provided only average ages and average durations of observation for the pilot group of seventeen infants and the main group of twenty-one, so that it is impossible to find out how many subjects were seen at any age.

- 570 -

It may be said that the theory that Mahler, with the assistance of her colleagues, has formulated about normal development toward object constancy reflects a high degree of clinical acumen, especially as it has been set forth on the basis of limited data. Nevertheless it is fair to question its validity. Tanguay (1977) has done so in a review of the 1975 volume by calling attention to the serious defects in the research methodology and the high degree of subjective bias in the authors' findings and reports. He considers the book to be "a rich tapestry of anecdotal accounts of behavioral sequences interwoven with a woof of speculations, inferences and guesses regarding the meaning of specific behaviors in terms of postulated intrapsychic events ..." (p. 543). This is a stern judgment, but one that is inevitable when hypotheses are stated as conclusions, and citations are relied on to render assumptions as facts.

Mahler's work is on surer ground when it describes infant behavior beginning at about six

months. It is much less so when it describes infant experience in the preceding "forerunners" of the separation-individuation phase, and when behaviors are interpreted metaphorically or adultomorphically, as in references to "psychological birth," "escape from fusion with or engulfment by the mother" in the practicing subphase, or a "rapprochement crisis" after infancy. It may well be that in the long run the thesis of a separation-individuation process may be understood as a starting point for observational studies in the development of autonomy in the first years of life. A series of documented steps in the development of psychological individuation or, as I prefer to say, of a stable preoedipal capacity for the discharge of drive derivatives, organized and controlled by a maturing ego, may validate the concept of the separation-individuation process, that is, of the developing capacity of a young child to function adequately when apart from the mother, with object constancy secure.

I should like to add a "however": no matter how successfully that developmental process may be carried out, the quality of autonomy, or independence, or sense of individuation that can

- 571 -

be achieved in the third and fourth years of life cannot be expected to be firm at that age, because that is when oedipal conflicts are rising and normal emotional entanglements with parents call up ambivalence, anxiety, and guilt. I wonder if a truer measure of a child's psychological individuation may not be made in the period of entrance into latency. If so, the task would be to investigate relations among a separation-individuation process, the expression of instinctual drive derivatives, socialization, and learning.

HEINZ KOHUT

Many authors²¹ have found fault with Heinz Kohut's (1966), (1968), (1971), (1977) theory as it relates to the structure of psychopathology and the psychoanalytic treatment process. My discussion will take up his ideas (1977) about infant experience, which are central to his theory but fail to qualify it as an explanation of sources of pathology in early life.

Kohut postulated that the need to establish a cohesive self is, from birth, parallel to the need for drive gratification and that failure to establish it in early childhood leads to borderline conditions or narcissistic personality disorders. The pattern he constructed, put most briefly, is this. Beginning at birth the infant wishes to maintain innate feelings of bliss and confidence. The gleam in the mother's eyes when she looks at him responsively reflects her empathy for him. As a "mirroring self-object," she allows the unfolding of his grandiosity and exhibitionism and so enables him to idealize the parental imago and build a feeling of absolute perfection, along with fantasies of merging with the mother. By her steady empathic response to the infant's need to feel grandiosity, she nourishes his primary, archaic narcissism via "transmuting internalizations," and he idealizes her as a self-object. Inevitable breaks in her empathy, as when she does not let him mirror himself in her eyes, disrupts the contentment

21 E.g., Friedman (1980); Hanly and Masson (1976); Levine (1977), (1979); Loewald (1973); Schwartz (1978); Slap (1977); Slap and Levine (1978); Stein (1979).

- 572 -

of his archaic self. He introjects a faulty imago, and develops a fragmented self; his injured narcissism arouses narcissistic rage and, defensively, grandiose fantasies; and so normal infantile narcissism, instead of diminishing gradually, increases. This series of events creates a primary psychopathological defect in the infant's feeling of self. Not until the basic defect is healed can structural conflict of the oedipal phase be treated—if such conflict arises. Kohut has spoken in favor of nourishing, for an indefinite period, archaic feelings that he believes are normally grandiose, rather than experiences that can usher in the reality principle.

Kohut's wish to highlight the import of earliest impoverishments of psychic structure led him to give priority to a theory that is unverifiable, over the theory of structural conflict that can be clinically verified. But no priority need exist. Analytic work with young children shows repeatedly that developmental arrests and disturbed ego formation subserve preoedipal stresses, oedipal conflicts, and disordered structure formation. Successive resolutions of both developmental tasks and structural conflicts are thoroughly interrelated (see Coen, 1981); (Wallerstein, 1981).

Three parts of Kohut's system are most directly relevant to infancy: maternal empathy, the aggressive drives, and self psychology.

Empathy can stir gratitude, relieve tension, and evoke feelings of pleasure akin to the bliss Kohut

assumes the infant experiences shortly after birth. A day may come when information about changing neurophysiological or neurochemical conditions may lend support to the idea that a young infant has, not feelings of grandeur, but perhaps feelings of joy in response to maternal empathy. (Kohut emphasizes joy as an experience of the "total self.") It is a mistake to generalize that empathy, especially when poorly defined, is the single essential ingredient of infant care and that it can imbue the infant with feelings of greatness. One might as well say, and on firmer empirical grounds show, that a special valuation of empathy—for example, without a matching degree of competence or objective

- 573 -

knowledge of infant development—can foster narcissistic demands in the infant and moral masochism in the mother. To be positively effective, maternal empathy needs to include a capacity to temper the infant's demands, encourage his active aims in balance with passive aims, and recognize age-adequate infant behavior. These are prerequisite to building the infant's tolerance of unpleasure and strength to test reality with the inner composure that leads to sound object cathexis and enlarging object relations.

Reich (1954) discussed these issues without relying on assumptions of an infant's need to have his grandiosity cultivated. As to the effects of excessively nourished narcissistic ideals, she wrote that early gratification by parents and envy of their "ideal" qualities bring on imitative identification with an accompanying capacity to tolerate tensions, but threats against the early ideal and its inherent narcissism may lead to a withdrawal of libido from objects and its reinvestment in the ego, with residual narcissistic fantasies and a narcissistic ego ideal. She further stated that fixation at this immature level of identification, with poor assimilation of the object's qualities and with fantasies not translated into reality, may impair reality testing and lead to depression and/or partial or temporary megalomania. Kohut was not troubled by an excess of infantile aggrandizement. He saw empathy as so eminently necessary to infant growth that he did not believe many cases of excessive mothering exist (1977, p. 78). He rather believed that the infant who loses feelings of grandiosity prematurely is a passive victim of the parent's inability to be an object of idealization. It is noteworthy that he said nothing about an infant who mirrors himself in the eyes of a mother whose empathy is admixed with anxiety, resentment, or depressive qualities. His statement as to when and how maternal empathy may be safely modulated, or the infant's grandiose self tempered, was sweeping and loose: "the bulk of nuclear grandiosity consolidates into nuclear ambitions" probably between the second and fourth years of childhood, "and the bulk of nuclear idealized goal structures are

- 574 -

acquired" (1977, p. 179), mainly in the fourth to the sixth years. Kohut's "definition" of nuclear self is a description of its constituents (p. 49); the meaning of the other nuclear elements (ambitions, goal structures) is not given; nor is there any indication of how they may be identified. Kohut has assigned a mighty responsibility to empathy, rather incoherently.

Kohut believed that aggression is not an elemental psychological phenomenon. It first appears, he said, as "unalloyed assertiveness" (p. 110) and innate confidence; then, as a result of a series of traumatic breaks in the self-object's empathy, it is transformed into rage and destructiveness, which therefore are secondary phenomena. Isolated bursts of aggression that appear after the breaks in the mother's empathy, and so in the self, are disintegration products. "Drive experiences occur as disintegration products when the self is unsupported" (p. 171). With so pejorative a view of the aggressive drive, Kohut obscured the intimate relations among drive fusion, drive gratification, and object cathexis. In fact, he wrote not about object cathexis or object libido but about object love, and considered misleading the traditional significance attributed to the infant's drive for gratification. He seems to have recast a long outmoded idea of Dollard, et al. (1939) that aggression is at base a response to frustration.

Self psychology, Kohut said, does not apply to "psychological states in which a self is either not present or present only in a rudimentary ... form (such as, perhaps, in earliest infancy)" (1977, p. 94). A few pages further on he said the environment reacts to even the "smallest" baby as if it had already formed such a self; that the convergence brought about by mutual empathy between the infant and the self-object marks the origin of the "primary, rudimentary self" (p. 99); and that the newborn has a self in statu nascendi, a "virtual self" (p. 101). He presented a newborn who by virtue of having objects has a self, yet a self brought about by mutual empathy. Empathy in

the neonate?

Kohut described the self variously, as archaic, bipolar, cohesive,

- 575 -

fragmented, nuclear, omnipotent, etc. Its essence, he says, is unknowable. This non-definition is admitted "without contrition or shame" (p. 310) although it is "a generalization derived from empirical data" (p. 311)—thus, data about something unknowable. Hidden behind the absence of observational data about early development, one may suspect, is a disregard of the value of infant study in its own right.

The concept of a self-object is, I believe, tautological. The self has been a subject of study by American psychologists since the late nineteenth century. Baldwin (1895) was one of the first to recognize that it originates in a mutual relation; Cooley (1902) conceptualized its social determination in detail, and compared to his description of the "looking-glass self," Kohut's idea of mirroring is naïve. The inherent relation between mind and self was examined most thoroughly by G. H. Mead (1934), who explained that mind emerges from the interaction of the human organism and the social environment; language bridges the gap between impulse and reason and leads, through intelligent thinking, to a consciousness of self. The further development of the self depends on the acquired capacity of an individual to be an object to himself and to perceive himself as others have reacted to him, and on his adaptation to social and cultural expectations. As the child engages in role-playing, learns rules of a game, standard skills, social mores, he becomes able to call out in himself the attitudes, needs, and wishes of others. Specific roles of others then become organized in larger units—the family, the team—as the "generalized other." Qualities of the self depend for their origin and continuance on the ability to meet demands defined at first by the generalized other and later by oneself in advance. This mere sketch of Mead's classic theory, which was unleavened by psychoanalytic knowledge of ego formation, shows it to be more plain than Kohut's, as to the self emerging only in relation to an object. Spruiell's (1981) essay on the subject of the self and the ego is relevant and rewarding, particularly as he deals with Hartmann's treatment of "self."

Although Kohut was earnest about the lasting effects of infant

- 576 -

experience, he thought that psychoanalysis will move away from its preoccupation with the gross events of early life, because clinical material shows that in most cases it is the pathogenic personality of the parents and pathogenic features of the environment that account for unsolvable inner conflicts of the adult. One might agree to some extent with the latter part of the statement if Kohut had described the pathogenic atmosphere with more than fuzzy references to parents' failure to be a target of the infant's idealization. His propositions about maternal mirroring contain a reverse edition of the seduction theory and a near assumption of original sin in the parent. The idea of sin in the child he attributes to analysts who (mis)interpret adult guilt about unconscious rage as if it reflected "a primal infantile viciousness" (p. 124).

Kohut has made his way from statements about infantile sources of adult psychopathology to assertions about infancy in general. He is inclined to believe that "the imputing to a very small child of the capacity for even rudimentary forms of object love ... rests on retrospective falsifications and adultomorphic errors in empathy" (p. 220). Indeed, in attempting to orient himself to existing psychoanalytic literature, he found himself "floundering in a morass of conflicting, poorly-based and often vague theoretical speculation" (p. xx). One way out would have lain in a search for facts about infancy and early childhood.

ANNA FREUD

Anna Freud's statements about infant behavior and development are limited in number, presumably in keeping with her expressed preference for the psychoanalytic study of developmental periods that yield verbalized data. Nevertheless, her contributions on the subject, being consistently and systematically related to classic drive theory, the growth of object relations, and the formation of psychic structure, are fundamental. She has found enough in these topics to clarify, without adding theoretical

- 577 -

constructs. Two issues about infancy that she has touched on from time to time, need satisfaction and prevention of neurosis, may be helpful to review.

Her observations about need satisfaction date from her and Burlingham's (1943), (1944)

accounts of infants residing in their wartime nurseries. They mentioned the greater proneness of infants to disturbances caused by separation from the need-satisfying mother after the age of five or six months, the advantages and disadvantages of institutional living in the first year of life, the infant's emotional attachment to adults in his environment and his taking on of behaviors and attitudes closely resembling theirs, the gradual renunciations of gratification in order to retain the object's love, and eventually, the young child's identification with the moral values of his loved objects. This outline was filled in by A. Freud (1947), (1952), (1953), (1954b), (1958), (1965a), (1965b). She explained that the infant's primary needs are for physical comforts and relief, these needs being the first representatives of the drives; that pleasure and pain are the first mental qualities the infant learns to distinguish; that libidinal cathexes become attached to the mother, she being the object who provides pleasure and relieves unpleasure; that as a consequence, object love comes into being, and then the infant's primary need is for the mother's affection. Other comments (1954b) dealt with the infant's need to develop a balance between frustration and gratification, a capacity for delay, and a regular routine to facilitate the development of his memory and his reality testing; and (1965b) his needs for affection, stimulation, and continuity. A. Freud's (1965a, 1974) descriptions of lines of normal development have included the need to be satisfied in the infant's progress from animate to inanimate objects, which she illustrated only by the move from transitional objects to soft toys that serve libidinal and aggressive aims; and from play to work, illustrated with reference to task completion and problem solving. Not mentioned is a line from sensory responsiveness to perceptual discriminations, and from attentiveness to "study" of

- 578 -

relations among classes of things. More recently, in describing the steps leading from play to work, A. Freud (1981) has noted the contribution to ego development made by curiosity, adventure, and the investigative spirit, yet the infant's need for learning experience is not sufficiently specified. Still missing is a consideration of the line that needs to go from perceptual appetency to abstract thinking, behaviors important because they are products of an infant's combined capacity for drive gratification and for delay. The line from play to work does not automatically cover these behaviors, because "work" may be variously defined. There is good and satisfying work that even at age six months is elementary, in that it requires rote investment of mental and emotional energy; and there are tasks that even at age six months require initiative and concentration, and at age one, cognitive maturity and abstract thinking. The latter abilities may be neither congenial nor necessary for a particular individual, but they are essential for problem solving, which is dependent upon practice in making judgments, in seeing relations among objects (and later among ideas), and in learning in the larger sense. These behaviors are probably best set in motion during infancy if the child is to develop sound reality testing and to make good use of his intellectual or creative potential.

For these reasons I find it regrettable that A. Freud has not indicated that, for psychological health to be nourished in early infancy, need satisfaction should encompass more than relief of unpleasure, zonal gratifications, and initial (human) object cathexis. These are minimal satisfactions to arouse an infant's joyful activity and reliable object relations. While infants are likely to clamor for physical relief or relief from feelings of loneliness, their needs for sensory, perceptual, and mental satisfactions are usually manifested silently or indirectly, in dystonic affective states, or excessive quietness or excessive activity, or withdrawal of interest in objects, especially inanimate objects, first in the near and then in the far environment as well. The latter behaviors often are a consequence of habitually poor or immature function pleasures available in environments that

- 579 -

consistently lack novelty for the infant or offer too little exercise of his cognitive skills. I intend to say more on this subject in a separate paper.

Regarding the prevention of neurosis, A. Freud (1954b) first commented that "to put the blame for the infantile neurosis on the mother's shortcomings in the oral phase is no more than a facile and misleading generalization" (p. 321) and that no conclusion could be drawn as to whether the first division between ego and id might be decisive for later neurotic disorder, because the most revolutionary changes in infant care cannot eradicate the tendency toward ambivalence in the conflicting aims of id and ego. The significance she placed on psychic forces within the child over

that of environmental forces was repeated in her opinion (1954a) that the mother can influence, distort, or determine development but cannot produce neurosis. Thirty years ago the advice to avoid a facile leap from a mother's faulty infant care to infantile neurosis was necessary. The issue long since is not one of blaming the mother or of expecting or desiring freedom from later conflict. It is to recognize how early, how much, and how subtly an infant's experience in his particular environment and with his particular parents or their surrogates can advance or impede his ego and character formation.

The relevant information has to be drawn from observation of a large variety of behaviors spanning infancy: for example, sources of pleasure and displeasure, affects and moods, capacity for sustained alertness, responses to being caressed or held, activities preferred or avoided, efforts toward mastery, frustration tolerance, pain tolerance, spontaneous and responsive sociability, habits, curiosity, expressive behaviors, motor-visual capacities, capacity to be occupied when alone; all these and many more, under variable conditions. Years later, the only symptoms A. Freud (1970b) mentioned as occurring during infancy were those that derive from somatic or organic disorders, archaic fears, and anxieties related to object loss and loss of the mother's love. As to infant development and its disturbances she (1970a) has summarized two basic contributions. One resides in psychosomatic disturbances that may be brought about by interactions

- 580 -

between the infant's innate modes of functioning and the mother's handling, and the infant's response to her emotional states, preferences, and avoidances. The other is the wholly psychological relation between mother and infant. It includes the mother's cathexis of the infant's body and person, narcissistically, or with object libido, or with aggression; positively or negatively; with or without significant changes and interruptions. It includes the reactions of the infant (subject to his inborn capacities) to the mother's involvements: passive or active; pleasurable or painful; satisfied or demanding; loving, hating, or ambivalent. All these contribute to his self-esteem, object relatedness, optimism, outgoingness, and the constancy of his early object ties. I believe the two factors are really one.

A. Freud considered that although both can make basic contributions to knowledge of ego and symptom formation, they lead "outside the realm of conflict-determined pathology in the usual sense of the term" and enter instead into "a new area ... the study of early personality development" (1970a, p. 193). I find this division misleading. Perhaps it obtains when an infant's development is proceeding well and evenly, i.e., when his control of neither perceptual, nor emotional, nor social, nor motor functions lags visibly or is erratic. When it is not advancing well and in balance, however, one has to look for the presence, in earliest infancy, of chronic avoidances, restrictions, or excessive impulsivity. To the extent that such behaviors have developed in reaction to concrete emotional experiences that continue to operate without modification by external influences, they have been shown repeatedly to foster a skewed development. It may be masked by low or irregular object cathexes and by expressive behaviors that demonstrate too much or too little tension, both of which may be tolerated by the environment as being in the normal range of development, but such extreme tension levels are intrinsic to the growth of psychic conflict and to disturbances observable in self-abasement or its opposite.

Lasting ego distortions, A. Freud has said, may be the consequence of a mother's failure to comfort her infant adequately; yet she adds, "What is then primarily a personal attribute will

22 A. Freud's frequent references to infant "personality" as if it were not integrally related to neurotic developments have long puzzled me. A possible historical reason has come to my attention in a rereading of Benjamin's (1961) paper on the innate and the experiential in child development. He recounts that Freud's recognition of his "momentous" error in believing accounts of infantile seduction to be realities eventually led him to the discovery of the power of unconscious fantasies and to the first formulations of infantile sexuality. The discovery had a great impact on his thinking about heredity and experience. Seduction was no longer a "specific etiology." Freud was led to admit, ruefully, that constitutional and hereditary factors had again appeared to be of primary influence and that he should not have neglected this. Benjamin (1961) stated: "To be sure, [Freud] repeatedly, in subsequent writing, stressed the importance of

childhood experience in general ... but this was much more often in terms of the universal experiences inherent in being a member of the human species than it was in terms of variable experiences as major factors in ego development" (p. 22). Benjamin's further discussion, regarding the emphasis on environmentalism in America, is illuminating.

- 581 -

then, secondarily, make its contribution to the child's psychopathology" (1970a, pp. 194-195). I find it strange to regard representative behaviors of an infant as mere "personal attributes" that contribute secondarily to psychopathology. It is during infancy that potentials may be observed for a balance of active and passive aims, qualities of object relations and of beginning identifications, function pleasures, or for the lack of these. The staying power of these potentials builds habitual ways of responding to inner and outer events that underlie health or illness. They reflect nascent character qualities.

The idea of a "second source of pathology" reappears in A. Freud's (1981) latest remarks about developmental vulnerability. Few will disagree with her statement that "defects, if major enough, have the power to influence, halt, deflect, or distort development" (p. 135). The defects named, however, go beyond instinctual endowment and sensory defects or deficiencies. They include delayed or precocious ego functioning, a superego that may be too harsh, too lenient, or inconsistent, and parental care that is lacking in some essential quality. The relations among these three factors make for more than developmental deficiencies or distortions. They contribute profoundly to the common run of childhood psychopathologies and character neuroses and are, according to my observations, a primary source of pathology.

- 582 -

Probably I would not be so convinced of the tenacity of infantile modes of functioning that evolve in strong concord with environmental forces and directly shape child psychopathology, had I not had the privilege of carrying out a longitudinal study of relations between infant experience and psychological conditions up to age seven (Brody and Axelrad, 1970), (1978); and were I not now engaged in a follow-up study of the same subjects at age eighteen and finding striking clinical parallels between evidences of emotional ease or stress in the first year of life and at the end of adolescence.

Lipsett (1979) has offered the idea, based on findings of other investigators, that infantile psychological crises may be manifestations of normal development and learning processes that have gone wrong and that are implicated in a great array of deviant behaviors and conditions in later life. He proposes that learning deficiencies associated with organismic defects, such as failure to engage in defensive rage reactions, inadequate respiratory adjustments, or general lethargy of responsiveness, offer plausible explanations for lethal conditions such as failure to thrive, retardation, and crib death. Setting aside these extreme pathologies, we can recognize the need to search for experiential factors which, during infancy and in conjunction with organic factors, serve in the etiology of neurosis.

It appears inescapable, in the light of our expanding knowledge of infants' innate capacities and vulnerabilities, that for sound psychological health to be safeguarded during infancy the concept of need satisfaction should be amplified; and that while structural conflict is inevitable as childhood proceeds, a very significant part of the propensity to neurotic disorder is directly related to experiences facilitated or guarded against by the environment.

DISCUSSION

We see that the various approaches used by investigators trained in psychoanalysis to explore the preverbal period have produced a variety of statements, conclusions, or theoretical positions.

A.

- 583 -

Freud, Mahler, and Spitz have held to the framework of classic psychoanalytic theory. Klein, Bowlby, and Kohut have moved farthest away from it, each in a different way. Kernberg, more than the Sandler, straddles a line between the wish to retain several classic concepts and the wish to renovate them; and Winnicott stands apart from the rest in having elaborated his reflections, in a personal way, based on a medley of Freudian and Kleinian ideas, and having presented them more like a gentle essayist than a theoretician.

Their differences increase with regard to their methods of study. A Freud gathered direct observations in a naturalistic setting and reported them systematically. Spitz and Mahler

gathered observations in standard settings; Spitz presented them more systematically but dispensed with tests of significance and offered no explanations for findings that did not support his thesis. Mahler has preferred less formal data collection and has presented inferences based on multiple observations organized in a general system, with subdivisions less precisely described. Klein and Bowlby mention few and secondary data, Kohut and Kernberg, none. Winnicott probably made many hundreds of observations in his pediatric practice, specified them in only one paper (1941), and otherwise delivered his thoughts about infants' mental processes and emotional states without reference to data. The similarities among these authors appear in their efforts to understand the preverbal period of life, which the psychoanalytic method can touch only indirectly. While I have considered it desirable to point out fallacies in their works, I appreciate the validity of their common aim to discover earliest psychogenetic contributions to pathology. All have stirred our thinking, and objective evaluation of their work may help others to arrive at proper questions and proper means of further study.

The first major investigations of infants by psychoanalysts—Freud and Burlingham, Bowlby, and Spitz, in the 1940's—focused on pathological effects of object loss. A great deal of attention has continued to be devoted to problems of loss and separation. World War II had a large part in bringing to light

- 584 -

the painful conditions of children living away from home and family or orphaned. It is conceivable that had the war not overshadowed the turmoil of the Great Depression, workers in the mental health fields might have given prior attention to those disturbances of infancy and childhood that are related to socioeconomic deprivation, such as depressive states and impulse disorders. It is noteworthy that Klein, whose main writings about early infancy preceded the war or were written during the war years, is the only one of the main authors mentioned here who did not devote attention to actual separation, object loss, or fear of it.

There have, of course, been other social determinants for the concern with themes of separation and loss, at least in the Western world: increased employment of women outside the home; preschool and day care enrollments, with frequent anxiety suffered by the mothers and perceived by the children; the presence of fewer siblings and the lack of extended families to offer continuous or surrogate mothering. In addition, the decline of religion, along with a consequent overvaluation of individual entitlements, has led to a degree of anomie and a hidden dread of isolation or loss. As the issues of separation have become familiar to mental health workers, other forms of vulnerability in infancy, related to prematurity, deprivation, abuse, organic defects, and handicaps, have come to the forefront of attention. In little more than one generation infant psychology and infant psychiatry have changed from disciplines with a scattering of publications to a broad specialty. Partly because of the subject's fast growth of popularity, publications on the subject by psychoanalysts are having widespread influence.

Until fairly recently psychoanalysts who studied infants' behavior or development gave most attention to their affective and social responsiveness, leaving other aspects to medical and psychological disciplines. The work of experimental and developmental psychologists, in particular, were regarded as too academic to be relevant to the study of psychic structure, much less of psychic conflict. The rise of interest in ego development has

- 585 -

brought forward the intimate relation between affect and cognition in *statu nascendi*, and a small number of investigators have shown it to be clearly in the province of psychoanalysis.

Psychologists, meanwhile, have been amassing information about the perceptual, cognitive, and social behavior of infants, as noted before. Long gone are the ideas that in the first weeks of life the baby needs mainly nourishment and sleep and otherwise reacts mainly to disturbing internal or external stimuli. A wealth of data are now at hand that can help to bring about a convergence of developmental, experimental, and psychoanalytic studies of infants.

Psychoanalysis has provided the large substantive issues about infancy that need investigation, but its primary techniques are verbal and associative and therefore not useful for the study of infant behavior and development; thus, psychoanalysts without knowledge of research methods may be hampered in their investigative efforts. If, however, they are well-armed in basic theory, can isolate fitting and feasible topics, make systematic use of data, and offer conclusions with respect for the limits of provisional findings and provisional interpretations, their efforts can be

fruitful.

The material of science is, at its best, made up of primary direct observations that permit grouping of facts to be made public to the scientific community for possible replication. This does not mean that the data of direct observation are the be-all and the end-all of scientific endeavor or that only replicable studies are the essential criteria of psychoanalytic investigation. Productive work in this as in other fields may be guided by sophisticated theory as well as by experimental design (see Brenner, 1968); (Waelder, 1960), (1962). Nevertheless, the more psychoanalysts can use direct observations either to build or to test theory, the stronger place will it take in the behavioral sciences. Hypotheses based on reconstruction should be used sparingly, and preferably only when data of direct observation are not possible or available. The psychoanalytic investigation of infancy should help us to understand source ingredients of ego

- 586 -

and character formation, and preoedipal foundations of neurosis. Its practical uses for preventive work, and for knowledge of psychological events that preamble and help shape an individual's oedipal conflict, are immense. If its findings have been arrived at with proper methodological care, it may be interesting, but not necessary, to rediscover them in clinical practice, even in child analysis, or to verify them in reconstructions.

In this connection it is not helpful, I think, to assume that psychoanalytic studies of infancy and early childhood can make psychoanalysis a general psychology. The assumption is in large part a result, since Hartmann, of calling perception, motility, language, memory, symbol-formation, and thinking ego functions. They are behaviors. It is their control and organization that are ego functions. Investigation of their development lies in the fields of psychology, neurophysiology, and neurochemistry; investigation of how conflict impinges on them lies within psychoanalysis. Almost from the beginning of psychoanalytic thought, aberrant behavior has thrown light on normal behavior and has contributed to general principles of normal psychology, similar to the way in which the study of physical illness has thrown light on health and physiology, but physiology is a discipline in itself. Psychoanalysis can study speech disturbances but not speech development; it examines memories but not memory or the development of memory. The biopsychiatrist, Seymour Kety, once said that we may one day know much about memory but not about memories. He spoke, of course, from the perspective of neuroanatomy. Psychoanalysts can know much about individual memories. Hartmann's recognition that development is not necessarily an outgrowth of conflict and his desire to see psychoanalysis as a general psychology probably were in part influenced by his participation, along with Ernst Kris, Katherine Wolf, and others, in a series of seminars about normal child development led by Charlotte Buhler in the mid-1930's, when he was a young man in Vienna (J. Kestenberg, 1978). He later wished to make psychoanalysts aware of the power of the ego to be formed without being enmeshed in conflict and so

- 587 -

spelled out his ideas of primary ego autonomy, neutralization, and conflict-free spheres. The fact that he likened "secondary autonomy" to Allport's "functional autonomy" (see Brody, 1956) signified the rise of his interest in ego psychology, which some of his contemporaries regarded as leading to an unfortunate neglect of study of the id. Although Hartmann's work is relatively recent, so much less was known in his time about infant capacities that he probably was not impelled to consider ways that infant states and behaviors prepare for and promote the development of conflict.

Congruencies to be found between psychoanalysis and psychology were firm interests of Hartmann and Kris. They were continuously vigilant against reliance on assertions that went beyond verifiability and against the pitfalls that their own propositions might create about the aggressive drive and the beginnings of ego formation. Again and again they stressed that basic to scientific method was the use of direct observations whenever possible. (This was the particular reason, Kris told me, that he was eager to participate in the work of the Yale University Child Study Center.) Direct observations of infants need to be focused on small and passing events over minutes, hours, days, weeks, and months, aimed to detect specific forms and qualities of actions and reactions to persons and things in the near and far environment. These should help to reveal how behavioral styles, functions controlled by the ego, and character traits come into being during infancy.

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