Klein: Object Relations Theory

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Melanie Klein, the woman who developed a theory that emphasized the nurturing and loving relationship between parent and child, had neither a nurturant nor a loving relationship to her own daughter Melitta. The rift between mother and daughter began early. Melitta was the oldest of three children born to parents who did not particularly like one another. When Melitta was 15, her parents separated, and Melitta blamed her mother for this separation and for the divorce that followed. As Melitta matured, her relationship with her mother became more acrimonious.

After Melitta received a medical degree, underwent a personal analysis, and presented scholarly papers to the British Psycho-Analytical Society, she was officially a member of that society, professionally equal to her mother.

Her analyst, Edward Glover, was a bitter rival of Melanie Klein. Glover, who encouraged Melitta’s independence, was at least indirectly responsible for Melitta’s virulent attacks on her mother. The animosity between mother and daughter became even more intense when Melitta married Walter Schmideberg, another analyst who strongly opposed Klein and who openly supported Anna Freud, Klein’s most bitter rival.

Despite being a full member of the British Psycho-Analytical Society, Melitta Schmideberg felt that her mother saw her as an appendage, not a colleague. In a strongly worded letter to her mother in the summer of 1934, Melitta wrote:

I hope you will . . . also allow me to give you some advice. . . . I am very different from you. I already told you years ago that nothing causes a worse reaction in me than trying to force feelings into me—it is the surest way to kill all feelings. . . . I am now grown up and must be independent. I have my own life, my husband.

(quoted in Grosskurth, 1986, p. 199.)

Melitta went on to say that she would no longer relate to her mother in the neurotic manner of her younger years. She now had a shared profession with her mother and insisted that she be treated as an equal.

The story of Melanie Klein and her daughter takes on a new perspective in light of the emphasis that object relations theory places on the importance of the mother-child relationship.

**Overview of Object Relations Theory**

The object relations theory of Melanie Klein was built on careful observations of young children. In contrast to Freud, who emphasized the first 4 to 6 years of life, Klein stressed the importance of the first 4 to 6 months after birth. She insisted that the infant’s drives (hunger, sex, and so forth) are directed to an object—a breast, a penis, a vagina, and so on. According to Klein, the child’s relation to the breast is fundamental and serves as a prototype for later relations to whole objects, such as mother and father. The very early tendency of infants to relate to partial objects gives their experiences an unrealistic or fantasy-like quality that affects all later interpersonal relations. Thus, Klein’s ideas tend to shift the focus of psychoanalytic theory from organically based stages of development to the role of early fantasy in the formation of interpersonal relationships.

In addition to Klein, other theorists have speculated on the importance of a child’s early experiences with the mother. Margaret Mahler believed that children’s
sense of identity rests on a three-step relationship with their mother. First, infants have basic needs cared for by their mother; next, they develop a safe symbiotic relationship with an all-powerful mother; and finally, they emerge from their mother’s protective circle and establish their separate individuality. Heinz Kohut theorized that children develop a sense of self during early infancy when parents and others treat them as if they had an individualized sense of identity. John Bowlby investigated infants’ attachment to their mother as well as the negative consequences of being separated from their mother. Mary Ainsworth and her colleagues developed a technique for measuring the type of attachment style an infant develops toward its caregiver.

**Biography of Melanie Klein**

Melanie Reizes Klein was born March 30, 1882, in Vienna, Austria. The youngest of four children born to Dr. Moriz Reizes and his second wife, Libussa Deutsch Reizes, Klein believed that her birth was unplanned—a belief that led to feelings of being rejected by her parents. She felt especially distant to her father, who favored his oldest daughter, Emilie (Sayers, 1991). By the time Melanie was born, her father had long since rebelled against his early Orthodox Jewish training and had ceased to practice any religion. As a consequence, Klein grew up in a family that was neither proreligious nor antireligious.

During her childhood Klein observed both parents working at jobs they did not enjoy. Her father was a physician who struggled to make a living in medicine and eventually was relegated to working as a dental assistant. Her mother ran a shop selling plants and reptiles, a difficult, humiliating, and fearful job for someone who abhorred snakes (H. Segal, 1979). Despite her father’s meager income as a doctor, Klein aspired to become a physician.

Klein’s early relationships were either unhealthy or ended in tragedy. She felt neglected by her elderly father, whom she saw as cold and distant, and although she loved and idolized her mother, she felt suffocated by her. Klein had a special fondness for her older sister Sidonie, who was 4 years older and who taught Melanie arithmetic and reading. Unfortunately, when Melanie was 4 years old, Sidonie died. In later years, Klein confessed that she never got over grieving for Sidonie (H. Segal, 1992). After her sister’s death, Klein became deeply attached to her only brother, Emmanuel, who was nearly 5 years older and who became her close confidant. She idolized her brother, and this infatuation may have contributed to her later difficulties in relating to men. Like Sidonie earlier, Emmanuel tutored Melanie, and his excellent instructions helped her pass the entrance examinations of a reputable preparatory school (Petot, 1990).

When Klein was 18, her father died, but a greater tragedy occurred 2 years later when her beloved brother, Emmanuel, died. Emmanuel’s death left Klein devastated. While still in mourning over her brother’s death, she married Arthur Klein, an engineer who had been Emmanuel’s close friend. Melanie believed that her marriage at age 21 prevented her from becoming a physician, and for the rest of her life, she regretted that she had not reached that goal (Grosskurth, 1986).

Unfortunately, Klein did not have a happy marriage; she dreaded sex and abhorred pregnancy (Grosskurth, 1986). Nevertheless, her marriage to Arthur...
produced three children: Melitta, born in 1904; Hans, born in 1907; and Erich, born in 1914. In 1909, the Kleins moved to Budapest, where Arthur had been transferred. There, Klein met Sandor Ferenczi, a member of Freud’s inner circle and the person who introduced her into the world of psychoanalysis. When her mother died in 1914, Klein became depressed and entered analysis with Ferenczi, an experience that served as a turning point in her life. That same year she read Freud’s *On Dreams* (1901/1953) “and realized immediately that was what I was aiming at, at least during those years when I was so very keen to find out what would satisfy me intellectually and emotionally” (quoted in Grosskurth, 1986, p. 69). At about the same time that she discovered Freud, her youngest child, Erich, was born. Klein was deeply taken by psychoanalysis and trained her son according to Freudian principles. As part of this training, she began to psychoanalyze Erich from the time he was very young. In addition, she also attempted to analyze Melitta and Hans, both of whom eventually went to other analysts. Melitta, who became a psychoanalyst, was analyzed by Karen Horney (see Chapter 6) as well as by others (Grosskurth, 1986). An interesting parallel between Horney and Klein is that Klein later analyzed Horney’s two youngest daughters when they were 12 and 9 years old. (Horney’s oldest daughter was 14 and refused to be analyzed.) Unlike Melitta’s voluntary analysis by Horney, the two Horney children were compelled to attend analytic sessions, not for treatment of any neurotic disorder but as a preventive measure (Quinn, 1987).

Klein separated from her husband in 1919 but did not obtain a divorce for several years. After the separation, she established a psychoanalytic practice in Berlin and made her first contributions to the psychoanalytic literature with a paper dealing with her analysis of Erich, who was not identified as her son until long after Klein’s death (Grosskurth, 1998). Not completely satisfied with her own analysis by Ferenczi, she ended the relationship and began an analysis with Karl Abraham, another member of Freud’s inner circle. After only 14 months, however, Klein experienced another tragedy when Abraham died. At this point of her life, Klein decided to begin a self-analysis, one that continued for the remainder of her life. Before 1919, psychoanalysts, including Freud, based their theories of child development on their therapeutic work with adults. Freud’s only case study of a child was Little Hans, a boy whom he saw as a patient only once. Melanie Klein changed that situation by psychoanalyzing children directly. Her work with very young children, including her own, convinced her that children internalize both positive and negative feelings toward their mother and that they develop a superego much earlier than Freud had believed. Her slight divergence from standard psychoanalytic theory brought much criticism from her colleagues in Berlin, causing her to feel increasingly uncomfortable in that city. Then, in 1926, Ernest Jones invited her to London to analyze his children and to deliver a series of lectures on child analysis. These lectures later resulted in her first book, *The Psycho-Analysis of Children* (Klein, 1932). In 1927, she took up permanent residency in England, remaining there until her death on September 22, 1960. On the day of her memorial service, her daughter Melitta delivered a final posthumous insult by giving a professional lecture wearing flamboyant red boots, which scandalized many in her audience (Grosskurth, 1986).

Klein’s years in London were marked by division and controversy. Although she continued to regard herself as a Freudian, neither Freud nor his daughter Anna accepted her emphasis on the importance of very early childhood or her analytic
technique with children. Her differences with Anna Freud began while the Freuds were still living in Vienna, but they climaxed after Anna moved with her father and mother to London in 1938. Before the arrival of Anna Freud, the English school of psychoanalysis was steadily becoming the “Kleinian School,” and Klein’s battles were limited mostly to those with her daughter, Melitta, and these battles were both fierce and personal.

In 1934, Klein’s older son, Hans, was killed in a fall. Melitta, who had recently moved to London with her psychoanalytic husband, Walter Schmideberg, maintained that her brother had committed suicide, and she blamed her mother for his death. During that same year, Melitta began an analysis with Edward Glover, one of Klein’s rivals in the British Society. Klein and her daughter then became even more personally estranged and professionally antagonistic, and Melitta maintained her animosity even after her mother’s death.

Although Melitta Schmideberg was not a supporter of Anna Freud, her persistent antagonism toward Klein increased the difficulties of Klein’s struggle with Anna Freud, who never recognized the possibility of analyzing young children (King & Steiner, 1991; Mitchell & Black, 1995). The friction between Klein and Anna Freud never abated, with each side claiming to be more “Freudian” than the other (Hughes, 1989). Finally, in 1946 the British Society accepted three training procedures—the traditional one of Melanie Klein, the one advocated by Anna Freud, and a Middle Group that accepted neither training school but was more eclectic in its approach. By such a division, the British Society remained intact, albeit with an uneasy alliance.

**Introduction to Object Relations Theory**

Object relations theory is an offspring of Freud’s instinct theory, but it differs from its ancestor in at least three general ways. First, object relations theory places less emphasis on biologically based drives and more importance on consistent patterns of interpersonal relationships. Second, as opposed to Freud’s rather paternalistic theory that emphasizes the power and control of the father, object relations theory tends to be more maternal, stressing the intimacy and nurturing of the mother. Third, object relations theorists generally see human contact and relatedness—not sexual pleasure—as the prime motive of human behavior.

More specifically, however, the concept of object relations has many meanings, just as there are many object relations theorists. This chapter concentrates primarily on Melanie Klein’s work, but it also briefly discusses the theories of Margaret S. Mahler, Heinz Kohut, John Bowlby, and Mary Ainsworth. In general, Mahler’s work was concerned with the infant’s struggle to gain autonomy and a sense of self; Kohut’s, with the formation of the self; Bowlby’s, with the stages of separation anxiety; and Ainsworth’s, with styles of attachment.

If Klein is the mother of object relations theory, then Freud himself is the father. Recall from Chapter 2 that Freud (1915/1957a) believed instincts or drives have an *impetus*, a *source*, an *aim*, and an *object*, with the latter two having the greater psychological significance. Although different drives may seem to have separate aims, their underlying aim is always the same—to reduce tension: that is, to achieve pleasure. In Freudian terms, the *object* of the drive is any person, part of a person,
or thing through which the aim is satisfied. Klein and other object relations theorists begin with this basic assumption of Freud and then speculate on how the infant’s real or fantasized early relations with the mother or the breast become a model for all later interpersonal relationships. Adult relationships, therefore, are not always what they seem. An important portion of any relationship is the internal psychic representations of early significant objects, such as the mother’s breast or the father’s penis, that have been introjected, or taken into the infant’s psychic structure, and then projected onto one’s partner. These internal pictures are not accurate representations of the other person but are remnants of each person’s earlier experiences.

Although Klein continued to regard herself as a Freudian, she extended psychoanalytic theory beyond the boundaries set by Freud. For his part, Freud chose mostly to ignore Klein. When pressed for an opinion on her work, Freud had little to say. For example, in 1925 when Ernest Jones wrote to him praising Klein’s “valuable work” with childhood analysis and play therapy, Freud simply replied that “Melanie Klein’s work has aroused considerable doubt and controversy here in Vienna” (Steiner, 1985, p. 30).

**Psychic Life of the Infant**

Whereas Freud emphasized the first few years of life, Klein stressed the importance of the first 4 or 6 months. To her, infants do not begin life with a blank slate but with an inherited predisposition to reduce the anxiety they experience as a result of the conflict produced by the forces of the life instinct and the power of the death instinct. The infant’s innate readiness to act or react presupposes the existence of phylegetic endowment, a concept that Freud also accepted.

**Phantasies**

One of Klein’s basic assumptions is that the infant, even at birth, possesses an active phantasy life. These phantasies are psychic representations of unconscious id instincts; they should not be confused with the conscious fantasies of older children and adults. In fact, Klein intentionally spelled phantasy this way to make it distinguishable. When Klein (1932) wrote of the dynamic phantasy life of infants, she did not suggest that neonates could put thoughts into words. She simply meant that they possess unconscious images of “good” and “bad.” For example, a full stomach is good; an empty one is bad. Thus, Klein would say that infants who fall asleep while sucking on their fingers are phantasizing about having their mother’s good breast inside themselves. Similarly, hungry infants who cry and kick their legs are phantasizing that they are kicking or destroying the bad breast. This idea of a good breast and a bad breast is comparable to Sullivan’s notion of a good mother and a bad mother (see Chapter 8 for Sullivan’s theory).

As the infant matures, unconscious phantasies connected with the breast continue to exert an impact on psychic life, but newer ones emerge as well. These later unconscious phantasies are shaped by both reality and by inherited predispositions. One of these phantasies involves the Oedipus complex, or the child’s wish to destroy one parent and sexually possess the other. (Klein’s notion of the Oedipus complex is discussed more fully in the section titled Internalizations.) Because these phantasies are unconscious, they can be contradictory. For example, a little boy can phantasize
both beating his mother and having babies with her. Such phantasies spring partly from the boy’s experiences with his mother and partly from universal predispositions to destroy the bad breast and to incorporate the good one.

**Objects**

Klein agreed with Freud that humans have innate drives or instincts, including a *death instinct*. Drives, of course, must have some object. Thus, the hunger drive has the good breast as its object, the sex drive has a sexual organ as its object, and so on. Klein (1948) believed that from early infancy children relate to these external objects, both in fantasy and in reality. The earliest object relations are with the mother’s breast, but “very soon interest develops in the face and in the hands which attend to his needs and gratify them” (Klein, 1991, p 757). In their active fantasy, infants *introject*, or take into their psychic structure, these external objects, including their father’s penis, their mother’s hands and face, and other body parts. Introjected objects are more than internal thoughts about external objects; they are fantasies of internalizing the object in concrete and physical terms. For example, children who have introjected their mother believe that she is constantly inside their own body. Klein’s notion of internal objects suggests that these objects have a power of their own, comparable to Freud’s concept of a superego, which assumes that the father’s or mother’s conscience is carried within the child.

**Positions**

Klein (1946) saw human infants as constantly engaging in a basic conflict between the life instinct and the death instinct, that is, between good and bad, love and hate, creativity and destruction. As the ego moves toward integration and away from disintegration, infants naturally prefer gratifying sensations over frustrating ones.

In their attempt to deal with this dichotomy of good and bad feelings, infants organize their experiences into *positions*, or ways of dealing with both internal and external objects. Klein chose the term “position” rather than “stage of development” to indicate that positions alternate back and forth; they are not periods of time or phases of development through which a person passes. Although she used psychiatric or pathological labels, Klein intended these positions to represent *normal* social growth and development. The two basic positions are the *paranoid-schizoid position* and the *depressive position*.

**Paranoid-Schizoid Position**

During the earliest months of life, an infant comes into contact with both the good breast and the bad breast. These alternating experiences of gratification and frustration threaten the very existence of the infant’s vulnerable ego. The infant desires to control the breast by devouring and harboring it. At the same time, the infant’s innate destructive urges create fantasies of damaging the breast by biting, tearing, or annihilating it. In order to tolerate both these feelings toward the same object at the same time, the ego splits itself, retaining parts of its life and death instincts while deflecting parts of both instincts onto the breast. Now, rather than fearing its own death
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instinct, the infant fears the *persecutory breast*. But the infant also has a relationship with the *ideal breast*, which provides love, comfort, and gratification. The infant desires to keep the ideal breast inside itself as a protection against annihilation by persecutors. To control the good breast and to fight off its persecutors, the infant adopts what Klein (1946) called the **paranoid-schizoid position**, a way of organizing experiences that includes both paranoid feelings of being persecuted and a splitting of internal and external objects into the good and the bad.

According to Klein, infants develop the paranoid-schizoid position during the first 3 or 4 months of life, during which time the ego’s perception of the external world is subjective and fantastic rather than objective and real. Thus, the persecutory feelings are considered to be paranoid; that is, they are not based on any real or immediate danger from the outside world. The child must keep the good breast and bad breast separate, because to confuse them would be to risk annihilating the good breast and losing it as a safe harbor. In the young child’s schizoid world, rage and destructive feelings are directed toward the bad breast, while feelings of love and comfort are associated with the good breast.

Infants, of course, do not use language to identify the good and bad breast. Rather, they have a biological predisposition to attach a positive value to nourishment and the life instinct and to assign a negative value to hunger and the death instinct. This preverbal splitting of the world into good and bad serves as a prototype for the subsequent development of ambivalent feelings toward a single person. For example, Klein (1946) compared the infantile paranoid-schizoid position to transference feelings that therapy patients often develop toward their therapist.

Under pressure of ambivalence, conflict and guilt, the patient often splits the figure of the analyst, then the analyst may at certain moments be loved, at other moments hated. Or the analyst may be split in such a way that he remains the good (or bad) figure while someone else becomes the opposite figure. (p. 19)

Ambivalent feelings, of course, are not limited to therapy situations. Most people have both positive and negative feelings toward their loved ones. Conscious ambivalence, however, does not capture the essence of the paranoid-schizoid position. When adults adopt the paranoid-schizoid position, they do so in a primitive, unconscious fashion. As Ogden (1990) pointed out, they may experience themselves as a passive object rather than an active subject. They are likely to say “He’s dangerous” instead of saying “I am aware that he is dangerous to me.” Other people may project their unconscious paranoid feelings onto others as a means of avoiding their own destruction by the malevolent breast. Still others may project their unconscious positive feelings onto another person and see that person as being perfect while viewing themselves as empty or worthless.

**Depressive Position**

Beginning at about the 5th or 6th month, an infant begins to view external objects as whole and to see that good and bad can exist in the same person. At that time, the infant develops a more realistic picture of the mother and recognizes that she is an independent person who can be both good and bad. Also, the ego is beginning to mature to the point at which it can tolerate some of its own destructive feelings rather than projecting them outward. However, the infant also realizes that the mother
might go away and be lost forever. Fearing the possible loss of the mother, the infant desires to protect her and keep her from the dangers of its own destructive forces, those cannibalistic impulses that had previously been projected onto her. But the infant’s ego is mature enough to realize that it lacks the capacity to protect the mother, and thus the infant experiences guilt for its previous destructive urges toward the mother. The feelings of anxiety over losing a loved object coupled with a sense of guilt for wanting to destroy that object constitute what Klein called the **depressive position**.

Children in the depressive position recognize that the loved object and the hated object are now one and the same. They reproach themselves for their previous destructive urges toward their mother and desire to make *reparation* for these attacks. Because children see their mother as whole and also as being endangered, they are able to feel *empathy* for her, a quality that will be beneficial in their future interpersonal relations.

The depressive position is resolved when children fantasize that they have made reparation for their previous transgressions and when they recognize that their mother will not go away permanently but will return after each departure. When the depressive position is resolved, children close the split between the good and the bad mother. They are able not only to experience love *from* their mother, but also to display their own love *for* her. However, an incomplete resolution of the depressive position can result in lack of trust, morbid mourning at the loss of a loved one, and a variety of other psychic disorders.

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**Psychic Defense Mechanisms**

Klein (1955) suggested that, from very early infancy, children adopt several psychic defense mechanisms to protect their ego against the anxiety aroused by their own destructive fantasies. These intense destructive feelings originate with oral-sadistic anxieties concerning the breast—the dreaded, destructive breast on the one hand and the satisfying, helpful breast on the other. To control these anxieties, infants use several psychic defense mechanisms, such as *introjection, projection, splitting,* and *projective identification.*

**Introjection**

By *introjection,* Klein simply meant that infants fantasize taking into their body those perceptions and experiences that they have had with the external object, originally the mother’s breast. Introjection begins with an infant’s first feeding, when there is an attempt to incorporate the mother’s breast into the infant’s body. Ordinarily, the infant tries to introject good objects, to take them inside itself as a protection against anxiety. However, sometimes the infant introjects bad objects, such as the bad breast or the bad penis, in order to gain control over them. When dangerous objects are introjected, they become internal persecutors, capable of terrifying the infant and leaving frightening residues that may be expressed in dreams or in an interest in fairy tales such as “The Big Bad Wolf” or “Snow White and the Seven Dwarfs.”

Introjected objects are not accurate representations of the real objects but are colored by children’s fantasies. For example, infants will fantasize that their mother
is constantly present; that is, they feel that their mother is always inside their body. The real mother, of course, is not perpetually present, but infants nevertheless devour her in fantasy so that she becomes a constant internal object.

**Projection**

Just as infants use introjection to take in both good and bad objects, they use projection to get rid of them. Projection is the fantasy that one’s own feelings and impulses actually reside in another person and not within one’s body. By projecting unmanageable destructive impulses onto external objects, infants alleviate the unbearable anxiety of being destroyed by dangerous internal forces (Klein, 1935).

Children project both bad and good images onto external objects, especially their parents. For example, a young boy who desires to castrate his father may instead project these castration fantasies onto his father, thus turning his castration wishes around and blaming his father for wanting to castrate him. Similarly, a young girl might fantasize devouring her mother but projects that fantasy onto her mother, who she fears will retaliate by persecuting her.

People can also project good impulses. For example, infants who feel good about their mother’s nurturing breast will attribute their own feelings of goodness onto the breast and imagine that the breast is good. Adults sometimes project their own feelings of love onto another person and become convinced that the other person loves them. Projection thus allows people to believe that their own subjective opinions are true.

**Splitting**

Infants can only manage the good and bad aspects of themselves and of external objects by splitting them, that is, by keeping apart incompatible impulses. In order to separate bad and good objects, the ego must itself be split. Thus, infants develop a picture of both the “good me” and the “bad me” that enables them to deal with both pleasurable and destructive impulses toward external objects.

Splitting can have either a positive or a negative effect on the child. If it is not extreme and rigid, it can be a positive and useful mechanism not only for infants but also for adults. It enables people to see both positive and negative aspects of themselves, to evaluate their behavior as good or bad, and to differentiate between likable and unlikable acquaintances. On the other hand, excessive and inflexible splitting can lead to pathological repression. For instance, if children’s egos are too rigid to be split into good me and bad me, then they cannot introject bad experiences into the good ego. When children cannot accept their own bad behavior, they must then deal with destructive and terrifying impulses in the only way they can—by repressing them.

**Projective Identification**

A fourth means of reducing anxiety is projective identification, a psychic defense mechanism in which infants split off unacceptable parts of themselves, project them into another object, and finally introject them back into themselves in a changed or distorted form. By taking the object back into themselves, infants feel that they have become like that object; that is, they identify with that object. For example, infants
typically split off parts of their destructive impulse and project them into the bad, frustrating breast. Next, they identify with the breast by introjecting it, a process that permits them to gain control over the dreaded and wonderful breast.

Projective identification exerts a powerful influence on adult interpersonal relations. Unlike simple projection, which can exist wholly in phantasy, projective identification exists only in the world of real interpersonal relationships. For example, a husband with strong but unwanted tendencies to dominate others will project those feelings into his wife, whom he then sees as domineering. The man subtly tries to get his wife to become domineering. He behaves with excessive submissiveness in an attempt to force his wife to display the very tendencies that he has deposited in her.

**Internalizations**

When object relations theorists speak of **internalizations**, they mean that the person takes in (introjects) aspects of the external world and then organizes those introjections into a psychologically meaningful framework. In Kleinian theory, three important internalizations are the ego, the superego, and the Oedipus complex.

**Ego**

Klein (1930, 1946) believed that the ego, or one’s sense of self, reaches maturity at a much earlier stage than Freud had assumed. Although Freud hypothesized that the ego exists at birth, he did not attribute complex psychic functions to it until about the 3rd or 4th year. To Freud, the young child is dominated by the id. Klein, however, largely ignored the id and based her theory on the ego’s early ability to sense both destructive and loving forces and to manage them through splitting, projection, and introjection.

Klein (1959) believed that although the ego is mostly unorganized at birth, it nevertheless is strong enough to feel anxiety, to use defense mechanisms, and to form early object relations in both phantasy and reality. The ego begins to evolve with the infant’s first experience with feeding, when the good breast fills the infant not only with milk but with love and security. But the infant also experiences the bad breast—the one that is not present or does not give milk, love, or security. The infant introjects both the good breast and the bad breast, and these images provide a focal point for further expansion of the ego. All experiences, even those not connected with feeding, are evaluated by the ego in terms of how they relate to the good breast and the bad breast. For example, when the ego experiences the good breast, it expects similar good experiences with other objects, such as its own fingers, a pacifier, or the father. Thus, the infant’s first object relation (the breast) becomes the prototype not only for the ego’s future development but for the individual’s later interpersonal relations.

However, before a unified ego can emerge, it must first become split. Klein assumed that infants innately strive for integration, but at the same time, they are forced to deal with the opposing forces of life and death, as reflected in their experience with the good breast and the bad breast. To avoid disintegration, the newly emerging ego must split itself into the good me and the bad me. The good me exists when infants are being enriched with milk and love; the bad me is experienced when
they do not receive milk and love. This dual image of self allows them to manage the good and bad aspects of external objects. As infants mature, their perceptions become more realistic, they no longer see the world in terms of partial objects, and their egos become more integrated.

**Superego**

Klein’s picture of the superego differs from Freud’s in at least three important respects. First, it emerges much earlier in life; second, it is not an outgrowth of the Oedipus complex; and third, it is much more harsh and cruel. Klein (1933) arrived at these differences through her analysis of young children, an experience Freud did not have.

There could be no doubt that a super-ego had been in full operation for some time in my small patients of between two-and-three-quarters and four years of age, whereas according to the accepted [Freudian] view the super-ego would not begin to be activated until the Oedipus complex had died down—i.e. until about the fifth year of life. Furthermore, my data showed that this early super-ego was immeasurably harsher and more cruel than that of the older child or adult, and that it literally crushed down the feeble ego of the small child. (p. 267)

Recall that Freud conceptualized the superego as consisting of two subsystems: an ego-ideal that produces inferiority feelings and a conscience that results in guilt feelings. Klein would concur that the more mature superego produces feelings of inferiority and guilt, but her analysis of young children led her to believe that the *early superego* produces not guilt but terror.

To Klein, young children fear being devoured, cut up, and torn into pieces—fears that are greatly out of proportion to any realistic dangers. Why are the children’s superegos so drastically removed from any actual threats by their parents? Klein (1933) suggested that the answer resides with the infant’s own destructive instinct, which is experienced as anxiety. To manage this anxiety, the child’s ego mobilizes libido (life instinct) against the death instinct. However, the life and death instincts cannot be completely separated, so the ego is forced to defend itself against its own actions. This early ego defense lays the foundation for the development of the superego, whose extreme violence is a reaction to the ego’s aggressive self-defense against its own destructive tendencies. Klein believed that this harsh, cruel superego is responsible for many antisocial and criminal tendencies in adults.

Klein would describe a 5-year-old child’s superego in much the same way Freud did. By the 5th or 6th year, the superego arouses little anxiety but a great measure of guilt. It has lost most of its severity while gradually being transformed into a realistic conscience. However, Klein rejected Freud’s notion that the superego is a consequence of the Oedipus complex. Instead, she insisted that it grows along with the Oedipus complex and finally emerges as realistic guilt after the Oedipus complex is resolved.

**Oedipus Complex**

Although Klein believed that her view of the Oedipus complex was merely an extension and not a refutation of Freud’s ideas, her conception departed from the Freudian one in several ways. First, Klein (1946, 1948, 1952) held that the Oedipus
complex begins at a much earlier age than Freud had suggested. Freud believed that the Oedipus complex took place during the phallic stage, when children are about 4 or 5 years old and after they have experienced an oral and anal stage. In contrast, Klein held that the Oedipus complex begins during the earliest months of life, overlaps with the oral and anal stages, and reaches its climax during the **genital stage** at around age 3 or 4. (Klein preferred the term “genital” stage rather than “phallic,” because the latter suggests a masculine psychology.) Second, Klein believed that a significant part of the Oedipus complex is children’s fear of retaliation from their parent for their fantasy of emptying the parent’s body. Third, she stressed the importance of children retaining positive feelings toward both parents during the Oedipal years. Fourth, she hypothesized that during its early stages, the Oedipus complex serves the same need for both genders, that is, to establish a positive attitude with the good or gratifying object (breast or penis) and to avoid the bad or terrifying object (breast or penis). In this position, children of either gender can direct their love either alternately or simultaneously toward each parent. Thus, children are capable of both homosexual and heterosexual relations with both parents. Like Freud, Klein assumed that girls and boys eventually come to experience the Oedipus complex differently.

**Female Oedipal Development**

At the beginning of the female Oedipal development—during the first months of life—a little girl sees her mother’s breast as both “good and bad. Then around 6 months of age, she begins to view the breast as more positive than negative. Later, she sees her whole mother as full of good things, and this attitude leads her to imagine how babies are made. She fantasizes that her father’s penis feeds her mother with riches, including babies. Because the little girl sees the father’s penis as the giver of children, she develops a positive relationship to it and fantasizes that her father will fill her body with babies. If the female Oedipal stage proceeds smoothly, the little girl adopts a “feminine” position and has a positive relationship with both parents.

However, under less ideal circumstances, the little girl will see her mother as a rival and will fantasize robbing her mother of her father’s penis and stealing her mother’s babies. The little girl’s wish to rob her mother produces a paranoid fear that her mother will retaliate against her by injuring her or taking away her babies. The little girl’s principal anxiety comes from a fear that the inside of her body has been injured by her mother, an anxiety that can be alleviated only when she later gives birth to a healthy baby. According to Klein (1945), penis envy stems from the little girl’s wish to internalize her father’s penis and to receive a baby from him. This fantasy precedes any desire for an external penis. Contrary to Freud’s view, Klein could find no evidence that the little girl blames her mother for bringing her into the world without a penis. Instead, Klein contended that the girl retains a strong attachment to her mother throughout the Oedipal period.

**Male Oedipal Development**

Like the young girl, the little boy sees his mother’s breast as both good and bad (Klein, 1945). Then, during the early months of Oedipal development, a boy shifts some of his oral desires from his mother’s breast to his father’s penis. At this time the little boy is in his **feminine position**; that is, he adopts a passive homosexual attitude
toward his father. Next, he moves to a heterosexual relationship with his mother, but because of his previous homosexual feeling for his father, he has no fear that his father will castrate him. Klein believed that this passive homosexual position is a prerequisite for the boy’s development of a healthy heterosexual relationship with his mother. More simply, the boy must have a good feeling about his father’s penis before he can value his own.

As the boy matures, however, he develops oral-sadistic impulses toward his father and wants to bite off his penis and to murder him. These feelings arouse castration anxiety and the fear that his father will retaliate against him by biting off his penis. This fear convinces the little boy that sexual intercourse with his mother would be extremely dangerous to him.

The boy’s Oedipus complex is resolved only partially by his castration anxiety. A more important factor is his ability to establish positive relationships with both parents at the same time. At that point, the boy sees his parents as whole objects, a condition that enables him to work through his depressive position.

For both girls and boys, a healthy resolution of the Oedipus complex depends on their ability to allow their mother and father to come together and to have sexual intercourse with each other. No remnant of rivalry remains. Children’s positive feelings toward both parents later serve to enhance their adult sexual relations.

In summary, Klein believed that people are born with two strong drives—the life instinct and the death instinct. Infants develop a passionate caring for the good breast and an intense hatred for the bad breast, leaving a person to struggle a lifetime to reconcile these unconscious psychic images of good and bad, pleasure and pain. The most crucial stage of life is the first few months, a time when relationships with mother and other significant objects form a model for later interpersonal relations. A person’s adult ability to love or to hate originates with these early object relations.

## Later Views on Object Relations

Since Melanie Klein’s bold and insightful descriptions, a number of other theorists have expanded and modified object relations theory. Among the more prominent of these later theorists are Margaret Mahler, Heinz Kohut, John Bowlby, and Mary Ainsworth.

### Margaret Mahler’s View

Margaret Schoenberger Mahler (1897–1985) was born in Sopron, Hungary, and received a medical degree from the University of Vienna in 1923. In 1938, she moved to New York, where she was a consultant to the Children’s Service of the New York State Psychiatric Institute. She later established her own observational studies at the Masters Children’s Center in New York. From 1955 to 1974, she was clinical professor of psychiatry at Albert Einstein College of Medicine.

Mahler was primarily concerned with the psychological birth of the individual that takes place during the first 3 years of life, a time when a child gradually surrenders security for autonomy. Originally, Mahler’s ideas came from her observation of the behaviors of disturbed children interacting with their mothers. Later, she
observed normal babies as they bonded with their mothers during the first 36 months of life (Mahler, 1952).

To Mahler, an individual’s psychological birth begins during the first weeks of postnatal life and continues for the next 3 years or so. By psychological birth, Mahler meant that the child becomes an individual separate from his or her primary caregiver, an accomplishment that leads ultimately to a sense of identity.

To achieve psychological birth and individuation, a child proceeds through a series of three major developmental stages and four substages (Mahler, 1967, 1972; Mahler, Pine, & Bergman, 1975). The first major developmental stage is normal autism, which spans the period from birth until about age 3 or 4 weeks. To describe the normal autism stage, Mahler (1967) borrowed Freud’s (1911/1958) analogy that compared psychological birth with an unhatched bird egg. The bird is able to satisfy its nutritional needs autistically (without regard to external reality) because its food supply is enclosed in its shell. Similarly, a newborn infant satisfies various needs within the all-powerful protective orbit of a mother’s care. Neonates have a sense of omnipotence, because, like unhatched birds, their needs are cared for automatically and without their having to expend any effort. Unlike Klein, who conceptualized a newborn infant as being terrified, Mahler pointed to the relatively long periods of sleep and general lack of tension in a neonate. She believed that this stage is a period of absolute primary narcissism in which an infant is unaware of any other person. Thus, she referred to normal autism as an “objectless” stage, a time when an infant naturally searches for the mother’s breast. She disagreed with Klein’s notion that infants incorporate the good breast and other objects into their ego.

As infants gradually realize that they cannot satisfy their own needs, they begin to recognize their primary caregiver and to seek a symbiotic relationship with her, a condition that leads to normal symbiosis, the second developmental stage in Mahler’s theory. Normal symbiosis begins around the 4th or 5th week of age but reaches its zenith during the 4th or 5th month. During this time, “the infant behaves and functions as though he and his mother were an omnipotent system—a dual unity within one common boundary” (Mahler, 1967, p. 741). In the analogy of the bird egg, the shell is now beginning to crack, but a psychological membrane in the form of a symbiotic relationship still protects the newborn. Mahler recognized that this relationship is not a true symbiosis because, although the infant’s life is dependent on the mother, the mother does not absolutely need the infant. The symbiosis is characterized by a mutual cuing of infant and mother. The infant sends cues to the mother of hunger, pain, pleasure, and so forth, and the mother responds with her own cues, such as feeding, holding, or smiling. By this age the infant can recognize the mother’s face and can perceive her pleasure or distress. However, object relations have not yet begun—mother and others are still “preobjects.” Older children and
even adults sometimes regress to this stage, seeking the strength and safety of their mother’s care.

The third major developmental stage, **separation-individuation**, spans the period from about the 4th or 5th month of age until about the 30th to 36th month. During this time, children become psychologically separated from their mothers, achieve a sense of individuation, and begin to develop feelings of personal identity. Because children no longer experience a dual unity with their mother, they must surrender their delusion of omnipotence and face their vulnerability to external threats. Thus, young children in the separation-individuation stage experience the external world as being more dangerous than it was during the first two stages.

Mahler divided the separation-individuation stage into four overlapping sub-stages. The first is **differentiation**, which lasts from about the 5th month until the 7th to 10th month of age and is marked by a bodily breaking away from the mother-infant symbiotic orbit. For this reason, the differentiation substage is analogous to the hatching of an egg. At this age, Mahler observed, infants smile in response to their own mother, indicating a bond with a specific other person. Psychologically healthy infants who expand their world beyond the mother will be curious about strangers and will inspect them; unhealthy infants will fear strangers and recoil from them.

As infants physically begin to move away from their mothers by crawling and walking, they enter the **practicing** substage of separation-individuation, a period from about the 7th to 10th month of age to about the 15th or 16th month. During this subphase, children easily distinguish their body from their mother’s, establish a specific bond with their mother, and begin to develop an autonomous ego. Yet, during the early stages of this period, they do not like to lose sight of their mother; they follow her with their eyes and show distress when she is away. Later, they begin to walk and to take in the outside world, which they experience as fascinating and exciting.

From about 16 to 25 months of age, children experience a **rapprochement** with their mother; that is, they desire to bring their mother and themselves back together, both physically and psychologically. Mahler noticed that children of this age want to share with their mother every new acquisition of skill and every new experience. Now that they can walk with ease, children are more physically separate from the mother, but paradoxically, they are more likely to show separation anxiety during the rapprochement stage than during the previous period. Their increased cognitive skills make them more aware of their separateness, causing them to try various ploys to regain the dual unity they once had with their mother. Because these attempts are never completely successful, children of this age often fight dramatically with their mother, a condition called the **rapprochement crisis**.

The final subphase of the separation-individuation process is **libidinal object constancy**, which approximates the 3rd year of life. During this time, children must develop a constant inner representation of their mother so that they can tolerate being physically separate from her. If this libidinal object constancy is not developed, children will continue to depend on their mother’s physical presence for their own security. Besides gaining some degree of object constancy, children must consolidate their individuality; that is, they must learn to function without their mother and to develop other object relationships (Mahler et al., 1975).

The strength of Mahler’s theory is its elegant description of psychological birth based on empirical observations that she and her colleagues made on child-mother
interactions. Although many of her tenets rely on inferences gleaned from reactions of preverbal infants, her ideas can easily be extended to adults. Any errors made during the first 3 years—the time of psychological birth—may result in later regressions to a stage when a person had not yet achieved separation from the mother and thus a sense of personal identity.

**Heinz Kohut’s View**

Heinz Kohut (1913–1981) was born in Vienna to educated and talented Jewish parents (Strozier, 2001). On the eve of World War II, he emigrated to England and, a year later, he moved to the United States, where he spent most of his professional life. He was a professional lecturer in the Department of Psychiatry at the University of Chicago, a member of the faculty at the Chicago Institute for Psychoanalysis, and visiting professor of psychoanalysis at the University of Cincinnati. A neurologist and a psychoanalyst, Kohut upset many psychoanalysts in 1971 with his publication of *The Analysis of the Self*, which replaced the ego with the concept of self. In addition to this book, aspects of his self psychology are found in *The Restoration of the Self* (1977) and *The Kohut Seminars* (1987), edited by Miriam Elson and published after Kohut’s death.

More than the other object relations theorists, Kohut emphasized the process by which the self evolves from a vague and undifferentiated image to a clear and precise sense of individual identity. As did other object relations theorists, he focused on the early mother-child relationship as the key to understanding later development. Kohut believed that human relatedness, not innate instinctual drives, are at the core of human personality.

According to Kohut, infants require adult caregivers not only to gratify physical needs but also to satisfy basic psychological needs. In caring for both physical and psychological needs, adults, or *selfobjects*, treat infants as if they had a sense of self. For example, parents will act with warmth, coldness, or indifference depending in part on their infant’s behavior. Through the process of empathic interaction, the infant takes in the selfobject’s responses as pride, guilt, shame, or envy—all attitudes that eventually form the building blocks of the self. Kohut (1977) defined the self as “the center of the individual’s psychological universe” (p. 311). The self gives unity and consistency to one’s experiences, remains relatively stable over time, and is “the center of initiative and a recipient of impressions” (p. 99). The self is also the child’s focus of interpersonal relations, shaping how he or she will relate to parents and other selfobjects.

Kohut (1971, 1977) believed that infants are naturally narcissistic. They are self-centered, looking out exclusively for their own welfare and wishing to be admired for who they are and what they do. The early self becomes crystallized

![Heinz Kohut](image)
around two basic narcissistic needs: (1) the need to exhibit the grandiose self and (2) the need to acquire an idealized image of one or both parents. The grandiose-exhibitionistic self is established when the infant relates to a “mirroring” selfobject who reflects approval of its behavior. The infant thus forms a rudimentary self-image from messages such as “If others see me as perfect, then I am perfect.” The idealized parent image is opposed to the grandiose self because it implies that someone else is perfect. Nevertheless, it too satisfies a narcissistic need because the infant adopts the attitude “You are perfect, but I am part of you.”

Both narcissistic self-images are necessary for healthy personality development. Both, however, must change as the child grows older. If they remain unaltered, they result in a pathologically narcissistic adult personality. Grandiosity must change into a realistic view of self, and the idealized parent image must grow into a realistic picture of the parents. The two self-images should not entirely disappear; the healthy adult continues to have positive attitudes toward self and continues to see good qualities in parents or parent substitutes. However, a narcissistic adult does not transcend these infantile needs and continues to be self-centered and to see the rest of the world as an admiring audience. Freud believed that such a narcissistic person was a poor candidate for psychoanalysis, but Kohut held that psychotherapy could be effective with these patients.

**John Bowlby’s Attachment Theory**

John Bowlby (1907–1990) was born in London, where his father was a well-known surgeon. From an early age, Bowlby was interested in natural science, medicine, and psychology—subjects he studied at Cambridge University. After receiving a medical degree, he started his practice in psychiatry and psychoanalysis in 1933. At about the same time, he began training in child psychiatry under Melanie Klein. During World War II, Bowlby served as an army psychiatrist, and in 1946 he was appointed director of the Department for Children and Parents of the Tavistock Clinic. During the late 1950s, Bowlby spent some time at Stanford’s Center for the Advanced Study in the Behavioral Sciences but returned to London, where he remained until his death in 1990 (van Dijken, 1998).

In the 1950s, Bowlby became dissatisfied with the object relations perspective, primarily for its inadequate theory of motivation and its lack of empiricism. With his knowledge of ethology and evolutionary theory (especially Konrad Lorenz’s idea of early bonding to a mother-figure), he realized that object relations theory could be integrated with an evolutionary perspective. By forming such an integration he felt he could correct the empirical shortcomings of the theory and extend it in a new direction. Bowlby’s attachment theory also departed from psychoanalytic thinking by taking childhood as
its starting point and then extrapolating forward to adulthood (Bowlby, 1969/1982, 1988). Bowlby firmly believed that the attachments formed during childhood have an important impact on adulthood. Because childhood attachments are crucial to later development, Bowlby argued that investigators should study childhood directly and not rely on distorted retrospective accounts from adults.

The origins of attachment theory came from Bowlby’s observations that both human and primate infants go through a clear sequence of reactions when separated from their primary caregivers. Bowlby observed three stages of this separation anxiety. When their caregiver is first out of sight, infants will cry, resist soothing by other people, and search for their caregiver. This stage is the protest stage. As separation continues, infants become quiet, sad, passive, listless, and apathetic. This second stage is called despair. The last stage—the only one unique to humans—is detachment. During this stage, infants become emotionally detached from other people, including their caregiver. If their caregiver (mother) returns, infants will disregard and avoid her. Children who become detached are no longer upset when their mother leaves them. As they become older, they play and interact with others with little emotion but appear to be sociable. However, their interpersonal relations are superficial and lack warmth.

From such observations, Bowlby developed his attachment theory, which he published in a trilogy titled *Attachment and Loss* (1969/1982, 1973, 1980). Bowlby’s theory rests on two fundamental assumptions: First, a responsive and accessible caregiver (usually the mother) must create a secure base for the child. The infant needs to know that the caregiver is accessible and dependable. If this dependability is present, the child is better able to develop confidence and security in exploring the world. This bonding relationship serves the critical function of attaching the caregiver to the infant, thereby making survival of the infant, and ultimately the species, more likely.

A second assumption of attachment theory is that a bonding relationship (or lack thereof) becomes internalized and serves as a mental working model on which future friendships and love relationships are built. The first bonding attachment is therefore the most critical of all relationships. However, for bonding to take place, an infant must be more than a mere passive receptor to the caregiver’s behavior, even if that behavior radiates accessibility and dependability. Attachment style is a relationship between two people and not a trait given to the infant by the caregiver. It is a two-way street—the infant and the caregiver must be responsive to each other and each must influence the other’s behavior.

**Mary Ainsworth and the Strange Situation**

Mary Dinsmore Salter Ainsworth (1919–1999) was born in Glendale, Ohio, the daughter of the president of an aluminum goods business. She received her BA, MA, and PhD, all from the University of Toronto, where she also served as instructor and lecturer. During her long career, she taught and conducted research at several universities and institutes in Canada, the United States, the United Kingdom, and Uganda.

Influenced by Bowlby’s theory, Ainsworth and her associates (Ainsworth, Blehar, Waters, & Wall, 1978) developed a technique for measuring the type of
attachment style that exists between caregiver and infant, known as the Strange Situation. This procedure consists of a 20-minute laboratory session in which a mother and infant are initially alone in a playroom. Then a stranger comes into the room, and after a few minutes the stranger begins a brief interaction with the infant. The mother then goes away for two separate 2-minute periods. During the first period, the infant is left alone with the stranger; during the second period, the infant is left completely alone. The critical behavior is how the infant reacts when the mother returns; this behavior is the basis of the attachment style rating. Ainsworth and her associates found three attachment style ratings: secure, anxious-resistant, and avoidant.

In a secure attachment, when their mother returns, infants are happy and enthusiastic and initiate contact; for example, they will go over to their mother and want to be held. All securely attached infants are confident in the accessibility and responsiveness of their caregiver, and this security and dependability provides the foundation for play and exploration.

In an anxious-resistant attachment style, infants are ambivalent. When their mother leaves the room, they become unusually upset, and when their mother returns they seek contact with her but reject attempts at being soothed. With the anxious-resistant attachment style, infants give very conflicted messages. On the one hand, they seek contact with their mother, while on the other hand, they squirm to be put down and may throw away toys that their mother has offered them.

The third attachment style is anxious-avoidant. With this style, infants stay calm when their mother leaves; they accept the stranger, and when their mother returns, they ignore and avoid her. In both kinds of insecure attachment (anxious-resistant and anxious-avoidant), infants lack the ability to engage in effective play and exploration.

Psychotherapy

Klein, Mahler, Kohut, and Bowlby were all psychoanalysts trained in orthodox Freudian practices. However, each modified psychoanalytic treatment to fit her or his own theoretical orientation. Because these theorists varied among themselves on therapeutic procedures, we will limit our discussion of therapy to the approach used by Melanie Klein.

Klein’s pioneering use of psychoanalysis with children was not well accepted by other analysts during the 1920s and 1930s. Anna Freud was especially resistive to the notion of childhood psychoanalysis, contending that young children who were still attached to their parents could not develop a transference to the therapist be-
cause they have no unconscious fantasies or images. Therefore, she claimed, young children could not profit from psychoanalytic therapy. In contrast, Klein believed that both disturbed and healthy children should be psychoanalyzed; disturbed children would receive the benefit of therapeutic treatment, whereas healthy children would profit from a prophylactic analysis. Consistent with this belief, she insisted that her own children be analyzed. She also insisted that negative transference was an essential step toward successful treatment, a view not shared by Anna Freud and many other psychoanalysts.

To foster negative transference and aggressive fantasies, Klein provided each child with a variety of small toys, pencil and paper, paint, crayons, and so forth. She substituted play therapy for Freudian dream analysis and free association, believing that young children express their conscious and unconscious wishes through play therapy. In addition to expressing negative transference feelings as means of play, Klein’s young patients often attacked her verbally, which gave her an opportunity to interpret the unconscious motives behind these attacks (Klein, 1943).

The aim of Kleinian therapy is to reduce depressive anxieties and persecutory fears and to mitigate the harshness of internalized objects. To accomplish this aim, Klein encouraged her patients to reexperience early emotions and fantasies but this time with the therapist pointing out the differences between reality and fantasy, between conscious and unconscious. She also allowed patients to express both positive and negative transference, a situation that is essential for patients’ understanding of how unconscious fantasies connect with present everyday situations. Once this connection is made, patients feel less persecuted by internalized objects, experience reduced depressive anxiety, and are able to project previously frightening internal objects onto the outer world.

**Related Research**

Both object relations theory and attachment continue to spark some empirical research. For example, object relations has been used to explain the formation of eating disorders. This research rests on the assumption that having an unresponsive or inconsistent caregiver leads to children’s inability to reduce anxiety and frustration. As applied to eating disorders, when these individuals feel anxious, they look for comfort in external sources; and food is a primary means of soothing and regulating their anxiety. Prior research has supported these assumptions, primarily in women. For instance, Smolak and Levine (1993) found that bulimia was associated with overseparation (detachment) from parents, whereas anorexia was associated with high levels of guilt and conflict over separation from parents.

**Object Relations and Eating Disorders**

More recently, this line of theory and research has been applied to both men and women. Steven Huprich and colleagues (Huprich, Stepp, Graham, & Johnson, 2004), for instance, examined the connection between disturbed object relations and eating disorders in a nearly equal number of female and male college students. Because eating disorders are much more common in women than in men (Brannon & Feist,
2007), the investigation by Huprich and colleagues was an important addition to the research on eating disorders of both men and women. The researchers administered three measures of object relations and three measures of eating disorders to the participants to see whether the association between object relations and eating problems could be found in men as well as women.

The experimenters used three measures of object relations: (1) interpersonal dependency; (2) separation-individuation; and (3) a general measure of object relations, which assessed alienation, insecure attachment, egocentricity, and social incompetence. The three measures of eating disorder assessed (1) anorexic tendencies, (2) bulimic tendencies, and (3) a person’s sense of control and self-efficacy over compulsive eating. Results showed gender differences on one object relations measure (the Interpersonal Dependency Scale). With regard to measures of eating disorder, men scored lower than women on all three measures of disordered eating. In other words, men have less trouble with binge and compulsive eating than women and are less interpersonally dependent than women. Nevertheless, some overlap existed between college males and females, which suggests that gender differences, though usually significant, do not neatly divide men from women on such measures as interpersonal dependency and its relationship to eating disorders. For example, Huprich and colleagues found that both men and women who were insecurely attached and self-focused (egocentric) had greater difficulty in controlling their compulsive eating than those who were more securely attached and less self-focused. In other words, when insecurely attached people of either gender are threatened, “they turn to an external object (food) as a means by which to comfort themselves” (Huprich et al., 2004, p. 808).

**Attachment Theory and Adult Relationships**

Attachment theory as originally conceptualized by John Bowlby emphasized the relationship between parent and child. Since the 1980s, however, researchers have begun to systematically examine attachment relationships in adults, especially in romantic relationships.

A classic study of adult attachment was conducted by Cindy Hazan and Phil Shaver (1987), who predicted that different types of early attachment styles would distinguish the kind, duration, and stability of adult love relationships. More specifically, these investigators expected that people who had secure early attachments with their caregivers would experience more trust, closeness, and positive emotions in their adult love relationships than would people in either of the two insecure groups. Likewise, they predicted that avoidant adults would fear closeness and lack trust, whereas anxious-ambivalent adults would be preoccupied with and obsessed by their relationships.

Using college students and other adults, Hazan and Shaver found support for each of these predictions. Securely attached adults did experience more trust and closeness in their love relationships than did avoidant or anxious-ambivalent adults. Moreover, the researchers found that securely attached adults were more likely than insecure adults to believe that romantic love can be long lasting. In addition, securely attached adults were less cynical about love in general, had longer lasting relationships, and were less likely to divorce than either avoidant or anxious-ambivalent adults.
Other researchers have continued to extend the research on attachment and adult romantic relationships. Steven Rholes and colleagues, for example, tested the idea that attachment style is related to the type of information people seek or avoid regarding their relationship and romantic partner (Rholes, Simpson, Tran, Martin, & Friedman, 2007). The researchers predicted that avoidant individuals would not seek out additional information about their partner’s intimate feelings and dreams, whereas anxious individuals would express a strong desire to gain more information about their romantic partner. Avoidant individuals typically strive to maintain emotional independence and therefore do not want any information that could increase closeness. Closeness subverts their goal of independence. Conversely, anxious individuals tend to be chronically worried about the state of their relationship and want to strengthen emotional bonds by seeking out as much information about their partner’s most intimate feelings as possible.

To test their predictions, Rholes and colleagues recruited couples who had been dating for a while and had them come in to a psychology lab to complete measures of attachment and information seeking. Attachment style was measured using a standard questionnaire containing self-report items about how anxious or avoidant the person feels within their romantic relationship. Information seeking was measured using a clever (and bogus) computerized task whereby each participant independently completed several items about their relationship including each partner’s intimate feelings and goals for the future. Participants were told that the computer would then generate a profile of their relationship that both dating partners could view at the end of the study. The researchers then were able to measure how much of the information provided by the relationship profile each partner read about the other. In accord with their predictions, and attachment theory more generally, the avoidant individuals showed less interest in reading information about their partner contained in the relationship profile, whereas anxious individuals sought more information about their partner’s intimacy-related issues and goals for the future.

Attachment style is not only related to parents and romantic partners. Recent research has explored the role of attachment style in the relationships between leaders and their followers (military officers and their soldiers, for example; Davidovitz, Mikulincer, Shaver, Izsak, & Popper, 2007; Popper & Mayseless, 2003). The theory is that attachment style is relevant in leader-follower relationships because leaders or authority figures can occupy the role of caregiver and be a source of security in a manner similar to the support offered by parents and romantic partners. Researchers predicted that leaders with a secure attachment style (neither anxious nor avoidant) are more effective than insecurely attached (anxious or avoidant) leaders.

To explore the role of attachment in leadership, Rivka Davidovitz and colleagues (2007) studied a group of military officers and the soldiers in their charge. Officers completed the same measure of attachment used in the previously discussed study on attachment and information seeking (Rholes et al., 2007), but rather than reporting on their attachment within a romantic relationship they reported on their close relationships more generally. Soldiers then completed measures of the effectiveness of their officer’s leadership, cohesiveness of their military unit, and measures of psychological well-being.

The results provided further support of the generality and importance of attachment style in multiple types of relationships. The units of officers who had an
avoidant attachment style were less cohesive and the soldiers expressed lower psychological well-being compared to members of other units. Most likely, these effects of leaders’ avoidant attachment style are due to the avoidant officers’ desire to avoid information about the social and emotional well-being of their unit. Anxiously attached officers led units that were rated low on instrumental functioning (degree to which soldiers take their work seriously). Yet, those same units were rated high on socioemotional functioning (degree to which soldiers feel free to express their thoughts and feelings). This last finding regarding socioemotional functioning was surprising to the researchers but makes sense when considering the findings of Rholes and colleagues discussed above (Rholes et al., 2007): The anxiously attached officers were likely more interested in seeking out information about how their soldiers were feeling and how they were getting along with others.

Attachment is a construct in personality psychology that continues to generate a substantial amount of research. While the work on attachment theory began as a way to understand differences in parent-child relationships, recent research has shown that those same dynamics (secure, avoidant, and anxious attachment styles) are important to understanding a wide range of adult relationships—from romantic partners to military leaders and soldiers.

Critique of Object Relations Theory

Currently, object relations theory continues to be more popular in the United Kingdom than it is in the United States. The “British School,” which included not only Melanie Klein but also W. R. D. Fairbairn and D. W. Winnicott, has exerted a strong influence on psychoanalysts and psychiatrists in the United Kingdom. In the United States, however, the influence of object relations theorists, while growing, has been less direct.

How does object relations theory rate in generating research? In 1986, Morris Bell and colleagues published the Bell Object Relations Inventory (BORI), a self-report questionnaire that identifies four main aspects of object relations: Alienation, Attachment, Egocentricity, and Social Incompetence. To date, only a few studies have used the BORI to empirically investigate object relations. However, attachment theory is currently generating much research. Thus, we rate object relations theory low on its ability to generate research, but we judge attachment theory moderate to high on this criterion for a useful theory.

Because object relations theory grew out of orthodox psychoanalytic theory, it suffers from some of the same falsifications that confront Freud’s theory. Most of its tenets are based on what is happening inside the infant’s psyche, and thus these assumptions cannot be falsified. The theory does not lend itself to falsifications because it generates very few testable hypotheses. Attachment theory, on the other hand, rates somewhat higher on falsification.

Perhaps the most useful feature of object relations theory is its ability to organize information about the behavior of infants. More than most other personality theorists, object relations theorists have speculated on how humans gradually come to acquire a sense of identity. Klein, and especially Mahler, Bowlby, and Ainsworth, built their theories on careful observations of the mother-child relationship. They
watched the interactions between infant and mother and drew inferences based on what they saw. However, beyond the early childhood years, object relations theory lacks usefulness as an organizer of knowledge.

As a guide to the practitioner, the theory fares somewhat better than it does in organizing data or suggesting testable hypotheses. Parents of young infants can learn of the importance of a warm, accepting, and nurturing caregiver. Psychotherapists may find object relations theory useful not only in understanding the early development of their clients but also in understanding and working with the transference relationship that clients form with the therapist, whom they view as a substitute parent.

On the criterion of consistency, each of the theories discussed in this chapter has a high level of internal consistency, but the different theorists disagree among themselves on a number of points. Even though they all place primary importance on human relationships, the differences among them far exceed the similarities.

In addition, we rate object relations theory low on the criterion of parsimony. Klein, especially, used needlessly complex phrases and concepts to express her theory.

Concept of Humanity

Object relations theorists generally see human personality as a product of the early mother-child relationship. The interaction between mother and infant lays the foundation for future personality development because that early interpersonal experience serves as a prototype for subsequent interpersonal relations. Klein saw the human psyche as “unstable, fluid, constantly fending off psychotic anxieties” (Mitchell & Black, 1995, p. 87). Moreover, “each of us struggles with the deep terrors of annihilation . . . and utter abandonment” (p. 88).

Because they emphasize the mother-child relationship and view these experiences as crucial to later development, object relations theorists rate high on determinism and low on free choice.

For the same reason, these theorists can be either pessimistic or optimistic, depending on the quality of the early mother-infant relationship. If that relationship is healthy, then a child will grow into a psychologically healthy adult; if it is not, the child will acquire a pathological, self-absorbed personality.

On the dimension of causality versus teleology, object relations theory tends to be more causal. Early experiences are the primary shapers of personality. Expectations of the future play a very minor role in object relations theory.

We rate object relations theory high on unconscious determinants of behavior because most of the theorists trace the prime determinants of behavior to very early infancy, a time before verbal language. Thus, people acquire many personal traits and attitudes on a preverbal level and remain unaware of the complete nature of these traits and attitudes. In addition, Klein’s acceptance of an innately
acquired phylogenetic endowment places her theory even further in the direction of unconscious determinants.

The emphasis that Klein placed on the death instinct and phylogenetic endowment would seem to suggest that she saw biology as more important than environment in shaping personality. However, Klein shifted the emphasis from Freud’s biologically based infantile stages to an interpersonal one. Because the intimacy and nurturing that infants receive from their mother are environmental experiences, Klein and other object relations theorists lean more toward social determinants of personality.

On the dimension of uniqueness versus similarities, object relations theorists tend more toward similarities. As clinicians dealing mostly with disturbed patients, Klein, Mahler, Kohut, and Bowlby limited their discussions to the distinction between healthy personalities and pathological ones and were little concerned with differences among psychologically healthy personalities.

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**Key Terms and Concepts**

- Object relations theories assume that the *mother-child relationship* during the first 4 or 5 months is the most critical time for personality development.
- Klein believed that an important part of any relationship is the *internal psychic representations* of early significant objects, such as the mother’s breast or the father’s penis.
- Infants *introject* these psychic representations into their own psychic structure and then *project* them onto an external object, that is, another person. These internal pictures are not accurate representations of the other person but are remnants of earlier interpersonal experiences.
- The *ego*, which exists at birth, can sense both destructive and loving forces, that is, both a nurturing and a frustrating breast.
- To deal with the nurturing breast and the frustrating breast, infants *split* these objects into good and bad while also splitting their own ego, giving them a *dual image* of self.
- Klein believed that the *superego* comes into existence much earlier than Freud had speculated and that it grows along with the Oedipal process rather than being a product of it.
- During the early female Oedipus complex, the little girl adopts a *feminine position* toward both parents. She has a positive feeling both for her mother’s breasts and for her father’s penis, which she believes will feed her with babies.
- Sometimes the little girl develops hostility toward her mother, who she fears will retaliate against her and rob her of her babies.
- With most girls, however, the female Oedipus complex is resolved without any antagonism or jealousy toward their mother.
• The little boy also adopts a feminine position during the early Oedipal years. At that time, he has no fear of being castrated as punishment for his sexual feelings for his mother.
• Later, the boy projects his destructive drive onto his father, who he fears will bite or castrate him.
• The male Oedipus complex is resolved when the boy establishes good relations with both parents and feels comfortable about his parents having sexual intercourse with one another.