

Frank Summers, “Self and Object”

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Chapter 2

Self and Object

In the discussion of Dexter, we have seen that the object relations model is situated between the intrapsychic drive–ego model and the interactional perspective of relational psychoanalysis. The contention of this book is that the proposed model features a concept of personality development, psychopathology, and clinical technique that includes contributions from both theories. The task now is to elucidate the theoretical and clinical premises of this model so that we may derive the clinical strategy for the conduct of psychoanalytic therapy. Because the key features of this model are best highlighted in contrast with those of the ego-psychological and relational views, alternative paradigms are examined to demonstrate the need for an object relations model that includes components of each.

The Ego Psychology Model

The original psychoanalytic theory of motivation viewed biologically based drives as the foundation for all human activity (Freud, 1915a).

The advent of ego psychology amended this theory to include some autonomous ego functioning but did not alter the principle that drives are the basis of the conflicts that forge the psychological organization (e.g., A. Freud, 1936; Fenichel, 1945). From this viewpoint, a drive-based unconscious fantasy, at the root of all such compromises, is the underlying motive of all psychological organization. Because this fantasy stimulates anxiety, it must be kept unconscious, and conflict between the fantasy and defenses against it results in the compromise formation that organizes the psyche. Contemporary ego psychology, sometimes called contemporary structural analysis, views the psyche as the product of compromises among the conflicting forces of drive, guilt, anxiety, and defense (Brenner, 1979; Bachant, Lynch, and Richards, 1995; Sugarman, 1995). According to this view, interpersonal relationships and productivity are both motivated by the need to manage tension states created by the drives and defenses against them.

This drive-based view of human motivation has come into disfavor by an increasing number of psychoanalytic clinicians for several reasons. First, the overwhelming evidence from infant, child, and ethological researchers is that early attachment to caretakers cannot be reduced to their role in tension reduction. The wealth of data supporting this contention has been discussed in considerable detail elsewhere (Bowlby, 1969; Lichtenberg, 1983; Stern, 1985) and need only be briefly summarized here. Ethological research has shown that young animals attach to older animals, of a different species if necessary, even if the latter have not met any biological needs. One of Harlow's most famous experiments demonstrated that young monkeys attached to a cloth mother-model that did not provide for any biological needs rather than to a wire mother-model that did (Harlow and Zimmerman, 1959). Human infant research has found that the neonate is preadapted to interaction with the mother within the first few days of life (Lichtenberg, 1983; Stern, 1985). Fairbairn (1944) observed, and subsequent research has confirmed, that infants are not born into an unrealistic pleasure-seeking state that requires taming by reality as assumed by the drive–defense model; rather, they are born with an array of competencies, including reality orientation,

despite their initially primitive psychological organization (e.g., Demos, 1992, 1994). Preadapted for contact and relating, infant and mother almost immediately set up a pattern of interaction in which each expects certain behavior from the other and reacts negatively if this “conversation” is derailed (Stern, 1985; Beebe and Lachmann, 1992). This aversive reaction occurs whether or not the disrupted pattern is related to tension reduction. Moreover, such evidence as is available from older children indicates that they form attachments to figures who play no part in the meeting of their biological needs (Bowlby, 1969).

Beyond the controlled research data, considerable clinical evidence also points to a shift from a drive-based model of motivation to the recognition of autonomously motivated attachment. Many clinicians have been impressed with the intensity of the abused child’s attachment to the abuser (e.g., Davies and Frawley, 1992). This clinical phenomenon became the impetus for Fairbairn’s (1944) premise that libido is object seeking rather than pleasure seeking, the principle that became the basis of his revision of psychoanalytic metapsychology. Fairbairn, like many clinicians, could not account for the adhesive attachment of the abused child to his caretaker within the framework of the drive–defense model. Further, as Fairbairn and others have pointed out, the greater the abuse, the closer the victim tends to cling to the abuser. This pattern is precisely the opposite of what the tension-reduction model would predict.

Furthermore, if tension reduction is the goal of the psyche, as the drive–defense model presumes, the person who operates on the pleasure principle of immediate tension reduction should be happy. Clinicians who have treated such people know otherwise. Patients who continually seek pleasure tend to need tension discharge addictively and never seem satisfied. For example, sexually promiscuous patients tend to feel chronically dissatisfied as they desperately pursue a seemingly endless series of objects. It is for this reason that Kohut (1977) referred to states of pure pleasure seeking as “breakdown products.” In Fairbairn’s language, pure pleasure seeking occurs only in a “fractionated ego.” Both Fairbairn

and Kohut recognized that one finds hedonistically dominated lifestyles only in chaotic, disorganized, desperate persons who are continuously seeking something they never seem to find. The clinical evidence is clear that the pleasure principle is a pathological condition rather than a state of contentment.

At this juncture in psychoanalytic history, a wide array of psychoanalytic clinicians has expressed dissatisfaction with the drive model as a framework for understanding their patients. Object relations theorists (especially in England), self psychologists, interpersonal theorists, and relational analysts, although differing in details, have all turned away from the classical drive model toward the concepts of self and other, or object, for guidance in their clinical strategies (e.g., Summers, 1994; for an especially good summary of the British Independent School, see Rayner, 1991). These varied theorists tend to see the drive model either as limited to a restricted number of patients or as inadequate for treating the conflicts and difficulties prevalent in all patients.

In brief, the research and clinical evidence demonstrate overwhelmingly that human motivation does not originate in tension reduction and, perhaps most important, that interpersonal relating cannot be reduced to instinctual gratification. People are autonomously motivated to relate to others rather than forced to do so in order to achieve tension reduction. This theoretical shift raises the question of what is to replace drives as the basis for human motivation. The autonomous nature of the need for others has led some analysts to believe that the formation of relationships is the most fundamental human motivation. The inherently relational nature of the human condition is the basis for the contemporary psychoanalytic approach broadly labeled relational psychoanalysis. This clinical model is a currently popular reconceptualization of psychoanalysis—one that emphasizes the social nature of the psyche in opposition to the intrapsychic focus of the ego-psychological model. Although often confused with object relations theories, this model, as seen in our discussion of Dexter, provides a counterpoint, on the other side of the psychoanalytic spectrum, from which to grasp the object relations model.

The Relational Model

As we saw in chapter 1, the relational analyst replaces the drive concept with the view that all human activity is inextricably “embedded in a relational matrix” (e.g., Greenberg and Mitchell, 1983; Mitchell, 1988). Theorists of this persuasion exchange the biologism of classical theory for the inherent social nature of the human condition. Although differing in emphasis, relational theorists tend to view units of mind as relational configurations and theoretically change the unit of psychoanalytic investigation from the patient’s psychological structure to the “interactional field.” From this perspective, any analysis of the mind apart from its interactional patterns is regarded as a remnant of an outmoded “monadic” concept of mind.

Relational analysts are not content to view the mind as an enduring self structure formed from past interactions. Referring to such theories, Mitchell (1988) states, “They tend to retain a stress on the ‘self’ dimension of the relational matrix. Even though they derive self from interaction, once established, the self is often viewed as existing and operating more or less independently of interactions with others” (p. 9). In his view, concepts such as self-organization, ego functions, homeostatic regulation of affects, developmental needs, and a true or nuclear self possess remnants of the outmoded monadic theory of mind. Mitchell replaces the concept of an enduring self with multiple, overlapping, fluid selves in continual interactional flux.

Theorists of this school contend that relational viewpoint results in a technical shift from the intrapsychic model to a view of the analytic dyad as “codetermined” by the two participants (e.g., Burke, 1992; Mitchell, 1993; Aron, 1996). The analyst can never separate his influence on the patient from what he sees in the patient. Consequently, interpretations are not observations of an observer on an intrapsychic field but a form of interaction (Mitchell, 1991). As we saw in the discussion of the relational view of Dexter, the target of relational psychoanalysis is not the patient but the transactional dyad, the way the analytic couple interrelates.

In their shift from a one-person to a two-person model, relational theorists regard all free associations as reactions to the analyst, and transference is never simply the patient's experience of the analyst but always includes the analyst's participation in the patient's pattern of relating. These theorists conclude that the subjectivities of patient and analyst are inevitably and inextricably "commingled" (Aron, 1990, 1992, 1996). Nonetheless, Aron, a primary proponent of this view, warns against an exclusive interactional approach because making the analyst continually present can interfere with the "analytic space" and needs the patient may have, such as analytic regression. Adopting Winnicott's view that the analyst's interpretations are offerings for the patient "to reshape according to his own needs," Aron (1996, p. 86) warns against the danger of the analyst's subjectivity imposing itself on the process in such a way that the patient's needs become stifled.

Despite the current popularity of the relational perspective, there are several major problematic aspects of this paradigm. First, the commingling of the patient's analytic material with the analyst's participation eliminates the patient's enduring psychological organization from the analytic process. This is so because to regard the patient's psychological organization as a field for psychoanalytic inquiry is to presume the ability to differentiate this organization from the analyst's contribution, and it is just such a separation that relational theory opposes. However, once the patient's enduring psychological organization is removed from the analytic process, the target of analytic inquiry is severely restricted. Relational theorists such as Mitchell state explicitly that analysis must include both the interpersonal and the intrapsychic, but their statement contradicts their fundamental tenet that the unit of analysis is the relational configuration. Inclusion of the intrapsychic is a tacit acknowledgment that interaction is not the analytic unit. To say this another way: If the intrapsychic is a legitimate object of analytic inquiry, all analytic material is not coconstructed. Consequently, one must question the usefulness of a consistent application of relational theory.

However, there is good evidence that relational analysts do not practice in a manner consistent with their theory. For example, Aron (1996) contends that an exclusive inquiry into the analytic interaction

can be unresponsive to important needs of the patient, such as the need to be alone or to regress. The implication of Aron's warning is that the analyst should always keep the patient's self and its growth in mind as the overriding aim of the process, with the patient–analyst interaction subserving this goal. If the analyst must be watchful that the imposition of his subjectivity can impede the patient's growth, the analytic unit is the patient's self, not the interaction. Aron treats the needs to regress and to be alone not as coconstructions of the analytic relationship but as needs of the patient. Furthermore, acknowledgment of such needs assumes the analyst's ability to distinguish between the patient's subjectivity and his own. Aron's recognition of patient needs apart from the analytic interaction contradicts the relationalist contentions that the unit of psychoanalytic investigation is the interaction and that the subjectivities of patient and analyst are inevitably commingled. Aron acknowledges in practice what relational analysis does not accept in theory: that the patient has needs that can be separated from the subjectivity of the analyst.

Even more poignant is a brief clinical vignette reported by Mitchell (1997). His patient, George, felt he was unable to decide how much time was reasonable to spend away from his wife and children, so he let his wife decide when he had the right to have an evening out. On those occasions, he tended to stay out longer than his wife liked and drink too much. Mitchell commented to George that George was turning power over to his wife in a way that, Mitchell imagined, might make him angry and resentful, and the defiant "abuse of his privilege" was understandable. The importance of this episode for our purpose is that the intervention is about George's psychological organization, not about the interactional field. This simple clinical example illustrates the fact that Mitchell, in practice, does not consistently carry through with the relational claim that the domain of psychoanalytic therapy is the interactional field and that the subjectivities of patient and analyst are indistinguishably commingled. It is not Mitchell's or Aron's clinical strategy that is at issue but the fact that neither adopts a clinical stance consistent with relational theory. This inconsistency is understandable given the severe restrictions that such a consistent application would place on the therapist. Psychoanalytic therapy

simply depends on the analyst's ability to understand the patient's psychological organization as well as the interactional field—a fact acknowledged in practice by both Aron and Mitchell.

Second, the redefinition of mental units as ever-shifting relational configurations necessarily implies discontinuous “multiple selves” rather than self structure—a view that regards continuity as an illusion (Mitchell, 1993, p. 104). Such a conception cannot adequately differentiate pathological fragmentation from the healthy personality. Patients whose behavior is as discontinuous and situation-bound as Mitchell describes—such as Deutsch's (1942) “as-if” personalities—are severely pathological. Mitchell, aware of this possible objection to his view of multiple selves, regards such patients as having “too much discontinuity.” Such an explanation is impossible in his model given that he regards continuity as an “illusion.”

Dexter had two primary modes of relating: competition and victimization—exploitation. According to the relational view of multiple selves, he should have become a different “self” with the analyst. That his lifelong patterns dominated the analytic relationship despite a new relational environment indicates that the personality does not forge new relational configurations and a new self in response to each new interpersonal context. On the contrary, clinicians are continually struck by the resiliency of patterns despite our best efforts to create a different environment. Indeed, Mitchell (1997, pp. 39–53) emphasizes the prevalence of patients' continually fitting analytic material into frustratingly rigid, preset categories. Such persistent categorization of experience bespeaks continuity of experience rather than the discontinuous, shifting selves of relational theory.

Furthermore, having abandoned a concept of a continuous self, relational theory has difficulty accounting for autonomy and authenticity, both important goals of analysis. Relatedness without a continuous sense of self is environmental enslavement. Discontinuous selves formed in response to new interpersonal contexts cannot account for why we are not all slaves to environmental influence. Autonomy, in the sense of a relative degree of control over how the personality is influenced by biological and environmental pressures, is a goal of psychoanalysis from any perspective.

Blatt and Blass (1990, 1992) have marshalled an abundance of evidence from personality research and theory to support two primary motivational dimensions: self-definition and relatedness. They point out that these motives are mutually dependent: A differentiated sense of self depends on positive interpersonal experiences, and the development of increasingly mature interpersonal relationships is contingent on the solidification of identity. Blatt and Blass (1992) see life as a “complex dialectical process in which progress in each developmental line is essential for progress in the other” (p. 406). They view the major task of life as finding a balance between these two motivations such that both needs are fulfilled. From this viewpoint, relational analysis is an imbalanced theory that overemphasizes the need for relatedness at the expense of autonomy, a differentiated, defined sense of self.

Similar problems apply to the conceptualization of authenticity. As clinicians, we see people who frequently agree behaviorally with others' views that they secretly dispute, or who adjust their behavior to what they feel others expect, even if such behavior has no affective basis (Summers, 1996). Complaints of feeling “fake” and unfulfilled have become so common that authenticity has become the goal of many patients. The problem for relational theory is that authenticity implies motivation consonant with a deep, enduring sense of self. Relational psychoanalysis, by opposing such a concept of self, has not been able to find an adequate way to conceptualize authenticity consistent with its theory. Mitchell's (1991) attempt to provide a relational account of authenticity by shifting the language of the self from spatial to temporal metaphors is inadequate because all experience fits the temporality of the self. Behavior that disregards genuinely felt affects in favor of interpersonal pressures fits the temporality of the self as well as authentic experience.

The response of relational theorists to this type of critique is to assert that their model includes both one-and two-person components, and, therefore, that the critique offered here is not a criticism of relational analysis at all but a misunderstanding of the tension it maintains between both models. This response ignores the fact that relational theory attempts to shift the analytic unit to the interactional

field and regard analytic material, including all free associations, as coconstructed. From such a theoretical perspective, there is no room for the patient's individual psyche.

Despite these weaknesses in relational theory, one should not lose sight of its contribution to psychoanalytic thinking. Perceiving the pitfalls of a purely intrapsychic model, relationalists recognize the importance of relationships and interaction both developmentally and clinically. Such a theoretical basis allows relational theorists to emphasize the fact that the analyst often does participate in the pathological configurations from which the patient and he are attempting to extricate themselves. The relational perspective sensitizes the therapist to aspects of his own behavior that may be influencing the patient's experience of the analytic relationship. This inclusion allows for a greater appreciation of the complexity of the analytic interaction and enriches the clinician's understanding of it.

The contributions of relational theory must be incorporated into a model that is theoretically consistent with the concepts of autonomy, authenticity, psychological structure, and the continuous self that lie at the very heart of the psychoanalytic process. To elucidate a model that consists of both types of elements, we must turn to analytic theorists of the relationship between self and object.

The Object Relations Model

Like relational theory, the object relations model adopts the view that the need for relatedness is not reducible to another motive, such as tension reduction. In contradistinction to relational theory, this model views the child as having inborn affective tendencies, in addition to the need for relatedness, that play a crucial role in personality formation. For example, Dexter strove to realize his aggression but found his father to be threatened. Dexter's aggressive striving is not born of interaction, and it cannot be reduced to a need for relatedness. His aggression is an inborn affective capacity that strives for realization and that requires an object for its growth and development. In this case, Dexter's need for a paternal relationship

conflicted with the need to exercise his aggressive capacity. This view does not imply that aggression is a drive, but it is one of many inborn capacities that is either facilitated or impeded by the response of the caretaker.

These inborn tendencies allow the child to construe the caretaker's responses in his own way. From these attributions, the child develops ways of categorizing the world—patterns of expectation of the world and of his relationship to it. This pattern of expectation is the meaning the child creates from the engagement of his inborn affective tendencies with environmental responses. The encoded meaning the child takes from the situation includes both affect and object. For example, Dexter construed his father's discomfort with his academic success to mean that his ambition threatened the paternal tie. Ambition took on the meaning of object loss, and this encoded meaning became a significant part of Dexter's expectations and impeded his ambitious strivings. Dexter's connection between success and object loss is a good example of meaning creation: The child constructs meaning from the way he construes the environmental response.

Patterns formed from this encounter between self and object are object relationships. Thus, the created meanings are object relationships consisting of an affective connection between self and object (Kernberg, 1976). These object relationships provide self structure, the guides for ways of being and relating. The meaning of Dexter's aggressive strivings became encoded in his object relationship with his father. For Dexter, his ambition, the desire for success, meant that he threatened a needed other. From the paternal tie he encoded an object relationship in which the object is threatened by his ambitions, and this object relationship became an important component of his self structure.

Dexter struggled to realize his aggressive capacity, but, believing that his success threatened the relationship with his father, he sabotaged his strivings for success. We call this motive to realize the inborn capacities of the self the need for self realization, and it is this need that may operate in concert with or opposition to the need for relatedness. Recall that Dexter entered analysis to find solutions to his pattern of chronic underachievement and periodic outbursts of

rage at his wife. Both issues were understood as symptoms of his rage at exploitation by his mother, whom he experienced as engulfing, and his father, whom he felt was threatened by his competitiveness. Neither parental object relationship facilitated his aggression and self-assertion for the achievement of ambitions. He failed in order to defeat the ice princess mother and to please his fragile father, and the aggression that could not be deployed to serve his ambitions became hostile, resulting in outbursts at his wife, who represented his unpleaseable mother. Dexter's rage may be seen as a symptom of the inability of both parental object relationships to make room for his aggression, resulting in the suppression of his ambition and the transformation of his aggression into hostility requiring defense. When his defenses failed, the rage at having to stifle himself led Dexter to hostile outbursts toward his wife. Dexter's sabotage of his potential success is symptomatic of the suppression of authentic strivings due to the inability of either parental object relationship to facilitate his aggressive potential.

Dexter's symptoms of self-defeat and outbursts of rage are not understandable without postulating a motive for the realization of aggressive capacity. If facilitated, inborn aggression can become the capacity for construction and ambition; if blocked, however, it will be indirectly expressed through self-destructive aims. Similarly, Dexter's desire for intimacy, arrested by his anxiety regarding his mother's exploitation, was expressed symptomatically in his outbursts of rage. Both the constructive use of his aggression and his desire for intimacy were authentically experienced desires blocked from direct expression.

Self realization is analogous to both physical and mental development. Just as the body requires and seeks exercise for its full development, and cognition seeks stimulation and challenge for the exercise and growth of cognitive functioning, the self strives for the realization of potential through the expression and development of affects. The unexercised body is unlikely to achieve full development of its inborn capacities, and the unstimulated mind is in danger of atrophy, but both body and mind have an inborn tendency toward development given proper attention and nurtur-

ing. Similarly, the self seeks realization, a goal achievable with optimal environmental responsiveness.

From an object relations viewpoint, the inborn movement toward self realization is a postulate imbedded in the very nature of psychoanalysis. All defense interpretation implies the uncovering of a more authentic expression than the defense. In our analysis of relational theory, we saw the problems inherent in any effort to formulate an analytic understanding without a concept of a self motivated to fulfill its potential. The buried potential of this self, experienced as authentic affects and strivings, is the goal of psychoanalytic understanding. This model of development and pathology is supported by major theoretical movements in psychoanalysis and the weight of the evidence from various lines of developmental research. To demonstrate the theoretical and empirical foundations of this object relations model, we consider both types of findings.

Theories of Self and Object

The concept of inborn movement toward self realization is founded on Winnicottian theory, especially as articulated through Bollas, and on Kohut's self psychology. Based on observations and understanding of infancy as well as psychoanalytic findings, these three theorists have made the most important theoretical contributions to the concept of inborn motivation of self realization. For this reason, a brief consideration of their contributions is in order.

Winnicott

In Winnicott's (1963b) view, the infant has an inborn disposition to grow in a particular direction—a maturational process that cannot be altered but that can be either facilitated or impinged upon. As evidence for this viewpoint, Winnicott pointed to the infant's "spontaneous gesture," the reaching, grasping, and natural curiosity that is not reducible to tension reduction or any other motive and that

requires no external stimulation. Winnicott equated the inborn maturational process with the true self, the potential to become the unique self one most truly is. If the environment is facilitating, the infant or child can live life from the “inside out”; that is, the growing child learns that he can rely on his affects and states of excitement to guide his path through life. Equally significant, because the child is able to utilize his states of excitement (e.g., aggression and erotism) in relating to others without undue anxiety, he is able to have full satisfactory relationships with others that include healthy aggression, affection, sexual fulfillment, and the ability to play. However, if this process is impinged upon, the child must utilize defenses: To protect “the kernel,” he focuses on “the shell.” The self then becomes split between a false-self adaptation to the environment and the true self of inborn potential that lies buried beneath the protective shell, thus arresting the maturational process.

According to Winnicott (1963a), “the inherited potential of an infant cannot become an infant unless linked to maternal care” (p. 43). In Winnicott’s view, the mother does not provide meaning to the child; rather, the child’s inborn potential is met by the mother’s provisions, and, out of this mix, the child must create a new experience that facilitates growth. The “good-enough mother,” according to Winnicott, adapts to the child well enough that he can continue the maturational process. The infant has no single way of being; the maternal responses must be good enough that the infant can respond with genuinely experienced affect. When authentic experience and environmental responsiveness meet, the child is able to make creative use of the mother to form self structure.

Bollas

Bollas (1987), building on Winnicott’s theory of the relationship between the maturational process and facilitating environment, points out that the mother is initially experienced not as an other but as a process of transformation. In Bollas’s view, the developing ego capacities of the infant change his world, and he identifies these

transformations with the object because he depends on maternal availability for the development of his new capacities. The child's inborn potential meets the mother's rules of relating, and, out of this dialogue, the child forms a psychological life expressed as the grammar of his being, his character. Bollas emphasizes that the mother's earliest mode of communicating is her handling of the infant, a process the infant assimilates in rules of being and relating. These rules become the ego grammar of the infant's being, and these processes become the infant's and growing child's character, his personal idiom.

The primary motivator of the psyche, for Bollas (1989), is the need to become oneself, which he calls the "destiny drive." The mother must assist in the expression of the personal idiom by the provision of herself and other objects to serve as elaborators of inborn potential. He acknowledges that nobody can expect to fulfill all of one's inborn potential, but the degree to which the destiny drive is realized is the degree of health in the personality. The elaboration of our unique personal idiom in the world via the use of objects is the most fundamental human motive, and relationships subserve this larger human purpose.

According to Bollas, the very fiber of our being is composed of the dialectic between our potential and the rules for being and relating to which we have been exposed. If parents threaten or are threatened by the child's true self, the child's potential will be buried. Because this potential so immediately meets up with maternal care, its burial includes both the true self and the internalized set of rules for relating and being with which it is associated. All pathology is an expression of some block in the inborn need to elaborate the self.

Kohut

In Kohut's (1977) view, the earliest phase of infancy is prepsychological, but, because the environment responds to the child as though he possessed a self, one can justifiably speak of a self *in statu nascendi*. The infant is born with innate potential, but the early

ministrations of the maternal environment, constituting the first selfobject experience, initiate the process that results in the birth of the self. The necessary selectivity of this responsiveness channels the child's innate givens into a "nuclear self," and the realization of its "nuclear program" rests with the self-selfobject relationship. Because the self is formed by the absorption of parental objects into its very fabric, once the selfobject functions have been internalized, they can no longer be differentiated from the self. "Transmuting internalization" blends what was a distinguishable object into the self.

In Kohut's view, if selfobjects are appropriately responsive, the self will be strong, vital, and harmonious, and life will be meaningful and fulfilling. However, if selfobjects fail, self development is arrested, resulting in a weakened, vulnerable self. In this situation, natural affection and assertion become distorted into untamed drive manifestations, such as lust and hostility, symptoms of a breakdown in the functioning of the self. "Drivenness" reflects the distortions of a weakened self, Kohut reasons, rather than a "natural state" that has been uncovered by defensive breakdown.

A self-psychological formulation of Dexter's dynamics would emphasize the failure of selfobject responsiveness to promote his healthy ambitions and self-assertive strivings, a view that fits well with the formulation advanced here that Dexter's early object relationships did not sustain his aggressive efforts to achieve goals.

Despite significant shifts in self-psychological theory since Kohut, the principle that the self is formed from inborn needs and the internalization of parental functions is consistent in self psychology from Kohut's work to its current-day proponents. Fosshage (1992) pointed out that the concepts of the nuclear self and the self-selfobject relationship make self psychology a theory of innate potential as shaped by early relationships. Such a view is in concert with the Winnicottian tradition, most notably as elaborated by Bollas, that development is a product of the maturational process of innate potential and environmental facilitation. Winnicott's "environmental mother," who meets the needs of the maturational process, is barely distinguishable from the self psychologist's selfobject functions. Kohut's nuclear self describes the same phenomenon as Winnicott's

concept of the true self that has an inborn maturational unfolding but that requires facilitation by an object to realize its potential.

The major conceptual difference between Winnicott's view of object relations and self psychology lies in the way the object becomes part of the self. Transmuting internalization implies a passive "taking in" that includes no conceptualization of the child's creative use of the object. The meaning of the experience appears to be defined by the object; transmuting internalization is a concept of received, rather than created, meaning. Winnicott's concepts of the transitional object and object usage and Bollas's expansion of them are concepts of the child's creation of meaning out of the givens of self and object. The Winnicottian conceptualization fits the object relations model advocated here due to its emphasis on the creative relationship between self and object. The passive language of Kohutian thought cannot account for why we are not all replicas of parental responses. The model of creative production from the child's innate potential and parental responsiveness explains why there is no clear, easy predictability from the parental environment to the child's later behavior despite the powerful importance of parental responsiveness.

Winnicott, Bollas, and Kohut, with slightly different emphases, have made important theoretical contributions to the model of self development composed of a creative combination of inborn potential and environmental response. This model, being developmental, is not based solely on the speculations of analysts using clinical data. We now have an abundance of evidence from developmental research that supports the primary postulates of this type of psychoanalytic thinking. We now turn to a consideration of these data on infant and child development to substantiate the empirical basis of this model of development.

Developmental Research

There is now an abundance of evidence (which did not exist when Winnicott was writing) that indicates that the infant is not only

inherently active but also born with an impressive array of competencies that tend toward development (Demos, 1992, 1994). Close observation of neonates shows that, from the first days of life, they spend at least some time in quiet, alert states and playful exploration, the duration of which increases to about six hours by one year of age. Neonates actively seek stimuli within the first few days, actively tracking visual phenomena, even interrupting feeding to do so (White, 1963; Stern, 1985). Tomkins (1962, 1963) has shown that the infant is born with a full range of human emotions: interest, enjoyment, surprise, distress, anger, fear, disgust, and shame. In addition, the neonate has the ability to recognize stimulus patterns, invariance in patterns, contingencies between action and the environment, the difference between internal and external, perceptual differences, and light–dark contrasts (Demos, 1992, 1994). One example of the capabilities of the neonate comes from an experiment by DeCasper and Carstens (1981), who found that infants learned to increase their sucking pauses in order to turn on a recording of a female voice. When the contingency was removed, the infants showed visible signs of upset. This single experiment demonstrates that newborns can detect contingencies, show emotion (as evidenced by interest in the stimulus), plan (as shown by their ability to repeat the event), have the capacity for both voluntary motor control and memory, and possess the ability to coordinate all these activities. In brief, infants are not passive; they can and do actively influence what happens to them.

The capacity to organize various capabilities to bring about a desired goal exists from birth, although the ability to execute is restricted by physical limitations (Demos, 1992). The infant will learn to do voluntarily what he does involuntarily. There is evidence to suggest that what appears to be random movement is actually organized effort to reach and grasp objects that is unsuccessful due to muscle weakness (e.g., Bower, 1977). Tomkins (1978) points out that infants from the first days of life will replace the involuntary sucking response with voluntary sucking when there is no biological need to do so, implying an attitude of “I would rather do it myself!” Tomkins points out that, because this autoimitation is not modeled

for the child, the child must generate both the idea and the affective interest as well as guide the performance of the activity by himself. Tomkins concludes that the child's autosimulation "represents an extraordinary creative invention . . . amplified by excitement in the possibility of improving a good actual scene by doing something oneself. That is why I have argued that we have evolved to be born as a human being who will, with a very high probability, very early attempt and succeed in becoming a person" (p. 215). Research on early development leads to the conclusion that the infant is born not only with an impressive array of cognitive and emotional capabilities but also with the organizational and creative ability to make use of these inborn capacities to form a self. Moreover, it appears that the infant makes use of these capacities to become a self from the earliest days of life.

As the baby develops and becomes a toddler, this motive to do for himself is even more evident. Piaget's (1952) observations showed that three-month-olds will repeat behavior for no purpose other than to have an effect on the environment. Infants of this age spend "playtime" and are motivated to bring activities to completion without the contingency of other rewards (White, 1963). Even more poignantly, toddlers will routinely delay biological gratification to perform independent tasks, such as preferring to use a spoon even though it makes feeding go more slowly. This evidence demonstrates that the child has an autonomous need to do for himself and affect the environment. Although ego psychologists have conceptualized this motive as "independent ego energies" (White, 1963) or an instinct for mastery (Hendrick, 1942, 1943), such language makes sense only within the context of the primacy of drive motivation, a view that has been repudiated. The desire "to do and learn to do" has no connection to the biologically rooted psychoanalytic definition of drive. It makes more sense to conceptualize a motive to utilize inborn functions and capacities for the purpose of having an impact on the environment. The data support the effectance motivation conceptualized by White (1963) and Greenberg (1991).

The developmental data provide evidence for Winnicott's concept of an inborn maturational process that seeks to realize its potential.

Beginning with the “spontaneous gesture” and continuing with the transformation of involuntary reflexes into voluntary intent, the infant strives to utilize and develop his capacities. Whether one conceptualizes this motive as a maturational process in Winnicott’s terms, as the “destiny drive” a la Bollas, or as the “nuclear program of the self” in the language of self psychology, the evidence for an inborn motive to become oneself is convincing. Although relational theorists are in theoretical disagreement with the existence of such a motive, the evidence for it is abundant. In brief, it is safe to conclude that developmental research has substantiated a basic tenet of object relations theory—that the child is motivated to realize his potential and thereby become who he is.

Although inborn potential unfolds in a maturational process, the realization of inborn capacities depends on the caretaker’s ability to facilitate this process. For example, for the infant to develop a sense of agency, the caretaker must perform two key functions (Demos, 1992, 1994). First, interventions must be timed properly if distress is to be relieved. If the infant is disturbed and the caretaker moves too quickly to supply comfort, the child is given a solution before awareness of a problem. On the other hand, if the caretaker is unresponsive, the child will become overwhelmed with distress, the affect will become punishing, and the infant, unable to prevent the increased pain and intensity by himself, will feel helpless and eventually shut down. In the latter case, the infant experiences the problem but without the belief that he can do anything about it. There appears to be an “optimal zone of affective experience . . . that allows the infant enough psychological space to feel an internal need, to become an active participant in trying to address the need, and therefore to be able to relate subsequent events . . . both to the internal need state and to the plans and efforts to remedy it” (Demos, 1992, p. 220).

Second, the content of the caretaker’s responses is crucial. If the infant is frustrated by not being able to reach a toy, and the caretaker responds by comforting the child as though he were tired or hungry, the child’s sense of agency is not facilitated. Only if the child is helped to achieve his goal will his sense of agency be enhanced.

These developmental findings show that the infant's distress cannot be separated from the caretaker's response to it. An inadequate response results in an experience of overwhelming pain connected to a neglectful, excessively responsive, or misguided object. Similarly, a helpful response to stress will lead to a positive object experience as part of the transformation of distress into a positive experience. In short, with the caretaker's role being so critical to the outcome of the child's affect, the object becomes inseparable from the affective experience.

The crucial role of the parenting figure is also demonstrated by the work of Bowlby and his colleagues (Bowlby, 1969, 1988; Ainsworth et al., 1978) showing that the security of the infant's attachment to the mother is the critical factor in the child's later behavior. Bowlby and his colleagues found three infant patterns: secure attachment to the mother, insecure attachment, and avoidance. Children who fit the first pattern were happiest, showed least distress, and were best able to explore the world in the knowledge they will be comforted and nourished. The key to this pattern was parental emotional availability with a push toward autonomy (e.g., Ainsworth et al., 1978). Bowlby showed that these patterns continued throughout life in the form of a "working model" of the mother. Thus, Bowlby's findings, like those of Demos, are that the early maternal relationship becomes integrated into the child's experience of the world and that this relationship is optimal when it includes availability and space for the development of autonomy.

Tomkins (1978), emphasizing the importance of affect, believed that the basic unit of the infant's experience is the "scene," consisting of an affect and object. Infants utilize their generalizing capabilities to connect scenes with similar affects. As amplifiers of experience, affects are the basic motivators of psychic organization. Tomkins calls the connecting of scenes "psychic magnification" because meaning is magnified by connection with other scenes. Families of scenes become linked, enhancing magnification into "scripts"—rules for ordering, producing, and controlling groups of scenes with specific positive or negative affects. Two aspects of Tomkins's theory are central to the present purpose. First, all of the child's generalizations

are based on the scene—affect and object. Because all psychological experience includes the object, the magnification of experience involves magnification of the experience of the object. Second, scripts are generated either by analogic thinking or by searching for invariants. In either case, scripts are created via a transposition of affect between seemingly different scenes. Script creation by analogue explains why observably remote scenes can become powerfully connected.

Expansion by perceived invariants requires both repetition of at least some aspects of the scene and some new elements. Although a certain degree of similarity is necessary, psychological magnification occurs best when new elements are introduced, whereas identical repetition of scenes leads to habituation, which dulls rather than magnifies.

Tomkins's view of affect spreading is supported by the affect–memory–metaphor connection described by Modell (1996). Relying on Edelman's theory of memory as a potential to refind the category of which the remembered event is a member, Modell points out that metaphor is the means by which the current unfamiliar situation is connected to previous experience. Modell (1996) writes, "Affective memories are encoded as potential categories[;] we remember categories of experience which are evoked by metaphoric correspondence with current perceptual inputs" (p. 4). Modell, employing Edelman's theory of memory, concludes that affects are spread by metaphor—a position virtually identical with Tomkins's concept of affective spreading by analogy.

If the infant is exposed to an optimal amount of redundancy and variation, he learns the distinction between a thing and its background and eventually is able to differentiate the thing from all its contexts (Demos, 1992). The formation of the maternal image is a specific instance of this "decontextualization of knowledge and experience." The child constructs a multifaceted single image of mother so that, if she is distracted or unresponsive, the infant is able to react as though "all is fine." With sufficiently consistent experience, the child generalizes an image of a helpful mother, which he then utilizes in managing distress (Stern, 1985; Bowlby, 1988).

Bowlby called this image the “working model of the mother.” Stern believes that the experimental data support the notion that the preverbal infant generalizes and averages his experiences into “representations of interactions that are generalized” (RIGs), which guide his interpersonal navigation. By activating his RIGs, the infant reexperiences ways of being with a self-regulating other. Episodic memory using RIGs organizes and integrates a unique and unitary self as well as a single invariant other.

According to the best developmental data, it would be a mistake to presume that the child “internalizes” only an image of a parenting figure. Studies of infant–mother interactions show that mother and infant adjust their behavior to each other very early in their relationship, as each brings endogenous processes to their interaction (Beebe and Stern, 1977; Beebe, 1986; Beebe and Lachmann, 1988a, b, 1992). Although each partner influences the other, the mother’s influence on the infant is clearly greater. Careful studies of mother–child interaction conducted by Beebe and her colleagues show that the couple matches the affective direction of facial mirroring and the timing of interactions. This matching of affective direction and interpersonal timing is an “early infant–mother dialogue” in which the partners share affects; that is, mother and infant are bonded by the emotional sharing that results from their interpersonal matching.

The dyad forms certain predictable ways of relating, so that each child–mother relationship forms its own rules for the way the couple relates. The child stores experiences matched in timing and affect and expects these rules to be followed by three months; if the mother acts in some discrepant manner, the child reacts negatively to the violation of expectations (Beebe, Jaffe, and Lachmann, 1992). For example, in one experiment, mothers were made to mismatch their timing and affects, and the infant’s play was disrupted (Stern, 1985). Even more tellingly, the child’s cognition and attachment at one and two years of age are not well predicted from the infant’s or mother’s behavior alone in the first six months but are highly predictable from the interaction between infant and mother (Beebe and Lachmann, 1992). This fact demonstrates that the child absorbs not just the maternal image but the relationship between himself and his mother.

It is clear that the infant encodes the distinctive features of his maternal interaction long before the symbolic capacity develops.

Despite the importance of matching affect and timing, critically important is the finding that matching can be excessive (Beebe, Jaffe, and Lachmann, 1992; Beebe, 1995). The results of Beebe's very detailed studies of mother–infant matching show that the highest and lowest matched mother–infant pairs have the most insecure babies, whereas secure babies tend to be in the midrange of vocal matching with their mothers. Because the most successful couples demonstrated both affective and timing matching as well as allowance for discontinuity and a variable range of pattern matching, it appears that excessive coordination does not provide the child with sufficient diversity. Beebe concludes from these findings that the optimal developmental process is not mutual regulation but an optimal combination of mutual regulation and self-regulation, and mutual regulation includes a variety of matching patterns. These findings are in striking agreement with both Bowlby's and Demos's conclusion that healthy development requires an optimal zone of affective responsiveness.

Beebe and Lachmann (1988a, 1992) argue convincingly that the interactional structures encoded by the infant are the central organizers of the personality. This creation is then used by the child to guide later cognition and interpersonal relating. The child creates flexible, productive ways of relating if provided with proper environmental regulation and given the space to create.

In summary, developmental research makes clear that the child (a) comes into the world with innate potential to become a self that he is motivated to realize, (b) needs an object to achieve his project, (c) requires psychological space to create new meaning, (d) makes creative use of the object for this purpose, and (e) uses affects as the primary bonds with objects and amplifies and magnifies them to create psychological organization. There is abundant evidence that the infant and growing child are powerfully motivated to achieve self realization and inherently drawn to the object relationships that will naturally facilitate the achievement of this goal. The weight of the developmental evidence indicates that object relationships are the

key factor in the formation of psychological organization and therefore in the determination of the success of the child's project to create a self. This conclusion supports the object relations view, advocated by Winnicott, Bollas, and Kohut, that people are born with two motives: self realization and the formation of object relationships.

Self Development and the Role of the Object

These findings shed considerable light on the relationship among the neonate's inborn capacities, their maturation, and the role of the caretaker. It is clear that the development of the self is not interpersonally determined, as argued by relational theorists, and does not grow from the internalization of functions (e.g., affect regulation) that are "taken in" by the child, as implied by self psychology. Rather, the child is born with a range of affects and capacities, and the caretaker's role is to facilitate their development with a combination of responsiveness and allowance for individual experience. Maternal empathy, the mother's intuitive recognition of optimal responsiveness, provides not "functions" but the opportunity for the creation of meaning. When the mother is able to allow the child to experience his affect and respond to it, the child is able to create the meaning he needs.

To use affect regulation as an example, the child is born with negative affects that provide him with an opportunity to learn to regulate these states and thereby to achieve a sense of agency. As we have seen, the development of this capacity depends on the caretaker's ability to provide an optimal affective zone that will allow the negative affect and help the child overcome it. The child can learn to utilize the caretaker's response to manage negative affect, thereby enhancing his sense of agency, but the child has not taken in the caretaker's function of providing an optimal affective zone. Rather, he has made use of it to continue on his developmental path. In Winnicottian terms, the mother has made herself available as a usable object, and the child has taken advantage of the opportunity to use the mother's responsiveness to grow.

Critical to the maternal role is the provision of psychological space for the child to experience affects and develop capacities. The infant and growing child need the opportunity to experience affects and develop capacities so that they can learn to do voluntarily what had been innately reflexive. Self psychology overemphasizes “in-tunement” and affective matching, whereas ego psychology, including contemporary structural analysis, does not sufficiently recognize its importance. The evidence is clear that the child needs psychological space (rather than perfect in-tunement) to develop capacities. If empathy is to be conceptualized as the cardinal maternal virtue, then the concept of empathy must include the recognition of the child’s need for experience without affective in-tunement.

Stern’s RIGs, Bowlby’s “working model,” and Tomkins’s scripts and their magnification are all creative productions composed from mother–child interaction. Demos shows that the child’s inherent organizational behavior includes the creation of plans. Similarly, Beebe and Lachmann’s (1988a, b, 1992) meticulous studies of child–mother interaction demonstrate that the child creates self and object representations to guide future behavior. Tomkins’s work is even more telling because scriptwriting, the psychic magnification of experience by analogy, is a creative act, the content of which is not predictable.

These findings and conceptualizations substantiate Winnicott’s view that in normal development the mother’s role is to facilitate the child’s maturational process, the true self, and that the child makes creative use of the mother’s offerings to realize this innate potential. These same results may be taken to confirm the self-psychological concept of a nuclear program of the self if that concept is broadened beyond Kohut’s bipolar self of ambitions and ideals, an expansion advocated by some contemporary self psychologists (e.g., Stolorow, Brandchaft, and Atwood, 1987; Bacal and Newman, 1990). Demos’s “zone of optimal affective engagement” is a virtual paraphrase of the self-psychological concept of “optimal responsiveness,” a crucial selfobject function that allows the continuance of the nuclear program of the self by helping the child manage negative affective states. Although affect regulation is a key selfobject function, rather than

internalizing such a function, the child is able to use the mother to facilitate his growing capacity for distress relief.

The object is embedded in the experience but in a way unique to the infant's use of the object. The mother does not provide meaning to the child; rather, the child utilizes the mother's offerings in order to create meaning (Demos, 1994). The mother's ability to provide the child with this opportunity defines Winnicott's concept of good-enough mothering. The distinction between received and created meaning is the difference between Kohut's and Winnicott's otherwise similar theories of how the child uses the parent. The weight of the evidence indicates that Winnicott's concept of object usage captures the relationship between the child's growing self and the parental object better than Kohut's concept of transmuting internalization. Bollas's view of the self as a unique idiom that seeks expression and elaboration is supported by the finding that infants are inherently motivated to utilize their capacities to do for themselves. Also, Bollas's contention that the idiom of the self is fashioned from innate potential and the process of care is sustained by the findings of developmental research.

The developmental evidence shows that the child is motivated to do for himself to the point that he will choose to perform activities alone that he began doing with others. Relational theory, as I have argued, does not do justice to the child's determination to use his capacities and organize his experience. Greenberg (1991) properly criticized relational analysis for not recognizing that the need for autonomy is as important as the need for relatedness. However, Greenberg's alternative, the dual needs for safety and effectance, albeit a step in the right direction, is too narrow. Beyond seeking effectance, the infant works hard to develop all his inborn capacities, make sense of the world, and amplify, magnify, and organize his experience.

Object relations theories and developmental research dovetail in their view of the infant and growing child as motivated to form object relationships and use them for self realization. As experiences are magnified from scenes to scripts to psychological organization, the corresponding objects become woven into the fabric of the self. In

this way, the motives to realize the self and relate to others result in a self structure composed of object relationships. In the object relations model advanced here, these motives replace the drives as the foundation of human striving. How does such a view of human motivation account for the drives?

Drive Theory: A Reprise

It is not that the drives are ignored or rendered unimportant in object relations theories, but rather that they subserve the more primary motives toward self realization and the formation of object relationships. There is no prejudicial assumption here that the biological nature of drives makes them primary to the two fundamental human motivators of object connections and self realization. Furthermore, the evidence indicates that, of the two drives postulated by psychoanalytic theory, only sexuality is a biological urge that motivates behavior for no purpose other than its own gratification. This standard definition of drive includes sexuality along with other biological needs such as hunger and thirst, but it does not fit aggression.

Aggression

Anger, the first aggressive expression, is an inborn affect and, like the other affects, is a capacity that exists from birth and that is evoked by environmental triggers (Tomkins, 1978). Parens (1979), in the most in-depth and widely cited study of the development of aggression in childhood, concluded that aggression is inborn and inherently nondestructive. Ascribing the importance of aggression to motivating play and exploration, Parens found that its purpose is mastery of the environment. Rather than an inherently destructive drive, aggression appears to be an adaptive response, critical to both the growth of the self and its protection and security. In the normal situation, as aggression is employed to these ends, it serves the purpose of self realization.

Parens (1979) found that there is a clear distinction among forms of aggression. Spontaneous, inborn aggression is not hostile and possesses no destructive intent but serves the adaptive purpose of learning about and controlling the environment. If all goes well, this form of aggression, which first appears in almost all infants between eight and 16 weeks, eventually leads to self-assertiveness. When, inevitably, the environment resists the child's unfettered exploration, most poignantly via peer conflict, or there is excessive delay in achieving a goal, the child experiences displeasure, leading to hostile aggression. Parens found that this form of aggression is a reaction to negative experience, most typically threat and endangerment. When the source of displeasure is removed, the hostile aggression stops. For example, if the toddler is busy at play, and a rival reaches for his toy, the child will respond aggressively to the intruder, intending to cause him to back off. If the response is successful, the hostile aggression, having achieved its purpose, abates, thereby allowing the child to resume play, continuing the imaginative exploration of the world that is needed for enrichment and growth.

If, on the other hand, negative experience is not typically removed by environmental provision, it becomes repetitive, and hostile aggression may grow into an automatic and chronic pattern. In this situation, aggression, no longer serving the purpose of learning and mastery, becomes deflected to the continual discharge of hostility. Now imbued with destructive intent, aggression may be excessively prohibited, as by repression, splitting, or denial, and a critical resource for self development will be lost, thus impairing the child's ability to realize his potential. Even more poignantly, when the defense fails, aggression tends to burst forth in a seemingly uncontrolled, disorganized fashion. Outbursts of rage may then appear to be "impulses," but such eruptions are a product of repression or other defense against aggression rather than a breaking through of impulses that have failed to be sufficiently repressed. Under these circumstances, aggression looks like a drive with inherent hostile intent, but, in fact, the hostility is a transformation of the original nondestructive aggression. Furthermore, if there is excessive delay in the expression of

hostile destructiveness, its eventual discharge will be relieving, resulting in the pleasurable destructiveness of teasing, taunting, and sadism.

Parens's (1979) results indicated that children whose distress was not well responded to felt helpless, with no way to relieve the source of pain. Their hostility distanced them from others and thereby protected them from repeated painful, helpless experiences. The chronic, automatic hostility of these children served the critical function of protecting vulnerability. This deflection of aggression from its purpose of self-assertion to the defense of the vulnerable self defines pathological aggression and is precisely the function of hostility described by Kohut. Parens concluded that the automaticity of hostile aggression and the gratification it provides are not inborn but a function of unresponsive object relationships and bear the history of those relationships.

The assumption that aggression is inherently destructive is made not only by drive-based theorists such as Freud, the Kleinians, and Kernberg but also by such nondrive authors as Winnicott, Fairbairn, and even Mitchell. All these theoreticians equate the hostile intent of pathological aggression with normal aggression, failing to distinguish the infant's natural joy in aggression from hatred. Parens's findings support Kohut's concept that assertiveness is inborn, but hatred is a pathological breakdown in response to threats to the self. However, Parens's findings dispute the Kleinian assumption, adopted by Winnicott and Kernberg, of innate hatred and Mitchell's assertion of a "natural joy" in hatred. Fairbairn and Guntrip have been supported by Parens's work in their view of hostility as a reaction to threat but not in their denial of inborn aggression.

Aggression may be seen as prototypical of inborn capacities. Although having a natural trajectory, aggression requires an object to achieve its purpose. If derailed by unfavorable responsiveness, aggression becomes deflected from its original goal of environmental exploration and mastery to serve other, self-protective aims. We label these deflected purposes pathological precisely because they no longer serve their original purpose, although they leave signs of this deflection in the form of symptoms. For example, Dexter was unable to use his aggression to pursue his ambitions assertively because he

feared loss of his father's love and engulfment by his mother. In response to these object-induced anxieties, he buried his aggressive pursuits and defeated his efforts to achieve. His self-defeat and outbursts of rage toward his wife belied the deflection of his aggression from its path toward self-assertion. These two primary symptoms were his ways of signaling to himself and others that his aggression was repressed.

Sexuality

Unlike aggression, sexual desire possesses a biological cycle characteristic of drives. However, to infer that this biological component should be given psychological primacy is to commit the fallacy of "biologism," the prejudice that biology is primary, as though physiological states must be the ultimate meaning of human experience. As we have seen, the motive to attach to objects and utilize capacities is inborn and irreducible to other urges, such as drives. Sexuality, as the most intimate form of bodily contact, can be a powerful and enriching expression of object relatedness. This self-expansion function of sexuality will be achieved only if sexual intimacy is experienced not as impersonal drive discharge but as a form of human relatedness. Sexuality serving only as a tension discharge function tends to be empty and unsatisfying—a fact that indicates that meaningful sexual experience cannot be reduced to drive gratification. Given that people achieve self realization through object contact, sexuality, as the most intimate and enriching form of such contact, has the potential to promote the growth of the self.

The classical drive theory of sexuality does not sufficiently appreciate the fact that all sexuality has meaning, however disturbed it may be. The myth of the drive theory of sexuality is that there is a "natural" form of human sexuality, untamed and without meaning, to which social meaning later becomes attached due to the necessity of restricting sexual impulsivity. Even if one grants for the moment that there are states of pure sexual-tension discharge, they are found only in severely pathological conditions. To liken such pathological states to

natural sexuality is a reductionistic equation of sexuality with pathological forms of its expression.

Several studies have demonstrated that human sexuality has a critical function in the establishment and maintenance of gender identity and derives its meaning from this purpose. Simon and Gagnon (1973) demonstrated that there is no aspect of human sexuality that is without social meaning. Employing the concept of “scripts” in a fashion similar to that of Tomkins, they show that all aspects of sexuality involve encoded meanings that organize sexual experiences and, perhaps most important, define the way meaning from nonsexual aspects of life will gain expression in sexual behavior. Simon and Gagnon’s conclusion reverses drive theory: Social roles are not vehicles for the expression of sexuality, but sexuality is one critical way in which social roles gain expression.

Person (1980), in her discussion of the origins of sexual identity, points out that early sensual experiences are inextricably linked to early parental relationships, so that sexuality is always an expression of these object relationships. Similarly, Stoller (1985) points out that, because attitude toward the genitals is a core component of identity, sexuality promotes and sustains gender identity. From our viewpoint, it should be emphasized that sexuality not only is key to gender identity but is the most intimate form of the human need for relatedness. Consequently, the early object relationships that form the self will be expressed and communicated through sexual behavior, and this most intimate form of human relatedness is the realization of one of the self’s most passionate and powerful capacities.

When sexuality is separated from relatedness, it is reduced to tension release only and loses its capacity to promote self realization. For example, if sensuality and bodily intimacy are not allowed in early caretaking relationships, sexual contact may take on the meaning of illicit, “dirty” contact that must not “soil” positive, tender relationships. In this situation, sex partners must be continually changed to avoid interpersonal closeness, and significant relationships cannot become sexual. Patients of this type use sexuality only for tension discharge but report very little gratification from the experience. In such situations, one observes pleasure seeking done for its own sake,

which Fairbairn (1944) identified as a pathological breakdown called ego fractionation and which Kohut (1977) regarded as a breakdown product of a weakened self. In brief, the health or pathology of sexuality is determined not by its physiological function but by its ability to express intimacy and thereby realize a primary potential of the self.

The importance of object relatedness in sexual gratification is acknowledged even by some classical analysts. For example, Bach (1995) refers to sexuality in which the other is only an instrument of physiological gratification as “the language of perversion,” to which he opposes “the language of love,” in which the other is a whole object. According to Bach, when sexual experience is an expression of bodily intimacy with a loved object, it becomes a means of self realization, but, when sexuality is not allowed to gain expression in this way, it becomes diverted to pure tension relief and serves a pathological purpose. Thus, Bach is implicitly accepting that sexuality subserves the larger motives of human relatedness and self realization.

Both aggression and sexuality are inborn capacities that can serve the purpose of self realization given proper facilitation or that can be diverted to pathological ends if deflected from their natural trajectories. Aggression can become a means for the realization of ambition and the achievement of goals, and sexuality has the capability of becoming the most intimate form of human relatedness. If environmental responsiveness facilitates their development, these capacities become powerful means for self realization.

Conclusion

The object relations model described in this chapter sees the development of the self as a creative outcome borne of the inborn maturational process and relationships to objects. Strongly supported by developmental research evidence from a variety of traditions, this alternative to the ego-psychological and relational models views psychic structure as the outcome of a complex, creative relationship between the givens of inborn dispositions and environmental

responsiveness. Meaning, the generalized categories created from these interactions, is encoded in the form of object relationships, connections between self and object, that guide navigation through the world.

From this viewpoint, the needs for self realization and relatedness are the motivational bases of personality development. This theory of the duality of human motivation is heir to a long but often neglected tradition in psychoanalytic theory. Freud (1915a) believed that the human psyche is subject to conflict between the poles of three antinomies: pleasure–pain, activity–passivity, and self–object. Early psychoanalysis emphasized the pleasure–pain dimension, ego psychology shifted emphasis to the relative activity–passivity of the psyche, and object relations theory may be regarded as recognizing the importance of the third psychoanalytic antinomy: self–object. Rank (1929), Fairbairn (1952), and Bakan (1966), a lesser known but significant analytic theorist, all see the human condition as a tension between the need for autonomous functioning of the self and relatedness, the need for connection with others. Greenberg’s (1991) theory of the dual needs for safety and effectance is a more contemporary statement of a similar theme. All these theorists, although differing in terminology and slightly in emphasis, see inherent opposition between needs that draw toward others and needs of the self.

In this model, the needs of the self are not conceptualized as a particular type of experience, such as autonomy or agency. The concept of self realization embraces the inherent movement toward the development of a broad array of psychological capacities, the combination of which is different in each individual. This motive is fueled by inborn affects and the capacity to magnify them into categories of experience. Psychic well-being is a function of the degree to which the individual is able to realize inborn potential, and the development of these capacities is, in turn, dependent on the relationship to the object.

The current theory of the dual motivation for relatedness and self realization differs from previous versions of this model in one fundamental respect. Whereas the other variants of duality theory see inherent conflict between the two motivations, the theory proposed

here views relatedness and self realization as mutually necessary and enhancing motivations rather than as inherently conflictual. The optimally responsive object does not conflict with, but promotes, self realization; conversely, the process of self realization does not oppose, but requires, the formation of object relationships to achieve its end. An abundance of research evidence supports this mutually beneficial relationship between the realization of self capacities and the need for relatedness (Blatt and Blass, 1992).

However, if the environment does not respond to the developing child within the optimal zone of affective engagement, the requirements of object contact divert the self from the realization of capacities, and object relationships and self development are at cross-purposes. We have seen an example of this conflict in our discussion of Dexter, whose aggressive strivings could not be realized for fear of threat to the paternal bond. This conflict between self realization and object contact, unless corrected by later development, derails the trajectory of self potential. This principle is the basis for an object relations theory of psychopathology, and it is to this implication of the model that we now turn.