

The Roots of Psychopathology and Our Theories of Development

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Developmental theory itself is in a state of development with the availability of a flood of new information from many sources. Psychoanalytic developmental theory has expanded and is confronting issues of how to explain health as well as psychopathology. The early and complex reciprocal relationship between infant and mother provides many opportunities for development to go awry, but also enables the well-informed clinician to intervene constructively. In this brief overview, the relative influences of mother, father and infant are considered in the context of the emergence of the psychological relationship from the biological one. Also considered is the influence on therapeutic optimism of the particular developmental view held.

Journal of the American Academy of Child Psychiatry, 25, 1:12-22, 1986.

This paper is an overview which consists of reflections on and attempts to clarify selected issues in current theories of personality development, especially as these issues relate to a psychoanalytic view of the origins of psychopathology.

The days of simple developmental theory are gone, if they ever did exist. The image too often conjured up in the minds of nonanalysts by the term "psychoanalytic developmental theory" is a caricature of the oral, anal and phallic stage model. According to this caricature, oral fixations result from too early or too late weaning; anal fixations follow too early or too late toilet training; and phallic fixations come about because masturbation was either prohibited or permitted. Specific psychopathology is attributed to specific fixations (a tendency repeated in more recent theories (see the critique by A. Freud (1983))).

Of course, even the earliest developmental propositions by Freud and his colleagues were more complicated than that, and psychoanalytic developmental theory itself has been in a state of flux and development since its inception. Following the lead of Anna Freud (1926), analysts over 6 decades ago began to enlarge the scope of their investigations beyond the couch to include the treatment of adolescents and children and the observations of preschool youngsters in nursery school. Subsequently, significant contributions to our observational knowledge of development were made by Spitz (see Emde (1983)), Mahler

(1979), and others working with infants and toddlers. More recent efforts by Stern et al. (1983) and by Emde and Sorce (1983) have further broadened psychoanalytic interest to the so-called laboratory or controlled experimental setting. An explosion of research work by developmental psychologists has added to the strain on our available conceptual framework.

In order to delineate some current issues in and to identify some current strains on developmental theory, I propose to embark on a brief tour of the world of infant development. In this tour I will examine a few of the multitude of tasks confronting the infant, and some of the multitude of difficulties confronting the observer in efforts to understand. In the observers' efforts, a rapport with the state of the infant plays an important role in what gets observed and in the interpretation of the data. Therefore, to begin the tour, it is useful to imagine what it is like to be an infant, a difficult task made easier by Walt Disney.

In Disneyland of California there is a ride which makes the most amazing demands on the viewer's empathy and which I will use as an introductory metaphor to convey something of what the experience of being an infant may be like. Essentially the rider is asked to suspend major segments of reality testing and to make temporary or trial identifications with progressively smaller bits of inanimate matter. The rider is carried along farther and farther into a strange world of unknown shapes, peculiar sounds, flashing lights and strange colors. He is also subjected to unanticipated tactile and kinesthetic stimuli, and to variations in temperature which seem unrelated to information simultaneously being received through visual and auditory channels. In other words, it is rather chaotic, though his reflexes tend to provide a tenuous sense of familiarity as they are repeatedly excited. Very soon, however, the rider begins to pay closer attention to a soothing voice in his ear. The

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0002-7138/86/2501-0012 \$02.00/0 © 1986

voice has been explaining things all along, but the very strangeness of it all initially has had the effect of distracting attention from this disembodied but relatively constant source of comfort. The voice is talking to the rider about the *visual* information, chiefly; this conclusion can be reached either on the basis of having tenaciously held on to the ability to understand the spoken word, or because it becomes apparent that the voice speaks in a pattern which coincides with changes in the visual display. One message available in the experience of this ride is that understanding the world of crystalline structure, molecules, atoms and electrons is possible for so gross an object as a human being; it becomes so by means of exercising one's imagination in order to share the point of view of the tiny bits of inanimate matter which are otherwise so inscrutable. Another message is that understanding the animate world of infancy is possible in analogous fashion. However, many of the difficulties which interfere with our efforts to understand infants and their development seem to stem largely from the very fact that they *are* animate, and that, unlike atoms and molecules, they do not exist without a mother. A third and related message available in the experience of this Disneyland ride refers to the immense task of integration which the infant undertakes, and of which the rider in Disneyland is given a very small dose, over a very brief period of time. In Disneyland the rider is returned to the point in development from which he or she started, while the infant has no options.

In what follows, I will attempt to discriminate between what is fanciful in our views of development in infancy from what is optimal for infant development, and to distinguish what is essential to the growth of human relationships from what is incidental.

Characteristics of Theories about Early Human Development

The usual course of training in medicine, psychiatry, psychoanalysis, psychology, social work, and nursing is to learn about adults first. Then if one has a special interest and sufficient durability, the study of children and infants follows. The persistence of this sequence may be linked to the fact that most of the great theorists about human development have not been trained to work with children. With a few exceptions, most such theoreticians have relied primarily on reconstructions of early experience based on work with adult patients. If they pay attention at all to data from children, it is in a highly selective way. Of course, the earliest and best known of these theorists is Sigmund Freud. Over 75 years ago he outlined psychosexual developmental phases which are still generally held to be valid (1905), though his more tentative thoughts about the early development of females, admittedly a

"dark continent" to him, have come in for closer scrutiny and revision.

One can include with Freud his contemporaries (the references which follow here are to representative work only): Abraham (1927, 1955) detailed early levels of development as they related to subsequent neurosis, character formation, and psychosis; Adler (1916) emphasized the importance of the child's early feelings of inferiority in later strivings for power and superiority; Jung (1913) deemphasized the role of childhood experiences and held that true maturity was achieved by giving up the "child-self"; Rank (1924) believed that the overwhelming trauma of birth underlay all subsequent human conflicts, defenses and strivings; Ferenczi (1913) combined his experience with adults with observations of infant behavior to describe four stages in the development of reality and the giving up of fantasies of omnipotence.

Later theorists encompass the following: Anna Freud (1936) linked developmental forces to the appearance of defenses, and later (1965) she elegantly detailed the interrelationships between normal and psychopathological development; Hartmann (1939) opened up the study of ego functions; Hartmann et al. (1946) and Kris (1956) studied developmental aspects of psychic structure formation; Jacobson (1964) was a pioneer in linking developmental factors, ego psychology and object relations; Mahler (1979) and Mahler et al. (1975) established a developmental framework for the first 3 years of life in which the developing drives, affects, object relations, cognitive and other ego functions could be understood and related; Kernberg (1975) focused on hypotheses of developmental origins of the borderline and narcissistic disturbances; and Kohut (1971, 1977) elaborated a theory of the etiology and treatment of narcissistic personalities based on presumed deficiencies in parenting.

Of all of these, only Anna Freud, Kris, and Mahler made systematic, longitudinal observations of children.

The bulk of these theories refer to postulated or reconstructed experiences in infancy and childhood, the insufficient or excessive quantities of which are said to account for the emergence of later psychopathology (cf. Abrams (1983)). Except for the hints provided by Mahler's observations, our current views reconstructing childhood development do not adequately account for, nor make comprehensive reference to, the many silent steps which comprise the complex matrix of the developmental and maturational processes, within which particular experiences and lines of development may be discerned (e.g., Provence (1983)). This leaves us with a number of ways by which we can account for illness, but we are relatively

inarticulate in our explanations for the often surprising presence of health. Biologically determined discontinuities in development occur in all children and the need remains to find explanations for those children who succeed in the face of adversity as well as for those who fail.

The history of Johnny will serve as a clinical illustration. At the age of 4½, he was brought for help by his stepmother. The reasons included academic and social difficulties in school, temper tantrums, and her concern that he would become a homosexual based on his wish to be a girl and his intense attachment to his father whose body he liked to fondle. He was the first child of eagerly expectant parents, but their happiness was destroyed in the sixth month of pregnancy when the mother was discovered to have a rapidly growing brain tumor. She wanted an abortion; the father did not, and his wish prevailed. The mother required brain surgery, essentially a frontal lobotomy, which left her a relatively impassive character when Johnny was born. With some household help she took care of him as well as she could most of the first 6–7 months; but then she gradually went downhill and died when Johnny was just over 2 years old. This chaotic period was marked by several changes of caretakers, the very attached father providing increasing care himself, and finally, a period of 2 months of foster-care when the now quite depressed father was hospitalized with an injury just before his wife's death. Following this, a practical nurse who had helped care for the dying mother was employed to care for Johnny, but she was neglectful in every way imaginable, and punishing as well. When Johnny was about 2½, the stepmother-to-be appeared on the scene. She immediately responded to the needs of the almost nonspeaking boy, finally managed to get rid of the practical nurse, tried to end Johnny's sleeping with his father—at least while she was there, and when Johnny was 3, married his father. Johnny's subsequently rapid developmental progress was marred in the areas referred to, much more obviously to the stepmother than to the father or anyone else.

With such a history we are prepared to explain practically any disorder, from retardation to precocity, from infantile psychosis to atypical development. However, our theories do not prepare us adequately to explain Johnny's ability to make meaningful and trusting relationships with adults, to understand his capacity for progression as far as the Oedipal phase, or to define the origin of the elements which have allowed him to make such constructive use of psychoanalysis (after 8 months of treatment by a woman, for example, a new event in an ongoing saga about Superman and Wonderwoman took place: they got married

and had Superboy). There is no doubt that the father's relationship to Johnny played a centrally helpful part in his doing as well as he did, but we are only recently beginning to appreciate just how important fathers are to the process of early development (e.g., Lamb (1981) and Pruett (1983, 1984)).

Clearly, one characteristic of our developmental theories reflects an inherent bias derived from their being based primarily on work with adults who are suffering an emotional disturbance. This origin results in theories which are very good at explaining pathology but which are not so good at explaining relative health.

Another and recurrent characteristic or bias in many of our theories can be called "mother-hunting" or blaming the mother for any and all problems. Many adults still hold their mothers responsible for much of what they do not like in themselves or in their lives. Some come later to see they have blamed their mothers excessively, though the dividing line is not always clear. Becoming a mother seems often enough to support mother-hunting through the clear declaration on the part of so many mothers that, if something is wrong with their child, it is *ipso facto* their responsibility. One does not have to be a courageous theoretician to suggest that trouble results from "bad mothering"; mothers and children of all ages clamor to agree. Thus we have had the concept of the neurosogenic mother, then the schizophrenogenic mother and most recently the narcissisogenic mother. Winnicott (1953) has even given us the phrase, "the good-enough mother." However, recent suspicions have mounted that a "good-enough baby" is needed too. For example, Massie (1978) has looked at home movies taken during the infancies of children who were later diagnosed as suffering some variety of childhood psychosis. He found that reciprocity between mothers and infants was clearly disturbed, in some couples because the mother was persistently failing to interact with the infant and respond to his or her overtures; but in others the infant was lacking age-appropriate responsiveness to the mother's often desperate efforts to elicit behavior which she expected to find in her child. An exquisite example of the importance of reciprocity, not sufficiently taken account of by current developmental theories, is to be found in the work of the late Selma Fraiberg (1977) with blind infants and their mothers. Fraiberg and her group could guide the mothers toward increased sensitivity to their children's available channels of touch and hearing, helping them to respond accurately to the signals of awareness of which the blind baby is capable, and to maintain the thread of reciprocal human contact so necessary for forward development. Als (1982) has studied in fine

detail the skewed reciprocity in a blind and in a multiply handicapped infant, finding that the pace of development in the blind child is about that of the normal child, given expert coaching.

A third characteristic of some theories of development is the tendency to view the sequence of development as if it were built up concretely from the units of a Leggo set. The "Leggo view" of development may be contrasted with the Plasticene or Play Doh model. In the Leggo view, each piece of developmental experience is built solidly and neatly on top of the preceding piece. If a piece of developmental experience is missing, its absence is relatively easy to discern, it can be clearly defined, and it can be made up for later by a "corrective" piece slipped into place. Like a hardy perennial, this rather persistent outlook recurs periodically in a series of therapeutically optimistic prescriptions for treatment methods, which blossom enthusiastically for a time but then depart the scene. In the Plasticene or Play Doh model, things are a bit sloppier. Chunks of experience gradually meld and flow into cracks and crevices, often covering up defects visible earlier. Sometimes bumps and dips may give slight clues to earlier, more obvious irregularities, and developmental transformations (Abrams, 1977) occur periodically which preclude the observer from assuming that the whole is a simple sum of the parts. Provence and Lipton (1962) were among the first to point out scientifically what marvelous recuperative powers exist early on in regard to the effects of maternal deprivation, though not without some cost to the child. Kris (1956, p. 73) refers to "strain trauma," and later Khan (1963) to "cumulative trauma," in efforts to describe the kind of skewing or biasing of development which takes place in response to, say, aspects of the mother's preferences or personality, or to particular ongoing events in the child or mother such as illness.

To summarize briefly, difficulties for the observer of infant development have been emphasized, in particular theoretical biases which stress abnormalities and deviations, which tend to result in "mother-hunting," and which tend to see developmental experience in concrete units.

This section concludes with just one more observer problem, an inevitable one based on human egocentrism and one which might well be a fundamental necessity for optimal development. Many people interested in infant development are familiar with a fascinating film which beautifully illustrates the amazing perceptual capacities of the newborn. It ends with a scene showing an adult protruding her tongue at a baby who also then protrudes its tongue as if in reply. The narrator asks who can doubt the infant's

early capacity to imitate, to differentiate self from object and even one body part from another at this early age? One person who doubted was Jacobson (1979). In an elegant series of experiments in Kagan's laboratory at Harvard, she demonstrated that infantile tongue protrusion was a nonspecific reflex, present at birth and elicitable by a variety of stimuli, and that this reflex disappeared in a few months. Much as the rider in Disneyland is asked to think of him or herself on a par with fragments of matter too small to see, and much as primitive thinking invests the inanimate with animate features, we quite automatically attribute adult characteristics and meaning to the infant's behavior. We adultomorphize the infant's behavior, and surround the child in layers of meaning. We are shocked to see a mother, for example, to whom her infant's cries mean nothing. Or we are ill at ease and feel there is something wrong when a caretaker always interprets an infant's cries to mean the same thing. We are convinced that, even if *we* do not understand what the baby's behavior means, *someone* does and that it *should* be the baby's mother. Of course, it is a familiar phenomenon to see a new mother's interest and concern about what her baby's sounds and actions mean, and to note the comparisons made by experienced mothers between this and previous babies. Winnicott (1956) recognized this as part of what he called *primary maternal preoccupation*.

Defining the Territory

The infant is not born into a "relationship vacuum" so far as the parents are concerned. Many studies refer to the parents' hopes, wishes and aspirations about having a child even before conception; to their responses to the advent of pregnancy, to its course and to the delivery itself; to the complexities of the beginnings of the mother's attachment to her new infant, and to the many adaptations required of the parents by the arrival of a new baby. However, there are infants for whom this experience differs, or is not possible. There are infants temporarily or permanently separated from one or both parents at birth; there are those whose existence is profoundly disturbing and disruptive to the parents. There are others who are born with illness or defect which significantly distorts the parents' attitudes towards them. These factors on the side of the parents include the parental investment of infant behavior with meaning, the primary maternal preoccupation already referred to, and the parents' attachment to the baby. These are all important aspects but do not in themselves constitute a relationship.

On the side of the infant, the tidal wave of recent developmental research has detailed the infant's many perceptual capacities which are ready to operate at or

soon after birth, employed in the interdigitating process of survival and attachment to the mother. Even more important, we much better appreciate the interactions between infant and mother which reciprocally influence one another, and which evolve past the plateau of equilibrium and through progressively more complex levels of organization (e.g., Brazelton (1982) and Sander (1983)). From the vantage point of this newly acquired knowledge, we can look more critically than before at how to design a "recipe" for human relationships. We can look closely at the ingredients themselves, and at the directions for combining them. We can also begin to ask about when the *psychological* as contrasted with the *biological* relationship becomes important. And last, we can ask some more pointed questions about the *timing* involved; for example, what duration of maternal absence does it take to have a discernible effect on later development? To what extent does this effect depend on the point in development at which maternal deprivation or absence is experienced? What kinds of prior experience, if any, have a bearing on this? And to what extent, how and at what cost can any such effects be compensated for? Everyone will agree these are important questions; one of the reasons they are important is because we cannot adequately say what is *optimal* for the development of human relationships without backing it up with knowledge about the consequences of failing to provide it—a kind of cost-benefit-deficit analysis.

The tour will continue with the itinerary just alluded to: first the question of *ingredients*, subdivided into babies, mothers and fathers; next the complicated issue of the emergence of the *psychological* relationship from the *biological*; and last, a look at the subject of timing.

Ingredients of Relationships

The ingredients of relationships are good-enough babies, good-enough mothers, and good-enough fathers. The question of the general interrelatedness of these variables has been addressed by a number of workers (e.g., Anthony et al. (1978) and Sameroff et al. (1982)); in what follows I will take a more microscopic view of each ingredient in turn. First, the infant must be born intact, sufficiently well-endowed, and stay that way. Mahler (1966, p. 72) gives an interesting example of derailed development after an apparently good beginning, in which the mutual cueing of mother and infant was obviously disturbed. It was discovered that the infant suffered from a painful hernia. After this was repaired, mutual cueing and the satisfactory course of development were restored. The mother in this situation was good-enough, the baby for a time was not. Nothing the mother could do was sufficient. In Fraiberg's work with blind infants, she describes

situations in which the infant's handicap could be overcome by teaching the mother how to exploit alternative sensory channels, and by doing so enabling the infant to attain development achievements not otherwise within reach. It is of immense practical importance for intervention, obviously, to be able to locate the difficulty accurately, to assess how accessible the difficulty is, and by which route it may be reached. In comparing the hernia infant with the blind infant we can make a reformulation and say that a mother who is good-enough at one time, or for one particular child, may not be good-enough under other circumstances *from the point of view of the infant*. But this approach holds that the infant is always right, that his or her demands or requirements are always legitimate. Being thus adultomorphic simplifies matters for us, though surely it is unfair to mothers and tends towards mother-hunting, especially in regard to ill, defective or otherwise atypical infants whose inherent difficulties may be relatively subtle and not easy to detect. Perhaps it is better to ask if they were good-enough for each other, and if not, if they can be helped to become so, and how. With this formulation an additional dimension is available in the mother's judgment of her own maternal adequacy, that is in meeting her own inner standards. It may be that the father's expectations of her performance enter here.

Putting the issue this way allows for a look at some rather contentious issues, for example, that of day care for infants. Recent work (Kagan et al., 1978) helps us to see the fallacy in immediately equating all infant experience of day care with the experience of those infants institutionalized for significant periods of time (e.g., Provence and Lipton (1962), Spitz (1945, 1946), and Spitz and Wolf (1949)). We must ask what are the characteristics of the mother-infant pair concerned? What are the time variables? And what are the characteristics of the day care placement itself? To assume no effects from day care experience would be naive; to assume they would all necessarily be bad and irreversible is equally naive. An adequate assessment demands a detailed examination of the ingredients already referred to, of the nature of the particular evolving psychological relationship, and of the time variables including developmental progress.

Leaving the topic of the good-enough mother and the good-enough baby leads to that rather mysterious third ingredient, the good-enough father, truly the "dark continent" for current developmental thinking. The subject is being increasingly explored (e.g., Cath et al. (1982) and Lamb (1981)) from various points of view, such as what it takes to develop into a fathering person, what are the fathering functions which are important at particular points in the child's develop-

ment, and what the father means to the child along the way. We again need to evaluate the base from which the father is judged to be "good-enough." This issue is more complicated than the father being good enough for the infant and vice-versa, because the mother-to-be typically shares her feelings and thoughts with the father-to-be; failing this response or in its absence, her emotional life is variously affected. So he may or may not be a good-enough father to the child according to the child, or according to the mother's judgment; and he also may be confronted with his own set of ideals about fatherhood as well. Experience teaches us, I believe, that if difficulties prevent the mother and infant from achieving a good-enough relationship with each other, the chances are father also will not achieve a good-enough relationship. On the other hand, there are circumstances when the father can establish the fundamental reciprocity and perform needed functions which the mother cannot. For example, the father can just as well as the mother aid the blind infant by cueing in to alternative channels, given equal motivation and availability; in fact, in some instances he may be *more* able because he may be less narcissistically wounded by the baby's handicap, and so more available.

There are three areas of early infant development in which the father, as different from the mother, appears to play important roles which contribute to the child's object relationships, and without which the child's future relationships will be distorted. These areas are those of the psychological attainment of gender identity, self-object differentiation, and the modulation of aggression. I have deliberately presented these areas so as to exclude the rather better known and somewhat later areas of oedipal conflict, ego ideal formation, and other bases for ego and superego identifications.

In the usual, nonpathological establishment of overall gender identity (Tyson, 1982), the role of the father is the same as that of the mother at the very beginning, with the start of core gender identity formation. The gender assigned to the child at birth is reported to evoke patterns of handling behavior associated with that gender regardless of who the handler or caretaker is, or whether there are two parents or one. Thereafter, the child learns about his or her genitals as part of body boundary exploration, and self-stimulation by genital play in the first 2 years is part of the child's means of exploration in an adequate mother-child relationship (Spitz and Wolf, 1949). Severely disturbed parents may very well so disrupt the process all along that later on it is impossible to separate out all the constituent parts or to find just exactly where the trouble began (e.g., Greenacre (1953) and Stoller

(1979)). By the middle of the second year or earlier, the child has established its core gender identity, that is, its fundamental sense of belonging to one sex and not the other. This occurs despite all sorts of difficulties, e.g., infants institutionalized after birth, in one-parent families, etc. Aside from grossly ill parents as already mentioned, disturbances in core gender identity seem primarily related to mislabeling at birth because of anatomical appearance. This is not the case with the establishment of gender role identity and sexual partner orientation, two subsequent processes or steps in the formation of overall gender identity. In both of these processes the child with two parents has an easier time traversing the development milestones, and the presence of a father distinct from the mother in voice pitch, personality, and behavior is of specific importance in particular ways for the girl and in other ways for the boy in this process.

The question arises of what constitutes a good-enough father for the establishment of gender role identity for the boy and for the girl. The answers are not all available. Clinical evidence suggests that boys are more vulnerable to disturbance in gender role based on the simple observation that boys are more often brought to treatment because of gender identity disturbances. Our as yet imprecise ideas about the father require him to be masculine (however that may be defined), to be assertive, to be involved with the child and the mother from early on, and to be available.

The boy without a father is hampered in seeking "self-like objects" (Kohlberg, 1966) with which to identify, and thus to form the basis of gender role identity beginning possibly late in the first year as core gender identity begins to solidify. The girl without a father does not have the same difficulty as the boy, but she lacks the experience of sharp contrasts between mother and father when both are present. These contrasts help to further separation/individuation and to dissolve lingering symbiosis. Without a father, the girl also lacks his support of her emerging femininity, an important ingredient in the firm establishment of her feminine gender role identity.

Sexual partner orientation, or choice of love object, is a developmental achievement which takes much longer to attain for both boys and girls; it cannot be said to be so directly dependent on the father's presence beginning in the first years as seems to be the case with gender role identity, especially for the boy. However, it seems there are important links between the establishment of gender role identity for which the presence of the father is important, and the subsequent evolution of sexual partner orientation.

The role of the father as a positive contributor to

self-object differentiation during the first year has been emphasized by several workers (e.g., Abelin (1971), Loewald (1951), and Mahler and Gosliner (1955)). The usual formulation ascribes to the infant the capacity to make perceptual distinctions between the mother and another person, and indeed the experimental evidence supports the contention that infants can and do form attachments to both parents by 8 months of age (Pedersen and Robson, 1969). Under stress, however, infants are reported to prefer their mothers to their fathers (Cohen and Campos, 1974). Similarly, as Mahler (1961, p. 334) pointed out a long time ago, even when the mother is less involved in the actual care of her infant than another caretaker, the image of the mother more often than not becomes the "cardinal object representation." It would seem that the earliest role for the father in self-object differentiation is simply as a target on which the infant can exercise its rapidly maturing perceptual and cognitive capacities to make progressive distinctions between external objects, and that such distinctions enter into the infant's growing experience of differentiating between self and object (Mahler et al., 1975), and in stemming the regressive pull toward merger with the mother (Loewald, 1951; Mahler and Gosliner, 1955). If the target happens to remain the same for the first 8 months, an attachment to it would then be evident, but so far there is no evidence to suggest that the father *per se* has particular advantages over any other object, or over any series of objects, either in attaining self-object differentiation, or in making an attachment to a second object by 8 months of age.

Of course, it would be short-sighted to stop there. I have already indicated the advantages of the father's presence to the establishment of gender role identity. The good-enough father will also have the degree and quality of personal interest in his child which is parallel to the mother's in establishing her as the "cardinal object."

This brings us to a very much underemphasized role of the father, that is in the modulation of aggression beginning in the first year of life.

Most current attention to the father's role in aggression centers in the second year of life (e.g., Herzog (1982)), when boys especially are vulnerable to the loss or absence of the father. Their manifest reactions are reported in a variety of forms, from nightmares more common beginning at 18 months, to hostility displaced on to siblings and peers more common in preschool and earliest school years, to depressive phenomena more common over the age of 5. Girls appear to be more prone to manifest depression at any age as a reaction to loss of a father. Unfortunately for our purposes, these current studies do not compare the

consequences of mother-loss with those of father-loss at comparable ages; however, clinical experience does support the idea that boys experience a "father-hunger," as Herzog (1980) has called it, specifically in reference to the control of aggressive impulses. It would appear that the groundwork for this link between the absence of the father and aggressive dyscontrol is laid during the first year. During this time the father's relationship to his infant is distinctly different from that of the child's mother, and the infant evolves different responses which soon assume a predictable patterning with the father. Observational studies (Burlingham, 1973) which have more recently been complemented by laboratory investigations (Yogman, 1982), show a stable, patterned involvement between infant and father which is more stimulating and exciting for the infant than is the interaction with the mother. Typically, the infant's experience is one in which the father initiates, controls, and abruptly changes from one level of play intensity to another. A common example is the father who will begin to play with the infant, then happily toss the child into the air. Loss of the father before the child can successfully internalize his own controls over aggressive motor discharge may result in the predominance of overtly aggressive themes seen in such children. We may suppose that the father's relationship in this area is initially characterized by providing stimulation which is discharged via motor channels, but that the child cannot as successfully learn to "turn it off" by internalized controls without the presence and aid of the father, an achievement which is attained more gradually.

From the Biological to the Psychological Relationship

Given the good-enough ingredients of babies, mothers and fathers, one may ask how are they combined in the transition from the primary biological relationship to the psychobiological relationship (Greenacre, 1958)? Psychoanalytic developmental theorists have always maintained that early disturbances in the biological relationship resulted in disturbances in the psychological relationship which was felt to depend or "lean on" the biological. For example, the pleasurable activity of sucking at the breast coincides with taking in nutrition. It was conjectured that if the breast feeding stopped too early or too suddenly, or if the flow were insufficient, or if the pleasurable sucking were otherwise interfered with, psychological development would also be interfered with because it depended on adequate nutrition *and* adequate gratification of sucking. This oral pleasure was only the earliest level of libidinal gratification, and the sequence of libidinal phases which followed represented also a sequence of vulnerabilities to psychological disturb-

ance. Each phase had its vulnerabilities represented by particular kinds of psychological disturbances manifested in later symptomatology or character traits.

Valuable as this framework has been, we know now that it is inadequate and while certain aspects have been retained, developmental theory has had to expand to account for new findings.

We can no longer speak of the attainment of a psychological relationship by reference to the infant's behavior alone. Also, the biological relationship has been found to have a complexity from birth which was unsuspected a short time ago. This finding in particular has made it more difficult than ever to assign landmarks to establish "psychological birth," more often viewed as a process rather than a point in development (Mahler et al., 1975). As detailed knowledge about early human development has accumulated, it has become evident that there are a number of required steps or phases in mother-infant interaction which can be reliably documented. Mahler's phases of separation and individuation are by now well-known, including the "hatching" process marking the awareness of the "other-than-mother" world. Brazelton and Als' (1979) work details the minute changes in mother-infant interaction as the infant attains progressively greater degrees of autonomy, in fact a microscopic examination of the "hatching" process itself. This evolution occurs molded by the capacities and limitations of the mother—affected as already mentioned by the father—and by the capacities and limitations of the infant. Indeed, the mother's perception of the infant, with all the complex conscious and unconscious determinants, interactions and contributions to her way of relating to the child and its environment, is asserted to correlate significantly with later personality development and deviation (Brousard, 1979; Brousard and Hartner, 1970).

A fascinating slant to this problem is provided by stories of feral children, that is, children reared by wild animals. Probably the best known is Victor, the "Wild Boy of Aveyron" (Lane, 1976), taken care of by Dr. Itard. Victor's difficulties included being deaf, and possibly also mentally retarded. Bettelheim (1967) feels that children so found are most likely autistic, though Victor's progress and the capacity to learn, to communicate, and to speak shown by the wolf children of Midnapore (Maclean, 1977) militate against this conclusion. The point here is that, whatever the constraints, some children are able to elicit sufficient responsiveness from their environments not only to survive, but to retain and to evolve capacities for psychological relatedness, distorted though they may be.

Timing

The last topic on the tour of infant development is the subject of timing. Several questions about timing have been asked above: What duration of maternal absence significantly affects later development? How does it matter when in the course of development the absence is experienced? Does prior experience affect the consequences? And if there are deleterious consequences, how can they be compensated for? By this time, after closely studying the problem of the ingredients, then better appreciating the complexities of the emergence of psychological relatedness, it becomes necessary to recast the simple questions about timing. This becomes especially true if one subscribes more to a Plasticene or Play Doh view of development than to a Leggo view. With regard to the questions pertaining to prior experience and to the course of development, it becomes apparent that thinking about development has shifted from a linear framework to a nonlinear one. In the linear framework, which predisposes to thinking according to a Leggo mechanism, each step in development depends on the completion of the preceding step, and missing or damaged steps result in discernible consequences later on. In the nonlinear framework, a multitude of factors interact and are affected in cascade fashion by maturational variety and genetic components—modifiability and the organizing function of the ego included (Weil, 1978). While there are antecedents to some developmental changes, there are also developmental transformations which represent a new level of organization and which do not depend on specific antecedent experiences (Abrams, 1977).

A clear clinical example of this more complex view of development is provided in Dowling's (1977) study of infants with esophageal atresia. Until quite recently, surgical repair was delayed several months during which time the affected infants were fed directly into the stomach via a fistula made for this purpose. Typically from birth they obtained whatever sucking gratification they could find for themselves, they had no control over the amount of feeding, and the experience of sucking was disconnected from the experience of being fed, from the sensations of satiation or undersatiation, and from the ordinarily repetitive experience of mouthing and swallowing bolus after bolus of food. A syndrome of retardation became evident, distinct from what appears typically in institutionalized infants or in those subject to mental retardation from other causes. This retardation was evident in gross motor activity, in affective expression, and in object relations and play with inanimate objects. It has persisted over subsequent years of observation, and though slightly modifiable, it has not been

correctable. The syndrome could be prevented by assisting the mother to learn to bottle-feed her infant simultaneously with the gastric feeding, though of course none of the milk reached the stomach; it simply flowed out a fistula from pharynx through the neck made to allow saliva to exit. The oral experience including sucking, mouthing and swallowing was thus brought back into conjunction with feelings of gastric distension and presumably satiation. Something in this conjunction allows for normal development which is prevented otherwise.

The esophageal atresia infants exemplify the relatively well-known principle that earlier disturbances generally have more global and less reversible consequences. That is, they demonstrate that development is a branching or cascade affair in which a surprisingly broad impact results from a relatively discrete early interference, an interference which one would have been hard put to reconstruct from knowledge of the consequences alone. Consequently, those who work clinically in the area of infant intervention should feel urged on by the importance of this work to study more closely the effects of interventions. In addition, those who work clinically with older age groups will be less quick to ascribe a particular symptom or difficulty to a particular early experience in infancy.

The difficulty we are now faced with results from our increased sophistication, that is, from the knowledge that prior experience does indeed affect the outcome of, say, a particular period of maternal absence in a very complicated way, effects which are also dependent on the period of development in which each experience took place.

A related and final question is, how soon are *discernible* effects on mother-infant reciprocity brought about by a temporary change in caretaker? Early work by Sander's group (Burns et al., 1972) has demonstrated that a specific adaptation between the infant and sole caretaker is established within the first 10 days of life. If on day 11 such infants are shifted to another sole care-taker for the subsequent 18 days, "distress during feeding" (i.e., grimacing, turning away, spitting out the nipple or spitting up, gagging, fussing, and crying) mounts significantly and persists for a number of days (Sander, 1975). The more individualized and specific the care given to an infant by one caretaker, the more obvious such responses are (James, 1960; Burns et al., 1972), and presumably the earlier and more firmly attached the infants have become. Therefore, when we ask the question, what is the effect of maternal absence, we have to consider a number of variables: the age and developmental status of the child, prior experiences, "silent" disturbances in adaptation to the temporary caretaker, length of

separation, "silent" disturbances in readaptation to the mother, etc. Thus we are confronted by the need to recast many of our questions as a consequence of the increasing knowledge which complicates the previously rather simple view of development.

Summary

To summarize, I have made a brief tour of the world of infant development. At points it may have seemed like a wild and confusing ride, perhaps akin to the experience of the infant in his early efforts to integrate what he sees of the world. We considered some of the effects on our thinking of the theories about development with which we work. With many of them we are better able to explain illness than health, and we too easily find the culprit is the mother who so often seems eager to agree. Then there are those theories which view development as a building block sequence, in contrast with others in which expectations are not so clear-cut, and in which transformations occur not totally dependent on preceding experience. The tendency we have to adultomorphize may in fact represent an automatic human response to the infant, a response which is needed in order to provide the necessary environment of meaning within which development can take place. The tremendous volume of new knowledge about the newborn allows us to ask progressively more precise and detailed questions about the ingredients of human relationships—good-enough babies, mothers and fathers—and how the process of evolving the psychological relationship from the biological matrix takes place. Last, we examined more closely important questions about timing, and the more closely we looked, the more constituent questions we seemed to raise.

I would be the first to agree that all discernible effects are not equally important, nor are all important effects always discernible at the time. But I promised at the outset only a tour of difficulties and not the answers to them. If we have discovered more difficulties on our tour than we anticipated, I can only suggest that we consider, as Epictetus did about 60 A.D., that "Difficulties are things that show what men are."

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