

## ARE "PRIMITIVE" OBJECT RELATIONS REALLY PREOEDIPAL?

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*Developmental models of object relations attempt to explain severe character pathology strictly in terms of preoedipal fixations and regressions. While aspects of the object relations of severe character disorders do appear to be preoedipal, developmental research suggests that others are preadolescent, adult, or abnormal, but not developmentally primitive.*

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In clinical practice and psychoanalytic theory, severe character pathology is typically described as preoedipal and primitive. According to this view, if the origins of neurotic problems lie in the oedipal years, then more severe disorders must represent pathological adaptations arising during an even earlier period of development. It is the thesis of this paper that the equation of "severe" with "early," and hence the use of "primitive" and "preoedipal" as synonyms, requires substantial modification; that some aspects of the object relations of severe character disorders do, indeed, represent fixations or regressions to earlier periods of normal development, whereas others reflect abnormal processes; and that object relations theories can no longer be constructed without reference to developmental research on social cognition, friendship, and moral feelings, judgment, and action.

After a very brief description of two prominent models of the development of object relations, the paper will discuss several frequently described aspects of the object relations of patients with severe character

pathology, focusing for convenience on patients with borderline personality organization as defined by Kernberg (1975). It will then examine claims about the developmental origins of these phenomena, and will compare these theoretical assertions with relevant empirical research.

### DEVELOPMENTAL MODELS

Before embarking upon a critical discussion of certain widely held beliefs about object-relations development, it would be useful to moor the discussion in actual, rather than abstract or prototypical, theories. Kernberg (1975, 1976, 1984) and Kohut (1971, 1977) have offered two prominent models of object-relational development.

#### *The Kernberg Model*

For Kernberg, the basic logic of development, in broadest terms, is from a lack of self-other differentiation, to a differentiation based on affect (i.e., good versus bad), to an eventual construction of object representations (including self-representations) that integrate ambivalent feelings.

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*A revised version of a paper submitted to the Journal in September 1987. The author is in the Department of Psychology, University of Michigan, Ann Arbor.*

According to Kernberg, the infant begins in a primary undifferentiated state in the first month of life. This is followed by a stage of the "primary, undifferentiated self-object representations" (Kernberg, 1976, p. 60), which lasts roughly from the second to the sixth or eighth month. In this period the infant develops a "good" self-object representation: self and others are not yet distinct, and "good" at this stage means "me," whereas "bad" means "not-me." The good representation becomes invested with libido, and the bad representation with aggression (p. 64).

The third stage, which ends between the eighteenth and thirty-sixth months, involves the differentiation of self- from object-representations. During this stage, self- and object-representations begin to separate within the "good" and "bad" camps. The child in this stage lacks integrated images of self and others since good and bad images still remain separate. Splitting begins to be maintained actively in an effort to ward off anxiety.

The fourth stage entails the integration of representations of self and others and the development of "higher intrapsychic object relations-derived structures," which "begins in the latter part of the third year of life and lasts through the entire oedipal period" (1976, p. 67). At this stage positive and negative self- and object-representations coalesce, resulting in the formation of "total objects." In other words, the child develops integrated images (both positive and negative) of self and others, achieving object constancy. A new "four unit system" composed of object, self, ideal object and ideal self emerges (p. 41), and id, ego, and superego coalesce.

The final stage is characterized by "consolidation of superego and ego integration," in which superego and ego begin to function in greater harmony, identity further solidifies, and the superego matures.

In Kernberg's model, severe pathology represents a developmental arrest before the fourth stage, that is, before the consolida-

tion of whole objects. Borderline disorders are theoretically related to the third stage, in which self- and object-representations are organized along effective lines, that is, split. This developmental period corresponds to Mahler's rapprochement subphase of separation-individuation (Mahler, Pine, & Bergman, 1975).

#### *The Kohut Model*

Kohut's theory, like Kernberg's, has been elaborated in hundreds of pages of writing and hence can only be telegraphically described here. It also has evolved considerably through time, with many inconsistencies and radical revisions, so that any rendering of it is like a snapshot of a quickly moving object. I will summarize here his developmental theory as he described it most completely and compellingly in his writings (Kohut, 1966, 1968, 1971, 1977; Kohut & Wolfe, 1978). Kohut's developmental theory begins, like Kernberg's and that of most psychoanalytic theorists, with an undifferentiated stage variously referred to as "primary narcissism," "autoeroticism," or, in Kohut's own more evocative language, "the stage of the fragmented self" (1971, p. 118). Although Kohut is never entirely clear on this, presumably at some point during this period the infant sees himself as omnipotent and omniscient, because during the next stage "the baby attempts to preserve his original state of (imagined) perfection" (1968, p. 86) by assigning omnipotence and omniscience to himself and to an idealized "self-object" (1971, p. 3). These two distorted and idealized representations, the "grandiose self" and the "idealized parent imago," provide the infant with rudimentary ideals, ambitions, a sense of cohesiveness, and self-esteem. What Kohut calls the "nuclear self" arises during the second year of life (Kohut & Wolf, 1987, p. 417) from the grandiose self, the idealized parent imago, and the rudimentary executive functions "arched" between them, ushering in the "stage of the cohesive self" (Kohut, 1971, p. 32).

With the consolidation of the self, the child eventually proceeds to the task of the oedipal years, the formation of psychic structures as elucidated by classical psychoanalysis—hence Kohut's call (at least circa 1977) for two psychologies, one of "Tragic Man," who aims for the cohesion and fulfillment of his nuclear self, and the other of "Guilty Man," who attempts to gratify his drives. According to Kohut, the root of serious character pathology, particularly narcissistic pathology, is defective self-structure (1977, pp. 2–3). If the mother does not appropriately mirror the child's displays, or does not allow him to idealize her, the child will fail to internalize aspects of her appropriately, leading to missing segments of psychic structure (1971, p. 45). Thus, gross maternal empathic failures result in regression to, or fixation upon the archaic grandiose self or idealized parent imago, so that the person has poorly regulated self-esteem and may chronically either require admiration or need to be part of someone else who is perceived as extraordinary. Although Kohut did not write extensively about borderline patients, he viewed them as unanalyzable because they lack a cohesive self and are thus, presumably, fixated primarily in the stage of the fragmented self.

Kernberg's and Kohut's theories are extremely complex, describing the phenomenology and symptomatology of patients suffering from severe character pathology with considerable subtlety, but this brief explanation must here suffice. Both theories have been clinically valuable, bringing together a vast array of clinically observable phenomena in a heuristic way that allows one to understand and treat disorders previously viewed as untreatable (see Masterson [1976] for an alternative model). Nevertheless, a body of accumulating research suggests the need to reconsider aspects of both theories and object relations theory more generally.

#### OBJECT RELATIONS PATHOLOGY

Object relations theorists have pointed to a number of features of the pathology of

severe character disorders, particularly in the borderline range, and have related these to developmental periods. These features include: 1) difficulty in maintaining ambivalent representations; 2) relatively noncomplex and transitory representations of self and others, and lack of a cohesive sense of self; 3) difficulty investing emotionally in others in mature ways; and 4) dyadic versus triangulated object relations.

#### 1. Capacity for Ambivalence

According to Kernberg (1975), the central feature of borderline personality organization, which includes patients who receive various *DSM-III-R*, Axis II diagnoses, is the use of splitting as a defense and the corresponding difficulty in maintaining ambivalent object-representations. Although the degree to which splitting is pathognomonic is now a matter of some controversy (Abend, Porder, & Willick, 1983), there is no doubt that capacity for ambivalence is a critical index of severity of character pathology. A significant theoretical problem, however, is that "ambivalence" is used to refer to a multiplicity of phenomena, including consciousness of conflicting feelings; consciousness of conflicting feelings about the same object; unconscious conflict; ability to remember positive experiences in a negative mood-state, and vice versa; ability to recognize that the same object can generate positive and negative feelings in oneself; cognitive representation of an object with contradictory affective valence; ability consciously to recognize positive and negative aspects of a person; ability to bring to consciousness positive representations of a person while angry and negative representations while happy with him or her; and recognition that the same person one loves can be ungratifying. From an empirical perspective, these phenomena should have distinct but interdependent developmental trajectories. Kernberg proposed that ambivalence is achieved by the end of the oedipal period, with the attainment of "whole objects."

Harter (1977, 1983a, 1983b, 1986) has studied the development of ambivalence from preschool through adolescence in a series of programmatic studies, drawing together insights from child clinical work and cognitive-developmental theory. In the present context, what is critical about the roots of Harter's research, which focused on two aspects of ambivalence (understanding of conflicting emotions and understanding of differentiated and contradictory attributes of a person), is that she became interested in the subject through observation of *latency age* children. She repeatedly observed that children between the ages of six and ten seemed to be able to focus on only one feeling at a time and could not, for example, fathom loving and being angry with the same person (Harter, 1977). Similarly, she observed that these children's attributions of evaluative traits is univalent and polarized into smart/dumb, mean/nice, etc. Her research has entailed interviewing children regarding their understanding of how they and significant others can experience multiple emotions and on their understanding of less global, more differentiated traits. She has also used boards with pictures of people experiencing different emotions to try to test children's ability to understand the experience of multiple simultaneous emotions.

Regarding the simultaneous experience of contradictory emotions, Harter's (1983b) initial research suggested the following sequence in children's development. First, in early childhood, children deny the possibility of simultaneous feelings. Next, they acknowledge the possibility of conflicting feelings, but only by placing them in a temporal sequence (e.g., "I would be sad if my friends wouldn't play with me but then if my mommy gave me a toy I'd be happy." p. 164). Finally, in late childhood they recognize that one can feel contradictory affects simultaneously. Further research suggested two important variables other than temporality/simultaneity: affective valence (positive or negative) and object or target

of the emotion (what or who caused the person to feel that way).

Harter and Buddin (1987) found that children's understanding of the experience of simultaneous emotions fell into the following sequence. At Level 0 (mean age 5.2 years), children could put *no* feelings together simultaneously, responding with statements like, "It's hard to think of two feelings at the same time because you have only one mind!" Critically, this is the age at which object relations theorists have posited the attainment of the capacity for ambivalence. At Level 1 (mean age 7.3 years), children can bring two same-valence emotions to bear on the same target (e.g., "If your brother hit you, you would be both mad and sad"). At Level 2 (mean age 8.7 years), children can also bring together two same-valence affects with different targets (e.g., "I'd be mad if she took one of my rings and sad if she broke one of my pictures"). At Level 3 (mean age 10.1 years), children understand that one can experience two opposite-valence feelings simultaneously but only in response to different targets (e.g., "I was mad at my brother for hitting me, and pleased that my father gave me permission to hit him back"). Finally, at Level 4 (mean age 11.3 years), children can describe how two opposing feelings can be elicited by one target (e.g., "I was happy that I got a present, but mad that it wasn't what I wanted"). Importantly, Harter (1986) has found that only half of Level 4 children could see how one could simultaneously have opposite-valence feelings toward the same *person*. She argues that in order to do this the child must have complex and differentiated representations of the other's attributes. Harter explains the observed developmental sequence using Fischer's (1980) skill theory of cognitive development, which focuses on the number of cognitive representations a child can simultaneously control, coordinate, and integrate.

A second aspect of ambivalence studied by Harter is the understanding of opposing attributes, particularly within oneself. Har-

ter observed through clinical work with children that before age nine or ten they tend to make all-or-none trait attributions, so that, for example, a child with a specific learning disability would lack a differentiated concept of intelligence and thus see himself as completely dumb. Such trait attributions are not, however, stable in early childhood, so that the child vacillates from one pole to the other depending on momentary focus. Harter (1977) astutely noted the convergence between this phenomenon and pre-operational thought as described by Piaget (in children aged, roughly, two to seven), and suggested that "conservation" in the social-cognitive domain (i.e., the person is the same despite transformations of momentary appearances) occurs later than in the physical realm on which Piaget focused (e.g., recognition that water does not change in volume when poured into a long thin vial). It should be noted that this all-or-none, vacillating pattern of trait attribution is identical to clinical descriptions of adults with severe personality disorders hypothesized to reflect preoedipal functioning. In preliminary research, Harter (1986) and her colleagues have found that awareness of opposing self-attributes is experienced as "clashing" peaks at middle adolescence, when cognitive development has allowed greater differentiation of traits applied to the self but when capacity to integrate multiple attributes lags behind. Children in the early latency years were unable to entertain the possibility of conflicting attributes.

A similar study by Donaldson and Westerman (1986) replicated much of what Harter and colleagues have found with respect to children's understanding of simultaneous experience of multiple emotions, although they used a different methodology (presentation of stories versus a placement board picture task). This study was more directly informed by psychoanalytic theory, focusing on two pairs of emotions: happiness and sadness, and anger and love. The major difference in findings was that

children attained ambivalence somewhat earlier than Harter had found, largely around age ten or eleven. Both sets of researchers acknowledged that this research largely taps children's beliefs about ambivalence rather than their actual experience of ambivalent emotions.

In summary, research suggests that, contrary to theory, the capacity for ambivalence is not firmly established by the oedipal period and is indeed only in its incipient stages. Borderline splitting appears to be as much preadolescent as preoedipal. One could argue that the research described here only taps conscious verbal knowledge and hence cannot really address the issue of the experience of ambivalence, as opposed to its conscious recognition. The problem with this argument is that consciousness of ambivalence, not the experience of ambivalent feelings per se, is precisely what is lacking in borderline patients. Such patients have mixed feelings toward significant people in their lives just as other people do; where they evidence pathology is in their inability to acknowledge feelings other than the one that is conscious under conditions of affective arousal. Oedipal-age children are certainly capable of feeling different emotions toward the same object at different times, which they may or may not be able to verbalize, but this is undoubtedly true preoedipally as well; one can see signs of mixed feelings in infants, though consciousness of this occurs only many years later. Further, there is no evidence suggesting that a two-year-old angry at his mother does not know she is the same physical being whose lap he blithely adorned five minutes earlier. Nor, incidentally, do borderlines always or even typically think their therapist is literally a different person (e.g., with a different name) when angry. One must be very careful in using terms like "split object-representation" or "part-object" to avoid confusing metaphor with reality (Peterfreund, 1978; Westen, 1985). Borderlines, children, and blindly rapturous or furious adults, both normal and neurotic, have a very short mem-

ory during periods of intense upset. They do not remember times when they felt otherwise, cannot imagine seeing the person in another way, and cannot recognize the other's positive attributes or flaws; for cognitive aspects of this phenomenon, see Blum (1961), Bower (1981), and Isen (1984). This does not mean that they no longer know who the person is. This phenomenon seems less to reflect regression to 18-month-old object representations than to developmental, characterological, or momentary situational impediments to self-reflection. Developmentally, the ability to avoid splitting requires a capacity for perspective-taking (Flavell, 1985; Selman, 1980) and for affect regulation that matures through adolescence and probably through adulthood, depending on culture and circumstance.

## 2. Self- and Object-Representations

Kernberg, Kohut, Mahler, and others situate borderline object relations somewhere between the first and fourth years, suggesting that the structure of borderline object-representations is preoedipal. For Kohut, for example, self-representations before the solidification of a cohesive self in the second or third year are transient, disconnected, and fragmented. By the oedipal period, theorists agree, self- and object-representations have stabilized.

At the outset, one should note that the notion that even marginally functional adults could operate with the cognitive representations of eighteen-month-olds, who are practically nonverbal and barely have representational intelligence, is, strictly speaking, untenable. Two-year-olds may, in a tantrum, yell, "Mommy, I hate you," but they are unlikely to yell, "Mommy, you're an asshole," because they lack the cognitive subtlety to do so. Our borderline patients, for better or for worse, do not.

Research over the past decade has led to radical critiques and revisions of the psychoanalytic theory of infancy (Horner, 1985; Lichtenberg, 1981; Peterfreund, 1978; Stern, 1985). Stern has proposed that

even the notion of self-other nondifferentiation—long one of the points of agreement of theoreticians of various persuasions (Ainsworth, 1969)—is not applicable to infant experience. Stern built a strong case for the emergence of a sense of experiential selfhood—including a sense of intentionality, agency, and coherence—and a recognition of the separateness of self and other in the first year. The development of a sense of self as an object among other objects in space and time, with its own subjectivity, has its roots at the end of the first year but is largely a product of the second and third year. A "categorical self" (Lewis & Brooks-Gunn, 1979) emerges in the second and third years, in which the self is viewed as an entity with different attributes representing various categories (such as male or female, baby or adult). Kagan (1981) has similarly observed a number of types of behavior (including self-descriptive statements) suggesting an emergent awareness of self as object at about two years of age.

Studies of the development of self-representations (and object-representations) beyond infancy are largely based on conscious, verbal self-reports. The method of coding the data is, however, relatively close to the psychoanalytic method, in that the aim is to infer structure from manifest content. The lack of a method for studying nonlinguistic and unconscious processes is particularly problematic in research on the self-concept, which by necessity focuses on verbal knowledge accessible to consciousness. Projective measures are no more useful since it is usually extremely difficult to discern whether a Rorschach percept or TAT character betrays a self-representation or a representation of real or imagined others. Nevertheless, research such as this does provide access to such phenomena as the degree of complexity and organization of conscious representations, which may in turn provide some clues as to the more general development of representations.

Research on the development of self-representations suggests a number of devel-

opmental shifts, from concrete to abstract ("I have on a blue sweater" vs "I'm a sharp dresser"), from physical and activity descriptions to descriptions of psychological states and processes ("I hit my brother" vs "my anger often wells up, and I fight it but it slips out"), from global evaluative to differentiated and hierarchically organized trait descriptions ("I'm nice" vs "I put up a wall around me to avoid rejection, but with close friends I'm very warm and committed"), and from minimal self-reflectiveness to awareness of one's own mental life (*Damon & Hart, 1982; Harter, 1983a; Rosenberg, 1979; Wylie, 1979*).

By the age of six or seven, children seem to achieve the "conservation" of the self (*Harter, 1983a*), i.e., recognition that, despite surface transformations, basic aspects of one's selfhood remain the same. Before that time, children do not understand the immutability of as basic an attribute as gender, believing, for example, that if a boy wears a dress he can become a girl (*Kohlberg, 1966; Smetana & Letourneau, 1984*). Before the age of six or seven, in Piaget's preoperational period, self-representations are concrete, transitory, relatively unorganized, and often contradictory. In later childhood children begin to form relatively simple trait abstractions, which gradually become more differentiated and abstract. In adolescence the self gradually comes to be seen as a complex, interacting system of elements, some of which are conscious and some of which are not (*Broughton, 1980; Selman, 1980*), and which in turn interact with environmental forces. This, at least, is the developmental pattern in Western industrialized societies.

Research on the development of representations of other suggests a similar developmental course (*Flavell, 1985; Livesley & Bromley, 1973; Shantz, 1983*). Shantz summarized the basic trends from early through late childhood:

The young child, in contrast to the older child (1) seems not to differentiate clearly a person as a psychological being separate from his physical surround

(i.e., a person *is*, in an important sense, what he owns, where he lives); (2) tends not to differentiate outward, observable aspects of a person from inward, covert aspects (i.e., a person *is* how he looks and behaves); (3) tends not to differentiate clearly his conceptions of a person from other possible concepts of that same person (i.e., the person *is* as the child conceives him to be); and, finally, (4) tends not to differentiate within the person both good and bad qualities, contradictory tendencies, and the like (i.e., the person *is* good or *is* bad) . . . During middle childhood particularly, the differentiations begin to occur and stabilize. . . . (p. 507)

Before age eight or nine, children do not "recognize the psychological uniqueness, the subjectivity, the disparate intentions and motivations" of different people (*Damon & Hart, 1982, p. 82*).

For purposes of the present thesis, four aspects of research on the development of self- and object-representations are important. First, to the extent that borderlines tend to become profoundly egocentric in their failure to see others' perspectives while angry, attribute their own motives to others and vice versa, and have difficulty maintaining consistent representations of self and others across time, their object-representations can, at these times, be appropriately compared to those of young children between the ages of two and seven, the preoperational years. One patient, an artist, screamed in a session, "I *am* my paintbrush! I *am* my paintings!" and was furious at the suggestion that he was confusing a part of himself with the whole. At another point, while working as an accounting clerk to pay for his art training, he lamented that now he was just a clerk and no longer an artist, and that he might never get the accounting ink off his hands. He was unable to form a hierarchical representation of self in which "artist" is a superordinate category and "accounting clerk" is a lower-level, minor, and temporary category subsumed under "pursuit of being an artist." Fast (1985) refers to this kind of thinking as "event-centered thought," which is typically organized around an action or an affect (see also Kernberg, 1976). Similarly,

a patient became furious during a session when I spoke of an aspect of her functioning as "problematic." She interpreted this to mean that I considered *her* problematic; she was unable to recognize basic Aristotelian logic about the relationship between parts and wholes, although she had surely mastered this logic in the academic arena in middle childhood. Another borderline patient summarized an incipient change in his self-understanding in a way that portrays very well the developmental shift normally seen from middle childhood to early adolescence:

I used to think of myself only in relationships, like I'm only a person when I'm in a relationship, like I'm a piece of my relationship with my father. . . I saw myself as a subset of the relationship. Now I'm starting to feel like I'm a set, with all these subsets, like in my relationship with my father or my sister, like I'm more of a whole person.

Second, the critical developmental shift to more stable, psychological, and integrated representations occurs, not in the oedipal years, but in middle to late childhood, roughly between the ages of eight and ten (*Livesley & Bromley, 1973*). Unidimensional object-representations persist well into those years, as illustrated by a characterization of a classmate by a normal ten-year-old which sounds like a classic clinical example of splitting:

He smells very much and is very nasty. He has no sense of humor and is very dull. He is always fighting and he is cruel. He does silly things and is very stupid. He has brown hair and cruel eyes. . . I think he is the most horrible boy in the class. (*Livesley & Bromley, 1973, p. 217*)

Third, to the extent that borderline patients ever use differentiated trait descriptions or make complicated (though often distorted) attributions about people's motives and actions, which they frequently do, their object-representations are decidedly not those of a young child. A borderline patient's claim that a friend has "a need to denigrate women" may be right or wrong, but it is not preoedipal. Self- and object-representations in severe character pathol-

ogy are at times preoedipal, at times preadolescent, at times probably adult, and at other times distorted but not developmentally primitive.

Finally, with respect to Kohut's assertion that a nuclear self arises in the second year, developmental research does suggest that a sense of self as object of thought emerges between eighteen and thirty-six months. At the same time, however, Kohut appears to have been referring to a sense of the experiencing self rather than of self as object and, as Stern (1985) argued persuasively, no sense of self emerges in an instant, and one would do well to speak of developmental lines of self-understanding rather than of instantaneous attainments. The self-concept of the toddler is not, in fact, "cohesive;" it is concrete and changeable and can, at different moments, be grossly contradictory. One might add that borderline identity confusion, while including preoedipal components (e.g., basic gender confusion), can only arise fully in middle to late adolescence because before that time children lack the cognitive complexity to posit an abstract and integrated "self," to commit themselves to various ego-ideal standards and ambitions, and to integrate a view of their psyche, body, actions, history, and family and cultural context to form a mature sense of identity (*Erikson, 1963*).

### 3. Emotional Investment in Others

Object relations theories posit a developmental shift from need-gratifying object relations (often referred to as narcissistic) to mature object relations based on love, respect, and concern for others who are relatively complexly represented. Empirical research from a number of quarters supports this view of development. This is not, of course, to deny that preschoolers may sometimes act empathically (*Hoffman, 1978*), or that adults may sometime violate the legitimate rights of others.

Of direct relevance to this issue is a sophisticated body of interview research on children's conceptions of friendship, the



main findings of which Shantz (1983) summarized as follows:

... friendship concepts undergo a good deal of change in development, the major changes appearing to be: (1) from defining friendship as a concrete, behavioral, surface relationship of playing together and giving goods to more abstract, internal dispositional relationships in adolescence of caring for one another, sharing one's thoughts and feelings, and comforting each other; (2) from a self-centered orientation of the friend as satisfying one's wants and needs to a mutually satisfying relation; (3) from momentary or transient good acts between individuals to relations that endure over time and occasional conflicts . . . (p. 531).

Selman (1981) has proposed a stage model of friendship, in which the first stage (up to age seven) is "momentary physical-istic playmate," when proximity and playing together define friendship. The second (ages four to nine) is "one-way assistance," when the child focuses on acts the friend performs that gratify his wishes. The third stage (ages six to twelve) is "fair-weather cooperation;" both partners are seen as adapting to each other's standards, but relationships are viewed as easily severed by momentary arguments. In the next stage (ages nine to fifteen), "intimate and mutually shared relationships," friendship is viewed as involving mutual intimacy and support, rather than a means to avoid boredom or loneliness. Selman's data seem to point to two developments in the child's understanding of friendship. The first is a developmental movement from self-interest, to mutual self-interest, to mutual concern. The second is a shift from undifferentiated, situational friendships, to friendships with distinct people who are nonetheless readily discarded, to more durable friendships between people who have a history together. Damon (1977) has proposed a similar sequence, and has obtained considerable empirical support for parallel developmental changes in children's conceptions of justice, convention, and morality.

Research on moral development docu-

ments a similar shift from a need-gratifying orientation toward moral affairs to a capacity to subordinate one's own wishes to "cathected" moral beliefs.\* Kohlberg's theory is especially relevant in this regard (Kohlberg & Kramer, 1969). At the first level, pre-conventional moral reasoning, the child views good and bad in terms of the power of authority to create rules or the hedonistic implications of action (rewards or punishments). As moral reasoning at this level advances, the child develops an "I'll scratch your back, if you'll scratch mine" notion of reciprocity. At the second, or conventional level, the child seeks approval of authorities and internalizes moral standards that are viewed as right and legitimate rather than as prudent rules of thumb to avoid unpleasant consequences. At the highest or postconventional level, moral reasoning consists of the formulation and application of general principles rather than specific learned rules, and conventional moral standards may be rejected by the individual if they conflict with overarching principles.

While these various lines of research support the basic developmental trajectory described by object relations theories, they also pose a significant challenge to current conceptions: the capacity to invest emotionally in people and relationships not only develops significantly in the postoedipal years, it is clearly not well established by age five. Indeed, the research cited here on both friendship and moral development suggests that need-gratifying object relations decline significantly, and begin to be replaced with more object-oriented patterns of emotional investment, in middle to late childhood, not in the oedipal years, and that stable investment in friends for their distinct psychological attributes does not emerge until well into adolescence. The immaturity of emotional investment in oedipal-age children is exemplified in the following

\* For reviews, particularly as relevant to object relations and psychoanalytic theory, see Lickona (1976), Rest (1983), and Westen (1985, *in press*).

interview with a normal child of almost six years of age (Damon, 1977):

"Why is Larry your best friend?" 'Cause he plays with me a lot . . . He came to my house and I played with him and he liked me. "Does everyone who goes to your house like you?" Sometimes when I play with them, but when I don't play with them, they don't like me . . . "How come [people] want to be your friend?" I have lots of toys and I give toys to them. (pp. 154-155)

Compare the child's response to the following statement by a patient with a narcissistic disorder organized at a borderline level who was surprised when his therapist suggested that he seemed to mean a lot to his younger brother; by all theoretical accounts this would be taken as evidence of preoedipal object relations: "I don't know, maybe I do, who knows, but he can't really do anything for me, so he doesn't mean much to me."

Mature emotional investment or cathexis, which patients with severe character pathology seem unable to negotiate, rests not only upon preoedipal development but also upon the maturation of a number of ego functions in the latency years. Ego-structural, temperamental, neuropsychological, conflict-based, or trauma-based impediments to maturation of these functions can lead to a quality of investment in others typically described as "preoedipal." One cannot invest in specific others for their distinct psychological attributes until one can form cognitive representations of others with considerable complexity; cognitive complexity in this respect is necessary but not sufficient for mature object-relatedness. Similarly, the tendency of borderline patients to form intense, unstable relationships in which they idealize the object and invest too much too soon suggests a deficit in the capacity to regulate emotional investment, which seems to reflect a generalized dysregulation of affect characteristic of borderline personalities. The capacity to regulate affect is a complex ego function that develops substantially through adolescence and probably beyond. The ability to exert conscious and unconscious control over the

extent to which one invests emotionally in another person relies in part upon a knowledge of one's own emotional reactions and of their antecedents and consequences, a knowledge that children lack (see Masters and Carlson [1984] for a review of relevant research). Further, maturity of emotional investment requires a capacity to set aside one's immediate feelings and perceptions, to remember previous times in which one felt differently (e.g., while arguing with a long-time friend), and to represent cognitively the point of view and feelings of the other person. All these functions undergo considerable development throughout childhood and adolescence (Flavell, 1985; Selman, 1980; Westen, in press).

A factor that influences the maturation of emotional investment is the affect-tone of relationship paradigms or interpersonal expectations. The extent to which a person expects relationships to be a source of pleasure or satisfaction, as opposed to indifference, neglect, abuse, or victimization, is a critical component of object relations and one which probably differentiates severe character pathology from neurotic character organization. If one considers this aspect of pathology "primitive" or "preoedipal," one must take a position similar to that of Melanie Klein (1948), who argued that schizoid and paranoid orientations are normal phases of early development. Direct observation of infants has never, to my knowledge, led to a similar conclusion. Rather, research on infant-caregiver attachment, using Ainsworth's (1979) "strange situation" paradigm, has identified different patterns of attachment, including secure, ambivalent, and avoidant. Longitudinal research has begun to document considerable temporal continuity of attachment-related processes (Bretherton, 1985), and it is tempting to speculate that many borderline adults may have been insecurely attached as infants. Recent research on the intergenerational transmission of attachment styles (Main, Cassidy, & Kaplan, 1985) is highly suggestive in this respect. This would gen-

erally support the notion of a preoedipal origin to some percentage of borderline disorders; however, insecure attachment is not a normal developmental stage but rather represents an unfortunate interaction of infant and caregiver. What has been described as the rapprochement quality of borderline object relations (alternation of clinginess and rejection of the object) seems as analogous to ambivalent attachment, or to what Main et al. (1985) have referred to as "disorganized" attachment, as to a particular universal developmental phase.

Borderline expectations of malevolence are *pathological but not developmentally primitive*. Psychoanalytic theory must begin to disentangle two meanings of "primitive:" as developmentally early, and as grossly pathological. The failure to differentiate these two meanings stems from a fundamental psychoanalytic assumption, which now requires serious reconsideration, that a continuum of pathology can be mapped onto a continuum of development (Peterfreund, 1978). Future theory and research must begin to distinguish pathological phenomena that reflect fixations or regressions from those that simply represent abnormality.

The characteristic borderline sensitivity to loss, rejection, and abandonment clearly does suggest a pathology of attachment with likely roots in the preoedipal years. A recent study of transitional object use in borderline patients, those with other character disorders, schizophrenics, and normals (Morris, Gunderson, & Zanarini, 1986) found significantly greater history of transitional object use among the borderline sample. In many borderline patients the normal developmental progression (Flavell, 1985), which occurs in the preoedipal years, from need for physical contact with the caregiver in order to feel content, to need for visual contact, to need for potential or symbolic contact (knowing the parent is around or will return) seems to have been impeded. The result is both an acute sensitivity to loss and an inability to internalize mecha-

nisms for self-soothing. One borderline adolescent, for example, reported calling her mother every afternoon after school, and becoming frantic if she could not locate her. On the other hand, many children and adolescents with separation anxiety disorders and school phobias manifest similar fears of separation from parents but are clearly in the neurotic range characterologically and are seldom described as preoedipal. Intense fears of loss and abandonment may result from a variety of factors, including actual loss or experience of prolonged separation; parental insensitivity, neglect, or abuse; poor "fit" between infant temperament and behavior patterns and parent character and behavior; overabundance of, or low threshold of tolerance for, aggressive fantasies, leading to a fear of destroying the object; temperamentally- or environmentally-induced difficulty in regulating emotions, particularly anxiety, depression, and anger; or dysfunction in the neurophysiological mechanisms, particularly in the neurotransmitter systems, that underlie attachment. Under what conditions difficulties such as these, which tend to arise in the first few years of life, will produce severe character pathology is unclear.

#### 4. Dyadic vs Triadic Object Relations

A frequent assertion about borderline patients is that their object relations are dyadic rather than triadic. In other words, they are viewed as so preoccupied with basic trust issues (nurturance, oral supplies, etc.), that they relate to significant others primarily as preoedipal mothers. From this point of view, oedipal concerns are likely to be reduced to preoedipal ones; promiscuity, for example, is often interpreted in such patients as an oral or preoedipal displacement. In many cases promiscuous sexual activity does represent an acting-out of preoedipal concerns, as when a borderline patient who had no prior contact with psychoanalytic ideas described the reasons for his brief homosexual liaisons, "I'm just looking for a mother to hold me."

At other times, however, patients with severe character pathology wrestle with genuine oedipal issues and often experience these feelings and conflicts far more intensely than neurotics because of a hypertrophied emotional reactivity which amplifies *all* affects, impulses, and conflicts. Low or poorly modulated self-esteem and fears of abandonment are likely to intensify jealousy and oedipal rivalry because they increase the need for reassurance that one is loved, admired, and desired. Poor regulation of affects is conducive to heightened conflict because the wishes, envy, and rage on the one hand, and the fear of them and their consequences on the other, magnify a normal developmental experience. The following early memory from a psychological test of a borderline patient is as blatantly oedipal as any neurotic could produce:

When I was staying with my father . . . and . . . I got to—he bought us candy and stuff like that, he bought us a lot of things and—at night I was scared to sleep out in the living room, so I got to sleep with him. “What was that like?” Well, he had his girlfriend get out of the bed so I could sleep with him. “How did that feel?” Made me feel good.

Many borderline patients, like this one, report documented histories of sexual abuse (*Herman, Perry, & van der Kolke, 1989; Herman & van der Kolk, 1987; Ogata, Silk, Goodrich, & Lohr, 1988; Westen, Ludolph, Misle, Ruffins, & Block, in press*), which makes oedipal issues particularly salient and problematic. The vulnerability of patients with serious character pathology to feelings of loss, abandonment, and rejection renders them more likely than neurotics to focus on these issues; but such people do have genitals as well as competitive feelings, just as, for that matter, normal adults receive much gratification and security from cuddling with their sexual partners.

A theoretical supposition common to various object-relations theories is that in early development there is only one object, the mother, so that theorists can speak, as have Mahler and colleagues, of a “dual unity” of mother and infant, symbiosis with *the*

object (*Mahler, Pine, & Bergman, 1975*), an idealized imago (*Kohut, 1971*), etc. Experimental research does not support such a view. Differential social smiling occurs by the second quarter of the first year of life (*Olson, 1981*), which suggests that infants by that point have rudimentary but distinct object-representations (and seem able to make some differentiations with particular sensory systems, e.g., olfactory, much earlier). In a study by Clark-Stewart (1978), children as young as 15 months were more cooperative, interested, and involved in triadic play with the father and mother than in dyadic play with the mother. It has been demonstrated in other research (*Horner, 1985*) that infants, rather than being strictly attuned to dyadic interaction, often visually follow verbal interactions between their parents.

## DISCUSSION

The developmental research reviewed here documents that the capacity for ambivalence is not firmly established, self- and object-representations are not complex and integrated, and the capacity to invest maturely in people following transcendence of a need-gratifying interpersonal orientation is not accomplished by the end of the oedipal period. These phenomena are all hallmarks of borderline character pathology, assumed to reflect a preoedipal developmental arrest. If they are not actually transcended by the oedipal period in normal development, then the equation of “primitive” or “preoedipal” in the pathological sense, and “primitive” or “preoedipal” in the normative developmental sense, is problematic. Further, the assumption that object relations in borderlines are strictly dyadic, an assumption that emerged from the attempt to model the theory of borderline psychopathology on the psychoanalytic theory of infancy, does justice neither to borderlines nor to preoedipal children and infants.

It might be argued that this paper has attacked a straw man, that no practicing clinician or theorist actually believes, for

example, that children form integrated object representations by age five. Two considerations suggest, however, that the developmental assumptions explored here are closer to being carved in stone in psychoanalytic theory than crafted in straw. First, the two major contemporary object relations theorists are unequivocal on this point: Kernberg described the oedipal period in terms of "whole objects" and integration of representational structures; Kohut correspondingly described a stage of the "cohesive self."

Second, and perhaps more important, object relations theories, like the psychoanalytic theory of character and symptomatology, assume that psychopathology lies on a developmental continuum. From this point of view, if neurotic disorders are oedipal, then more severe disorders must be preoedipal. If the latter is shown not to be the case—that is, if characteristically borderline phenomena lie at different points on a number of developmental and stylistic continua—then how can one account for the difference between a borderline and a neurotic? And could abuse or neglect in the post-oedipal years—or manifestations of trauma or abnormalities in late-maturing neural structures such as the frontal lobes—produce borderline (i.e., "preoedipal") pathology?

Although these issues cannot be addressed here, it seems likely that any empirically defensible theory of normal and pathological object relations must distinguish several interdependent but distinct developmental lines encompassed under the rubric of "object relations." These include complexity and differentiation of representations of self and others; capacity for emotional investment in relationships, values, and ideals; affect-tone of relationship paradigms (malevolent to benevolent); accuracy, complexity, and logic of causal attributions in the interpersonal arena; capacity for self-observation and perspective-taking; empathy; and dominant interpersonal concerns and conflicts (Westen, *in press*). Such

a theory must abandon the assumption that all aspects of object relations in severe personality disorders can be reduced to developmental disturbance at a single stage (Gunderson, 1984), and begin to address the staggeringly complex interaction of multiple developmental and stylistic processes that constitute the psychological underpinnings of a person's capacity to relate to other people.

Theories of object relations, from Klein and Fairbairn through Kernberg and Kohut, have been critical to the understanding and treatment of more disturbed patients. Although we should be careful to avoid throwing out the baby with the preoedipal bathwater, a rapprochement with developmental research nevertheless suggests that many of the assumptions, assertions, and timetables proposed by these theories must now be reassessed.

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