

Chapter 5

Klein: Object Relations Theory

Learning Objectives

After reading this chapter, students should be able to accomplish the following objectives:

1. Define object relations theory and compare it to Freudian theory.
2. Discuss the psychological life of the infant as seen from Klein's point of view.
3. Explain Klein's concepts of the paranoid-schizoid and depressive positions.
4. List and discuss Klein's psychic defense mechanisms.
5. Compare Klein's concept of the Oedipus complex with that of Freud.
6. Discuss Mahler's ideas about psychological birth.
7. Discuss Kohut's views of object relations.
8. Discuss Bowlby's attachment theory.
9. Discuss Ainsworth's Strange Situation.

Lecture Outline

I. Overview of Object Relations Theory

The **object relations theory** of Melanie Klein was built on careful observations of young children. In contrast to Freud, who emphasized the first 4–6 years of life, Klein stressed the importance of the first 4–6 *months* after birth. According to Klein, the child's relation to the breast is fundamental and serves as a prototype for later relations to whole objects such as mother and father. In addition to Klein, other theorists have speculated on the importance of a child's early experiences with the mother.

II. Biography of Melanie Klein

Melanie Reizes Klein was born on March 30, 1882, in Vienna, Austria. The youngest of four children born to Dr. Moriz Reizes and his second wife, Libussa Deutsch Reizes. Klein's early relationships were either unhealthy or ended in tragedy. She felt neglected by her elderly father, whom she saw as cold and distant, and although she loved and idolized her mother, she felt suffocated by her. She married Arthur Klein, an engineer, who had been her brother's close friend.

In 1909, the Kleins moved to Budapest, where Arthur had been transferred. There, Klein met Sandor Ferenczi, a member of Freud's inner circle and the person who introduced her into the world of psychoanalysis. Klein separated from her husband in 1919 but did not obtain a divorce for several years. After the separation, she established a psychoanalytic practice in

Berlin and made her first contributions to the psychoanalytic literature with a paper dealing with her analysis of Erich, who was not identified as her son until long after Klein's death (Grosskurth, 1998).

Her work with very young children, including her own, convinced her that children internalize both positive and negative feelings toward their mother and that they develop a superego much earlier than Freud had believed. Her slight divergence from standard psychoanalytic theory brought much criticism from her colleagues in Berlin, causing her to feel increasingly uncomfortable in that city. Then, in 1926, Ernest Jones invited her to London to analyze his children and to deliver a series of lectures on child analysis. These lectures later resulted in her first book, *The Psycho-Analysis of Children* (Klein, 1932). In 1927, she took up permanent residency in England, remaining there until her death on September 22, 1960.

III. Introduction to Object Relations Theory

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

An important portion of any relationship is the internal psychic representations of early significant objects, such as the mother's breast or the father's penis, that have been *introjected*, or taken into the infant's psychic structure, and then *projected* onto one's partner.

IV. Psychic Life of the Infant

Whereas Freud emphasized the first few years of life, Klein stressed the importance of the first 4 or 6 *months*. To her, infants do not begin life with a blank slate but with an inherited predisposition to reduce the anxiety they experience as a result of the conflict produced by the forces of the life instinct and the power of the death instinct.

A. Phantasies

One of Klein's basic assumptions is that the infant, even at birth, possesses an active phantasy life. These phantasies are psychic representations of unconscious id instincts; they should not be confused with the conscious fantasies of older children and adults. In fact, Klein intentionally spelled phantasy this way to make it distinguishable. When Klein (1932) wrote of the dynamic phantasy life of infants, she did not suggest that neonates could put thoughts into words. She simply meant that they possess unconscious images of

“good” and “bad.”

B. Objects

Klein agreed with Freud that humans have innate drives or instincts, including a *death instinct*. Drives, of course, must have some object. Thus, the hunger drive has the good breast as its object, the sex drive has a sexual organ as its object, and so on.

V. Positions

In their attempt to deal with this dichotomy of good and bad feelings, infants organize their experiences into **positions** or ways of dealing with both internal and external objects.

A. Paranoid-Schizoid Position

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

B. Depressive Position

Beginning at about the fifth or sixth month, an infant begins to view external objects as whole and to see that good and bad can exist in the same person. At that time, the infant develops a more realistic picture of the mother and recognizes that she is an independent person who can be both good and bad. Also, the ego is beginning to mature to the point at which it can tolerate some of its own destructive feelings rather than projecting them outward. However, the infant also realizes that the mother might go away and be lost forever. Fearing the possible loss of the mother, the infant desires to protect her and keep her from the dangers of its own destructive forces, those cannibalistic impulses that had previously been projected onto her.

The feelings of anxiety over losing a loved object coupled with a sense of guilt for wanting to destroy that object constitute what Klein called the **depressive position**. The depressive position is resolved when children fantasize that they have made reparation for their

previous transgressions and when they recognize that their mother will not go away permanently but will return after each departure.

VI. Psychic Defense Mechanisms

Klein (1955) suggested that, from very early infancy, children adopt several psychic defense mechanisms to protect their ego against the anxiety aroused by their own destructive fantasies.

A. Introjection

By **introjection**, Klein simply meant that infants fantasize taking into their body those perceptions and experiences that they have had with the external object, originally the mother's breast. Ordinarily, the infant tries to introject good objects, to take them inside itself as a protection against anxiety. However, sometimes the infant introjects bad objects, such as the bad breast or the bad penis, in order to gain control over them.

B. Projection

Just as infants use introjection to take in both good and bad objects, they use *projection* to get rid of them. Projection is the fantasy that one's own feelings and impulses actually reside in another person and not within one's body. Children project both bad and good images onto external objects, especially their parents.

C. Splitting

Infants can only manage the good and bad aspects of themselves and of external objects by **splitting** them, that is, by keeping apart incompatible impulses. Splitting can have either a positive or a negative effect on the child. If it is not extreme and rigid, it can be a positive and useful mechanism not only for infants but also for adults. It enables people to see both positive and negative aspects of themselves, to evaluate their behavior as good or bad, and to differentiate between likable and unlikable acquaintances.

D. Projective Identification

Another means of reducing anxiety is **projective identification**, a psychic defense mechanism in which infants split off unacceptable parts of themselves, project them into another object, and finally introject them back into themselves in a changed or distorted form.

VII. Internalizations

When object relations theorists speak of **internalizations**, they mean that the person takes in (introjects) aspects of the external world and then organizes those introjections into a psychologically meaningful framework.

A. Ego

Klein (1959) believed that although the ego is mostly unorganized at birth, it nevertheless is strong enough to feel anxiety, to use defense mechanisms, and to form early object relations in both phantasy and reality. However, before a unified ego can emerge, it must first become split. Klein assumed that infants innately strive for integration, but at the same time, they are forced to deal with the opposing forces of life and death, as reflected in their experience with the good breast and the bad breast.

B. Superego

Klein's picture of the superego differs from Freud's in at least three important aspects. First, it emerges much earlier in life; second, it is *not* an outgrowth of the Oedipus complex; and third, it is much more harsh and cruel.

C. Oedipus Complex

Klein (1946, 1948, 1952) held that the Oedipus complex begins at a much earlier age than Freud had suggested. Klein held that the Oedipus complex begins during the earliest months of life, overlaps with the oral and anal stages, and reaches its climax during the **genital stage** at around age 3 or 4. Klein also believed that a significant part of the Oedipus complex is children's fear of retaliation from their parent for their fantasy of emptying the parent's body. She stressed the importance of children retaining positive feelings toward *both* parents during the Oedipal years. Finally, she hypothesized that during its early stages, the Oedipus complex serves the same need for both genders, that is, to establish a positive attitude with the good or gratifying object (breast or penis) and to avoid the bad or terrifying object (breast or penis).

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

However, under less ideal circumstances, the little girl will see her mother as a rival and will fantasize robbing her mother of her father's penis and stealing her mother's babies. The little girl's wish to rob her mother produces a paranoid fear that her mother will retaliate against her by injuring her or taking away her babies. The little girl's principal anxiety comes from a fear that the inside of her body has been injured by her mother, an

anxiety that can be alleviated only when she later gives birth to a healthy baby.

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

VIII. Later Views on Object Relations

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

A. Margaret Mahler's View

Margaret Schoenberger Mahler (1897–1985) was born in Sopron, Hungary, and received a medical degree from the University of Vienna in 1923. In 1938, she moved to New York, where she was a consultant to the Children's Service of the New York State Psychiatric Institute. Mahler was primarily concerned with the psychological birth of the individual that takes place during the first 3 years of life, a time when a child gradually surrenders security for autonomy.

To achieve psychological birth and individuation, a child proceeds through a series of three major developmental stages and four substages (Mahler, 1967, 1972; Mahler, Pine, & Bergman, 1975). The first major developmental stage is **normal autism**, which spans the period from birth until about age 3 or 4 weeks. During this period, a newborn infant satisfies various needs within the all-powerful protective orbit of a mother's care.

As infants gradually realize that they cannot satisfy their own needs, they begin to recognize their primary caregiver and to seek a symbiotic relationship with her, a condition that leads to **normal symbiosis**, the second developmental stage in Mahler's theory. Normal symbiosis begins around the 4th or 5th week of age but reaches its zenith during the 4th or 5th month. During this time, "the infant behaves and functions as though he and his mother were an omnipotent system—a dual unity within one common boundary" (Mahler, 1967, p. 741).

The third major developmental stage, **separation-individuation**, spans the period from about the 4th or 5th month of age until about the 30th to 36th month. During this time, children become psychologically separated from their mothers, achieve a sense of individuation, and begin to develop feelings of personal identity.

B. Heinz Kohut's View

Heinz Kohut (1913–1981) was born in Vienna to educated and talented Jewish parents (Strozier, 2001). On the eve of World War II, he emigrated to England and, a year later, he moved to the United States, where he spent most of his professional life. More than the other object relations theorists, Kohut emphasized the process by which the *self* evolves from a vague and undifferentiated image to a clear and precise sense of individual identity. According to Kohut, infants require adult caregivers not only to gratify physical needs but also to satisfy basic psychological needs. In caring for both physical and psychological needs, adults, or **selfobjects**, treat infants as if they had a sense of self.

C. John Bowlby's Attachment Theory

John Bowlby (1907–1990) was born in London, where his father was a well-known surgeon. From an early age, Bowlby was interested in natural science, medicine, and psychology—subjects he studied at Cambridge University. After receiving a medical degree, he started his practice in psychiatry and psychoanalysis in 1933. At about the same time, he began training in child psychiatry under Melanie Klein.

In the 1950s, Bowlby became dissatisfied with the object relations perspective, primarily for its inadequate theory of motivation and its lack of empiricism. With his knowledge of **ethology** and evolutionary theory, he realized that object relations theory could be integrated with an evolutionary perspective. By forming such an integration, he felt he could correct the empirical shortcomings of the theory and extend it in a new direction.

Bowlby observed three stages of this **separation anxiety**. When their caregiver is first out of sight, infants will cry, resist soothing by other people, and search for their caregiver. This stage is the *protest* stage. As separation continues, infants become quiet, sad, passive, listless, and apathetic. This second stage is called *despair*. The last stage—the only one unique to humans—is *detachment*. During this stage, infants become emotionally detached from other people, including their caregiver. If their caregiver (mother) returns, infants will disregard and avoid her.

D. Mary Ainsworth and the Strange Situation

Mary Dinsmore Salter Ainsworth (1919–1999) was born in Glendale, Ohio, the daughter of the president of an aluminum goods business. She received her BA, MA, and PhD, all from the University of Toronto, where she also served as instructor and lecturer.

Influenced by Bowlby's theory, Ainsworth and her associates (Ainsworth, Blehar, Waters, & Wall, 1978) developed a technique for measuring the type of attachment style that exists between a caregiver and an infant, known as the *Strange Situation*. This procedure consists of a 20-min laboratory session in which a primary caregiver (usually a mother) and an

infant are initially alone in a playroom. Then a stranger comes into the room, and after a few minutes, the stranger begins a brief interaction with the infant. Then a series of episodes occurs in which the mother briefly leaves the room and then returns. The critical behavior is how the infant reacts when the mother returns. This behavior is the basis of four attachment style ratings: one known as secure, and three considered insecure attachment styles: avoidant or dismissive, anxious-ambivalent or resistant, and disorganized.

IX. Psychotherapy

The aim of Kleinian therapy is to reduce depressive anxieties and persecutory fears and to mitigate the harshness of internalized objects. To accomplish this aim, Klein encouraged her patients to reexperience early emotions and fantasies but this time with the therapist pointing out the differences between reality and fantasy between conscious and unconscious.

X. Related Research

Both object relations theory and attachment theory have sparked a great deal of empirical research. Studies show that attachment styles play a significant role in the personality development of children. Still other research examines adult populations and has shown the ways early trauma may disrupt adult relationships and has extended attachment theory to a wide range of adult relationships, including romantic, parental, and leader–follower relationships.

A. Childhood Trauma and Adult Object Relations

Object relations theory presumes that the quality of young children’s relationships with their caregivers is internalized as a model for later interpersonal relations. A great deal of research has explored the impact of childhood trauma and abuse on adult object relational functioning, and whether these experiences predict pathological outcomes later in life.

Researchers say, “Trauma survivors have had personal relationships as a cause of their pain. Thus, it is crucial for clinicians working with survivors of abuse to target presenting symptoms of psychopathology through a relational perspective” (Bedi, Muller, & Thornback, 2012, p. 6). Enabling trauma survivors to learn new ways that others can respond to them positively, say these researchers, can change their object representations in healthy ways.

B. Attachment Theory and Adult Relationships

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

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

Other researchers have continued to extend the research on attachment and adult romantic relationships. Steven Rholes and colleagues, for example, tested the idea that attachment style is related to the type of information people seek or avoid regarding their relationship and romantic partner (Rholes, Simpson, Tran, Martin, & Friedman, 2007). The researchers predicted that avoidant individuals would not seek out additional information about their partner's intimate feelings and dreams, whereas anxious individuals would express a strong desire to gain more information about their romantic partner.

Attachment style is important not only in parental and romantic relationships but also in the relationships between leaders and their followers. The theory is that attachment style is relevant in leader–follower relationships because leaders or authority figures can occupy the role of a caregiver and be a source of security in a manner similar to the support offered by parents and romantic partners.

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

XI. Critique of Object Relations Theory

In the United States, the influence of object relations theorists, while growing, has been less direct. Because object relations theory grew out of orthodox psychoanalytic theory, it suffers from some of the same *problems with falsification* that confront Freud's theory. Most of its tenets are based on what is happening inside the infant's psyche, and thus these assumptions cannot be falsified. The theory does not lend itself to falsifications because it generates very few testable hypotheses. Attachment theory, on the other hand, rates somewhat higher on falsification.

Perhaps the most useful feature of object relations theory is its *ability to organize* information about the behavior of infants. More than most other personality theorists, object relations theorists have speculated on how humans gradually come to acquire a sense of identity.

As a *guide to the practitioner*, the theory fares somewhat better than it does in organizing data or suggesting testable hypotheses. On the criterion of consistency, each of the theories discussed in this chapter has a high level of *internal consistency*, but the different theorists disagree among themselves on a number of points. Even though they all place primary importance on human relationships, the differences among them far exceed the similarities.

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

XII. Concept of Humanity

Object relations theorists generally see human personality as a product of the early mother-child relationship. Because they emphasize the mother-child relationship and view these experiences as crucial to later development, object relations theorists rate high on *determinism* and low on free choice.

For the same reason, these theorists can be either *pessimistic* or *optimistic*, depending on the quality of the early mother-infant relationship. On the dimension of *causality versus teleology*, object relations theory tends to be more causal. One can rate object relations theory high on *unconscious determinants of behavior* because most of the theorists trace the prime determinants of behavior to very early infancy, a time before verbal language. Thus, people acquire many personal traits and attitudes on a preverbal level and remain unaware of the complete nature of these traits and attitudes.

Klein shifted the emphasis from Freud's biologically based infantile stages to an interpersonal one. Because the intimacy and nurturing that infants receive from their mother are environmental experiences, Klein and other object relations theorists lean more toward *social determinants* of personality. On the dimension of *uniqueness versus similarities*, object relations theorists tend more toward similarities.