fixed, structural properties that developmental-arrest theories attribute to infantilism. The residues of the past do not close out the present; they provide blueprints for negotiating the present. Inevitably the adult is seeking interaction in his current interpersonal world, in one form or another, along the lines he considers safest and most desirable.

The probably universal experience of oneself as baby, sometimes with playful delight, sometimes with shame and horror, does not reflect a direct reliving, a contact with one's deepest core, an expression of one's inner structural composition. Rather, the universal experience of self as baby, like the experience of self as beast, reflects a pattern of symbolizing segments and dimensions of adult experience in a form which draws its definition and meanings from past and present relational configurations. As we shall see in the clinical examples presented in the next chapter, the experience of oneself as baby reflects an effort to give voice to dimensions of experience which, both in childhood and in the present, are conflictual and therefore disowned within the predominant configurations of the relational matrix.

It is the predicament of the neurotic that he translates everything into the terms of infantile sexuality; but if the doctor does so too, then where do we get? —JOSPEH CAMPBELL

6 Clinical Implications of the Developmental Tilt

The relationship between patient and analyst has, from the very beginnings of psychoanalysis, occupied a central place in all theorizing about the analytic situation and its therapeutic action. The manner in which that relationship is conceived, however, has undergone many intricate variations and transformations. Although any generalization about this complex conceptual history runs the risk of oversimplification, it is not at all misleading to note that in recent decades the analytic relationship has been understood more and more as a real and new relationship (Cooper, 1987). For Freud, the relationship with the analyst was a re-creation of past relationships, a new version struck from the original "stereotype place" (Freud, 1912b). The here-and-now relationship was crucial—but as a replication, as a vehicle for the recovery of memories or the filling in of amnesias, and it was this function that was understood to cure the patient. Contemporary relational-model views tend to put more emphasis on what is new in the analytic relationship. The past is still important—but as a vehicle for comprehending the meaning of the present relationship with the analyst, and it is in the working through of that relationship that cure resides. (See Racker, 1968, and Gill, 1983, for an extended treatment of this contrast.)

In what does this new relationship consist? There is a wide range of thinking. Fairbairn (1958) puts it this way: in order for the patient to relinquish his tie to bad objects (which is at the core of all psychopa-
thology), he must experience the analyst as a “good object.” Objectlessness is impossible; one cannot relinquish old attachments unless new ones seem possible and compelling.

That the analyst must become a good object is a formula with which relational theorists of all persuasions would agree. But what does it mean to say the analyst becomes a good object? “Good” in what sense? The analyst provides opportunities for relatedness hitherto unavailable to or unutilizable by the patient. What sort of opportunities? It is here that the developmental tilt becomes crucial, because it collapses relational needs in general into the kinds of interactions which characterize the relationship between the small child and the mother.

The Analyst as Good Object
Many relational authors portray the analyst as providing various dimensions of relatedness which characterize intimacy throughout the life cycle: a containment (Bion) or holding (Winnicott) of the other, merger experiences (Mahler), admiration and occasions for idealization (Kohut), a generally caring impact (M. Klein), and so on. Instead of conceptualizing these dimensions of the analytic relationship as providing the patient with a richer, more complex, more adult kind of intimacy than his previous psychopathology allowed him to experience, the developmental tilt leads to a view of these dimensions essentially as developmental remediations. Rather than becoming enriched in the present, the patient is seen as having past omissions corrected and developmental gaps plugged up. This lends a regressive cast to the analytic enterprise and seriously distorts the nature of these experiences. Let us consider several examples.

The following is an excerpt from a case discussed by Melanie Klein. The patient is a woman described as aggrieved about every aspect of her life.

She had been breast-fed, but circumstances had otherwise not been favourable and she was convinced that her babyhood and feeding had been wholly unsatisfactory. Her grievance about the past linked with hopelessness about the present and future. . . . The patient telephoned and said that she could not come for treatment because of a pain in her shoulder. On the next day she rang me to say that she was still not well but expected to see me on the following day. When, on the third day, she actually came, she was full of complaints. She had been looked after by her maid, but nobody else had taken an interest in her. She described to me that at one moment her pain had suddenly increased, together with a sense of extreme coldness. She had felt an impetuous need for somebody to come at once and cover up her shoulder, so that it should get warm, and to go away again as soon as that was done. At that instant it occurred to her that this must be how she had felt as a baby when she wanted to be looked after and nobody came.

It was characteristic of the patient’s attitude to people, and threw light on her earliest relation to the breast, that she desired to be looked after but at the same time repelled the very object which was to gratify her. The suspicion of the gift received, together with her impetuous need to be cared for, which ultimately meant a desire to be fed, expressed her ambivalent attitude towards the breast. (1957, p. 204)

Here Klein depicts a woman whose view of her own life and relations with others is characterized by a sense of deprivation, hopelessness, cynicism, and a methodical refusal to allow herself to be given to by anyone. Klein’s formulations concerning envy (a deliberate spoiling of the “good”) provide a rich metaphorical context for illuminating the patient’s dynamics. However, Klein reduces this lifelong refusal of the patient to allow anyone to give her anything, or to allow anyone to become important to her, to her relationship as an infant at the breast. Klein is clear on this point: the breast is not a metaphor for nurturance and hope. Nor is she suggesting that the feelings toward the breast are the first in a series of relationships with others in which the patient deals with hopelessness and anxiety through envious spoiling: “Her impetuous need to be cared for . . . ultimately meant a desire to be fed.” Various expressions of the need to be cared for, surely a fundamental relational need throughout the life cycle, are portrayed by Klein as symbolizations and transformations of the earliest longings vis-à-vis the breast.

Balint’s writings reveal a similar tilt in his understanding of significant interpersonal events within the analytic process. Balint (1968, p. 128) tells of his work with an “attractive, vivacious, and rather flirtatious girl in her late 20’s,” who entered treatment complaining of “an inability to achieve anything.” Academically successful, she had been unable to complete her final exams; socially popular, she had been unable to become involved with a man.

Gradually, it emerged that her inability to respond was linked with a crippling fear of uncertainty whenever she had to take any risk, that is, take
Developmental Tilt

154 INFANTILISM

a decision. She had a very close tie to her forceful, rather obsessional, but most reliable father; they understood and appreciated each other; while her relationship to her somewhat intimidated mother, whom she felt to be unreliable, was openly ambivalent.

It took us about two years before these connections made sense to her. At about this time, she was given the interpretation that apparently the most important thing for her was to keep her head safely up, with both feet firmly planted on the ground. In response, she mentioned that ever since her earliest childhood she could never do a somersault; although at various periods she tried desperately to do one. I then said: "What about it now?"—whereupon she got up from the couch and, to her great amazement, did a perfect somersault without any difficulty. (1968, pp. 128-129)

This interaction proved to be an important breakthrough in the treatment; "many changes followed in her emotional, social, and professional life, all towards greater freedom and elasticity" (p. 129).

How does Balint understand the somersault, the "crucial event" in this case? He characterizes it as a regression, which he carefully defines as the "emergence of a primitive childish form of behavior after more mature, more adult, forms have firmly established themselves" (p. 129).

This is a peculiar and unpersuasive characterization. Why is turning a somersault childish and primitive? Against what faded and anemic version of adulthood is it being measured? Here is a young woman who lives an adulthood of extreme caution, constriction, and uninvolved. Given the interpretive context Balint and the patient had developed, and given the patient's subsequent progress, the somersault seems clearly a metaphorical enactment of her new willingness to take risks, to plunge herself into things without knowing exactly how they will turn out, to act in ways other than carefully placing her feet one in front of the other. Why childish and primitive then? The meaning of the act is obviously a progression, not a regression, an expansion of the patient's maturity and potential, not a diminution of them. Is the behavior itself so childish and primitive? Are adults not supposed to make spontaneous physical gestures to play in this way?

The most striking feature of Balint's characterization of this intriguing clinical moment, however, is his description of it as an emergence. This suggests something that has been contained within this woman, repressed, submerged, pushing for release, as if the somersault and the childish spontaneity it expressed was in her, waiting for the analyst's presence to precipitate its release. Yet, according to Balint's account, this act did not simply emerge—it was invited. It was Balint, the adult analyst, who suggested that the patient try a somersault; what was new was her ability to respond to this invitation.

The patient was closely tied to her obsessional but reliable father. Her analyst of several years, doubtless also obsessional and reliable, acts very differently from the cautious father; he invites her to play, to take a risk, and in so doing takes a risk himself. He seduces her, after a fashion; or, perhaps, he allows himself to respond to her hobbled seductiveness. Here is a man who, despite his respectability, is not bound by convention, is willing to try something very different, the outcome of which is unknown and unknowable. Should we characterize the analyst's invitation as regressive? It seems an extraordinarily misleading way to depict a brilliant and creative piece of clinical work. Patient and analyst have re-created in the transference a powerful attachment mediated through reliability and cautiousness, in which the decorum and professionalism of the analytic situation are symbolic equivalents of the parent's timidity and deep fear of life and spontaneity. Perhaps the crucial event was not the patient's somersault at all, but the analyst's invitation, through which he stepped out of the transferenceal integration in which he was participating and thereby transformed the relationship.

Balint's clinical data suggest that the patient's psychopathology is strongly bound up with her attachment to her parents and their character pathology. The clarification of that attachment and the mutual development with the analyst of new forms of relationship are ameliorative. The new forms reflect a playfulness, a spontaneity, a willingness to take risks. Balint's way of describing this constructive shift in capacity for relatedness illustrates the two major problems generated by developmental tilt: psychopathology is characterized in terms of missing infantile experiences rather than constricted patterns of relatedness in general, and the missing needs are regarded as residing in the patient, pressing to emerge, rather than a function of the interactive relational field the analyst experiences herself as living in. The characterization of the somersault as the emergence, even if benignly, of a piece of childishness strikingly distorts its crucial interactive meaning vis-à-vis the shifting relationship with the analyst.

Developmental tilt is evident not just in the writings of authors from the British school, but also in the work of theorists in the tradition of American ego psychology. Here structural conflict over sexual and aggressive impulses is seen as dominating later childhood and subsequent development. When relational issues are added to the theory, specifically
in the contributions of Mahler, Jacobson, and Kernberg, they are introduced as pertaining to the earliest developmental phase; their evidence later in life is regarded as a regressive residue of very early disturbance. Consider this clinical excerpt from Blanck and Blanck, who have synthesized various ego-psychological contributions and applied them to clinical practice.

Mrs. Fletcher: I always feel unwanted. My husband only wanted me for sex, but he never held me just because he liked me.
Therapist: Everyone needs to be held at times, but when do we need it most?
Mrs. Fletcher: You mean when we were babies? You seem to be telling me that when I think of a woman, even if sexually, that it really reflects the way I yearned to be held, cuddled, and loved by my mother.
Therapist: Do you see now why you asked me whether I am a “butch?”
Mrs. Fletcher: Oh, it upsets me. I want a woman.
Therapist: But do you understand why?
Mrs. Fletcher: I need mothering.

Thus the patient arrives at the realization that her homosexual wishes contain the intense yearning for mothering that was unfulfilled in the age-appropriate symbiotic phase. (Bergmann, 1971, p. 306)

Consider the therapist’s first intervention. The patient has expressed the view that her husband uses her for sex, without feeling any tenderness or liking for her. The therapist pays lip service to the need for tenderness throughout life, then immediately collapses such a need into the infant’s need for tenderness from the mother. Relational needs which might reasonably be regarded as aspects of all adult relationships, the longing to be held and cherished, are depicted as regressive, symbiotic yearnings, unresolved residues from earliest childhood. The introduction of Mahler’s concept of symbiosis as prestructural, rather than as a depiction of the tension between autonomy and surrender throughout the life cycle, necessitates the collapsing of the need for tenderness and the longing for fusion into the earliest relationship with the mother. Such yearnings with regard to the mother are not depicted as the first in a series of similar longings in later relationships, but as the only developmental forum in which such needs make sense. (Bergmann, 1971, provides a moving Mahlerian account of adult love as inevitably drawing on symbiotic yearnings, although these are still by definition regressive, even if regressive in the service of romance.)

Whether or not relational issues are tilted toward infancy has important implications in the handling of clinical material, as the following example illustrates.

A young male analysand, a college professor in a discipline related to psychoanalysis who therefore knew much of the psychoanalytic literature, had been struggling with phobic anxiety about presenting his work to his peers. He came from a tight-knit extended family who regarded with high suspicion the external world and particularly people who moved successfully through it. The patient felt strong conflict between his intellectural endeavors and upwardly mobile ambitions and his deep loyalty to the anti-intellectual and paranoid traditions of his family. His mother was a long-suffering daughter-wife-mother who induced great guilt and expected her children to stay with and protect her; his father was a brittle, narcissistic, and grandiose man who was disdainfully and deeply fearful of life outside the narrow confines of his interests. The patient had never felt supported or admired for his accomplishments, which he kept essentially hidden and devalued, convinced that they would destroy both parents and his connections with them—which he both dreaded and longed for.

After working with the analyst on many facets of his phobic anxiety, the patient began one session apologetically reporting a recent success. A long-feared meeting at which he was to present his work had gone very well; in fact, he was exuberant at his display of his powers; he felt that he should be able to go on to other matters, but he still seemed to need to tell the analyst all about it, hoping to elicit approval and praise. He regarded this need for “mirroring” (he had been reading Kohut) as childish and embarrassing, a sign of how deeply he had been damaged in his ability to sustain a sense of self-worth.

What is the nature of this analysand’s hesitantly expressed, wished-for interaction? He wants to revel in his success, to crow, to elicit the analyst’s admiration, pride, perhaps envy. He regards this wish as childish, and is embarrassed by it. This attitude toward his wish is consistent with the approach taken toward many relational needs generated by object-relations theories through the developmental tilt; it is the position taken by Klein toward her patient’s wish for nurturance, by Balint toward the somersault, by Blanck and Blanck toward the patient’s wish to be held and cherished. The analyst in this case did not experience the patient’s wish to share his success as resembling that of an infant seeking self-recognition in the mother’s eyes, or that of a little boy showing off, but rather as that of a man fearfully prideful of his success and newly
discovered powers. The analysand's apologetic display asks for reassurance from the analyst (either explicitly or implicitly); it is a request for permission to show his powers, which preserves both the characterological defense of the patient and a subtle protectiveness of the other (who, it is assumed, cannot bear to witness fully the patient's struggles and triumphs). The resultant interaction is a blend of expansive vitality, solicitous protectiveness, deferential obsequiousness, and ultimate secret triumph. Is the prideful man related to the boastful boy or the yearningDevelopmental Tilt

Conflict and Passivity

The skewing of the relational matrix created by the developmental tilt is often accompanied by two additional clinical emphases: a tendency to minimize the importance of conflict, and a tendency to portray the analysand as essentially passive.

Drive theory is conflict theory— asocial impulses clash with socially inspired defenses against impulses, and it is from this clash that all mental life is generated. Developmental-arrest theorists, who have introduced relational issues via the developmental tilt, tend to present these issues not only as occurring earlier in life, but also as nonconflictual or preconflictual. Relational needs are not asocial, leading inevitably to conflict with the social environment. Relational needs by definition are social; what is sought is some form of relatedness. If the interpersonal environment provides opportunities for that relatedness, there is no conflict; if the interpersonal environment does not provide such opportunities, what results is not conflict but deprivation.

Winnicott expresses the developmental-arrest point of view most clearly, in distinguishing between needs and wishes. Wishes derive from instinctual impulses and eventually clash with social reality; if they are not gratified, they can be repressed, sublimated, transformed into aim-inhibited gratifications. Needs are developmental necessities; the child requires certain kinds of parenting behaviors to gain necessary experiences. If the parent provides them, the child continues to develop; if the parent does not, the child becomes frozen. Similarly, if the analyst does not provide these object-relational opportunities in some manner, nothing else can happen. It is not gratification of impulses; it is a question of reaching the self by providing necessary experiences. Serious psychopathology, in Winnicott's view, is always a result of inadequate provision of needs, always an "environmental deficiency disease," and the simple provision of maternal functions produces in the child nonconflictual experiences and unimpeded unfolding of the self.

Guntrip (1969) similarly operates on the premise that a seamless, conflict-free existence is possible, and certainly desirable.

If we imagine a perfectly mature person, he would have no endopsychic structure in the sense of permanently opposed drives and controls. He would be a whole unified person whose internal psychic differentiation and organization would simply represent his diversified interest and abilities, within an overall good ego-development, in good object-relationships. (p. 425)

Proper parenting results in perpetual internal harmony and equilibrium.

Then the grown-up child is free without anxiety or guilt to enter an erotic relationship with an extra-familial partner, and to form other important personal relationships in which there is a genuine meeting of kindred spirits without the erotic element, and further to exercise an active and spontaneous personality free from inhibiting fears. This kind of parental love, which the Greeks called agape as distinct from eros, is the kind of love the psychotherapist must give his patient because he did not get it from his parents in an adequate way. (p. 357)

In developing his "self psychology in the broad sense," Kohut (1977) takes a very similar position: if parenting is adequate in providing appropriate self-object functions, life proceeds rather simply and easily. Even the peak of the oedipal stage, the climax of instinctual Sturm and Drang in classical theory, is experienced as a joyful exercise of functions. Could it be, asks Kohut, that

the dramatic conflict-ridden Oedipus complex of classical analysis, with its perception of a child whose aspirations are crumbling under the impact of castration fear, is not a primary maturational necessity but only the frequent result of frequently occurring failures from the side of narcissistically disturbed parents? (p. 247)

Similarly, suggests Kohut, if the analyst avoids subjecting the patient to traumatic failures in empathy as opposed to "optimal empathic failures,"
the reactions to which are themselves empathized with, the analysis is essentially smooth and nonconflictual.

Some analysts who identify themselves as “orthodox” dismiss relational theories on the ground that such theories necessarily give up the centrality of conflict which these analysts associate with oedipal neuroses. The criticism is a fair one, although the neglect of conflict (like the underemphasis on sexuality) is not an inevitable component of a relational perspective, but rather a historical artifact. An underemphasis on conflict results when relational contributions are introduced via the developmental tilt.

To regard conflict as the exclusive property of drive theory and to present relational concepts as fundamentally nonconflictual in nature is seriously to limit the clinical utility of relational contributions. This viewpoint misses the universality of conflicts between and among different relationships and identifications; ties and loyalties to one parent are, to some extent, inevitably experienced as (and in reality may very well be) a threat to ties and loyalties to the other. Also missed is the clinical importance of conflict within a single relationship. Intimacy is not a primrose path, but a process which includes risks, choices, and anxieties. Intimacy necessarily entails accommodation which, no matter how freely and willingly undertaken, inevitably generates a pull toward a reclaiming of the self. Intimate relationships, because of their temporal quality, are never static but always entail an active tension and conflict between openness to the other and self-definition, between responsiveness to the other’s claims and a need for boundaries. As Winnicott (1963) suggests, each of us needs to remain in some sense “incognito,” as the ground for recapturing a sense of personal experience and a renewed capacity for intimacy. Conflict is inherent in relatedness.

For analysands whose past efforts at relatedness have been severely dashed, warmth, nurturance, and connection can be a frightening, highly conflictual prospect. As Will notes, for some patients, paraadoxically, “closeness to another implies anxiety, separation and death” (1959, p. 213). An analysand’s retreat, fragmentation, withdrawal may result from a missed connection on the part of the analyst—but not necessarily so. To assume that it is needlessly limits clinical options. It is often not the experience of “empathic failure,” but the experience of empathic success that precipitates withdrawal, devaluation, and fragmentation. For someone who has experienced repeated failure of meaningful connection, whose essential attachments are to constricted and painful relationships (in actuality or in fantasy), hope is a very dangerous feeling. It may be precisely the sense of meaningful connection that precipitates the analysand’s withdrawal, because the possibility of such connection calls into question the basic premises of the analysand’s painfully constricted subjective world. Sullivan’s (1953) formulation of the “malevolent transformation,” Klein’s (1957) concept of envious spoiling, and Bion’s (1957) depiction of “attacks on linking” all point to the dangers of hope and the conflictual nature of relational needs. The minimization of the importance of conflict in the developmental-arrest model, in which relational concepts are introduced through the developmental tilt, leads to a view of relational processes which is simplistic and overlooks their essential ambivalence in the psychoanalytic situation.

A closely related clinical emphasis generated by the developmental tilt is the tendency to portray the patient as passive, detached, and victimized. Psychopathology is a direct product of deprivation, an “environmental failure.” Certain kinds of interpersonal experiences are necessary for the growth of the self; when these are lacking, central features of the child remain buried, unevoked, frozen. The patient as he presents himself for treatment is an empty shell vacated by this missing core, which can only be brought to life through the analyst’s creation of a more encouraging environment; the passive “true self” of the patient awaits this call. Guntrip states most clearly the premises of this approach to treatment, which might be characterized as the Sleeping Beauty model. Psychotherapy is the provision of the possibility of a genuine, reliable, understanding, and respecting, caring personal relationship in which a human being whose true self has been crushed by the manipulative techniques of those who only wanted to make him “not be a nuisance” to them, can begin at last to feel his own true feelings, and think his own spontaneous thoughts, and find himself to be real. (1971, p. 182)

Guntrip sees the neurotic as a “neglected physically grownup child” having been deprived of the “elementary right to the primary supportive relationship that can alone enable him to live” (p. 156). Thus, the analyst brings to the frightened child in the patient missed possibilities for life. “At the deepest level, psychotherapy is replacement therapy, providing for the patient what the mother failed to provide at the beginning of life” (p. 191).
This view of the analysand as an abandoned, deprived, detached infant minimizes the interactive properties of mind vis-à-vis current interpersonal reality. Early mental life is conceived in terms of interaction; but once structured, the mind is perseveratively dominated by vestiges of infantile experience, awaiting appropriate conditions for re-emergence. What is overlooked is the extent to which the analysand is involved in an interactive field, trying to shape his current relationships—including his relationship with the analyst—along lines he considers most desirable.

Psychopathology often entails an active, willful clinging to an insistence on, maladaptive relational patterns, symptomatic behaviors, and painful experiences. Although a fuller treatment of agency and the will is developed in Chapter 9, let me briefly note the importance of active commitment in Fairbairn’s object-relations theory, which is somewhat different from a more purely developmental-arrest position.

Fairbairn argues that beneath all forms of psychopathology one finds an attachment to “bad objects,” thereby pointing to an active dimension which Guntrip’s later formulations lose. Psychopathology is more than an absence or fearful avoidance of good relatedness. We often observe not just an avoidance of the positive, but a fascination with the negative. Analysands with repetitive disturbances in interpersonal relations are drawn, like the moth to the flame, to specific negative types of relations—with sadistic, skittish, withdrawn others. This compulsive repetition of painful early experience seems to reflect a detachment from some forms of relationship, and also an attachment to certain others. The masochistic character seeks abuse partially because the violence imparts a fantasy of connection to and caring from others who are experienced as inaccessible in other ways. The depressed character seeks deprivation often because it is a state that makes possible a deep and often fantasied sense of connection with a schizoid or depressed parent, so unavailable in other ways. What the analysand is attached to is often not actual attributes of the parent, but fantasied attributes—not satisfying features of their relationship, but precisely the features that are missing. It is the deprivation, the pain, the depression, which serve as vehicles for attachment.

Embedded in much psychopathological experience and behavior are personifications of others, to whom the analysand feels tied through the pathology. The analysand does not simply miss or exclude from consciousness signals which would lead to nurturance and attachment; he looks for different cues, which draw him into attachments not based on caring and support but on pain and misery. The danger of the new dimensions of the analytic relationship is that they challenge these allegiances. The analysand must choose between attachments to fantasied images and presences which impart an often subtle sense of safety and connection, and the possibility of attachment to real others along new lines, with all the attendant risks. Thus, analysands often speak of a profound sense of isolation associated with giving up their neuroses. Psychopathology is not a state of aborted, frozen development, but a cocoon actively woven of fantasied ties to significant others. Beneath a seemingly passive detachment is often a secret attachment, largely unconscious, but experienced as necessary and life sustaining.

The relational issues depicted in the contributions of developmental-arrest authors vividly illuminate patients’ struggles, both past and present. Yet the tendency to collapse these issues into early infancy and to portray the patient, via the metaphor of the baby, as nonconflictually and passively waiting to reemerge distorts their nature and detracts from a fuller appreciation of the interactive processes through which they are perpetuated.

Neediness and the Self as Baby

Part of the appeal to both analysand and analyst of the reification of the metaphor of the baby is that it corresponds to the experience of many analysands, who feel that their wishes and needs are infantile. As they allow themselves to care about and want things from another person, they experience the new desires as overwhelmingly powerful and intense, greedy, demanding—as a bottomless pit. They cannot tolerate not getting what they want from the other person, and not getting it instantly. This “neediness” is experienced as identical to that of the hungry infant or of the clinging toddler. What we are seeing looks like unsatisfied early developmental needs, manifesting themselves inappropriately in an adult context: needs for primitive oral gratification (Freud), infantile dependence (Fairbairn), symbiotic fusion (Mahler), mirroring (Kohut), and so on. These needs have been thwarted for decades and seem to have grown hungry, ravenous, over time. This understanding often makes the analysand’s neediness difficult to resolve or work through, because it leads to two equally unappealing options. The choices are an ultimate renunciation of the “infantile” wishes, which
are now understood in their proper historical context (classical technique), or an immersion in what is felt to be the gratification of those wishes in the analytic relationship (developmental-arrest technique). The first approach results in what seems to be a kind of resignation, the second in a splitting off of the analytic relationship from the rest of life, as the only domain in which one's desires are truly taken into account.

What the analysand experiences as neediness is often more usefully understood, within a relational-conflict framework, not as reflecting infantile fixations or developmentally arrested needs, but as a complex mixture of perfectly appropriate adult desires interwoven with intense anxiety. These analysands often come from families where depending on other people for anything was regarded as weak or babyish (often also as "bad"), leading them to develop character styles organized around either excessive demandingness or its opposite, counterdependent defenses. These analysands probably were thwarted as infants. But what they experience as neediness in their adult lives has less to do with thwarted infantile needs and more to do with the ideas and feelings the individuals developed, through these early experiences, regarding desire in general. When such a person experiences any intense wish or longing in relation to another person (the common coinage of adult emotional life), he or she tends to become flooded with anxiety. The desire is felt as weakening them, as making them vulnerable, demanding, bad.

Thus, their experience of early parental reactions to their needs has led to experience of any desire as infused with intense anxiety. The anxiety leads to desire in peremptory, demanding terms, based on the following kind of logic: "I want closeness with you, which makes me feel very anxious and vulnerable, to which I anticipate your reacting with disgust or withdrawal. Therefore, you must give me everything I want, and immediately, to reassure me that you won't leave, to remove me from the experience of my own desire. I must have guarantees." This constellation of feelings and ideas, collapsed into neediness (sometimes as powerful sexual need) is often experienced as infantile, a displacement from the distant developmental past, which leads to limited therapeutic options.

The alternative is to separate the desire from the anxiety with which it is laced, and from the various defensive operations for avoiding that anxiety, all of which are collapsed into the experience of the neediness. This relational-conflict perspective allows the analysand a third option besides renunciation or specially designed gratification: inquiry into the manner in which the inevitable desire for and interdependence upon others have been shaped by early experience in a way which makes these analysands unwilling and unable to sustain current desires and longings long enough to become acquainted with them and negotiate their integration with the needs and desires of others.

Belief in a universal developmental sequence in which affects and behaviors unfold (given proper environmental provisions) on the way to some preconceived vision of maturity, tends to make a good deal of clinical data look infantile. The patient who expresses affects, impulses, and wishes in a volatile, unmodulated fashion makes compelling a view of his pathology as reflecting developmental failures in the capacity to regulate affect, tension, excitement. Without such a preconceived developmental scheme, however, one often finds that in some families volatile, unmodulated expression of affect and impulse is a highly developed, familial way of life. There are rules in every family about how needs are to be expressed and experienced. What is it that patients find in analytic treatment? Do they find missed opportunities for the unfolding of prewired capacities, or opportunities for integrating intrapsychic and interpersonal experiences with another person in a different fashion, more enriching and adaptive in the world outside their family? Viewing clinical data as arrested development often masks a patient's active belief in and loyalty to his way of living. Although constricted, seemingly infantile feelings and behaviors often still mediate the most important connections with others.

While the metaphor of the modern baby sometimes sheds considerable light on slowly emerging clinical data gained through painstaking analytic inquiry, with other analysands (where it almost seems demanded by the data) it can be especially misleading. These are patients who in fact see themselves, sometimes consciously, sometimes unconsciously, as the image of the modern baby, as having had interrupted, thwarted infancies; they experience a vast longing to become a baby once again. They see themselves as fraudulent adults, unable to feel whole because early needs were unmet. The dynamics in these cases cluster around several recurrent themes. The experience of self as baby is often found to represent not a piece of infantile mental life waiting to emerge, but an active strategy for construing the self so as to make possible various kinds of interactive connections with, and claims on, others.
These analyses often tend to have an ongoing experience of relationships with others characterized by compliance with what they assume are the expectations of others, a willingness to give others whatever they want as the price of connection or approval. Their image of the baby they feel they secretly are (or would like to be) is the opposite of this interpersonal style. They see the essential feature of babies as the freedom not to do or be anything for anyone. Babies are free of responsibility, oblivious to the needs of others, able to be simply centered in their own experience. Within the confines of their compulsive sensitivity and compliance, these patients see babies as the only humans with a right to their own being. The helplessness of the newborn is seen not as a drawback but as an advantage. It is precisely because the baby cannot do anything for himself or others that everything has to be done for him, a state which is romanticized into a blissful euphoria.

A second common feature in the dynamics of patients whose self-image corresponds to the modern baby is that babies, and often damage and helplessness, tend to have special significance within the family ideology, particularly for the mothers. One analysand had a mother who saw herself as a very maternal figure, specifically in the role of feeder of small babies. She felt uncomfortable with older children and seemed almost to resent their relative independence, while she felt most at ease and intimate with infants. This analysand's younger sisters replaced him as the center of his mother's attention and concern. She seemed to dread the total devotion she felt was called for if she had more than one baby, and at the same time to feel guilty of having deprived her son of his privileged status. In the care of a baby this extremely masochistic woman found the only vehicle, albeit a vicarious one, for giving herself anything. As an adult, the analysand was deeply committed to an intense romanticization of childhood and a longing to be a baby. In his family, being a baby and total self-abnegation were the only two possible modes of living.

Another such analysand was the eldest son of parents who were enraptured with the whole concept of babies, specifically their babies. The mother had suffered a series of painful losses at an early age. She experienced herself as damaged and trapped, but saw her babies as a chance for an unblemished new life. She spoke of each of her babies, both at the time of their infancy and later on, as perfect creations, physically and intellectually extraordinary, harbingers of a new life form. The analysand grew up with a powerful sense of himself as a disappointment to his mother, as if everything distinctive about himself (and hence human and finite) was not even noticed, as if her gaze in his direction always lighted on the perfect baby she had taken him to be.

The baby the analysand experiences himself as or longs to be is invariably related to familial relationships and values. Another analysand, for example, despite her considerable talents and achievements, experienced herself as a "messy baby inside." This sense of "self as mess" was enacted in various symptomatic behaviors including overeating, a compulsive urge to urinate in sexual situations, and in depressive funks. Analytic inquiry revealed a longstanding sense of each of her parents as a "mess," both literally and metaphorically, in their numerous deprivations. Thus, being a messy baby preserved her ties to both parents. Even more relevant was the relationship between her mother and a younger sibling of her mother who had been severely injured in an accident. The mother had shaped her life around her role as caretaker for this "messy" and severely damaged child. The bond between mother and messy, damaged baby seemed to be the closest in the family and became a kind of ideal in this patient's search for relatedness. To be loved as resourceful and appealing was shallow and empty; to be loved unconditionally, as a mess, was the only test of real caring.

These vignettes suggest that the metaphor of the modern baby often has great relevance for analysands, in that it serves multiple and complex dynamic ends. The danger of using the metaphor in a concrete and reified fashion, as is often done with the developmental-arrest perspective, is the assumption that this sort of material reflects some generic, universal infantile needs, actual memory traces, and an underlying structural dimension of the analysand's experience. Rather, it functions as a complex construction within the interactional patterns of the analysand's relational matrix, serving to perpetuate conflictual, fantasied ties to significant others and characteristic patterns of interpersonal integration.

It is the quintessential activity of the human mind to generate meaning, to organize isolated and discrete experiences into categories and assign them significance. Meanings are constructed through associating different kinds of experiences with one another, finding common elements, creating connections. The employment of metaphor is therefore a powerful tool of mind. Articulating and elucidating the subtle textures of the analysand's phenomenology dominates the nitty-gritty, day-to-day work of analytic inquiry. The metaphor of the baby, like the
metaphor of the beast, is probably universal. We all struggle to make meaningful connections between present and past experience, to segregate the rich complexity of our inner life into motives which seem mature, even "independent" (given the values of Western culture), as opposed to those we associate with memories and longings of childhood. An awareness of the metaphor of the baby as a phenomenological organizer is extremely important in furthering the analytic inquiry.

Yet phenomenology is not all of mental life, nor always an accurate and comprehensive reflector of meaningful psychological processes. Without being fully aware that we do so, we construct our sense of ourselves and our experience with a careful eye toward perpetuating a sense of security and embeddedness within a familiar relational matrix. Metaphorical organizers of meanings become reified, thereby preserving ties to earlier modes of relation and preventing anticipated rebuffs and isolation. Psychoanalytic theories which stress self-organization at the expense of attachment to others and transactional patterns tend to regard these reified interactional metaphors as intact structural and motivational residues of early life, as the true primary ingredients of psychic life, rather than as secondary constructions whose purpose is to hold together a complex relational tapestry.

One of the central skills in the craft of psychoanalysis is the ability to grasp and enter into the analysand's subjective world. How is this person's world put together? What are the dramas? Who are the recurrent characters? What do the words around which the analysand organizes his experience really mean? One learns to see the world in these always highly individualized terms, to become conversant in the analysand's language. In this sense, developmental-arrest theories have been enormously useful in illuminating the clinical utility and evocative power of "baby" and "growth" as important metaphors for symbolizing the process of analytic change. These are universal themes in the mythologies of every known culture, and it is not surprising that they would lend themselves to the representation of analytic experiences of thwarted longings, fresh starts, tentative and delicate beginnings. These metaphors are often a powerful vehicle for articulating and connecting with dissociated aspects of the self. Like the experience of oneself as beast, the experience of oneself as baby can allow access to and help capture intensely passionate, irrational areas of experience not comfortably integrated with conventional rationality and maturity.

As with the metaphor of the beast, however, the metaphor of the baby becomes problematic when reified and confused with explanation. Their clinical utility ultimately rests in the analyst's dual ability to immerse himself in the experiential patterns of the analysand's subjective world, and to discern and convey to the analysand the ways in which that patterning restricts and precludes a greater richness of experience.

To view these experiences as essentially metaphorical does not suggest a technical stance of continually reminding the analysand that he is not really a baby. Rather, it suggests that in addition to learning the analysand's own language, the analyst must also learn the context and purposes for which that language was developed and is maintained. The analysand must learn something of that context and those purposes as a prerequisite to the capacity to develop a richer language and live in a more complex world.

As analysts, we know that adult patients continue to re-create their families within their subjective experience long after they are free to leave. The question is whether this pattern is structurally fixed in the first several years of life through deprivation of early needs, or whether it represents adaptation to a social environment fashioned over many years and now actively and loyally maintained. Use of the baby as a metaphor has been so characteristic of psychoanalytic thought from its inception that we tend to assume that explaining adult phenomena in terms of infantile prototypes is actually providing causal accounts, facts, rather than highlighting experiential similarities, which themselves call for further inquiry.

Relational Theories: Arrest or Conflict?

All relational-model theories rest, either explicitly or implicitly, on a broad developmental perspective. Human relations are understood to constitute the basic stuff of experience, and the pursuit and maintenance of relatedness is seen as the essential motivational thrust both in normality and in psychopathology. Relations take different forms across the life cycle—early relationships between infant and caretakers are precursors of later, more complex relationships. A commonly held tenet of all versions of relational-model theories is the premise that disturbances in the earliest relationships with caretakers significantly interfere with subsequent relatedness, and are a predisposing factor in the generation of later psychopathology.
With respect to clinical applications, however, the relational-conflict model and the developmental-arrest model diverge not around the question of what the analysand's problem was (that is, what went wrong in his or her early relationships), but around the question of what the problem now is and what can best be done about it. This chapter began with the consensus among relational-model theorists that the analyst must become a "good object." What sort of relationship does this imply?

Developmental-arrest authors, who draw on relational-model theory skewed by the developmental tilt, tend to view the patient as an infantile self in an adult body, fixed in developmental time and awaiting interpersonal conditions which will make further development possible. In this view, what was missed is still missing and needs to be provided essentially in the form in which it was missed the first time around. The developmental tilt has collapsed generic relational needs into infantile forms, and the analyst must enter at the point of the so-called environmental failure, providing relational experiences as replacements for those the infant never encountered. It is this view of psychopathology as the encapsulation of past infantile needs that Levenson points to in characterizing object-relations theory as viewing the patient as an adult "stuck with an incorporated infant, like a fishbone in the craw of his maturity" (1983, p. 142).

From a relational-conflict perspective, disturbances in early relationships with caretakers seriously distort subsequent relatedness, not by freezing or fixing infantile needs, but by setting in motion a complex process through which the child creates an interpersonal world (or world of object relations) out of what is available. The child cannot do without relationships, without ties to others, both in terms of real interactions and in terms of a sense of connection, belonging. To be human means to be in relation to others, to be embedded in a relational matrix.

The analysand enters treatment within a narrowed relational matrix; he seeks connections by projecting and re-creating familiar, constricted relational patterns, experiencing all important relationships (especially the one with the analyst) along old lines. He continually reinternalizes and consolidates these relational configurations. The central process in psychoanalytic treatment is the relinquishment of ties to these relational patterns, thereby allowing an openness to new and richer interpersonal relations.

How do the analyst and the analysand break out of this closed system? Fairbairn's portrayal of the analyst as a "good" object cannot be equated with any of the patient's internal objects or fantasies; the analysand has never known a good object (no wholly available and responsive parent is ever possible); this is why the fragmentation underlying psychopathology has occurred. Surely the "good object" is not equivalent to Fairbairn's "exciting object," the analysand's fantasy of an impossible, unreachable nurturance which sustained him or her in the absence of real relationships. No, Fairbairn's good object operates outside the closed system of the patient's internalized object relations (as does Racker's portrayal of the analyst as interpreter); the good object must offer something real, something authentic, which makes possible the leap out of the closed world of the patient's fantasied object ties. The analyst may be experienced by the patient as an exciting object within the latter's closed subjective world, and this is likely to be necessary for the analyst to become important to the patient in any deeply felt way. But the developmental-arrest view that analytic cure lies in the provision of a replacement for missed infantile experience is actually coterminous with the analysand's own infantile fantasy of a magical cure; the analyst attempts to become the exciting object, the "magic helper" (Fromm, 1947, p. 70), to make a reality out of the analysand's "happy thought" (Sullivan, 1956, p. 203).

Some analytic work done under the aegis of object-relations theory via the developmental tilt is thus marred by a collusion between the analysand's fantasy and the analyst's theory. The patient is viewed by both as an exquisitely delicate and brittle infant to be handled in just the right fashion by a uniquely sensitive caretaker, leading to a splitting of the transference and a removal of the analysis from the world of real people, to which it never returns. Other analytic work done under the aegis of object-relations theory via the developmental tilt, such as Balint's invitation to the somersault, seems to be excellent analysis explained in a curious fashion. The analyst interacts with the analysand in a warm, spontaneous, concerned, possibly risk-taking fashion. Dimensions of relatedness are expressed which, in another context, would be regarded as a major component of intimacy throughout the life cycle, including intimacy between adults. Yet the interaction is collapsed into mother-infant terms, translated into the romance of the nursery.

* * *

From a relational-conflict perspective, disturbances in early relationships with caretakers seriously distort subsequent relatedness, not by freezing or fixing infantile needs, but by setting in motion a complex process through which the child creates an interpersonal world (or world of object relations) out of what is available. The child cannot do without relationships, without ties to others, both in terms of real interactions and in terms of a sense of connection, belonging. To be human means to be in relation to others, to be embedded in a relational matrix.

The analysand enters treatment within a narrowed relational matrix; he seeks connections by projecting and re-creating familiar, constricted relational patterns, experiencing all important relationships (especially the one with the analyst) along old lines. He continually reinternalizes and consolidates these relational configurations. The central process in psychoanalytic treatment is the relinquishment of ties to these relational patterns, thereby allowing an openness to new and richer interpersonal relations.

How do the analyst and the analysand break out of this closed system? Fairbairn's portrayal of the analyst as a "good" object cannot be equated with any of the patient's internal objects or fantasies; the analysand has never known a good object (no wholly available and responsive parent is ever possible); this is why the fragmentation underlying psychopathology has occurred. Surely the "good object" is not equivalent to Fairbairn's "exciting object," the analysand's fantasy of an impossible, unreachable nurturance which sustained him or her in the absence of real relationships. No, Fairbairn's good object operates outside the closed system of the patient's internalized object relations (as does Racker's portrayal of the analyst as interpreter); the good object must offer something real, something authentic, which makes possible the leap out of the closed world of the patient's fantasied object ties. The analyst may be experienced by the patient as an exciting object within the latter's closed subjective world, and this is likely to be necessary for the analyst to become important to the patient in any deeply felt way. But the developmental-arrest view that analytic cure lies in the provision of a replacement for missed infantile experience is actually coterminous with the analysand's own infantile fantasy of a magical cure; the analyst attempts to become the exciting object, the "magic helper" (Fromm, 1947, p. 70), to make a reality out of the analysand's "happy thought" (Sullivan, 1956, p. 203).

Some analytic work done under the aegis of object-relations theory via the developmental tilt is thus marred by a collusion between the analysand's fantasy and the analyst's theory. The patient is viewed by both as an exquisitely delicate and brittle infant to be handled in just the right fashion by a uniquely sensitive caretaker, leading to a splitting of the transference and a removal of the analysis from the world of real people, to which it never returns. Other analytic work done under the aegis of object-relations theory via the developmental tilt, such as Balint's invitation to the somersault, seems to be excellent analysis explained in a curious fashion. The analyst interacts with the analysand in a warm, spontaneous, concerned, possibly risk-taking fashion. Dimensions of relatedness are expressed which, in another context, would be regarded as a major component of intimacy throughout the life cycle, including intimacy between adults. Yet the interaction is collapsed into mother-infant terms, translated into the romance of the nursery.

* * *
Psychoanalytic theorizing has swung back and forth dialectically around the issues of guilt and responsibility. Before 1897, parental seducers were seen as the instigators of neurosis, and the child as the innocent victim. Drive theory, drawing heavily on the metaphor of the baby as beast, placed the causal factor of neurosis in the inherent nature of the child, with the parents simply supplying raw material for the child’s inevitable constructions. Developmental-arrest theory, drawing heavily on the metaphor of the modern baby, has swung the pendulum back too far, viewing neurosis as frozen, aborted development, with infantile experiences of deprivation and parental failure underlying and predisposing adult experience and psychopathology. It is precisely the polarized quality of these two positions that leads many theorists and clinicians to efforts at model mixing, some eclectic juxtaposition of these two metaphors, these discordant views, so as to find a more balanced position on the complex problem of etiology.

An integrated relational-conflict perspective makes it possible to take into account the crucial input of parental character, while at the same time conceiving the analysand’s role in psychopathology as more active. We are not passive victims of experience, but rather active creators and loyal perpetuators of conflictual interactional patterns in a relational world which, if not secure, is at least known. It is not deprivation of generic infantile needs themselves that causes psychopathology, but the child’s and the adult’s later use of early experiences, memories, and fantasies to establish and maintain ties to significant others, to weave threads of prior events and needs into a tapestry of subjective experience which imparts a sense of familiarity, safety, and connectedness.

Part Four

Narcissism