PSYCHOANALYTIC THEORIES rely on accounts of child development to express their basic assumptions and to buttress their arguments about them. Developmental imagery is a prominent factor in how analysis organizes clinical data. Analytic theories establish coherence between their theories of early development, motivation, psychic structure, psychopathology, and clinical technique.

Relational Psychoanalysis and Developmental Thinking: An Overview

Relational psychoanalysis has linked to those developmental models that have seen human contact as primary from the beginning. Within psychoanalysis, thrush object relationalists, intersubjectivists, and self psychologists have highlighted this, while contemporary relationally oriented infant researchers have extended this orientation. They have contradicted the Freudian-liberal image of the irrational baby by describing the youngest infants' organizing, interpersonal competence.

Overall, relational analysis provides an acute integration of analytic theory and technique with contemporary developmental psychoanalysis and developmental psychology overall, scored as it is in the view that people are essentially oriented to human relationships throughout the life span. But while relational psychoanalysis draws heavily on the infant research image of the adaptive, social infant, it does not subsume its own developmental model to it. While frankly developmentalist, it has synthesized that point of view with a number of other crucial emphases: gender theory, social theory, trauma studies, nonlinear dynamic systems theories, and the irrationalist-psychoanalytic orientations, all anchored in a philosophical orientation in contemporary dialectical constructivist hermeneutic epistemologies. In addition, the influence of developmental thinking has been annealed with interpersonal psychoanalysis. The inter-
personals' enthusiasm for the immediacy of direct interactions in the present provides a counterweight to the temptation to cast the analytic situation in the form of the child-parent relationship at the expense of its other dynamics. 1

Stephen Mitchell's Elaboration of the Role of Developmental Thinking in Analytic Theory and Clinical Work

In addition to proposing and applying an array of brilliant psychosanalytic ideas, Stephen Mitchell was acutely aware of the role of such ideas in shaping analysts' thinking, in both their intellectual discourse and clinical work. His seminal volume that sparked the relational turn, *Object Relations in Clinical Psychoanalysis* (Greenberg & Mitchell, 1983) and *Relational Concepts in Psychoanalysis* (Mitchell, 1988), are remarkable explications of the underlying assumptions and clinical uses of key analytic theories. Throughout his subsequent work, he remains mindful of the consequences of the various applications of developmental thinking and relies heavily on it, both in the clinical explorations of *Hope and Dread in Psychoanalysis* (Mitchell, 1998) and *Influences and Anxieties in Psychoanalysis* (Mitchell, 1997), and then even more explicitly in *Relationality* (Mitchell, 2000) synthesis of Loewald with leading British object relationalists, and finally in the exploration of the implications of attachment theory for eroticism and romance in the posthumously published *Can Love Last?* (Mitchell, 2002).

In *Relational Concepts in Psychoanalysis*, Mitchell locates the problematics of the legacy of childhood in adult life as a matter of complex tensions and mediations, distinguishing the "relational-conflict" perspective from both the purely developmentalist and the drive-ego oriented models. He acutely identified the value of thinking about early experiences to yield both metaphors for analytic work and direct information about character formation, but he also cautioned against the dual temptations of reducing adult pathology to childhood difficulties and casting

1 In this way, relational psychoanalysis differs in its inception from self psychology, with which it shares a number of assumptions and amendments, it has been both more inclusive and less attached to the direct analogy of the therapeutic dyad to parent-child care. Mitchell took care to distinguish his "relational-conflict" perspective from purely developmentalist approaches. This gap has narrowed as the original Kohanian model has included a variety of new additions, including the integrated neurodevelopmental of Winnicott and the comprehensive coconstructivist and the various efforts to integrate cognitive systems theories, including the cognitive systems theories (e.g., Beebe & Lachmann, 2012; Sieber, 2013; Solomon, 1997).
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tenue in motives and processes that were autonomous of the drives and called for research on child development. In addition, its links to child analytic work were quite substantial. Child analysts like Anna Freud, Erik Erikson, and Margaret Mahler had become very influential, and the direct observation of infants was well underway.

Meanwhile, the extension of psychoanalytic psychotherapy to a broader, "substitute" population led analytic therapists to reconceptualize their work in terms of developmental deficits, rather than as a matter of drive-defense conflicts alone. Technical constraints were modified to permit more interaction and direct emotional contact. The burgeoning interest in preconceptual psychopathology brought further attention to early childhood, and dislocated the Oedipus complex as the focal moment in personality organisation. This shift had the broader effect of loosening the hold of the psychosexual instinct theory, sustained as it was by the centrality of the vaginal triangle in the dominant analytic models. Attention shifted to the parent-infant dyadic processes at the foundations of ego development, which were less a matter of drives than of care and interpersonal organisation. Other factors, including emergent feminism and the beginnings of psychopharmacology, neuroscientific, and infant observation research, also supported this dislocation.

Many analysts began to move beyond the synthesis of the classical model with the developmental-relationally oriented perspectives that had already emerged. Instead, they declared that the established assumptions were outdated, and should be replaced by new ones that emphasized the fundamental interpersonal processes that organized senses of self and others. Although Sullivan (1953), Erikson (1950), and Bowlby (1969) had already delineated such basic perspectives, Kohut's (1977) self psychology now gathered attention both outside and within the drive ego hegemony, and was a basic challenge to some of its most established theories. As it was augmented and transformed by the intersubjectivist vision of philosophically oriented analysis, such as Stolorow and his colleagues (Atwood & Stolorow, 1984) and intersubjective infant researchers like Demos (1988), Emde (1985) and Stern (1985), it was a pillar of the broad relational-intersubjective turn.

Relational Psychoanalysis as an Integrative Paradigm Shift

Thus, by the 1980s, several of the basic assumptions that had organized psychoanalysis' intellectual-political centers were dislocated. Relational analysis in general, and Stephen Mitchell in particular, came along

Relational Psychoanalysis and the Consolidation, Extention, and Sophistication of the Developmental Perspective

Historical Background: Developmental Perspectives Within the Pre-Relational Analytic Paradigm

When the relational movement emerged in the 1960s, an influential developmentally oriented perspective had already materialized in North American psychoanalysis. Early on, ego psychology had declared an in-

Histronically called genetic models, rather than developmental, because they look backward rather than emphasizing forward movement and growth. (Sapir and Gill, 1979), made this particular distinction in their seminal paper on the metapsychological perspective). Although they differ significantly, Freud's and Klein's models are the most striking examples here.

In contrast, the "relational baby" is offered to the outside world from the beginning, and particularly prepared for human interaction; social relations are a primary motive. Although very dependent, this baby's mind is organized, becoming increasingly complex and integrated as it meets a supportive caretaking environment. Attachment relationships, selfobject functions, and the various autonomous ego structures are all examples of such phenomena. Thus, early development is continuous with later development, since these same processes organise adult personality. Primitive psychopathology is not the same as infancy, because normal infants are not disorganized or primitive, just less organized and more dependent; psychopathology is a variant of development, rather than a failure to an early developmental stage. Direct observation of infants and children is given more weight. Interpersonal psychoanalysis, self psychology, attachment theory, and the ego-developmental side of Hartman and Erikson's (1950) ego psychology are all in this camp.

"Mixed models" preserve both images of the baby, to varying degrees and with different integrations. Winnicott's (1960b) developmental scheme is the most subtle and extraordinary of these, capturing the distinctive, bodily based fluidity and interdependence of the infancy world without sacrificing a sense of the baby's social nature. Many of the ego psychologists who worked within the structural model continued to maintain the image of the baby's praeunitive even as they acknowledged its capacities; Hartman (1956), Mahler, Pine, and Bergman (1975), Kernberg (1991), and Anna Freud and her followers may be included here.

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at the right time. The new "relational" innovation took the diacritical assumptions to its logical and pragmatic conclusion, with the radical declaration that a new paradigm was in order. Relationships were seen as the primary motivators and organizers of psychic life; the dynamic transaction between people, rather than within the individual minds, was the primary context for theory building and clinical technique. Reality was on a par with the intrapsychic, and present and past were in a dynamic interplay rather than either being reducible to the other. In the fundamental interactionist turn, both analysis and development were now described as "two-person" systems, and the analyst's authority was relocated as derived from the analytic setting, rather than his capacity to be an instrument to discern the facts of the patient's psychic life.

Relational analysis considered a number of currents that were filtering into the psychoanalytic arena—feminism, intersubjective phenomenological philosophy, the hermeneutic-constructivist critique of the analyst's authority, research into early development, an overall interest in democratization of psychoanalytic institutions. Relational analytic culture and theorizing declared the virtues of inclusiveness, a strategy and sentiment that Mitchell embodied in both his writing and political style. Thus, relational psychoanalysis drew on a number of antecedents and sought to integrate them under the new paradigm. In this way, it went further at its inception than either the Kohutian self psychology and the established ego psychology. The timing of its emergence was an important factor in this, inasmuch as many of the new influences were more fully visible at the time of its inception.

Developmental Research Supporting the Relational Perspective

Infant development research played a central role in all of this. By the 1980s, the shift to the image of the competent, social infant was well underway, and the effects of this shift in undermining some of the established "one-person" assumptions were already instrumental. At the same time that these questions were raised within the broader analytic arena, there was an explosion of direct observational research into infancy by developmental psychologists and pediatrics, as well as by analysts. Analyses since Freud had been theorizing a passive, primitive, and disorganized infant on the basis of retrospective hypothesizing, but these findings showed that babies, from the beginning, were fundamentally social, oriented to evoke and respond to caregivers, affectively attuned and

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influential on their environments, and able to distinguish self from others. Taken along with new clinical problems, these new observations discredited the infant model's assumptions about infancy and correspondingly, about the bedrock of human psychology and the corresponding theories of early development, psychic structure, psychopathology, and clinical technique. Instead, the dyad, rather than the individual, was the fundamental unit of development, and dyadic structures organized mental life from the start. Consistent with the broader relational paradigm, the fundamental units of psychic structure were organized in two-person systems that could be manifest externally, externally: = in the intersubjective spaces in between.

Since relational psychoanalysis was co-mediating at the same time as these findings, it was in a special position to integrate them from the beginning, and at the most fundamental level. A number of the core concepts from the infant research directly paralleled the relational view of human nature and clinical interaction. These included: the view of the infant-parent relationship as a mutual influence structure; the transactional systems perspective; the emphasis on affect and dyadic internal representations; the attention to interactions and nonverbal communication; the central role of reality in development; the assumption of continuity between earlier and later developmental stages; and the conceptualization of attachment and intersubjectivity as fundamental motivational systems. (See, for example, Lachmann, 2001; Seligman, 1995, 2001; Stern, 1985.) In addition, the relational synthesis involved a reading of the new research that highlighted certain dimensions that were not so explicitly developed in it, such that there was a reciprocal relationship between them. The new analytic interest in the development of subjectivity and intersubjectivity and the dynamics of recognition added a crucial dimension (e.g., Benjamin, 1995; Stolow, Arwood & Brandchaft, 1994).

Implications for Clinical Theory and Technique

I. The Psychoanalytic Relationship as a Dyadic System

Applied to erotic clinical work, the image of the infant and parent as a dyadic mutual influence system supports the emerging relational-intersubjective conception of analysis as a fundamentally two-person process. Thus, the image of the detached and "objective" analyst has been dissolved. Engagement, rather than passivity, observation, was placed at the center of the therapeutic action. As in early development,
analysis depends on the basic human affinity to be activated and changed in a two-person, coconstructed system. Interventions are mediated in the interpersonal-intersubjective process, rather than just in the isolated mind. While the clinical effects of understanding are not diminished, the effects of various kinds of interactions have now been taken up by the contemporary relational analysts.

Intersubjectivity as an Orienting Principle: Analytic Dyads and Infant-Parent Relationships as Bidirectional Transactional Systems

Both infancy research and the relational psychoanalytic perspective rest on the assumption of the inseparability of individuals and social surround. Just as the infant's development is dependent on caregivers, the analytic process depends on the analyst-patient relationship. We become aware of ourselves as we are seen by others, and it is in becoming aware of others that we develop our own sense of self. Self and others cannot be understood without reference to one another. The fundamen-
tal constructs for understanding development and psychoanalysis are "self-with-other" units.

Overall, the developmental research into early development synergizes with the emerging relational model of analysis as a two-person system, with therapist and patient each affecting one another in myriad ways, verbal and nonverbal, in the rapid flux of moment-to-moment in-
teractions as well as in the broad sweeps of the evolving relationship. The image of the infant-parent relationship as a mutual influence system has clarified and buttressed this perspective. The core research on the infant-parent relationship has defined it as a bi-directional, mutual-influence system, in which the baby and her caregivers are essentially insepar-
able, and cannot be conceptualized without reference to one another. Winnicott (1960) maxim, "There is no infant . . . without the mother," has been borne out as an observable fact.

In particular, the relational interest in the separability of transference and countertransference closely parallels the essentially dyadic focus of the infancy researchers. Just as the infant activates the maternal capacity of the mother as he or she is sustained by them, the analyst cannot help but feel himself implicated in the patient's relational dilemma, and in deed, will find her own personality implicated in her response to them. Although crude parallels to the infant-parent system have been re-
lected as the particular asymmetries of the analytic situation were noted, relational psychoanalysis nonetheless made the clearest statement that the analyst and patient are co-constructing a relationship in which neither of them can be seen as distinct from the other. Relationalists have further applied their clinical emphasis on the mutual influence in dyads to revisit some of the traditional approaches to infant-parent interactions. Projective

...
who takes time to look at babies. From this vantage point, they take for
granted that infants experience and directly experience actual interactions.
They thus extend and confirm the intersubjective perspective, rooted as
it is in the simultaneity and irrepresentability of the intrapsychic and inter-
personal dimensions.

Implementing and supporting this general perspective, the develop-
mentalists, including both the infant observers and developmentally ori-
cinated adult analysts, have generated an array of specific categories that
capture how relationships and their internal representations organize in-
ternal psychic life and interpersonal interactions. These include both broad,
macroanalytic categories, such as empathy, reciprocity, recognition, and
the secure-insecure-diagnosed organization classifications, and the mi-
acroanalytic categories, like contingency, affect attunement, disruption
and repair, and others. Some of these are derived directly from analytic
practice; while others emerge from the direct observation of infants, but
all are presented as salient in both arenas. In addition, some of the estab-
lished languages of the object relations models, such as projective identi-


CAUTION: The following image contains sensitive content. Sensitive content images may trigger discomfort, anxiety, or strong emotional reactions. If you find yourself feeling uncomfortable, please take a moment to relax and compose yourself before continuing. It is essential to prioritize your own well-being and to recognize your limits. If you need additional support or a safe space to process your emotions, please reach out to a trusted friend, family member, or mental health professional. Remember, it's okay to ask for help. If you are in immediate danger or experiencing a crisis, please call emergency services or a crisis hotline immediately.
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A view of the infant's transactions through which any given moment in development is taken into the next, and then both transformed and preserved as time goes forward. This differs from the contemporary Freudian emphasis on the resistance of the analytic surface to the expression of underlying psychic reality. In this way, it enhances the possibility of the analyst and patient being on the same side. Just as the "baby watchers" can claim to know a great deal about babies from their observations, analysts can claim to know a lot from what they see, hear, and feel.

In contrast, asserting the connections between childhood and adulthood, the psychoanalytic approach to developmental research goes far beyond the developmental researchers themselves do; the academic developmentalists have generally been quite cautious about this, oriented as they are by their careful empiricist constraints. The ambitious linkage of present and past is particular to psychoanalysis, with its single-case orientation, its reliance on clinical inference, and currently, its affirmative use of such heuristic validity criteria as narrative efficacy and soundness of fit. Psychoanalysis established itself by linking childhood and adulthood, and remains the most articulate of all the human sciences in regard to such matters.

Relational Analysis Is Not Representing: Mitchell's Convergent Critique of Oversimplification in Developmental Models of Psychopathology and Therapeutic Action

Overall, there is thus a dialectical approach to the problem of the effects of the past on the present. On the one hand, the emotional effects of affective and cognitive immaturity are taken very seriously, and exceptions such as fantasies, wishes, or primitive needs and states of minds are not neglected. Although adult events may be given more weight than in some other analytic approaches, childhood is still regarded as the most influential. On the other hand, the relational approach to development and psychopathology does not rely on a conception of child psychology as organized by endogenous, infantile given that may be preserved directly into adulthood if development goes badly. Similarly, there is no assumption that the psychopathogenic situation is preserved so as to be presented anew in the analytic situation. Instead, there is a dynamic interplay between the repeated past and the current moment.

Mitchell (1980) is explicit about differentiating the relational-clinical

1. Lachmann (2003) has written about the "dialectic of repression and transformation."
principle of finding the resonances of the past in the present, inside and outside of the analytic relationship, from a more reductionist orientation that seeks the infantile part of the patient so as to offer what was not previously provided. He approvingly quotes Levenson's (1983) disparag-
ing characterization of developmental fixation theory looking for some-
thing in the patient that is "stuck... like a fishbone in the craw of his
muttery" (p. 142).

This is a subtle distinction, but an important one. In Relational Con-
cept in Psychoanalysis, Mitchell (1990) illustrates it by commenting on one of
Michael Balint's (1960) clinical illustrations. Balint describes a case in
which his patient made the extraordinary move of somatoscoping in one of
her sessions, which led to striking analytic progress. Mitchell criticizes
Balint's idea that this remarkable gesture already existed within the pa-
tient, rather than being created between them. Mitchell instead stresses
the co-construction of the transformative moment. Rather than being
"something that has been contained within this woman, repressed, sub-
merged, pushing for release, ... the act did not simply emerge—it was
invited. It was Balint, the adult analyst, who suggested that the patient
try a somatoscope; what was new was her ability to respond to the invita-
tion" (p. 155).

From this perspective, Mitchell delineated the "relational-conflict model" by
questions those earlier developmental-arrest models that specified the
provision of what was missing in childhood as the main mode of thera-
peutic action, such as those of the self psychological and middle schools.
At the same time, he enhanced the interpersonal-interactionist model by
including the more sophisticated insights about development, psychic
structure, and psychopathology that were emerging from those analytic
innovations along with the new developmental research. As he so often
did, he relied heavily on the theories that he criticized to create extraor-
dinarily advanced and subtle syntheses. (See also Aron, 2003.)

Mitchell's (1980) basic statement remains acute and generative. Having
already distinguished the relational perspective from those based on
drive theories, he goes on to differentiate the relational-conflict and de-
velopmental-arrest models.

Developmental-arrest authors, who draw on relational-model theory
skewed by the developmental tilt, tend to view the patient as an infinite
self as an adult body, fixed in developmental time and awaiting inter-
personal conditions which will make further development possible. In this
view, what was missed is still missing needs to be provided essentially
in the form in which it was missed the first time around. The develop-
mental 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.

From a relational-conflict perspective, disturbances in early relationships
with caregivers seriously distort subsequent relationships, not by fostering
or fixing infantile needs, but by setting in motion a complex process through
which the child creates an interpersonal world (or world of object rela-
tions) out of what is available. ... The analyst enters treatment with a
narrowed relational matrix; he seeks connections by projecting and re-
creating familiar, connected relational patterns, experiencing all important
relationships (especially the one with the analyst) along old lines. He con-
tinually reexternalizes 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.

Here, the picture of the internal world is very complex, with various
internal representations of relationships dissociated from, or in conflict
with, one another, and actualized through evolving reactions in important
people who further complicate the already difficult thicket of relational
opportunities and choices. Despite the misconceptions of its critics, the
relational model was never meant as a prescription for reparenting, or
the simple provision of a replacement for missed infantile experiences.
Mitchell stresses the patient's giving up old relational patterns so as to
gain more freedom in the present.

As relational theory evolved, this notion has become more complex,
amended with new ideas such as the restoration and integration of disso-
cialed selfobject experiences. Various modes of therapeutic action may
be involved in bringing about these outcomes, and their effects are re-
garded as synergistic rather than exclusive. These include insight, inter-
rupting old relational patterns, the creation of new conditions of safety
against which established expectations can be reviewed (Greenberg, 1996;
Weiss, et al, 1985, among others), containment and holding, empathy
and the working through of disruptions in the therapeutic tie (Kohut,
1977, Beebe & Lachmann, 2002), enhancing reflective functioning, inter-
pretation, and such innovative notions as negotiation of paradox (Paris,
1992) and the transformative "now moment" (Stern, et al, 1980). This
is, of course, a very incomplete list, suggestive rather than comprehen-
sive.

Overall, then, both action and reflection and past and present are seen
as having a transactional relationship in the therapeutic process. Just as
the past is always immanent in the present without being reducible to it,
interaction and interpretation inevitably reflects the inner world, but is simultane-
ously a new creation. As with the infant and parent, the resonances of
the past in the present may be elaborated in interactions, including quite
irrational and fantasized representations, and as with older children and
adults, they may be articulated in explicitly reflective thinking. There is,
indeed, from the relational point of view, it is those moments where
enactment and reflection are in some kind of resonance, rather than
where reflection has subsumed action, where the greatest therapeutic
gain is likely. Again, the analyst's task is not simply to unearth the past
in the present, nor to attain some idealized provision of a novel experi-
ence, but to 'find a way to be with patients that gives them the greatest
opportunity, despite the odds, to make better lives for themselves' (Hoff-

An ordinary vignette from one of my own cases illustrates this ap-
proach. Ms. A, was a sophisticated and thoughtful attorney and single
mother, but she would abruptly end her intimate relationships with men
whenever she became close to someone. As her analysis proceeded, we
were slowly able to understand how this involved a rejection to her child-
hood experience of having been the target of erotic intrusion from her
brother and uncle at the same time that her parents were remote and inattentive. She had little confidence in the transformative ef-
fects of any close relationship, finding herself overwhelmed with a sense
of danger and stimulating, troubling thoughts in the romantic relations-
ships and in analysis.

At one point in our work together, a number of helpful sessions took
place shortly before I announced an upcoming summer vacation. Shortly
thereafter, Ms. A announced that she would have to stop analysis alto-
gether, beginning with the next week's sessions. With a tone of dismiss-
ive irritation, she said that things were getting too hard and "it wasn't
worth it."

When she did in fact miss the first meeting of the next week, I was
aware that calling to suggest that she come back and talk things through
might well be taken as a pressuring invitation to more suffering, while

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not calling would be neglectful and dismissive of our close and produc-
tive analytic relationship. I did call, and Ms. A agreed to meet, albeit
ambivalently. I described the "relational conflict" dilemma in which we
found ourselves: if she continued, she would be succumbing to a con-
firmation, but if she left, she would be depriving herself of some aspects of
something that could be very helpful, following the "affirmation versus
rejection" assumption that deep relationships couldn't really make any dif-
ference.

Ms. A went on to talk with full emotion about her intense "separa-
tion anxiety" and her sense that something quite bad was about to hap-
pen. When I made the amplifying comment that she must find me dan-
gerous, she said that she "felt like that I was not going to hurt her. I
found this very moving, and was a bit relieved of my own countertrans-
ference anxiety about pressing her to continue in analysis. This made
things even more challenging, she explained, since she was finding her-
self in the grip of anxieties that she knew did not make sense. We could
now talk about how no one in her family had responded to her sense
that something was wrong, leaving her feeling abandoned and doubting
that her own feelings were valid. She now felt free to consider that it
might turn out different here, and the prospect of things going forward
increased.

Implications for Clinical Theory and Technique:

III. Developmental Concepts and Emerging Clinical Emphases

There has been a substantial development in the relational conception
of clinical psychoanalysis since Mitchell's original statements, including
by Mitchell himself. A complex set of perspectives is evolving, rather
than a single statement or consensus. In conceptualizing psychopathol-
gy and case formulation, developmental interpretation has been incorpo-
rated into formulations about the subjective experience of key childhood
relationships. As in other analytic models, the relational synthesis of clinical
and developmental thinking has generated a series of core themes, or
master narratives. These include attachment, recognition, mutuality and
its failures, trauma and mistreatment, and the interplay of danger and
safety, among many others.

At the most basic level, for example, there is an ongoing focus on
establishing and maintaining relational ties, internal and external, through-
out the lifespan. Attachment and affect regulation provide a sense of

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recent array of findings about the direct effects of abuse and neglect on brain development (Nemeroff et al., 1999; Schore, 1994, 2003; among others).

This approach also synergizes with the relational attention to actual experience. Rather than starting with a preconceived set of psychosocial, or even psychosocial challenges that must be solved to attain adequate development, this perspective looks at the particular “bad” experiences that detail development, in the problematic childhood realities that lead each patient to the impasses that bring them to analysis in the first place.

The concept of trauma is also being more broadly applied to an array of psychopathologies, rather than just in more restricted situations. Overall, this has led to a more open and case-specific approach to case formulation and technique, as well as to clinical narratives in the relational-clinical literature (see Davies, in press; Hoffman, 1998; Mitchell, 1995b; Pitter, 2003, for some striking examples).

The emphasis on “what really happened” correlates with the respectful and affirmative attention to the patient’s subjective experience of events, including of childhood events. Rather than start from the Freudian position that experience is likely to involve significant distortion, the contemporary approach takes subjective experience as legitimate in itself, rather than passing off the veridical events and the construction of the unconscious. This basic turn is linked to the contemporary shift to empathy as the basis for the analyst’s inquiry, as opposed to the effort to approach the analysand’s psychology as a matter of objectively ascertainable facts (Kohut 1977) and, especially, the intersubjectivistic self psychologists have been crucial in this direction (Bacal, 1985; Stolorow & Atwood, 1992a).

This approach also supports the recognition of an aspect of posttraumatic pathology that has not received sufficient attention until recently. In addition to the overwhelming nature of the experience itself, trauma often occurs in contexts that preclude awareness of its meanings (see, for example, Bronberg, 1998; Davies & Frawley, 1994; Auerbach & Peskin, 2003). The child suffers the mind-crushing kind of suffering at the hands of someone on whom he or she depends at the most basic levels. In the classic example, the victim of incest will find it nearly impossible to appreciate how awful the sexual approaches are when the same man who molests her may be so kind at all other levels. The child, one on whom she depends. When others act as if nothing unkind is going on, the difficulties are amplified. A stance of “not knowing what
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ample, has called upon analysts to "stand in the spaces" between the disassociated "selves," bearing them in mind and enduring the anxiety of painful and contradictory experiences coming into the analytic space. Recent articulations of this perspective formulate the therapeutic effect of the analyst's working with the various projections of the analysed in such a way as to support this aim. Davies (in press), for example, has recently described a case in which she found herself absorbing and barely tolerating her patient's projected experience of her as cruel and withholding. Eventually, she and her patient were able to talk about this in an affectively saturated way, which allowed the patient to integrate and transform these various images of selves and others. My example of Ms. A., above, also illustrates such processes.  

Developmental Assumptions and the Dynamics of Gender and Authority: Dislocating the Oedipus Complex

Another crucial feature of the relational approach to development is the dislocation of the Oedipus complex from the center of the analytic narrative. The classical Freudian theories identify the oedipal phase as the crucial phase for successful development. Its prominence is marked by the traditional delineation of development and psychopathology into "preoedipal" and oedipal. Here, the absence of adequate oedipal resolution is a sign of fundamental developmental weakness, correlated with limited ego development, pathology organized around deficits rather than conflicts, and indications for technical compromises involving "support" rather than interpretation. Contemporary models, including many ego psychological models, have softened this distinction. But the oedipal-preoedipal dichotomy remains in common use, especially by the contemporary Freuds. In addition, the oedipal narrative has traditionally had a normative, prescriptive function: A particular form of oedipal

1 Similarities to other object relations approaches can be noted here. Winnicott's (1956) notion of the analytic experience of the wounded, called "the self" experience with the contemporary emphasis. Along related lines, contemporary analysts recognize two "functions of "psychological organization" suggest a similar perspective, framing the self as the "private self" becoming operational in the "public self" which is the "place of the person's direct experience of his or her unalterable arrows and authority in the power of the mind" (Bion, 1971; Stoller, 1982) the conceptualization of what happens in the absence of the effective capacity for "thinking" contains many parallels to the idea that trauma precludes awareness of the extraordinary confusion and agency that it creates (Bibring, 1942; Porzig & Targe, 1996; Shehan, 1990). Attachment theories are now taking along similar lines as they explore the links between trauma, psychic disorganization, and the failure of reflective functioning (Sasson & Sann, 2000; Shehan, 2000).

one knows" (Bowlby, 1980) must be maintained in order to keep the crucial relationships intact.

This, in turn, correlates with associations coming to a key role in the emerging relational approach to psychopathology and clinical technique, as central as that of repression in classical theory (see, for example, Broomberg, 1999; Davies, 1998). Rather than conceptualizing dissociation as indicative of more primitive pathology or severe trauma, this approach sees it as a form of defensive organization with varying rigidity and fragmenting effects at various developmental-pathological levels.

Along these lines, innovative models of a "relational unconscious" have been proposed (see, for example, Davies, 1996; Slodtow & Atwood, 1993). These emphasize how thoughts may be inaccessible to conscious reflection because of the various dissociative and mind-fragmenting processes, rather than the established concepts of a dynamic unconscious maintained by repression. Similar dynamics are described in terms of experience, which is not formulated in terms of ordinary awareness (D. B. Stern, 1997), but in less mentalized forms. As I have said, the developmentalists' concept of "procedural knowledge," currently extended from cognitive psychology to interpersonal relations, captures the way that much of what is known is never put into words; but instead preserved in affect-interaction schemas (Szebehely & Lachmann, 2002; Clyman, 1993; Lyons-Ruth, 1998; Seligman, 1999).

Closely related to dissociation is the emphasis on multiplicity in self-organization. Rather than looking at self-experience in terms of a single "self" or ego, the relational approach starts with a sense of personal experience with varied potentials, linked to various personal-historical events, cultural pressures and opportunities, and the like. Psychological resilience is understood in terms of the flexible incorporation of a multiplicity of self-experiences, which may become fragmented and disintegrated in traumatic development. Mitchell opened up this discussion in the relational literature, and it has been elaborately developed by many writers. Harris (in press) has captured this conceptualization in his phrase, "the softly-assembled self." Again, links with a wide range of related emerging fields are conspicuous here, including neuroscience and postmodern theories of culture and gender, as well as developmental psychology.

From this perspective, analysis is understood as facilitating the restoration and integration of aspects of self-experience that have been fragmented or detached; these often make themselves known in interactions whose meaning is not explicit, or disowned. Broomberg (1998), for ex-
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resoluti0n—the heterosexual identification with the same-sex parent—has been treated as the desired outcome, with other outcomes regarded as pathological.

Relational psychoanalysis, along with self psychological and interper-
sonal theories of development, are less reliant on these formulations. This is in accordance with the assertion of the fundamental superego over rela-
tional motives, with the marginalization of the irrational drives. Because the drive-oriented theories conceptualize the basic motives as social, if not antisocial, they require some set of developmental constructs like the Oedipus complex to integrate the uncivilized, natural motivations into the social world. Hence, the Oedipus complex is the moment in which the dual organizers of social life, gender and restraining authority, be-
come part of the personality. Maturity is fundamentally a matter of mas-
terizing the conflicts between the irrational, instinct, natural forces and the ordering requirements of social life.

The relational developmental models focus on interpersonal, selfobject dynamics, and thus do not have the same need to rely on the oedipal triangle to integrate the drives into the social world. The earliest and most basic motivations and states do not necessarily come into conflict with the social world as the child moves more fully into it. There is no special theoretical requirement for a transformational moment like the Oedipus complex: Development is more continuous.3

Decentering the Oedipus Complex and the Constructive

Conception of Authority

The de-emphasis on the Oedipus complex correlates with the relational reconstituentization of the analyst's authority. Oedipal authority is paternal, onal, capacitative, and suppressive. This is eloquently depicted in Sophocles' play: In the absence of vision or restraint, chaos and destruction ensue. The classic analytic conception of the analyst as the observer of emerg-
ing psychotic facts, bearing the burden and discipline necessary for 'object-

1 From the Kleinian-middle school innovations emphasized dyadic, intra-oral development, and never abandoned the theory of the irrational instincts. Maturana (1952) and Bowlby (1969) were sanguine exception. In parallel, they kept oedipal development as a simultaneous symbolic along with the dyadic concept. The Kleinians relocated oedipal development as a basic aspect of the early phallic scene, object configurations, and many in the middle group offered a dual role theory, maintaining the drives between basic, preverbal, psychopathology, which was left to other analytic theorist. The infant psychologists and main-

2-3 Four years old. Its main features are: (1) the infant's capacity to use four categories of thought, (2) the infant's capacity to think in terms of four categories, (3) the infant's capacity to think in terms of four categories, and (4) the infant's capacity to think in terms of four categories. The infant psychologist and main-

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allows for various outcomes (Chodorow, 1994, title, "Heterosexuality as a Compromise Formation," embodies this direction.) Others have emphasized the ways that gender issues evolve in subsequent development, in forms more varied and complex than the basic mother-father-child triangle that has always typified the established account.

Relationality, Maternal Authority, and the Dynamics of Attachment and Recognition

The relational reorientation also implies that the analyst's power and authority are more like the mother's than the father's. In the dyadic, transactional conception of early development, the mother's being a mother is itself dependent on the infant, at the most fundamental level, and within the intertwined dyad, is inseparable from the infant's influence. This parallels the relational conception of the analyst's authority as co-created.

The relational conception of the analyst's role emphasizes security, responsiveness, and recognition, rather than hegemonic power like that of the (castrating) father or even the analyst's quasi-scientific skill. Instead, dangers of misrecognition and nonrecognition are given more weight, and the effects of the vulnerable child's choice between collaborating with such misrecognitions or being abandoned are attended to. This is paralleled in the concern that authoritarian analytic practice will itself be retraumatizing. Here, the links to feminisms become more obvious, as conventional developmental imagery affirms what has often been devalued as belonging to the marginalized feminine.

Integrating Maternal Subjectivity into Development Theory

Another effect of the mutual influence of feminism and the relational approach to development is the recognition of the mother's subjectivity and individuality. Although the British object relations theories recognized the essential place of the maternal function, they did not pay much attention to the specific psychology of the mother herself. Winnicott's (1958) extraordinary account of "primary maternal preoccupation" is the exception that proves the rule, since it investigates that phase of maternal psychology characterized by immersion into the maternal role. Kohut (1977), Mahler (1972), and the developmental ego psychologist Hartmann (1966) followed the same pattern, configuring the mother from the point of view of the child's developmental needs.

Feminist revisions of the analytic developmental accounts have more

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fully asserted the independent character of the mother. Chodorow's (1978) pathbreaking account of the intergenerational transmission of the mothering role provided a basic description of the internal gratifications and compromises that were organized in the feminine identification with the maternal. Motherhood was no longer taken for granted, but was itself a developmental process with its own integrity. Many other contemporary accounts have taken the mother's subjectivity as an essential, rather than peripheral, part of the child development process. Benjamin (1980) has characterized the fundamental dynamics of submission and dominance that are involved in the mother-infant negotiation of the infant's establishing his own subjectivity in relation to his dependence on the mother. Classical infant observers, such as Fraiberg (Fraiberg, et al., 1975) in her seminal "Ghosts in the Nursery," developed complex accounts of how specific events in the parents' past led to specific parenting styles. Although this was most apparent when the parents' own histories were traumatic, the general principle of the intergenerational transmission of parenting style is now well-established (Seligman, 1994; Stern, 1995).

Polyphonic Narratives of Gender Development and Mothering

As I noted above, this shift also synergizes with the feminist-postmodernist assertion of multiple narratives about the development of gender and sexual orientation. In its typical reading, the oedipal structure implies the suppression of polymorphous perversity in service of a single object choice, and takes the repudiation of homosexual wishes in the identification with the same-gender parent as essential to normative sexual development. Relationship-oriented theories that give primacy to intergenerational attachment, intimacy, care, and recognition will be more sympathetic to alternate conceptions of gender and erotic pattemings. Rather than treating sexuality as a primary, irreducible fact, relational motivational-developmental theory sees it as embedded in the interplay of a variety of affective and relational issues, such as security, excitement, pleasure and pain, delight and disgust.

Here, the relational-developmental perspective synergizes with the postmodern, critical approach to psychoanalysis and gender, which is less concerned with describing normal and abnormal patterns of development than with exposing psychoanalysis' own potentials for being used to impose cultural discipline. Mitchell (1982) anticipated this in an early article in which he argued that analysts who analyze homosexuality as a pathology while not doing the same for heterosexuality are engaged in
ergistic with the overall sense of personal security. This view parallels
the relational-intersubjective postulate that recognition by others is es-
sential to the development of an integrated sense of self. With the de-
velopment of the Adult Attachment Interview, some of the most basic con-
temporary psychoanalytic ideas are finding strong empirical support in
developmental psychology research. In addition, processes such as dis-
association, procedural rules, and other elements of what has been theo-
rized in terms of the "relational unconscious" have gained increasing at-
tention by those interested in attachment theory.

There may also be opportunities to link the relational-intersubjective
concepts with other psychoanalytic schools. The reformulation of the
object relations to which I refer above suggests one such direction.
Recently, a number of writers have attempted to synthesize Kleinian-
Bionian ideas, such as early phantasies, containment, thinking and pro-
jective identification, with findings from infant observation research,
attachment theory, and intersubjectivity theory (Alvarez, Fonagy, Greenstein,
Seligman). These efforts have generally not overlooked the essential dif-
f erences. Many syntheses of Winnicottian analysts with infancy research
have been offered. Mitchell's own syntheses are exemplary, including in
his final theoretical book, Relationality (2000), a relational reading of
the theories of Lacan, Bowlby, Fairbairn, and others.

Knowledge in Developmental Thinking

Overall, one of the great strengths of relational psychoanalysis has
been its links with new thinking in other fields. Many of the most recent
developments in this area are synergistic with the emerging ques-
tions within this field. Without claiming completeness, I offer a brief,
suggestive list of a few current directions.

Much ongoing work regards trauma, both within and outside rela-
tional psychoanalysis. This includes significant research on the effects
of childhood trauma from a variety of sources, including trauma research-
ers, infant and child clinicians, developmental neuroscientists, bioethics,
cultural and critical theorists, and others. In the developmental field,
there is an increasing convergence between the observations of infants in
abusive or neglectful environments and developmental studies of brain
anatomy and physiology, and these in turn provide strong conceptual
correlations with the assumptions of developmental-relational psycho-
analysis.

Similarly, attachment researchers have extended Bowlby's original
project that emphasized the infant's proximity to the caregiver to in-
clude an emphasis on the parent's understanding and reflecting the infant's
own internal world. The child's capacity for reflective functioning is syn-


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tient. With regard to child analysis and psychotherapy, there has been a much greater lag.

Similarly, and perhaps of the greatest importance, there is a pressing need to implement public policies that protect the welfare and development of children. Although developmental findings have decisively demonstrated that early caregiving relationships are crucial for subsequent psychological well-being, social and economic conditions are increasingly trying for children and their families. Amidst such adversity, psychotherapists in general, and psychoanalysts in particular, are in a position to make a contribution to the public health of children, especially in concert with other advocates (see, for example, Altman, 1995).

REFERENCES
