

The Reproduction of Mothering

*Psychoanalysis and the
Sociology of Gender*

With a New Preface

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Early Psychological Development

I once said: "There is no such thing as an infant," meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant.

D. W. WINNICOTT,
"The Theory of the Parent-Infant Relationship"

The reproduction of mothering begins from the earliest mother-infant relationship in the earliest period of infantile development. This early relationship is basic in three ways. Most important, the basic psychological stance for parenting is founded during this period. Second, people come out of it with the memory of a unique intimacy which they want to recreate. Finally, people's experience of their early relationship to their mother provides a foundation for expectations of women as mothers.

Psychoanalysts have long stressed the importance of the infant's early relationship to its caretaker or caretakers. They argue that the infant's mental as well as physical survival depends on this social environment and relationship. In Western industrial society, biological or adoptive mothers have tended to have nearly exclusive care for infants.* In Western society, also, households have tended to be nuclear, in that there is usually only one married couple with children in any household (and thus only one mother with young children), even though in large numbers of households until recently there were also grown children and nonfamily members like boarders, lodgers, and servants.¹ Caretaking typically has been synonymous with single

*In some classes during an earlier period, mothers may have shared or turned over this care to a nurse; in others, they may have been aided by a female relative. Recently, with the increase of labor force participation of mothers with very young children, they are probably aided during some hours by individual or group day-care arrangements.

mothering. The earliest relationship has been a relationship to a *mother*, and the mother-infant bond has been intense and relatively exclusive. Early development, then, consists in the building of a social and emotional relationship between mother and infant, both in the world and within the infantile psyche.

TOTAL DEPENDENCE AND THE NARCISSISTIC RELATION TO REALITY

A human newborn is not guided by instinct, nor does it yet have any of those adaptive ego capacities which enable older humans to act instrumentally.* The infant, "separated from the maternal body too early,"² is totally dependent on parental care until it can develop adaptive capacities. Parenting during this period must therefore include acting, in Margaret Mahler's term, as an infant's "external ego,"³ serving to both mediate and provide its total environment.

The maturation of adaptive ego capacities that can take over from the parent, however, requires the development of an integrated ego, which controls and organizes these functions and behavior.** This maturation, although following innate biological potentialities, requires a particular kind of parental care from the time of the infant's birth, and varies according to the extent to which this care is consistent and free from arbitrariness. Anna Freud suggests that analysts have often attributed inadequate ego capacities to constitutional failing, when these are in fact the result of this early care: "At this early time of life the actions of the mother and her libidinal cathexis and involvement with the child exert a selective growth of some, and hold back, or fail to stimulate and libidinize, the growth of other potentialities. This determines certain basic trends in the child concerning his motility, the earliness or lateness of his verbalization, etc."⁵

The quality of care also conditions the growth of the self and the infant's basic emotional self-image (sense of goodness or badness, all-rightness or wrongness). The absence of overwhelming anxiety and

*In what follows, my account assumes proper biological maturation. We are physiological creatures, and the development of any psychological stance, any capacity for intention, interpretation of meaning, communication—that is, any nonreflex behavior—requires the maturation of the physiological capacity which enables it.

**My usage here follows Sylvia Brody and Sidney Axelrad. They say, "Ego apparatuses' seems to us an unwieldy term because it suggests. . . that the ego is composed of a group of functions or that the functions are part of an ego equipment, whereas it is more precise and economical to say that the ego controls the functions. It also appears to us simpler to think of organic structures that allow for the maturation of behavior, and ego functions that serve to organize small units of behavior. . . . The term apparatus often dulls necessary distinctions between what is organic, what is behavioral, and what is functional."⁴

the presence of continuity—of holding, feeding, and a relatively consistent pattern of interaction—enable the infant to develop what Benedek calls "confidence"⁶ and Erik Erikson "basic trust,"⁷ constituting, reflexively, a core beginning of self or identity.

The infant's development is totally dependent on parental care, on the fit between its needs and wants and the care its caretaker provides. Fundamental aspects of the person's sense of self develop through this earliest relationship. Michael Balint claims that his or her earliest experience produces a basic stance in the individual "whose influence extends widely, probably over the whole psychobiological structure of the individual, involving in varying degrees both his mind and his body."⁸ When there is some major discrepancy in the early phases between needs and (material and psychological) care,* including attention and affection, the person develops a "basic fault," an all-pervasive sense, sustained by enormous anxiety, that something is not right, is lacking in her or him. This sense, which may be covered over by later development and defenses, informs the person's fundamental nature and may be partly irreversible. The area of the basic fault is not conscious or easily talked about (and hence analyzed), because it originates in a preverbal period before the infant is self-consciously social.

Dependence, then, is central to infancy and central to the coming into being of the person. Fairbairn calls the early period "infantile dependence," and describes most infantile psychological activity as a reaction to this feeling of helplessness. As long as the infant cannot get along without its mother—because she acts as external ego, provides holding and nourishment, and is in fact not experienced by the infant as a separate person at all—it will employ techniques which attempt to prevent or deny its mother's departure or separateness. Orality and the oral attitude of incorporation (the fantasy of taking in the mother or her breast) as a primary infantile mode, for instance, is not an inevitable extrapolation from nursing. It is one defensive technique for retaining primary identification (a sense of oneness) when this is being eroded—when the mother is beginning to be experienced as a separate person. Or, for instance, the infant's internalization of aspects of its relationship to its mother which are experienced as bad often results in splitting off and repression of that

*I will use *care* and *caretaker* to refer to the whole primary relationship, and specify when I mean it to refer to the taking care of body needs. A primary relationship does not necessarily develop with anyone who sees to these needs, as we will see. Since I am trying to distinguish between quality of care and interaction and who provides it, I do not want always to use "mothering." Other terms which analysts use—attachment figure, mothering figure—seem too specific. What I mean is relating-one, or interacting-one.

part of the ego involved in this bad relationship. This internalization avoids reacting to these bad aspects in the outside world and possibly driving the infant's mother away. Separateness during this early period threatens not only anxiety at possible loss, but the infant's very sense of existence.

The development away from "absolute dependence" (the infant's original state) through relationship to its caretakers is, according to Winnicott, the same thing as the "coming into being" of the infant as a self.⁹ The "ego support which maternal care provides"¹⁰ protects the infant and gives the illusion that the infantile ego is stable and powerful when in fact it is weak. This protection of the infant is necessary for the development of a "true self" or "central self." Threats to the development of a self are a "major anxiety" of the early period (in fact, the "very nature of psychotic anxiety").¹¹ An infant who experiences this anxiety develops instead a "false self" based on reactions to intrusion.

The distinction between a "true" and "false" self here, although one of degree, is important. Winnicott's "true self" is the ability to experience oneself as an effective emotional and interpersonal agent. By contrast, a person who develops a "false self" develops reactively: "A false self emerges on the pattern of conformity or adaptation to, or else rebellion against, the unsatisfactory environment. Its aim is survival in minimum discomfort, not full vigorous spontaneous creative selfhood. The result is either tame goodness or criminality."¹²

Physiology and psyche are thus indistinguishable in the newborn. The very continued existence and development of both depends on parental care. Winnicott's and Fairbairn's perceptions are supported by studies of institutionalized children provided with the apparent physical requirements for growth but not provided with emotional relationships.¹⁶ These children may grow up without ego capacities sufficient to establish relationships, may not develop basic motor and verbal skills, may be psychotic, and, in extreme cases, die.

The care that is provided in any society is not randomly assigned or performed. When individual women—mothers—provide parenting, total dependence is on the mother. It is aspects of the relationship

⁹R. D. Laing has worked extensively with this distinction in his early studies, as has Sullivan in his work on the self-system.¹² As many critics of ego psychology have pointed out, Hartmann, in extolling the adaptive ego,¹⁴ and Anna Freud, Edith Jacobson, and others, in claiming that defenses are the basis of ego formation,¹⁵ verge on making a necessary virtue out of what object-relations theorists (Laing, Guntrip, Fairbairn, Winnicott) and nonpsychoanalytic critics of the contemporary family consider a product of specific modes of child care and family organization.

to her that are internalized defensively; it is her care that must be consistent and reliable; it is her absence that produces anxiety. The infant's earliest experience and development is in the context of, and proceeds out of, an interpersonal relationship to its mother.

This relationship, however, is not symmetrical. Mother and child participate in it in radically different ways, though they may be equally involved. At birth, the infant is not only totally dependent but does not differentiate itself cognitively from its environment. It does not differentiate between subject/self and object/other. This means that it does not differentiate the gratifications of its needs and wants. The infant experiences itself as merged or continuous with the world generally, and with its mother or caretakers in particular. Its demands and expectations (not expressed as conscious wants but unconscious and preverbal) flow from this feeling of merging. Analysts call this aspect of the earliest period of life primary identification, aptly emphasizing the infant's object cathexis of someone it does not yet differentiate from its self. Freud claims that primary identification is "not in the first instance the consequence or outcome of an object cathexis; it is a direct and immediate identification and takes place earlier than any object cathexis."¹⁷

In this period the infant is cognitively narcissistic; its experience of self is an experience of everything else in its world: "What is 'not-I' is libidinally and cognitively perceived as part of 'I.'"¹⁸ Originally, the infant's lack of reality principle—its narcissistic relation to reality—is total. Mahler emphasizes this totality, and calls the first few weeks of life the period of "normal autism,"* "a stage of *absolute* primary narcissism, which is marked by the infant's lack of awareness of a mothering agent."²¹ From this state of undifferentiation—between the "I" and the "not-I," and between inside and outside—the infant first begins to differentiate the quality of experience ("pleasurable and good" from "painful and bad"). From this develops a "dim awareness" of the object helping to produce this experience.

After this, the infant reaches a "symbiotic" stage of "mother-child dual unity," a stage reaching its height during the fourth or fifth month, and lasting approximately through the infant's first year.

*Psychoanalysts first studied the earliest period of development through adult psychotics—through the "narcissistic neuroses"—and their language concerning this period often retains the imprint of these origins. Mahler has developed her account of normal development from her work with psychotic children. Her use of the label *autism* derives from her observation of "a most striking inability, on the part of the psychotic child, even to see the human object in the outside world, let alone to interact with him as with a separate human entity."¹⁹ She speaks of the normal infant's "state of primitive hallucinatory disorientation."²⁰

During this stage, the infant oscillates between perceptions of its mother as separate and as not separate. For the most part, in spite of cognitive perception of separateness, it experiences itself as within a common boundary and fused, physically and psychologically, with its mother. Accordingly, it does not experience gratifications and protections as coming from her.

Thus the infant's cognitive narcissistic relation to objects has conventionally "narcissistic" consequences. Mahler, following Freud, who pointed to the baby's seeming self-sufficiency and lack of attention to the world by referring to "His majesty the baby,"²² refers to "infantile omnipotence." This omnipotence, she suggests, stems from the sense of the mother's continual presence and hence power in relation to the world for the child. The mother functions, and is experienced, as the child's "external ego." The child maintains this sense of omnipotence by projecting any unpleasurable sensation or perception, of whatever origin, beyond the boundary of its symbiotic unity with its mother. The child behaves as if it were still a unit with its mother; it does not yet knowingly initiate protection, care, or contact.

Alice Balint describes this situation in more forceful terms. The infant's behavior, she says, is functionally egoistic, in that it ignores the interests of the mother: "We come nearest to it with the conception of egoism. It is in fact an *archaic, egoistic* way of loving, originally directed exclusively to the mother; its main characteristic is the complete lack of reality sense in regard to the interests [both libidinal and ego-interests] of the love-object."²³ However, this behavior is not egoistic in our adult sense—conscious ignoring of its mother's interests. It is, rather, "naive egoism," an unintended consequence of the infant's lack of reality sense and perception of its mother as separate.

Thus the early period of total dependence is dual.²⁴ The infant is totally dependent. When separateness is not a threat, and the mother is feeling totally dependable, total dependence transforms itself into an unproblematic feeling on the part of the infant that this is of course how things should be. Yet the infant is not aware of the other as separate, so experiences dependence only when such separation comes to its attention, through frustration, for instance, or the mother's departure. At this point, it is not only helplessness and object loss which threaten, but also loss of (incipient) self—disintegration.

PRIMARY LOVE

The infant can be emotionally related to an object, even as its self and object representations are merged. Cognitive narcissism does not en-

tail the infant's loving only itself. Several theorists, best represented by Michael and Alice Balint and John Bowlby, have pointed to an emotional cathexis highly charged by its embeddedness in total dependence and in the infant's experience of fusion with its mother and unreflective expectation of everything from her. They argue for a primary and fundamental sociality in the infant.²⁵ They imply, further, that the infant experiences this primary sociality in our society in relation to its mother. Their theory, like those of other object-relations theorists, has been developed in opposition to an alternate psychoanalytic position derived from Freud and followed by ego psychologists. This Freudian position hypothesizes primary narcissism and primary autoerotism on the part of the infant, and it holds that the earliest object-relation derives from the infant's need for food.

Freud asserts that the infant originally cathects both itself *and* its caretaker: "The human being has originally two sexual objects: himself and the woman who tends him—and in doing so we are postulating a primary narcissism in everyone."²⁶ The most straightforward reading of this claim is that the infant's libidinal cathexes are shared among all important objects including its incipient self, that "a primary narcissism" is not the same thing as "total primary narcissism." The libido directed toward itself would be the forerunner of later necessary self-esteem and self-love.

However, Freud, in his other writings, and his ego psychology followers have instead taken the position that the infant originally has no cathexis of its environment or of others, but concentrates all its libido on its self (or on its predifferentiated psyche). The infant is generally libidinally narcissistic; hence, the hypothesis of primary narcissism. (Freud and others occasionally speak instead of primary autoerotism, since narcissism in the true sense—libido turned toward the ego—is possible only after an ego has developed.) This Freudian position also holds that the infant seeks only the release of tension from physiologically based drives—operates according to the "pleasure principle." The source of this gratification, whether it is self-induced (burping, elimination) or from a caretaker, is irrelevant to the infant. Accordingly, the child is first drawn from its primary libidinally narcissistic stage because of its need for food. Freud suggests that the infant's ego (self-preservative) instincts direct it to the source of nurturance—the mother's breast—and then to the mother. Thus, in this formulation (in the same essay where he speaks of *two* original sexual objects), the original relation to the mother is for self-preservation and a libidinal attachment develops out of this. The

child comes to cathect the mother only because she nourishes and cares for it.*

From this theory Freud derives the notion of an "anaclitic" or "attachment"-type object-relationship—literally "leaning-on." In this case, sexual instincts "lean on" (or depend on) self-preservative instincts.²⁸ The attachment here is not that of child to mother, but of sexual instincts to ego instincts. More generally, people who choose an "anaclitic object," or love in an anaclitic manner, choose an object modeled on the mother, more broadly as an opposite to the self. Those who choose a "narcissistic" object, or who love narcissistically, choose someone modeled on the self. Freud does not note the contradiction here. He considers anaclitic love—loving someone like the mother—as "complete object love," but expects women to take men for sexual objects.

Michael Balint and Alice Balint, in contrast to Freud and the ego psychologists, have developed a theory of primary love which explains the early cathexis as the (still nonverbal) infant experiences it.²⁹ According to them, the infant, even while not differentiating itself from its environment or among the objects in its environment, brings from its antenatal state a strong cathexis of this environment. This generalized cathexis very quickly becomes focused on those primary people, or that person, who have been particularly salient in providing gratification and a holding relationship. These people are the objects of primary love, which is object-directed and libidinal, and which exists in rudimentary form from birth.

The hypothesis of primary love holds that infants have a primary need for human contact for itself. Attempts to fulfill this need play a fundamental role in any person's development and eventual psychic makeup. Balint and Fairbairn support this position from logical argument and clinical finding: All extreme narcissism can be explained as a withdrawal from object relations; psychotics are defended against object relationships and not returned to an earlier state; infants need holding and contact from a person who is emotionally there, not simply food and cleaning; how and by whom a want is fulfilled is as important to all their patients as that it is fulfilled.

Alice and Michael Balint propose that primary love is observable only in its breach. If satisfied, it brings forth a quiet sense of well-

*Freud's position, and that followed, according to Bowlby, by Anna Freud, Spitz, and to some extent by Klein, is what Bowlby usefully characterizes as a "secondary drive theory" about the nature of the child's original tie to the mother: "In so far as a baby becomes interested in and attached to a human figure, especially mother, this is the result of the mother's meeting the baby's physiological needs and the baby's learning in due course that she is the source of his gratification."²⁷

being and perfect tranquillity in the infant. If not satisfied, it calls forth vehement demands—crying and a violent display of energy. This form of love is totalistic and characterized by naive egoism. The infant's ultimate aim is to "*be loved and satisfied, without being under any obligation to give anything in return.*"³⁰

Michael Balint suggests that the character of primary love accounts for both Freud's conception that the infant is originally passive and Klein's that it is driven primarily by innate aggressive drives. Freud did not notice that the tranquillity he noted had a cause, that it resulted from satisfied primary object love. Klein did not notice the tranquillity itself, because such tranquillity is not noticeable in the way that crying and screaming are.

Bowlby argues the same position from his research on the development of attachment behavior in infants and from the evidence of ethology. This evidence, he claims, supports the hypothesis that animals show many responses which are from the first comparatively independent of physiological requirements and which promote social interaction between species members.³¹ Bowlby argues for a "primary object clinging" theory: "There is in infants an in-built propensity to be in touch with and to cling to a human being. In this sense there is a 'need' for an object independent of food which is as primary as the 'need' for food and warmth."³²

I am persuaded by Bowlby's evidence and by Alice and Michael Balint's and Fairbairn's clinical arguments (and by my own informal observations). Freud and many other psychoanalysts incorrectly based their theory of psychological origin on a physiological foundation. This error stemmed from not noticing that much touching and clinging happens in the routine case during feeding, and from observing that the social relations of feeding are important, and that orality and the oral mode can become a focus of severe conflict and a symbol for the whole experience of infancy.†

*Here, as in much of the theory of the primary relationship, the imputation of such advanced causative and relational thinking to the newborn is not demonstrated. Balint is trying to render in words a behavioral manifestation and nonverbal (to use Fairbairn's term) "libidinal attitude" in the infant.

**Harlow's famous finding that the infant monkeys prefer artificial mothers made of warm soft terrycloth, but without a bottle, to wire mothers with a bottle, is a good example of this.³¹

†As Jacobson puts it, "The memory traces left by any kind of libidinal stimulation and gratification in the past are apt to cluster around this primitive, first, visual mother-image. . . . The images of the orally gratified or deprived self will tend to absorb the engrams of all kinds of physical and emotional stimuli, satisfactions or derivations experienced in any area of the whole self."³³

Another psychoanalytic claim apparently at odds with Alice and Michael Balint's account derives from the traditional psychoanalytic tendency to understand object-relations as deriving from specific libidinal modes and zones. Benedek, Fairbairn, and to a certain extent Freud and Klein stress the infant's oral relationship to the mother and her breast.* Benedek, for example, suggests that the early mother-infant symbiosis is "oral" and "alimentary" (but that it also concerns more generalized issues of giving and succoring on the part of the mother).³⁵ Fairbairn claims that in addition to primary identification, infantile dependence consists in an oral-incorporative libidinal attitude.³⁶ Following Klein he revises Freudian theory to suggest that all neurotic patterns—formerly thought to derive from the stages of development of the component instincts—are at bottom "techniques" for dealing with conflicts in object-relations modeled on early oral conflicts and deriving from the way that objects have been internalized during the oral stage.

Fairbairn in this context does not free analytic theory from libidinal determinism. He simply offers the statement that between infancy and a "mature" object-relationship (which includes a genital and giving libidinal attitude), all object-relationships, both internal and external, are primarily based on the oral incorporative, "taking" mode (concerned with taking and giving, emptying and filling). Infantile dependence here is the same thing as oral dependence, although it is not simply the need for food, but rather the need for relationship to the orally providing mother which is at issue. Fairbairn's grounding in Kleinian theory here is apparent, and probably accounts for his zonal emphasis, in spite of his denial of zonal determinism.**

Alice and Michael Balint argue that their observations of primary love, and their analytic finding that all forms of narcissism have their root in originally disturbed object-relations, replace the hypothesis of primary narcissism and go beyond the subsumption of the primary relationship under the need for food and oral contact:

The oral tendency to incorporate appeared as only one special form of expression of this kind of love which could be present in a more or less clearly

*Bowlby characterizes the theories of Benedek and Fairbairn as "primary object seeking" theories³⁷ in that they hold that there is an inbuilt propensity to relate to the human breast for its own sake and not only as a channel for milk, and that relationship to the mother comes when the infant learns that the mother is related to (or comes with) her breast.

**For Klein also, the early period is defined in terms of the oral relation to the mother's breast and the handling of innate sadistic and aggressive impulses toward it. Klein describes the primary psychological modes of relating also in oral terms—of projection and introjection, of taking and giving, of greed.

marked form. The conception of narcissism did not do justice to the fact that this kind of love was always firmly directed towards an object; the concept of passive object-love (the wish to be loved) was least satisfactory, especially because of the essentially active quality of this kind of love.³⁷

It is possible to bring clinical and observational support to either position in these debates. To my mind the support for the object-relations position is stronger. However, each position reflects a fundamentally different conception of human nature—whether human connection and sociality or human isolation and self-centeredness are more in need of psychological and social explanation. Each affects arguments about the basis for human selfishness and human cooperation. For our immediate purposes, these positions imply different starting points from which to describe human development.

THE BEGINNINGS OF SELF AND THE GROWTH OF OBJECT LOVE

Neither the primary narcissism position nor that of primary orality is typically advanced in an extreme form, however. For Freud, primary narcissism gives way to some object relation in the normal course of development. And for those who stress the primacy of orality or the need for food, the relation to the mother eventually broadens to include nonoral components and an emotional, nonphysiological component. All psychoanalysts agree with Alice Balint that, finally, the infant's active libidinal and emotional "love for the mother" comes to be uniquely important in its own right.

During the early months, the child comes gradually to perceive the mother as separate and as "not-me." This occurs both through physiological maturation and through repeated experiences of the mother's departure. At the same time, it begins to distinguish aspects of maternal care and interaction with its mother, and to be "able to wait for and confidently expect satisfaction."³⁸ This beginning perception of its mother as separate, in conjunction with the infant's inner experience of continuity in the midst of changing instances and events, forms the basis for its experience of a self.

Thus a person's self, or identity, has a twofold origin and twofold orientation, both of which derive from its early relational experiences. One origin is an inner physical experience of body integrity and a more internal "core of the self." This core derives from the infant's inner sensations and emotions, and remains the "central, the crystallization point of the 'feeling of self,' around which a 'sense of identity' will become established."³⁹ Its development is not inevitable, but de-

depends on the provision of a continuity of experience. As Winnicott puts it, the "inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body scheme"⁴⁰ comes to constitute the infant as a person.⁴¹

The second origin of the self is through demarcation from the object world. Both ego boundaries (a sense of personal psychological division from the rest of the world) and a bounded body ego (a sense of the permanence of physical separateness and of the predictable boundedness of the body) emerge through this process. The development of the self is relational. Winnicott suggests that a good relationship between infant and caretaker allows the infant to develop a sense of separate self—a self whose existence does not depend on the presence of another—at the same time as it develops a sense of basic relatedness.⁴²

Along with the growth of the self and of differentiation from the mother goes the lessening of dependence. At first, the infant is absolutely dependent and, because it does not experience itself as separate, has no way of knowing about maternal care and can do nothing about it. It "is only in a position to gain profit or to suffer disturbance."⁴³ As absolute dependence lessens, the infant becomes aware of its need for particular aspects of maternal care and relationship, and can relate them to personal impulse. Gradually thereafter, the infant no longer experiences this environment entirely as acting upon it. It develops capacities that enable it to influence and not simply react to the environment.

The mother is no longer interchangeable with any other provider of care once absolute dependence is mitigated. The developing self of the infant comes to cathect its particular mother, with all the intensity and absoluteness of primary love and infantile dependence. While it has attained perceptual and cognitive recognition of the separateness and permanence of objects, it does not yet have an emotional certainty of the mother's permanent being, nor the emotional certainty of being an individuated whole self.* Separation from her during this period, then, brings anxiety that she will not return, and with it a fundamental threat to the infant's still precarious sense of self. Felt dependence increases as real dependence declines.

Unfortunately (from the point of view of the naively egoistic infant) its mother has (and always has had) things to do and interests which take her away from it. Even those analysts who argue that the emotional-libidinal mutuality, or complementarity, in the mother-

*What Mahler calls "libidinal object constancy."

infant relationship derives from an instinctual bond between them, recognize that there is an asymmetry in this mutuality. As Benedek puts it, "The infant's need for the mother is absolute, while the mother's for the infant is relative. Accordingly, the participation of primary drives in the symbiotic state has different 'meanings' for mother and child."⁴⁴

Alice Balint discusses the implications for the child of the fact that "maternal love is the *almost* perfect counterpart to love for the mother."⁴⁵ According to her, the child experiences from early in life an "instinctual rejection by the mother," which disturbs its naive egoism. This disturbance requires it to face the essential difference between love for the mother and mother-love: Its mother is unique and irreplaceable, whereas it is replaceable—by another infant, by other people, and by other activities.

The reality principle, then, intrudes on an emotional level as well as on the cognitive level. The child comes to recognize that its mother is a separate being with separate interests and activities. The reality principle is in the first instance this separateness: "It is at this point that the rule of the reality sense starts in the emotional life of man."⁴⁶ The fact that the infant still needs maternal love is of course crucial. One possible solution—turning the naive egoism to hatred in retaliation for the mother's "rejection"—would simply preserve the same (lack of reality-based) attachment and perpetuate the infant's feeling of vulnerability.⁴⁷ This is the reaction that Fairbairn describes: The infant does not simply reject early bad objects but internalizes them in order to both hate and control them.⁴⁸ They are internalized, Fairbairn says, because they seem indispensable, and then repressed because they seem intolerable.

This change in its situation is not wholly to the infant's disadvantage. From the point of view of adult life, and from the point of view of that side of the infant that wants independence, total merging and dependence are not so desirable. Merging brings the threat of loss of self or of being devoured as well as the benefit of omnipotence. Discomfort and the loss of merging result both in the further development of the infantile ego and in the growth of a different kind of object love.

As I have indicated, the infant achieves a differentiation of self only insofar as its expectations of primary love are frustrated. If the infant were not frustrated, it would not begin to perceive the other as separate. Frustration and ambivalence generate anxiety. Freud first argued that anxiety triggers the development of ego capacities which can deal with and help to ward off anxiety.⁴⁹ Thus, anxiety

spurs the development of ego capacities as well as the creation of ego boundaries.*

For my purposes, what is important is that much of this anxiety, conflict, and ambivalence is not generated endogenously through infantile development, but is an infantile reaction to disruptions and discomforts in its relation with its mother. Once again, this primary object-relation has fundamental consequences for infantile experience. For instance, as a defense against ambivalence toward its mother and feelings of helplessness, the infant may split its perception of her and internalize only the negative aspect of their relationship. Or, it may internalize the whole relationship and split and repress only its negative aspect.

Early defenses lead to psychic structure formation. Internalization and repression of negatively experienced aspects of relationships often lead to a splitting off of those aspects of the self that participate in and are committed to these relationships. They are one major early ploy which structures the ego and its object-relationships. They help to demarcate that which will be experienced as external from that which will be experienced as internal. They help to constitute and organize the internal in ways which, once repressed, continue well beyond the period in which they were experienced as necessary.⁵² Another defense emerging from frustration which structures the ego is the development of identifications. The child moves from primary identification to identification with aspects of its mother as a differentiated person, as one who frustrates or (seemingly) aggresses. Or it takes over controls previously exercised from without in order to prevent such control.

An important element in the child's introduction to "reality" is its mother's involvement with other people—with its father and possibly with siblings.⁵³ These people are especially important in the development of a sense of self and in the child's identifications. The sense of boundary, for instance, develops not only in relation to the mother, but also through comparison with others. Father and siblings—or other important people in the caretaker's life who are perceived as coming between caretaker and infant, but do not do primary caretaking themselves—are in some ways more easily differentiated from

*Anna Freud and Brody and Axelrad have made this insight the basis for major analyses of these processes.⁵⁰ Bypassing Hartmann's analysis of the development of autonomous ego functions, they argue that the ego as a control apparatus (Brody and Axelrad) and as the seat of character defenses (Anna Freud) is entirely a product of conflict and ambivalence, and of attempts to deal with anxiety. As Brody and Axelrad put it, "The emergence of the affect of anxiety and the beginning of ego formation take place in conjunction with one another, and . . . the two events flow out of a joint process."⁵¹

the self, because the infant's first association with them involves envy and a perception of self in opposition.

In a nuclear family, a father plays a central role in differentiation for the child. Because he is so involved with the child's mother, his role in the child's later defensive identifications—identification with his power or closeness to the child's mother, for instance—is also crucial. The ego develops partly as a system of defenses against such early experiences.

The child uses its father not only in its differentiation of self. The father also enables more firm differentiation of objects. The infant, as it struggles out of primary identification, is less able to compare itself and its mother, than to compare mother and father, or mother and other important people she relates to. This comparison indicates the mother's boundedness and existence as a separate person. The comparison also reveals the mother's special qualities—finding out that the whole world does not provide care increases her uniqueness in the child's eyes.

Father and other people are important as major constituting elements of the "reality principle" and as people enabling differentiation of self and differentiation among objects. Yet it is the relation to the mother, if she is primary caretaker, which provides the continuity and core of self, and it is primarily the relation to her which must be worked out and transformed during the child's earliest years. This is because the development of a libidinal relationship to the father and oppositional identifications with him are well in advance of his becoming an internal object. The construction of a mental image of him and internalization of aspects of relationship to him lag well behind those of the mother. Therefore, the relation to the father does not become as early involved in the internal organization of psychic structure and the development of fundamental representations of self.⁵⁴

The infant's object-relationships, in addition to the nature of its self, change with its growing recognition of its mother's separateness. The infant uses its developing physical and mental capacities to adapt to her interests and her modes of behavior and thus attempts to retain connection to her.

John Bowlby describes one major form this reaction takes in his account of attachment.⁵⁵ Attachment behavior is behavior directed toward binding the mother to the child, especially through the maintenance of physical closeness to her. Children preoccupied with attachment are concerned to keep near their mother and demand a large amount of body contact. Attachment behavior, which begins to

develop around six months and reaches its peak around a year to eighteen months, requires experienced separateness, and the ability to perceive and differentiate objects. It is directed toward and grows in relation to a particular person or persons who have provided the most intensive and strong relationship to the infant.

In a conventional nuclear family, the primary attachment figure is almost always the mother, but Bowlby and others are careful to distinguish attachment from dependence. A child is dependent on whoever is providing care at any moment, whereas attachment develops in response to the quality of interaction, and not to having primary physiological needs met. Attachment develops in relation to a particular person who is often, but does not need to be, the child's primary caretaker. This person is the child's primary affectional object, however, and interacts in some intense and strong way with it.

Children may develop attachments to more than one person, to the degree that they have played an important emotional part in the child's life. Thus, kibbutz children are more "attached" to their natural parents than to their nurses, who provide most of their care but do not interact as intensively or exclusively with any single child. Children whose mothers are available all day but are not responsive or sociable with them may become more "attached" to their fathers, who are not frequently available but interact intensively and strongly with these infants when they are around. Moreover, children may be equally attached to mother and father in comparison with strangers.⁵⁶

Learning to crawl and walk allows the child progressively to control proximity. To separate and return physically to its mother permits it to gain feelings of independence through mastery of its environment and greater equality in relationship.

Emotionally, the child's primary love for its mother, characterized by naive egoism, must usually give way to a different kind of love, which recognizes her as a separate person with separate interests. This attachment to the mother, and the growing ability to take her interests into account, is a prototype for later attachment to other objects experienced as separate. For many analysts, this is the most important aspect of relational development.⁵⁷

*These findings are crucial for those of us who think there are enormous benefits to be gained by everyone—men, women, children—if men and women parent equally and who support researchers arguing for the developmental importance of attachment and the constancy of object relations.

**They use a variety of concepts to describe the same transition. For Winnicott, the transition is "from a relationship to a subjectively conceived object to an object objectively perceived."⁵⁷ For Fairbairn, it is a shift from "infantile dependence," characterized by a taking attitude, to "mature dependence," characterized by giving or by mutual cooperation in which the object is seen as a separate person with her or his own in-

This change on the part of the infant is gradual. The infant's experience is a cycle of fusion, separation, and refusion with its mother. It progressively differentiates itself through maturation of its perceptual and cognitive capacities and through the variety of its experiences of relationship.⁶¹ Boundaries grow weak and strong, are sometimes between whole self and whole mother (or other object), sometimes include parts of the mother within the self boundaries or exclude parts of the self as outside. Qualities of the mother are introjected and become part of the self-image and qualities of the self are projected outward. Along with these shifts go equally varied emotional changes, as the child goes from contented oneness, fulfilled primary love, and feelings of trust and omnipotence to feelings of helplessness and ambivalence at the mother's power and her control of satisfactions and proximity; from assertions of separateness, rejection, and distancing of the mother to despair at her distance and fleeing to the mother's arms.

By the end of the first few years, a sense of identity and wholeness, a sense of self in relationship, has emerged. Many of the vicissitudes of these shifts have resolved themselves or disappeared. Others have become permanent elements of the psyche.

A NOTE ON EXCLUSIVE MOTHERING

My account here concerns the person who provides primary care in a particular family structure at a particular time, and not, inevitably, the mother.* It is important to stress this point, because psychoanalytic theory (and accounts influenced by it) assumes an inevitable and necessary *single* mother-infant relationship. Such an assumption implies major limits to changing the social organization of gender. The reason for this psychoanalytic assumption is that psychoanalytic writers, who focus on primary relationships themselves, by and large do not analyze, or even notice, these relationships in the context of a particular historical period and particular social arrangements. They tend rather to reify arrangements that in our society ensure that

terests.⁵⁸ For Jacobson, the infant develops "true object relationships"—relationships based on a sense of totality of self in relation to totality of separate other.⁵⁹ For Alice Balint, the infant must replace egoistic love with "altruistic love"—a "social-reality-based form of love" which takes into account the mother's (or later loved object's) interests. She suggests that "archaic love without reality sense is the form of love of the id," and that "the social-reality-based form of love represents the manner of loving of the ego."⁶⁰

*Whether or not, as I have argued, women have hitherto always been primary caretakers, and whether or not this was once (close to) necessary for species survival.

women who are at least social, and usually biological, mothers do provide almost exclusive care.

Because the mother-infant relationship is so largely nonlinguistic, and because caretaking does include some minimal physiological and psychological requirements, it is easy to assume exclusive parenting by the biological mother. And it is easy to accept such a position, to see this relationship as a less socially constructed relationship than other relationships we engage in or study. There has, moreover, been confusion concerning whose interests exclusive mothering serves. As I argue here, the psychoanalytic theory of the mother-infant relationship confounds an implicit claim for the inevitability and necessity of exclusive mothering by the biological mother with an argument for the necessity of constancy of care and a certain quality of care by *someone* or *some few persons*.

A certain constancy and quality of care are most certainly necessary to achieve basic requirements of being a person (the ability to relate, protection against psychosis, and so on). Psychoanalysts, though, assume and even argue that any dilution of primary care militates against basic ego development.⁶² This claim results partly from the kinds of situations of multiple parenting and maternal deprivation that psychoanalysts have chosen to discuss.⁶³ They have studied infants who have suddenly lost their mother after becoming attached to her; infants in situations when any early change in the parenting person has gone along with great family turmoil and crisis (a maternal death, or sudden breakdown or hospitalization); infants in understaffed foundling homes, war nurseries, and child-care centers for the children of women prisoners; and infants in institutions where there was no attempt to provide constancy of care in any infant's life. The psychoanalytic claim for the necessity of primary care is made in spite of the fact that an astonishing proportion of clinical cases reported by psychoanalysts mention that a nurse cared for the person under discussion in childhood, without noting this as abnormal, as controverting evidence, as an exception to the rule, or as worthy of investigation.⁶⁴

The psychoanalytic claim is also made in spite of the fact that those few studies which do compare children who have been singly and multiply parented, provided other factors are kept constant, do not support their conclusions. Bowlby recognizes in his recent work that household structure makes a difference in the number and nature of attachment figures. He even suggests that attachment may be more secure and intense in an infant who has a few attachment figures rather than only one.⁶⁵ Bettye Caldwell reports only slight differences among infants and among mother-infant relationships in cases of

rearing by a single mother and cases where the "caretaking role was shared with another female."⁶⁶ In a later study, she reports no differences in child-mother and mother-child attachment between infants who spent time in day-care centers and those cared for at home exclusively by their mothers.⁶⁷ She points out, moreover, that good day care—several adults and several children together—may be closer to the historical and cross-cultural norm for child-rearing than that which we have come to think natural.*

Child psychiatrist Michael Rutter and psychologist Rudolph Schaffer both summarize studies which evaluate variations in parenting.⁶⁸ When one major mothering person shares her duties with a small but stable number of mother-surrogates (when she goes out to work, for instance),⁶⁹ when there is shared responsibility for infants with a high degree of continuity (as in the Israeli kibbutzim),⁷⁰ when societies have extended households and share child care,⁷¹ there is no evidence that children suffer from such arrangements. Where children do suffer is in multiple parenting situations associated with sudden separation from their primary caretaker, major family crisis or disruption in their life, inadequate interaction with those caretakers they do have, or with so many caretakers that the child cannot form a growing and ongoing bond with a small number of people. In fact, these are the settings in which the psychoanalytic argument was formed. Schaffer affirms, "There is, we must conclude, nothing to indicate any biological need for an exclusive primary bond; nothing to suggest that mothering cannot be shared by several people."⁷²

There does not seem to be evidence to demonstrate that exclusive mothering is necessarily better for infants. However, such mothering is "good for society." Exclusive and intensive mothering, as it has been practiced in Western society, does seem to have produced more achievement-oriented men and people with psychologically monogamic tendencies. This form of parenting, along with other reduc-

*Although I am obviously more sympathetic to this position than to the traditional psychoanalytic one, I think it only fair to point out that it, like the other, is probably a historical product. Bowlby, Spitz, and others who argued for the importance of the mother were reacting to a variety of makeshift arrangements that had not given children sufficient emotional care during the war and against traditional practices in many child-care institutions. At the same time, I think, they were probably also riding the tide of the feminine mystique and the attempt to return Rosie the Riveter to her home. Currently the economy needs women in the paid labor force, and the women's movement has raised questions about parenting. In this context, today's researchers find that the quality of care is what is important, not that it be provided by a biological mother. Psychoanalysis shifts from emphasizing the breast (which only a biological mother can provide) to the total holding and caring relationship (which can be provided by anyone with appropriate emotional capacities).

tions in the role of kinship and size of household, also contributes to the interchangeability and mobility of families.* It has facilitated several other tendencies in the modern family such as nuclearization and isolation of the household, and the belief that the polity, or the society, has no responsibility for young children.

Another problem with the psychoanalytic account's false universality is its assumption that the type of exclusive care mothers in this society give is, like the fact of exclusivity, natural and inevitable. The account thus reifies the quality of care as well as the gender and number of people who provide it. Psychoanalysts do not often notice** the extensive differences within single mothering that are possible. Infants may be carried on the hip, back, or chest, in a loose sling which molds to the mother's body or directly against her body, or they may be swaddled, left in a cradleboard, or left in a crib except for brief nursing periods. They may sleep alone, with their mother, or with their mother and father. They may be weaned at six months, when they can just begin to experience the cognitive difference between themselves and the outside world, or at two, three, or five, when they can walk and talk. These differences obviously have effects, which, again, have not been treated sufficiently in the psychoanalytic literature.⁷⁴ The typical Western industrial arrangement, in which infants are left in cribs except for brief periods of time when they are held and nursed, and in which they are weaned during the first year, provides relatively little contact with caretakers in the world societal spectrum. In a comparative framework, it is not the extreme constancy of care which psychoanalysts assume.

These objections do not invalidate the psychoanalytic account, but they show how to read it. And they indicate its real subject: a socially and historically specific mother-child relationship of a particular intensity and exclusivity and a particular infantile development that this relationship produces. Psychoanalysis does not describe those parenting arrangements that have to be for infants to become people. The account is certainly adequate and accurate for the situation it describes and interprets. It should not be read, however, as prescription or inevitable destiny. An account of the early mother-infant relationship in contemporary Western society reveals the overwhelming importance of the mother in everyone's psychological development, in their sense of self, and in their basic relational stance. It reveals that becoming a person is the same thing as becoming a person in relationship and in social context.

*Whose usefulness Parsons and Goode have described.⁷³

**With the exception of periodic generalization about primitive society and longer nursing periods.

5

The Relation to the Mother and the Mothering Relation

The ideal mother has no interests of her own. . . . For all of us it remains self-evident that the interests of mother and child are identical, and it is the generally acknowledged measure of the goodness or badness of the mother how far she really feels this identity of interests.

ALICE BALINT,

"Love for the Mother and Mother Love"

I can give you no idea of the important bearing of this first object upon the choice of every later object, of the profound effects it has, in its transformations and substitutions, in even the remotest regions of our sexual life.

FREUD,

Introductory Lectures

I have argued that the most important feature of early infantile development is that this development occurs *in relation to* another person or persons—in the account I am giving, to a mother. A description of early development, then, is a description of a social and interpersonal relationship, not only of individual psychological or physiological growth. We can now isolate and investigate each side of this relationship: the mother's experience of her child and the child's experience of its mother. An investigation of the child's experience of being mothered shows that fundamental expectations of women as mothers emerge during this period. An investigation of the requirements of mothering and the mothering experience shows that the foundations of parenting capacities emerge during the early period as well.

THE EFFECTS OF EARLY MOTHERING

The character of the infant's early relation to its mother profoundly affects its sense of self, its later object-relationships, and its feelings about its mother and about women in general. The continuity of care

24. See Melanie Klein, 1932, *The Psychoanalysis of Children*, and 1948, *Contributions to Psycho-analysis, 1921-1945*; and Klein, Paula Heimann, Susan Isaacs, and Joan Riviere, 1952, *Developments in Psycho-analysis*.
25. Karen Horney, 1967, *Feminine Psychology*; Clara M. Thompson, 1964, *On Women*.
26. Especially as it has been developed by Alice Balint, 1939, "Love for the Mother," and 1954, *The Early Years of Life: A Psychoanalytic Study*; Michael Balint, 1965, *Primary Love and Psychoanalytic Technique*, and 1968, *The Basic Fault: Therapeutic Aspects of Regression*; Fairbairn, 1952, *An Object-Relations Theory*; Guntrip, 1961, *Personality Structure*, and 1971, *Psychoanalytic Theory, Therapy, and the Self*; Winnicott, 1958b, *Collected Papers: Through Paediatrics to Psycho-Analysis*, 1965b, *The Maturational Processes*, and 1971, *Playing and Reality*. Roy Schafer, 1968, *Aspects of Internalization*, and Hans Loewald, 1962, "Internalization, Separation," and 1973, "On Internalization," also argue in object-relational directions that have influenced me.
27. Jacobson, 1964, *The Self*, pp. 35-36.
28. Fairbairn, 1954, "Observations of the Nature of Hysterical States," *British Journal of Medical Psychology*, 27, #3, p. 125.
29. See Michael Balint, 1956b, "Pleasure, Object, and Libido. Some Reflections on Fairbairn's Modifications on Psychoanalytic Theory," *British Journal of Medical Psychology*, 29, #2, pp. 162-167.
30. See Guntrip, 1971, *Psychoanalytic Theory*.
31. *Ibid.*, p. 41.
32. See Benjamin, 1961, "The Innate and the Experiential."
33. Schafer, 1968, *Aspects of Internalization*, p. 11.
34. Freud, 1923a, "The Ego and the Id," *SE*, vol. 19, p. 29.
35. See Reich, 1926, *Character Analysis*, and 1966, *Sex-Pol*; Parsons, 1964, *Social Structure and Personality*; Parsons and Bales, 1955, *Family, Socialization*; Fairbairn, 1952, *An Object-Relations Theory*; and Guntrip, 1961, *Personality Structure*.
36. See Michael Balint, 1968, *The Basic Fault*.
37. Freud, 1913, *Totem and Taboo*, *SE*, vol. 13, pp. 1-162; 1921, *Group Psychology and the Analysis of the Ego*, *SE*, vol. 18, pp. 67-143; 1927, *Future of an Illusion*, *SE*, vol. 21, pp. 3-56; 1930, *Civilization and Its Discontents*, *SE*, vol. 21, pp. 59-145; 1939, *Moses and Monotheism: Three Essays*, *SE*, vol. 23, pp. 3-137.
38. Michael Balint, 1961, "Contribution to the Symposium," p. 145.

CHAPTER 4

1. See Gordon, ed., 1973, *The American Family*; Barbara Laslett, 1973, "The Family as a Public and Private Institution"; Peter Laslett, 1972, *Household and Family*.
2. Michael Balint, 1937, "Early Developmental States of the Ego, Primary Object-Love," in *Primary Love*, p. 82.
3. Mahler, 1968, *On Human Symbiosis*, p. 16.
4. Sylvia Brody and Sidney Axelrad, 1970, *Anxiety and Ego Formation in Infancy*, p. 9.
5. Anna Freud, 1962, "Contribution to Discussion, 'The Theory of the Parent-Infant Relationship,'" *International Journal of Psycho-Analysis*, 43, p. 241.
6. Benedek, 1949, "Psychosomatic Implications," and 1959, "Parenthood as a Developmental Phase."
7. Erik Erikson, 1950, *Childhood and Society*.
8. Michael Balint, 1968, *The Basic Fault*, p. 22.
9. Winnicott, 1960, "The Theory of the Parent," p. 588.
10. *Ibid.*, p. 590.
11. *Ibid.*
12. Guntrip, 1971, *Psychoanalytic Theory*, p. 104.
13. See, for example, Laing, 1959, *The Divided Self*; Harry Stack Sullivan, 1953, *The Interpersonal Theory of Psychiatry*.
14. Heinz Hartmann, 1939, *Ego Psychology*.

15. Anna Freud, 1936, *The Ego and the Mechanisms*; Jacobson, 1964, *The Self and the Object World*.
16. See, for example, the accounts of Bowlby, 1951, *Maternal Care*, and Spitz, 1965, *The First Year of Life*.
17. Freud, 1923a, "The Ego and the Id," *SE*, vol. 19, p. 31.
18. Henri Parens, 1971, "A Contribution of Separation-Individuation to the Development of Psychic Structure," in McDevitt and Seutlage, eds., *Separation-Individuation: Essays in Honor of Margaret S. Mahler*, p. 108.
19. Mahler, 1968, *On Human Symbiosis*, p. 3.
20. *Ibid.*, pp. 7-8.
21. *Ibid.*, p. 10.
22. Sigmund Freud, 1914, "On Narcissism: An Introduction," *SE*, vol. 14, pp. 69-102.
23. Alice Balint, 1939, "Love for the Mother," p. 95.
24. See Klaus Angel, 1972, "The Role of the Internal Object and External Object in Object Relationships, Separation Anxiety, Object Constancy, and Symbiosis," *International Journal of Psycho-Analysis*, 53, pp. 541-546, for further elaboration of this point.
25. See, in addition to Michael Balint's extended refutation of Freud's hypothesis of primary narcissism (1935, "Critical Notes on the Theory of the Preenatal Organizations of the Libido," in *Primary Love*, pp. 37-58; 1937, "Early Developmental States"; and 1968, *The Basic Fault*), Fairbairn's account of autoeroticism, and his more general arguments that people seek object-connection for itself and use libidinal channels as a vehicle toward this goal (1952, *An Object-Relations Theory*, and 1954, "Observations of the Nature"), as well as Winnicott's analysis of the importance of basic relatedness in the facilitating environment (1965b, *The Maturational Processes*). See, for summary comparisons of the positions of object-relations theory and ego psychology on the earliest state of the infant, John Bowlby, 1969, *Attachment and Loss, Volume 1: Attachment*, appendix; and Mary Salter Ainsworth, 1969, "Object Relations, Dependency, and Attachment: A Theoretical Review of the Infant-Mother Relationship," *Child Development*, 40, #4, pp. 969-1025.
26. Freud, 1914, "On Narcissism," *SE*, vol. 14, p. 88.
27. Bowlby, 1969, *Attachment and Loss*, p. 222.
28. See editor's footnote to Freud, "On Narcissism," *SE*, vol. 14, p. 87.
29. Michael Balint, 1965, *Primary Love*, and 1968, *The Basic Fault*.
30. M. Balint, 1937, "Early Developmental States," p. 82.
31. See, for example, H. F. Harlow and M. K. Zimmerman, 1959, "Affectional Responses in the Infant Monkey," *Science*, 130, pp. 421-432.
32. Bowlby, 1969, *Attachment and Loss*, p. 222.
33. Jacobson, 1964, *The Self and the Object World*, pp. 35-36.
34. Bowlby, 1969, *Attachment and Loss*, p. 222.
35. Benedek, 1956, "Psychobiological Aspects."
36. Fairbairn, 1941, "A Revised Psychopathology of the Psychoses and Psychoneuroses," in *An Object-Relations Theory of the Personality*, pp. 28-58.
37. A. Balint, 1939, "Love for the Mother," p. 95.
38. Mahler, 1968, *On Human Symbiosis*, p. 12.
39. *Ibid.*, p. 11.
40. Winnicott, 1960, "The Theory of the Parent," p. 590.
41. For an analysis of the twofold development of the self which emphasizes the development of a body self, or body ego, see Phyllis Greenacre, 1958, "Early Physical Determinants in the Development of the Sense of Identity," *Journal of the American Psychoanalytic Association*, 6, #4, pp. 612-627.
42. Winnicott, 1958a, "The Capacity to Be Alone," in *The Maturational Processes*, pp. 29-36.
43. Winnicott, 1960, "The Theory of the Parent," p. 589.
44. Benedek, 1959, "Parenthood as a Developmental Phase," p. 390.
45. A. Balint, 1939, "Love for the Mother," p. 390.
46. *Ibid.*, p. 103.

47. Balint points this out, *ibid.*
48. Fairbairn, 1952, *An Object-Relations Theory*.
49. Freud, 1926, "Inhibitions, Symptoms and Anxiety," *SE*, vol. 20, pp. 77-174.
50. Anna Freud, 1936, *The Ego and the Mechanisms*; Brody and Axelrad, 1970, *Anxiety and Ego Formation*.
51. Brody and Axelrad, 1970, *Anxiety and Ego Formation*, p. 8.
52. Fairbairn is the major theorist of these processes. See also Parens, 1971, "A Contribution of Separation-Individuation." For an interesting clinical account, see Herman Roidge and Eleanor Galenson, 1973, "Object Loss and Early Sexual Development," *Psychoanalytic Quarterly*, 52, pp. 73-90.
53. For further discussion of the role of the father and other rivals in individuation, see Jacobson, 1964, *The Self and the Object World*; Mitchell, 1974, *Psychoanalysis and Feminism*; and Ernest L. Abelin, 1971, "The Role of the Father in the Separation-Individuation Phase," in McDevitt and Settlege, eds., *Separation-Individuation*, pp. 229-252.
54. See on this Abelin, 1971, "The Role of the Father."
55. Bowlby, 1969, *Attachment and Loss*.
56. See especially H. Rudolph Schaffer and Peggy Emerson, 1964, "The Development of Social Attachments in Infancy," *Monographs of the Society for Research in Child Development*, 29, #3, and H. R. Schaffer, 1971, *The Growth of Sociability*. See also Milton Kotelchuck, 1972, *The Nature of the Child's Tie to His Father*.
57. Winnicott, 1960, "The Theory of the Parent," p. 589.
58. Fairbairn, 1952, *An Object-Relations Theory*.
59. Jacobson, 1964, *The Self and the Object World*.
60. Alice Balint, 1939, "Love for the Mother," p. 107.
61. My account here derives mainly from Jacobson, 1964, *The Self and the Object World*.
62. See, for example, Bowlby, 1951, *Maternal Care*; Mahler, 1968, *On Human Symbiosis*; Spitz, 1965, *The First Year*.
63. Rose Coser reminded me of this (personal communication).
64. The only exception I have found is a study by Cambor (C. Glenn Cambor, 1969, "Preoedipal Factors in Superego Development: The Influence of Multiple Mothers," *Psychoanalytic Quarterly*, 38, #1, pp. 81-96), who reports a clinical case demonstrating the effect on superego formation of dual parenting by a rejecting, white biological mother and a nurturant black nurse.
65. Bowlby, 1969, *Attachment and Loss*, p. 367.
66. Bettye Caldwell et al., 1963, "Mother-Infant Interaction in Monomatric and Polymatric Families," *American Journal of Orthopsychiatry*, 33, p. 663.
67. Bettye Caldwell, Charlene Wright, Alice Honig, and Jordan Tannenbaum, 1970, "Infant Day Care and Attachment," *American Journal of Orthopsychiatry*, 40, #3, pp. 397-412.
68. Rutter, 1972, *Maternal Deprivation Reassessed*; Schaffer, 1977, *Mothering*.
69. Yudkin and Holme, 1963, cited in Rutter, 1972, *Maternal Deprivation*, p. 61, and Schaffer, 1977, *Mothering*, p. 105.
70. Irvine, 1966, and Miller, 1969, cited in Rutter, 1972, *Maternal Deprivation*, p. 62.
71. Margaret Mead, 1954, "Some Theoretical Considerations on the Problem of Mother-Child Separation," *American Journal of Orthopsychiatry*, 24, pp. 471-483, and 1962, "A Cultural Anthropologist's Approach to Maternal Deprivation," *Maternal Care and Mental Health/Deprivation of Maternal Care*, pp. 237-254.
72. Schaffer, 1977, *Mothering*, p. 100. See also for an equivalent conclusion, Rutter, 1972, *Maternal Deprivation Reassessed*, p. 125.
73. Parsons, 1942, "Age and Sex," and 1943, "The Kinship System"; and Goode, 1963, *World Revolution*.
74. An exception here is Muensterberger (Warner Muensterberger, 1969, "Psyche and Environment: Sociocultural Variations in Separation and Individuation," *Psychoanalytic Quarterly*, 38, pp. 191-216), whose discussion, though marred by Western ethnocentrism, nevertheless makes a persuasive case that psychoanalytic theory derives

from dealing with a specific developmental situation. See also George W. Goethals, 1974, "Mother-Infant Attachment and Premarital Behavior: The Contact Hypothesis," for further cross-cultural comparison of the effects of these differences, as well as Margaret Mead, 1954, "Some Theoretical Considerations," and John W. M. Whiting, "Causes and Consequences of the Amount of Body Contact between Mother and Infant."

CHAPTER 5

1. See Benedek, 1959, "Parenthood as Developmental Phase," and Fairbairn, 1952, *An Object-Relations Theory*, for descriptions of this process.
2. Freud, 1930, *Civilization and Its Discontents*.
3. Michael Balint, 1935, "Critical Notes on the Theory," p. 50.
4. Mead, 1954, "Some Theoretical Considerations," and 1962, "A Cultural Anthropologist's Approach"; Slater, 1970, *Pursuit*, and 1974, *Earthwalk*; and George W. Goethals, 1974, "Mother-Infant Attachment," discuss the two-person relationship (intensely monogamous, potentially jealous, fearful of loss or, alternately, entirely denying of need by extreme fickleness and refusal to commit oneself) that our culture's exclusive mothering produces.
5. Benedek, 1959, "Parenthood as Developmental Phase," p. 400.
6. Fairbairn, 1940, "Schizoid Factors in the Personality," in *An Object-Relations Theory*, p. 24.
7. See chapter epigraph, from *Introductory Lectures*, *SE*, vol. 26, p. 314.
8. Alice Balint, 1939, "Love for the Mother."
9. *Ibid.*, p. 98.
10. *Ibid.*
11. *Ibid.*, p. 100.
12. Janine Chasseguet-Smirgel, 1964, "Feminine Guilt and the Oedipus Complex," in *Female Sexuality*, pp. 94-134, and Dorothy Burlingham, 1975, "The Pre-Oedipal Infant-Father Relationship," *Psychoanalytic Study of the Child*, 28, pp. 23-47, discuss this side of the relation to the father.
13. See Kotelchuck, 1972, *The Nature of the Child's Tie*.
14. Burlingham, 1975, "The Pre-Oedipal Infant-Father Relationship."
15. Mitchell, 1974, *Psychoanalysis and Feminism*.
16. A. Balint, 1939, "Love for the Mother," p. 97.
17. Quoted in Henriette Glatzer, 1959, "Notes on the Preoedipal Fantasy," *American Journal of Orthopsychiatry*, 24, pp. 383-390.
18. Joan Riviere, 1937, "Hate, Greed, and Aggression," in Melanie Klein and Joan Riviere, *Love, Hate and Reparation*. See also Helene Deutsch, 1944, *Psychology of Women*, vols. 1 and 2; Parsons, 1964, *Social Structure and Personality*; Parsons and Bales, 1955, *Family, Socialization*. Erik Erikson, 1964, *Insight and Responsibility*, discusses a dream of Freud's (the dream of the Three Fates) in a way that exhibits the same associative complex around women and mothers. (What is relevant here is not the accuracy or completeness of his interpretation, but his unquestioning formulation of the symbolic associations). He talks of Freud's "successful" and "forward-looking" reexperiencing of oral issues in which Freud "turns resolutely away from the mother" (p. 184), and approvingly shows how Freud associates women and death; makes autonomy from women synonymous with participation in the intellectual world; and, finally, draws parallels among the turn "from dependence to self-help, from women to men, [and] from perishable to eternal substances" (p. 184).
19. See Brody and Axelrad, 1970, *Anxiety and Ego Formation*; Mahler, 1968, *On Human Symbiosis*; and Winnicott, 1965b, *The Maturational Processes*.
20. For a clinical description of the development of a false sense of self in a little girl as a defensive reaction to both overwhelming environmental intrusion and non-empathic, while overcontrolling, maternal behavior, see Samuel Ritvo and Albert J.

16. Zick Rubin, 1975, "Loving and Leaving."
17. Jessie Bernard, 1972, *The Future of Marriage*.
18. Freud, 1933, *New Introductory Lectures*, p. 134.
19. Booth, 1972, "Sex and Social Participation"; this is a finding certainly confirmed by most writing from the men's liberation movement.
20. See, for cross-cultural confirmation, most ethnographies and also Rosaldo and Lamphere, 1974, *Woman, Culture and Society*. For contemporary capitalist society, see Booth, 1972, "Sex and Social Participation," and for concrete illustration, Elizabeth Bott, 1957, *Family and Social Network: Roles, Norms and External Relationships in Ordinary Urban Families*; Herbert Gans, 1967, *The Levittowners*; Mirra Komarovsky, 1962, *Blue-Collar Marriage*; Carol B. Stack, 1974, *All Our Kin*; Young and Willmott, 1957, *Family and Kinship*.
21. See Deutsch, 1944, *Psychology of Women*; Charlotte Wolff, 1971, *Love Between Women*; Adrienne Rich, 1976, *Of Woman Born: Motherhood as Experience and Institution*.
22. For a contemporary account of exactly this transition, see Young and Willmott, 1957, *Family and Kinship*.
23. Deutsch, 1925, "The Psychology of Woman," p. 171.
24. Freud, 1914, "On Narcissism," p. 88.
25. See Heinz Kohut, 1971, *Analysis of Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders. Psychoanalytic Study of the Child*, monograph #4. New York, International Universities Press; Otto Kernberg, 1975, *Borderline Conditions and Pathological Narcissism*.
26. Fliess, 1961, *Ego and Body Ego*; Deutsch, 1944, *Psychology of Women*.
27. Deutsch, 1944, *Psychology of Women*.
28. Benedek, 1949, "Psychosomatic Implications," p. 643.
29. On this, see Alice Balint, 1939, "Love for the Mother"; Fliess, 1961, *Ego and Body Ego*; Whiting et al., 1958, "The Function of Male Initiation Rites"; Newton, 1955, *Maternal Emotions*, and 1973, "Interrelationships between Sexual Responsiveness."
30. Deutsch, 1944, *Psychology of Women*, p. 205.
31. Benedek, 1959, "Parenthood as Developmental Phase."
32. See Klein, 1937, "Love, Guilt and Reparation." Barbara Deck (personal communication) pointed out to me that Klein's interpretation of a woman's participation in mothering is homologous to that described by Ferenczi and Balint in coitus. A woman's gratification in mothering comes from becoming her mother and from identifying with her mothered infant. Similarly, she is both the receiving mother (womb) and identifies with the male penetrating her in coitus.
33. The mothers I describe in Chapter 6 are cases in point.

AFTERWORD

1. Bernard, 1974, *The Future of Motherhood*, citing Minturn and Lambert, 1964.
2. See Friedl, 1975, *Women and Men*.
3. See Ortner, 1974, "Is Female to Male as Nature Is to Culture?"
4. U.S. Department of Labor, Employment Standards Administration, Women's Bureau, 1975 *Handbook on Women Workers*, Bulletin 297.

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