Rapprochement or Approchement: Mahler's Theory Reconsidered From the Vantage Point of Recent Research on Early Attachment Relationships

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Mahler speculated that the normal developmental process of separation-individuation led young toddlers to experience ambivalence when needing comforting contact with a caregiver. She labeled this period of characteristic ambivalence the rapprochement subphase of the separation-individuation process, roughly spanning the developmental period from 15 to 24 months of age. Researchers observing mother-infant relationships from an attachment perspective have also noted the ambivalent behaviors described by Mahler, as well as a range of other conflict behaviors that become increasingly prominent after 12 months of age. However, recent work on attachment relationships indicates that ambivalent behavior and other forms of conflict behavior centered around the need for comforting contact with mother in early toddlerhood are more likely to be related to difficulties in parent-infant interaction than to normative ambivalence related to a "fear of reenulfiment," with more conspicuous forms of infant conflict related to the presence of maternal psychopathology. The attachment literature leading to this conclusion is reviewed, including new work on disorganized/disoriented infant attachment behaviors, and recent longitudinal studies of the sequelae of early attachment patterns through age 6. Revisions in the existing framework of object-relations theory are proposed to encompass the new developmental data.

Working within an object-relations framework, Mahler, Pine, and Bergman (1975) proposed a theory of successive reorganizations of the mother-infant relationship over the first 3 years of life, based on the assumption that the infant does not experience himself or herself as a separate entity initially but only gradually establishes separate psychic representations of self and other. Mahler proposed that this individuation process occurs in a series of phases, from autistic to symbiotic to the ambivalence of the rapprochement period to individuation. These successive phases of intrapsychic organization were each thought to give rise to a distinct form of psychopathology if the developmental process was seriously interfered with in a particular phase, with disturbances at an earlier phase yielding more severe psychopathology than disturbances at a later phase. Mahler's reliance on the direct longitudinal observation of 38 normal infants to complement material derived from child and adult patients was unusual at the time she began her studies, and her ideas have been seminal for a generation of analytically oriented clinicians.

However, the vast number of controlled infant observational studies since Mahler's original theorizing on these issues led leading analytic thinkers such as Lichtenberg (1983) and Stern (1985) to call for revisions in some of the tenets of Mahler's formulations (see also Klein, 1980; Peterfreund, 1978). The first set of revisions concerned her vision of the normal developmental process early in the first year, as reflected in her notions of a normal autistic and normal symbiotic phases. The first generation of infant research resulted in detailed descriptions of normal infant development during the first year, and began to make clear that the organizations of normal states of infant-mother relatedness were very different from the organizations of behavior and affect in states of adult or child autistic or symbiotic psychopathology. This body of developmental data on normal infants and its implications for theories of psychopathology have been well reviewed by both Lichtenberg (1983) and Stern (1985) and are not discussed further here. However, their reviews stress that the evidence is pressing analytically oriented clinicians to generate a theory of normal relational development that is not based on organizations seen primarily in adult or child pathological states. Conversely, we must also develop theories of psychopathology that do not rely on notions of fixation at earlier normal developmental stages.
In proposing new views of the development of interpersonal relatedness and of the forms of intrapsychic representation available to the infant, Stern and Lichtenberg placed particular emphasis on the first year of life. Because much less research has been available for the developmental period from 15 to 24 months, these writers have not specifically addressed Mahler’s conception of the rapprochement subphase. Lichtenberg (1983), in particular, largely accepted Mahler’s notion that ambivalence concerning contact with the primary caregiver is normative for this period, although he attributed the infant’s ambivalence to a different intrapsychic dynamic than Mahler did.

A second generation of developmental research is now beginning to look closely at infant social and affective development in relation to family risk factors such as parental psychopathology or substance abuse (Carlson, Cicchetti,

Barnett, & Braunwald, 1989; Crittenden, 1985; Egeland & Sroufe, 1981; Lyons-Ruth, Connell, Grunebaum, & Botein, 1990; Lyons-Ruth, Zoll, Connell, & Grunebaum, 1986; Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985). These studies have begun to delineate some of the early deviant developmental pathways seen among infants of depressed, bipolar, alcoholic, or maltreating mothers. These studies offer an opportunity to revise and extend developmental analytic theory based on ongoing observation of at-risk parent–child relationships from early in the first year.

Much current longitudinal research on the patterning and evolution of parent–infant relationships owes its theoretical basis to Bowlby’s (1969, 1973, 1980) seminal work on attachment and loss. Mahler and Bowlby made very different fundamental assumptions regarding the critical issues being negotiated with the caregiver from 9 to 18 months. Mahler assumed a positive state of relatedness, which he termed symbiosis, between infant and caregiver. She viewed this phase of symbiosis as developing very early in the first year, from 2 to 4 months of age, and as occurring in an intrapsychic context of absence of boundaries between self and other. She then framed the developmental problem from 4 to 10 months as that of beginning to differentiate a representation of the self from a representation of the mother; she viewed the developmental issue from 9 to 18 months as one of practicing increased physical separation in the process of continuing the differentiation process.

From Bowlby’s perspective as well as those of other infant observers such as Sander (1962), the developmental period from 9 to 18 months is the period of “focalization on the mother,” to use Sander’s term. During this period, the infant organizes his or her emerging physical mobility, due to the development of crawling and walking, around the set goal of maintaining physical access to the primary caregiver as a source of comfort and safety and as a social and emotional partner. Bowlby envisioned this achievement of a state of secure emotional reliance on the caregiver as a process extending well beyond Mahler’s symbiotic phase. Therefore, he framed the major developmental problem from 9 to 18 months as one of achieving a secure attachment relationship. These different fundamental emphases give the two theorists quite different views on what is “healthy” or “maladaptive” in the infant’s responses to the mother from 9 months to 2 years.

In Bowlby’s writings, he sought to reformulate in two ways the analytically derived theoretical underpinnings of our notions of the causes and cures of psychopathology. First, he sought to formulate a relational model of emotional development that was not based on libidinal drive theory. In this emphasis, he shares much with the British object-relations theorists, with self-psychological theorists, and with recent analytic observers of infancy such as Lichtenberg and Stern. His second goal was different from those of most current analytic writers in that he was also concerned with elaborating a theory that emphasized observable behaviors, and therefore was open to scientific validation and revision. It was this latter emphasis that has led to an accumulation of infant observational data that allows us to reevaluate the relative strengths and weaknesses of Mahler’s account of the separation–individuation process.

Because both Mahler and attachment researchers have used brief periods of separation from mother as a lens through which to view the organization of the mother–infant relationship, their interpretations of the significance of separation and reunion behaviors can be directly compared. In addition, both Mahler and current attachment researchers have documented on videotape the ambivalent infant responses that occur during Mahler’s rapprochement period so that the infant behaviors being interpreted are available for examination and comparison. Comparison of the observations from Mahler’s studies and studies in the attachment tradition reveal important points, both of convergence and of divergence. The areas of convergence occur around Mahler’s clinical insights regarding potentially deviant developmental pathways; the areas of divergence occur in relation to the theory of normal development within which she placed her observations.
Rapprochement Behavior and Infant Studies

In her account of infant responses to the stress of separation from 9 to 20 months, Mahler identified relatively independent or ambivalent behaviors as positive or normative over this period. She saw a “relative lack of concern about the mother’s presence ... as characteristic of the practicing subphase ...” from 9 to 15 months of age (Mahler et al., 1975, p. 76) and she tended to equate “... minimal stranger anxiety and optimal basic trust” and “increased stranger anxiety and a lack of basic trust” (Mahler, 1971, p. 406). From 15 to 24 months of age, during the rapprochement crisis, she described renewed separation distress accompanied by a new ambivalence to comforting contact with the “mother after separation” as normative responses.

Working within Bowlby’s theoretical framework, Ainsworth, in the early 1970s, conducted a pioneering study of the organization of infant attachment behaviors. That study’s provocative findings led to an explosion of research on patterns of infant-caregiver attachment behaviors and their implications for later child functioning. The goal of Ainsworth’s research was to describe how the 1-year-old infant uses the mother as a “secure base” from which to explore the environment during times of safety and from which to seek comfort and security at times of stress. It is this emphasis on comfort seeking under stress that makes the observations especially rich for analytically oriented observers and particularly relevant to Mahler’s hypotheses.

Four primary patterns of infant response to the caregiver under the stress of separation have been repeatedly described by attachment researchers. The so-called secure attachment pattern characterizes 60% to 70% of infants in American families across social classes (Ainsworth, Blehar, Waters, & Wall, 1978; Belsky, Rovine, & Taylor, 1984; Lyons-Ruth et al., 1990), as well as a majority of the 2,000 infants observed in world-wide samples (Van Ijzendoorn & Kroonenberg, 1988). Attachment researchers have generated a rich description of the maternal and infant behaviors characteristic of a secure attachment relationship from 12 to 20 months, or from Mahler’s practicing period through the early rapprochement period.

Briefly, mothers who are sensitive and responsive to infant signals during the first year are more likely to have infants who protest being left alone or left with a stranger in an unfamiliar place by the time of the first birthday. This protest often includes obvious distress, disruption of play and exploration, and rejection of comforting from an unfamiliar adult. When the mother returns, the infant greets her warmly and often seeks to be near her or in physical contact with her, calms quickly if distressed, and returns comfortably to play and exploration (see Ainsworth et al., 1978, for additional description). Attachment research also indicates that, among stable, middle-class families, secure attachment behaviors show a high level of stability over the 12- to 18-month age range, with no particular reorganization of separation and reunion sequences observed during this period (Connell, 1976; Waters, 1978). Harmonious interaction and absence of overt ambivalence during reunions remains the predominant pattern of infant behavior through 20 months of age and probably beyond, although fewer systematic studies have addressed the preschool period (Greenberg, DeKlyen, & Speltz, 1989; Main, Kaplan, & Cassidy, 1985).

In addition to Mahler’s emphasis on the developmental push toward increased intrapsychic separation and decreased separation distress from 9 to 15 months of age, Mahler et al. (1975) described the growing awareness of separateness around 15 months as precipitating both renewed separation anxiety and a “rapidly alternating desire to push mother away and to cling to her ...” (p. 95), based on a conflict between “the desire to be separate, grand, and omnipotent, on the one hand, and to have mother magically fulfill their wishes without having to recognize that help was actually coming from the outside, on the other” (p. 95). Elsewhere Mahler et al. commented that:

We have observed many of our normal children recoiling ... on being cornered by the mother who wanted playfully to seek bodily contact with the child ... These behaviors, we feel, were signs of the fear of re-engulfment by the narcissistically invested, yet defended against, dangerous “mother after separation” in whose omnipotence some of these children still appeared to believe ... (p. 118; see also Mahler, 1971, p. 412)

Mahler’s filmed account of the separation-individuation process helps to locate the area of disagreement between her account of this developmental period and that which emerges from recent attachment research. In Mahler’s (1976, 1977) filmed account of her work, one example of rapprochement behavior is shown in which a child crying over a hurt finger is picked up by her mother and taken on her lap. Instead of cuddling against mother and finding comfort, however, the child struggles away from mother’s embrace, simultaneously holding her finger out for inspection and turning her face and upper body away from her mother. She then

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struggles to leave mother’s lap while still in distress. According to Mahler’s (1977) commentary, “We see in her a conflict
typical of the rapprochement subphase, wanting to be soothed by mother yet simultaneously pushing mother off and walking
away.” In another filmed example, a toddler, who was in another playroom while his mother was being interviewed, opens the
door and enters. He takes several steps directly toward his mother, then looks down at the floor and veers away from her at an
angle without looking at her. This veering off pattern is also described in Mahler et al. (1975). Again, this ambivalent behavior
is seen as typical of the rapprochement subphase, in which the need for closeness alternates with the fear of reengulfment by
the “mother before separation.” It is important to note that the ambivalence described as typical of the rapprochement period is
not centered around limit-setting situations but around desires for contact with mother.

What do recent findings from attachment research reveal about infant responses to the possibility of comforting contact
with mother when under stress? The independent or ambivalent behaviors that Mahler tended to emphasize as normative
during this age range are ones that recent attachment researchers have found to characterize only the minority of infants with
less positive caregiving relationships. In contrast to the more normative secure pattern, three “insecure” organizations of
attachment behavior have also been observed. These have been labeled “avoidant,” “resistant,” and “disorganized/disoriented” attachment organizations, and they include both more independent-appearing and more overtly
ambivalent behaviors.

Infants who display an avoidant behavioral organization do not react with protest in an unfamiliar setting to the mother’s
departure. Instead, they divert attention from her exit, explore actively while she is out of the room, and are friendly to the
unfamiliar adult in the room. This independent-appearing behavior often looks quite positive to observers. However, avoidant
infants also do not immediately acknowledge the mother’s return to the room, averting their gaze when she enters and initially
moving away from her if she approaches them. In addition, when the heart rate patterns of avoidant infants are monitored
electronically, these infants show an arousal pattern in response to separation that is similar to the pattern shown by more
overly distressed infants (Sroufe & Waters, 1977). Therefore, the behavior of avoidant infants appears to represent a
strategy for dealing with the stress of separation rather than indicating an absence of stress per se. Paradoxically, when observed

home, avoidant infants have been found to be more angry and distressed around their mothers than secure infants (Ainsworth
et al., 1978), and their mothers have been rated as more covertly rejecting of their infants (Lyons-Ruth, Connell, Zoll, & Stahl,
1987; Main & Weston, 1982). Main and Weston (1982) argued that avoidant behavior represents an organized defensive
strategy to avoid distress by directing attention away from information related to the mother’s departure, and by displacing
both anger and attention onto inanimate features of the environment.

Parenthetically, recent attachment studies suggest that there may be a cultural component to the emphasis in
psychoanalytic theory on concepts of separation and autonomy. German investigators of early attachment relationships
recently reported that almost half of the infants in a Northern German sample displayed avoidant attachment patterns by their
first birthdays, possibly related to the parents’ systematic institution of culturally valued “independence training” at 9 months
of age (Grossman, Grossman, Spangler, Suess, & Unzner, 1985). Thus, the general equation of early independent behavior
with mental health and with the absence of “spoiling” may represent a residue of child rearing values particularly prominent in
certain segments of Germanic culture. By contrast, avoidant behavior is much less prevalent among samples of Japanese and
Israeli infants, as well as American infants (Miyake, Chen, & Campos, 1985; Sagi et al., 1985).

Among a small number of infants, a second insecure pattern of attachment behavior has been noted. In this resistant
attachment pattern, behavior is characterized by alternate clinging and angry resistance to contact, similar to that shown in
Mahler’s film. This behavior pattern is characterized by distress at the mother’s absence and contact seeking at her return,
mixed with direct or displaced anger and resistance and a failure to be fully comforted by her and to return to play. The
heightened distress and angry behavior often shown by resistant infants has been interpreted by Main and Hesse (1990) as a
strategy of exaggerating attachment behaviors in order to elicit a response from a less responsive caregiver. When observed at
home, mothers of resistant infants have been more disengaged and less responsive to infant crying than mothers of secure or
avoidant infants (Ainsworth et al., 1978; Belsky et al., 1984; Lyons-Ruth et al., 1987). This pattern of contact seeking with
overt ambivalence is relatively infrequently observed.

More recently, a third insecure and ambivalent pattern of attachment behavior, labeled the disorganized/disoriented
attachment pattern, has been described by Main and Solomon (1990). Infants who show disorganized/disoriented behavior do
not consistently manage distress and approach tendencies by avoidance and displacement, as in the avoidant attachment
pattern, nor do they consistently voice their distress at separation and actively seek contact and comfort when their mothers
return, as in the secure or resistant patterns. Instead, both approach and avoidance tendencies appear to be activated and
vie for expression. The particular forms and combinations of conflict behaviors exhibited tend to be fairly idiosyncratic from child to child, but include unpredictable alternations of approach and avoidance toward mother, as well as other conflict behaviors, such as prolonged freezing, or stilling, or slowed "underwater" movements. Hence the term disorganized/disoriented refers to the apparent lack of a consistent strategy for organizing responses to the need for comfort and security when under stress. The "veering off" pattern described by Mahler is one indicator of the disorganized/disoriented pattern (Main & Solomon, 1986, 1990).

Although these disorganized/disoriented behaviors were initially observed by Main and Weston (1982) among infants from middle-class families, more recent evidence indicates that infants of depressed, maltreating, or alcoholic mothers are particularly likely to show the ambivalent behaviors characterized as disorganized/disoriented (Carlson et al., 1989; Lyons-Ruth et al., 1990; O'Connor, Sigman, & Brill, 1987). In the Cambridge Hospital study of 76 infants at varying degrees of psychosocial risk (Lyons-Ruth et al., 1990), the most prevalent subpattern of disorganized behavior was one in which infants experienced evident distress at their mothers' departures, ranging from calling for their mothers or banging the door through which she left, to collapsing on the floor and crying bitterly. These same infants then avoided any contact with their mothers when they returned. The rejection of the mother when she returned was often dramatic. One child who was at the door banging and calling turned and ran in the other direction when her mother entered. Another child, who was picked up by his mother when she entered, began shrieking and pushing away from her with both hands and feet until she put him down, whereupon he backed away to the farthest wall and stood there with downcast eyes. Another child, who had collapsed in tears when his mother left the room, accepted cuddling from the female assistant, an atypical behavior in itself, and then collapsed in tears again in a direction away from his mother when she came back into the room and the assistant left.

These are intensely ambivalent responses and our own data confirm Mahler's observation that their incidence increases significantly from 12 to 18 months among infants at psychiatric risk (Lyons-Ruth & Repacholi, 1989). Therefore, Mahler's stress on the clinical significance of these behaviors was well taken. Are these behaviors tied to the mother's "too sudden deflation of omnipotence" or failure to remain available to the child as a source of comfort and "refueling" after toddlerhood begins, as Mahler et al. (1975) speculated?

Recent longitudinal observation suggests that the anger, distress, and avoidance directed by these infants toward their mothers at 18 months is part of a more deep-seated disturbance of the caregiving relationship, present from early in the first year and rooted in characteristic defensive responses of the mother. Observations of depressed, low-income mothers at home with their 6-month-old infants reveal very little eye contact and smiling between mother and infant, even in specially structured, face-to-face play situations (Cohn, Tronick, Matias, & Lyons-Ruth, 1986; Karl, 1988). Instead, systematic but subtle gaze aversion by both mother and infant is seen, similar to the gaze aversion shown later by many insecurely attached infants after a brief separation. The mutual delight and cued responsiveness which is normally the hallmark of the developmental period from 3 to 6 months (Sander, 1962; Tronick, Cohn, & Shea, 1986) is rarely observed. Instead, both mother and infant appear to act in concert to avoid affective engagement. By 18 months of age, these infants of depressed mothers are significantly more likely than infants of nondepressed mothers to show ambivalent, avoidant, or disorganized reunion behaviors after a brief separation (Lyons-Ruth et al., 1990; Lyons-Ruth et al., 1986). In other studies, disorganized attachment behaviors were observed more frequently among infants of alcoholic mothers (O'Connor et al., 1987), infants of mothers with bipolar disorder (Radke-Yarrow et al., 1985), and infants of maltreating mothers (Carlson et al., 1989; Crittenden, 1985), than among infants of nondisturbed mothers. Thus, it is likely that the strongly ambivalent responses of some infants during the second year do not arise primarily from the mother's sudden "deflation of infantile omnipotence" during the rapprochement period. Instead, these infant responses appear to be rooted in the mother's much longer term difficulties in providing a responsive relationship, which includes genuine affective engagement and effective comforting and soothing of the infant at times of stress.

In summary, from the vantage point of recent research, the central difficulty with Mahler's theory of infant behavior during the rapprochement period lies not with her very rich behavioral observations but with the failure to distinguish clearly between normative and deviant developmental pathways. This is the same difficulty that occurs in the periods that Mahler labeled "autistic" and "symbiotic." Mahler's clinical examples of ambivalent responses to contact are very similar to the recent observations of attachment researchers. In addition, in the accompanying text and film narratives, she clearly described most of
these examples as occurring in the context of some disturbance in the caregiving relationship. However, in subsequent theory building, she described ambivalence to contact as normative for the rapprochement period.

Mahler's tendency to see disturbed behavior as normative for a particular developmental period was consistent with the psychoanalytic theory of her time, in which successive early developmental periods were seen as having characteristics of successively less severe adult psychopathologies. However, this confusion between normal and deviant behavior could lead to serious clinical errors in reading the significance of avoidant, resistant, and disorganized attachment patterns among infants, as well as in understanding and interpreting the internalized components of these relational organizations in the material presented by child and adult patients.

Thus, ambivalent behavior toward the mother when seeking contact or comfort during the second half of the second year must be seen in a different light than that cast by Mahler's formulation. Recent evidence indicates that the ambivalence and avoidance over contact with mother shown by a minority of toddlers is related to the failure to establish a secure attachment relationship over the first 18 months rather than to developmental progress in separation-individuation.

The central developmental thrust that Mahler was attempting to capture might be better thought of as an attachment-individuation process rather than a separation-individuation process. The attachment-individuation terminology emphasizes the infant's propensity to establish and preserve emotional ties to preferred caregivers at all costs, while simultaneously attempting to find a place within these relationships for his or her own goals and initiatives (see Lichtenberg, 1989). This emphasis on the overriding nature of the infant and toddler's goal of maintaining access to a preferred partner or partners at times of stress is not clearly articulated within the separation-individuation terminology.

**Rapprochement Behavior and Autonomy During Toddlerhood**

The parallel established by Mahler between the conceptually distinct processes of separation and individuation has become one of the most influential expositions of the linkage established in psychoanalytic theory between the child's increasing comfort with physical separation from the mother and the child's comfort with his or her own aggression, through writings by various authors linking the infant's separation responses with the notion of libidinal object constancy, or integration of positively and negatively tinged object or self-representations (Fraiberg, 1969; Hartmann, 1952/1964; Kernberg, 1966). Thus, Mahler's theory had wide clinical application, both in explaining child and adult reactions to later separation and loss and in interpreting difficulties in the regulation of aggression and self-assertion. The frequent co-occurrence in child and adult psychiatric patients of intense anxiety around threatened loss and of difficulty in the regulation of self-assertion and aggression, increases the plausibility of this developmental hypothesis. Developmentally, Mahler's explicit theoretical linkage between increased comfort with physical separations and increased intrapsychic autonomy has provided a particularly useful vehicle for interpreting the toddler's increasing tendency to assert his or her own goals in opposition to parental wishes, and for explaining the 2 year old's increased ability to tolerate brief separations without distress.

However, recent studies do not confirm the equation contained in the rapprochement formulation between healthy self-assertion (individuation) in toddlerhood and ambivalence during the rapprochement subphase, or between

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healthy self-assertion in toddlerhood and decreased distress at separation after 15 to 20 months. Although relationships exist between the infant's reactions to separations and the quality of the toddler's self-assertion, these relationships appear to be more complex and in some areas at odds with those portrayed by a unified separation-individuation theory that draws parallels between neutralization of aggression and decreased separation distress. Longitudinal studies from infancy through toddlerhood and beyond contradict the notion that ambivalent or avoidant responses to comforting contact during the rapprochement period are related to more individuated, autonomous behavior at 24 or 36 months. Rather, the longitudinal evidence unequivocally supports the position that the unambivalent seeking of comfort or contact associated with secure attachment during the rapprochement period is related to more adaptive social behaviors as a toddler (e.g., Bates, Maslin, & Frankel, 1985; Erickson, Sroufe, & Egeland, 1985; Lyons-Ruth,1989; Matas, Arend, & Sroufe, 1978).

The most optimal pattern of functioning at 24 months, as rated by observers with no knowledge of the child's previous attachment history, is shown by children who at 12 and 18 months showed secure attachment responses, responses that often
included distress. At age 2, these children often continue to be somewhat distressed by separation in an unfamiliar setting, hence appearing less autonomous in the absence of the parent. However, in the presence of the parent, these children who previously displayed secure attachment behaviors are rated more highly on a variety of indicators of autonomy and social competence. They show greater flexibility and persistence at a difficult and frustrating task, yet are also more likely to request appropriate assistance from their mothers if the task is beyond their reach. Toddlers with histories of secure attachment resemble all other toddlers in showing a relatively high rate of noncompliance with parental requests. However, they are more likely to be cooperative and affectionate with their mothers than toddlers with other attachment histories. Compared to toddlers with insecure attachment histories, they are rated more highly both on measures of "autonomous problem solving" and on measures of "affective sharing" and "requests for assistance" (Londerville & Main, 1981; Matas et al., 1978; Waters, Wippman, & Sroufe, 1979).

Although unambivalent comfort seeking when distressed is clearly related to later positive developmental outcomes, neither separation distress per se nor its absence is uniformly related to later outcomes. Instead, distress at separation appears to have partially separate origins as a temperamentally based response to the unfamiliar (Belsky & Rovine, 1987). Thus, distress at separation may be related either to secure attachment and positive forms of self-assertion in toddlerhood, or to insecure attachment and greater passivity in toddlerhood; it is not predictive in itself.

The most apparently "autonomous" children at 18 months, children with

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avoidant attachment behavior, continue to look optimally autonomous in several respects at age 24 months in that they separate easily and without distress, are friendly to strangers, and readily explore their surroundings. However, they also smile less at their mothers, ignore them more when together, and are rated lower on the quality of affective sharing with mother. Toddlers with avoidant attachment histories also direct more anger, physical aggression, and noncompliance toward their mothers, and do not use them as effectively for help with a difficult task (Londerville & Main, 1981; Matas et al., 1978; Waters et al., 1979).

More complex constructs than a single separation-individuation process, which parallels separation behaviors with intrapsychic steps in individualization, will be needed to capture the processes that underlie adaptive emotional regulation in toddlerhood. These constructs need to include the child’s ability to express affection unambivalently, to use the parent as a source of help and guidance, and to pursue vigorously the goal of comforting contact with the parent when under stress, as well as to assert initiative or opposition without fear of rejection. The quality of give and take within the caregiving relationship, particularly the toddler’s ability to integrate his or her initiatives into the social give and take while maintaining warm relatedness, is likely to be a better indicator of toddler functioning than is “independent” behavior of any kind at all.

Thus, recent research suggests that we must move to a more complex, organizational view of adaptive child behavior in toddlerhood, assessing the degree to which previously consolidated patterns of affect regulation between child and caregiver allow further integration of the child’s goals and initiatives, while maintaining a framework of warm mutuality. Longitudinal data indicate that assertive relatedness rather than autonomy better describes adaptive behavior in toddlerhood.

Libidinal Object Constancy and Normal Development

According to Mahler, and in accord with previous and subsequent analytic theory, successful psychological separation involves a dual intrapsychic process; one process in which boundaries are gradually established between previously merged self- and object representations and a second, related process through which initially separate positive and negative representations of the object are gradually integrated into a single representation of a parental figure who is neither all good nor all bad. Prior to the successful completion of this process during the third year, the toddler during separations cannot reliably access a unified, comforting (positive) image of the absent mother, leaving the child prey to continuing separation anxiety based on the negative parental

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images activated by his or her distress. Before these initially separate positive and negative representations have become well integrated, the infant and toddler’s intrapsychic organization is held to be characterized by splitting, a defensive process seen as characteristic of older child and adult psychiatric patients with borderline personality organization.

The problems with this conception as a description of normal development occur on several levels. First, there is a
conceptual contradiction in positing that the infant lacks the ability to organize separate psychological representations of self and other, but possesses the ability to keep distinct from one another representations of good mother/self and bad mother/self. Second, the ambivalent, angry behaviors alternating with positive behaviors, which would appear to be the hallmark of such an underlying psychological organization, are not prevalent among infants prior to 15 months of age during the time when these “split” object representations are hypothesized to exist. As Winnicott (1958) noted in relation to the infant period, “...it would be a distortion to say that the infant who is not lulled reacts as to a frustration. Certainly there is not anger so much as some kind of distortion of development at an early phase” (p. 301). However, these ambivalent, angry behaviors become increasingly prominent after 15 months of age among children at serious social risk. Thus, the developmental evidence is more congruent with the notion that, under conditions of adequate caregiver regulation, the infant develops smoothly integrated behavior patterns and representations, involving both positive and negative components. By contrast, when caregiver regulation is inadequate, the infant develops increasingly well-articulated and distinct negative representations of self and other, which are poorly integrated with representations of positive interactions. According to this formulation, poorly integrated positive and negative representations are not an intrinsic characteristic of early infant functioning, but are gradual developmental acquisitions under conditions of disturbed caregiving regulation. Within this theoretical framework, the factors that contribute to the emergence and consolidation of splitting as a defensive strategy then become important topics for study.

Finally, under conditions of adequate caregiver regulation, toddlers have many affective competencies not characteristic of the disturbed older children and adults who may rely on splitting as a defense mechanism. Common experience of toddler behavior during the “terrible twos” indicates that well-functioning toddlers, as well as some disturbed older children and adults, have difficulty with separations and with regulating aggressive urges and negotiating conflicts between their own goals and the goals of others. However, the differences between the overall organization of normal toddlers’ relationships and those of disturbed older children and adults are greater than the similarities between them. These differences make the positing of a similar underlying psychological structure to explain behavior in the two groups, that is, the inadequate development of libidinal object constancy, quite suspect. Toddlers

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developing within a reasonably mutually responsive relationship to a parent are able to engage in warmly affectionate exchanges, to turn to trusted caregivers when in distress, to play spontaneously, and to assert their needs vigorously in opposition to others without fearing the dissolution of the relationship. These competencies are not characteristic of many troubled children and adults for whom a similar developmental structure is being posited. Again, the construct of splitting provides a better fit to clinical experiences with disordered children and adults than with normally developing children. Lichtenberg (1983) and Stern (1985) also expressed reservations about the concept of splitting as a normal developmental process. Poorly integrated positive and negative object representations may be a developmental outcome based in specific transactional patterns, rather than a starting point of development.

**Rapprochement Behavior and Peer Relations in Preschool**

Unambivalent attachment behaviors in infancy and early toddlerhood, which often include distress at separation, are related not only to more adaptive behaviors at 2 years of age, but to more effective and assertive social behavior with peers and teachers in nursery school. In one observational study of 3 year olds during a 5-week period in nursery school, children with secure attachment behaviors at 15 months of age were more often sought out by peers as playmates and were more often in leadership roles than children who had displayed insecure attachment patterns at 15 months. Children who had been securely attached were also rated more highly on several measures of (nonpeer-related) ego strength, including measures of self-direction, self-confidence, and acceptance of challenges (Waters et al., 1979). Similarly, children with insecure infant attachment histories, including both avoidant and resistant attachments, have been found to be more dependent on preschool teachers in a variety of ways, including the amount of teacher intervention required, the frequency of remaining near the teacher, and the teacher’s global rating of the child’s overall dependency (Sroufe, Fox, & Pancake, 1983). Other studies with 4 and 5 year olds have similarly found that children with secure attachment histories were rated more highly by trained observers or preschool teachers on measures of ego-resiliency and ego-control, were more often preferred by preschool peers as playmates, and were more empathic to peers than were children with insecure histories (Arend, Gove, & Sroufe, 1979; Kestenbaum, Farber, & Sroufe, 1989; LaFreniere & Sroufe, 1985). In an interesting cross-cultural variation on these findings, Israeli kibbutz infants who, at one year, displayed secure attachment behaviors to their metaplot (i.e., their central caregivers in the children’s house) were rated by observers and teachers at age 5 as more empathic, dominant, purposive, and independent in peer interaction.
than their previously insecurely attached agemates (Oppenheim, Sagì, & Lamb, 1988).

Finally, several studies examined the relationships between the organization of infant attachment behavior and later behavior problems. Again, children who were securely attached as infants were less likely to exhibit behavior problems, such as aggressive or withdrawn behavior, when they were preschoolers (Erickson et al., 1983; Lewis, Feiring, McGuffog, & Jaskir, 1984; but see also Bates et al., 1985). Thus, insecure attachment behavior at 18 months of age predicts less adaptive social behavior at subsequent ages through school entry.

**Disorganized/Disoriented Infant Attachment Behavior: Risk Factor for the Development of Emotional Disturbance?**

Although Mahler considered ambivalent behavior around the need for comforting contact to be characteristic of the normally developing toddler during the rapprochement period, she nevertheless sensed that the degree of ambivalence expressed by some children was a cause for clinical concern. She therefore speculated that some cases of borderline personality disorder might originate in the mother's inadequate handling of the ambivalence exhibited by the toddler during the rapprochement crisis.

There are still very few longitudinal follow-up studies of children who displayed disorganized/disoriented attachment behaviors in infancy. The toddler and preschool follow-up studies of infant attachment behavior cited so far investigated only the sequelae of secure, avoidant, and/or resistant attachments. However, the available evidence on long-term correlates of disorganized attachment behaviors underscores the need for clinical concern.

In one follow-up study of infants from middle-class, nonproblem families (Main & Solomon, 1986), many infants whose attachment behavior was initially described as unclassifiable (and from whom these investigators began to develop the disorganized/disoriented classification) were found at age 6 to have adopted a controlling, role-reversing stance toward their parent, characterized by either punitive or caregiving responses. In addition, some of these children showed depressed affect, irrationality in their thinking, and hostile, violent themes in free play. In our own longitudinal study of infants at social risk, those who showed disorganized attachment patterns at 18 months were more likely than nondisorganized infants to be rated above the normed cutoff point for deviant behavior by their kindergarten teachers, both on overall behavior problems and on the extent of hostile/aggressive behavior toward peers (Lyons-Ruth, 1989). Mothers of these hostile preschoolers were more likely to have been chronically depressed throughout the child’s early years.

**Developmental Theories of Psychopathology**

If particular forms of psychopathology such as borderline personality disorder cannot be understood in terms of regression to, or fixation at, a particular developmental phase, what alternative theoretical framework can be offered to conceptualize the emerging continuities between relational patterns in infancy and later problems in social relationships? Research on early attachment relationships indicates that several shifts are needed in earlier psychoanalytic developmental theory to account for this new evidence. First, attachment studies provide powerful empirical support for a general relational model of emotional development and psychopathology, a model toward which Mahler’s work was also pointing (see also Lichtenberg, 1989; Mitchell, 1988). Second, a range of qualitatively distinct patterns of emotional regulation can be seen in infancy, and the qualitative differences in these patterns are not best represented by the concept of fixation at different points along a single developmental continuum. Rather, multiple pathways must be envisioned in infancy as well as in adulthood.
Third, predictive continuity over early development may reside as much in the stability of adult caregiving patterns over time as in the resistance to change of early intrapsychic structure, or, in other terms, in the fixation of the infant or toddler at a particular developmental point of unresolved conflict.

The empirical support for a general relational model contributed by attachment research includes at least four specific components. First, psychodynamic theory from Freud onward has posited some degree of continuity in social-emotional adaptation over time. This is now supported at least over the early childhood years by the evidence from attachment studies. Second, in most elaborations of psychoanalytic theory, the child's early relationships with caregivers have been accorded a primary role in shaping the child's emotional adaptation, with this emphasis particularly explicit in Mahler's work, in the work of the British object-relations theorists, and in current self-psychological theory. Current evidence supports the position that patterns of emotional regulation are negotiated with caregivers from the first year of life, and that aspects of these early regulating structures are carried into new relationships over time. Third, although recent evidence related to this point was not reviewed here, attachment studies are now exploring the forms of intrapsychic representation that accompany behavioral regulation of attachment relationships. These studies are currently documenting consistent relationships between the form of behavioral regulation characterizing the attachment relationship in infancy and the child's subsequent symbolic representation of that relationship. In addition, the mother's intrapsychic representation of her own relationship history is reliably related to the form of attachment relationship established with her infant (e.g., Main et al., 1985). This very recent emphasis on the evolving forms of intrapsychic representation of attachment relationships provides further support for the psychoanalytic emphasis on the critical role of processes of internalization, intrapsychic representation, and transference in the understanding of emotional development, while relating these phenomena to relational processes. Finally, the evidence indicates that we need concepts at the relational level, as well as the individual or intrapsychic level, to account for the consistent relationships obtained between relational context and the associated individual processes of affect regulation and intrapsychic representation. Thus, intrapsychic and relational constructs become complementary rather than competing levels of explanation.

However, current attachment research has now gone well beyond this affirmation of a general relational model, and also well beyond Bowlby's initial elegant theoretical statement of the importance and organization of the early infant–caregiver tie. Attachment research now provides new and theoretically unanticipated observations of a variety of individual patterns of aggression, defense, and conflict in infancy that must be integrated into our theories of normal and pathological development. Adaptation in infancy, as in other developmental periods, needs to be represented as involving a range of qualitatively distinct individual adaptational patterns. Rather than each individual struggling with the same universal emotional experience at a given developmental period, the affective challenges presented to infants and toddlers appear to be conditioned in part by the regulatory potential available in the caregiving system. The psychological issues that accompany the emergence of a new developmental capacity might be better represented as a range of potential affective experiences and regulatory challenges, only some subset of which will be actualized in the experience of a given infant or toddler. Toddlers with secure attachment histories may not experience the challenge of integrating intensely positive and intensely negative images of the caregiver to any emotionally significant degree, whereas this struggle may dominate the affective experience of other toddlers. Similarly, in self-psychological terms, the attempt to defend against self-disintegration may pervade the subjective experience of some infants, but be only minimally relevant to the experience of others. Even more specifically, new research has identified previously unrecognized affective experiences in infancy that need to be integrated into our clinical vocabulary, such as the apparent struggle of avoidant infants to displace attention from potentially distressing separation cues, or the pointed attempts of resistant infants to heighten anger and distress signals in order to elicit care. These specific patterns of affect, conflict, and defense in infancy challenge relationally based models to include more explicit constructs of conflict and defense along with more vivid accounts of the internal struggles of the child around states of longing, distress, and anger toward significant attachment figures. Although the need to represent a range of individual adaptations at any given developmental point requires a more elaborate theoretical effort, current evidence suggests that these ranges are not infinite but can be understood in terms of a limited number of overall organizational strategies.

Finally, earlier theories have contended that the source of continuity in emotional structure over time resides in the change-resistant nature of intrapsychic structure itself. Although current observations confirm that later child functioning can...
be predicted with a significant degree of accuracy from the attachment relationship at 18 months, this continuity may be partly or largely a function of continuity in the caregiver’s emotional responses, which also tend to persist. The constancy over time attributed by theory to the intrapsychic structures of the child cannot easily be disentangled from the concurrent constancy in general aspects of parental behavior. Recent observational work confirms the pervasive regulatory function of the mother’s affective responses to the infant, and describes the very early incorporation of these maternal regulations into the infant’s self-initiated behaviors. Thus, the “taking in” of the caregiver’s regulation and its conversion to infant regulation occurs quickly as each new domain of social exchange emerges developmentally (see Stern, 1985). In light of this relatively rapid infant adaptation, the persistence of a theoretical structure that emphasizes the conservation of relational patterns through forms of individual intrapsychic organization is not surprising. However, intrapsychic representations may be equally responsive to change in intimate relationships, particularly in early childhood, and the apparent continuity of intrapsychic representations may reside as much in the stability of parental behavior over time as in the tendency of infant and childhood representational forms, once established, to persist. This is as true of current concepts of internalized “working models of attachment” (e.g., Main et al., 1985) as it is of the types of intrapsychic organization posited by object-relations theorists. Careful studies of the intrapsychic and interpersonal processes that bring about regulatory and representational change in childhood are now needed.

Despite these shifts of theoretical emphasis from individual structure to the relational field, the developmental model of psychopathology now emerging from attachment studies promises to achieve a good fit with previous clinical observations derived from therapeutic work with adult and child patients. For example, a dual emphasis on the importance of the mother’s sensitive responsiveness and her tender holding and comforting behavior has emerged from attachment studies. These themes are similar to those that have emerged from the treatment of adult narcissistic and borderline patients; namely, an emphasis on the organizational function of effective comforting and soothing, as represented in Winnicott’s (1960/1965) concept of the holding environment, and the stress on the importance of the therapist’s empathic attunement, as recently emphasized in self-psychological theory. In addition, the incipient forms of affective disorganization and defensive behavior described in the avoidant, resistant, and disorganized infant-attachment patterns converge well with the emphasis in earlier object-relations theory on the therapeutic importance of understanding and working with patterns of emotional conflict, aggression, and defense. These and other convergences between the literatures of psychoanalytic psychotherapy and attachment-oriented developmental research are only beginning to be explored, but such convergences between findings generated by different methods (consulting room vs. home, school, and laboratory) with different populations (disordered vs. nondisordered), and at different ages (child/adult vs. infant/preschooler), lend new and unanticipated strength to the developmental/relational model of psychopathology that is beginning to take shape.

Although Mahler’s theoretical concepts may need revision to accommodate new data, her vision in arguing for the relevance of direct infant observation has contributed to the dynamic rather than static nature of the analytic-developmental theoretical field. She was a pioneer in stressing the importance of the mother-infant relationship in contrast to the play of drives in infancy, and her clinical insight and careful observation of signs of maladaptation in early development have made her a uniquely influential contributor to psychoanalytic theory. Many of the influences she set in motion have contributed to the current array of new evidence that is reshaping our vision of the nature of early psychological development. The next decades should offer a rich opportunity for cross fertilization between psychoanalytic insights regarding the organization of affect and defense in psychopathological states, and concepts emerging from attachment-oriented, observational studies of infants and children at risk.

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References


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