

MAHLER'S CONCEPTS OF "SYMBIOSIS" AND SEPARATION-INDIVIDUATION: REVISITED, REEVALUATED, REFINED

Mahler's developmental theories are reviewed in the light of subsequent clinical experience and theoretical and empirical critique. Several modifications are proposed, each tending to particularize and focus the nature and scope of developmental events. Particular attention is accorded the "symbiosis" concept, and focus placed on transmission of psychodynamic issues from mother to infant and on the progressive buildup of self-sustaining pathological systems. Overall, an argument is advanced for the continued developmental import of Mahler's "symbiotic" and "separation-individuation" phase formulations, though with recognition of significant individual differences in their role in individual lives. An argument is advanced also for the clinical utility of these ideas, and illustrations presented, though the link between clinical applications and psychoanalytic theories of early development remains problematic.

In a series of papers in the 1960s and 1970s, Margaret Mahler advanced the idea that the very young human infant is in a state of "symbiosis" with respect to his or her experience of the mother and undergoes an emotionally fraught process through which awareness of separateness is achieved. "Separateness" marks the emergence from the sense of oneness with the mother; "individuation," which accompanies it, marks the infant's taking on individual characteristics, usually—and

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this, though ironic, is unsurprising—characteristics of the mother from whom he or she is developing separateness. This conceptualization found its fullest expression in Mahler's coauthored book, *The Psychological Birth of the Human Infant* (Mahler, Pine, and Bergman 1975).

These concepts enjoyed a relatively rapid and quite widespread acceptance, probably because they were caught up in three waves of psychoanalytic interest in ideas always latently present in the field, but about to burst forth at that time. The first was a turn to object relations theory. While Mahler originally saw her work in terms of Freud's structural theory, as a study of the development of the object concept from the standpoint of the ego—that is, the intrapsychic construction of the concept of the object, supplementing Freud's study of the object as the end point of drive gratification—her work came to be included in the burgeoning interest in object relations themselves. Mahler's implicit turn to object relations (unverbalized even to herself) sat comfortably with many analysts committed to the structural theory and ego psychology. This was because, like Loewald and Winnicott in their writings (and unlike Kohut in his), she never rejected the structural theory but made her contributions alongside it. The second wave within which Mahler's work was favorably received was the heightened interest in the pre-oedipal period. Working analysts, with experiences parallel to those that led Michael Balint to write *The Basic Fault* (1968), knew that they had to understand more about the earliest developments of infancy. The oedipal period, the “shibboleth” of psychoanalysis (Freud 1905, p. 226; footnote added in 1920), was a powerful conceptual organizer for clinical work because, as a relatively late development well into the verbal period of childhood, it was more accessible and could grab our attention. But the “harmonious interpenetrating mix-up” of infant and environment in the earliest period of life (Balint 1968, p. 66) awaited further understanding. Mahler's work was seen as one path to potential illumination of that “mix-up.” And the third wave that ensured interest in Mahler's work was the long-present belief, about to come vastly more to the forefront, that the observational opportunity of direct “baby-watching” might supplement the observational opportunity of clinical psychoanalysis itself.

Each of these underlay the essentially positive reception Mahler's work received, notwithstanding some large pockets of noninterest in the analytic community and one focal early criticism. The lack of interest was characteristic of a fair number of analysts who worked primarily with adults and who ranged from cautious to dubious regarding

the gains to be had from speculations about the infant mind; the focal criticism was aimed at Mahler's choice of the term *symbiosis*, a term based in the biology of mutual interdependence, a situation that might be present in an illusory way for mothers and infants but is in fact not literally the case. (Terms like *merger* or *boundarylessness* or *undifferentiatedness* may perhaps have been more apt.)

There was yet another quite significant reason for the warm welcome received by Mahler's ideas. That is, the developmental phenomena to which they addressed themselves seemed to have the potential for clarifying some important clinical phenomena: longings for "oneness," delusions of merger, panics over merger, and panics over separateness (as distinct from separation). Though in fact no direct line can be securely drawn between Mahler's developmental concepts and these later clinical phenomena (as is true in general of the developmental conceptualizations of psychoanalysis), the receptivity to her ideas was nonetheless grounded in the wish that a line could be drawn.

I will review here the evolution and formulations of Mahler's work, stating also where her ideas stand today. There is no reason to think that Mahler (any more than any other theorist) would "get it right" the first time; and so now, more than twenty-five years after publication of *The Psychological Birth of the Human Infant*, it is worth taking a second look at her contribution, from the more judicious perspective the passage of time affords, and evaluating it in the light of subsequent infant research, theoretical criticism, and clinical applications. Of necessity in an overview of this kind, much that is already known will be included because it is inseparably interwoven with the modifications, shifts in emphasis, and new ideas that will be presented.

I will trace the developmental line as Mahler saw it, adding commentary at each step—commentary responsive to criticism and incorporating the modifications and shifts in perspective that are necessary today. Readers of this journal are probably broadly familiar with Mahler's work, though I will include exposition sufficient that even someone who is not will be able to follow the argument. The aim, however, is not primarily to summarize Mahler's contribution, but rather to comment on it from a variety of developmental standpoints. In the end, after some additional comments from a clinical standpoint, I will argue that notwithstanding some powerful criticism that has led to significant modifications, Mahler's core ideas, more subtly nuanced as they can be today, remain quite valuable.

THE VIEW FROM THE STANDPOINT OF DEVELOPMENT

The Normal Autistic Phase

Mahler saw the child as being born into what she called a “normal autistic” phase. But she did not mean to imply that she thought the *autistic* child was “fixated” at this stage. Quite the reverse. Forty years ago, when my contact with her began, Mahler expressed her belief, with a tone of hesitant rebelliousness in *not* looking at things psychodynamically, that autism had to be a neurological disorder of some sort. I say this only to emphasize that her term *normal autism* was a purely descriptive one.

The concept of a normal autistic phase was also relatively inconsequential as a foundation for the rest of her developmental formulation. “Symbiosis,” the next hypothesized stage, was the crucial one for her. And so, when waves of empirical research on infants in the 1970s and 1980s demonstrated remarkable perceptual/mnemonic/cognitive capacities even in newborns, it was not difficult for her to let the concept go. Still, it should probably not be let go of too easily. A full description of the newborn certainly requires recognition of its up-and-functioning cognitive capacities—now demonstrated—during periods of “alert inactivity” (Wolff 1959), however brief. But at least two viewpoints are necessary for a full description of the newborn. To describe functional capacities, one focuses on moments of alert inactivity; to describe an inward-turned “autistic” quality, however, one must look at the other twenty-three-plus hours of sleep, hungry wakefulness, sucking, drowsiness, and again sleep. Mahler wanted to emphasize the inward-turned aspect of the first period in order to highlight the infant’s “waking” to the central emotional significance of the mother in the next, the “symbiotic,” period.

This leads directly to a recognition of the *relativity* of Mahler’s phase names, a point she did not always make explicit. But for the unfortunate (and unintended) link of the term to infantile autism, the term *autistic phase* to describe the first period of the infant’s life is not unreasonable in a *relative* sense. The newborn simply *is* more inward-turned, more a purely physiological being, than it will ever be henceforward. Sleep, wakefulness to nurse, and rapid return to drowsiness and again sleep is the ordinary state of affairs. This relativity also applies to Mahler’s names for the subphases of separation-

individuation (to be discussed below); it can certainly be recognized today, though it was not by Mahler, as applicable also to the term *symbiotic phase*.

The Normal Symbiotic Phase

As I have said, it was the symbiotic phase that was central for Mahler. "The deep human connections that originate here, unlike any later connections fettered by reason and objectivity, may well be central to the deepest love, intimacy, and connection in ways that are unbounded and inarticulable" (Arietta Slade, personal communication). This is the ultimate rationale for concepts like "symbiosis" or "merger." The infant has some special experience of self-with-other in this earliest period.

The research-based view of the newborn's capacities has implications for the concept of symbiosis, as it has for the autistic phase. If, as has been shown, the newborn can already differentiate self and mother, and mother and others, if in very primitive ways, then the concept of symbiosis might seem to go out the window. And if there is no symbiosis, then there is no need for a separation-individuation phase to detail the infant's steps in moving beyond it. But here, again, the *relative* descriptive value of the term comes to the fore.

What is wrong with the term *symbiosis*? According to the dictionary, the word refers to the living together of two organisms, especially when the relationship is mutually beneficial. That could certainly be said of mother and infant, though the way it is beneficial to each is vastly different. But a focus on the *two* members of the pair misdirects our emphasis. Mahler needed to capture something of the infant's experience in itself, and words like *undifferentiatedness*, *merger*, and *boundarylessness* might better represent what she was trying to describe. These terms still make assumptions about the infant's mental life, but that is what this whole exercise is about.

Where did this idea of symbiosis originate? For Mahler, in two places. First, from deep within herself where, like so many truly creative individuals, she sensed a human truth that had personal meaning for her, and was able to transform it in a creative act of externalization into theory. And second, from her earlier studies (Mahler and Furer 1968) of what she called "symbiotic psychosis of infancy," a relatively rare condition in which the child seems to react to intense, premature rupture of the mother-infant bond (a separation) with desperately

panicky clinging, followed at times by regression to an autistic-like state. But the developmental history is different from that of autism, with reports of apparently normal development prior to the initiating trauma. I have seen just a couple of such children myself, but it is conceptually compelling to see even one. In any event, it was thus compelling for Mahler, who came up with the explanatory idea (clearly a speculation) that the *separation* created a premature awareness of *separateness* that ruptured the sense of oneness and, in a child predisposed in this direction for whatever developmental or biological reason, triggered a major psychic collapse.

Starting from the idea of an initial symbiosis (in the sense of unawareness of separateness), Mahler began a study of the development of normal infants to try to learn how the normal child achieves a sense of separateness that psychotic children (in her view) fail to achieve. Thus, she started with the assumption that awareness of differentiation is not there from the outset and has to be developed. Was that assumption wise? Easy to answer in the negative today, but it seemed like the more cautious view back then. She decided to make no assumptions about inborn capacities and would see how they developed. In retrospect, in a post-Hartmann (1939) psychoanalytic world, the concept of inborn ego apparatuses (for perception, thought, memory, motility, and affect) gives clear recognition to the idea, anchored in evolutionary theory, that no species would survive if its infants were born without any preadapted hard wiring. Today it seems clear that the assumption of no awareness of differentiation in the infant was not all that wise, or even cautious, since it runs so counter to what evolution would require. But it is equally clear that research evidence of *moments* of differentiated perception in the infant does not rule out the presence of moments in which the infant experiences an undifferentiatedness, an enveloping surround of inarticulable states with the mother. As a species, we have “both/and” minds, not “either/or” ones. New research data on infants can be seen as additive rather than contradictory.

Some of our early observations lent support to the idea of a progression from merger to differentiation. What were they? First, *viewed from the outside*, certain highly significant moments (especially nursing) seemed capable of producing experiences of oneness for the infant. Cradled in the mother’s arms, molded to her body, sucking from her, the infant moves progressively from ravenous hunger to satiation and

drowsiness, and, with that, body tonus relaxes and the infant “melts” into the mother’s body. Perhaps there are other such moments—being carried and moving in synchrony with the mother, or mutual gaze and cooing—but none likely to produce as focal and intense an experience of “oneness” with the mother as these nursing moments. In addition to seeing the possibility of such moments of merger from the outset, we believed we saw the onset of awareness of differentiation later on, in the aptly termed *differentiation* subphase of the separation-individuation process (more on that below). So our early observations seemed to justify an assumption of early undifferentiation and later differentiation.

Did Mahler have it right about infants and boundarylessness and about awareness of differentiation being only slowly achieved? Certainly not exactly. Today we would have to think in terms of the relative significance of merger/symbiosis experience in this early period, but not its absolute domination of experience. The concept of a developmental phase in psychoanalysis does not refer to a time when only one thing—the thing that gives the phase its name—is happening. A lot is happening in the “oral” phase besides orality, and similarly for the anal, oedipal, symbiotic, or any other phase. Everything, more or less, is happening in every phase. Erik Erikson conveyed this nicely through a weaving made by his wife Joan that graphically represents his eight stages of man—the well-known sequence of pairings of issues from trust vs. distrust through integrity vs. despair (Erikson 1950). His point was that aspects of each can be identified at every stage, but only one reaches its crescendo, its high point, in each particular phase. The weaving used threads of different colors, eight in all, each present from bottom to top (i.e., going *up* the developmental ladder), but each color reaches a position in which it is the preeminent color at a different point. Today we would have to restate Mahler’s ideas, in effect, to propose that “symbiotic” experiences reach their own high point in this period, notwithstanding the presence of important “threads” of differentiation.

In this conception, a phase is not a time when only one thing is happening, but a time when the psychological phenomenon that gives the phase its name is at critical intensity and reaches a resolution—for good or ill—that the individual more or less carries thereafter. In that sense, which is a variant of Mahler’s idea, the concept of the symbiotic phase is not affected by the question whether differentiation is also

present. Whatever the infant's capacities to register mother/self differentiation, no one is attributing to that infant a superordinate capacity to evaluate its differentiation experiences and its merger experiences and to decide which one is "right." Both experiences are simply there. The symbiotic phase must now be seen as an hypothesis about the period in development when issues around merger get crystallized and reach some significant resolution. This hypothesis cannot be disproved by evidence of the simultaneous presence of differentiating capacities; it is invalidated only by evidence of an *absence* of merger-like phenomena during this period. Though Mahler clearly did not have a full picture of the infant and underestimated the newborn's cognitive capacities, this does not negate her other points about the infant's very early symbiotic, undifferentiated experiences and their potential formative significance.

By what right, besides our admittedly inferential view of the infant's mental life, do we identify the first few months of life (combining Mahler's normal autistic and normal symbiotic phases) as the period when issues around symbiosis are at critical intensity and will crystallize? It is justified, I think, because a second assumption goes along with it, though this was only implicit at the time of Mahler's original work. And that assumption is that phenomena of the *mother's* intrapsychic and behavioral timetable play a significant role in what becomes important for the infant. The mother's nursing, and the issues it arouses in her, and later her toilet training of the infant, and the issues that that arouses in her, will heavily influence the nature of the infant's experience in those areas, ensuring a smooth passage or creating a conflicted or even a chaotic one. The earliest months of the infant's life are the months when the mother's experience of the infant is most symbiotic-like. This is the period just after the infant has first come out of the mother's body, the period of Winnicott's "primary maternal preoccupation" (1956), a period when a mother may psychically be anywhere on a range from totally "owning" her infant, feeling they are living through and with one another, to an anxious experience of the infant's fragility, with confused uncertainty regarding her own capacity for care. It is the matching and mismatching of aspects of the mother's experience with the experience "inside" the infant that together create the developmental effect and the residual leftovers of the phase. Daniel Stern (1985) has suggested that symbiosis can only be a fantasy added on later in development—added on, that is, to a primary sense of

differentiation. First the facts and then the fantasies, so to speak. One need not go so far as to argue the opposite: first the fantasies and then the facts. And certainly there can be later elaborations of symbiotic fantasies that *are* added on. In the light, however, of what we now know both about development and about the general functioning of the human mind, one can imagine a jumble of fact and fantasy from the outset, with the two carried along in mind and only slowly, and never completely, getting sorted out. Reflect that undifferentiatedness need not be thought of as a fantasy; it may be regarded as an *experience* during nursing, even though we *on the outside* “know” it is “incorrect”; it is an experience as interpreted by the infant with its still undeveloped cognition. As such it may well qualify, even in Stern’s terms, as a “Representation of an Interaction that has been Generalized (RIG)” (1985, p. 97).

Let me summarize two points that on the one hand seriously modify Mahler’s original position, but on the other make the essential argument stronger and more relevant clinically. The first is that Mahler’s picture of the infant was incomplete; she did not have it quite right, though she had enough “right” to warrant continued work on her concepts. The infant is not all “merged”; the infant has differentiated experiences of self and mother and of mother and others. Nonetheless, the earliest period contains *some* experiences of undifferentiatedness for both infant and mother, and in some mother-infant pairs these moments become intense and conflicted formative experiences with lifelong consequences. Hence, in that formative sense it is a “symbiotic” period, notwithstanding anything else that is simultaneously present.

The second modification leads to a major recognition of individual differences, something that is indispensable to consider from a clinical standpoint. Some infants go through this, or any other phase, relatively smoothly; others only with great difficulty. What makes for the difference? Here, in partial answer, I would to introduce the concept of the mother’s “magnification” of the infant’s experience (Pine 1990). When something the infant experiences crosses paths with experiences that are emotionally fraught for the mother, that are full of conflict, anxiety, and/or ambivalence, her handling of the infant will reflect that conflict and affect the child in profound ways. It will magnify the infant’s experience in ways that give it a focal, conflicted, centrality. This is the way the mother’s timetable is locked into that of the infant. And this is the route for an understanding of how the momentary

experiences of merger in the infant (say, during nursing and a few other times) achieve organizing and central effect for some infants in whom it gets magnified, and for understanding why in some individuals merger phenomena, issues of separateness, and the like become lifelong centers of disturbance and appear centrally in clinical work with them. It is the route as well for seeing that there is both a universal and an individual aspect to the understanding of the symbiotic experience. Mahler offered it as a universal feature of human development, though her developmental examples were thoroughly individualized. We have to complement that universality, formally and conceptually, with a recognition of individual differences, either in unknown givens of the particular infant or in factors of the parenting that magnify merger issues and make them problematic—such things as the mother’s anxious distancing, pulling back from the child’s molding to the body, or contrariwise, the mother’s desperately, smotheringly holding the infant close or showing by her affect her sense of desertion and loss at any separation. (And we need not assume that a predisposed mother’s magnification of her infant’s conflicted and intense merger experiences ends in earliest infancy; presumably it goes on later as well. In fact, as is true in any region of conflict-ridden object relations, once begun it will be drawn on thereafter by both participants, as it becomes the predominant *form of attachment* to the other. But it is not these later developments, but rather the earliest phase and the magnification that glues the mother’s psychic issues to the infant’s timetable, that is my main focus here.)

The Subphases of the Separation-Individuation Process

Mahler described four subphases of separation-individuation—that is, the steps through which the infant passes in developing a more stable awareness of separateness from the mother. The names Mahler gave to these subphases—*differentiation*, *practicing*, *rapprochement*, and *object constancy*—wear a lot of her conception on their face. All but practicing are two-person concepts. Differentiation, rapprochement, and object constancy are terms meant to capture central processes taking place in the infant’s relation to the mother—differentiating from her, seeking to rejoin her, and carrying her inside as an “internal object.” Only the second subphase, practicing, has a one-person name, implying just the infant. Mahler did not mean to suggest by this choice that the mother was unimportant; it is, again, a relative matter. She meant to accentuate how much the infant can be preoccupied with the

exercise of skills, especially motor skills. I will describe each of the subphases in sequence, with commentary. From observable infant behaviors we inferred certain things about the movement from experiences of undifferentiatedness to a relatively firm and undeniable awareness of separateness.

Differentiation. At the age of five months or so, the infant shows markedly increased wakefulness, with more sustained attention to the surround. Mahler saw this as a period of “hatching” from the more symbiotic period, with the infant now more awake to the world and to the *otherness* of the mother. I will describe some of the phenomena that we observed, and the sense that we made of them with respect to a “differentiating” process. But first a reminder: I said earlier that initially we had not made any assumption about inborn capacities for differentiated perception of self and mother, or of mother and others. It seemed a cautious assumption in part because we felt we had seen a *later* period, one in which differentiated perception could be inferred to be developing, and we thought it reasonable to assume that is was during that period that differentiating capacities came into being. This is what we came to call the *differentiation subphase*.

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Let me describe four features of this period, which extends from five to eight months or so: customs inspection, single/double stimulation, peekaboo, and the beginning of “craning.” The “customs inspection” describes the infant’s reaching out and touching, “examining,” and playing with the mother’s mouth, nose, eyeglasses, necklace, and the like. The average mother joins in this activity by smiling, moving responsively, labeling, touching the infant in return, making the behavior interactive and pleasurable. We need not assume that the infant, at the start, is *intending* to explore mother-as-other. We need only see these behaviors as biologically programmed; the infant reaches out to the world in front of itself and connects motorically with perceived objects. But through this behavior the infant is learning about mother-as-other—an intimately related other, but an other who still comes and goes, who can be touched, and who feels different from one’s own body.

The point regarding the difference between touching the mother and touching oneself is important. While this distinction has been present all along, and does not first come into being in the differentiation subphase, we assume that it contributes heavily to the infant’s learning about otherness in this subphase. After all, touching one’s own body produces a double stimulation (in the fingertips or hand and in the

touched place), whereas touching the mother, or objects, or any “not me” thing produces only the single stimulation felt in the fingers or hand. The correlation is in each case perfect (double sensation equals “me”; single sensation equals “not me”), and we have assumed that this regularity underlies some of the learning of differentiation all along (for a major discussion of this feature, see Gergely 2000).

The infant’s response to “peekaboo” can also first occur in this period. Let us imagine an infant having its diaper changed, flailing its arms and accidentally pulling a blanket over its eyes. When the mother removes the blanket, the infant will at some point break into a smile. Seeing this, the mother repeats it, and the peekaboo game is born. The “good-enough” mother is instantaneously “hooked” on the game. Or, in another variant, the mother, entering the infant’s room through a doorway, notices the infant break into a smile on seeing her. Sensing the opportunity, the mother backs out of the doorway, only to reappear again to restimulate the infant’s smile. Again the peekaboo game is born. In this game, the infant is learning about the appearance and disappearance of the whole, emotionally significant, other—the mother. The learning is taking place in the context of play and pleasure, but learning is certainly taking place.

The last of the four behaviors noted above is the activity I have called “craning”—the “craning” of the neck, like the long-necked bird. In the earliest months the infant, when carried, must be given total support. The child passively sinks into the mother’s cradling arms and supportive body. But somewhere in the second half of the first year, the infant, now able to support its head and neck when carried, is likely to be stretching out from the mother’s body, looking this way and that, and often pointing toward a something to see, to get, a somewhere to go. All this increases gradually, but it begins and crescendos during this period—behavior again that almost surely is biologically programmed. And what does it produce in the infant’s experience? In contrast to the earlier period, when being carried with body tonus limp may contribute to feelings of a “shared” body, of “oneness,” the infant in stretching, craning, and reaching out away from the mother creates a sensation of otherness, of one body that restrains and supports and another that stretches and reaches and, in effect, separates.

We believe that these experiences, especially considering their co-occurrence in the period from five to eight months or soon thereafter, produce the experience of self/mother differentiation. Seeing this, we

readily came to assume that this was the time when differentiation was first experienced. Today we would have to modify that and say that the infant may have new forms of awareness of self/mother differentiation, not ruling out the possibility of simpler forms of this awareness earlier on. That is, given earlier experiences of perceptual differentiation, now the infant is having experiences of bodily differentiation from an intensely emotionally significant mother. *And there is an important marker for this.* The eight-month anxiety (separation and/or stranger anxiety) so frequently emerging in infants at this age, just at the tail end of what we consider the differentiation subphase, is that marker. It marks the fact that, whatever the form or degree of awareness of differentiation present in the earliest days and weeks of life, such awareness has now taken on an additional, emotionally significant status. Perhaps at the start it was to be seen as an inborn capacity. Now, however, it is an emotionally charged experience. The first speaks to a recognition of the full capacities of the newborn; the second to an emotionally relevant developmental step.

John McDevitt (1980, 1983), a participant in the separation-individuation research, reported an observation that led him to an important theoretical speculation, to which I would like to draw a parallel. McDevitt noted that early aggressive outbursts were reactive and short-lived. When the interference or frustration terminated, so did the aggressive response. But after eighteen months or so, this was no longer so fully the case. Aggressive reactions were sustained over time. McDevitt speculated that the toddler could now *hold onto the idea* of the frustrator after the specific frustration had ceased. Now filtered through a more advanced cognitive system capable of differentiated perception of the source of injury and capable of memory of that source, the aggressive response could be retained over time. Here, colloquially speaking, we have the origins of the human capacity to “hold a grudge.” Stated more conceptually, this provides the basis for the idea of the *construction* of an aggressive “drive”—starting reactively but then held over time.

My parallel speculation is this: Might not something comparable happen in the domain of differentiation and loss as well? That is, might we not consider that the more stable the infant’s awareness of differentiation from the mother, a stability that increases progressively with time, and the stronger and more specific the infant’s attachment to her, the greater the emotional power of the sense of loss and of the danger

associated with it. Some such idea may be relevant when considering the different meanings of “awareness of separateness” in the earliest days of life and in the separation-individuation period I am describing.

I now turn to the next three subphases of separation-individuation quite briefly, having less to add to the initial formulations. It has not been to these subphases that criticism has primarily been directed.

Practicing. This is the stage of true “toddlerhood,” a period from, say, nine or ten months through sixteen or eighteen months, a period in which when the infant is caught up in the exercise of newfound motor functions—crawling, walking, climbing, running. At this time, the infants we observed were *relatively* less focused on the mother, as they were intensely focused on movement, their environment, and objects that could be touched, used, pulled, pushed, or thrown. Mahler saw this as a time in which the affects of joy and excitement were crystallized. There was frequent though momentary contact with the mother (which Mahler referred to as “emotional refueling”) before the infant, filled up with maternal supplies, would set off in motion once again.

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Naturally the mother remains of immense importance (her affirmation of the toddler’s achievements adds to the child’s joy, for example), but much of the time motility competes in importance. It is a time when many a mother, unaware of the return to mother that is soon to come, will experience her toddler as more grown up, more independent, and will begin to have thoughts of having another baby or returning to work.

The practicing stage is important for the developmental task of “individuation,” which conceptually has been accorded less attention. The child, in taking on individual characteristics, practices the motor, cognitive, perceptual, and vocal skills that will contribute mightily to who the child will become as a full human being. The attitude toward mastery and the sense of excitement and joy that develop at this time, if they survive the crises of the forthcoming rapprochement subphase, will, as we might imagine, be important components of the child’s later sense of agency.

Rapprochement. All through the practicing period the toddler has been accumulating data—intentionally or not—regarding separateness from the mother. Her comings and goings, and the steady perceptual feedback and cognitive registry of the way objects-in-the-world work and have existences of their own, together contribute powerfully to the child’s awareness of separateness. But for the toddler preoccupied with motility this fact of separateness seems not to matter as much as it will

in the next subphase. At any age one can feel the excitement of mastering of new skills, but in time that excitement diminishes; the exercise of the skill becomes taken for granted, and the emotional issues that govern the individual's life reassert themselves and cry for attention. So too with the toddler. The pure thrill of motility seems to wear off as motility is taken for granted and becomes just a tool of ordinary functioning. Now, in what we term the *rapprochement subphase*, the toddler seems to rediscover the primacy of the need for mother. What we see, in any event, is more clinging behavior and efforts to involve the mother in play rather than to toddle off away from her. Some mothers are confused by this, imagining that their more "independent" toddlers are becoming babyish again. It is characteristically an emotionally trying time for both parents and toddlers. In our study, the children were often seen to "shadow" their mothers, to try to "coerce" the mother to follow the child's will (a phenomenon, multifunctional like all human behaviors, that Freud saw in terms of the stubbornness associated with anal-phase issues and that we understood additionally in terms of the child's wish to have the mother act as if merely an extension of the child's will, still part of the child). We saw considerable sadness in the children in this subphase, related (Mahler conjectured) to the more firmly achieved awareness of separateness. Mahler saw this (in contrast to the excited affect of the practicing period) as a time for the crystallization of low mood—sadness and a range of other affects related to aloneness and loss.

Within the Mahlerian scheme of development, the child in the *rapprochement subphase* (roughly from eighteen to twenty-four or thirty months) can be thought of as going through a double emotional crisis. The first is between the need for the mother as part of oneself and perception of the fact of separateness, with reality on the side of the latter, which ordinarily wins out. The second is between the child's wish to cling, on the one hand, and for autonomy on the other—a crisis in which reality testing does not figure as prominently and which can linger as an intrapsychic conflict.

One aside before I leave this subphase: The question has been raised whether the observations regarding separation difficulties, clinging, and emotional stress in this period suggest that we are seeing children who, in the language of attachment research, are anxiously attached (see Lyons-Ruth 1991). I do not believe this follows from our observations. While we see variability in the degree of emotional distress

in this period, the distress—relative to the periods before and after—is heightened for most all of the children we observed. The important distinction is between individual children whose clinginess and distress at separations would lead to an attachment classification of “anxiously attached” at this *and other* subphases, and an age-related developmental phenomenon that leads to widespread reactions of clinginess, “shadowing,” and distress specifically in this subphase. Thus, we believe we have identified an age-specific attachment anxiety, in contrast to the child-specific one of attachment research. This formulation may have come about through our having observed the infants many hours per week over the course of years, in contrast to the vastly more circumscribed, time-limited observations of the attachment researchers.

Toward object constancy. Object constancy is the child’s capacity to carry the mother “inside” when she is not present. It is a developmental step beyond Winnicott’s description (1958) of the infant’s capacity to be alone in the presence of the mother. Observationally, we saw children who seemingly could comfort themselves in short bursts by saying “mommy” to themselves, or who could wander off into other rooms and confidently (or sometimes anxiously or over-eagerly) find her when they needed to. We inferred that the child now had an ongoing sense of the mother in his or her memory system. This is one of the significant early contents of the child’s representational world (Sandler and Rosenblatt 1962).

The achievement of object constancy helps the child resolve one of the conflicts of the separation-individuation process, the one between attachment and autonomy; the child can carry the mother inside, can have her *in mind*, even while pursuing autonomous activities. Additionally, the internal object can be better (or worse, of course) than the actual object because the inner object can be shaped to individual need and change shape over time as developmental need requires (Pine 1985).

I have presented a summary discussion of symbiosis and the separation-individuation process—Mahler’s contribution as it relates to development—interwoven with commentary, critiques and rejoinders, and a number of suggested additions, changes, and shifts of emphasis. Now for a briefer discussion from a clinical standpoint.

THE VIEW FROM THE STANDPOINT OF CLINICAL WORK

Psychoanalytic clinicians tend to carry a strong historical view into the clinical situation. That view, of course, is one of human developmental history, its broad lines of advance, and its personal representation in the individual with whom we are working at the moment. This tends to be the case, notwithstanding the fact that in theory of technique in recent decades there is an overwhelmingly strong emphasis on the here and now—the current transference or affect, enactments created between patient and analyst, phenomena induced in the analyst by the patient or wordlessly pervading the atmosphere of the session—much of this conceptualized by Joseph and Anne-Marie Sandler (1998) as priority accorded the “present unconscious” over the “past unconscious.” Nonetheless, most analysts carry a strong view of what they consider the core issues in individual development, and that view influences analytic listening (the choice of what is important to hear) and analytic intervention (the choice of what will be said and when and how). As I have discussed elsewhere (Pine 1988), “evenly suspended attention” is in fact both limited and guided by the analyst’s view of what it is important to attend *to*. This is the analyst’s version of the mother’s “magnification.”

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The psychoanalytically prominent array of developmental conceptions is not all that wide, and is for the most part familiar to all analysts. It includes, for example, Freud’s psychosexual stages, Klein’s paranoid-schizoid and depressive positions, Kohut’s evolution of the bipolar self, and Fairbairn’s views on the varieties of conceptions of the object. Mahler’s view of a normal symbiotic stage followed by four subphases of a separation-individuation process is but one more in this array.

But in spite of the great utility of conceptions of development as organizers and guides to clinical work, *that work does not confirm the developmental conception*. The interpretive leaps are too great, the past is subject to too much transformation, and the mind as a storytelling apparatus shifts, combines, disguises, and otherwise alters meanings. And this is true whether one’s favorite theory is Freudian, Kleinian, Kohutian, Fairbairnian, Mahlerian, or anything else. The conceptions of development have to be confirmed or disconfirmed by the study of development itself—though the kinds of developmental conceptions

of interest to psychoanalysts are likely to be difficult to confirm because of our limited access to the inner life of the very young child.

As I see it, the measure of the value of psychoanalytic developmental theories in the clinical situation lies in their utility, measured both by their organizing power (linking apparently dissimilar phenomena) and their differentiating power (leading to subtle refinements in broader observations). By this test, I believe Mahler's studies can prove invaluable. They can alert us to a multiplicity of phenomena related to boundary formation, boundary confusion, and wishes to transcend boundaries; to issues of separateness, aloneness, and longing; to distinctions between separation and separateness; and to intense relationships with others who nonetheless remain "differentiated others," as opposed to intense involvement with relatively "undifferentiated others" (Pine 1979). But I say only that Mahler's studies "can prove" useful, because I do not believe their full utility has yet been tapped. And this is because, like so much in psychoanalysis, the concepts come to be used in loose and overly broad ways, but also because (in this specific instance) they have been caught up in a fruitless and unnecessary polemic regarding the newborn's inborn perceptual and cognitive abilities.

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My personal experience using Mahler's concepts has been good; often they are enormously helpful in the clinical situation. But, and I want to be very clear about this, my clinical experience and the uses I have made of these concepts, especially around the vicissitudes of boundary formation and maintenance, give no direct backing to Mahler's conception of a normal symbiotic phase or of the subphases of separation-individuation. This failure is neither unique nor surprising. Take, for example, Roy Schafer's collection *The Contemporary Kleinians of London* (1997). The papers there, as interesting as they are clinically, demonstrate only the usefulness of Klein's conception of two "positions" for these authors; no convincing evidence is offered that Klein's picture of the infant "has it right." And so too for other clinically born developmental theories. That is the gap we live with in psychoanalytic developmental conceptualizing.

But this is true not only of our clinically based developmental conceptualizations. My reading of the more empirically based attachment literature shows the same phenomenon. Thus, Mary Main's Adult Attachment Interview (Main 1995; Main and Goldwyn 1998) reveals patterned, organized states of mind with respect to early attachment

experiences of an adult. These patterns are correlated to their infant's attachment classification. But there is still a large and unfilled gap between these attachment styles in adults and the inferences that can be made about them as children. One can infer back—say, in more securely attached adults—to a secure attachment in childhood, or to a move into the depressive position, or to the achievement of postambivalent object relations with successful passage through the oedipal phase. Similarly, one can infer back to a joyful sense of self with a sense of wholeness and continuity or—in Mahler's terms now—to the clear achievement of boundary formation with respect to a loved other with whom one has moved into a differentiated object relationship. In short, later phenomena do not confirm specific hypotheses about early development.

In an earlier work (Pine 1979), I gave examples of differential clinical thinking with patients whose pathology can be thought of in terms of symbiosis and separation-individuation. Thus, I showed pathology of relationships with both the differentiated and the undifferentiated other; in the latter, some pathology was tied to the differentiation process itself. These concepts can shed light on other clinical phenomena long familiar to us, notably depersonalization and derealization, “as if” character, and folie à deux. In two more recent works (Pine 1985, 1990), I gave clinical reports of individuals whose analyses were greatly advanced by the use of concepts regarding boundary pathology and longings or panics with regard to fantasies of merger. I will briefly summarize three such cases.¹

A thirty-year-old woman, the only child of two university professors, was the “black sheep” of the family, living at the edge of alcoholism and promiscuity. These behaviors dropped away soon after analysis began. But when she achieved academic success herself, she began to experience extreme panic, confusion, and experiences of merging into her parents and even (at its worst) of melting bodily into the environment. With this, the “black sheep” self reasserted itself, stilling the anxiety. The understanding that we came to was that it served as a pseudodifferentiation in the absence of a secure true differentiation from her parents, and warded off merger experiences. Subsequent work eventually brought this under control until,

¹My thanks to Basic Books, a member of the Perseus Books group, for permission to republish these three summaries in this form from my preface to the 2000 edition of Mahler, Pine, and Bergman (1975).

when she began to feel more securely her “own person,” intense experiences of aloneness and isolation flooded her, only to be followed once again by her personal cure-all: black sheep behavior. This time we came to see how that behavior reconnected her to her now separate parents, who would in fact reenter her life and worry about her under these circumstances. Merger was the primary anxiety and aloneness (loss of connection to the primary object) the secondary one; black sheep behavior warding off each in turn. The early developmental issues and processes that we grappled with in our book (Mahler, Pine, and Bergmann 1975) may shed some light on such adult clinical phenomena without in any sense being confirmed by them.

A second patient showed a formally similar oscillation, though the specifics were quite different. This woman entered analysis reporting (using the language that she had found to describe her state) that “I disappear.” It took a while to understand that this was her term for intense, disorganizing anxiety accompanied by a phenomenological experience of “disappearing.” The patient was a nonidentical twin, and her remembered history was one of swings between efforts at total sameness and unity on the one hand and rebellious ambitions for autonomy and individual achievement on the other. During the course of a quite successful analysis that saw her bring the anxiety under substantial control, we came to understand that the “disappearances” came when, in adulthood, she felt again too close to her twin (panic that her “self” was disappearing was the way we came to formulate it) or, by contrast, when she felt too autonomous and would defensively obliterate that autonomous self—make her “self” “disappear”—through her intense anxiety. Boundaries between herself and others and connectedness to them constituted a lifelong struggle for her, as did self-definition—the issues we refer to and discuss as merger and separation-individuation. An additional clinical twist was this: in her adolescence, as she was achieving greater and more secure separateness, in part through her relation to her father, she chanced to discover his sexuality (overhearing something had made her realize he was having an affair). This, as best we could trace and reconstruct it, seems to have driven her from him and back into the relation with her twin (and her mother) and to have locked her into the subsequent ongoing struggle with self-definitional boundaries and the wish/fear of merger.

For the third patient, the blurring of boundaries between herself and loved others was experienced blissfully. The symptom that led

her to analysis was something else: endlessly circling and confused thought and language that interfered seriously with her professional ambitions. I will describe only briefly what we learned and worked through. The blissful merger and the confused thought had an historical linkage, as remembered by the patient. Her relationship with her inarticulate mother, who glowed over this child's early and profuse verbalization, was one in which there seemed to be little else by way of a route to connection with her mother. The mother's glow produced a sense of union between the two of them in the child; words became a vehicle for merger, not for communication with an other. With development, an internal division took place, the blissful state of union being sought in relationships and the proliferation of words increasingly disconnected from communicative functions, going its own way as if autonomously. A core issue of the analysis was the patient's wish to stay in it, unchangingly, forever, for here (in the analysis) she found the fulfillment of her wish for "perfect understanding" (as she managed to experience it) and "union." I, too, in her experience, would listen to her words and "glow." Only by continually linking this state to the pain and humiliation of the symptom of circular and meaningless thinking, which she had managed to split off and discount in the analysis, was I able to dislodge her from her wish for an endless analytic "union." Again merger and differentiation (with conflicts in regard to both) were the central issues. A history with her father, a potential route to disidentification with the mother, also played a role, as in the second patient. She saw him as truly using words to communicate (not just to bathe in a "glow") and wanted to join his world; but her recalled experience was that he would not let her into it. She was her mother's child, not grown up enough for him. This use of words for true communication she also found in me, and it was probably what made a forward step possible for her.

I repeat that while clinical instances do not confirm developmental hypotheses, I offer these examples to demonstrate the fruitfulness of the ways of thinking underlying those hypotheses. In circular fashion, however, these examples also illustrate the kinds of clinical phenomena that led us to think in terms of merger (both blissful and frightening) and differentiation (as both loss and gain) in the developmental process. Our research was in part an effort to locate their possible antecedents in the course of normal development.

So what can be said about Mahler's work today? Again, she did not have it altogether "right" about what the infant is like (particularly with respect to the infant's early perceptual/cognitive/mnemonic capacities). But, for reasons given here, this partial failure does not invalidate her contributions regarding merger and separation-individuation in the infant. Granted, her ideas remain speculative, as are most of our psychoanalytic developmental hypotheses regarding the preverbal period. Granted again, they need modification, and I have offered a number of such modifications here. Further, I believe, we can neither confirm nor disconfirm her conceptions via clinical work (a fate of all developmental conceptions in psychoanalysis). Nonetheless, I believe that they have great potential utility for differential thinking about certain clinical phenomena. On balance, in my view, hers was a valuable contribution to the ongoing development of ideas regarding human development.

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