Refinding the Object and Reclaiming the Self

The Interlocking of Self and Object during Life Development

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THE INTERLOCKING OF SELF AND OBJECT DURING LIFE DEVELOPMENT

In the family, each person is a primary object for every other family member. Not only are the parents the primary objects for the children, but the children become new primary objects for each parent, potentially strengthening the marital bond because the parents share the children as objects for care and concern as well as for introjection. Just as the child introjects both the individual parents and the parental couple (Scharff and Scharff 1991), so each parent introjectively identifies not only with a child, but with a child in relation with that parent's spouse. That is, a mother takes in her daughter and identifies with her as a growing girl and a potential woman, but she also takes in the experience of her daughter in relationship with her husband, and in so doing has the opportunity to modify aspects of her internal object relationship with her own father.

Ogden (1989) has described beautifully the way in which the child's first presentation of the father is through getting to know the mother's internal object constellation, which includes her own father. That is, the child's first experience of an oedipal constellation occurs through an introjective identification with the mother's self

and her paternal object. Almost equally important in a family with two parents, I suggest, is the child's introjective identification from the father's projection of himself and his maternal object, and that these are communicated unconsciously to both boy and girl babies and young children.

There is another aspect of growth within the family, which I first described in a book on adolescent development and the transition from school to work (Scharff and Hill 1976). I bring this aspect into the current context because it is consistent with my present view that the development of the individual is dependent on the members of the family and others with whom the individual has primary relationships.

It is this: Psychoanalysis and the dynamic developmental psychologies have described life stages in ever-increasing detail and with increasing sophistication. But they have not as yet described the complexity of the way in person's developmental which one stage interlocks with those of others in the family. I find that interlocking occurs universally. The crucial developmental infant's first steps intertwine with those of its parents who are becoming parents through that infant's birth. Or, if this is their second or later child, they are becoming parents of a growing family and, as every parent knows, the addition of each child changes the family experience dramatically simply on account of the numbers, even before we consider the unique individual contribution from each child.

Children find that their family experience is determined by birth order and number of already in place. It is changed siblings dramatically by the birth of subsequent siblings. The role of children as each others' primary objects has been vastly underestimated, a lack of understanding that is only now being redressed. For instance, Bank and Kahn (1982) point out that siblings often have the closest relationships within families, and at the end of the life cycle may spend more time together than at any time since childhood. Today, with divorce as a prominent factor disrupting the shaping of the family, siblings may be the only constant objects as children travel together back and forth between their two homes.

However, all these complications become part of a larger pattern in which children's

developmental life transitions occur in the context of the development of the adults with whom they live. We must consider the complexity that ensues when we acknowledge and explore the adult crises of development that are going on at the same time as those of the child.

Erikson's (1950, 1959) original work on the seven developmental stages described seven groups of developmental tasks. Erikson saw that development began in childhood but continued across the life span from early childhood dependency through adolescent struggles with identity formation to the adult stages of the development of intimacy, generativity, and finally the maintenance of integrity.

What we can now add to this is the way in which the infant, child, and adolescent face these tasks at the same time that the adults who form their objects face their own adult developmental tasks. And in a complex and reciprocal way, the adults undertake their own developmental crises while the children face theirs. These processes interlock and influence each other. In many cases, the adult crises are triggered or significantly punctuated by the developmental stages of the children.

For instance, it is common enough for the attainment of intimacy by young adults to be punctured by the birth of a first child, an increase in family size, or the birth of a first child of a particular sex. The oedipal struggles and ploys of children confront parents who are struggling with challenges of intimacy and

generativity they had not expected. And in a reciprocal way, the parental struggles for intimacy and sexual relatedness may extend to include children in encouraging or interfering ways. Examples extend right through the developmental epochs. Adolescents struggling for identity, including sexual identity, may find that they have introjectively identified with their parents, who are struggling with questions of their own capacities and worth in the midlife stage of adult development. Such is the case in the vignettes that follow.

VIOLETTE LA FRANCE

The following case concerns a 15year-old French girl, the youngest of three children. She was brought by her parents who were in their fifties. They initiated therapy because she had asked for birth

control, planning to begin an active sexual life with a man of 23. The parents were astounded and deeply upset. In the interview with them, it guickly developed that their own sexual life was nonexistent. having stalled several years ago. Even when their sex life was occurring, Mrs. La France had not experienced sexual passion for her husband whom she loved and deeply admired, because he had been chosen by her to be a safe, nonerotic choice in her own mid-twenties. She did so because she remained in love with the man of her fantasies, an exciting but unreliable artist. Mr. La France, for his part, had chosen his wife because she was beautiful beyond his dreams and socially glittering, whereas he was an awkward although brilliant scholar. Feeling little regard for his powers as an attractive man, he was willing to do without an active sexual life in order to have her. Now, twenty-five years later, having compromised their chances for vital marital and sexual intimacy, and shortly after the additional symbolic loss

to their sexuality from Mrs. La France's hysterectomy for fibroid growths, Mr. and Mrs. La France had both projectively identified with Violette's flowering sexuality, only to find that it was assuming proportions that alarmed them.

For her part. Violette was furious at her mother for an anti-sexual attitude. She took encouragement unconsciously from the adoring and encouraging fondness her father lavished on her and hoped to find this in the sexual relationship with an older man. Thus her urgent search for sexual intimacy was a precocious attempt to find compensation for parenting that derived from a sterile bond. Her parents found that the rift in understanding themselves Violette between and threatened their attempts to feel confirmed in their generativity. Another way of saying this uses the concepts of midlife crisis (Jacques 1965) and adult transitions (Levinson et al. 1978). Both negotiating parents were adult developmental stages as they attempted

to help Violette negotiate her adolescent development, but their previous failure to establish an integrated capacity for compromised intimacv now their achievement of a sense of generativity and of a move toward the later acquisition of a sense of integrity. Their concerns for the well-being of their daughter further of eroded their sense parental competence, one component of generativity.

THE HOLMES FAMILY

The second example comes from my study of adolescent development in the transition between school and work (Scharff and Hill 1976). The Holmes family was referred by their family doctor to the Tavistock Clinic's Adolescent Department in London where I was working, because two family members were symptomatic. They had run into each other at the doctor's office, each there without knowing the other was experiencing difficulty, each surprised and alarmed.

The boy, Keith, age 16, had been sent to his doctor's office because of "shaky feelings" on the job. He had left high school after the British equivalent of junior year to move into an apprenticeship as a draughtsman, a career course that was not unusual for nonacademic students. This job provided for a day a week study at a college of further education, with the expectation of а diploma in draughtsmanship at the end of four years. He had found school difficult during his last year, and he now found the day at college difficult. He was afraid of being called on to speak in public during class, an old fear he carried from school. To his alarm, he found that the public speaking phobia spread rapidly. He suddenly found that he was afraid to use the telephone for fear he might be asked to read a letter over the phone and would be unable to do so. He began to refuse to answer the phone at work. Since his job involved

frequent telephone calls, he grew increasingly afraid at work in case he would have to answer the phone or explain himself. It was for help with this fear that he went to his doctor's office, and it was then he met his father. When the doctor referred Keith to the clinic, he suggested that the whole family come with him.

Mr. Holmes, too, had gone to see the doctor for help with a symptom of anxiety, and it was also related to work. He had had a checkered business career. He did not have a university degree but had worked his way up in business until he reached a middle management position in a large printing corporation. However, he had not been promoted for a number of years now. He had been commuting long hours in order to work for this firm after it moved out of London. Feeling that the lack of credentials meant that his career growth was effectively at an end, he had recently decided to invest with his wife in a neighborhood dairy and newspaper shop, one previously owned by his wife's parents, which would be more lucrative although less professional. However, in the transition, he had become unable to sleep from the anxiety about giving up his career, and it was then he had gone to see his family doctor, meeting Keith in the waiting room.

When I saw the family, a description of the family-wide stress emerged. The family was in the middle of arranging to move into the apartment above the shop and would be living close to Mrs. Holmes' mother for the first time since the parents had been married twenty years ago. In addition, in an individual interview, Keith revealed that his family had a secret that he was not supposed to know: Mrs. Holmes' father had died of late-stage syphilis contracted in his youth. This set of grandparents had apparently not gotten on well, and the syphilis had come as a final late-life blow to the grandmother. It had added shame to her bitterness about the long-standing arguments between

Keith's grandparents, and that shame had apparently been shared by Keith's mother about her father.

I saw Keith together with his mother, father, 6-year-old brother, and 18-year-old sister, who was about to get married. It became apparent that the mother bore more than her share of family burdens. She had always been the more active parent. Staying at home meant she had been the one to set limits on the children and care for them generally, whereas Mr. Holmes had been the provider. With their new investment in the dairy shop, she would also be called on to take the lead in the family's financial support. It was she who knew how to manage the dairy shop, since it had formerly been owned by her parents. She had never been able to move very far from her own family. Her inability or distaste for leaving her mother was the reason they had previously decided that Mr. Holmes would commute work when the firm to moved headquarters outside London instead of the family moving, too. The new living arrangement above the dairy shop meant they would be living just around the corner from Mrs. Holmes' mother.

The difficulty Mrs. Holmes had with separation had affected the decisions the couple had recently made. We could see that her separation anxiety was echoed in Keith's difficulty with speaking in class. Finding his voice in public had the unconscious meaning of making the break from his family and of differentiating from the silent mass of schoolmates in class. His move into a job coincided with his father's making a transition that signaled the midlife failure of his own career, compounded by his mother's continued difficulty separating from her family.

Mr. Holmes also recounted а symptomatic aspect of his own In his youth, development. he had overcome a public speaking phobia. Unable to speak before even small

groups of employees, he had worried that his career would be jeopardized by this public speaking disability. He had faced difficulty his with self-styled а desensitization program, deliberately setting out to organize religious forums at which he would speak. Only by this conscious effort had he overcome a dread similar to the one now confronting Keith. He had come from a coal mining family in the north of England and his interest in business had been viewed by his parents, particularly by his mother, as threatening because he would become too different from them. As he told us this, he wept with recognition that his parents had feared losing him through his own career advancement and had wanted to hold on to him, their only child. He then realized that his parents' marriage had been marked by many angry arguments, but that they had been united in devotion to him. When he married at 19 and moved to London with the firm he had worked for since then, the life appeared to have gone out of his parents, who had

seemed depressed to him ever since. We could now see that his public speaking phobia had expressed his family's difficulty with his adolescent separationindividuation and the loss it meant for his parents—and that his self-styled cure of the phobia represented his creative work aet past the in his to impasse development.

In the light of the father's story about the phobia of his youth and the way it expressed the issues of his family then, I wondered about the transmission of object relations issues in Keith's growing anxiety about work, expressed in his phobia about speaking in class and use of the telephone. As Mr. and Mrs. Holmes faced a change of career and a change of dominance in the family with mother now assuming a major leadership role in the family's financial life, a family crisis threatened that was echoed in Keith's individual crisis. Both his father's bitterness about his own stalled career and the domestic pattern of the family of

"pinning all worries on Mom" were consistent with Keith's increasing anxiety about pursuing a new career that involved learning, promotion, and a progressive of independence assumption and responsibility. Like his father, Keith had pursued a nonacademic career, but one that offered social and professional advancement. He was not consciously aware of the bitterness or anxiety his father felt but had not acknowledged within the family. All Keith was aware of was his own crippling symptom, which threatened to remove him from work right at the beginning of his career.

Our exploration of the family pattern began with understanding the meaning of the parents' family histories for their adult anxieties. We related them to the father's current disappointment and bitterness, and the threat that Mrs. Holmes would become more of a manager than her husband or son could tolerate. Mrs. Holmes also feared that her difficulty with separation would alienate her husband and son as it had her father from her mother, and Mr. Holmes realized that, without knowing it, he worried that Keith's independent progress would cost him the companionship of his son at an age similar to the age at which Mr. Holmes had desperately wanted to leave his own parents behind. Keith's uncertainty about moving into the world of work and responsibility thus embodied his own adolescent anxiety about separation and independent striving, but at the same time expressed his parents' history of object relations issues.

Interlocking and reinforcing family themes emerged. Mr. Holmes was able to see that the life issues he had found crippling did not need to be passed on to Keith. He and Keith began to work together to relieve the anxiety present for both of them in the work area, and Keith quickly found himself able to use the phone, take on more difficult tasks, and move more confidently toward competence at college and at work. At the same time the couple realized that they had been inhibited by the legacy of Mrs. Holmes' family secret. Mrs. Holmes had taken in from her mother the fear that separation, including letting Mr. Holmes pursue his career fully, might stimulate in him a promiscuous sexuality in which she and her mother imagined her father had engaged as a young man. Keith's adolescence had triggered this fear again for his mother in a way that the couple's older daughter's adolescence had not because she was a girl who had been unambitious and had remained close to her mother.

The couple's restriction of the range of their operations in the world had pushed each of them to hope that Keith would achieve a freedom of expression in the world that they had not. Yet, they were unconsciously afraid that this would include sexual activity that could expose him to risks like those Mrs. Holmes' father had run. Keith's use of the phone had more meaning than simply interfering with his ability to work. If he could not make calls, he would not reach out to establish sexual connections with airls. This inhibition protected the parents from their fears for him at the same time as it blocked the hope that he would grow the restricted development bevond imposed on him by the parents from their own object relations set.

In addition. we learned that the parents' sexual life had become more circumscribed in this period of crisis. Partly because of the husband's anxiety about domination by his wife, he had lost his usually active interest in sex, leaving Mrs Holmes more anxious about whether she was valued as a woman, or whether she would be appreciated only as the proprietess and manager of the dairy shop —an asexual mother to the men of the family. Now that Keith's older sister was getting married, Mrs. Holmes was the only woman at home, and she had begun to fear that everyone would depend on her without appreciating her own needs,

including that of reassurance that she was still sexually appealing to her husband.

ADOLESCENT ECHOES OF PARENTAL BLOCKED DEVELOPMENT

In the two families discussed in the preceding sections, the adolescents' developmental crisis echoed the strain of the parents' midlife developmental setbacks. In the setting of an object relations understanding of the family, the adolescents' anxieties could be seen to be driven by the adult issues—both the individual ones of each parent, and by the midlife crisis in the parents as a couple. The parents were now experiencing conscious and unconscious aspects of the toll of earlier

developmental compromises through the limitations imposed on themselves and on their relationship. Successful negotiation of this adult developmental stage required new personal growth. The adolescents' sexual and work identity developmental issues had a significant role in propelling the parents toward the crisis in their own lives. Violette's attempt to make a premature sexual relationship to reassure herself of her capacity for sexuality was driven partly by her individual, age-appropriate needs, and partly by internalizing her parents' unconscious hope that she would create a sexual pairing that would substitute for their lack of sexual intimacy. Her actions drew attention to her parents' need for enhanced intimacy in their midlife if they were to be able to use the holding capacity in their own relationship to let her

separate from them in the manner appropriate to adolescence.

For Mr. and Mrs. Holmes, the sexual issues were triggered as their daughter was leaving for marriage and Keith was becoming selfsupporting. But the area of expression for their crisis occurred primarily in the area of work. Keith's phobia of speaking in class and using the telephone embodied a family-wide failure to encapsulate and detoxify fears about the men reaching out into the wider world through career and sexuality, lest the wider world defeat competency and hopes for intimacy, both at midlife and at adolescence.

Both cases show that: (1) adult development needed to proceed to provide the context for the adolescent's development, and (2) the

adolescent's development triggered new needs in the adult development of the parents.

The adolescent's self has had to embody and contain the issues of its adult objects precisely because the adults were unable to make their developmental moves necessarv for own maintaining the optimum context for the adolescent's continuing growth and separation. At the same time, the adult selves had put these issues into their children precisely because they could not solve or contain them in their selves their relationships. They and in hoped unconsciously to solve these issues through the projective identifications with their children. The adolescent's failure to do so was experienced as a personal failure by the parents because of the projective identification of each parent with the adolescent. It was also felt to be the failure of

the family's overall holding capacity and was carried by the family group as a shared feeling of inadequacy.

These two families demonstrate that development of each family member individually has to be understood as involving and challenging the development of the other family members and of the family as a whole in a continuously interlocking and interdependent cycle.

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