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The Problem of Adaptation to Reality In Psychoanalytic Theory*

Introduction

THIS PAPER TRACES CERTAIN MAJOR changes, since Freud's early theory, in how the problem of adaptation to reality has been conceptualized in psychoanalysis. It also foreshadows broad implications of these changes for our intuitions and theories about human nature, psychopathology, and treatment.

Freud's early theory of adaptation, as set forth in his model situation (1895, 1900, 1911), remains the reference point for all later psychoanalytic considerations about adaptation. In his model situation, Freud imagined a primary state of the mind in which mental processes are regulated exclusively by the pleasure principle (1911). The infant, in this primary state, is not aware of its mother's existence, or of its dependence on her care.

The infant's state of psychical rest is disturbed from time to time by the peremptory demands of internal needs, such as those arising from hunger. The infant discharges the mounting internal excitation by random motor movements and by crying. Eventually the caretaker feeds the infant, putting an end to the internal stimulus of hunger and giving the infant an "experience of satisfaction" (1900, p. 566). The next time the infant is hungry, a psychical impulse (a wish) arises to re-evolve the perception of the original situation of satisfaction. This impulse follows the "shortest path" to its fulfillment; that is, the hungry infant hallucinates the breast. The infant, when fed, does not connect satisfaction with external reality, for he does not discriminate between an hallucination and a perception that originates from outside himself.

The infant is eventually compelled to make this discrimination

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because hallucinatory gratification does not put an end to hunger. It is this frustration, this "bitter experience of life" (1900, p. 566), that forces the infant "to form a conception of the real circumstances in the external world and to endeavor to make a real alteration in them" (1911, p. 219). This "momentous step" initiates the development of ego functions concerned with adaptation to reality.

Freud used his conception of the model situation to explain many important features of mental life. For example, he used it to explain the special link he found between sexuality and neurosis. The sexual instincts cannot readily be frustrated because they may be satisfied autoerotically. Because they cannot be frustrated, they remain under the sway of the pleasure principle rather than coming under the educative influence of reality (1911, p. 223).

Freud provides a similar explanation for how education works and how it may fail. Education works because the child learns for love. The spoiled child believes he cannot lose the parent's love, and for this reason he cannot be frustrated. In the absence of frustration, he fails to learn (1911, p. 224).

The child, in Freud's model situation, only reluctantly postpones immediate pleasure and accepts reality. This reluctance, which persists throughout life, leads to a splitting off of certain mental activities—children's play, fantasizing, and day-dreaming—from ordinary thought. These activities are set aside and kept free from reality-testing; they remain subordinated to the pleasure principle (1911, p. 222).

The momentous step by which each person has accepted the necessity of renouncing immediate gratification for a later pleasure to be gained effortfully in reality is reflected in the religious myth of rewards in the after-life for renunciation of earthly pleasures (1911, p. 223).

Finally, remnants of the primary dominance of the pleasure principle and proofs of its power are to be found in the state of dreaming, in which our thoughts (wishes) find hallucinatory fulfillment (1911, p. 219), as well as in the etiology of neuroses, for neuroses result from the failure of instincts to be subordinated to the reality principle (1911, p. 223). Maladaptation thus stems from unconscious wishes seeking gratification without regard to reality.

Freud's model situation, with its simplicity, explanatory power, and compelling examples, has been taught to succeeding genera-

tions of analysts, and has influenced their beliefs and intuitions. Nonetheless, the theory of the model situation has been changed in varying ways in Freud's own later work, in the work of such ego psychologists as Hartmann and R. W. White, in the ideas of some interpersonal and British object relations theorists, in the research of contemporary students of infant development, and in the concepts of many other contemporary investigators and theorists. Freud's early views have been filled in, modified, challenged, and ultimately contradicted by later work. In particular, adaptation to reality has come to be recognized as a primary and central psychic concern from the beginnings of life. Correspondingly, the pleasure principle has come to be seen as subserving the reality principle, rather than the other way around. And psychopathology has been described increasingly in terms of efforts at adaptation to reality rather than in terms of the pleasure principle.

Characteristics of the Model Situation

It will prove useful to summarize the main features of Freud's model situation as a reference for discussion of critiques and changes proposed by later writers:

1. The infant is initially unadapted to external reality. He exists in a state of primary narcissism.
2. The infant's mental life is ruled exclusively by the pleasure principle: He seeks immediate gratification by hallucinating the situation of satisfaction. His mental processes automatically turn away from unpleasure. (This is the prototype of repression.)
3. The infant's capacities for adaptation to reality develop only after he is compelled to accept the reality principle.
4. The infant has no motivation, independent of drives, toward adaptation. He becomes motivated to acknowledge reality and adapt to it only because hallucinatory gratification is ultimately disappointing. Frustration is the impetus for adaptation; more generally, it is the prerequisite for psychic development. This principle explains not only why the sexual instincts (which may be satisfied autoerotically) remain so long under the sway of the pleasure principle, and how education works, but also explains why the non-gratification of the patient's unconscious libidinal wishes by the analyst leads to psychic development (Freud, 1915, p. 165).

5. Reality, in the model situation, is represented by the distinction between an hallucination and a perception based on an external stimulus. The nature of the reality to which the infant must adapt is otherwise unspecified.
6. The major impediment to reality adaptation is the dominance of the pleasure principle; that is, the power of the tendency toward wish-fulfillment, and of the tendency to turn away from unpleasure (repression).
7. The reality principle is secondary to the pleasure principle: (a) it is absent at the beginning of life and develops gradually; (b) it subverts the pleasure principle. "Actually the substitution of the reality principle for the pleasure principles implies no depositing of the pleasure principle, but only a safeguarding of it. A momentary pleasure, uncertain in its results, is given up, but only in order to gain along the new path an assured pleasure at a later time" (1911, p. 223). (c) Even in the adult, the reach of the reality principle is limited to conscious-preconscious mental life; unconscious mental life remains under the exclusive dominance of the pleasure principle.
8. Freud's early theory of *maladaptation* is based on the presence of unconscious infantile libidinal impulses that have not been compelled to submit to the educative influence of reality. These impulses, under the sway of the pleasure principle, continue to press for immediate gratification without regard to reality. The impulses are, however, opposed by the ego. Under certain conditions, these impulses may, after having had to submit to disguises imposed by the ego, find expression in a symptom.

Each of these features of Freud's early theory of adaptation to reality has been challenged and changed significantly in later work.

Freud's Ego Psychology

Freud greatly modified his conceptions of adaptation to reality in his ego psychology. He restricted the domain of the pleasure principle by offering new explanations for children's play and for certain dreams and transference repetitions. He introduced the idea that a person might repeat a reality experience in order to

master it. He gave adaptation to reality a systematic place in the psychoanalytic theory of defense and symptom formation. Finally, he introduced the idea that the child's tie to the parents is of crucial importance because the parents are primary sources of protection against external dangers throughout childhood.

In *Beyond the Pleasure Principle* (1920), Freud re-examined his earlier view that the play of children is split off from reality considerations and is under the exclusive dominance of the pleasure principle. He observed that a child may repeat a distressing experience over and over again in his play. He suggested that the child, in this repetition, might be working over in the mind some overpowering experience so as to master it (p. 16).

Freud linked his new observations of children's play to two other new findings: first, the finding that in traumatic neuroses the dreamer is brought back into the situation of the accident, from which he awakes in fright (p. 13); and second, the "new and remarkable fact" that people repeat, both in transferences and in everyday life, experiences from the past that include no possibility of pleasure (p. 22). Freud concluded that the task of mastering excitations is independent of the pleasure principle and would have precedence over it (p. 35). In this reformulation, Freud recognized what Joseph Weiss has recently referred to as "the awesome authority of reality" (1989). Freud proposed that repetitions in play, dreaming, transferences, and everyday life may be motivated by the necessity of reworking and mastering a real experience that has been traumatic.

It is true that Freud went on to reformulate his new observations in terms of a primitive need to return to an earlier state, and, ultimately, of a death instinct. In this further reformulation, Freud retreated from the concept that reality experiences may have the power to create repetitions, and proposed an explanation based exclusively on an internal motivation—an obscure compulsion to repeat, or a death instinct.

Freud systematically linked defense and symptom-formation to adaptation to reality in *Inhibition, Symptoms, and Anxiety* (1926). In his new theory, defensive behavior was "transfigured in a rational light" (*ibid.*, p. 146). Defense was no longer simply an automatic avoidance of unpleasure; rather, it was an attempt to avoid a danger situation that the person "believes to be external, and be-

lieves to be real." The person represses an internal motive in order to avoid this danger.

The new theory also placed symptoms in a rational and adaptive light in that they too were instituted for an adaptive purpose: "... symptoms are created in order to remove the ego from a situation of danger" (1926, p. 144, italics mine).

Freud's 1926 theory also suggested that parents acquire psychic importance not only because they are objects of drives, but because they are the child's primary source of protection against external dangers throughout the long period of the child's helplessness and dependence. This "biological factor," as Freud characterized it, intensifies the child's ties to the parents and his need for their love and approval (*ibid.*, p. 155). Here Freud proposes—as some object relations theorists were to do subsequently—that the child's tie to the parents is adaptive, rather than based primarily on the satisfaction of drives.

These significant contributions to the problem of adaptation informed the critiques of Freud's 1911 model situation by subsequent ego psychologists.

H. Hartmann and R. W. White

H. Hartmann (1939, 1956) and R. W. White (1963) broadened—and greatly changed—Freud's model situation of adaptation to reality. They reduced the scope of the pleasure principle, and in part subsumed it to adaptation and self-preservation. They reduced correspondingly the role of frustration as the sole impetus to adaptation, and they specified the role of other, very different kinds of experience (e.g. prompt and predictable gratification) in promoting adaptation. An innate interest in reality, and in exploring and manipulating it, was proposed. The central role of learning in reality adaptation was made explicit, thus raising empirical questions as to what kinds of experiences facilitate adaptation, and what kinds of experiences impede learning about or adapting to reality. The central role of object relations—both as the sector of reality most relevant to human beings, and as the source (in various ways) of our knowledge about the world as well as of many of our distortions of reality, was specified. I shall develop these points more fully:

1. The model situation cannot explain how adaptation takes place. We cannot derive adaptation "from the collision of

pleasure seeking and frustration" (White, p. 45). To account for adaptation, we must assume that the person has some pre-existing capacity to tolerate delay, as well as a pre-existing capacity to anticipate the consequences of action. We must also assume some positive motivation, independent of drive gratification, toward reality and adaptation—"the existence of something in the individual that speaks out for reality—a tendency toward self-preservation" (Hartmann, 1956, pp. 242–243). Hartmann cites in support of this view a paper by Charlotte Buhler that emphasized on both theoretical and empirical grounds, the infant's primary positive responses to reality (*ibid.*, p. 246).

2. The reality principle, in a broad biological sense, is subordinate to, and subverted by, the pleasure principle (Hartmann, 1939, 1956). The avoidance of pain serves biological purposes connected to adaptation; for example, the avoidance of situations that endanger survival. Similarly, pleasure may subserve adaptation; for example, the pleasure of eating helps motivate the individual to seek nourishment. "The reality principle in the broader sense would historically precede and hierarchically outrank the pleasure principle" (Hartmann, 1939, p. 44).

3. The model situation does not recognize the important adaptive functions of play, fantasy, etc. For example, a person may in play, daydreams, and fantasy work over the past and also rehearse potential solutions to future tasks and problems (Hartmann, 1939, pp. 16–19).

4. The model situation ignores the role of action and its consequences in modifying the pleasure principle. The infant can "advance beyond hallucinated gratification most readily when he begins to learn that some action or effort on his part has the consequences of producing real gratification. The interpolation of some such act in the sequence of pleasure seeking represents the first influence of reality on the pleasure principle" (White, 1963, p. 46).

According to White, if the infant's cries are soon answered by feeding, the infant will learn to anticipate gratification. This in turn will make it possible for him to develop increased tolerance of delay. The ability to endure postponement of gratification, as well as the capacity to anticipate grat-

ification, are acquired through learning based on experience. "The most favorable situation for such learning, as Benedek (1938) has shown, is one in which a fairly prompt gratification can be anticipated, and that in turn depends upon the infant's gaining some experience of the consequences of his action" (*ibid.*).

White's account of the infant in the model situation contrasts dramatically with that of Freud. For Freud, the infant, when his cries are met with prompt feeding, experiences gratification as brought about by his thoughts (the hallucinated breast) or by the omnipotent gesture of crying. He obtains satisfaction without taking reality into account. For White, when the infant's cries elicit feeding, the child is learning something about reality; namely, that his cries are likely to bring someone to feed him.

5. Frustration has much less of a role as an impetus to adaptation to reality than is proposed by Freud's early theory. Frustration provides but one of several inducements to shape behavior in accord with realistic considerations (White, 1963, p. 48):
 - (a) The experience of prompt gratification, as noted earlier, rather than the experience of frustration, leads to realistic positive anticipations of future gratification, to increased tolerance for delay, and to accurate knowledge about the consequences of one's actions.
 - (b) The environment is explored and manipulated even when instinctual needs are quiet (*ibid.*, p. 47).
 - (c) Learning takes place in the absence of drive frustration; for example, the infant improves upon the innate sucking pattern over the first ten days of life. He does so not through the pain of deprivation but rather through acquiring improved ways to increase gratification (pp. 47-48).
6. The most important sector of reality to which we must adapt consists of other people. Moreover, impediments to correct appraisals of reality come about not only through the action of the pleasure principle—that is, through wish-fulfillment and repression, as in Freud's early theory, but also through the vicissitudes of object relations. For example, impediments to correct appraisals may arise through being

taught by our parents (by example as well as by instruction) false notions of what is dangerous and what is safe, as well as through identifications and compliances with parents (Hartmann, 1956, pp. 254-257).

These contributions, although important, had little impact on clinical theory. Hartmann defined many of his concepts about adaptation in terms of normal functioning in a relatively conflict-free sphere, and thereby isolated them from issues of central importance to the clinician. We were given, as it were, a psychology of adaptation applicable primarily outside of the realm of conflict, psychopathology, and treatment.

Interpersonal and Object Relations Theorists

American interpersonal theorists and British object relations theorists have made adaptation to reality a central factor in both normal development and the development of psychopathology. They have provided rich clinical examples of how pathology may be based on compliances with environmental demands, reactions to environmental failures, or identifications with bad objects. They have demonstrated the ubiquity of distortions of reality based on adaptive efforts by children to protect their parents, or their image of the parents. I shall summarize four major themes in their work that are of particular relevance to the topic of this paper:

1. Human relatedness is present from birth; the infant has a primary motivation, independent of other drives, to seek and maintain a relationship to his parents (e.g. Fairbairn, 1952; Sullivan, 1953). The infant's relation-seeking "has adaptive roots in his biological survival" (Greenberg and Mitchell, 1983, p. 156).
This thesis implies that the human infant and child is centrally concerned with efforts to adapt to his parents.
2. The seeking of pleasure or of drive gratification is subordinated to seeking and maintaining the all important ties to the parents. Fairbairn describes pleasure-seeking as a means to an end, "a signpost to the object," rather than an end in itself (1952, p. 33). For Sullivan, need satisfactions are from the beginning based on interpersonal needs, and they integrate the infant with the significant other (1953, p. 40).
3. Real experience plays a central role in the development of personality and psychopathology. For example, the child, in

order to develop and thrive, needs his parents to provide a wide range of crucial parental functions. These include, in Winnicott's view (1960, 1963), the provision of a "holding environment"; reliable, consistent, and predictable caretaking; empathic responses to the child's physiological and psychological needs; and robustness and survivability when the young child is angry or aggressive. The absence of these parental functions, according to Winnicott, constitutes an environmental failure that impairs the child's development. It may lead to adaptive efforts by the child to compel the environment to provide what is needed; for example, a destructive child or adolescent may be attempting to compel the family, or the community at large, to provide the stability and control that was lost at some earlier time in his life, and that he still needs (Winnicott, 1958/1975, p. 310). More generally, psychopathology may be an effort to adapt to unfavorable experiences or may be a failure of adaptation to these experiences.

4. Finally, children may distort reality not to fulfill a libidinal or aggressive wish (nor in defense against such wishes), but rather for the purpose of protecting their parents, or their image of the parents as good and benevolent figures. Fairbairn described psychopathology as resulting from identification with bad objects (1952, pp. 55-81). The child identifies with the bad object rather than seeing the object as bad. Children's motives for doing so are adaptive: for example, their great need, because of dependence upon parents, to see them as good; and their efforts to control the bad object by internalizing it.

These contributions help to link adaptation to reality to central issues in psychopathology; however, they do not provide a comprehensive, internally consistent theory of mental functioning, pathology, and treatment.

D. Stern and Infant Development Research

Research on infant development over the past two decades has cast remarkable new light on the infant's motivations and capacities. This research has dramatic implications for our understanding of the limitations of Freud's theories of the model situation, as well as for all later attempts to reformulate psychoanalytic

theories of adaptation. I shall base my account of these implications on Stern's review of the new research, and the conclusions he has drawn (Stern, 1985).

The research findings summarized by Stern have the virtues of direct observation, precision, experimental control, replicability, and congruence of findings across many investigations and investigators. The findings also have the advantage of not being retrospective reconstructions from adult or later childhood observations. The findings are based on studies of cognitive and affective processes in infants, as well as on studies of infant-mother interaction. Although these studies do not provide familiar psychoanalytic data rooted in clinical situations, the findings are of direct and obvious importance to any student of human behavior. They lead to many relatively unambiguous inferences about adaptive processes from birth through infancy.

1. Stern's infant is keenly interested in his environment, and especially his social environment, from birth. There is no period in which he displays "a primary lack of interest in and registration of external stimuli, in particular of human stimuli. . . . Infants are deeply engaged in and related to social stimuli" (p. 234).
2. Stern's infant does not seek a tensionless state free of stimulation. "Infants seek sensory stimulation. Furthermore, they do it with the peremptory quality that is prerequisite to hypothesizing drives and motivational systems" (p. 41). They are especially interested in novel stimuli; they will do work to make a novel stimulus appear in their visual field.
3. The infant is predisigned not only to attend to and observe his environment, but to make discriminations and also to categorize his environment. A three day old infant can reliably discriminate the smell of his own mother's milk from that of milk from other nursing mothers. Infants of two to three months conserve the identity of a particular face across various transformations of that face in different affective expressions. They are innately predisigned to permit a transfer of information across sensory modalities, for example to recognize by vision a stimulus to which they have been previously exposed only by touch.
4. The infant, from birth on, is a theory builder. He has a tendency to form and test hypotheses about what is occurring in

the world (Bruner, 1981, as summarized in Stern, p. 42). Infants are also constantly "evaluating," in the sense of asking, is this different from or the same as that? How discrepant is what I have just encountered from what I have previously encountered (Kagan et al. 1978, as summarized by Stern, p. 42). Stern notes that this innate tendency of the infant's mind will, with constant application, rapidly categorize the social world into conforming and contrasting patterns, events, sets, and experiences.

5. Moreover, Stern infers, "infants from the beginning mainly experience reality. Their subjective experiences suffer no distortion by virtue of wishes or defenses, but only those made inevitable by perceptual or cognitive immaturity or overgeneralization" (p. 255).

Stern challenges as arbitrary the psychoanalytic postulate that the pleasure principle precedes the reality principle (p. 239), and that primary process thinking precedes secondary process thinking (pp. 239-240). Indeed, he suggests that "current findings from infancy studies fly against the notion that the pleasure principle developmentally precedes the reality principle" (p. 255).

6. The infant's behavior is an adaptation to current reality. "It is the actual shape of interpersonal reality, specified by the interpersonal invariants that really exist, that helps determine the developmental course. Coping operations occur as reality-based adaptations" (p. 255).

Stern emphasizes that the infant, in adapting to parental behavior, is not a passive participant. He actively works out an adaptive solution. For example, one infant with a withdrawn, preoccupied mother may become withdrawn himself; another with a similar kind of mother may persistently attempt to spark a reaction in spite of only occasional response (pp. 197-198).

7. Stern considers the idea of an undifferentiated stage that is subjectively experienced by the infant as a form of merger with mother to be very problematic empirically in spite of its great clinical appeal (p. 240).

8. Stern also argues that the conception of two basic id drives as the motor for all activity appears arbitrary when viewed in light of infant observation. The infant presents us "with a

plethora of motivational systems that operate early, appear separable, and are backed by some imperative . . . while there is no question that we need a concept of motivation, it clearly will have to be conceptualized in terms of many discrete, but interrelated motivational systems such as attachment, competence-mastery, curiosity and others. It is of no help to imagine that all of these are derivatives of a single unitary motivational system" (ibid., p. 238). Moreover, if it is unreasonable to think in terms of the dual instinct theory, then the idea of "ego instincts" or "autonomous ego functions" has also lost much of its original meaning (p. 239).

Stern's views challenge virtually every aspect of Freud's model situation. They portray an infant with both the capacities and motivations to seek out, explore, and develop and test hypotheses about the external world, and to adapt to interpersonal realities. Stern's views support the views of Hartmann and White, but extend them much further, and imply more extensive theoretical revisions than these writers could imagine. Stern's views also are compatible with the thrust of many object relations theories but at the same time raise challenges to assumptions in some of these theories of an undifferentiated mother-child state, or to such concepts as that of an autistic or symbiotic phase of infant development.

Some Implications for a Clinical Theory

I have traced certain broad and generally convergent changes in psychoanalytic conceptualizations of the problem of adaptation to reality.

Adaptation to reality has come to be seen as occupying a primary rather than a secondary place in mental life from birth. The infant has innate motivations and capabilities to learn about the world, and to adapt to it. Adaptation to reality is a central psychic concern, and a central organizer of mental life, from birth. The primary reality to which the infant must adapt is his parents, for his biological and psychological survival depends upon forming and maintaining his ties to them.

Adaptation is not wrested from the dominance of the pleasure principle. Rather, pleasure and pain subserve adaptation. They provide affective cues as to how one is appraising a situation, as well as guides as to what to seek and what to avoid. Pleasure and

tain are not automatic regulators of the course of unconscious or conscious mental processes (Joseph Weiss, 1986, 1989).

The primary and powerful role of a person's efforts to adapt to reality is not fully integrated within psychoanalytic theories of psychopathology and treatment. Freud's ego psychology—for example, his 1926 theory linking repression and symptom-formation to the adaptive attempt to avoid a danger believed to be external and believed to be real—provides important beginnings to such integration. The beginnings of a comprehensive clinical theory are also evident, but in only fragmentary form, in the many contributions of the American interpersonal theorists and the British object relations theorists, as well as in the significant work of many contemporary analysts.

The clinical implications of the changes I have traced have been developed comprehensively in a theory proposed by Weiss (1986, 1989). His theory accounts for all behavior, normal and pathological, in terms of efforts at adaptation. According to Weiss, the person, beginning in infancy, works to understand his reality and to adapt to it. As part of this effort, he seeks to acquire reliable knowledge (i.e. beliefs) about himself and his interpersonal world. These beliefs are central to a person's conscious and unconscious mental life. They organize personality and psychopathology. "It is in accordance with his beliefs about reality that a person shapes his inborn strivings and by doing so evolves his personality" (Weiss, 1989). Weiss has shown how the basic assumptions and concepts of his theory can explain bizarre or irrational or peremptory behavior, bizarre fantasies, and dysfunctional affects. He has proposed a distinctive psychoanalytic theory of mental functioning, psychopathology, and treatment based on these concepts. Sampson, Weiss, and the Mount Zion Psychotherapy Research Group have been testing this theory rigorously by empirical research (Weiss, Sampson, and the Mount Zion Psychotherapy Research Group, 1986).

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