

The Centrality of Adaptation¹

THIS PAPER IS CONCERNED WITH the centrality in a person's mental life of his working to adapt to reality. It develops the thesis that a person, beginning in infancy, works throughout life to understand his reality and adapt to it. As part of this effort, he seeks reliable knowledge (beliefs) about himself and his interpersonal world and the moral and ethical assumptions of this world. Whether normal or pathogenic, these beliefs for the following reasons are central to a person's conscious and unconscious mental life:

- They are endowed with the awesome authority of reality.
- They are an indispensable guide to the all-important tasks of adaptation and self-preservation.
- They are organizers of perception. A person perceives himself and others largely as he consciously and unconsciously believes himself and others to be.
- They are organizers of 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.

The theory outlined above indicates that in order to understand his patient the therapist should infer the patient's conscious and unconscious beliefs about himself and his interpersonal world. The therapist may then perceive the patient's situation (with its dangers and opportunities) as the patient himself perceives it. The therapist may then come to understand how the patient's personality reflects his attempts to deal with the dangers and to take advantage of the opportunities.

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Adaptation to Reality in Freud's Early and Late Theories

In their formulations about the primacy in a person's mental life of his efforts at adaptation the ideas outlined above differ markedly from those developed by Freud in his early writings (1900). In these Freud assumed that the infant is narcissistic; his libido is directed to himself and not to the outside world. Moreover, his mental life is governed by the powerful pleasure principle without regard for reality. Only as a consequence of hard experience does he begin to govern his relations to the world by the reality principle. Moreover, unconsciously he never relinquishes the pleasure principle; throughout life he unconsciously seeks the gratification of strong impulses that are close to instinct² and relatively untouched by experience.

Freud never relinquished the concept of infantile narcissism or of the pleasure principle though he progressively limited the sway of the pleasure principle. Also, he increasingly assumed the importance in a person's mental life of his conscious and unconscious perceptions of reality and its dangers. In *Inhibitions, Symptoms and Anxiety* Freud assumed that neurotic anxiety originates in the fear of an external danger. Freud illustrated this thesis by the concept that anxiety may arise in the belief that castration is used as a punishment for sexuality. This belief according to Freud is acquired by normal processes of inference from experiences which may or may not be highly distorted and which may include castration threats and the sight of the female genitalia. In any case the dangers against which this belief warns are thought to be real (1926, p. 108).

In the *Outline* Freud (1940) linked a person's interest in his reality with the task of self-preservation. He assumed that the person

² In his early writings Freud assumed that unconscious instinctual impulses are ultimately sexual; that is, they are derived from and express sexual instincts. Later he assumed that they may be derived from sexual or aggressive instincts or some combination of these.

Stern (1985, p. 238) wrote that his direct observations of infants do not support the idea of one or two basic instincts. According to Stern motivation will have to be reconceptualized as organized by interrelated systems that unfold developmentally. These would be classified as "ego-instincts" and they include: attachment (to parents), exploration, curiosity, certain perceptual preferences, cognitive novelty, and pleasure in mastery.

(or his ego) in carrying out this task tests reality (p. 199), regulates behavior by the criteria of danger and safety (p. 199), and acquires control over the demands of instincts (p. 146).

Since Freud, a number of analysts beginning with Hartmann (1939, 1956a, 1956b) have discussed the importance in a person's mental life of the struggle to adapt to reality. Hartmann wrote that a person becomes adapted to reality not simply as a consequence of hard experience, but also from a capacity, independent of the drives, for anticipation and postponement and from an independent motivation toward adaptation. In Hartmann's words, "Something in the person speaks out for reality" (1956a, p. 243).

The formulations of Freud cited above and those of Hartmann and others have not been applied systematically at the clinical level. Thus many psychoanalysts and many psychotherapists of various persuasions (including those who emphasize the importance of object relations in development) base their clinical thinking (more than they realize) on the theory presented by Freud in his early writings. These therapists assume that powerful manifestations of sex and aggression (e.g. urgent sexual interests, rage, jealousy and envy) are selfish (narcissistic) infantilisms untouched by reality and regulated primarily by the pleasure principle. They do not assume that these behaviors express not only inborn impulses but also attempts to adapt to reality as it is perceived or believed to be.

The Empirical Studies of Daniel Stern

The idea that the infant and young child is intensely interested in understanding his reality is supported by the research of Daniel Stern (1985). According to Stern (whose research does not support the idea of a primitive stage of narcissism or of autism) the infant begins learning about his reality at birth. For example, he learns after four days to recognize his mother's milk by its smell (1985, p. 39) and after several weeks to recognize her voice. The infant regulates his behavior according to his beliefs about reality and not by fantasy. Thus Stern writes "infants . . . are concerned with events that actually happened . . . there are no wish fulfilling fantasies. The infant is thus seen as an excellent reality tester . . . reality at this stage is never distorted for defensive reasons" (1985, p. 11). Also Stern, in agreement with Bruner (1977), writes, "From birth on there appears to be a central tendency to form and test hypotheses about what is happening in the world" (1985, p. 42). Finally

Stern writes, ". . . 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).

With regard to the relative importance in the mental life of the infant of the pleasure principle and the reality principle Stern comments:

It seems apparent that the ability of infants to deal with reality has to be considered on a par with the ability to deal with hedonics and that ego formation is better differentiated and functioning than Glover or Hartmann could have known. Furthermore, many of the corollaries that flowed from the basic assumption of id before ego, such as the idea that the primary process (autistic) thinking precedes secondary process (reality or socialized) thinking, were also arbitrary (1985, p. 239-240).

A Person's First Efforts at Adaptation

The first reality that a person faces is that of himself and his parents. He makes his first efforts to adapt and he acquires his first knowledge of himself and others in relation to them. Since the infant and young child is completely dependent on his parents his only good strategy for adaptation is to develop a reasonable working relationship with them; that is, he seeks a relationship in which he is firmly connected to them and can rely on them to meet his needs for care. His maintaining his ties to his parents is so important to him that he does whatever he believes he must to accomplish this. Thus he is powerfully motivated to comply with whatever he believes would please his parents including behavior that manifestly is not pleasing. For example a boy of five was "bad" in relation to his father, not from primary anger, hostility or defiance, but as part of an effort to maintain his all-important ties to him.

The boy's father was depressed, irritable, and noncommunicative. However, his father would come to life when reprimanding him for being messy or noisy. The boy had inferred from this, and from his father's failure to praise him when he was neat and quiet, that his father was more interested in exerting parental authority over him than in helping him. Thus by being noisy and messy the boy was offering his father opportunities to exert parental authority. He hoped that by doing this he would please his father and maintain a connection with him.

A child may be "bad" and uncooperative as part of an active and adaptive effort to induce a parent to provide him with the authority he needs in order to feel secure. In the following example a six year old boy, Alex, who was frightened by his power to dominate his father, succeeded by his provocative behavior in getting his father to demonstrate a sense of authority.

Alex was a highly intelligent outgoing child whose fond father was eager to teach him to be a good sport. The boy professed interest in playing games with his father but would become provocative when his father tried to play with him. For example, his father would set up a board game and Alex would knock it down. The father, who hoped to teach Alex patience by example, would carefully prepare the board again and the boy would knock it over again. As Alex continued his provocative behavior the father became genuinely baffled and consulted a child psychotherapist who was a friend of the family. The therapist told the father "You and your son are working at cross purposes. Your priority is to teach your son good sportsmanship. His is to induce you to exert more authority with him, be less worried about him and take his whims less seriously. You should do this. He feels anxious and unprotected and is trying to get you to change."

As the father put his friend's advice into practice his son became calmer and less provocative. After several months the boy, who had induced the father to take more authority, began to enjoy playing games with his father.

A child as young as eighteen months whose mother is depressed may attempt to cheer her up as part of his effort to obtain from her the care he needs (Zahn-Waxler & Radke-Yarrow, 1982). He may do so by being cheerful and excited or even by hitting his mother or being provocatively disobedient.

An important part of a person's reality is the moral and ethical assumptions (beliefs) that others expect him to follow in his relations with them, and that guide them in their relations with him. A person who settles in an unfamiliar culture soon learns that the moral and ethical assumptions of that culture are part of his new reality and that to adapt to this culture he must learn them and abide by them. This applies even more to the infant and young child in relation to his family. In order to adapt he must learn the moral and ethical assumptions that guide his parents. These as-

sumptions are an important part of his reality. If he does not learn them he risks censure, humiliation, and punishment.

The infant or young child does not conceive of morality as a separate and distinct part of reality. Nor does he learn his moral ideas separately from the rest of his ideas about reality. Rather he endows all important real interactions with his parents with what, from the adults' point of view, is moral significance. He assumes that the ways his parents treat him, in fact, are the ways he should be treated. In other words, he endows his parents' judgements of him with both real and moral meanings. For example, the judgement that he is bad is for him not different in kind from the judgement that he is stupid. Each judgement is for him both real and moral. If the infant and child did not assume that the ways his parents treat him are the ways he should be treated, he would not develop a superego that as Freud wrote "... observes the ego, gives it orders, judges it and threatens it with punishments, exactly like the parents whose place it has taken" (1940, p. 205).

My formulations (as do reconstructions from adult analyses) support the idea that whether a child becomes guilty to his parents depends mainly on how the parents react to him. Since guilt is such an unpleasant affect the child does not develop it unless confronted with evidence that he is hurtful to others. For example, he does not become guilty about hostility to parents unless he infers from observation (or is told by his parents) or infers from other experience that by being hostile to them he in fact hurts them. On the other hand a child who is not hostile to his parents may become guilty to them if they complain that he is upsetting them. Moreover, since the child tends to take responsibility for his parents' behavior, he may, even if not hostile, become guilty to them if they are unhappy, withdrawn, or rejecting. The child then may secondarily become angry at his parents for making him feel guilty. Also he may confuse cause and effect, and so come to believe that he feels guilty *because* he is angry (Settlage).

In the following example a patient whose childhood had been marred by an extremely abusive mother demonstrated his sense of responsibility for her behavior by his persistent and vigorous efforts to disavow this responsibility. The patient complained hour after hour in a monotonous way about the harmful things his mother had done to him until the therapist (who had good reason to believe the patient) assured him that he (the therapist) believed

the patient's account of his mother's behavior and that he believed, too, that the patient had not provoked it. The therapist also told the patient that he seemed to be struggling against a tendency unfairly to blame himself for how his mother had treated him. After this the patient gradually stopped his complaining about his mother and began to become aware that he had indeed previously believed in his responsibility for his mother's bad behavior.

The idea that the child takes responsibility for how his parents treat him has been demonstrated by the research of Beres (1958) who studied a number of children who had been placed in foster homes. He found in each case that the child assumed he had been sent away as punishment for something bad he had done and that the punishment had been justified.

Ordinarily the adult (and to a lesser extent the child) is slow to change his conscious and unconscious beliefs about himself and his interpersonal world. When exposed to experiences that run counter to the beliefs he is likely to assimilate the experiences to the beliefs. For example, a student who suffers from the belief that he is poor academically may discount doing well on an exam by assuming that he was lucky or the exam easy or the teacher lax in grading it.

In his tendency to retain his beliefs about reality a person in everyday life behaves like a scientist who, having understood his field (however inadequately) in terms of his theories, tends to retain the theories, unless forced by striking new evidence to change them. Like the scientist the person in everyday life tends to weigh evidence that confirms his beliefs more heavily than evidence that runs counter to them. This is adaptive. Neither the person in everyday life nor the scientist in his research could function if he were to change his basic beliefs with each new experience. Both need a relatively stable set of beliefs to guide them in their attempts to make and carry out their plans. Even a relatively poor guide may be better than a constantly changing one.

The above applies to both normal and pathogenic beliefs. However, additional factors hold for pathogenic beliefs. In general a person is especially motivated both to retain such beliefs and to change them. He is especially motivated to change a pathogenic belief because he suffers unconsciously from it. However, he is

especially reluctant to change it because to do so he must face the anxiety, guilt, shame or remorse against which the belief warns. Consider for example the exaggeratedly altruistic man who unconsciously believes that if he becomes more selfish he will hurt others. Since he may suffer unconsciously from having to be so altruistic he may be highly motivated to change this belief. However, he may be quite reluctant to change it for fear of hurting others.

A person's knowledge of (beliefs about) reality is a more fundamental part of his personality than are his wishful fantasies. As noted above a person in infancy and early childhood is strongly motivated to adapt to his reality and works from early in life to develop reliable beliefs about it (Stern, 1985). He does not permit himself to escape reality by denial or by use of wishful fantasy. When in childhood he begins to permit denial or fantasy he does so in relation to a pre-existing understanding of reality. For example, a person does not develop a wishful fantasy of having great power unless he knows (believes) that he has little or no power. Nor does a boy develop the fantasy that women possess penises unless he believes that women are supposed to have penises but have lost them by castration.

A person regulates his use of denial or of fantasy in accordance, not with the pleasure principle (as in Freud's early theory), but in accordance with his unconscious assessments of reality. Ordinarily he considers it more adaptive to remain oriented to reality. However, in certain circumstances including those listed below, he may consider it more adaptive to escape reality by use of denial or by fantasy:

- (1) He may in certain circumstances unconsciously decide that facing a certain frightening reality is more dangerous than denying it. For example, he may assume that were he to face it he would become so upset that he could not act to protect himself from danger.
- (2) He may decide that he is helpless to affect his fate and so has nothing to lose by denial. For example, during their internments prison camp survivors permitted themselves blissful, wishfulfillment dreams only after they had assumed that they could do nothing to improve their situations (Balson, 1975). Then their blissful dreams were adaptive. In his

dreams the helpless prisoner defied the guards who had been tormenting him, offered himself a measure of hope in a situation of despair, and helped himself to enjoy a much needed restful sleep.

(3) He may unconsciously decide that he would not endanger himself by turning from reality. For example, an adult may decide this while on vacation, or a child when he feels protected by his parents.

(4) A person may turn from his reality as a consequence of his pathogenic beliefs about himself and his world. For example, he may do this if he unconsciously believes that he lives in such a hostile world and is so weak that under no circumstances can he protect himself. Or for another example, he may do this out of loyalty to a parent or sibling who is himself unable to face his reality.

A person in assessing his reality and deciding how he may react to it takes account not only of his thoughts about it but also (and often primarily) of his affective responses to it. These are based on certain conscious and unconscious inferences and may be adaptive. A person may respond affectively to his reality (e.g. to himself or to another person) more rapidly and with greater immediacy and conviction than he can assess it by conscious verbal thought. Thus a person's affective responses to another person may provide him with information (however subjective) about that person before he can assess that person by his verbal thoughts. For example, as a consequence of his affective responses to a particular salesman a buyer may begin to consider the possibility that the salesman is cheating him.

The idea that a person's affective responses to his reality may provide him with information (however subjective) about it, helps explain the value to a patient of his becoming conscious of his repressed affects about, for example, important persons in his past or present (including the therapist) and about important situations in his past and present. A person by becoming conscious of repressed affective responses to a particular person may learn a great deal about his relationship to that person. For example, a certain analytic patient first became aware that his childhood relations to his parents had been unsatisfactory by becoming conscious of his intense anger to them. He began to realize that he had often

felt humiliated by his mother whom he perceived as competitive and also that he had felt chronically rejected by his father whom he perceived as withdrawn and self-centered. These realizations permitted the patient to become conscious of and to begin to change the pathogenic belief (that he had inferred from his mother's deriding him) that he was never good enough and the belief (that he had inferred from his father's indifference) that he was unattractive and uninteresting.

The idea that a person may organize his affects, impulses, and goals in accordance with his reality (and his attempts to adapt to it) is obvious in certain dramatic situations, e.g. when the person has been offered a coveted award or received news of the death of a beloved child or had his marriage proposal accepted by the woman he loves. In such situations a person's immediate reality is so powerful that it is likely to override the realities that his conscious and unconscious beliefs portray for him. However, even in such dramatic circumstances a man's feelings and behavior may diverge from the expected. This is because his perceptions of his situation may be based on certain highly personal conscious and unconscious beliefs that portray for him a reality different from his reality as assessed by an observer. For example, a man whose proposal has just been accepted may be quite unhappy; he may believe that nothing he does can work out, or that all women are untrustworthy, or that he cannot or should not be happier in his marriage than his parents were in theirs.

In situations in which a person's reality is not compelling he organizes his affects, impulses, and goals, and he perceives himself and his interpersonal world primarily in accordance with his conscious and unconscious beliefs about reality. Thus as a consequence of his conscious and unconscious beliefs a person may characteristically feel weak or strong, intelligent or stupid, deserving or undeserving. He may be optimistic or pessimistic, cheerful or dour, brave or cowardly, careful or careless, trusting or suspicious. He may be ambitious or unambitious, proud or ashamed, stubborn or yielding, cooperative or uncooperative, and so forth.

Freud's early theory and the theory presented here provide different explanations for the urgency of certain maladaptive im-

pulses. In Freud's early theory this urgency stems from the power of the pleasure principle and is fueled by sexual and aggressive energy. In the theory presented here this urgency stems only secondarily from instinct. It stems primarily from the awesome authority of reality as the patient consciously and unconsciously believes it to be.

Thus powerful maladaptive impulses (sexual and aggressive) are maintained by beliefs about reality that, though maladaptive, are developed in infancy or early childhood in an attempt at adaptation. They may originate in early childhood in the beliefs that the child develops in an effort to maintain his ties to his parents. For example (as noted above) a child in order to maintain these ties may be maladaptively defiant if he has inferred that by being so he pleases his parents. Moreover, the child may generalize this belief and so continue for years to defy authorities in an unconscious attempt to maintain his ties to them.

In certain of the examples presented below a patient develops and maintains intense sexual or aggressive impulses as a consequence of survivor guilt based on beliefs that he developed in childhood in an effort to maintain parental ties.

Mrs. S.

In the following example a patient, Mrs. S., who suffered from survivor guilt, developed a powerful "daemonic" sexual urge out of loyalty to her mother. In doing this she was relying on the strategy of the young child (which was no longer useful) of attempting to maintain her ties to her.

Mrs. S. was a lawyer, age thirty nine, divorced and the mother of an adolescent girl. She grew up in dire poverty, raised by her immigrant mother and aunt from Yugoslavia who were severe alcoholics, neglectful, and dissolute. During her childhood her mother would conduct sexual orgies outside her bedroom. Her aunt on occasion would become drunk and stagger around the house brandishing a knife and threatening to kill the patient.

Mrs. S. married and divorced and had one child by nineteen. Her husband was unstable and abusive.

The patient's character was shaped by her struggle to escape the sordid life of her childhood and adolescence. After taking much abuse she learned to fight back. She made up her mind not to be taken advantage of. She became ambitious, obtained scholarships to college and law school, did well academically, graduated, and found a job as a public defender.

When Mrs. S. was thirty six she converted to Catholicism. She attended

mass daily, and adhered rigidly to the rules of the church, including its proscription of all extra-marital sex. One year later, feeling better than ever before, she entered twice-a-week therapy with a woman therapist. Her goal, which the therapist supported, was to maintain her accomplishments. The main obstacle to her doing this was her unconscious belief that by being so successful and so scrupulous morally she was betraying her mother, her aunt and also her childhood friends.

For example, even though she could afford it, she was unable to live outside of a slum such as the one in which she had been raised. Also as Mrs. S. began to like the therapist she developed a constricting sense of disloyalty to aunt and mother. On one occasion, after a good session with her therapist, she relived in a dream the death of her aunt when she was ten.

About six months after therapy began the patient's sense of accomplishment was threatened by a powerful, almost irrepressible urge to have sexual relations with a certain member of her church. The therapist erred by telling Mrs. S. that if she truly loved her friend she might consider having an affair with him. Mrs. S. became upset and her sexual interest in her friend became more intense and threatening. The therapist, who then realized her mistake, reminded Mrs. S. of her religious scruples and supported her in her goal of maintaining her good standing in her new family, the church. Mrs. S. rapidly improved. She became more aware that she was irrationally guilty about being morally superior to her mother. The therapist then told the patient that she had been tempted to violate her scruples so as to lower herself to her mother's level. The patient understood this interpretation and over a period time used it to acquire control over her sexuality, which she eventually found to be quite manageable.

Mrs. C.

The next patient to be discussed, Mrs. C., also suffered from survivor guilt and an intense sense of responsibility for her parents and siblings. She felt that by being superior to them she was hurting them, and she developed penis envy in an attempt to restore them. [For a detailed discussion of Mrs. C., the patient studied by our research group, see *The Psychoanalytic Process*, Guilford, 1986, especially Chapter 10.]¹

Mrs. C. was the third of four children born to an upper middle class family. She experienced both parents as fragile. Her father was prone to violence. Her hardworking, joyless mother was unable to exert any authority over her children. The mother would stand by helplessly while her children pummeled each other. On one occasion when Mrs. C. was six she hit her mother in the stomach. Her mother, who was unable to protect herself, wept in pain. When her father heard about the incident he beat the patient and threw her into a closet. Both parents were possessive. They expected their children to admire them and to live a life similar to theirs.

Mrs. C.'s father even expected his children to share his tastes in movies and automobiles.

Mrs. C. felt overtly responsible for the happiness of her parents and her siblings. She believed that she was superior to them and that by being superior was hurting them. She unconsciously tried to protect them by belittling herself in various ways, including by developing penis envy. Mrs. C.'s penis envy was completely conscious from age ten. She began then to carry a stick between her legs which she referred to as her penis. By her penis envy she attempted both to restore her brother, six years younger, and to demonstrate admiration for her father. She also attempted by it to restore her mother. She unconsciously believed that her mother was upset by envy of her youth and attractiveness, and she punished herself for making her mother envious by envying her younger brother in much the same way as in her opinion her mother envied her.

As a person matures and faces new problems he may come into conflict with certain long standing pathogenic beliefs. At the same time he may observe that others are not handicapped by beliefs similar to his. He may then decide that these beliefs are maladaptive and false and thus that he will try to change them. He may change them easily or he may continue to be constrained by them long after, in his more lucid and detached states of mind, he has stopped subscribing to them. In this latter instance he may be compared to a person who has given up the religious beliefs taught him in childhood but who nonetheless is afraid to stop praying.

Mrs. F.

The next example illustrates that a patient may struggle to change a maladaptive pathogenic belief about reality by developing an attitude opposite to the one supported by the belief. In this example a patient developed a sense of entitlement in an effort to change her belief that she was undeserving.

The patient, Mrs. F., was born to poor parents both of whom worked hard in a small family business to make a marginal living. Her parents had lived through a serious financial crisis before Mrs. F. was born and as a consequence had become exceedingly frugal. They saved as much money as possible in order to be prepared for another crisis. In childhood and early adolescence Mrs. F. was even more frugal than her parents. When she would spend money on herself she would feel disloyal to her parents and in addition fear that she was robbing the family emergency fund.

In her adult life Mrs. F., who had become a professional woman, married a successful businessman. She now could afford to spend money more freely but was still constrained by survivor guilt about doing this while her parents continued to practice a rigid frugality.

Then Mrs. F. without being fully conscious of doing so, began to try to change the beliefs underlying her frugality. She used the direct approach of behaving in a way opposite to that prescribed by the beliefs: she became extravagant. For example, she spent thousands of dollars on a gold necklace for herself and on her second wedding anniversary gave an expensive large party for herself and her husband.

Mrs. F.'s extravagance persisted for only eighteen months. Apparently by then she had achieved her goal of demonstrating to herself that she did not have to be constrained by the beliefs she had acquired in childhood. Moreover Mrs. F. derived some permanent gains from her experience. After her excessive spending she did not return to her old frugal ways. Rather she came to exercise a reasonable and moderate control over her finances.

Mrs. F.'s struggle to change the beliefs underlying her rigid frugality throws light on the issue of entitlement. During her period of extravagance, when questioned by her husband about the wisdom of her expenditures, Mrs. F. would self-righteously assert her right to spend her money as she pleased. Clearly Mrs. F.'s manifest sense of entitlement was not primary, but compensatory for the unconscious belief that she was not entitled. In my experience a patient who manifests a rigid and persistent sense of entitlement generally is motivated much as was Mrs. F. Such a patient almost invariably derives his sense of entitlement not primarily from having been overindulged (though overindulgence may have contributed to it) but as part of an effort to compensate for, counter, or change an unconscious belief that denies him indulgence.

Mr. J.

A person's manifest behavior may express adaptive efforts to compensate for certain weaknesses that he maintains in compliance with his unconscious pathogenic beliefs about himself and his world. This may be illustrated by the case of Mr. J. who came to analysis with a severe obsessive compulsive character disorder.

Mr. J.'s primary problem was indecisiveness. He developed this difficulty in early childhood in relation to his parents whom he perceived as lacking all authority. He felt unprotected by his parents and frightened of his ability to make them obey him. He felt omnipotent. He learned to protect himself from his omnipotence (and at the same time to protect his parents authority) by becoming unable to make decisions, thereby keeping himself handicapped. As soon as he would decide on a particular course of action he would search unconsciously for a good reason to take a different

and opposing course. Thus this patient's obsessive compulsive disorder did not stem primarily from an unconscious ambivalence but from an unconscious belief that were he able to make decisions he would be too powerful for his parents and by extension for others as well.

Throughout his childhood and adolescence Mr. J. was almost paralyzed by his indecisiveness. However, in his early twenties he learned to compensate for it by developing and adhering to certain rigid schedules and rules. For example, on weekdays he would always get up at six-thirty, go to work at seven-thirty-five, come home at four-thirty, eat dinner at six o'clock, go to bed at ten o'clock, read for half an hour and turn off his light at ten thirty. He followed a different but equally rigid schedule on weekends. By his schedule, and by the other rules that he followed, he could avoid making decisions (other than those involved in developing his rules and deciding to adhere to them) and at the same time could maintain a fairly good, albeit rigid, level of functioning.

Mrs. R.

A person who is weakened and hence endangered by his pathogenic beliefs may attempt to protect himself by two different and more or less incompatible strategies. If he does so he may demonstrate intense ambivalence and a kind of splitting of his personality. However, neither the splitting nor the ambivalence are primary. Both are secondary to the pathogenic beliefs and the contradictory methods of dealing with the weaknesses that stem from them.

Mrs. R., a thirty five year old housewife and mother of a six year old girl came to analysis because of difficulties with her husband. She was an only child who had been raised by a depressed, dominating and demanding mother. For as long as Mrs. R. could remember her mother would accuse her of being selfish, mean, and the cause of her (the mother's) unhappiness. Her father who was sullen and quiet left the family when Mrs. R. was seven.

Though Mrs. R. consciously repudiated her mother's accusations she unconsciously believed them. She unconsciously assumed responsibility for her mother's unhappiness. When her mother blamed her Mrs. R. could not defend herself; she would simply weep and feel miserable.

In her relations with her husband Mrs. R. had great difficulty dealing with marital quarrels. She was so endangered by unconscious guilt and remorse that she could not admit being in the wrong. Moreover, in her desperation she would fend off guilt and remorse by contradictory means. On the one hand she would attempt to placate her husband and induce him to be affectionate by tearfully protesting her innocence and by pleading for his understanding. On the other hand she would attempt to put him in the wrong; she would be scornful, vituperative and blame him

for her unhappiness. Moreover, Mrs. R. would on occasion attempt both strategies in the same dispute shifting rapidly from one to the other.

The idea that Mrs. R.'s manifest ambivalence and splitting were secondary to the pathogenic beliefs underlying her sense of guilt is supported by the course of her analysis. As Mrs. R. was helped by her therapist to feel less vulnerable to her conscience both her ambivalence and apparent splitting waned. By the end of her treatment Mrs. R. was getting along fairly well with her husband.

A person is powerfully motivated to adapt to reality and works from infancy and throughout life to do this. As part of this work he attempts to acquire reliable knowledge of his reality which includes himself, his interpersonal world, and the moral imperatives of his world. This knowledge (which is both conscious and unconscious) is central to his mental life. He perceives himself and others and he develops and maintains his personality and psychopathology in accordance with it.

This thesis is not compatible with the theory of the mind that Freud presented in his early writings (1900) but is compatible with certain of Freud's late formulations (1926, 1940) and those of Hartmann (1939, 1956a, 1956b) and others.

The difference between Freud's early theory and the views presented here may be illustrated by how each theory accounts for the urgency of powerful maladaptive impulses. In Freud's early theory this urgency is derived from the close connection of impulse with instinct, and from its regulation by the pleasure principle. The theory presented here (while not denying the importance of instinct) assumes that this urgency is invariably supported by certain conscious and unconscious beliefs that are endowed with the authority of reality.

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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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