OBJECT AND SUBJECT RELATIONS IN ADULTHOOD – TOWARDS AN INTEGRATIVE MODEL OF INTERPERSONAL RELATIONSHIPS

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SUMMARY

In the article the author presents a model of interpersonal relationships based on integration of object relations theory and theory of attachment. He proposes three main bipolar dimensions of interpersonal relationships: Independence – Dependence, Connectedness – Alienation and Reciprocity – Self-absorption. The author also proposes that it is important to distinguish between two main types of adult interpersonal relationships: object and subject relations. Object relations describe relationships in which the other person is perceived as an object that serves the satisfaction of the first person's needs. Object relations are a manifestation of the right pole of the three main dimensions of interpersonal relationships (Dependence, Alienation and Self-absorption). Subject relations are a counter-pole to the concept of object relations. They describe relationships with other people who are experienced as subjects with their own wishes, interests and needs. Subject relations are a manifestation of the left pole of the main dimensions (Independence, Connectedness and Reciprocity). In this article the author specifically focuses on definitions of object relations in adulthood through a description of six sub-dimensions of object relations: Symbiotic Merging, Separation Anxiety, Social Isolation, Fear of Engulfment, Egocentrism and Narcissism. Every sub-dimension is described in connection to adaptive and pathological functioning. Further research is needed to test the clinical and scientific validity of the model.

Key words: *object relations - subject relations - attachment theory - interpersonal relationships - adult relatedness*

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INTRODUCTION

Fishler, Sperling and Carr (1990) find that both attachment theory and theory of object relations describe the same relational phenomena, only each of them describes different aspects of interpersonal relationships. An integration of object relations and attachment theory would contribute to a more holistic view of relationships with significant others both in childhood and adulthood. In this article, I will describe the basic dimensions of interpersonal relationships in adulthood based on an integration of both perspectives. A classification of interpersonal relationships in adulthood is particularly important for research as it enables us to test various hypotheses formed based on clinical experience. Such a model could be useful for diagnostic assessment of interpersonal relationships and can provide clearly defined characteristics of adult relatedness that could be investigated by empirical research.

The integrative model of interpersonal relationships was developed on the basis of extensive study of different object relations and attachment theorists. From an object relations perspective I specially focused on the works of Balint (1985/1968), Fairbairn (1952, 1986/1941, 1986/1943), Guntrip (1992/1968), Kernberg (1975, 1976, 1984), Kohut (1971, 1977), Mahler et al. (1975), and Winnicot (1986/1953, 1986/1960). All these authors mainly based their work on in-depth analysis of clinical cases in psychoanalysis. Psychoanalytic theory has also not provided a systematic classification and behavioral description of object relationships in adulthood. In contrast to psychoanalytic theory, the

theory of attachment has a solid empirical basis and different attachment styles have been behaviorally described in both childhood and adulthood (Ainsworth et al. 1978, Bartholomew & Horowitz 1991, Bowlby 1969, Griffin & Bartholomew 1994, Fonagy et al. 1991, Hazan & Shaver 1987, Main 1996, Main & Solomon 1990, Scharfe & Bartholomew 1994).

From the above mentioned authors I extracted the main aspects of interpersonal relationships, which can be related to both psychoanalytic theory and attachment theory. I arrived at the following three basic bipolar dimensions of interpersonal relationships:

- Independence – Dependence;
- Connectedness – Alienation;
- Reciprocity – Self-absorption.

The first two bipolar dimensions are already well described in psychoanalytic literature. Blass and Blatt (1996) state that lifelong personality development involves two main lines: attachment and separation. Attachment involves the development of an individual's capacity to connect with other people, and separation refers to the development of individuality. The line of separation corresponds to my dimension Independence – Dependence. It refers to the process of separation and individuation, which involves a development from complete dependence on another person to independence and autonomy. This developmental process was most thoroughly described by Mahler et al. (1975), but also by Fairbairn (1986/1941), Kernberg (1976), Winnicot (1986/1960), Akhtar (1994) and other authors. Indiviation enables one to develop a stable sense of self

which is differentiated from other people. The goal of this developmental task is for an individual to become his/her own person – individuated and separate.

Blass and Blatt's (1996) line of attachment correspond to my dimension Connectedness – Alienation. It describes the development of the capacity to connect with other people. This includes an ability to form and maintain stable intimate relationships. The goal of this task of development is intimate attachment to other people. This developmental task is stressed the most by theorists of attachment (Bowlby 1969) including Stern (1985).

Attachment theory also gives special importance to these two main dimensions. Attachment theory in adulthood explains different attachment styles with the help of these two dimensions and thus integrates both dimensions in its conceptualization of attachment styles (Bartholomew & Horowitz 1991, Griffin & Bartholomew 1994, Scharfe & Bartholomew 1994). Bartholomew and Horowitz (1991) term the dimension Independence – Dependence Dependence, and the dimension Connectedness – Alienation is termed Avoidance.

However, in psychoanalytic theory a third line of development can be found, which also runs throughout life. I term this dimension Reciprocity – Self-absorption. This developmental line is extremely important for establishing reciprocity and intersubjectivity. It is the line running from grandiose and omnipotent experience of the self to reciprocal relationships. This develop-

mental task is stressed the most by Kohut (1971, 1977) and Winnicot (1986/1960). A child is assumed to move from a narcissistic experience of self, which includes grandiosity, egocentrism and omnipotence, to reciprocal relationships with other people. Based on developmental limitations and frustrations, the child gradually discovers the limits of his/her abilities and strength and gains a more real view of him/herself. Adequate development in this direction enables a person to have a healthy self-image and appropriate respect for other people. The individual does not use other people to fulfill his/her own needs, but perceives them as subjects with their own interests and needs. This line of development is central to the development of inter-subjectivity (Aron 2000, Benjamin 1995) which enables empathy and reciprocity in interpersonal relationships. Stern (2004) proposes that intersubjectivity is a basic primary motivational system, which is different from attachment. Recently, there has been particular interest in this line among relational psychoanalysts and psychoanalitically-minded researchers of child development (Aron 1996, 2000, Benjamin 1995, Safran & Muran 2000, Stern 2004).

The dimensions of interpersonal relationships refer to three basic developmental lines that run through our whole lives. I can say that the three lines of development refer to three basic developmental tasks and goals: development of independence, connectedness with others and reciprocity-intersubjectivity (see Table 1)

Table 1. Three basic developmental tasks and goals

Line of development	Developmental task
Independence --------------------- Dependence	Development of individuality and independence
Connectedness -------------------- Alienation	Development of connectedness with other people
Reciprocity ----------------------- Self-absorption	Development of reciprocity and intersubjectivity

All three lines of development are strongly interconnected. Stern (1985) and Benjamin (1996) stress that separation and individuation and connectedness with other people are different, but interconnected, lines of development. New forms of connecting with other people coincide with new ways of experiencing oneself as a separate individual. I also think that the development of independence and connectedness is necessary to the development of adequate reciprocity in relationships. At the same time, a capacity for reciprocity and intersubjectivity is basic to experiencing autonomy. As Safran and Muran (2000) point out, self-awareness can only develop through recognizing the other.

DESCRIPTION OF BIPOLAR DIMENSIONS OF INTERPERSONAL RELATIONSHIPS

Independence – Dependence

The dimension of Independence – Dependence describes individuals according to their level of separation and individuation.

At the extreme right end of the line there are individuals who depend heavily on other people and have not yet managed to build a sense of self as separate from other people (the pole of Dependence). They establish symbiotic relationships with other people. They typically experience separation anxiety, which occurs at the slightest threat of separation. Such people have not reached the developmental stage of object constancy (Mahler et al. 1975) and continuously fear losing a significant other. They also typically merge with significant others, which is manifested as establishing undifferentiated relationships.

The left side of the continuum describes people who have reached full individuality (the pole of Independence). They differentiate clearly between themselves and other people, they are capable of being alone and can tolerate longer periods of separation from significant others. They have achieved object constancy (Mahler et al. 1975). Such people have well formed self representations which are differentiated from representations of other people.

Connectedness – Alienation

This dimension describes individuals according to their level of connectedness and closeness with other people.

The right side of the continuum describes individuals who are typically alienated. This can manifest as social isolation and avoidance of intimacy. Such people also experience fear of engulfment – fear of losing their own identity and independence in relationships with others. Because of this, they tend to avoid relationships and perceive themselves as independent.

Moving to the left end of the continuum indicates a growing connectedness with other people. Individuals who are closer to the left end are typically well connected with others. Such people are involved in relationships with others and are attached to them. They have a capacity for intimacy and closeness. Relationship connectedness refers to long-term relationships, to seeking closeness and connectedness with significant others. Such persons have close friends whom they can turn to for help when in distress. Intimate relationships involve sharing one's experience with others. We can say that such persons feel safe in relationships and are thus willing to take risks and open up emotionally.

Reciprocity– Self-absorption

This dimension describes individuals according to their level of reciprocity in relationships, which is manifested as an ability to cooperate, act in partnership and perceive other people as subjects with their own needs and wishes.

The right side of the continuum describes individuals who are very self-absorbed and occupied with themselves. They perceive other people as mere means to satisfying their own needs. They are typically very egocentric in relationships. The other person is important only to the extent to which s/he satisfies the individual's needs. Such people are manipulative and lack the ability to reach agreement in conflict situations. They feel that they are always right and cannot move away from their standpoint. In conflicts they often insist on their plans and wishes and are not willing to compromise. Another typical feature of self-absorbed individuals is that they overrate themselves, which is manifested as grandiosity and omnipotence. Self-absorption is thus linked to narcissism, which is manifested in specific non-reciprocal relationships, in which there is no room for partnership and cooperation. Another typical feature is a major lack of tolerance for the subjective perspective of the other and lack of tolerance and empathy in general.

Moving from the right to the left end of the continuum this dimension describes individuals with a growing capacity for reciprocity in relationships. Reciprocity refers to an ability to establish a truly reciprocal relationship in which we acknowledge the other person as a subject with his/her own needs and interests. Such people perceive others as equal partners.

They possess the capacity to empathize and conflicts are resolved through agreement. In a reciprocal relationship, giving and taking are in balance.

The characteristics of dyadic relationships are thus a result of different degrees of the basic dimensions of dyadic relationships. In each individual, the three dimensions are expressed to different degrees. The degree of presence of each dimension describes specific types and characteristics of interpersonal relationships.

SUBJECT AND OBJECT RELATIONS

Psychoanalytic authors use the term 'object relations' for relationships with significant others in adulthood. The term encompasses both healthy and 'pathological' relationships. I believe, however, that the term is not the most appropriate for describing healthy adults in dyadic relationships. The concept of an object relationship stems from Freud's theory of libido (1995/1905). It refers to a relationship with another person which is perceived as an object for the satisfaction of the first person's needs. The term object relationship thus implies that the other person is not perceived as an individual with his/her own needs and wishes. This is clearly a non-reciprocal relationship in which the other person is only as important as available s/he is. I believe the term object relationship should be revised, at least in the area of interpersonal relationships in adulthood.

Interpersonal relationships in adulthood can be divided into subject and object relationships, whereby the term 'subject relations' describes the healthy aspects of relationships and the term object relationship the unhealthy aspects.

My thinking is that the term object relations describes those relationships in which the other person is perceived as an object that serves the satisfaction of the first person's needs. The other has no value by him/herself but only according to whether s/he can satisfy the first person. There is no reciprocity. In terms of interpersonal relationships, this can mean the right pole of any of the three basic dimensions (Dependence, Alienation or Self-absorption). I propose the term subject relations as a counter-pole to the term object relationship. The term subject relationship describes relationships with other people when these are experienced as subjects with their own wishes, interests and needs. Individuals who establish subject relationships recognize the subjective world of another person. They are capable of partnerships which are based on equality and adapting to each other. We can say that this involves the experience of intersubjectivity (Aron 2000, Benjamin 1995, Safran & Muran 2000, Stern 1985). It is a meeting of two subjects, two subjective perspectives, which yields more than a mere sum of two parts.

I suggest that establishing subject relations is a developmental step which involves the development of

all three basic capacities: the capacity for independence, capacity for connectedness and capacity for reciprocity. A subject relationship can be represented as the left pole of the basic dimensions (Independence, Connectedness in Reciprocity). Such relationships are characterized by flexible and adaptive relational schemas, in which the schema of the self and schema of the other person are clearly differentiated, and both the self and the other are perceived as positive.

Subject relations and intersubjectivity

Daniel Stern (1985) considers the development of intersubjectivity a developmental achievement characterized by the capacity to recognize the other person as a separate center of subjectivity with whom an individual can share his / her subjective experience.

Stolorow et al. (1994) used the term intersubjectivity as a starting point in formulating an intersubjective approach to psychoanalysis. Stolorow's (1994a) central concept is the intersubjective field, which is a system of reciprocal influencing. Jessica Benjamin (1995) also researched the phenomenon of intersubjectivity and placed it at the center of the psychotherapeutic situation. Benjamin (1995) criticizes psychoanalytic theory which sees other people as 'objects', and considers such a view a symptom of an exclusively intra-psychic perspective in psychoanalysis. According to Benjamin (1995), developmental psychoanalytic theories neglect the development of intersubjectivity. She criticizes the concept of the mother as an object of the child's needs and instincts. She believes that one of the key developmental achievements is the development of the ability to recognize the mother as a separate subject with her own subjective world, intentions and wishes. This is equally important for the mother, who to a certain extent depends on the child's recognition. The process of recognition is thus reciprocal.

Aron (2000) assumes that in psychoanalysis both types of relationships are significant. The client and the analyst should see each other as subjects but also as the objects of their needs and wishes.

To sum up, the development of subject relationships is a developmental achievement which includes the development of the ability to recognize the other person as a person with their own subjectivity. Such relationships are based on reciprocity – on a reciprocal recognition of the subjectivity of the other (dimension Reciprocity). At the same time, such a relationship also requires differentiation between the self and the other (dimension Independence) and the ability for intimate connectedness (dimension Connectedness).

Martin Buber (1999) in his 'interpersonal' philosophy of dialogue distinguishes between two basic types of relationships: I – You and I – It. The concept of subject relationships corresponds to Buber's I-You relationship, involving recognition of the other person as a subject, reciprocity, presence, and absence of manipulation (Safran & Muran 2000). Object relationships correspond to Buber's I – It. In such a relationship, according to Buber, the other person is perceived as an object, with no reciprocity and presence (Buber 1999). A person's attitude towards another person is pre-conditioned rather than determined by the momentary situation.

Does psychological health imply only subject relationships and are object relationships necessarily pathological? Buber (1999) answers the question by postulating that both the I – you and the I – It are necessary components of interpersonal relationships. The I – you and the I – It are in a dialectic relationship. By extension, I assume that psychological health requires both subject and object relationships. In certain situations it is normal and adequate to experience the other person as an object for the satisfaction of our needs (for example when we are looking for safety or acknowledgement of our abilities). At the same time there is no optimal functioning of personality without an adequate capacity for subject relations, in which we mutually recognize each other and can be intimately connected and autonomous at the same time. Only such relationships provide genuine interpersonal contact.

I believe that inadequate personality development is strongly connected with the inability to establish subject relationships. Individuals with this issue mostly establish object relationships with other people and are not able to relate to another person as a subject.

DIMENSIONS AND SUB-DIMENSIONS OF OBJECT RELATIONS

Bipolar dimensions of interpersonal relationships can be further divided to dimensions of object relations (Dependence, Alienation and Self-absorptions) and dimensions of subject relations (Independence, Connectedness, Reciprocity). In this article I will focus on different aspects of object relations dimensions. I propose that each object relations dimension can be further broken in two sub-dimensions of object relations (see Table 2).

Table 2. Dimensions of object relations

Object relations			
Dimension	Dependence	Alienation	Self-absorption
Sub-dimensions	Symbiotic merging	Social isolation	Narcissism
	Separation anxiety	Fear of engulfment	Egocentrism

I will describe each sub-dimension of object relations according to hypothesized childhood origin, behavioral manifestations in adulthood, psychopathology and its adaptive features.

Dimension DEPENDENCE - Sub-dimensions: Symbiotic merging and Separation anxiety

The dimension of Dependence includes two sub-dimensions, which represent two perspectives on dependent, non-autonomous functioning. Symbiotic merging refers to undifferentiated states and merging with another person, while separation anxiety refers to fears of separation and being separate. The dimension Dependence thus describes dependent and undifferentiated symbiotic relationships. Strongly expressed Dependence implies that a person has not developed adequate capacity for separateness in relationships.

Symbiotic Merging

Mahler et al. (1975) describe symbiosis as a state of un-differentiation, 'fusion' with the mother, a state in which 'I' is not yet distinguished from 'not I'. At this stage, a baby is absolutely dependent on its mother. According to Mahler, a child moves from symbiosis to separation and individuation, and finally to object constancy.

Unlike other authors, Stern (1985) claims that there is no state of un-differentiation between child and mother, but still mentions feelings of merging in early childhood. He considers the capacity to experience merging as secondary and dependent on an already existing sense of the self and the other.

Blass and Blatt (1996) integrate Stern's findings and latest research on child development with the concept of symbiosis. They summarize research which claims that an infant is endowed with many cognitive and relational capacities and is aware of being separate from its mother to a certain extent. However, possessing a capacity for differentiation does not in itself mean that one has developed a separate concept of self-identity. Blass and Blatt (1996) also find that the capacity for differentiation and an awareness of the other do not exclude the capacity to experience the other as a symbiotic partner. In fact, it is precisely the ability to recognize the distinctions between the self and the other that is an important basis for symbiosis. We could say that symbiosis is inherently paradoxical. A symbiotic relationship can be experienced as a special state of oneness precisely due to the capacity to recognize that there is another person with whom we can be one (Blass & Blatt 1996).

Symbiotic merging in adulthood

According to Blass and Blatt (1996), symbiotic experiences occur throughout life and are the essential component of interpersonal relationships. Symbiotic merging in adulthood, however, has to be distinguished from early symbiotic experiences because it occurs under very different circumstances and in a very different developmental period.

Experiencing symbiotic merging is not necessarily a sign of psychopathology (Blass and Blatt 1996). Experiencing that one is limitless in itself does not mean that one does not have internal structural boundaries or lacks the ability to discriminate. The experience is not always a direct reflection of the structural state of an individual. Even more, we could say that it is precisely experiences of merging that characterize intimate interpersonal relationships. Healthy merging includes the ability to be aware of the paradoxical nature of the relationship: the feeling that in some parts we are separate from the object and in others merged with it (Fonda 1997). Healthy feelings of merging thus refer to the expansion of ego boundaries based on a previously achieved level of structural differentiation. I believe that merging is one of the key factors which draw a person into a couple relationship. Merging in this context means mainly the feeling of being in love. Kohut (1977) finds that the need for self-objects is not only typical of childhood but is a normal part of adult life. The experience of merging with other people thus does not necessarily represent pathology.

Fonda (1997) believes that the coexistence of merging and separation marks a person's whole life; only the ratios between the two are different in different periods of life and in different situations. The need to merge grows stronger along with the need for change and growth. Certain periods of life such as adolescence and parenthood are particularly characterized by merging.

Psychopathology and symbiotic merging

When is symbiotic merging dysfunctional? I believe that one of the signs of dysfunction is lack of flexibility, which in the case of symbiosis would mean that an individual is capable of establishing only symbiotic relationships with other people. In other words, the individual cannot establish a close relationship in any other way than through merging with another person. Such people need a symbiotic relationship to preserve their own inner balance and can develop strong emotional reactions and psychopathological symptoms when the relationship is terminated. The psychopathology of symbiotic merging is manifested in disturbed and undeveloped ego boundaries. In such relationships a person cannot adequately differentiate between him/herself and other people. In contrast to healthy merging, pathological merging involves an underdeveloped sense of self and sense of the other person. The self representations are not differentiated from representations of the other person.

The pathology of merging can exist at different levels according to the individual's personality organization. According to Kernberg (1976), psychotic patients typically experience fixation or regression to

the level of primary and undifferentiated representation of the self-object. This represents an inability or loss of differentiation of ego boundaries. In psychotics, experiences of merging can be manifested in disturbed perceptions of reality (e. g. 'I feel that other people can read my mind.').

Merging is particularly strong in people with borderline syndrome and narcissistic personality disorder. Individuals with borderline syndrome seek to merge with a person who will represent the good mother that the individual didn't have as a child (Praper 1999). They experience others as part of themselves and want to make them their permanent nurturers and carers (Praper 1999). Narcissistic personalities, on the other hand, want to appropriate the object's attractiveness and importance. They typically experience self-object transference, as this represents aspects of symbiotic merging (Kohut 1971). In this way a narcissistic person in therapy merges with the therapist, who represents to him/her an idealized self-object. Such a person will overestimate and admire the therapist and merge with him/her. Kohut (1971) also describes archaic merging through expansion of a grandiose self (mirroring transference). In this form of transference the client experiences the therapist as an appendix to his/her grandiose self and expects to have complete control over him/her. Narcissistic personalities thus experience mirroring and idealizing transference, which represent aspects of symbiotic merging.

Separation Anxiety

The authors of object relationships and attachment theory describe separation anxiety as one of the fundamental fears that arise in early dyadic relationships. A young child is absolutely dependent on its mother and incapable of surviving on its own. It is thus understandable that fear of separation from the significant other is one of the fundamental human fears. According to Mahler (1975), separation anxiety begins to occur along with the awareness of separation from the primary object and culminates in the phase of Rapprochement.

Separation anxiety in adulthood

Separation anxiety is one of the fundamental anxieties in interpersonal relationships. Fear of separation from others, fear of abandonment and fear of the distancing of a close person is typical both of childhood and adult interpersonal relationships.

Adaptive separation anxiety enables a person to develop an adequate attachment to another. In such a relationship, one can function independently, as an individual, but experience connectedness and closeness at the same time. The function of separation anxiety in adulthood is to keep a person in relationship. It is triggered by anticipation of separation or loss of a significant other. The fear functions as a motivator which drives an individual to try to keep the other person close. The person communicates to the other: 'Stay with me and be with me!' Complete absence of separation anxiety can manifest as lack of attachment and lack of 'roots', and potentially in promiscuity.

Separation anxiety and psychopathology

Separation anxiety in adults is inappropriate when it is very intense, frequent, and occurs at the slightest threat of separation. People suffering from it are typically very dependent in interpersonal relationships, are afraid of being abandoned, cannot tolerate being alone and use transitional objects to reduce separation anxiety. Balint (1985/1968) calls this type of object relationship Ocnofilia. It is defined as an exaggerated possession of the object, which is experienced as something safe and protective. The subject clings to the object because of his/her insecurity. Without objects, such an individual feels lost and insecure. Any threat of separation from an object causes strong anxiety, and the defense against such feelings is to cling strongly to the object.

Separation anxiety can manifest in different behaviors. Some individuals use manipulative strategies to keep the other person in a relationship (e. g. suicide threats). Others become almost servile because of separation anxiety. They try to fulfill every wish the other has and make him/her happy as they hope that the other person will stay with them. Their psychological message to the other person is: 'Only I can give you what you want.' Or: 'I have done everything for you, so don't leave me.' Some people, when experiencing separation anxiety, leave the other person rather than risking being left. This is typical of borderline personalities who are very afraid of separation due to painful early experiences. Leaving the other is thus a defense from new disappointment and loss. In some individuals, however, separation anxiety causes intense anger, which can be related to loss of self-respect.

Separation anxiety is a part of different disorders. Separation anxiety is one of the key symptoms of a borderline personality. Such individuals have not completed process of separation-individuation. They still establish dependent relationships and cling to other people. They do not reach object constancy (Mahler et al. 1975), which means that they do not internalize the regulatory functions of significant others. Such individuals actually need another person to maintain their own inner balance. Separation from the other person would namely mean loss of a significant part of the self, which performs a key function in the individual's personality organization.

Kohut (1971), too, stresses that lack of emphatic parental response leads to sub-optimal internalization of the functions of the self-object. He also says that such an individual will remain dependent on objects for life, as s/he needs them as a substitute for the psychic structure s/he did not develop as a child.

Dimension ALIENATION - Sub-dimensions: Social isolation and Fear of engulfment

The dimension Alienation includes two sub-dimensions which describe patterns of social withdrawal and avoidance of intimate relationships. The basic fear typical of this dimension is the fear of engulfment – a fear of being dependent and trapped in an interpersonal relationship. Individuals with these issues typically have major difficulties in establishing close interpersonal relationships. They do not feel connected with others and avoid relationships. Strongly expressed Alienation thus shows as an inability to connect with other people.

Social Isolation

In contrast to symbiotic merging, which represents one of the basic experiences of the early relationship of a child with significant others, it cannot be said that social isolation is a normal childhood experience. That human social connectedness is present from birth onwards is corroborated by developmental research cited by Stern (1985). From this point of view, social isolation is not a normal childhood experience, but a response to an inadequate relationship with parents.

Social isolation in adulthood

If we look at the dimension Symbiotic merging, Social isolation represents the other extreme in establishing interpersonal relationships. While symbiotic merging refers to feelings of oneness and loss of self in relationships with others, Social isolation manifests as distrust, withdrawal and absence of intimate relationships. Such individuals can be very private, they appear alienated, distrustful, and have difficulty sharing their intimate world with other people.

There are not many situations in which Social isolation in adulthood would represent effective adaptation to the environment. Strong social isolation in most cases means dysfunctional interpersonal relationships. However, I believe there are situations in which social isolation is an adequate adaptation, for example the creative withdrawal into one's inner world during which a person does inner work (spiritual practices, creativity in arts, writing…). Temporary social isolation can also occur because of certain personality changes, for example after completing drug addiction treatment, when a person no longer socializes with his /her previous company, but has not found new company yet. Social isolation is therefore appropriate if it represents distancing from a social environment which the person appropriately perceives as inappropriate. In all of the cases described, however, isolation is only temporary and not the individual's lifestyle. I believe that compared to other dimensions of object relationships, social isolation is less characteristic of healthy interpersonal relationships.

Psychopathology and Social isolation

Social isolation in adulthood refers to problems in interpersonal relationships which manifest in withdrawal and isolation from other people. This dimension includes both emotional and behavioral isolation.

Aspects of social isolation can be found in very different psychic disorders. Some people are socially isolated from childhood onwards. In clinical interviews we find data about a person being distrustful and private in his/her whole life. Theorists of object relationships claim that social withdrawal, alienation and distrust are part of the schizoid disorder (Fairbairn 1986/1943, Guntrip 1992/1968). According to Fairbairn (1986/1943), schizoid individuals withdraw their energy from the outside world to the world of inner objects, whereas Guntrip (1992/1968) finds that they withdraw from all objects, external and internal. Their experiences with significant others have been so depriving that they caused great fear and dissatisfaction with life, and the ego withdrew from all relationships into isolation. Such an individual feels too helpless and vulnerable to be involved in human relationships. Praper (1999) finds that schizoid individuals are afraid of losing contact with others, but at the same time are afraid of closeness.

The dimension of social isolation corresponds to Balint's (1986/1968) concept of *Philobatism.* A person in this state exists with little or no help from objects, s/he has overly cathected his/her own ego functions. In his/her relationships, objects are perceived as indifferent and dangerous, and are better avoided.

Social isolation is also a part of many other psychic disorders. In terms of personality disorders (according to DSM–IV), this dimension can be seen in paranoid, schizotypal and avoidant personality disorders.

Fear of engulfment

Next to separation anxiety, fear of engulfment is one of the basic types of fear in dyadic relationships. According to Mahler, fear of engulfment is highly typical of the sub-phase of Rapprochement (Mahler, et al. 1975). In this period, the child is terrified of losing its mother and has a great need for her love. The strong tendency to reunite with the object triggers a fear of engulfment, which can be understood as a fear of losing one's freedom and being trapped in a dependent, symbiotic relationship with the mother.

Separation anxiety occurs at a threat of being separated from a significant other, while fear of engulfment occurs at a 'threat' of more dependence, connectedness, and intimacy with another person.

Fear of engulfment in adulthood

Being engulfed is a metaphor for a relationship of complete dependence and merging with another person, in which an individual cannot function independently. The word engulfed carries the connotation of the oral phase, in which the symbiotic experience is extremely

important. For example the Slovene idiom 'I love you so much I could eat you', indicates a desire to merge completely with the other. Fear of engulfment is thus a metaphor describing individuals who are afraid of being in a relationship and being completely dependent on a 'cannibal' partner who will smother him/ her.

Just as we did with the other dimensions of interpersonal relationships, we can also ask whether fear of engulfment is always pathological or also a part of normal, everyday relationships with others. Theorists of object relationships mostly relate it to psychopathology. I believe, however, that some fear of engulfment is present in all people and typical of everyday interpersonal relationships. Fear of engulfment can occur at any forceful invasion of an individual's psychic space (intimate personal space) by an overly controlling person. In such cases fear of engulfment is a natural defense mechanism for maintaining inner homeostasis when an individual's ego boundaries are under siege. Fear of engulfment then protects the individual from invasions of another person of his/her subjective world, from losing freedom and autonomy in a relationship. Fear of engulfment can encourage adaptive behaviour which will manifest in protecting one's ego boundaries. Many behavioural reactions can originate in this fear, such as distancing oneself from the invasive other, telling the other clearly where the limits of his/her behaviour are, what one is willing to tolerate and what not. In this way, a person's individuality and autonomy are protected; the fear of engulfment functions as a means of asserting one's self against the environment. We can say it is a motivator for the individual to establish an optimal distance from other people. While the primary function of separation anxiety is increasing connectedness with others, the primary function of the fear of engulfment is to maintain individuality and autonomy.

Adaptive fear of engulfment is typical of individuals with adequately developed ego boundaries, who in certain circumstances appropriately perceive that their sense of self (individuality) is threatened. The fear initiates their choice of an adaptive behavioral response which will re-establish balance in an appropriate way.

Psychopathology and Fear of engulfment

Fear of engulfment is pathological if an individual experiences it in most of his or her interpersonal relationships. In this case the individual feels threatened at the possibility of any relationship becoming more intimate. Such a person has a vague sense of self and, when faced with the opportunity to establish close interpersonal contact, becomes afraid of losing their individuality. Such persons are afraid of being involved in a serious partner relationship since such a relationship would be limiting and not allow them enough freedom. They may develop superficial relationships and refuse to become attached to other people. They cannot commit and try to retain their sense of freedom and individuality at any cost. With respect to sexuality, they can be promiscuous.

They want to define themselves against other people and can be very counter-dependent. They may act in exactly the opposite way from what the other person wants just to show him/her that s/he has no influence over them. Such people can be constant rebels and fight against other people, but cannot produce arguments for their opinions.

People who fear engulfment panic at the idea of a symbiotic relationship. They try to escape symbiosis and can take refuge in exaggerated individuality. This, of course, does not imply adequate separation and individuation, but is a pseudo-individuation. Such an individual can seem highly individuated on the outside, while in reality s/he feels vulnerable and is constantly running from symbiosis. Thus, in reality, s/he is not free and autonomous but constantly preoccupied with drawing the line between him/herself and others.

Fear of engulfment can be found in many psychic disorders. It is particularly strong in schizoid personalities. Such persons seek a relationship with a safe interpersonal and emotional distance, as they are afraid of becoming overly attached and dependent (Praper 1999). They fear that other people will pierce through their boundaries and flood their psychic space, which would mean losing their sense of existence. A schizoid person's ego boundaries are either porous or rigid. According to Praper (1999), a schizoid person lives between two terrifying positions. 'They move between isolation that threatens to annul them and relationships that threaten to swallow them.' (pp. 289).

Dimension SELF-ABSORPTION - Sub-dimensions: Egocentrism and Narcissism

The sub-dimensions Narcissism and Egocentrism refer to different aspects of Self-absorption. Narcissism describes an individual's grandiose and omnipotent experience of the self, while egocentrism refers to using and abusing other people for one's own needs. A person with strongly expressed Self-absorption has not managed to develop the capacity for Reciprocity. This manifests in a lack of reciprocity in relationships, lack of empathy and an inability to establish intersubjective relationships.

Egocentrism

Many psychoanalytic authors state that a child until about three or four years of age is typically egocentric (Praper 1999). In this phase a child perceives the object as existing solely to satisfy the child's needs. Thus, an individual develops from egocentric perceptions of the other person to reciprocal relationships with them.

Egocentrism in adulthood

Adequate egocentrism refers to the ability to stand up for oneself and set limits in an appropriate way. It is about respecting oneself in relationships. Such egocentrism is part of normal personal relationships built on compromise and respect.

A pathologically egocentric adult person abuses other people to fulfill his/her own needs. Such a person can be very manipulative and would do anything to achieve what s/he wants. S/he typically lacks empathy and the capacity for reciprocal relationships. If the other person does not act as the egocentric individual wants, they can have strong emotional reactions. Strong egocentrism in adulthood accompanies expression of the pre-oedipal pathology, which means that a person has not managed to develop reciprocity in relationships.

Pathological egocentrism can be a part of different psychic disorders, for example the narcissistic disorder. Persons with this disorder typically manipulate and exploit other people to fulfill their own needs. In borderline personalities egocentrism can occur in attempts to establish symbiotic relationships. The other person is expected to be a good mother, who will fulfill the archaic child's needs. The egocentric individual has a strong need to control the other person (the other person should act according to his/her wishes and needs).

Narcissism

According to many psychoanalytic authors, narcissism in children is a normal developmental phase. Classical psychoanalysts who based their work on the drive theory understand narcissism as a special phase in the development of libido in which an individual chooses their own self or body as the object of love (Jogan 2000). According to Winnicot (1986/1960), the child develops from a state of illusionary omnipotence to a state of objective perception in which the child accepts the limitations of its power and becomes aware of the independent existence of other people.

Kohut (1971, 1977) similarly claims that a child moves from a grandiose and omnipotent sense of self to a more realistic one. A child seeks two main types of relationships with parents, which express his/her basic narcissistic needs. The child needs to be admired by the parents – 'to be mirrored'. In this way the child develops a healthy sense of grandiosity and omnipotence. Later the child has the need to form an idealized image of at least one of the parents – the need to merge with an idealized self-object. In optimal circumstances the archaic grandiose self and the idealized image of the object slowly transform and integrate into an adult personality (Kohut 1971). This enables the person to have a healthy self-respect, ambitions and goals. Through facing reality a child moves from grandiose self-perceptions to a more realistic self-assessment. He also gradually gives up the idealization of the self-object and develops a more realistic view of the parent. This happens through adequate empathy towards the child and phase-adequate errors in mirroring and idealization.

Narcissism in adulthood

Healthy narcissism

According to Kohut (1971), healthy narcissism is a normal adult characteristic which in a mature person manifests in humor, wisdom and empathy. It is a healthy self-love, which reflects adequate self-respect. Kohut (1971) says that optimal development leads to healthy self-respect and a mature form of admiration of and fascination with others. Unrealistic childhood narcissism thus gradually develops into a mature adult self-esteem, which means a more realistic assessment of one's own achievements. Persons who are narcisissitic in a healthy way can adequately assess themselves and other people and do not suffer from either inferiority or superiority. They respect themselves without distorting reality and set themselves realistic life goals.

Pathological narcissism

According to Kohut (1971), pathological narcissism develops as a result of a disturbed process of transforming the infantile archaic narcissism into healthy adult narcissism. If parents respond adequately to the child's demands to mirror his/her grandiosity and omnipotence, the child learns to accept his/her realistic limitations and gives up grandiose phantasies for realistic goals and realistic self-respect. If this process is disturbed, a person can develop phantasies of grandiosity, omnipotence and omniscience.

Praper (1994) finds that we need to distinguish between healthy narcissism or self-love, self-respect and realistic self-assessment on the one hand, and narcissistic personality disorders on the other. A narcissistic personality disorder constitutes pathological narcissism, in which a person uses self-idealization and grandiose phantasies about him/herself to hide a damaged feeling of self-worth. This makes such a person very vulnerable and feeling easily threatened.

Pathologically narcissistic persons feel superior to others, grandiose and omnipotent, someone special, someone more than everybody else. They like to socialize with and move in the same circles as people of high social standing (Benjamin 1996). They phantasize about their own success, power, beauty and perfect love. Other people are merely perceived as appendices or mirror images of themselves. According to Matjan (1994), they maintain their grandiosity by acting superior, de-valuing other people, insisting on perfection in everything and accuse other people of not being perfect. Their life goals are achieving power, wealth, beauty, sexual gratification and constant admiration from other people.

Narcissistic people are also typically very sensitive to criticism, since the narcissistic self can quickly fall apart. Such people respond to criticism by de-valuing the person who criticized them, which re-establishes

their superior self-image. Because of feelings of inner emptiness they often seek excitement and danger, which can manifest in sexual conquests, exaggerated work and other grandiose projects.

The dimension of Narcissism does not describe the narcissistic personality disorder as a whole, but only the grandiose and omnipotent sense of self, which is just one aspect of the disorder. I believe the other aspects can be described with the other dimensions of object relationships. Narcissistic personalities typically also exhibit strong tendencies to other dimensions (particularly egocentrism and symbiotic merging).

CONCLUSION

Three basic dimensions of interpersonal relationship can provide a useful guide for treatment planning in psychotherapy. Every client could be assessed regarding his development on specific dimension (Independence – Dependence, Connectedness – Alienation and Reciprocity – Self-absorption). The goal of in-depth psychotherapy is development of the capacity for subject relations. This implies movement from the right pole of basic dimensions to the left pole – to increasing capacity for Independence, Connectedness and Reciprocity.

In the article, I have described in detail basic dimensions and sub-dimensions of object relations in adulthood. In future studies it would be important to develop the concept of subject relations further and to clearly define sub-dimensions of subject relations.

The integrative model of interpersonal relationships can be useful for further empirical research on object and subject relations in adulthood. I have already developed an instrument for measuring object relations and attachment in adulthood – The Test of object relations (TOR) (Žvelc 1998, 2007, 2008). The instrument measures all described dimensions and sub-dimensions of object relations. Over the last ten years, the test was used in numerous studies (Kobal 2002, 2008, Pahole 2006, Pavšič Mrevlje 2006, Rogič Ožek 2004, Štirn 2002, Žvelc 2007). Based on this model of interpersonal relationships it would be useful to develop an instrument for measuring Subject relations. This integrative model of interpersonal relationships has to be verified in the future by further clinical evidence and research.

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