

# A DEVELOPMENTAL MODEL OF GIRLS AND WOMEN

by  
*Donna Emmanuel*

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As a graduate student in marriage, family and child therapy, my fellow students and I were taught several developmental models for understanding how humans grow and change from infancy, through childhood to adulthood. The conclusion of the majority of these models is that autonomy and differentiation are primary goals of healthy human development. However, for at least twenty years, feminist psychologists and psychotherapists have suggested that those models are based primarily on the experience of males and that the experience of females is distinctly different; therefore, the models we are being taught as generally "human" are not, in fact, automatically applicable to females. The following review is intended to examine the existing models from this critical perspective and suggest at least one alternative model for white females. As Marriage and Family Therapists, our conception of healthy adult development will be significantly changed if we include in that definition a more accurate schema for how both males and females develop, with an equal respect for the tasks and experiences of females.

In the field of psychotherapy, it is commonly agreed that development in humans is based on and influenced by various factors, among them the gender of the child (Freud, 1931; Bowlby, 1952; Mahler, 1968; Chodorow, 1978). The developmental models which have traditionally been used to explain the progression of humans through various stages have primarily used the experience of white males as normative. There is a considerable body of knowledge which suggests that these models cannot be automatically and neatly superimposed on women (Dinnerstein, 1976; Chodorow, 1978; Miller, 1986). In fact, there is a growing body of material that suggests that women develop in distinctly different ways than men, with different tasks, different stages of development and different goals in adulthood (Chodorow, 1978; Gilligan, 1982; Surrey, 1985; Miller, 1986; Luepnitz, 1988).

The two traditional models which I will briefly review and critique will be those of Sigmund Freud and of Margaret Mahler. The third model presented will be that of Daniel Stern, a contemporary theorist whose observational studies of infants bring into question many pre-existing theories of development, and whose conclusions serve as a transition to the fourth model presented, that of the "Self-in-relation" Theory currently evolving at the Stone Center at Wellesley College.

## **Traditional Models**

### **Sigmund Freud**

Freud's basic theory of psychosexual development envisioned human infants as driven by primary sexual and aggressive instincts, or drives, which seek discharge through the "pleasure principle". These instincts propel the child through a series of age-specific stages, such as the oral, anal, and phallic stages. Within each of these periods, there is a central crisis which the individual overcomes by mastering an essential task, such as achieving trust, autonomy, or sexual identity. Theoretically, the infant's inability to master tasks or the existence of major pathology in the infant's environment during any stage would subsequently surface as psychopathology in later life.

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Freud's conclusions regarding female development consisted primarily of three articles (1925, 1931, 1933). Freud posited that the sexes developed identically during the oral and anal stages, stating that until the phallic period, "the little girl is a little man" (1933/1965, p.104).

Around three to four years of age, with the emergence of the Oedipal complex, the experiences of little girls and little boys begin to diverge. Both boys and girls enact an Oedipal drama, which involves their love for their mother, their wish for their father's death and their anxiety about castration. At the conclusion of this drama, both boys and girls have learned to identify with their same-gender parent and both have developed a super-ego. However, because Freud considered boys' anatomy and experience to be normative, girls emerge from this period with some distinct disadvantages.

Freud saw three possible outcomes for girls during this stage. If they do not successfully negotiate and master the appropriate tasks, they might suffer from neurosis or sexual inhibition, or they could develop a "masculinity complex". If they did satisfactorily complete the tasks, they would achieve "normal femininity" (1933/1965, p.111). A "normal" female, as defined by Freud, is one who is passive, narcissistic, and physically vain (as a compensation for her anatomical inferiority). The female Oedipus conflict also lays the groundwork for girls to eventually change their "erotogenic zone" in such a way that "the clitoris should wholly or in part hand over its sensitivity, and at the same time its importance, to the vagina" (p.104).

Even for those females who do successfully complete this stage, Freud suggests that for girls, "formation of the super-ego must suffer" (1933/1965, p. 114) because they do not have the same "fear of castration" as boys. This super-ego immaturity explains why women have "little sense of justice" and accounts for the "predominance of envy in their mental life" (p.119).

In fact, "there have been virtually no studies that have verified Freud's psychosexual stages with behavioral observations" (Knox, 1985 p. 59). Furthermore, there have been numerous articles and studies which demonstrate how tenuous Freud's theories regarding female sexuality and development are (Thompson, 1943; Masters and Johnson, 1966; Stoller, 1968; Fraiberg, 1972; Moulton, 1973; Scherfey, 1973; Parens, Pollack, Stern and Kramer, 1977; Fast, 1978; Chehrazi, 1984; Knox, 1985; Fliegel, 1986; Spieler, 1986; Stiver, 1986). Every aspect of the female Oedipus complex has been effectively criticized, using empirical data and methods which did not exist in Freud's lifetime. These data include: "more systematic clinical observations of children; research data on sexuality and gender formation; and the writings of women clinicians" (Stiver, 1986, p. 7).

Despite this wealth of critical analysis of the female Oedipus conflict, however, there are relatively "few instances in the standard literature in which the concept itself is seriously questioned" (Stiver, 1986, p.7). Freud's conclusions continue to exert a powerful influence on mental health professionals, specifically, and on the population in general.

## **Margaret Mahler**

One of the more influential theorists to build on Freud's basic developmental theories is Margaret Mahler. Mahler's focus shifted backwards in time from the Oedipal conflict to infancy and the toddler years, and her work moved psychodynamic theory toward the language of object relations and the development of the ego.

Mahler's (1968) views were based on observations of young infants in clinical and home settings. Her perceptions of the changes that infants undergo at various points in their development led her to delineate several distinct stages. Mahler's stages, like Freud's, were conceptualized as driven by instincts, involved stage-specific tasks and presumed that major disturbances in any stage would result in later psychopathology.

Mahler postulated that there are four primary stages of pre-Oedipal development: normal infantile autism (birth to two months of age), symbiosis (two months to five months), separation-individuation (five months to ten months), and rapprochement (fifteen to twenty-two months).

There are several additional stages of development which Mahler describes having to do with object constancy which are important to an understanding of her theory, but it is the language of fusion, merging and symbiosis, and the presumptions about the mother-infant bond in these formative stages described above, which are most germane to the models which will be presented below.

Throughout her work, Mahler reinforces the notion that the infant begins life in a state of "hallucinatory or delusional" awareness in which there exists an "omnipotent fusion with the mother" (1965, p.9). Initially, the mother is not perceived by the infant as a "separate mental representation from the self" (p.43). The eventual goal of the developing child is to separate and individuate from the mother. Simultaneously, however, there is a strong suggestion that often the mother will resist the child's differentiation (if only on an unconscious level), in order to maintain fusion with her own mother.

"For many mothers in our culture, it is by no means easy to give up smoothly their 'symbiotic holding behavior' – and instead to give the toddler optimal support on a higher emotional and verbal level, while allowing him to try his new wings of autonomy – . . . ." (1965, p.22).

## **Other Models**

### **Daniel Stern**

Daniel Stern worked with Margaret Mahler for some time, but has come to dramatically different conclusions about the interactions between mother and infant, and about the infant's subjective, inner life. In his book *The Interpersonal World of the Infant*, (1985), he flatly states that young infants "never experience an autistic-like phase" (p 10), "there is no symbiotic-like phase" (p.10), and that the period of life from nine to eighteen months "is not primarily devoted to the developmental tasks of independence or autonomy or individuation – that is, of getting away and free from the primary caregiver" (p.10). Furthermore, he bases these boldly stated conclusions on meticulously researched empirical studies which demonstrate that previous constructs of psychodynamic theory are not convincingly based on observable behavior in infants.

Stern's theory suggests that infants can be more accurately understood by shifting the emphasis from questions of primary drives and the development of the ego and id, to an understanding of how the sense of self serves as the basic organizing principle of development. His central concern is "for the infant's experience of self and other" (1985, p.19).

In addition to viewing development as an interpersonal process, Stern questions the presumption that autonomy and differentiation are the major thrust of development. He suggests that the same skills that have traditionally been considered to be the vehicles for increasing autonomy (such as locomotion and language) are equally at the service of forming the child's relationship with her caregiver.

Stern, like most observers of infants, does see progressive and largely predictable periods when the "feel" of the infant's "sense of self" changes significantly. However, Stern does not consider these to be "stages" which are primarily concerned with the mastery of tasks associated with issues such as trust, autonomy, and separation. Instead, he conceptualizes these epochs as "domains" within which clinical issues (such as trust and autonomy) are viewed as life tasks which operate at "essentially the same levels at all points in development" (p.10).

### **Stern's Sense of the Emergent Self and Domain of Emergent Relatedness**

During the first two months of life, Stern (1985) reports, the infant is relating to diverse experiences. Far from being in a "hallucinatory" autistic stage, there are at least four capacities that infants have in the area of perception, cognition and affect. From day one, infants: "seek sensory stimulation", have "biases or preferences" for some sensations over others, have a capacity to "form and test hypotheses" about their surrounding world, and participate in "affective and cognitive processes" (p.41-42). Stern emphasizes that cognitive, affective and physical functioning and experience is unified, simultaneous and global and these areas are not experienced separately.

The infant's emergent sense of self is formed within the relationships she has with her caregiver(s), the physical world outside of her body and the inner physical world. The emergent self cannot exist without those relationships, and the relationships could not exist if there was not an emergent self to experience them.

### **The Sense of a Core Self and the Domain of Core Relatedness**

At the age of two to three months, infants take on a different "feel", when they appear to be more social, more integrated and more "like people." Contrary to Mahler's notion that this is a phase of symbiotic, undifferentiated fusion with the caregiver, Stern finds that the infant is "capable of having – in fact, likely to

have – an integrated sense of self and of others" (p.70). He suggests that the infant's self at this point includes: self-agency, or "the sense of authorship of one's own actions"; self-coherence, which is the "sense of being a nonfragmented, physical whole with boundaries and a locus of integrated action, both while moving (behaving) and when still"; self-affectivity, or the experience of inner feelings (affects); and self-history, which is the sense that "one `goes on being' and can even change while remaining the same" (p.71).

During this period, the relationship with the caregiver (or Domain of Core Relatedness) is characterized as the "Self Versus Other", when the infant is sorting out self-experiences. The self who feels, who acts, who has unique perceptions is getting assembled, and is disentangled and sorted out from the mother who plays, who soothes and who perceives the feeling states of the child's self.

The second phase of this period evolves to the "Self With Other." This is the phase that has widely been considered to be the merged, fused, symbiotic phase. Stern's account stresses that the early formation of a sense of a core self and core other are "active acts of integration, rather than passive failures of differentiation" (p.101). He emphasizes that the experiences of the infant at this stage are mutually created experiences. "Both infant and caregiver regulate the infant's attention, curiosity, and cognitive engagement with the world" (p.103).

To characterize the complex interactions between caregiver and child as simply "merged" or "fused" is to grossly simplify the actual experience. During this period, and in increasing degrees of complexity as the infant grows, the mother and the baby bring to their relationship their own subjective inner worlds and the history of their relationship to that point. The child brings to each encounter with the mother her memories, feelings, and expectations which have been formed by countless prior interactions. The mother brings her own memories, feelings and expectations of those same encounters, plus her own personal history and the larger concerns of her current life and relationships. All of the experiences of the two co-relators make up the "Domain of Core Relatedness" which exists between them.

### **The Sense of a Subjective Self and the Domain of Intersubjective Relatedness**

Mahler considered this period of seven to nine months to be the "hatching" phase, when energy was devoted to establishing a separate and individuated self, and to forming a more autonomous self that could interact with a more separated other. Because of this emphasis on autonomy and differentiation, Stern suggests that other, more significant aspects of this period have been overlooked by traditional theorists. He characterizes this as a period of "deliberately sought sharing" (p.128) between caregiver and infant. Both the mother and the infant share the focus of attention (following each other's line of vision), share intentions (gestures, postures, actions) and share affective states.

An important element of this domain is the emergence of what traditional theorists describe as "mirroring" and "empathic responsiveness" and what Stern refers to as "affect attunement" (p.138). Affect attunement is the "performance of behaviors that express the quality of feeling of a shared affect state without imitating the exact behavioral expression of the inner state" (p.142). It is this ability to attune affectively to others that is one of the prime skills valued in Janet Surrey's (1985) Self-in-Relation theory. This skill is either ignored or downplayed in traditional theories.

### **The Sense of a Verbal Self and Domain of Verbal Relatedness**

During the second year, the infant's language emerges. Language is a "double-edged sword" in that it makes some of our experience more knowable to others, but it also makes some levels of experience more unknowable because there is no language for some of our experiences. It also moves our experience away from the "personal, immediate level" and takes it to a more "impersonal, abstract level" (p.163).

The emergence of language has traditionally been seen as a major step in the achievement of separation and individuation. Stern emphasizes that "the opposite is equally true, that the acquisition of language is potent in the service of union and togetherness" (p.172). It provides a new way of being related to others through sharing personal knowledge. It extends our grasp on reality while it also becomes the means for distorting reality.

In addition to language acquisition, children in their second year begin to fix gender identity (Stoller, 1968), begin to act empathically (Kagan, 1981) and begin to objectify themselves (Amsterdam, 1972). With this new capacity for objectifying the self, children make an enormous advance. They can, for the first time, transcend immediate experience and now have "the psychic mechanisms and operations to share their

interpersonal world knowledge and experience, as well as to work on it in imagination or reality" (p.167). In line with psychodynamic thinking, children can now wish that reality were something it is not.

### **The Narrative Self**

There is a fifth, and last, sense of self which Stern has presented publicly (1991) subsequent to the publication of his book. The "narrative self" is an extension of the verbal self wherein the child tells a story about herself to someone else. This ability to tell a coherent story, consisting of a point of view, a clear context and a dramatic climax, develops in children at three to five years of age. Interestingly, Stern suggests that the narrative self is the "laboratory for self-identity" and it is this sense of self through which the other senses of self are expressed within the therapeutic process.

With the addition of this last sense of self, Stern's description of development of the self is complete. Although we do not add "new selves", he suggests that all of these levels of the self are continuously and simultaneously evolving, through adolescence and adulthood.

### **Janet L. Surrey**

Stern's developmental model serves as a transitional model to the "Self-in-Relation" theory of Janet Surrey (1985), in that it shifts the emphasis away from viewing development as a narrative of separation and autonomy, and it focuses on the self as developing within relationships. This attention to the mother-child (and particularly the mother-daughter) relationship prepares the way for creating a new model of development which accounts for the "centrality and continuity of relationships throughout women's lives" (Surrey, 1985, p.1). Surrey's "Self-in-Relation" theory shifts the emphasis in development "from separation to relationship as the basis for self-experience and development" (p.2). She assumes that for girls and women, "the self is organized and developed through practice in relationships where the goal is the increasing development of mutually empathic relationships" (p.3).

Before continuing, however, it is necessary to recognize that the mother-daughter relationship has been so "clinically cast in problematic and negative terms" that it can be difficult to "suspend judgment and to see the underlying structures with clarity" and concentrate on its "growth-promoting" aspects (p. 6).

### **The Girl's Desire to be Connected to Her Mother**

From day one, the agenda of little girls and little boys is different: boys need to be different than their mothers, while girls need to be like them.

Both girls and boys have a fascination with the world of adults, especially their mothers, but this attention to her mother's world is particularly and regularly reinforced in girls to a much greater degree than is the boy's interest. Girls are much more interested in the feeling states of their mothers, and mothers use language of feeling and affect with their daughters much more frequently than they do with their sons (Young, 1980).

Surrey suggests that the daughter's and mother's attentiveness to each other's feeling states and interest in emotional sharing may form the "origin of the capacity for empathy and the beginning practice of relational development" (1985, p.4). It is through this process of describing and exploring feelings that one begins to know the "other" and the "self". As Stern points out, this capacity to respond to its own and the caregiver's feeling state exists in the infant from its first day. For girls, "being present with" psychologically is experienced "as self-enhancing, whereas for boys it may come to be experienced as invasive, engulfing or threatening" (p.4).

### **The Child's Increasing Ability for Mutual Empathy**

The second key aspect of the mother-daughter relationship is the child's own increased ability to relate mutually with her mother. The mother is more emotionally open with the daughter than with the son, and she is more relaxed with this style of personal learning and exploration. The daughter, in turn, feels more "connected, understood and recognized." The key factor here is mutual sharing fosters a sense of mutual understanding and connection.

"For boys, the emphasis on early emotional separation and the forming of an identity through the assertion of difference fosters a basic relational stance of disconnection and disidentification. Girls, then,

develop the expectation that they can facilitate the growth of a sense of self through psychological connection and expect that the mutual sharing of experience will lead to psychological growth" (p.5).

### **Mutual Empowerment of Mother and Daughter**

The last key factor centers on the mutual empowerment that both mother and daughter experience as they become more adept at accurately responding to each other's feeling states. They also take care of the relationship between them. It is important to the mother that she accurately read and respond to her daughter's needs. It is also important for the girl to "experience validation of her own developing empathic competence." Thus, mothers teach their daughters how to be empathic and empower their daughters by "allowing them to feel successful at understanding and giving support at whatever level is appropriate at a particular period of development" (p.5). While the mother is being "good enough", she is teaching the daughter to be "good enough."

"The development of a positive sense of knowing how to perceive, respond and relate to the needs and feelings of the other person is an important aspect of woman's self-development" (p.5). Girls practice this skill with their mothers, first, and then transfer this ability to all of their relationships, as their world grows. They remain attentive and responsive to the other, and to the extent that they feel they have accurately responded to the other, they feel a sense of enhanced worth.

This reciprocal relationship with the mother is also a source of mutual self-esteem. Both the mother and the daughter value a good relationship, and it enhances both women's sense of self-worth. Interestingly, most research indices which measure self-esteem do not deal with this aspect of "good enough" understanding and caring for the other, or the aspects of mutual concern for the well-being of each other within relationships. Self-esteem instruments by and large focus on mastery of tasks and competencies in the world and within professional arenas, but almost entirely ignore the areas of mutual caring and empathy with which women are most familiar (and most skilled).

### **Relationship - Differentiation**

This developing relationship between mother and daughter presumes that both partners are able to tell where they begin and the other leaves off. Surrey presumes that normal, "good enough" mothers do not see their daughters as extensions of themselves, but are entirely capable of distinguishing their own needs, wants and wishes from their daughter's. Accurate empathy involves a complex process of "interactive validation of the differences between the self and other" which includes "the recognition of the other as a growing individual with changing needs and newly developing competencies" (p.6).

There is a developmental pathway from less to more "differentiation", but it is not a process that insists on separateness as a precondition for growth. Surrey refers to differentiation as "a process which encompasses increasing levels of complexity, choice, fluidity and articulation within the context of human relationship." Both people can continue to grow within the relationship, without breaking early emotional ties or rejecting the "other" in order to form the "self." Both partners are "encouraged and challenged to maintain connection and to foster, adapt and change with the growth of the other" (p.8).

### **Discussion**

The Self-in-Relation theory offers an alternative view of female development to that suggested by Freud or Mahler. The articulation of this view is new and emergent and has yet to withstand the test of time. Although it has not been subjected to extensive critical tests and is only now beginning to surface in the literature regarding female development, it does offer new information for developmental theorists.

First, it is articulated by women who are both scholars and clinicians. They have the advantage of creating a model based on a larger sample than Freud's, and they have access to empirical data (such as Stern's) which is more sophisticated and current than Mahler's.

Second, the model itself is currently being applied to an inpatient, psychiatric hospital population (Fedele & Miller, 1988) and its effectiveness is being evaluated positively in that setting. Much research is still to be done, but the initial data is promising.

Third, the women who are creating this model are well aware of their own biases and bring to the endeavor a sophistication regarding the political implications of developmental theories.

## **Clinical Implications for Marriage and Family Therapy**

Several systems theorists (such as Bowen), place heavy emphasis on autonomy and differentiation as markers of healthy adult and family development. A definitive shift of emphasis to relational competence, interdependence and empathic connection as indices of "health" would force a re-examination of such theories. At the very least, we would have to question the appropriateness of terms like "fusion", "merging", and "co-dependent" when they are used to categorize the behavior of women. By extension, their appropriateness to healthy family development would have to be questioned.

Clinically, we may misdiagnose and mistreat families because we have, as a profession and as a society, internalized these suppositions. This tension becomes most pronounced when we are faced with families from other cultures who challenge our ideas about closeness and distance, such as Latino or African-American families, or when considering lesbian or homosexual relationships. There is little discussion in the literature about how they may, in fact, be healthier and happier families or couples because of their interdependence and more flexible boundaries.

## **Conclusion**

Both little girls and little boys experience similar things as children. They spend time next to mommy and away from her in a continuum, and probably spend most of their time with her.

Yet the bulk of developmental literature paints a portrait of early childhood that leaves out the "with mommy" half of this picture. In focusing so singlemindedly on the behaviors having to do with separateness, independence and autonomy, a myopic and unbalanced perception of normal development has become the cultural norm. As a result, the richness and complexity of the mother-child relationship has been downplayed and marginalized. An exploration of the factors which account for this imbalance would be a fascinating and useful addition to the literature.

With the emergence of the "other half" of the developmental picture it becomes apparent that there is a vast difference between the way female and male theorists describe the development of the two genders. Their emphasis, context, point of view, language, and narrative voice, are distinct enough to suggest that girls and boys grow up in different, but co-existing realities.

If the narrative self is, as Stern suggests, the laboratory of self-identity, then developmental theory is the larger cultural laboratory of self-identity. The story Janet Surrey and her colleagues at the Stone Center tell about their experience is many women's story, told in a "different voice". Perhaps Freud's and Mahler's stories are the stories of boys and men in our culture. If so, it will be fascinating to observe how our understanding of human development will change now that both men and women have a story that fits our experience.

## **Recommendations**

There are so many areas of female development which need to be explored further that it is impossible to touch on them all. However, the following is a list of possible areas of future research:

1. Direct clinical observation of mother-daughter relationships in light of the Self-in-Relation theory.
2. Direct clinical observation of father-daughter relationships in light of the Self-in-Relation theory.
3. Intensive observation of girls' development in the "latency" years and exploration of the friendships between girls during those years, and their effect on girls' psychological development.
4. Development of an instrument to evaluate self-esteem in girls and women which takes into account their relational competence.
5. Development of clinical programs, from intake interviews through diagnosis and treatment, which take women's relational development as the organizing theory.

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