

Ambivalence and sense of guilt in the early psychological development

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Ambivalence and sense of guilt in the early psychological development.

Abstract:

The early acquisition of the capacity to tolerate the ambivalence with the consequent ability to sustain and elaborate a sense of guilt, represent a fundamental and crucial stage within the primary structuration of the emerging and nuclear Self. The achievement of this primitive intrapsychical capacity constitutes a necessary mental product normally yielded by means of a good enough environment, essentially provided by the punctual availability of the caregiver’s congruent and responsive physical-emotional attunement towards the rudimental infant’s needs and requests of reparation during the primary intersubjectivity. The structuration of the psychological ability to tolerate the ambivalence is extremely important for the development of a healthy Self, and when a child doesn’t achieve this early intrapsychical skill, due to a lack in the psychological holding level of the primary caring environment, some dysfunctional or psychopathological deficiencies may manifest themselves later, within the child development and adult life. A failure in the early achievement of this mental capacity determines the inability to feel a sense of guilt and the sense of concern, and may produce a primitive dysfunctional defense mechanism which tends to psychologically dissociate the reality and the relational objects, later producing various constellation of autistic and personality syndromes. In the context of psychological counselling, the accurate evaluation of the ambivalence level and its tolerance may provide useful elements to correctly orientate the intervention within the psychotherapeutic process.

Ambivalencia y sentimiento de culpa en la estructuración psíquica primaria.

Abstract:

La adquisición precoz de la tolerancia a la ambivalencia con la consiguiente capacidad de desarrollar y mantener un sentimiento de culpa, representan un estado crucial y fundamental en el contexto de la estructuración primaria del Sí emergente y nuclear. El desarrollo de esta capacidad intrapsíquica primitiva constituye un producto mental necesario, normalmente determinado por un ambiente seguro y cuidadoso suficientemente bueno, que ha sido posible, principalmente, gracias a la disponibilidad puntual de la sintonización afectivo-emotiva congruente y sensible del caregiver respecto a las necesidades rudimentales y de las exigencias de reparación del niño durante la intersubjetividad primaria. La estructuración de la capacidad psicológica para tolerar la ambivalencia es de gran importancia para el desarrollo de un Sí sano, y cuando el niño no alcanza esta etapa inter-psíquica precoz, debido a carencias a nivel de apoyo y contención por parte del medio ambiente primario, podrían manifestarse, durante el desarrollo y de modo progresivo, algunas deficiencias disfuncionales o psicopatológicas. El no haber afianzado esta capacidad mental precoz determina la inhabilidad para percibir un sentimiento de culpa y de remordimiento, y podría provocar un mecanismo de defensa disfuncional que tendería a disociar psicológicamente la realidad y los objetos relacionados, produciendo a continuación varias constelaciones de síndromes autísticos y trastornos de personalidad. En un contexto de consulta psicológica, la atenta evaluación del nivel de ambivalencia y de su tolerancia pueden abastecer elementos útiles para orientar correctamente la intervención en el proceso psicoterapéutico.

Keywords:

Ambivalence tolerance, psychological individuation, antisocial personality disorder, paranoid ideation.

Introduction

The achievement of the capacity to feel, sustain and elaborate a sense of guilt represents a fundamental stage within the normal process of psychological development (Winnicott, 1971). This capacity unfolds and early articulates itself during the very first period of life, within the context of the dyadic mother-child relationship, and it is strongly linked to capacity to tolerate one's own ambivalent drives and feelings (Klein and Riviere, 1953; Winnicott, 1965), that is the coexistence of love and hatred, affection and aggressivity.

The fact that both the acquisition of the tolerance for one's ambivalence and the consequent capacity to feel a sense of guilt are connected to the quality of the dyadic mother-infant relationship and its patterns of interaction is clearly evident: a relationship characterized by the assiduous and loving presence, participated and emotionally attuned, first with the newborn breastfed and then later with the infant, will determine the caregiver's availability (the mother or alternatively, but in a less optimal manner, a substitutive caregiving figure) for the infant's need of reparation. In fact, during this early stage the infant often perceives, in a psychological dimension which is still emerging and structuring, the need of an eventual act of reparation to the loved object towards whom one's aggressive drives were projected and fundamentally sensed within the context of one's drives and instincts for self-preservation (linked to feeding, cares and consolation needs) and the following frustrations who underwent.

The embrional structuration of the ambivalence tolerance and the sense of guilt.

A newborn child, in one's own primitive psychological dimension still characterized by an emerging and not structured but becoming Ego, who might be invaded by the anguish due to a destructive act committed against the loving and caregiving object, and deriving from the rudimental sense of guilt yielded by perception of one's aggressivity (which, at this developmental stage, is logically sensed at a

very primitive level), can find comfort by imaginatively and fantastically repairing (at a rudimental sensory and perceptive level) through the loving presence and within the affectionate and prompt mother relationality (Winnicott, 1965).

Let's try to transfer this subtle concept to a more mature relationality dimension, to grasp the essence of it: an individual, led by one's aggressive drives, commits a verbal or behavioural injurious act against an interlocutor (A hurts in any manner B); after some time, reflecting on what happened (obviously in this case the mental process is evolved up to the level of rationality and structured cognitivity, while in the case of a newborn child it is a matter of rudimental perceptive processes) he/she realizes the negativity of one's own act and injurious potential towards the interlocutor, and this consciousness (in the best case, that should be within a sound healthy psychological development) determines in one's mental dimension a sense of uneasiness (what we may call remorse) with the consequent perception of a need of reparation to the injured party. In this case, fundamentally may take place two outcomes: the first, concerning the situation of availability of the injured party, in which A in any manner expresses to B (either by means of the verbal or the behavioural channel, or, in the best case synergically by both channels and in a congruent manner) his consternation, and apologizes for the injurious act who committed. In this case the execution of the reparative act and the availability of B to accept it, will allow A to solve the anguish deriving by the perception of the consequences yielded by one's aggressivity, and to integrate the consciousness and acceptance of one's ambivalence in one's own psychological reality. This normally produce and facilitate the self acceptance of the person as an individual capable of loving, affection, friendship, solidarity, comprehension (and all those feelings which are in any manner linked to a positive affectivity), but contextually able to hate, capable of hostility, aggressivity, grudge, (and all that range of negative and disphoric emotions, affects and feelings which, at a certain level, characterize every individual and constitute an integrative part of personality, as an outcome of that particular archetypal dimension which Jung (1934) named "Shadow" in his wide theory (Campbell, 1971).

The reparative act, therefore, permits the acceptance of one's ambivalence, as an individual capable of loving but also able to injury, and the development and articulation of *the capacity to feel and elaborate a sense of guilt*, that is the *capacity for concern* and to feel a remorse for one's aggressivity. The resolution of the anguish of remorse (properly given through the acceptance and availability of the injured party to the reparative act) not only allows the reception of one's ambivalent nature, but also permits to appreciate and *interiorize the kindness of the reparative act*, and thus to grasp the dimension of the reparation and growth opportunity. In this early developmental stage, at the beginning still characterized by an emerging unintegrated Self, and then shortly followed by a nuclear Self (Stern, 1985), the acceptance of one's ambivalence and consequently the primary structuration of the capacity to feel and sustain a sense of guilt, which are made possible through the punctual and congruent responsivity of a "good enough mother" (Winnicott, 1971), allow the *embrional development of the capacity to forgive*, by means of the interiorization of the caregiver's accepting availability to the reparative act.

The structuration of this early embrional capacity constitutes the base for the development, during the following stages, of a progressively more mature capacity to forgive, yielded by a growing mental capacity for integration of negative and positive objects self-representations and their connected affects (Gartner, 1988). Also represents the base for the empathy development, and therefore for the ability to represent, to grasp and identify oneself with mental states of others (intentions, motivations, emotions, and expectations of relational objects), which allows the intrapsychic development of a "mind theory" (Leslie, 1991; Frith, 2003).

Through this early process, which normally takes place within the structuration of the emergent and nuclear Self and its relational experiences (Stern, 1985), and thus within the primary intersubjectivity (Threvarthen, 1979), the individual can progressively form, in one's mental dimension, an introject of *the reality and the acceptance of the ambivalent nature of human existence*, and articulate in a healthy manner the capacity to reflect on one's own actions and to feel remorse for one's injurious actions, and

also for sustaining and solving it through the attempt of reparative acts, which yield the interiorization of the constructive goodness of the availability to forgive.

In the second case of the situation illustrated above, the adult individual realizes (always with reference to a normal condition, and therefore to a state of sufficient psychological integration) the negativity and the injurious potential of one's act, a perception which determines the resonance of a psychical discomfort from which derives the need to accomplish a reparative act: in this case we suppose that the injured party B will not give one's availability to any apology or any attempt for reparation (by ignoring it or refusing it). In this case A might not solve the sense of anguish produced by one's remorse, and therefore, with a good probability, in one's mental reality will continue to persist the negative perception of one's aggressive act and one's injurious potential, as a bad object. From a psychological point of view we can easily comprehend that an adult individual who might possess *an evolved Ego and a sufficiently cohesive and integrated Self* (an articulated and harmonic psychological structure, an integrated and equilibrated personality), finding oneself before the unavailability of the injured party B for the reparative act, much probably would put into effect a series of conscious or unconscious mental processes, in the latter case adaptive defense mechanisms. These processes would probably allow the person to self soothe and metabolize the reverberant anguish deriving from the perception of one's aggressivity, since one's psychical reality (within a healthy psychological development with a harmonic capacity of mediation between one's own Ego and SuperEgo psychological structures) is already characterized by the integration and the acceptance of one's ambivalence.

Insufficiency of the caregiving environment and ambivalence

Differently, we can realize that within a growing psychic structure of an infant, still characterized by a weak and unintegrated Ego, a reiterated unavailability of the injured party to the fantasised reparative act (obviously perceived at a rudimental level), may involve the high probability of a *permanent*

*psychic dissociation between good and bad objects*¹. In fact the infant has not yet evolved rational means (neither at a cognitive level, nor at an unconscious level, as does not possess yet any evolved Ego defense mechanisms) which may allow to manage and solve the anguish and the sense of guilt deriving from one's rudimental perception of one's aggressivity towards the mother, especially experimented during suckling or within dyadic relationality, or also during the mother's absence. In the rudimental growing Ego of an infant, the resonance of this anguish, yielded by the mother's unavailability to the reparative act (an absent primary caregiver, or not responsive on the behavioural and emotional-affective level, or also not sufficiently attuned within the dyadic relationship), could reach an intolerable level, and facilitate a *split Self crystallization* (where exists an only good loving Ego, or alternatively an only bad and aggressive one) *and a split of the relational objects* (also in only good and loving, or in bad and persecutory objects), thus determining a *split both within the internal and external reality*. Mother's unavailability to the child's reparative act, which instead would be appeased by the prompt and calibrated physical and emotional-affective availability of the caregiver, may produce a rooting of a pervasive sense of anguish in the child. This process, depending on the inadequacy level of the mother's holding, soothing and supportive capacity, might yield a progressive development of anxiety disorders during the following evolutive stages (sustained by a more or less latent, conscious or unconscious, basic mistrust; Erikson, 1950) or, in the worst hypothesis, the onset of autistic or even psychotic states. Therefore, in the most favourable cases, an individual who has structured such a split Ego and mental reality, during the subsequent stages of one's own psychic development may experiment, at any level, a series of relational difficulties or severe neurosis, or may develop a personality disorder. In extreme cases, instead, where the dissociation has completely invaded the individual psychic structure in its internal and external reality, contaminating the Ego with its relationality, the person might structure, during the course of one's development, a psychotic personality with a severe compromission of the perception of reality (a severe deficit in the objective

¹ This mechanism, on the contrary, is functional during a very early developmental stage (around the first month of life) allowing the psychic structuration, at a primitive perceptive level, of the good object and bad object existence within the internal and the external reality (Klein, 1946).

perception of shared external reality) and a configuration of severely impaired cognitive, affective and behavioural schemes.

It comes clear thus, the importance of a healthy structuration of the acceptance of one's ambivalent nature and the tolerance of the sense of guilt, with its consequent and necessary elaboration at a mental-affective-emotional level, with remorse and reparative act. This capacity development takes place, at a rudimental but fundamental level, within the context of a dyadic relationship and primary intersubjectivity (Trevarthen, 1979) between the newborn child and the primary caregiver, and at a higher level articulate itself within the context of the mother-infant relationship during the secondary intersubjectivity (subjective Self and then verbal Self; Stern, 1985), later within the oedipal stage (mother-father-child), and successively, during childhood, within the wider context of ludic peer relations, and within friendships during adolescence.

Ambivalence tolerance and psychological development

The importance of the acquisition of a primitive capacity to tolerate the ambivalence resides in the fact that this essential faculty constitutes a sort of primer, a basic factor for a healthy subsequent psychological development (Winnicott, 1965) which allows, in case it is supported by *a good enough facilitating environment*, the following and articulated evolution of a range of other important psychic processes and functions, like a healthy Superego structure, an equilibrated empathic capacity, a higher disposition to grasp and represent internal mental statuses with intentions and motivations of others, and a higher probability to develop an adequate moral sense. At the beginning the sufficiency of a facilitating environment is assured by the child care quality and by the quality of mother-child interaction (loving, present, promptly responsive, emotionally attuned) and by the mother's or the primary caregiver's availability. These initial positive conditions represent a base which allow the infant to integrate in one's own psychological dimension the reality of one's ambivalence nature, the

ambivalence nature of others and to tolerate and accept one's aggressive drives, thus maturing the remorse capacity (sense of guilt) through the prompt mother's availability to accept the reparative act.

By this fundamental ability the infant can structure *the capacity for forgiveness*, which especially and articulately evolves during the following developmental stages, thanks to the good maternal object interiorization (the mental representation of a sympathetic and loving "good enough mother", who has repeatedly rewarded the new born child instinctual drives, who underwent the aggressive act, and following made herself available to the child reparative act) which also allows the acquisition of the essential capacity to be alone (Winnicott, 1958; Viola, 2004).

If the capacity to comprehend the reality of the human ambivalent nature does not develop within the psychic structuration (basically due to the inadequacy and various deficiencies in the caregiving environment; Klein, 1949; Winnicott, 1971) the most probable and direct consequence might be the incapacity to mentally structure (due to a dissociation of the reality and a split of one's Self in all good or all bad elements) the emotional dimension pertinent to *the ability to feel a sense of guilt and remorse*, and thus the consequent incapacity to develop the affective-behavioural component pertinent to the reparative act. During the course of the development and within a global psychic context of a weak and poorly structured Ego², these incapacities may manifest themselves in a progressive structuration of a disturbed personality at various levels, and characterized by the massive and stable recourse to dysfunctional defense mechanisms, like the splitting and projective identification (in a context of borderline personality), the idealization and devaluation (in a context of narcissistic personality), the denial (basically in maniacal personalities), the reactive formation and projections (in paranoid personality structures), the introjection and self-rejection (in depressive personalities), the displacement (in phobic personalities), and other neurotic processes (Freud, 1936; McWilliams, 2002)

² The weakness of Ego and its boundaries often result as a product of lack of support, during the early developmental stages, by the auxiliary Ego of a "good enough mother" (Winnicott, 1965), or alternatively is yielded by the supportive insufficiency of a range of substitutive and compensative good enough caregiving relations, assured by nurses, father, or other relatives.

which we do not enumerate here but which are however connected to disturbed and disadaptive personality structures.

The incapacity to tolerate one's ambivalence and the ambivalence of others is then dragged into the following evolutive stages, disturbing the healthy psychic development process, which normally unfolds from physical and psychological dependence (generally on the parents) to the autonomy and consequent individuation and differentiation of Self (Bowen, 1976). Often this latent incapacity crystallize itself in articulated, but at various levels dysfunctional, personality structures, and also in a *basic inability* to healthily and harmonically relate to others, and in general to functionally relate in the context of various interpersonal relationships (familiar, friendly, working, sentimental).

Some clinical aspects

An emblematic dysfunctional structure of personality, essentially typical of this basic incapacity (ambivalence tolerance and capacity for the sense of guilt), and particularly known to psychologists and to mental health professionals, is the "psychopathic personality", nowadays mostly known as "Antisocial Personality Disorder", as classified in DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). However, the DSM-IV criteria configuration for the characterization of this disorder is obviously hyperinclusive and particularly selective, since these criteria were determined through statistics developed on samples of subjects which especially fell within particular sociocultural categories (subjects prevalently belonging to poor sociocultural classes and generally having a low cultural level, criminals and prisoners). Logically anyway, the choice to label this disorder as "antisocial" can even be considered reasonably more than suitable, when it reaches the level of clinical attention, determining a series of deleterious effects within the context of social relations (generally a reiteration of indictable offences and torts). Actually, however, the implications of the psychopathic personality are far more wide, and their incidence much more higher than thought, when this disorder does not reach the threshold of clinical attention and it is not detected through scholastic indicators

(during infancy and childhood) or by the legal system (during adolescence and adulthood), actually involving individuals belonging to the most diverse sociocultural levels.

Just at the base of this disorder stands, properly according to a psychoanalytic point of view (Freud, 1915; Winnicott, 1971), the incapacity to feel a sense of guilt, strictly linked and deriving from the primary incapacity, structured at a very early developmental stage, to tolerate one's ambivalence.

At a more subtle and not clinical level, however, psychopathic personalities are also represented by individuals incapable to integrate others and oneself as entities endowed with good and also bad parts (therefore affectively and emotionally duals), and exceedingly incapable to mentalize emotional statuses of others, thus, unable to feel empathic understanding. Consequently, these individuals are often endowed with a good deal of cynicism and aggressivity, which paranoid projection on others (given by an extremely recurrent and pervasive attribution of negative qualities, or by reference or persecutory thoughts) or the frequent execution of acting-out mechanisms (therefore an aggressivity acted with more or less injurious actions on the behavioural level) can satisfy the "*latent and unjustified sense of guilt*"³ (Freud, 1917; Winnicott, 1965). So, it may happen to cope with persons who, even being apparently conventional and affable, actually are not able to accept one's own and others' ambivalent nature. Often these individuals are manipulative, cynical, strongly aggressive, incapable to sense a true remorse and therefore to achieve a real reparative act, thus consequently unable to forgive and to understand the reasons and points of view of others, strongly egocentric, frequently prone to trample on others just to reach their own aims, intrinsically invaded by a sense of omnipotence (which they use at an unconscious level as a defense mechanism) or deeply pervaded by a sense of anguish and a chronic deficit of self-esteem, perceiving themselves as fundamentally malevolent unworthy entities (in this case too, the devaluation is unconsciously adopted as defense mechanism).

³ This deep and underlying sense of guilt first crystallized during infancy, in an embryonic manner, within a developing psyche and in a condition where the child was not soothed by the loving availability of the mother or other good primary caregivers, and successively and gradually takes place and sets inside the personality structure, during the following developmental stages.

Therefore, we can infer how the embrional structuration of the ambivalence tolerance, a complex and extremely refined acquisition which structures during the very early infancy within the context of the dyadic mother-child relationship⁴ and within the progressive development of the emergent Self and the nuclear Self (Stern, 1985), might represent the base for the development of other fundamental psychic capacities. In the first place for overcoming the primary and subjective omnipotence (which characterizes the "emerging Self" dimension), then for the acquisition of the capacity to feel a sense of guilt (accepting one's ambivalence, and thus also the reality of one's own aggressive drives, one can mature the capacity for a sense of concern and the intention for a reparative act), especially if these processes are supported by a facilitating environment given by a "good enough" availability of the primary caregiver. These premises constitute, within the infant psychic structuration and the gradual process of "psyche indwelling in the soma" (Winnicott, 1971), a few essential stages to the achievement of the internalization (at first in one's growing psychic structure and the growing Self and later in the articulated personality) of a good internal object, given by a rewarding mother during infancy, and then by the internalization of a benevolent environment, which are necessary for the development of the *capacity to be alone* (Winnicott, 1965).

Logically, the acquisition of one's ambivalence tolerance may consequently determine the structuration of tolerance for the ambivalence of others: this takes place, in embrional form, during the shift from the child acceptance of one's love and aggressive instinctual projections, to the successive understanding of the mother figure wholeness as an object able to love (when she nurses and takes care of the baby) but also able to hurt (when she does not promptly reward the infant requests thus provoking frustration).

An individual can accept the ambivalence of others just because aware of one's own ambivalence, nevertheless holding nurturing one's consciousness of the oneness and wholeness of oneself and others, as entities capable of love but also able to injury, as individuals able to do good and also to do

⁴ According to Klein (1949), within the range of the first 3-4 months, in the shift from the "schizo-paranoid" position to the "depressive" one.

evil, a state which constitutes the basic essence of human condition. It is essential, therefore, a healthy embrional constitution of this capacity, which can only develop within a satisfying and good enough mother-child relationship, and which represents the base for the subsequent development of social abilities.

Often, during forensic psychological assessments, and in general within clinical psychological assessment, the topic of child ambivalence recurs. It is extremely important to accurately characterize and overallly define the actual ambivalent dysfunctional or disadaptive trait from the pathological one, with the purpose to avoid incongruent or erroneous psychological diagnosis and results.

In fact, stating beforehand that ambivalence constitutes a basic condition of human nature, it can become dysfunctional when not accepted at an intrapsychic level, therefore determining pathological splitting mechanisms, or also when it reaches significant frequencies and intensities, or however superior to the norm. Especially is very important to distinguish between a disadaptive condition and a pathological one. While the disadaptive condition is often accompanied by a marked ambivalent state, a pathological condition joins instead not only a high ambivalence threshold, but also most of all the ambivalence denial and rejection: the intolerance of the ambivalence, in its turn, determines *pathological dissociations of one's internal psychic reality and of the objective world*.

Therefore, it would be paradoxical classifying ambivalence as a pathological condition in itself, if done without determining its exact importance and dynamic, since ambivalence constitutes an intrinsic condition of human nature. Actually it is very important to perform a careful mental status examination and an accurate psychological assessment of the case in relation to ambivalence, since an ambivalent pattern of infant or adult attachment (Ainsworth, 1978, 1989; Bowlby, 1988; Bartholomew e Horowitz, 1991), for example, might not be pathological but simply dysfunctional at a certain level, while the incapacity to tolerate one's ambivalence, and thus generally the ambivalence of others, could instead produce psychological configurations of an actual pathological nature, which frequently join strong dissociative mechanisms (the splitting of objects) and strong projections. The incapacity to

tolerate ambivalence, in fact, at different levels can be found out in the context of various dysfunctional psychological configurations (mental disorders or also disadaptive conditions), which range from various personality disorders (where the antisocial kind is the emblematic one) to maniacal and/or depressive syndromes, to other various psychotic states (schizophrenic, schizoaffective and schizo-paranoid syndromes).

Nevertheless, as previously mentioned, this incapacity also manifest itself within the context of disadaptive personalities matching the psychopathic type, which do not reach the threshold of clinical attention. However, these kind of personalities can be identified by the careful work of the skilled clinical professional, on the basis of a series of recognizable elements within the therapeutic relationship (perceptive and apperceptive modalities, cognitive constructs and relational schemes), through the transference, and by means of other psychodiagnostical elements deriving from testing procedures. The clear incapacity to integrate and tolerate, at a healthy level, the coexistence of good and bad parts within one's Self and within others (frequently important others), represents the most immediate and evident proof of this dysfunctional deficit: other aspects derive as products, like the incapacity for concern and reparation (sense of guilt or remorse, and reparative act), the incapacity to mentalize one's emotional statuses and those of others (the capacity to mentally represent and distinguish these statuses), the excessive devaluation and/or self-devaluation tendencies, the omnipotence (which sometimes may also become delirious), the incapacity for forgiveness, a frequent polarization of reality aspects (splitting mechanisms) and strong projections on relational objects, often determining a strong tendency to *paranoid ideation*.

Conclusions

In a status of healthy psychological development the acquisition of the capacity to tolerate one's and others ambivalence and to integrate objects first develops, at an embrional level, within the context of the dyadic mother-infant relationship (Klein, 1949). Later allows, in a condition of growing

structuration of the Self, to overcome the oedipal situation linked to tryadic relationship mother-father-child, and thus to structure healthy attachment relationships with caregivers, which are fundamental for a successive harmonic development of social-interpersonal abilities and affective relationships, and thus, for a good development of lasting relationships with romantic partners during adulthood. Also, the embrional structuration of the ambivalence tolerance allows to introject good internal objects, and consequently to mature the capacity to be alone (Winnicott, 1965), which constitutes a basic intrapsychic skill during the different developmental stages and for the whole adulthood. The basic ambivalence tolerance also allows the equilibrated structuration of a *moral sense*⁵, that gradually shift from *egocentric heteronomy* to *autonomous ethic* (Piaget, 1957; Kohlberg, 1984) and which requires and involves the capacity to mentally represent emotional statuses, intentions and motivations of others. Therefore, the healthy structuration of the capacity to tolerate ambivalence, early and fundamentally allowed by an indispensable good enough and facilitating caregiving environment (Winnicott, 1965), represents *a basic acquisition* within the wider and necessary process of psychological individuation and Self differentiation, and *a necessary component* for psychological well being. Thus, within the context of psychological counselling, an accurate evaluation of the ambivalence depth and a careful assessment of the tolerance and the levels of acceptance of one's and others' ambivalence, may offer precious elements to individuate important intrapsychic dysfunctional dynamics which may allow to opportunely orientate the counselling or the psychotherapy.

⁵ The embryo of the moral sense develops within the "melting pot" of the dyadic mother-child relationship, through object introjections, and later by overcoming the oedipal situation, with the following psychic development of a Superego (Freud, 1923).

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