INTRODUCTION

During development, babies face conflicts between their dependence and independence needs through individuation, eventually reaching a point at which both are adequately satisfied. Unresolved internal conflicts could be reactivated at each developmental stage in life. Thus, separation-individuation (SI)—a process through which individuals alter their identity and achieve an independent life at each stage of development—is crucial to adaptation in adolescence and adulthood [1]. This process continues throughout one’s life; key research findings regarding SI in the first few years of life have been presented by Mahler [2], for second individuation in adolescence by Blos [3], and for various individuation stages in adulthood by Colarusso [4]. SI theory provides a useful framework for understanding the process through which individuals pursue independence and search for identity during their lifelong development. Considering that SI begins with the relationship between a baby and its mother, we posed the following questions:

First, is the individuation process independent? That is, can it be achieved through self-effort? Then, is the failure of individuation attributable to one’s own failure to achieve a developmental task?

Development is fundamentally a process of relationships [5,6], and the core objective of relationships in children and adolescents is adult parents. Some parent–child relationships are established and sustained unidirectionally by the parent, irrespective of the child’s opinions. From the child’s perspective, such relationships indicate failure or insufficiency in achieving individuation. However, this cannot be attributed...
The Concept of Synchronization in the Process of Separation-Individuation

Most theories of psychoanalysis or development have emerged from observations of clinical cases. Case observation provides the practical information needed to gain a theoretical understanding of and describe a clinical phenomenon. Conversely, it is significant in terms of applying and examining theoretical concepts in real-world clinical practice.

Conflicts between adolescents and their parents, and the achievement of growth through these conflicts, are common scenarios encountered in clinical practice. Thus, in this study, we retrospectively reviewed a clinical case involving a son and his father. The boy was in Grade 11 (aged 16) and demonstrated uncontrolled behaviors, such as frequent sleepouts and school absences. His father (aged in the late 40s) was perplexed by his son’s sudden changes and subsequently suffered from depression and suicidal ideation. Contents representative of adolescent-parent interaction and the SI process were identified and analyzed. The experiences of the boy and his father, which were shared during the treatment, were rearranged from the therapist’s point of view.

Adolescents’ and parents’ individuation processes were determined through a psychoanalytic approach examining increased reciprocal influence, affects, and drives occurring from object relations, position in the relationship, and changes after psychological reorganization. Through this analysis, the individuation processes in adolescents and parents were reinterpreted in terms of “synchronized individuation” from an intersubjective perspective, and we attempted to bridge theory and practice based on the results. Approximately one year after the termination of the 19-month therapy, we called the father to examine his progress and obtained written consent for case presentation and publication from the father and son. This study was reviewed and approved by the Institutional Review Board of Seoul Metropolitan Children’s Hospital.

METHODS

Most theories of psychoanalysis or development have emerged from observations of clinical cases. Case observation provides the practical information needed to gain a theoretical understanding of and describe a clinical phenomenon. Conversely, it is significant in terms of applying and examining theoretical concepts in real-world clinical practice.

Conflicts between adolescents and their parents, and the achievement of growth through these conflicts, are common scenarios encountered in clinical practice. Thus, in this study, we retrospectively reviewed a clinical case involving a son and his father. The boy was in Grade 11 (aged 16) and demonstrated uncontrolled behaviors, such as frequent sleepouts and school absences. His father (aged in the late 40s) was perplexed by his son’s sudden changes and subsequently suffered from depression and suicidal ideation. Contents representative of adolescent-parent interaction and the SI process were identified and analyzed. The experiences of the boy and his father, which were shared during the treatment, were rearranged from the therapist’s point of view.

Adolescents’ and parents’ individuation processes were determined through a psychoanalytic approach examining increased reciprocal influence, affects, and drives occurring from object relations, position in the relationship, and changes after psychological reorganization. Through this analysis, the individuation processes in adolescents and parents were reinterpreted in terms of “synchronized individuation” from an intersubjective perspective, and we attempted to bridge theory and practice based on the results. Approximately one year after the termination of the 19-month therapy, we called the father to examine his progress and obtained written consent for case presentation and publication from the father and son. This study was reviewed and approved by the Institutional Review Board of Seoul Metropolitan Children’s Hospital.

RESULTS

Case of the father, denoted by the letter “F”

F, a man in his late 40s, presented to the hospital with depression and lethargy. Although he had been receiving treatment for depression at another hospital, he visited our pediatric psychiatric clinic because of his 16-year-old son, “S.” F was affected by anxiety about his “lovely and good-hearted son who demonstrated no issues” beginning to drift away from him since about six months prior. He experienced helplessness and depression over being unable to control his son’s behaviors. His son began going out with his friends more often without seeking permission. F considered this as running away from home. F exhibited a passive and avoidant attitude toward his son that did not help control his son; helplessly and anxiously, F waited until late at night for his son to return home.

The frequency of physical contact, a means for F to confirm his bonding with his son, naturally declined. The anxiety of losing his son gradually progressed to a sense of loss and anger. Anger was not projected onto his son, but was instead directed toward himself. He had suicidal ideations due to depression, helplessness, and introjection of aggression triggered by the loss.

Case of the son, denoted by the letter “S”

S had his long hair dyed and was passionately interested in fashion. Until middle school, he was a relatively quiet student with average grades, spent considerable time with his parents, and had good relationships with them. After enter-
ing high school, S spent more time with his friends, some of whom were delinquents. S spent the night out with his friends increasingly often. His father, F, called this running away from home, but S simply chose to stay with his friends.

Even while spending the night out, S called F for money when needed. He did not have negative emotions or show aggression toward his parents until his parents began to strictly control him. He still liked and respected his parents but could not understand why they were emotionally distressed because of him. S visited a psychiatric clinic after his father, F, implored him, but he was not motivated to change. As he spent more time outside his home, he naturally skipped school and he was even reported to the police for delinquency.

He was also involved in a fight with his peers and fractured his bones, which required surgery. After surgery, he came home with his girlfriend and stayed for some time until leaving with her. S was admitted to the psychiatric ward to intervene in S's uncontrolled behaviors and his parents' frustration and anger about the inability to control his behaviors.

**Father F's individuation process**

Children are marvelous beings to their parents. F was also deeply attached to his son, who had become an idealized self-object for him. S was the eldest grandson of the head family and the object of F's identification, bolstered by genetic permanence. F felt omnipotent in the relationship as his son S had relied on him. F also felt joy and sorrow due to his son's behavior. To F, S was like a "friend"; he believed that his son—his idealized self-object—would not leave him. The therapist, Duk-Soo Moon, retrospectively interpreted that such idealization was also an attempt to avoid the imminent separation anxiety that would result from the individuation process.

Contrary to F's expectations, S began to change suddenly. He could not accept this change because it would mean that his self-object was lost, and he wanted his son to return to his previously beloved behavior. Even though he was depressed due to this loss, he did not know what to do as a father.

F felt that his son's friends had replaced his role of being a friend of his son, and so this provoked a sense of rivalry and anger. To his dismay, his son did not change his behavior. His wife confronted S and even used threatening language to anger. To his dismay, his son did not change his behavior. His father, F, called this running away from home with his girlfriend and stayed for some time until leaving with her. S was admitted to the psychiatric ward to intervene in S's uncontrolled behaviors and his parents' frustration and anger about the inability to control his behaviors.

F not only admitted that S had gone beyond his control, but also admitted that he needed to serve a new role as a father. Anxiety, anger, and recognition of his son's changes provided an opportunity to rediscover himself; they motivated him to change.

During the hospital stay, F accompanied his son to a dental appointment. Several hours after the agreed time, F returned to his crestfallen. He discovered himself, once again; he was being swayed by his son's unexpected demands and was unable to impose restrictions. The therapist took a reflective approach to F and strengthened his motivation to set limits as a father, which is more important than setting an environmental limit by hospitalizing his son and presenting his opinions to his son. At that time, F seemed to have recognized the need for change and decided to put his foot down. He slowly recognized and accepted the position and role of the father of an adolescent and began to convey his position and opinions. By employing selective identification, F rejected his son's opinions and took responsibility for his words. In other words, individuation is initiated. F also witnessed changes in his son. His son showed improvement and his symptoms resolved. F was treated for approximately a year until his symptoms subsided. He visited the clinic five months after the termination of treatment and told the doctor that he was no longer depressed and that his son had gone to college. He also said that S had changed his behavior. Of course, his son was not the same as before. It is just that F feels the "stability" that he had with his previous relationship with his son and has recovered his "control" over himself, not his son. This was also a rapprochement between the two, following individuation achieved collaboratively as both personally grew. The therapy was terminated. A year later, the therapist had a phone call with the father to check on any updates and obtain consent to publish the study. F said that both his son and himself were doing well. There were no more runaways or conflicts. For F, S is still a significant being, who can have a serious impact on his emotions. "I still want my son to be within my reach. However, I know that it is not right to insist on my way because he is also a human. I still want to hold him in my arms and my life, but I am slowly letting him go."

He referred to his son S, who has gone to college now, as a "child" with a romantic and nostalgic pursuit of the dependent relationship in childhood. Nevertheless, he certainly recognized each other's changed positions and roles and regulated his behaviors while enduring his ambivalent feelings. While various objects in the surroundings can trigger the process of individuation, the individuation process of F in this clinical case was most heavily influenced by his beloved son S's changes in adolescence.
Son S's individuation process

S did not have many complaints about his parents since they mostly allowed him to have his way. He liked his parents and wanted to spend time with them. He also expressed his satisfaction and wished to depend on his parents.

After entering high school, the time spent with his schoolmates became more precious for him and he committed to narcissistic experiences. During this process, S refused to obey his parents' attempts to control him and had difficulty understanding his parents' emotional distress regarding his change. His overprotective father, F, did not demand that he takes responsibility for his actions. Although his parents sometimes refused to give him money, as a means to control him, S was not really dependent on it because he was able to work part-time jobs with his friends. However, he could not live on his own, and worrying about his situation was his father's role; consequently, he was not given many opportunities to restructure his ego and superego. He behaved defiantly against his parents' attempt to control him; however, he felt guilty about his parents' distress. S felt a drive contradictory to his ambivalent feelings but did not perceive the need for change. Therefore, to him, his parents' decision to take him to a psychiatric ward came as a shock. This was an outcome of his actions and experience of narcissistic frustration. While undergoing treatment, his father F gradually reset his position and boundaries and took responsibility for his own words. These changes in his father were something S wanted unconsciously. S was also able to convey his thoughts and opinions to his "brand new" father. Now, selective identification was actively employed between the two, where S agreed to and accepted what he could about his father instead of being dependent on or rejecting his father. During this process, S learned that his behavior substantially impacted his parents. He recognized his changed position and influence and came to understand his parents' suffering. Recognizing the suffering of a significant other means that he has discovered the reason to change. He underwent a process of dialectic contemplation on the choice between taking responsibility for his actions and growing, and not taking responsibility, and remaining as a child.

Eventually, S perceived the need to make choices regarding his position and role. Upon witnessing his father's changes, S felt that his father had undergone this process. Approximately a year after the termination of treatment, the therapist discovered on the phone with father F that S had lived by the choice he had made one year ago. S recognized his responsibility for his roles in his relationship with his father, and he is now taking responsibility in college as the class president. The turning point that steered his second individuation in a more constructive direction was not the freedom that he enjoyed with his friends under his father's overprotection but his father's depression and pain caused by him. The conflict and interactions with his parents drove him to check his reality and redefine himself. Although his friends accounted for a tremendous portion of his life as an adolescent, his father was still a significant being.

The process of synchronized individuation of son S and father F

Upon entering adolescence, S was no longer a little child who his father always hoped he would be. Due to his father's ambivalence, S could save and kill his father, mentally. However, S did not know that he had such power. F also did not want to admit that his son has changed. However, S gradually recognized his changed self as he witnessed his father's instability and experienced relational conflict. F eventually perceived the need to accept his changed son and assume a different role as a father.

S moves from being dependent on his father F to living his own life. The process of S's separation was utterly painful for F, but he accepted the fact that S must move on based on the experience of enduring ambivalent feelings with his relationships with S. Conflict provided them with an opportunity to undergo individuation, and newly developed mutual recognition and respect helped them discover the reason and purpose of individuation. Amid taut tension with contradictory feelings involving idealization, separation anxiety, aggression, and guilt that are shaped and experienced in their relationship, they gradually re-recognize each other and newly identify themselves from an integrated point of view. Both achieved the individuation required at this point in life.

In this analysis of a clinical case of father F and son S, we examined whether fathers and sons achieve synchronized individuation as they experience intensified conflict in adolescent–parent relationships, mutual influence, ambivalent feelings about separation, selective identification with each other, mutual respect through mutual recognition, change of position in the relationship, and recognition of each other's and one's own independence in such interactions. As revealed by this case, the process of synchronized individuation in parents and adolescents is a phenomenon observed in real life and not an abstract or theoretical concept.

**DISCUSSION**

Mutual recognition of equality and the issue of getting the initiative

Parent–child relationships vary depending on age, such as young child-parent, child-parent, adolescent-parent, and adult-grandparent relationships. Interactions between them
change not only according to age, but also the situation involved. Once a child reaches adolescence, they undergo physical, cognitive, and psychological development and gain equality in their relationship with their parents [4]. Once equality is mutually recognized, adolescents and parents sometimes struggle to gain the upper hand and thus control the relationship. For example, consider the struggle where S ignores his parents’ orders and engages in delinquent friends, and his mother’s attempt to impose strict restrictions or his father’s decision not to give allowances. However, son S got himself a part-time job and thus gained some financial independence; consequently, he had more liberty to shift his dependence on his parents to other significant people, such as friends.

Even after an adolescent achieves equality, parents still have the upper hand financially and can wield this power in their struggles over control. Parents can threaten their children by saying, “If you’re going to keep doing this, get out of the house!” during a conflict; this is an attempt to gain control by retaining or expelling the object. During this period, adolescents contemplate whether to escape from or subdue their parents in their masochistic position. However, they can escape from their masochistic position through a newly discovered refuge in a peer group, through which they regain equality in their relationships with their parents [9]. Such conflicts about control over relationships prompt to become independent individuals with their own control. An assessment study [10] quantified the changes in individuation dynamics between adolescents and parents from kibbutz, a communal settlement in Israel, and showed that in late childhood, parents’ views are primary, and children’s views are secondary. In early adolescence, self-recognition increases while parents’ views diminish. For mid-adolescents, individuals establish their own systems and parents’ views become secondary. From late adolescence to young adulthood, individuals absorb and assimilate their parents’ views into their system.

Selective identification and identity formation

Adolescents acquire equality in their relationship with their parents, face intense conflict with their parents, and recognize that they develop the power to win over their parents [4]. They could infer and refute their parents’ thoughts and emotions. They also reject their parents by shifting their dependency on their peers. Adolescents perceive their parents as real-life parents who are far from ideal with disappointing. Then, adolescents leave their parents and eventually separate themselves. Parents’ attributes and characteristics that were internalized based on their dependence and identification with idealized parents are now externalized, as they experience ambivalent feelings and aggression toward the object. Parents’ auxiliary ego function is lost during the externalization process, and adolescents perceive the need to restructure their ego [9].

Since mutual identification with each other includes narcissistic object choices, the loss of the object translates to the loss of a part of oneself and thus triggers anxiety and fear. During this process, parents lose omnipotence in their relationship with their children; therefore, they (parents and children) experience anxiety and pain from separation. Father F, in our case, developed depressive symptoms due to a narcissistic injury resulting from the separation of his son S. Son S wishes to enjoy unconditional freedom; at the same time, he is anxious about taking responsibility and wants to remain complacent. They were faced with an ambivalent tension in relations caused by a clash of their separation and dependency needs in a dialectical process.

Selective identification enables them to break through this ambivalent tension. Once babies reach age two, they can compare and contrast two objects, and thus becoming capable of selective identification [11]. Adolescents selectively identify with certain attributes of their parents more freely and revise their self-image more realistically [12]. They perceive their parents more elaborately by dividing them into accepted and rejected parts and undergoing psychological restructuring as they simultaneously deal with their dependency needs and aggression toward an object. Broadened social and psychological understanding in adolescence reminds adolescents of their parents’ positions, laying a foundation for mutual respect in relationships. During this period, parents also undertake a process in which they slowly accept their child’s maturity [13]. Their internal representation of their child as dependent and immature gradually changes into a mature individual.

In our case, father F loved his son and wished to embrace him, and he could no longer accept his delinquent behaviors and self-centered attitude. Through a process of re-recognition and selective identification with his changed son, he was able to present his opinions without being swayed by his son. Son S could not accept his father’s incompetent attitude or his unreasonable attempt to control him, but he selectively identified with his father’s changed attitude, developing respect for his parents and responsibility for his actions. Son S’s identity formation through selective identification and father F’s acceptance of the child’s change and separation show features of synchronized individuation in an adolescent and parent.

Process of mature synchronized individuation

Parents and children are involved in all phenomena occur-
ring in their relationships, so they inevitably influence and engage in each other’s individuation process. They share the affective influence activated by object relations and recognize their own and each other’s changes. Such a process of mutual recognition requires dual recognition of an intrapsychic object and a real other, which are the same but two different objects that influence oneself, as well as recognition of the self as an object to another. Mutual recognition progresses to mutual respect between the subject and object, and this process is a key component in the synchronized individuation of two persons.

The parents’ individuation pertaining to an adolescent child can be explained in four stages [14]. First, the resistance stage is a period in which parents wish to avoid issues that may provoke conflict. Second, the conflict and defense stage occurs when parents encounter conflict with their adolescent children and experience fear. Their defense against this fear manifests as omnipotence or a rigid parenting style. Third, the working-through stage is when parents strive to face and resolve confusion more constructively. They break free from the fantasy that parents must be omnipotent and develop flexible defense mechanisms. Their identification with their child’s position has also advanced. Fourth, the maturation and integration stages involve multiple identifications, and parents mature and develop the recognition that a parent needs not be omnipotent to be powerful. Ultimately, this is a process through which parents strive to resolve and overcome their ambivalent feelings regarding omnipotence, parental limitations, and fear of deterioration and confusion. In our case, father F overcame his ambivalent feelings during treatment. By shifting his center away from the child, whom he considered a narcissistic self-object, F validated and contained his son’s individuation need and eventually achieved the process of maturation and integration. While maintaining his independence, he maintained his connection with his son through selective identification and acquired an integrative view of the relationship.

Internal and external changes experienced by adolescent son S fall under the category of secondary individuation in adolescence proposed by Blos [3], and those experienced simultaneously by father F are examples of third and fourth individuation in adulthood proposed by Colarusso [13,15]. Our analysis of adolescents and parents’ individuation processes revealed that they overcame the changes and conflicts brought upon by growth through selective identification and achieved “synchronized individuation” through mutual recognition and respect. Synchronized individuation is a reinterpretation of the individuation process of parents and children with an intersubjective perspective based on the theory of primary, secondary, third, and fourth individualizations (Table 1).

This study had a few limitations in terms of the study topic and methodology. First, there is the issue of quantitative assessment, which is common across all psychoanalytic or developmental theory research. The fact that individuation—the key topic of this research—cannot be assessed in accordance with pre-established criteria and thus needs to be interpreted circumstantially needs to be addressed by developing quantification criteria or relevant scales. Second, analyzing our clinical case alone does not present sufficient evidence to generalize the concept of “synchronized individuation.” Thus, further evidence-based confirmation with a more extensive study sample and deductive reasoning using diverse clinical data are needed. Third, individuation occurs across

---

Table 1. The comparison of classic individuation theories with synchronized individuation

| Items | Primary SI by Margaret Mahler (1963) | Secondary SI by Peter Blos (1967) | Third SI by Calvin Colarusso (1990) | Synchronized SI from this article |
|-------|--------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| SI Subject | Infant | Adolescent | Adult | Adolescent-parents |
| SI from | Mother (caretaker) | Parents | Children, spouse, parents | Each other |
| Period | Infancy | Adolescence | Young and middle adulthood | Adolescence-middle adulthood |
| Developmental tasks | Psychological birth from symbiosis, establishment of object constancy | Reorganization of psychic structure, independence from parents, identity achievement | Making family, experiencing parenthood, accepting the aging, transforming the relationship | Tolerating ambivalent tension in relation, mutual recognition and respect |
| Process | Differentiation, practicing, rapprochement, object constancy | Dialectic process between regressive and progressive positions | Ongoing process of separation from the offspring, spouse, and parents | Synchronized experience of ambivalence, selective identification, achieving dual individuation |
all ages, and interactions would differ according to age and
target. It may be inappropriate to apply our findings of inter-
action between an adolescent and a parent uniformly to all
ages, so subsequent studies should develop individuation
models for interactions in various age groups.

Despite these limitations, this study is the first to propose
the concept of “synchronized individuation,” a comprehen-
sive approach to the SI process in adolescents and parents
based on a mutually independent and intersubjective rela-
tionship between the two.

CONCLUSION

Adolescence is a period in which individuals achieve physi-
cal, cognitive, and psychological growth, consequently gain-
ing equality with their parents and realizing that their par-
ents are not ideal objects, which triggers deidealization and
individuation. This is also a critical period in which parents
concede that their children capable of making their own de-
cisions. Intense interactions between the two parties amid
rapid changes may be confusing and trying to overly defend
against the consequent tension causes distortion or failure of
individuation and provokes conflicts. Therefore, it is crucial
to adopt an integrative concept of developmental tasks and
interactions between parents and adolescents. Parents need
to understand their adolescents’ individuation needs and
recognize their own individuation. Children can cope more
flexibly when they can view what happens in their parents’
minds and detect the atmosphere of the relationship felt
within them. The moment when parents and adolescents
concurrently individuate after enduring conflict and am-
bivalent tensions and showing mutual recognition and re-
spect is the peak of this process. This study sheds light on
the synchronized individuation process between a parent
and an adolescent child by analyzing clinical cases. The con-
cept of “synchronized individuation” developed in this study
is not heterogeneous or exclusive compared to the ex-
isting individuation theories but complements the existing
ones. Synchronized individuation theory would help gain
an understanding of adolescents and their parents undergo-
ing individuation and relational conflict.

Availability of Data and Material

The datasets generated or analyzed during the study are not pub-
licly available due to the copyright, but are available from the corre-
sponding author on reasonable request.

Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

Author Contributions

Conceptualization: Duk-Soo Moon, Geon Ho Bahn. Data curation:
Duk-Soo Moon. Formal analysis: Duk-Soo Moon, Geon Ho Bahn. Investi-
gation: Duk-Soo Moon, Geon Ho Bahn. Methodology: Geon Ho Bahn.
Project administration: Duk-Soo Moon. Supervision: Geon Ho Bahn.
Writing—original draft: Duk-Soo Moon. Writing—review and editing:
Geon Ho Bahn.

ORCID iDs

Duk-Soo Moon https://orcid.org/0000-0001-7878-3410
Geon Ho Bahn https://orcid.org/0000-0002-3550-0422

Funding Statement

None

Acknowledgments

This article was published in Korean language in the Journal of the
Korean Association of Psychoanalysis, titled as “Psychoanalysis”
2016;27(2):35-41. Professor So-Jin Lee, the editor-in-chief of “Psycho-
analysis” has agreed to publish this article as secondary publication
in English. Hee Jeong Yoo, the editor-in-chief of the Journal of the Ko-
orean Academy of Child and Adolescent Psychiatry also agreed with
its secondary publication in English. Although the title and content
of the original article written in Korean have not been modified be-
ond the translation, the authors’ affiliations have been updated to
reflect their current institutions. Abstracts were modified to meet
the formatting requirements of this journal.

REFERENCES

1) Mahler MS, Pine F, Bergman A. The psychological birth of the hu-
man infant: symbiosis and individuation. New York: Basic Books;
1975.
2) Mahler MS. Thoughts about development and individuation. Psy-
choanal Study Child 1963;18:307-324.
3) Blos P. The second individuation process of adolescence. Psycho-
anal Study Child 1967;22:162-186.
4) Colarussa CA. Child and adult development: a psychoanalytic in-
troductory for clinicians. New York: Plemum Press;1992.
5) Fairbairn WRD. Psychoanalytic studies of the personality. Lon-
don: Routledge & Kegan Paul;1952.
6) Stern DN. The interpersonal world of the infant: a view from psy-
choanalysis and developmental psychology. New York: Basic Books;
1985.
7) Choi YM. Intersubjectivity-paradigm change in psychoanalysis.
Psychoanalysis 2008;19:125-138.
8) Freud A. Adolescence. Psychoanal Study Child 1958;13:255-278.
9) Blos P. The adolescent passage: developmental issues. New York:
International Universities Press;1979.
10) Mazor A, Shamir R, Ben-Moshe J. The individuation process from
a social-cognitive perspective in kibbutz adolescents. J Youth Ad-
olesce 1990;19:73-90.
11) Jacobson E. The self and the object world. New York: Internation-
al Universities Press;1964.
12) Tyson P, Tyson RL. Psychoanalytic theories of development: an in-
tegration. New Haven: Yale University Press;1990.
13) Colarussa CA. The third individuation. The effect of biological
parenthood on separation-individuation processes in adulthood.
Psychoanal Study Child 1990;45:179-194.
14) Blass RB, Shmuel Erlich H. Separation individuation of parents of
adolescents: a “multiple identification” perspective of the parent-
child interaction. J Child Adolesc Group Ther 1993;3:175-187.
15) Colarussa CA. Separation-individuation processes in middle adult-
hood: the fourth individuation. In: Akhtar S, Kramer S, editors. The
seasons of life: separation-individuation perspectives. North-
vaile: Aронson; 1997. p.73-94.