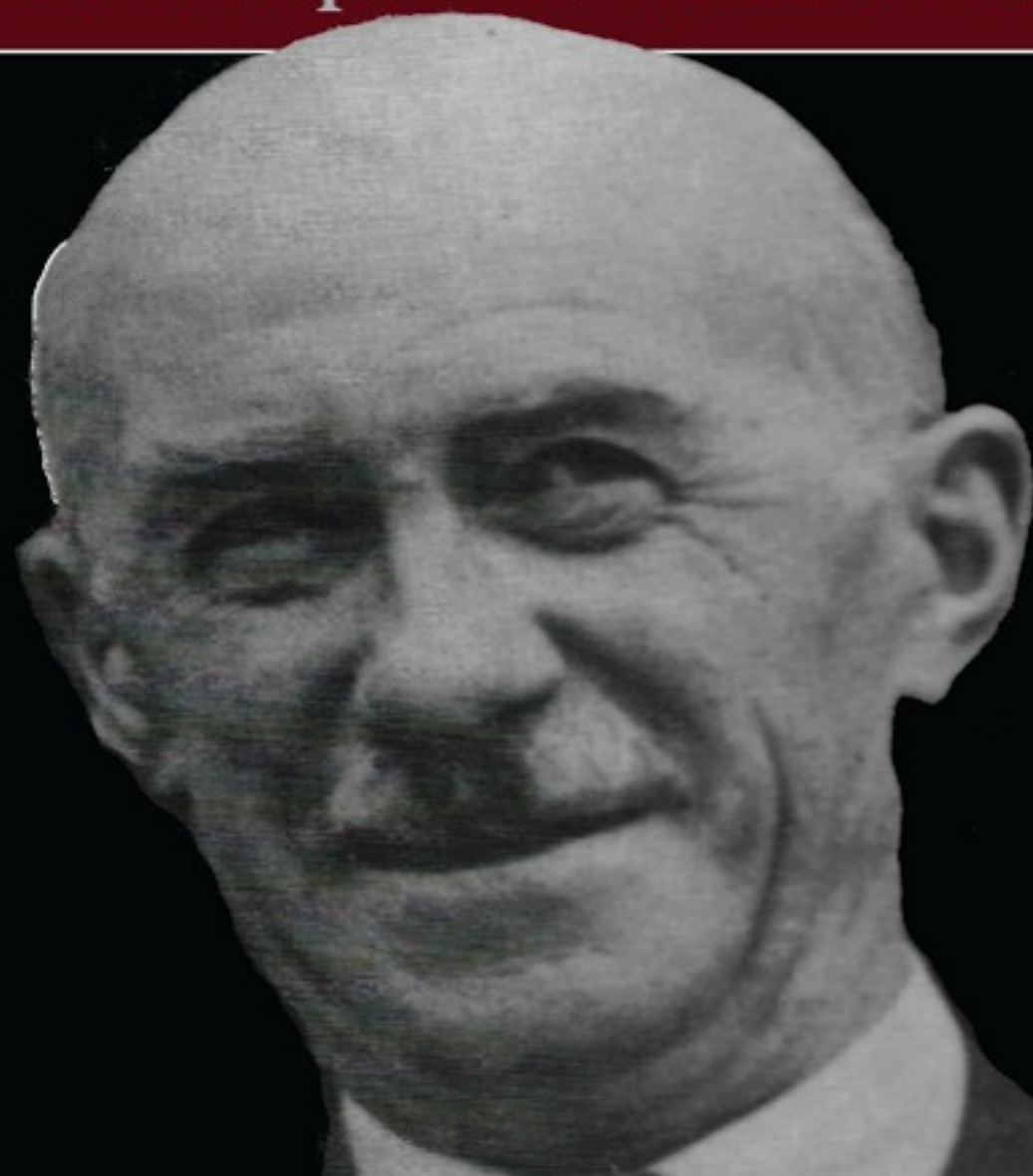


# FROM INSTINCT TO SELF

Selected Papers of W.R.D. Fairbairn



Vol. 1 Clinical and Theoretical Papers

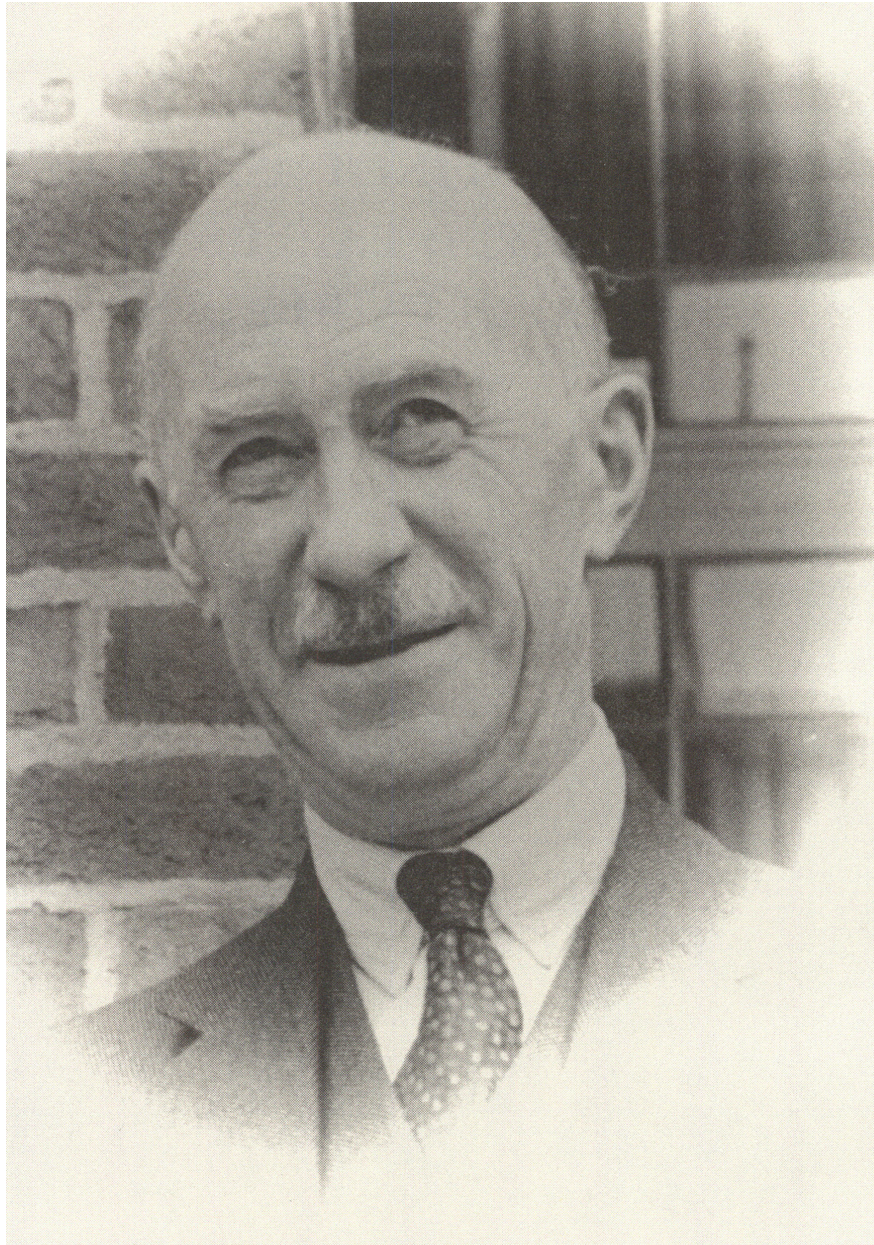
David E. Scharff  
Ellinor Fairbairn Birtles,  
Editors

**FROM INSTINCT TO  
SELF:  
SELECTED PAPERS OF  
W. R. D. FAIRBAIRN**

**Volume I: Clinical and Theoretical Papers**

**Edited by  
David E. Scharff and  
Ellinor Fairbairn Birtles**





Ronald Fairbairn

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Credits

## Preface

Until now, Fairbairn's reputation has been assessed on the basis of the collection of the papers published in *Psycho-Analytic Studies of the Personality* (1952). We felt that there was a significant need to collect and publish the late papers which actually constitute Fairbairn's refinement of his contribution to psychoanalysis. The papers themselves are of considerable significance to the development of psychoanalysis, while the ideas contained within them are relevant not only to the history of psychoanalysis but to the history of western thought. We hope that the publication of *From Instinct to Self* will revitalise interest in Fairbairn's contribution and lead to a radical reevaluation of his contribution to psychoanalysis.

For some time now we had each wanted to make the body of Fairbairn's late work readily accessible to clinicians, students, and scholars. This opportunity came through Jock Sutherland's wife Molly, who put us in touch with each other so that we could carry out Jock's ideas about publishing some of these papers, as well as others Jock had not considered. We have both thoroughly enjoyed our collaboration and have found our areas of interest to be complementary. Altogether it has been an exciting and rewarding experience.

We are both grateful to all who have contributed to and facilitated the work of collecting and editing these two volumes: to the Fairbairn family for their cooperation and interest; to Molly Sutherland for access to Jock's papers and ideas; to Alan Harrow, Murray Leishman, and their colleagues of the Scottish Institute of Human Relations, where many of the papers and notes are housed, for their support and encouragement; to James Grotstein who had already begun an aspect of this work and who not only graciously gave way, but who continued to lend enthusiastic and generous support to us. The staff of the library of Edinburgh University, and especially Mrs J Currie of Special Collections, helped cheerfully with access to Fairbairn's library and with references to works of his contemporaries. We also extend special thanks to Hermi Dauker, Michelle Benjamin, and their colleagues at *The British Journal of Medical Psychology* for their unfailing helpfulness. We would also like to thank the Librarian in the Psychology Library of London University; Deidre Morley, Liverpool Council for Voluntary Service; Miss Pearl King, archivist; Jill Duncan and Paula at the library at the Institute of Psycho-Analysis; Cosmo Fairbairn for his translations and checking of Janet; Josephine Lomax-Simpson for all her help and encouragement in so many ways; Elizabeth Foulkes for her interest and the volume of Foulkes papers; John Clarke for his patience and encouragement to pursue the study of Fairbairn's thought; Diane Barnett for guiding my (EFB) footsteps toward

computer literacy and Dean Casswell for his invaluable help with a recalcitrant disk. We want to thank, finally, Jason Aronson for his support for this project, and Judy Cohen and Norma Pomerantz for their flexible, supporting, and encouraging attitude during the editing and production phases of the book.

David E. Scharff M.D.  
Ellinor Fairbairn Birtles  
Washington and London 1994



## **Editors' Introduction: Fairbairn's Contribution**

W. Ronald D. Fairbairn stands as one of the most influential psychoanalysts since Freud, yet the extent of his contribution is largely unrecognized. Despite periodic contacts with many of the major figures in British analysis during the middle of the century, he worked in relative isolation in Edinburgh, Scotland. His geographical separation from the London center of the British analytic world may have kept his ideas from achieving the recognition they deserve, although it may have also helped preserve his independence of mind.

The claim for his importance stems partly from the influence his ideas have had and partly from the lasting power of the logic of the ideas themselves. The theoretical contributions he made have guided the revolution in psychoanalysis during the past twenty-five years and have contributed to the widespread application of analysis to other areas — to the study of marriage and the family; to religion and pastoral care; to the understanding of groups, institutions, and society; to infant development; and to an evolution in the philosophical understanding of human experience. Fairbairn's analysand and student, John D. Sutherland, as Medical Director of the Tavistock Clinic for twenty years, and as the editor of *The British Journal of Medical Psychology*, *The International Journal of Psycho-Analysis*, and the *International Library of Psycho-Analysis*,

fostered a breadth of analytic research, clinical progress, and many applications of analysis over a long and influential career. Another analyst and student, Harry Guntrip deepened a number of Fairbairn's concepts and promoted their acceptance internationally, most effectively in pastoral care and counseling. Henry Dicks, a President of the Royal College of Psychiatry, applied Fairbairn's ideas to marriage and by implication to the entire realm of the psychology of personal relationships. And John Bowlby, the seminal contributor to work on the maternal-infant bond and originator of attachment theory, acknowledged the central influence of Fairbairn in his analytic heritage. More recently, Otto Kernberg, James Grotstein, and Stephen Mitchell, among others, have spelled out the ways in which Fairbairn's contributions influenced them in important ways.

But the most important influences are probably the unacknowledged ones. The heart of Fairbairn's work has become an intrinsic, accepted core of the thinking of the independent group of British analysts. His shift from Freud's topographical, impulse psychology to a psychology based on the need for and internalization of relationships gave a theoretical basis to the centrality of the therapeutic relationship and, therefore, of the use of the therapist's subjective experience and of countertransference. His understanding of the importance of the relationship with the mother and family in infant and child development came fifteen years before Winnicott's

and Bowlby's published accounts and expansion of ideas in this realm and was an important part of the climate in which they later developed their contributions. His theory remains to this day an important part of a rigorous underpinning of their work. More recently, Sutherland called to our attention (1989) the parallel between Kohut's writing on self psychology and Fairbairn's emphasis on self and object relations. While Kohut did not acknowledge Fairbairn's work as a source of his own, he employed language almost identical to that used by Fairbairn twenty-five years earlier.

Like those of Freud, Fairbairn's contributions have been so important that many of them have found their way into our analytic "drinking water," fundamentally nourishing and sustaining without our knowing exactly where they come from. They deserve to be better and more directly known because Fairbairn was both an original thinker and an exceptionally clear conceptualizer. He knew his subject thoroughly and he wrote with rare clarity. His scope is broad and deep, his grounding thorough, and his aim sure. When he disagreed with Freud or anyone else, he cited specific points of agreement and disagreement and argued with respectful logic. He explored uncharted canyons of the personality with a sure-footed respect for the terrain.

In 1952 Ernest Jones introduced Fairbairn's book, *Psycho-Analytic Studies of the Personality*, by saying:

Instead of starting, as Freud did, from stimulation of the nervous system proceeding from excitation of various erotogenous zones and internal tension arising from gonadic activity, Dr. Fairbairn starts at the centre of the personality, the ego, and depicts its strivings and difficulties in its endeavour to reach an object where it may find support. ...All this constitutes a fresh approach in psycho-analysis which should lead to much fruitful discussion. [Introduction to *Psycho-Analytic Studies of the Personality*, 1952b, p. v]

In our judgment, Jones's assessment still stands. Fairbairn took as his beginning point an ego — which we might now call an unformed self — which is structured from the beginning to seek relationships with important sustaining figures. Within the sustenance of these relationships, the infant and growing child takes into its psyche both experiences which are painfully frustrating and those which are satisfying. As the child does this, its mind is organized by this introjection of objects and by a splitting of the ego or self into units of relational structures. In the process the child constructs an internal reality which mirrors external reality. The mind is thus made up of structures which contain prior relational experience, although these structures are heavily modified by the intrinsic process of the structuring itself.

## **FAIRBAIRN'S EARLY PHILOSOPHICAL TRAINING AND THE SCIENTIFIC BASIS FOR PSYCHOANALYSIS**

The way in which Fairbairn developed object relations theory made it a framework which is “experience-near.” That is, the translation of the theoretical framework to clinical experience requires only a small step, for the words and ideas of the theory fit readily with issues of human development and psychopathology. This easy fit has led clinicians to underestimate the degree to which Fairbairn’s explanatory power had firm and distinguished roots in the richest academic traditions of thought. Accordingly, a digression seemed to us to be in order to comment on the intellectual and philosophical basis for Fairbairn’s original formulation of object relations theory and for his later defense of it in intellectual terms, a task he undertook in a few of his last papers reprinted in Volume I of this collection.

Philosophers interested in psychoanalysis have suspected for some time that object relations theory had its roots in nineteenth-century German philosophy. Indeed, before his medical studies, Fairbairn took his first university degree at Edinburgh University from 1911 to 1914 in what was formally called Mental Philosophy. As the title of the degree implies, it was concerned with the philosophy of mind (psychology) and what one might call some of its theoretical products, namely, logic and metaphysics, ethics,

theories of education, and the philosophies of law and economics. The older Scottish universities were, for historical reasons, more closely connected with the development of continental European philosophy than with the intellectual ideas developed in England. Fairbairn was particularly influenced by Aristotelian psychology, which describes the social and political individual and the tradition of Western thought derived from it, which emphasized the integrated maturity of man, for example in the philosophy of Hegel, which he studied at Edinburgh. Fairbairn pursued his interest in Greek philosophy during short post-graduate courses in Hellenic studies at the German universities of Kiel and Strasberg, where he also studied the German language. (His library shows that he read Freud in the original German as well as in translation.) Throughout his life, these philosophical studies influenced his psychoanalytic thought.

The metaphysical content of Fairbairn's first degree was strongly influenced by the interests of Professor Andrew (Seth) Pringle-Pattison (1850-1931) in the philosophies of Kant and Hegel (see, for example, Pringle-Pattison 1882, 1917). In particular, Hegel's *Psychology* (1812) is a close examination of the relationship of subject to object, including discussion of affective coloring and meaning and of processes of personal differentiation. There are other aspects of Hegelian theory that can be detected in Fairbairn, such as the origin of desire in a love-hate dichotomy associated with an object, and the subsequent introjection of an internal object, which



Fairbairn (1955) later defined as “an endopsychic structure with which an ego-structure has a relationship comparable to a relationship with a person in external reality.” Peter Singer (1983), the historian of philosophy, writes that Hegel sees desire as essentially “unsatisfying,” where dissatisfaction leads to the need to control the object and, hence, the need to transform and own that object. “Desire” arises because self-consciousness needs an external object — an essentially “unsatisfactory state for the self-consciousness.” To avoid this mental state, Hegel made “the object of self-consciousness another self-consciousness” (Singer 1983, pp. 57-58). The precursors of Fairbairn’s thought and even overtones of some later psychoanalytic elaborations on it echo clearly here.

After his medical qualification, Fairbairn taught in the Department of Mental Philosophy at Edinburgh University, where the syllabus covered the content of European thought from its origins in Greek civilization to the early twentieth century. His early lectureships in Psychology (1927-1935) and Psychiatry (1930-1931), held concurrently with medical appointments at mental hospitals, gave him a unique opportunity to develop critiques of the theories of contemporary psychological and psychoanalytic theories and of the clinical practice of psychiatry, psychology, and psychoanalysis. Since his psychology appointment was housed within the Department of Mental Philosophy, Fairbairn’s duties included lecturing on the philosophical ideas of Leibnitz, Hobbes, Berkeley,

James, and Galton, whose analytic methodology in the study of “man” helped him evaluate “scientific” theories of aspects of organic functioning, as, for instance, in Berkeley’s study of vision.

Fairbairn’s blend of interest in philosophy and science can be seen to characterize even his first publications on psychology and psychoanalysis. But the most important influence of this early training can be seen in the theme of the papers in this collection in which Fairbairn focused on the need to establish psychoanalysis as a scientific discipline. This is apparent in the mature papers of Volume I, while early examples of these efforts are contained in Volume II. Fairbairn differentiated two aspects of the problem in his attention to the separate problems of theory and of practice, which he discussed in different words as the issues presented within the realm of the philosophy of the science of psychoanalysis and those of its methodology.

From the beginning of his exposure to psychoanalysis, Fairbairn recognized its potential to add a hermeneutic dimension to the developing specializations of psychology and psychotherapy. He realized that in order to gain acceptance as a discipline, Freud’s theory would need to satisfy three criteria. First, the theories themselves must have an inherent coherence; secondly, psychoanalytical practice must display a recognized methodology consistent with its own theoretical formations and capable of clinical

justification; thirdly, as a new discipline it must be commensurate with contemporary scientific ideas. For these reasons he tried to confront the limitations and inconsistencies which his own critical studies of Freud had revealed, some of which were confirmed in his own clinical practice. Fairbairn considered that such inconsistencies emphasized not only the nonscientific nature of some of Freud's hypotheses, as in the case of libido theory, but also the underlying inadequacy of the nineteenth-century ideas on which Freud had based psychoanalysis.

Despite Freud's own recognition of the limitations of his early "Project for a Scientific Psychology" (1895), Freud had continued to attempt to provide a secure scientific basis for psychoanalysis commensurate with nineteenth-century ideas of human nature. Freud's view of man as a biological being, described in his "Project," was modeled upon the then contemporary view of a nervous system described topographically, stimulated to activity by electrical impulses. This led to shortcomings we can now see. The nineteenth-century machine, the steam engine, was a mechanical structure driven by an applied energy source which might formerly have been suitable as a nineteenth-century allegory for man. But now that we view the nervous system as a complex information processor in interactive, mutual influence with its environment, the steam engine no longer serves the complexity of our conceptualization. Although the "Project for a Scientific Psychology" was itself unknown until it

was published late in Fairbairn's career, its outline forms the basis for Freud's thought and for Fairbairn's criticisms of Freud in the papers contained in Volume I. It can also be seen to form the context in which Fairbairn's early studies, contained in Volume II, can be more fully understood.

Fairbairn's analysis of Freud even before the "Project" was available centered upon the difficulties stemming from the problem in Freud's work which Fairbairn identified as "philosophical dualism." He used this term to describe Freud's postulations of such oppositions as mind and body, life and death, energy and structure, form and content — all of which Fairbairn thought Freud had derived from a fundamentally dualistic view of natural phenomena. In the papers and lectures written as early as the period between 1929 and 1932 (published in Volume II), Fairbairn recognized problems of logic and internal consistency in Freud's use of topographical symbolization in the development of his metapsychology of the superego, ego, and id.

The Helmholtzian scientific view permeated nineteenth-century science. It was built upon a differentiation between energy and structure and in the opposition of forces and the principles of entropy and conservation of energy. In Freud's structural theory, the ego and id demonstrate the divorce of energy from structure; life and death instincts embody the opposing forces and principles of entropy; and

repression is built on the conservation of energy, entropy, and opposition of forces. Helmholtz himself believed that ideas of mental functioning could be extrapolated as empirical principles analogous to principles of function of the physical world.

Fairbairn's doubts concerning the lack of a secure scientific basis for instinct theory and, therefore, for Freud's metapsychology led him to pursue his personal "scientific project." The eventual result was Fairbairn's object relationships theory of endopsychic structure, which gave fundamental reorientation to psychoanalysis based on twentieth-century scientific thought. In his reformulation, Fairbairn countered the dualistic view of man, which can be seen to derive from Platonic conceptions of man, by substituting a holistic view of man derived from Aristotelian psychology. This view saw man as an integrated being in whom "matter is potentiality, form actuality" (Aristotle, *De Anima* II, 421a, 10) and within which actuality covers the relationship of the individual psyche to personal experience of external relationships, thus subsuming the definition that "man is an animal naturally formed for society" (Aristotle, *Politics* III, VI, 128-128b). Fairbairn's substitution of an integrated being for a dualistic one enabled him to proceed with the task of reorientating psychoanalysis toward a holistic model analogous to that which the physical sciences had been developing in the work of Einstein, Planck, and Heisenberg in the first half of the twentieth century. In this newly emerging philosophy of science, the potential of energy

and matter were understood to be inextricably interwoven. Fairbairn's work belongs to this tradition, which has continuously expanded in the second half of this century to include work on ecosystems and other self-organizing systems.

Fairbairn recognized, on the one hand, that psychoanalysis was considered philosophically reductionist (see "Reevaluating Some Basic Concepts" in Volume I) or unscientific (his early papers printed in Volume II). The nature of the data of psychoanalysis coming from the minutiae of subjective experience and its collection in the one-to-one analyst-patient relationship made its scientific status questionable. Nonetheless, in his paper "Psychoanalysis: 1945" (Volume II), Fairbairn made the unequivocal claim that psychoanalysis should be conceived of as a scientific method based on scientific psychology. Twentieth-century atomic physics is based upon the study of potential energy within relationships, between objects in which energy and structure are interdependent. Form and structure are inseparable. For example, carbon has the potential for molecular relationship because of the internal structure of each of its atoms, which encompass inherent energy. In Fairbairn's view of man there is a similar correspondence between structure and energy.

The potential application of Fairbairn's new philosophical view of man extends well into the social realm. Aristotle saw man as essentially a social and cultural organism. This trend was reinforced



by Hegel, who saw each individual's participation with others as the vehicle for development toward full human personality. It was Hegel who first saw that this process was inseparably connected to the experience of subject-object relationships, and it is likely that it was from Hegel that Fairbairn drew the beginnings of inspiration for his theory of the personality.

### **THE DEVELOPMENT OF MATURE CONCEPTS**

This philosophical climate set the stage for Fairbairn's openness to influence by the continuing scientific advances in the first half of the twentieth century: advances that moved forward the analogies on which psychology could draw. Thus for the mature Fairbairn, energy is intrinsic to structure. It is the form of that structure which determines its energetic strength, not the energetic force required by repression. It is the extent to which the actual experience of the child is satisfying or unsatisfying that gives energy to the ego structures in each individual. Therefore, psychic energy is dependent upon internal structures derived from complex affective states, which Fairbairn sees as the psychological signs of experience, which are intrinsic to specific object relationships built over time.

We can also see some of the implications for newer scientific ideas in Fairbairn's terminology for the six-part structure of the ego he eventually described. "Accepted object" and "rejected object" were Fairbairn's original descriptions of the libidinal and

antilibidinal objects respectively. But in response to critical pressure and his own evolving thought, he altered these to “exciting” and “rejecting,” realizing also that the truly “accepted object” was actually the “ideal object” of his “central ego,” the object not essentially handled by repression. If we look at this change in relation to the atomic energy ideas of positive and negative affective states, his change in terminology assumes more significance. The exciting object, the equivalent of the mother interpreted by the infant as being in a heightened state of preparedness to accept a relationship with the infant, is the attracting force. The negative attraction comes when the infant is disappointed and sees the rejecting object as the frustrating aspect of the mother, which the child similarly rejects, suggesting the analogy of charges which hold the potential for the formation of relationships, as in the case of chemical reactions which change matter from simple molecular states to highly complex ones. There the nature of the molecular relationships is dependent on the nature of the electrical valence held in the charge of the atom. The model becomes more sophisticated, beyond the range of Fairbairn’s insights, when we see that the repressed relationships — both libidinal and antilibidinal object relations sets — are ones which are excessive, characterized by painful affective tones because the valence of attraction is too great. Consequently, these are both relationships which pull the central self too far toward the object. That is to say that the “compound” or

object relationship which is formed is held too tightly to allow the self or ego an independent existence. The relationship between Central Ego and Ideal Object, on the other hand, is one which is not characterized by an excessive attraction and allows for the survival of an experiencing self, one which is in relationship to its object but is not subsumed in the experience of relationship to it.

Another fundamental contribution of object relations theory comes from the principle inherent in the formulation of the complex relationship between the infant and the mother and in the child-centered view which Fairbairn developed. It is the notion that one must understand the subjective experience of the child to understand the meaning of the object relationships involved.

### **SOME LIMITS AND POSSIBILITIES OF FAIRBAIRN'S VISION**

While the child-centered view which Fairbairn maintained in developing his notions of endopsychic structure gave him a new and powerful perspective, it also limited his ultimate reach. We can now see how that paradigm can be enriched from the newer analogies of current scientific understanding, by a view derived from field theory of the inextricability of objects from their context. We can now suggest that Fairbairn's description of exciting and rejecting objects also contains within it the potential for a more subtle appreciation than the original formulation. In a broader perspective, acceptance

and rejection are experienced by the mother as well as the child. In order to experience a satisfying relationship, both mother and child have to be able to give and to receive: the experience must by definition be interdependent and interactive, what has now been called “intersubjective.”

When Fairbairn modified psychoanalytic theory, he replaced Freud’s model — based on a differentiation between conscious and unconscious structure and on the progressive taming of the drives — with an open systems information processing model able to take advantage of the cybernetic principles of the newer models made available through modern physics, chemistry, and mathematics. This made it possible for analytic theory to move beyond a two-dimensional theory in which the individual moves only in a linear dimension, growing by moving forward and retreating to prior positions as a result of trauma or fixation. In Fairbairn’s model, the individual structures internal reality out of accumulated experience but does so in order to understand current external reality at each successive phase. The storage of prior history allows the individual to make sense of current experience, and the internal reality that results conserves structure while, at the same time, it continues to be susceptible to modification throughout life. In therapy, current experience with the therapist or analyst gives information about internal object relations because the patient is using these as he or

she does in every interpersonal encounter, to make sense of the therapeutic experience.

As he described his object relations theory of the personality, Fairbairn came to realize that it is the relationship between patient and therapist that is the really decisive factor for growth and change, not, as others had considered, the value of exact interpretation, genetic reconstruction, transference interpretation, or any particular technical recommendations isolated from the personal factor (see Chapter 4, Volume I). Rather, it is the use of technique within the growth-promoting relationship. This shift of emphasis, which he suggested in the mid-1950s, stemmed directly from his proposal for a new theoretical basis for psychoanalysis. It is a shift which has been sustained in contemporary analysis, which now emphasizes the person of the analyst and the use of the analyst's experience as fundamental therapeutic tools. In this practical way, the object relations theory of the personality also laid the ground for further developments of analytic theory itself and for its application to many other fields in new and interesting ways: to research in the mother-infant relationship and in infant development, to group and institutional application, to use of psychoanalytic theory and technique with families and couples, and to new developments in social theory, theology, and group relations.

## THE ORGANIZATION OF VOLUMES I AND II

We have divided Fairbairn's previously unpublished and uncollected contributions in two volumes. This first volume consists of the major mature contributions written and published after *Psycho-Analytic Studies of the Personality*. In Part I, we have grouped together the major clinical papers. These papers develop the therapeutic implications of an object relations theory, a subject which Fairbairn addressed principally in the years after the publication of *Psycho-Analytic Studies of the Personality*. These papers do discuss theoretical developments, but they are the papers clinicians will find most easily accessible.

In Part II, we have printed the major theoretical papers published after *Psycho-Analytic Studies of the Personality*. These include papers which defend his theory against various criticisms, those relating the theory to a philosophy of science as well as those which specifically set out to expand on his reasoning in areas previously implied but not fully developed. This group of papers constitutes the mature consideration of the basis for an object relations study of development and therapy.

Volume II is a collection of Fairbairn's earlier writing. It begins with his early studies of basic concepts: the review of Freud's fundamental contributions from a position of study and inquiry in his early lectures and unpublished papers, and the studies of the basic



concepts of repression and dissociation contained in his M.D. thesis. It also contains early papers on child development, which include two papers which highlight his understanding of child sexual abuse and sexual delinquency, papers on the application of psychoanalysis to other fields and social issues, a view of his therapeutic technique, and two papers which form a significant early contribution to the psychology of art.

The particularly important and interesting paper in Volume II which documents his experience with physically and sexually abused children is written out of direct clinical experience with such children, an experience which we believe greatly influenced his later theory building without being explicitly acknowledged. This experience, his early education in philosophy, and his close study of Freud are all elements of the foundation on which he built his final theoretical edifice.

In both volumes we include introductory remarks to each section to orient the reader to the place of the various articles and lectures in Fairbairn's overall contribution. One of the functions of these comments is to summarize one or two interesting additional lectures and papers which were not quite worthy of reprinting but whose content adds to the understanding of Fairbairn's thought and development.

These volumes aim to make Fairbairn's contribution more accessible to clinicians and scholars, a process begun with Sutherland's 1989 biography *Fairbairn's Journey into the Interior*. In devoting the first volume to the major clinical and theoretical writings which were previously uncollected and, therefore, in the main inaccessible, we hope to take a step toward reestablishing the importance of Fairbairn's contribution. In measure with the achievement of that goal, his earlier contributions, reprinted in Volume II, deserve increased interest as well. Beyond the significant researches of the work on dissociation, repression, and mental structure contained in the writings of his M.D. thesis and the lectures on the superego, Fairbairn focused a comprehensive and inquiring intelligence on many areas of psychoanalysis and psychology. His love and respect for psychoanalysis and for the work of Freud and his followers did not deter him from questioning and exploring.

The construction of these books has given us, as editors, the privilege of sharing in a historical reconstruction of Fairbairn's growth and in the evolution of his thought. It has been an exciting process. We hope these volumes will enable the reader to experience the same richness and pleasure.

David E. Scharff  
Ellinor Fairbairn Birtles  
London and Washington November 1993

# I

## **CLINICAL CONTRIBUTIONS AND PRINCIPLES**

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## Introduction to Part I

The papers in this section represent the culmination of Fairbairn's contribution to clinical work, a line which begins with a paper read in 1927 on the religious phantasies of a woman patient and his 1931 description of the analysis of a patient with genital abnormalities, both published in *Psycho-Analytic Studies of the Personality*. These papers were written when Fairbairn was digesting and documenting Freud's contributions in many lectures and papers, including his M.D. thesis on the relationship between the mechanisms of dissociation and repression (Volume II). The paper on the analysis of a patient with physical genital abnormality was itself of note because so many of the clinical formulations about the case presage his development, more than ten years later, of a specific object relations theory which would only then make theoretical sense of these early clinical formulations.

Despite this early start in clinical writing, the amount of clinical explication decreased steadily in his published writing over the next thirty years. There were notable exceptions included in *Psycho-Analytic Studies of the Personality*, especially the opening paper on schizoid processes and phenomena, the paper on patients' reaction to a king's death, and the writing on war neuroses. After these papers, written before the early 1940s, he wrote far more about the development of his theory than about its direct clinical application —

until the eloquent paper which opens this volume, “The Nature of Hysterical States,” published originally in 1954.

The papers collected in Part I of this volume form a critical bridge between theory and clinical application. Two of them, “The Nature of Hysterical States” and “The Schreber Case,” demonstrate that Fairbairn’s grounding in the specifics of the clinical situation formed the basis for the elaborate theory-building he had almost completed by this time. Reading these papers, one can see how the close study of the patient informed his theories and how, in a reciprocal way, theory enhanced his clinical insight. The two papers “Psychoanalysis and Mental Health” and “On the Nature and Aims of Psycho-Analytical Treatment,” written in the succeeding two years, provide an overview of Fairbairn’s clinical practice toward the end of his career and of the major impact which he thought his theory should have on the practice of psychotherapy and psychoanalysis. The details and further implications for practice would be spelled out by his students, most notably by Sutherland (1963, 1980, 1989, 1993) and Guntrip (1969, 1975), but these two papers taken together make it already apparent what fundamental differences are implied for the centrality of the therapeutic relationship and for the attitude and emotional availability of the analyst. They offer a corrective for the previously dominant emphasis in psychoanalysis on the therapist as a scientific seer, a

blank but intellectualized and dehumanized projection screen who is essentially outside the process of growth and change.

## **GUNTRIP AND SUTHERLAND**

Guntrip's theoretical relationship with Fairbairn seemed to follow the same pattern as that portrayed by Guntrip's 1975 description of his subjective interpretation of his personal experience of analysis with Fairbairn and Winnicott. Guntrip compared the two men, finding Fairbairn to be "more *orthodox in practice than in theory* while Winnicott was more *revolutionary in practice than in theory*" (p. 146). Guntrip notes that Fairbairn in the personal transference relationship within the sessions "was my dominating bad mother imposing exact interpretations" (p. 147). However, Guntrip wanted "Fairbairn in transference as the protective father, helping me to stand up to my aggressive mother" (p. 148). Moreover, in a dream Guntrip reports that "he [Fairbairn] had my mother's hard face" (p. 148). Winnicott on the other hand was able to act as the good father and provide a more adequate analysis as far as Guntrip was concerned. It is notable that Guntrip's own interpretation of his relationship with his mother was one of withdrawal. This was developed in concert with his previous theoretical formulation of a repressed libidinal ego. In his early theoretical elaboration of Fairbairn's work (Guntrip 1961), he tagged this notion onto Fairbairn's formulations as an uncontroversial development, that is,



with Fairbairn's concurrence. He reported that Fairbairn had responded to the idea of the regressed ego by saying:

This is your own idea, not mine, original, and it explains what I have never been able to account for in my theory, Regression. Your emphasis on ego-weakness yields better therapeutic results than interpretation in terms of libidinal and anti-libidinal tensions. [Guntrip 1975, p. 147]

Guntrip's term *regressed ego* results from an aspect of ego splitting, as an addition to Fairbairn's original ego splits whereby a "Regressed L.E. that has cut off all clear object relationship" seeks a situation analogous to a "return to the womb" (1961, p. 432). By this means Guntrip has postulated a part of the ego that has taken the extreme step of eschewing any object relationship. We would like to suggest that the fact that Guntrip saw the regressed libidinal ego as retreating to the initial utopian existence does not necessarily imply an absence of object relationship but perhaps more likely entails the substitution of an object relationship with an undemanding environment in which there is no necessity for ego adaptation.

Adaptation was seen by Fairbairn (1930, see Chapter 3 in Volume II of this collection) as a response to reality. The initial internalization of the child-mother object relationship, described in Fairbairn's theory of endopsychic structure as three dyads consisting of the central ego/ideal object, the exciting object/libidinal ego, and the rejecting object/antilibidinal ego, contains within it the structure with which a child could internalize a mother who was nonengaging.

In such a situation, the infant would react with aggression in response to severe frustration. Fairbairn (1930, p. 23) had entertained the idea of “object interest,” derived from Drever’s work on instincts (1917), which operates in concert with the reactive tendencies, like aggression, to produce affect. From this perspective, it would appear that object interest could be withheld in circumstances where the object was judged to be unduly hostile or unprepared to enter into a relationship. Thus, the adaptation to this reality could be interpreted as a regressed ego, although it is probably more accurate to say the adaptation occurs by forming an object relationship characterized by a severely dampened affective tone which captures the sense of a void. Viewed from this angle it would be unnecessary to posit the absence of object relationship which Guntrip suggests, but it would be appropriate to look for aggression as the most observable aspect of a continued longing for an object unavailable for relationship. This revision appears to fit with Guntrip’s account of his actions in his own analysis, in which he directed considerable aggression toward Fairbairn’s belongings and books, despite Guntrip’s own formulation that his difficulties occurred as the result of his mother’s refusal to enter into an initial preambivalent relationship (1975, p. 149).

Guntrip’s exegesis of Fairbairn has undoubtedly contributed enormously to the dissemination of Fairbairn’s work. However, the form of his understanding has presented specific problems for those

who seek to understand and fully appreciate the radical nature of Fairbairn's contribution to psychoanalytic theory. There are two main theoretical reasons for this.

1. Guntrip (1961) stresses the congruence of Fairbairn's theoretical psychoanalytical formulations with religious experiences at the expense of an exploration of their congruence with twentieth-century philosophy of science (pp. 248-257). This is not to deny the validity of Guntrip's claim that Fairbairn is a "humanist turned scientist" (p. 248), a claim with which we agree.

2. Guntrip exaggerates the commensurability between the ideas of Klein and those of Fairbairn, despite the fact that Klein's "integral ego" appears to be an afterthought, an assumption necessary to provide a theoretical validation for her notions of the "death instinct" in early infancy. For Fairbairn, the integral ego is the basic philosophical assumption from which his view of human nature and psychoanalysis is derived.

Sutherland's work, lesser known than Guntrip's, develops the implications of Fairbairn's work for a theory of the true self as an over-arching structure encompassing all of internal reality (1989, 1994). The importance of this work has yet to be measured for object relations theory, for psychoanalysis, and for psychology in general.

It was in the 1954 paper "The Nature of Hysterical States" that Fairbairn completed his work on the structure of endopsychic

structure, giving an extensive illustration of the way dreams represent the endopsychic situation, which he first described ten years earlier in “Endopsychic Structure Considered in Terms of Object-Relationships” (1944). In the 1954 paper, he revisits hysteria, a condition historically central to psychoanalysis because it is where Freud began and because Janet and Freud had used it to discuss the central problem of repression. Fairbairn discusses the clinical picture in terms of the centrality of the relationship between repression and splitting and of the way in which hysteria represents the substitution of a bodily state for a personal problem — essentially a psychosomatic embodiment of the underlying split endopsychic situation. The clinical illustrations given largely through dreams underscore his earlier contention (1944) that dreams are not mainly expressions of wish fulfillment; that is, they are not founded on the pleasure principle but are shorts of internal reality as the ego struggles with objects and object relations.

We notice incidentally that Fairbairn does not comment on the transference implications of these dreams but that the dreams nevertheless convey a great deal about transference. For instance, the dreams of Jack — now known to be his analysand Guntrip (Hughes 1989, Sutherland 1989) — convey the transference ambivalence described openly by Guntrip (1975) in his autobiographical account of analysis with Fairbairn.

This beautifully written, clearly reasoned paper is the final document in Fairbairn's radical revision of analytic theory. It ranks as one of the seminal papers in all of psychoanalysis, including several new contributions among its discoveries. It is here Fairbairn comes to the final terminology of his theoretical system, introducing the terms "ideal object" and "antilibidinal ego" for what he had previously called the "ego ideal" and "internal saboteur." In revising these terms, he makes the important point that the antilibidinal factor of the personality is not a product of Freud's death instinct, and is not primarily destructive, but is the ubiquitous factor of personality which pulls away from others in order to set distance in relationships.

In a brief but important footnote, Fairbairn defends the characterization of mental structure by internal objects which are animistic. The human mind is inherently animistic, he says, because it is established in childhood on this basis. This early pattern is never fundamentally superseded, leaving it to follow "that solutions of deep-seated emotional conflicts can only be satisfactorily effected in animistic terms," that is, in terms of patients' internal object relations as though they were about relations with external objects (Note 6, Chapter 1).

It is from this orientation that Fairbairn states "the resistance of the hysterical patient (and presumably of most patients) is not so

much to the psychotherapeutic *process* as it is a *resistance to the psychotherapist himself* (ch 1 this volume). This briefly stated idea becomes a fundamental point in the last paper in this section in which he enlarges on the importance of the relationship as the fundamental agent of change.

Moving to the central topic of the paper, Fairbairn describes the process by which the hysteric uses the specific field of the body to regulate internal object relationships established in early life that are the subject of conflict. The conflicts are staged in specific areas of the body chosen because of (1) traumatic experiences involving or having relevance to the part of the body concerned, (2) considerations of symbolization, and (3) motives for deflecting or displacing the incidence of the conversion-process from one part of the body to another with a view to preserving or restoring the functions of the former. Fairbairn moved from this line of reasoning to generalize about Freud's psychosexual theory of the erotogenic zones, proposing that psycho-sexual theory itself is a product of misplaced logic, in which those areas of the body which are particularly vulnerable to lending themselves as staging areas for personal conflict between parent and child — the mouth, the anus, the urethra, the genitals — have themselves been seen in skewed ways. He said, "*the data upon which the theory of erotogenic zones is based themselves represent something in the nature of conversion-phenomena*" (ch 1 this volume). Personal conflict, he continued, has

been transferred to a bodily stage, which Freud had taken to represent developmental staging; it actually represents a bodily conversion of a sequence of developmental relational problems as though that were normal, but it is actually pathological. Fairbairn saw the erotogenic zones not as determinants of libidinal aims but as parts of the body particularly likely to lend themselves to the expression of personal aims. Therefore, a hysterical state results not from a fixation at a presumptive early genital phase but from the employment of a specific defensive technique (the use of part of the body) for the control of interned object relations, which are the real source of conflict.

In this paper, Fairbairn also elaborated on his view of the oedipal situation, saying that the first version of triangular conflict for the child is constituted not by three persons but between the central ego, the exciting object, and the rejecting object, these last two being split versions of the mother or primary object. Later, in the oedipal period, these are split interpersonally between the two parents. But what underlies the oedipal situation fundamentally is inevitable infantile deprivation: it is the original maiming and abandonment of the child, which begins the story of Oedipus and which we should understand to be the central problem both of Sophocles' play and of child development.

In “The Schreber Case,” Fairbairn re-examines the autobiographical story of Senatspräsident Daniel Schreber, made famous by Freud’s (1911) use of Schreber’s autobiography to study the origin of paranoia. In this review, Fairbairn takes the position that the pathology involves the disposal of aggression as much as of sexuality. He also takes into account Klein’s postulation of multiple internal part objects which disintegrate into a host of internal persecutors projected into the external world, and noting that psychosexual stage theory developed by Abraham (1927) was not available in 1911, when Freud wrote his paper on Schreber, Fairbairn describes paranoia as a way of handling object relations through anal phase techniques, which employ the bodily process of defecation as a model for the disposal of the aggressive projection of bad internal objects. Finally, he comments on the importance of dread of the primal scene in paranoid patients and offers the opinion that the dread of the procreation fantasies in a primal scene in which the parents present themselves as persecutors is more fundamental than fear of incest. The homosexual factor, he thought, was associated with a hatred of the mother as the more significant participant in this persecutory primal scene.

In this paper, Fairbairn sees Freud as missing the significance of the assumption by Schreber of the role of Senatspräsident as a precipitating factor in Schreber’s illness. The fact that Fairbairn describes this in sexual terms reflects the mode of discourse within



which Schreber himself described his symptoms. The most significant thing about the promotion was that accepting this high office forced the acceptance of responsibility as a potent father-figure upon Schreber himself. In this adult developmental step, he had to give up his dependent relationship and assume an authoritative aspect of the father-son relationship, which up until now he had been unable to fulfill. The lack of a child of his own and his prolonged experience of working in a subordinate capacity could have contributed to Schreber's continuing dependence, but Schreber was now forced to be responsible for the acts of his own "legal sons" and, therefore, to confront his emotional dependence and his actual deprivation of a live son of his own.

This paper continued the work on application of object relations theory to specific syndromes begun in the *Psycho-Analytic Studies of the Personality* chapter on schizoid phenomena and continued in the work on war neuroses and in "The Nature of Hysterical States." It specifically refers to the theme in "A Revised Psychopathology of the Psychoses and Neuropsychoses" (1941), which describes the transitional techniques of relating to objects during the developmental movement from infantile to mature dependency. "The Schreber Case" offered Fairbairn an opportunity to apply his theory to the realm of psychoses, as it did for Freud (1911) forty years earlier.

“Psychoanalysis and Mental Health” summarizes some main theoretical tenets of Freud, followed briefly by Fairbairn’s own revisions elaborated with particular clarity. This paper is grouped with the clinical contributions because Fairbairn proceeds to apply these theoretical developments to psychoanalysis and psychotherapy. It also extends their implications to preventive and educational approaches in mental health, especially spelling out the lessons psychoanalysis provides for child development and the prevention of the trauma of early separation to the young child. In the paper, Fairbairn addresses a number of important clinical issues for psychoanalysis: (1) its methodology, (2) its curative capacity, (3) transference, and (4) countertransference.

In his discussion upon the technique of enforcing immobility on the patient through the use of the psychoanalytic couch, which he had previously discussed (1952a, reprinted as Chapter 5, this volume), he acknowledges the problems associated with the repetition of inhibition in the terms in which it was applied in infancy. His assumption is that the child experiences the unsatisfying or depriving aspects of all early relations as frustrations. These have a common denominator in the relative inequality of the relationship between parent and child. For example, even in physical actions parents can move or go away, while preambulatory infants can only vocalize or wave their arms. As Fairbairn sees it, dependence and deprivation associated with parental power are the real issues in

subject-object relationships. He sees aggression as the reactive tendency to frustration within dependent relationships.

If you pursue the analyst-patient relationship in the same terms as those of the earliest dependence, he asks, how can you hope to bring the closed system of inner reality toward a more open system? Fairbairn points out that Freud used the immobility of the patient and all it implied as an opportunity to further his research in the nature of repression, and later resistance, through the technique of free association, a method dependent on the use of language without activity. Fairbairn acknowledged this when he considered active techniques of child analysis, thus building on an insight he made in 1930, in which he speculated that some of the periods of “silence . . . [in] analytic treatment appear to be due not so much to the patient’s resistance as to his inability to express his thought in words” (1930; see also Introduction to Part I, Volume II). The initial situation occurred during the prelinguistic phase of development. Fairbairn (1930) had previously advanced the view that verbalization could aid the therapeutic process because it necessitates the move from an ideational to a conceptual mental level. Thus Fairbairn sees the analyst’s interpretive function as enabling the patient to grasp more fully the relations between his various ideational processes.

Addressing the question of language implied in exact interpretation and the authority implicit in the psychoanalytic

relationship, Fairbairn highlights the issue of countertransference. The problems associated with the use of language and subjective projection onto, for example, scientific theory, historiography, or social relationships have been a dominant issue in the philosophies of Wittgenstein, Gadamer, and Heidegger. Here Fairbairn can be seen to be making a psychoanalytic contribution to a twentieth-century philosophical debate.

This paper extends its discussion to the sphere of analytic influences on culture and society. Although Fairbairn rejects the use of interpretation of cultural influences in the psychoanalytical task, the implication of his proposed environmental changes within relationships between children and adults should not be underestimated. In cultural ideologies where authoritarian status relationships are perpetuated in school and work, repression and inhibition are maintained in their childish forms. Fairbairn addressed these problems in relation to such cultural issues as fascism and violence (Fairbairn 1937a; see Volume II), but he never came to terms with their implications in “democratic” systems such as the British one, in which excessive secrecy, for example, is adopted by the state to promote immature dependence. Because immature dependence is the condition of Fairbairn’s schizoid position, it is not surprising that the exercise of political ideologies in which the state pursues policies which result in the deprivation of its citizens (for example, where sections of the population are denied access to work

and thereby denied the capacity to provide adequately for themselves and their children) results in increased levels of bizarre and violent crimes, which occur as a radical social extension of schizoid processes.

The importance of this direction of development of object relations thinking is underscored by the fact that at approximately the same time that Fairbairn wrote this paper, John Bowlby (1958, 1969) was beginning to write extensively about the vicissitudes of attachment and separation on child development, one of the major areas of research which stem in large part from Fairbairn's theoretical establishment of the importance of relationships on personal growth from infancy onward.

Fairbairn's proposals for a preventive role for psychoanalysis in the future of mental health imply additional allocation of resources to health and education and attention to these issues in the training of doctors and educators and in the practical implementation of such insights in, for example, the education of adolescents for the parental role. The implementation of such policies involves cultural commitment and a cultural hegemony for social welfare, which seemed to exist in the decade after 1957 but seems moribund in the crisis mentality of the 1990s.

“On the Nature and Aims of Psycho-Analytical Treatment” is the final statement of Fairbairn's thoughts on the practice of analysis and

psychotherapy. It describes the innovations in his own practice and the centrality he now accords the therapeutic relationship. Resistance, he said, emanates not solely from internal conflict between a patient's id, ego, and superego but is felt and treated as resistance to the therapist, to showing parts of the patient's internal reality to the therapist. Fundamentally, resistance is about the patient's unwillingness to give up parts of the internally organized self:

*I have now come to regard ... the greatest of all sources of resistance [to be] the maintenance of the patient's internal world as a closed system. . . . [I]t becomes still another aim of psychoanalytical treatment to effect breaches of the closed system which constitutes the patient's inner world, and thus to make this world accessible to the influence of outer reality. [ch 4 this volume]*

Most of Fairbairn's comments about the straightjacketing orthodoxy of the practice of psychoanalysis and psychotherapy center on his proposition that it is the therapeutic relationship itself which is central to the process of growth and change.

*In my own opinion, the really decisive factor is the relationship of the patient to the analyst, and it is upon this relationship that the other factors . . . depend not only for their effectiveness, but for their very existence, since in the absence of a therapeutic relationship with the analyst, they simply do not occur, [ch 4 this volume]*

The ideal of ego psychology that analysis is a fit treatment only for those with a relatively intact ego belies Fairbairn's contention

that everyone suffers from degrees of splitting of the ego under conditions of inevitable frustration in object relations. Besides, he asks, who would seek treatment if those who needed it were deemed unsuitable?

This paper contains a final elaboration of Fairbairn's remarks in "Psychoanalysis and Mental Health" with regard to the therapeutic role of the analyst, including modifications of technique designed to decrease the traumatic effects of object deprivation often imposed on patients through too rigid analytic posture and establishes the two-person nature of the analytic situation in which the interests of both patient and analyst are represented. In practice, the task for the analyst is to diminish the dominance of the object-relationships of the closed system of inner reality and to extend those of the external world of reality. To achieve this the analyst must have a reality-based relationship with the patient which mediates a reorientation. Transference, which is the patient's imposition of an internal relationship upon the analytic one, must eventually be replaced by a realistic relationship with the analyst, meaning that the process of analysis means substituting a relationship in accordance with outer reality for the original one imposed by the patient's internal system: *"The chief aim of psychoanalytical treatment is to promote a maximum 'synthesis' of the structures into which the original ego has been split, in the setting of a therapeutic relationship with the analyst"* (ch 4 this volume).

Finally, Fairbairn reasons that Freud's pleasure principle is not a primary factor of motivation of human development but is a breakdown product, a principle employed by people who withdraw from reality because of unsatisfactory object relations and who then attempt to obtain gratification within a closed system as compensation. The extreme of this defense is the static internal situation, the frozen attempt to maintain internal situations — especially the primal scene — in order to protect internal objects from attack and to perpetuate destruction of internal objects. This hypothesis has been elaborated by clinicians interested in the frozen mental state of traumatized patients (Scharff and Scharff, 1994).

Taken together, this group of papers completes Fairbairn's revision of analytic theory and sketches the reforms in technique that follow. They are at once readable and clearly thought out, marking a high point in the psychoanalytic literature for application of theory to clinical practice.



1.

## **The Nature of Hysterical States**

In addition to such intrinsic interest as hysterical states may be expected to possess for the psychopathologist, they must always assume a quite special significance for him owing to the fact that it was upon the intensive investigation of these states that modern psychopathology was founded. It was, of course, at the Salpêtrière in Paris that this investigation was originally set in motion by Charcot; but it is to Janet, his pupil and successor in research, that we owe the formulation of the concept of hysteria as a recognizable clinical state. Janet's achievement was not confined, however, to a classification and description of hysterical symptomatology. It included an attempt to provide a scientific explanation of the genesis of the phenomena displayed by the hysteric; and the explanatory concept which Janet formulated was, of course, the classic concept of 'dissociation'. In terms of this concept the hysterical state is essentially due to inability on the part of the ego to hold all the functions of the personality together, with the result that certain of these functions become dissociated from, and lost to, the rest of the personality and, having passed out of the awareness and control of the ego, operate independently. The extent of the dissociated elements was described by Janet as varying within wide limits, so

that sometimes what was dissociated was an isolated function such as the use of a limb, and sometimes a large area or large areas of the psyche (as in cases of dual and multiple personality); and the occurrence of such dissociations was attributed to the presence of a certain weakness of the ego — a weakness partly inherent, and partly induced by circumstances such as illness, trauma or situations imposing a strain upon the individual's capacity for adaptation.

Dissociation as described by Janet is, of course, essentially a passive process — a process of disintegration due to a failure on the part of the cohesive function normally exercised by the ego. The concept of 'dissociation' thus stands in marked contrast to the concept of 'repression' formulated somewhat later by Freud in an attempt to provide a more adequate explanation of hysterical phenomena. Freud was familiar with the investigations conducted at the Salpêtrière, to which he himself paid an extensive visit; but his researches into the nature of hysteria were preponderantly of an independent character. Thus his explanatory concept of repression was based essentially upon his own experience of the reactions of hysterical patients in his practice in Vienna. In particular, this concept was derived from a fundamental observation on his part and his appreciation of the significance of the observed phenomenon, viz. that the hysterical patient displayed an active resistance to his therapeutic efforts. The fact of resistance has now become so familiar to psychopathologists that the very mention of it seems to

demand an apology. What is not universally appreciated, however, is that the resistance of the hysterical patient is not so much a resistance to the psychotherapeutic process as a *resistance to the psychotherapist himself*. Be this as it may, it was to explain the resistance that Freud postulated the process of repression; and, since resistance is an active process, it was as an inherently active process that repression was conceived by Freud. It is largely for this reason that the concept of repression has come to supersede that of dissociation. For, being a dynamic concept, it lends itself, as the concept of dissociation does not, to providing the basis for a comprehensive investigation of the dynamics of the personality; and, in actual fact, it is the foundation-stone upon which the whole explanatory system represented by psychoanalytical theory has been built. At the same time I must record the opinion that the eclipse of the concept of dissociation, which has accompanied the explanatory ascendancy of the concept of repression, has not been altogether an unmixed gain. According to Janet, as we have seen, the dissociative process characterizing hysteria was a manifestation of ego-weakness; and, although it did not take Freud long to recognize that hysterical symptoms were the product of a defence springing from weakness of the ego, the presence of such a weakness is not inherent in the concept of repression as such. Further consideration reveals that the process of dissociation, as conceived by Janet, carries with it the implication of *a split in the personality*, variable in its extent and

often multiple; and the view that such an underlying splitting of the personality is implied in hysterical phenomena is a view which I sought to substantiate in a paper written in 1944 (Fairbairn 1944). Such a view is one which Freud himself at one time entertained,<sup>1</sup> but which he subsequently allowed to pass into abeyance as he concentrated upon the development of the concept of repression. The specific concept of splitting of the personality was, of course, one originally introduced by Bleuler to explain the phenomena of schizophrenia; but, in my opinion, there is no fundamental distinction between the process of hysterical dissociation, to which Janet drew attention, and that splitting of the ego which is now recognized as a characteristic feature of schizoid states.

The starting-point from which I was led to this view was not, however, Janet's concept of dissociation. It was a necessity to revise the concept of repression, which I found forced upon me in consequence of my explicit adoption of a psychology of object-relations. This in turn was forced upon me by what seemed to me the explanatory limitations of the impulse-psychology adopted by Freud at an early stage, and never abandoned by him in spite of its inconsistency with the ego-psychology which he subsequently superimposed upon it. In terms of Freud's ego-psychology, repression is, of course, a function exercised by the ego under the pressure of the superego for the control of impulses originating in the id. This view seems to me to involve *implicit* recognition of a

necessary connexion between repression and splitting of the ego; but *explicit* recognition of such a connexion on Freud's part became obscured owing to the influence of his conception of the id as a source of instinctive impulses independent of the ego. This conception of the id enabled him to regard the occurrence of repression (in the form of repression of impulses) as compatible with the maintenance of an intact ego. According to my point of view, however, repression and splitting of the ego represent simply two aspects of the same fundamental process. Such a view was rendered possible for me by the fact that, after finding it necessary to replace a psychology conceived in terms of impulses by one conceived in terms of object-relations, I also found it necessary to resolve Freud's divorce of impulse (viz. id) from ego by adopting the unitary conception that ego-structure is itself inherently dynamic. These steps involved explicit recognition of the general principle that problems of the personality can only be adequately understood at a personal level and in terms of personal relationships. *Pari passu*, they involved explicit recognition of the inadequacy of any attempt to interpret problems of the personality in terms of post-Darwinian biology, and thus explicit abandonment of that part of Freud's theoretical system which aims at providing an explanation of problems of the personality in terms of instincts and erotogenic zones. From the resulting standpoint I have formulated a revised theory of repression, the nature of which may perhaps best be

indicated by the following summary of the general views which I have come to adopt regarding the development and differentiation of the personality:

1. The pristine personality of the child consists of a unitary dynamic ego.
2. The first defence adopted by the original ego to deal with an unsatisfying personal relationship is mental internalization, or introjection, of the unsatisfying object.<sup>2</sup>
3. The unsatisfying object has two disturbing aspects, viz. an exciting aspect and a rejecting aspect.
4. The second defence adopted by the ego is to reject and split off from the internalized object two elements — one representing its exciting aspect, and one representing its rejecting aspect.
5. The internalized object is thus split into three objects, viz. ‘the exciting object’, ‘the rejecting object’, and the nucleus which remains after the exciting and rejecting elements have been split off from it.
6. This residual nucleus represents the relatively satisfying, or at any rate tolerable, aspect of the internalized object, and is therefore not rejected by the ego, but remains actively cathected by it under conditions which render the term ‘ideal object’, appropriate for its description.<sup>3</sup>
7. The rejection and splitting-off of the exciting and rejecting objects constitute an act of ‘*direct and primary repression*’ on the part of the ego.
8. Since the exciting and rejecting objects remain cathected while in process of being repressed, their repression involves a splitting-off, from the substance of the ego, of two portions representing the respective cathexes of the two repressed objects.

9. The splitting-off of these two portions of the ego from its remaining centred portion represents an act of '*direct and secondary repression*' on the part of the latter.
10. The resulting endopsychic situation is one in which we find a central ego cathecting the ideal object as an *acceptable* internal object, and two split-off and repressed ego-structures each cathecting a *repressed* internal object.
11. The terms 'libidinal ego' and 'antilibidinal ego'<sup>4</sup> have been adopted to describe respectively the repressed ego-structure cathecting the exciting object and that cathecting the rejecting object.
12. The term 'antilibidinal ego' has been adopted on the grounds that the repressed ego-structure so designated, being in alliance with the rejecting object, has aims inherently hostile to those of the libidinal ego in its alliance with the exciting object.
13. Being a dynamic structure, the antilibidinal ego implements its hostility to the aims of the libidinal ego by subjecting the latter to a sustained aggressive and persecutory attack which supports the repression already exercised against it by the central ego, and which it thus seems appropriate to describe as a process of '*indirect repression*'.
14. Although direct and indirect repression of the libidinal ego are two processes of a very different nature, they are both included under the single term 'repression' as understood by Freud; but it is to be noted that Freud took no account of direct repression of the *antilibidinal* ego by the central ego, except in such incidental references as are contained in the passages in *The Ego and the Id* (Freud 1923b, pp. 52-53, 74-75) in which he raised the questions why the superego is unconscious, and whether, in the case of the hysterical personality at any rate, this instigator of repression is not itself subject to repression — questions to which the exigencies of his own theory did not permit of a satisfactory answer.

15. Although the antilibidinal ego, the rejecting object and the ideal object are all independent structures playing different roles in the economy of the psyche, they are all included by Freud in the comprehensive concept of 'the superego'; and this source of confusion may be obviated by recognition of their independent character.
16. The endopsychic situation resulting from the twin processes of repression and splitting, which have just been described, is one which, in its general outlines, inevitably becomes established in the child at an early age, and in this sense may be regarded as 'normal'; but, especially in its dynamic aspect, it contains within it the potentialities of all psychopathological developments in later life.
17. The conception of this basic endopsychic situation provides an alternative, couched in terms of personal relationships and dynamic ego-structure, to Freud's description of the psyche in terms of id, ego and superego, based as this is upon a Helmholtzian divorce of energy from structure no longer accepted in physics, and combined as it is, albeit at the expense of no little inconsistency, with a non-personal psychology conceived in terms of biological instincts and erotogenic zones.

Such then is the background of my approach to the problems of the hysterical state. So far as the hysteric is concerned, a characteristic feature of the basic endopsychic situation which I have just outlined is that the exciting object is excessively exciting, and the rejecting object excessively rejecting; and from this it inevitably follows that the libidinal ego is excessively libidinal, and the antilibidinal ego excessively persecutory. These features seem to me to shed considerable light upon the nature of the hysterical state; for they go a long way to explain both (1) the intensity of the hysteric's



repressed sexuality, and (2) the extent of the compulsive sacrifice of sexuality, which is such a characteristic hysterical phenomenon.

The inner situation prevailing in the case of the hysteric may be illustrated in classic form by the following dream. It was recorded by a patient whom I shall call 'Louise' — a patient of the hysterical type, who originally consulted me on account of conjugal difficulties, but who had a previous history of psychosomatic symptoms. In the dream she found herself as a child in a short passage with a door at either end and a window in one of the walls. In front of each door stood a figure of her father facing her with what appeared to be a stick in his hand. One of these figures held his stick in front of his genitals pointing towards her in such a manner as to indicate clearly that it symbolized an erect penis, whilst the other figure was holding his stick above his head like a whip with which he was about to punish her. Louise herself was standing immobilized between these two figures of her father, dancing from foot to foot in a state of excitement and anxiety. Meanwhile, she saw through the window a procession of couples of men and women, who cast superior and scornful glances upon her as they passed by and observed her predicament. Their glances conveyed to her the impression that they regarded her as just 'a silly little thing'; and this was exactly what she felt about herself, overwhelmed as she was by a sense of utter helplessness and hopeless inferiority as she stood immobilized between the two figures of her father in the passage.

Such a sense of helplessness and inferiority is, of course, a familiar experience for the hysteric in waking life, as indeed was the case with Louise; and the source from which this experience springs is well illustrated by the dream-scene. This scene represented an inner situation derived from the circumstances of Louise's actual relationship with her father in childhood; for her father was an erratic individual with manic-depressive characteristics, who treated her at times with attentions which could not fail to be sexually provocative, and at other times with thoughtless indifference and neglect which conveyed to her a sense of rejection on his part.

The presence of a similar inner situation in the case of a male patient, whom I shall call 'Morris', was revealed during the course of analysis in his description of the position in which he felt himself to be placed in his relationship with his mother. This patient was also of a hysterical type, although his symptoms manifested themselves chiefly in the form of anxiety; and, significantly enough, it was upon his return home to his widowed mother with a wound after serving in the Army during the Second World War that he developed the acute anxiety symptoms which necessitated analytical treatment. The inner situation which emerged during the course of analysis was one in which he felt as if his mother was both holding down his erect penis and crushing his testicles with her hand; and he described himself as not only terrified that she would destroy his genitals if he struggled to get free, but also afraid that she would release her grip, since, if

she did, it would put an end to the sexual excitement which her handling of his genitals provoked. Here again we find evidence of the simultaneous influence of an exciting and a rejecting object. It is true that Morris did not describe these two objects as separate in the imagined scene; but this may be accounted for, not only on the grounds that his description was at a conscious level, but also on the grounds that, as is so characteristic a feature of hysterics, he sought a masochistic solution of his dilemma in the inner world. For he explained that, in spite of his fear of castration by his rejecting mother, he also felt that the excitement which she provoked in him could only be allayed if she squeezed his genitals to the point of destruction, and that this eventuality would constitute the only means of providing him with complete sexual satisfaction. The actual situation in his childhood was, briefly, one in which, as the only boy in a family otherwise composed of girls, he was the object of excessive solicitude on the part of a fussy and possessive mother, who not only bound him to her libidinally by her attentions, but also frowned upon any manifestation of sexuality on his part, forbade him to masturbate and on one occasion inflicted upon him the trauma of slapping him for showing his penis to her. This situation, it may be added, was considerably aggravated by the fact that his father was a remote and inaccessible personality, and that he was thus deprived of a relationship which would otherwise have helped to rescue him

from the toils of his mother and encourage him to develop an attitude of adult male independence.

The two pictures of the endopsychic situation which I have now described may be regarded as quite characteristic of the hysterical state; but it will be observed that, in both pictures, attention is focused almost exclusively upon the exciting and the rejecting objects. I propose in a moment to provide a picture in which attention is focused upon the three ego-structures involved in the endopsychic situation. Before proceeding to do so, however, I should like to say a word regarding the third internal object, viz. the ideal object. This object is found to be less commonly represented in the dreams of hysterics than the exciting and rejecting objects; but it frequently finds a place in their conscious phantasies. Thus another of my hysterical patients, whom I shall call 'Jean', recorded that, for many years previous to the breakdown which finally brought her to analysis, she had sought consolation in day-dreams about a sexless marriage to a wealthy and indulgent husband who provided her with a luxurious house, innumerable servants, splendid motor-cars, elegant clothes, magnificent jewels and sumptuous food. She also sometimes imagined his providing her with children; but these children just appeared mysteriously out of nowhere without any preliminary intercourse, pregnancy or confinement. It will be noticed that such phantasies are characterized by a conspicuous absence of any element of sexual excitement on the one hand, or of frustration

and rejection on the other. Both the exciting object and the rejecting object are thus excluded from such phantasies — as also, for that matter, are the libidinal ego and the antilibidinal ego. In other words, such phantasies represent a relationship between the central ego and the ideal object — and it may be added that the nucleus of the ideal object is the mother in so far as she has proved satisfying and comforting in infancy. This incidentally is the type of relationship which the hysteric seeks to establish and maintain with the analyst in the analytical situation; and, although, under the pressure of transference, the analyst also soon comes to assume the roles of both exciting object and rejecting object, conscious recognition of this fact commonly meets with extreme resistance on the part of the patient, who characteristically reacts with anxiety or bodily distress to the threatened invasion of the analytical situation by these repressed internal objects.

After this brief reference to the ideal object, I shall now pass on to describe a dream in which the endopsychic situation prevailing in the hysteric is represented exclusively in terms of the three ego-structures. The dreamer in this case was the last-mentioned patient, Jean; and the dream was quite simple. It was about two dogs racing one another. One dog was white, and the other black; and the black dog won the race. Then Jean found herself comforting the white dog because it had lost the race; and, while she was comforting it, the black dog came and attacked it. The interpretation of this dream will

present little difficulty in the light of my introductory remarks — especially since Jean’s own comment on the dream was ‘I suppose both the dogs are me’; for obviously the white dog represents the libidinal ego, the black dog the antilibidinal ego, and Jean herself the central ego. So far as the drama itself is concerned, the black dog’s victory over the white dog in the race and its subsequent vicious attack upon the white dog provide a perfect picture of that dominance of the antilibidinal ego over the libidinal ego and that relentless persecution of the latter by the former, which are such characteristic features of the hysterical state; for self-deprivation, self-sabotage, a compulsion to sacrifice sexuality, and a need to suffer are typical hysterical features.

Jean’s concern over the plight of the white dog in the dream also provides a typical picture of the hysteric’s tendency to self-pity; for, although, as we have seen, the libidinal ego is repressed, the hysteric never ceases to lament the limitations, sacrifices and sense of inferiority to which its repression gives rise, to long for its restoration, and to envy those in whose case its repression has been less drastic. In addition, the hysteric entertains a tremendous sense of grievance, none the less present even when it is unconscious, against those involved in the outer circumstances in which the endopsychic drama had its ultimate origin. And here it becomes apposite to remark that, whereas the libidinal ego is pre-eminently characterized by libidinal need, the antilibidinal ego is pre-eminently characterized

by aggression. Considered in conjunction, these two repressed ego-structures can thus be seen to reflect the early ambivalence of the child towards his objects. The child's aggression is, in my opinion, originally directed towards objects no less than is his libido (for I do not accept the concept of primary death-instincts); but the process of development whereby this original aggression comes to be directed mainly against the libidinal ego through the agency of the antilibidinal ego represents a very characteristic feature in the genesis of the hysterical state.

The pattern of circumstances which gives rise to such a development may be illustrated from the case of another hysterical patient whom I shall call 'Olivia'. This patient was sent to me primarily on account of 'anorexia nervosa'. She could only eat the scantiest of meals; and, when she went out anywhere, she experienced intense nausea associated with a sensation of painful contraction in the epigastrium. Indeed, even the anticipation of going out was sufficient to precipitate these symptoms, which were always at their worst where social engagements were concerned. She was never actually sick, but was terrified of being so; and her special fear of being sick in public had given rise to a superadded phobia of going out. The pattern of circumstances which had led to these developments had its original source in infancy. Needless to say, she had no direct memory of the incidents in question; but they had become quite familiar to her as the result of conversation in the

family circle. The position was that feeding difficulties developed at an early stage. Breast-feeding did not prove a success; and her mother found difficulty not only in inducing her to feed from a bottle in the first instance, but also in finding a suitable mixture for her once bottle-feeding had been established. As might be expected, she cried constantly; and, since her crib was in her parents' bedroom, this disturbed her father, who, finally driven to desperation, adopted the expedient of holding her down until she stopped crying. His technique proved only too successful; for it initiated an internal process, whereby she came to assume the role of, so to speak, holding herself down. In terms of the endopsychic situation which I have described, this internal process involved a relentless attack upon her libidinal ego by her antilibidinal ego, identified as the latter was in the most intimate fashion with her father as a rejecting object; and the effects of this attack manifested themselves directly in the inhibition of her oral needs, with the result that she habitually refused food throughout her early childhood. Inhibition of need also came to be applied to other functions of her libidinal ego. For throughout her childhood she was both constipated and retentive of urine; and, although, as she grew up, her constipation disappeared, her urinary retentiveness persisted; and she became sexually inhibited as well. The selective persistence of her urinary retentiveness was in no small measure bound up with the fact that her father reacted to it by constantly urging her to go to the lavatory



to pass water, thus obviously playing the part of exciting object. By contrast, the management of her bowels remained in the hands of her mother, who, being less fussy and overprotective towards her than her father, constituted a less controversial figure for her. The fact that her father's fussiness and overprotectiveness extended to all spheres of her life still further complicated her relationship with him; for, whilst, as we have seen, the resulting interference with her life on his part had its exciting side, it also constituted him a very frustrating and rejecting figure for her. Thus, in his anxiety to prevent her coming to harm, he was constantly imposing restrictions upon her spontaneous activities. For example, on the grounds that she was a girl, he discouraged her from engaging in many of the more adventurous activities which he permitted, and even encouraged, in the case of her brother, who was four years younger. This had the effect of intensifying an already existent jealousy of her brother and encouraging penis-envy; and the guilt thereby engendered exacerbated the repression of her libidinal ego, and left it all the more at the mercy of her persecuting antilibidinal ego. Because she was a girl, her father also sought to protect her from sexual dangers by imposing considerable restrictions upon her freedom of movement and independence. In this respect, however, his efforts were not altogether successful; for she became the subject of several sexual traumata during childhood. Under the influence of guilt, these traumata led to further repression of her libidinal ego, especially

where its genital component was concerned, and exposed it still further to persecution by her antilibidinal ego. They also led to increased repression of the exciting object; and this was reflected in intense fear of, and hostility towards men as sexual figures. The situation was further aggravated by the fact that the exciting effect of her father's solicitude was reinforced by his making her the constant object of provocative teasing. So far as the endopsychic situation was concerned, she was thus reduced to the state of helpless and hopeless immobility so well represented in Louise's dream of the two fathers. Only, whereas Louise was only partially immobilized in real life, Olivia had given up all effort and become almost completely passive by the time she came to me.

My account of Olivia's case, although of necessity very sketchy, should serve to illustrate the extent to which the development of hysterical symptoms depends upon the simultaneous experience of excitement, on the one hand, and frustration or rejection, on the other — all in the setting of object-relationships.<sup>5</sup> It also enables us to appreciate the pattern of circumstances which leads to the repressive splitting-off, first of the exciting and rejecting objects from the original internalized object, and secondly of the libidinal and antilibidinal egos from the original ego. At the same time, it enables us to understand in some measure how the original ambivalence of the child towards an object who is both exciting and rejecting ultimately gives rise to an inner situation in which a repressed

libidinal ego becomes the object of aggression on the part of a repressed antilibidinal ego, and thus to that compulsive sacrifice of libidinal activity which is so characteristic of the hysteric.

In the case of Olivia it is obvious, in view of her infantile feeding-difficulties, that her mother was the first object to combine in a big way the roles of exciting and rejecting object for her; and an infantile situation in which the mother plays both these roles would appear to provide the basic nucleus round which the hysterical personality is characteristically built. Hence the explanation of the fact that the libidinal ego of the hysteric is found to contain so powerful an oral component.<sup>6</sup>

Such a situation certainly arose in the infancy of Jean no less than in that of Olivia. For she likewise had been informed of early incidents arising out of an unsatisfactory relationship with her mother in the feeding-situation; and it is significant in this respect that, later in her childhood, she was addicted both to stealing sweets and to stealing money to spend on sweets. As an infant, she reacted like Olivia in that she disturbed her parents by crying during the night; and, as in Olivia's case, it was her father who was moved to take repressive action. The action which he took was, however, quite different from that taken by Olivia's father; for, instead of holding her down, he carried her to the drawing-room in her crib and left her to cry there, out of earshot, until the morning.

It is interesting to consider the significance of the fact that, in the case of both these patients, it was the father who intervened and assumed the role of rejecting object. Doubtless, in assuming this role, both fathers drew attention to themselves in the role of exciting object likewise. At any rate, it was usually her father's money that Jean stole in order to buy sweets. Similarly, there was a period in Olivia's childhood when it was her greatest delight to be given the top of her father's egg to eat at breakfast; and, with this in view, she would come down specially to the dining-room where at that time he breakfasted alone. This was before her brother had reached the stage of being able to do the same, and thus to compete for the top of her father's egg. When he did reach this stage, however, she abruptly abandoned her visits to her father's breakfast-table; and indeed her whole attitude to her father changed — her former display of eager interest in him being replaced by an outward air of indifference. Nevertheless, during the course of analysis she dreamed, not only constantly about food, but also on many occasions specifically about eggs, which had acquired the symbolic significance of her father's penis for her. The cases of Jean and Olivia may thus be taken as illustrations of the fact that, *whereas the sexuality of the hysteric is at bottom extremely oral, his (or her) basic orality is, so to speak, extremely genital*. This fact may be regarded as indicating that, in the case of the hysteric, it is characteristic for genital sexuality to have been prematurely excited — with the result that the libidinal ego

contains not only a persisting oral component of a great intensity, but also a highly charged genital component which is all the more highly charged because it was prematurely stirred, and which is distinguished by an immature quality for a similar reason.

Such an association between oral and genital components may be illustrated from the case of a patient whom I shall call 'Ivy', and to whom I shall refer later at greater length with special reference to the sinusitis from which she suffered during part of her analysis with me. This patient recorded that, one day during a short break in the analysis, she became 'frightfully tired or dopey' and passed into a dreamy state in which she had 'a very real experience of being a baby at the breast'; but what she described as specially significant about this and other similar, but less vivid, experiences was that 'I always want something between my legs at the same time'. A similar association between oral and genital components was revealed in the case of another patient, whom I shall call 'Jack'. This is a patient to whom I shall also refer later, and who also suffered from sinusitis, albeit in a much more severe form than did Ivy. Meanwhile, I shall restrict myself to quoting a passage from one of Jack's dreams in illustration of the special point under consideration. The passage in question is as follows:

I was in a room which was like the living-room of a house, but also like your waiting-room. In the room lay a leopard sprawled out sleepily on the floor. It was between me and the door. I wanted to get out of the room, but was afraid the leopard would

spring at me if I made a move. So I put my hand on the leopard's head to keep it down and sidled round it to the side of it near the door. Then I quickly backed to the door and slipped out.

In associating to this dream-scene, Jack was not slow to recognize that the leopard represented a 'vital, energetic' side of his personality (libidinal ego), which presented itself to him as so dangerous, on account of its fierce and sadistic qualities, that he kept it permanently held down (as in the dream he held down the leopard). He was also not slow to relate the holding-down of this side of himself to the extremely passive attitude which he had adopted in early childhood towards his displacement, so far as maternal care was concerned, by an infant brother. Whilst, however, he experienced little difficulty in detecting the oral component in the symbol of the carnivorous leopard, it required interpretation on my part to bring home to him the presence of a genital component, in terms of which 'keeping the leopard down' represented keeping his penis down and preventing it erecting. This latter theme had already appeared, as I reminded him, in a previous dream about entering a lion's cage with a female keeper (representing his mother), who cowed a lion about to spring with the words 'Down, Caesar, down'; and, in the light of my interpretation, he was able to see the relevance of 'keeping the leopard down' to the vicissitudes of his sexual life.<sup>7</sup>

In the cases of Jean and Olivia, the premature stirring of genitality which appears to underlie the association of highly charged oral and genital components in the hysteric was doubtless

related to the intervention of their fathers as rejecting figures at critical moments characterized by the activation of intense need. No actual evidence of such paternal intervention was elicited in the case of Ivy; but she did record the feeling that some genitally exciting incidents involving her father had occurred in her early childhood. How far such paternal interventions are typical of the early history of female hysterics is difficult to determine; but, in my opinion, a much more constant factor (and this applies to male hysterics also) is premature libidinization of the child's genitals associated with infantile masturbation. Such infantile masturbation represents an attempt on the part of the child to find consolation in himself because of the unsatisfying nature of his early object-relationships; but it also involves an identification of his genitals with the exciting object. However this may be, it is important to recognize that the experience of rejection in the presence of excitement due to the stirring of urgent need constitutes a traumatic situation of the highest order for the child; and it would be difficult to exaggerate the importance of the part played by such traumatic experiences in the genesis of hysterical states. Such would appear to be the truth embodied in Freud's original theory regarding the determining part played in the aetiology of hysteria by traumatic sexual experiences during childhood.

If we leave out of account this original, and later discounted, theory of Freud's, we may now allow ourselves to observe that classic psychoanalytical formulations regarding the aetiology of

hysterical states invoke two quite distinct explanatory principles. One of these principles is that provided by the concept of the classical Oedipus conflict, involving as this does an incestuous fixation upon a parent. The other principle is that provided by the concept of fixation at a particular phase of libidinal development, viz. 'the earlier genital phase'. The former of these explanatory principles is obviously couched in terms of object-relations, whereas the latter is couched in terms of part-instincts and erotogenic zones. It is true, of course, that, in Abraham's classic formulation of the theory of libidinal development, stages of object-love are taken into account and related to stages of libidinal organization; but it is significant that Abraham (1927) described the first stage, viz. 'the earlier oral phase', as one of 'auto-erotism (without object)' (p. 496). It is thus obvious that, in spite of the supreme importance which he attaches to object-love, his theory implies that object-love is essentially a secondary phenomenon arising in the course of instinctive development. This is the inevitable result of his uncritical adoption of Freud's impulse-psychology, in terms of which libido is conceived as a hypostatized group of instincts concerned primarily with pleasure-seeking aims. Such hypostatization of instincts and such psychological hedonism are not compatible with the psychology which I have come to adopt, conceived as this is in terms of object-relations and dynamic structure; and on a previous occasion I have tried to show that the hysterical state (like the



paranoid and obsessional states, and, for that matter, the phobic state) is one which results, not from a fixation at a specific phase of libidinal development, but from the employment of a *specific technique* for regulating internal object-relationships established in early life (Fairbairn 1952b, pp. 30, 143).

From my point of view, of course, the concept of the classical Oedipus conflict, couched as this is in terms of object-relationships, provides a more acceptable type of explanation for the origin of hysterical states than the concept of a fixation at ‘the earlier genital phase’; but, from a comparatively early stage in the history of psychoanalysis, it has been customary to regard the emergence of such a phase as a precondition of the emergence of the classical Oedipus conflict, and thus to subordinate this latter concept to the requirements of the phase theory. However, this view has proved increasingly difficult to maintain in the light of more recent researches. Such researches, and conspicuously those of Melanie Klein, have drawn attention to the extent to which all psychopathological conditions are determined by conflicts arising long before the putative ‘earlier genital phase’ develops, and even in infancy (Gitelson 1952, Heimann 1952, Lampl-de Groot 1952, van der Sterren 1952); and that the hysterical state proves no exception to this rule is borne out by the data which I have already provided from the cases of Jean and Olivia. The attempt of Melanie Klein and her school to meet the resultant difficulty assumes the general form of

ante-dating the emergence of the Oedipus conflict; but there are other psychoanalysts who prefer to stress the determining importance of pre-oedipal conflicts, e.g., Lampl-de Groot (1952). My own views on this particular subject, although independent, are perhaps more in line with the solution offered by the latter group; for, in a paper written in 1944, I attempted to show that the Oedipus situation is not so much a causal phenomenon as an end-product, and represents not so much an explanatory concept as a phenomenon to be explained — i.e., a derivative phenomenon. I also attempted to establish that the Oedipus situation is one which has its roots in the vicissitudes of infantile dependence.<sup>8</sup> In this connexion it is relevant to point out that, whereas Freud's description of the psyche as constituted by id, ego, and superego was framed in terms of the Oedipus conflict, my own concept of the basic endopsychic situation is framed in terms of the original relationship of the child to his mother and the ambivalence which develops out of it. Thus, in my view, the triangular situation which provides the original conflict of the child is not one constituted by three persons (the child, his mother and his father), but one constituted essentially by the central ego, the exciting object and the rejecting object. Also, as I have attempted to show, it is in the setting of the child's relationship to his mother that the differentiation of endopsychic structure is accomplished, and repression originated; and it is only after these developments have already occurred that the child is called upon to meet the particular

difficulties which attend the classical Oedipus situation. Regarded from this point of view, the Oedipus situation is one which develops in circumstances in which the child identifies one parent (usually of opposite sex) predominantly with the exciting object, and the other parent (usually of similar sex), predominantly with the rejecting object. This pattern of identification is, however, very far from being inevitable. Thus, although there was some evidence of the classical Oedipus situation in the case of Olivia, the rejecting, no less than the exciting, object was predominantly identified with her father — a fact which, incidentally, gave rise to an exceptionally stubborn resistance in the transference situation. Similarly in the case of Morris; for, although a classical Oedipus situation manifested itself in the earlier stages of his analysis, the more basic situation which was later revealed was one in which both the exciting and the rejecting objects were constituted by his mother.

In the final section of the present study I propose to discuss some aspects of the characteristic hysterical process of conversion. Hysterical conversion is, of course, a defensive technique — one designed to prevent the conscious emergence of emotional conflicts involving object-relationships. Its essential and distinctive feature is *the substitution of a bodily state for a personal problem*; and this substitution enables the personal problem as such to be ignored. All personal problems are basically problems involving personal relationships with significant objects; and the objects involved in the

conflicts of the hysteric are essentially *internal objects* — and more specifically the exciting and frustrating objects, albeit the ideal object also comes into the picture. The endopsychic situation in question involves ego-structures, of course, no less than internal objects; but, so long as successful repression can be maintained, there is no occasion for resort to the defence of hysterical conversion. This defence is only mobilized in circumstances in which repression can no longer be successfully maintained and phenomena of transference (understood in the broadest sense of the term) threaten to objectify the repressed situation in the individual's ordinary life. The deeper the exploration of the circumstances in which hysterical conversion occurs, the clearer is the evidence that this defence is a reaction to specific outer situations which are essentially traumatic to the individual concerned, and which favour a revival and reactivation of repressed situations in the inner world. Thus the psychosomatic symptoms from which Louise at one time suffered were a reaction to circumstances in her marriage favouring a revival of the inner situation depicted in her dream of the two fathers. Similarly, Olivia's anorexia and all the symptoms which accompanied it were a reaction to her return home at the age of eighteen after several years' absence at a boarding-school abroad — the effect of her return being to reactivate the original situation with her father which had been internalized and repressed at an early age. During the course of analysis this situation became closely bound up with her relationship

to me at the instance of transference; and the variations which occurred in the severity of her symptoms could then be seen to be related to the vicissitudes of the analytical situation.

In the case of Olivia the gastric localization of her conversion-symptoms was, of course, related to the fact that the original traumatic situation involving her father (viz. that in which he held her down in her crib until she stopped crying) was one involving the presence of intense oral need; but it is interesting to note that what actually precipitated the onset of her anorexia after her return home from school was a gastrointestinal infection such that her conversion-symptoms presented the superficial appearance of sequelae of the infection itself. Her case thus serves to draw attention to the part often played by precipitating factors in determining the particular bodily localization of conversion-symptoms. In the case of Jean, the complex of precipitating events was more general in character, comprising as it did in large measure the responsibilities of married life (for which she was ill-prepared), the deaths of both her parents, disagreements between her husband and her brother, the ill-health of her only child, and the compulsions of life during the Second World War. It is perhaps no coincidence, therefore, that her conversion-symptoms assumed a form characterized by the absence of any narrowly focused bodily localization; for she was racked from head to toe by pains and other distressing sensations which she described in terms of pulling, tearing, twisting, squeezing,

hammering and the like. Incidentally, these various physical torments provide a good illustration of the effects of internally directed aggression; but it is on account of their generalized distribution throughout Jean's body that I cite them here. I should add that Jean also suffered from a psychosomatic disturbance in the form of psoriasis; but the affected areas of skin were so scattered that even this condition conformed to the pattern of a generalized distribution. It is commoner, however, for conversion-symptoms to assume a more localized form. Frequently, as in the case of Olivia's anorexia, the precipitating circumstances involved a bodily organ, or bodily system, which was deeply involved in the original traumatic situation; but this is very far from being invariably the case. Thus it is my experience that, in these days in which the cruder manifestations of hysterical conversion, such as hysterical paralyses, are less in evidence than formerly, chronic sinusitis, accompanied as this is by blockage of the nasal passages, has become a not uncommon conversion-symptom. It could be argued, of course, that such a localization of the traumatic situation in the nasal region might be related to an infantile situation in which the child's nostrils became occluded through his face being pressed too close to the breast — a situation which might result either from excessive need on the part of the child or from excessive anxiety or possessiveness on the part of his mother; and this argument could be supported by the consideration that the salivation which characterizes oral

excitement is liable to be accompanied by congestion of the nasal mucous membrane and intensified secretion on its part. Doubtless the influence of such a situation is significant in certain cases; but, so far as my experience enables me to judge, the incidence of sinusitis as a conversion-symptom is determined more commonly by the occurrence of nasopharyngeal colds in circumstances characterized by the experience of simultaneous excitement and rejection. It must be recognized also that the nasal passages lend themselves inherently to the symbolization of situations in which the expression and satisfaction of basic needs are denied to the child by parental figures. And in this connexion I may cite the case of the patient Jack, to whom I have already briefly referred, and whose sinusitis in adult life was historically related to anal retentiveness in childhood. Both these bodily manifestations of an emotional blockage were found to represent dramatizations of an internal situation in which his relationship to a dominating, possessive and frustrating mother was crystallized and perpetuated; and, when, at a favourable opportunity, I pointed out to him that he was dramatizing a state of imprisonment by his mother in his sinusitis, this symptom underwent a remarkable and almost immediate improvement. Chronic sinusitis was a symptom from which Ivy likewise suffered; and in her case it was actually accompanied by anal retentiveness in the form of periodic constipation — both conditions being provocative of intense anxiety. Ivy was by no means a typical hysteric; for it was on account of

symptoms which were mainly depressive and obsessional that she resorted to analysis. However, she displayed unmistakable hysterical characteristics; and her sinusitis, which varied in intensity in relation to emotional situations both inside and outside analysis, was undoubtedly a hysterical conversion-symptom. She too had a dominating, possessive and frustrating mother, who functioned both as an excessively exciting and as an excessively frustrating object in the inner situation; and her sinusitis, like her periodic constipation, represented a localized dramatization of the inner situation involved in her relationship with her mother.

The cases of Jack and Ivy, revealing, as both do, a connexion between sinusitis as a conversion-symptom and anal retentiveness as a phenomenon having its source in early life, provide an opportunity for the development of a further theme. The case of Olivia is also relevant in view of the historical connexion between her conversion-symptom of anorexia and the anal and urinary retentiveness which characterized her childhood no less than her tendency to refuse food. I shall introduce the theme to which I refer by formulating the question, 'If hysterical conversion can assume the form of sinusitis, what is there to prevent its also assuming the form of anal retentiveness?' Both phenomena, it will be noted, represent the bodily manifestations of a personal conflict concerned with object-relationships. Both involve the localization of these manifestations in a restricted area of the body. And both involve the impairment or



sacrifice of a bodily function which has assumed special libidinal significance. In spite of these similarities, however, anal retentiveness is not customarily regarded by psychoanalysts as a conversion-symptom, but rather as a phenomenon of direct anal sexuality in the first instance, and of fixation at a presumptive anal stage when it persists into later life. What has prevented psychoanalysts from regarding anal retentiveness as a hysterical conversion-symptom would thus appear to be the influence of the theory of erotogenic zones and the theory of libidinal development based upon it. I do not propose to repeat here the criticisms of these theories which I have recorded on previous occasions (Fairbairn 1952b, pp. 29-34, 138-143). Suffice it to say (1) that I have come to regard 'erotogenic zones', not as independent determinants of libidinal aims, but as parts of the body which lend themselves in varying degrees to the expression of *personal* aims, and (2) that I have come to regard the hysterical state as resulting, not from a fixation at the presumptive 'earlier genital phase', but from the employment of a *specific defensive technique* for the control of internal object-relationships which are the subject of conflict. As we have seen, the essential aim of this specific technique is the substitution of a bodily state for a personal problem; and the extent to which genital sexuality is characteristically involved in the personal problems of the hysteric provides no contradiction of this essential aim.

Some indication of the motives which impel an individual to resort to the hysterical technique of substituting a bodily state for a personal problem may be gathered from a statement made by Ivy in relation to a half-waking phantasy which, at one stage, she recorded. The phantasy was to the following effect:

I was craving for you. Then I was lying face down on what seemed to be a bed of soap-flakes, and burying my face in it. Then it was Mother I was craving for. Next I felt I had a red-hot needle at my bottom. It was like Belsen.

And this is how she expressed herself, when encouraged to enlarge upon her phantasy:

What I feel is that my head won't hold all the feelings in it. That would be unbearable. So the feelings have to go somewhere else — like the red-hot needle at my bottom. I have to get rid of the feelings from my head. I can't bear wanting Mother and not getting her. Rather than feel that, I make up a red-hot needle at my bottom. ... I feel I must have an escape from facing big things happening with Mother. ... Getting the feelings out of my head as a red-hot needle seems terribly important.

At this point it becomes a matter of interest to record an incident which occurred during a session with another patient whom I shall call 'Gertrude'. Although unquestionably a personality of the hysterical type, this patient did not suffer overtly from conversion-symptoms. That she was capable of developing such symptoms is, however, borne out by the incident which I am about to record, and which illustrates the conversion-process *in nascendo* under conditions which brought it under direct observation. At the

beginning of the session in question Gertrude commented on the fact that she had noticed a theatre-programme lying in the waiting-room, and went on to state that she had seen the play in question on the previous evening. I, accordingly, volunteered the remark that I had also attended the performance and noticed that she was there. Thereupon she became extremely emotional and exclaimed:

I feel angry about you seeing me last night. It means that you saw me in my private life; and that seems an intrusion. I never contemplated the possibility of your seeing me outside the consulting-room. The next thing will be that I'll start looking for you, as I did with Dr X.

I pointed out that she was trying to isolate her relationship with me from the rest of her life; and I interpreted this as representing a defence against recognition of a wish on her part that her private life should include me in it, as it had previously included the other doctor. I added that she was angry with me because I had said something that threatened this defence, and that it was because of this threat to her defence that she felt that I was forcing myself upon her. She then proceeded to introduce an interesting modification of her original statement about feeling angry with me: 'I don't really feel angry with you. I just want to walk about the room smashing things'. I accordingly pointed out that her impulse to walk about the room smashing things represented another defence in the form of a deflexion of her aggression from my person to inanimate objects, but that, since everything in the room was mine, her aggression would

still remain implicitly directed against me, however much she tried to conceal the fact from herself. This interpretation of the situation led to a further interesting development; for her next remark was: 'I don't really feel angry at all. I just feel certain kinaesthetic sensations'. I may explain here that Gertrude had some considerable knowledge of psychology before she came to me — and also some acquaintance with psychopathology, as will become evident in a moment. Hence her use of the term 'kinaesthetic sensations'. I now took the opportunity to suggest that she was adopting the defence of substituting a bodily state for a personal problem which concerned her relationship with me, and which arose out of a conflict between anger towards me and need of me (viz. out of ambivalence on her part). In reply to this, she indignantly remarked that I was just telling her that she had 'conversion-hysteria'. I thereupon explained that what I had really done was to point out that she had been in process of developing a conversion-symptom during the course of the last few minutes. This, as I see it, was a statement of actual fact; for she had converted a personal problem involving simultaneous need of me and aggression towards me into a bodily state experienced in the form of kinaesthetic sensations.

The incident which I have just described may be regarded as providing evidence that a tendency to hysterical conversion may none-the-less be present even in the absence of overt conversion-symptoms. It would, however, appear to hold equally true that, in the

absence of overt conversion-symptoms, hysterical conversion may be confined to the realm of phantasy. Such, at any rate, would seem to be the significance of an incident which occurred in one of Morris's sessions, and which I shall now relate. In the course of the previous session the fact had emerged that, in the inner world, he was constantly engaged in an argument with his mother over his right to possess a penis and to use it as he wished — a right which, in the light of his mother's reactions (to which reference has already been made), he felt that she denied to him. This imagined argument with his mother assumed the essential form of an attempt on his part to convert her to a 'belief in penises', in place of the hatred of penises which he attributed to her (not without reason). More specifically, he sought to persuade her to accept his own penis, and to give him permission to use it; for, in his bondage to her, he felt that he did not dare to use his penis without her permission — except indeed in secret masturbation, about which he felt extremely guilty. It may be added that, since he felt his mother to be adamant in her refusal to give him the permission which he craved, he found himself in an impasse, in consequence of which he sought to make the best of a bad situation by extorting a masochistic satisfaction from his argument with her. In the course of the next session — that which included the incident to which I should like to direct attention — Morris recurred to the theme of the argument with his mother; and I took the opportunity to ask him why he felt that his ability to possess

a penis was dependent upon her permission. To this he replied that, whilst he longed to escape from his mother's clutches, he felt too guilty to leave her in view of the hatred which he felt towards her for not allowing him to possess a penis; and he added: 'I can't do anything about it because I'm paralysed. It's like constipation. I'm almost afraid to do anything<sup>1</sup>. I accordingly expressed the opinion that he was disposing of his aggression towards his mother by turning it inwardly against his own penis as the embodiment of his sexuality (viz. his libidinal ego), and thus keeping himself in an emotionally castrated state. He thereupon remarked:

I think I get sexual pleasure out of castrating myself. It seems the solution of the problem I'm confronted with. ... I'd rather castrate myself than have my mother do it. I'm virtually castrating myself to forestall my mother. If I were angry with her, she would get more angry; and it would finish up with her maiming my penis.

I now pointed out that, although it was true that he had been circumcised at the age of five on account of phimosis, his real problem was not a threat of actual injury to his penis by his mother, but *a clash of personalities* between himself and her over the question of his using his penis; and I added that he was trying to escape from the emotional distress of this clash of personalities by imaginatively localizing the drama in his penis itself. He then went on to say:

That ties up with my difficulty in getting my angry feelings out to her. Her reaction to my touching my penis or doing anything sexual shows me how terrible she thinks my angry feelings are.

My angry feelings towards her are displaced to my penis; . . . and I have burning, angry feelings in it. . . . You encourage me to bring up my angry feelings instead of having it all going on under the blankets; but that's like encouraging me to put my head under a guillotine and get my head cut off instead of my penis. Getting my penis cut off seems the lesser of two evils. (Pause.) I feel I want to go now.

The reader can hardly fail to notice the similarity between (a) Morris's remark to the effect that having his penis cut off was a lesser evil than having his head cut off, and (b) Ivy's remark about the importance of getting her feelings out of her head as a red-hot needle at her bottom. The particular juncture at which Morris's desire to terminate the session arose will also doubtless impress the reader; for this desire arose just when he felt that pressure was being put upon him to reverse the displacement of his angry feelings from his 'head' to his penis, and to face the clash of personalities between himself and his mother. The fact that such a desire should arise at this particular juncture would appear to indicate the defensive nature of the displacement in question; and the fact that this displacement was restricted to the realm of phantasy in no way affects the essential nature of the defence itself. For the aim of the defence employed by Morris differs in no significant respect from the aim of overt hysterical conversion — viz. the substitution of a localized bodily state for a personal problem.

Having now cited clinical material derived from three cases to illustrate the motives which impel an individual to resort to the

defensive technique of hysterical conversion, it is high time for me to return to the theme from which I have digressed in so doing. This theme is one which I introduced by formulating the question: 'If hysterical conversion can assume the form of sinusitis, what is there to prevent its assuming the form of anal retentiveness?' So without further delay I shall go straight to the point and submit for consideration the hypothesis that *the data upon which the theory of erotogenic zones is based themselves represent something in the nature of conversion-phenomena*. We have seen how the process of hysterical conversion can confer upon the nasal passages a status equivalent to that of an erotogenic zone; for, in the cases of Jack and Ivy, these passages came to function in a manner which put them in all emotional respects upon the same footing as the anal canal. The question which now arises, accordingly, is whether the anal canal itself did not become erotogenic for them in a similar manner — viz. at the instance of a conversion-process in terms of which a bodily state was substituted for a personal problem. Evidence of some measure of anal retentiveness was revealed in the early history of both these patients; and there can be no doubt that, in both cases, this represented a reaction to a dominating, possessive and frustrating mother. In terms of the theory of libidinal phases, this particular localization of emotional conflict would be explained as due to the instinctively determined occurrence of an anal phase; but, in my view, it can equally well be explained on the grounds: (1) that the



function of defaecation lends itself inherently to the staging of a conflict between child and mother over the issue of the child's dependence or independence, and (2) that this function is one in which maternal intervention is particularly liable to occur. Such intervention certainly occurred in the case of Jack, whose mother frequently resorted to the use of suppositories as a means of overcoming his anal resistance. Similarly, one of the most traumatic memories of Ivy's childhood was that of having an enema forcibly administered by her mother (hence the localization of 'a red-hot needle at my bottom').

At this point I feel constrained to embark upon a digression concerning the general theory of erotogenic zones. In terms of this theory, the status of specific erotogenic zones is accorded to those highly sensitive areas where the mucous membrane lining the internal passages of the body joins the skin covering its external surface. The theory is not altogether consistent, however, in that, for some unspecified reason, the nostrils are omitted from the category of specific erotogenic zones — and this in spite of the fact that the function of breathing which they subserve represents one of the most basic needs. Be this as it may, it seems a justifiable reflexion that there is something artificial about the circumscription of the restricted areas to which an erotogenic status is attributed, since it is based upon purely anatomical, as against functional, considerations. From a functional standpoint, the mouth is, of course, only the

gateway to the stomach; and, in conformity with this fact, Olivia's anorexia was a gastric, rather than an oral, phenomenon. It would, therefore, be more in keeping with the economy of the body to speak of an 'alimentary' rather than an 'oral' zone. On the same principle, the rectum and, for that matter, the colon are more deeply involved than the anus in 'anal' retentiveness or the reverse; and it would thus be more appropriate to describe the so-called 'anal' zone as 'defaecatory'. Similar considerations apply where so-called 'urethral' sexuality is concerned, as may be illustrated from the case of Ivy. During quite a considerable period of her childhood Ivy suffered from pronounced frequency of micturition; and during the course of analysis this symptom was to some extent revived, particularly in relation to the analytical situation. Thus for a time she frequently experienced an urgent desire to micturate during analytical sessions. This desire was, of course, a phenomenon of excitement, and thus provided the material for conflict between a desire to go to the lavatory on my premises and anxiety over the urgent call to do so. On one occasion, under the influence of the former desire, she drank a considerable quantity of liquid before coming to her session with a view to ensuring that she would require to go to the lavatory during the analytical hour. To her disappointment, however, no physical sensation indicative of a need to urinate arose. Undeterred by this fact, she insisted on going to the lavatory — only to find that her bladder was practically empty. On

another occasion, under the influence of anxiety, she avoided drinking anything for several hours before her session in order to ensure that she would *not* require to go to the lavatory while she was with me; but the result was that she experienced the most urgent desire to micturate and, on going to the lavatory, passed vast quantities of urine. These phenomena were obviously phenomena of renal secretion; and it is only in an artificial sense that they could be described as 'urethral'. For, considered in terms of function rather than atomistic anatomy, the urethra is only part of a system which also includes the kidneys, the ureters and the bladder; and it would therefore be more appropriate to speak of a 'urinary' rather than a 'urethral' zone, and to describe the relative form of sexuality as 'urinary' also.

After this digression I must now return to the question whether the classic erotogenic zones are not the product of a hysterical conversion-process. Having already given some indication of the manner in which it is possible for conversion to confer erotogenic status upon the 'anal zone', I shall try to indicate how the 'oral zone' may acquire erotogenic status in a similar fashion. One of my patients, whom I shall call 'Richard', became so concerned, at one point in his analysis, over the problem presented by his infant daughter that his own personal problems receded into the background; and several sessions were devoted to discussing what was to be done about her. The child was restless and sleepless, and

was perpetually crying; and, as she was also failing to put on weight, Richard felt convinced that the half-cream milk-mixture with which she was being fed was too weak for her. In the light of what he told me, I endorsed his opinion; and, encouraged by my agreement, he persuaded his wife to put the child on a full-cream mixture. The result was that the child began rapidly to gain weight and to appear satisfied, if not satiated, at the end of a feed; but, very shortly after a feed, she would begin to cry and, in the intervals between crying, would suck vigorously either at her hand or at the blanket. This behaviour continued even when she was gaining as much as twelve ounces a week in weight. Richard was completely at a loss to explain this behaviour, since he only thought of the problem in terms of infant-feeding, and it was plain that the child was now adequately nourished. I therefore pointed out that the problem had now obviously ceased to be one of feeding and had become one of mothering; and I arranged for a colleague well versed in child-psychology no less than in infant-feeding to visit the home, assess the family situation and advise the mother. The observations of this colleague amply confirmed my anticipations; for she reported that the child was not being mothered at all, but was being completely rejected by her mother. The relevance of this story lies in its capacity to illustrate how an infant may be driven into an 'oral' attitude by an unsatisfying personal relationship with his mother, and an erotogenic 'oral zone' thus constituted. In the case quoted, the emotional need

of the child was converted into an 'oral' need; and the truth of this fact was substantiated by a further observation on the part of my colleague to the effect that the child had reached a stage of rejecting the mother who rejected her. In other words, the child had replaced her relationship with her mother by an 'oral' state in conformity with the principle of hysterical conversion.

Stated in general terms, the condition into which Richard's child had passed was one in which she had come to substitute oral erotism for object-seeking. A similar process would seem to be involved in the establishment of a specific 'genital zone'; and it is this fact that confers upon masturbation the significance which it possesses. In illustration of this point, I shall refer again to the case of Morris. Not very long after the session which I have already mentioned, he became extremely disturbed as the result of what he regarded as a presumptuous interference with his affairs on the part of his housekeeper. This interference on her part reminded him of his mother's interference with his practice of infantile masturbation, and mobilized all the emotions associated with it. In particular, it revived his reaction to the circumcision which he underwent at the age of five, and which he interpreted as a punishment inflicted upon him at the instigation of his mother to cure him of masturbation. His original reaction must have been extremely acute; for he was subsequently told by his mother that she thought she was going to 'lose' him at this time. And, in retrospect, he himself expressed the

conviction that the circumcision was the most important event that had ever occurred in his life — to which he added that the event next in importance was one which powerfully reminded him of the circumcision-trauma, viz. his sustaining a mutilating wound during military service. What he found specifically traumatic about the circumcision was the actual removal of his foreskin, the significance of which may be gathered from the following comment on his part:

The foreskin I played with was taken away. ... They took away the only thing that gave me pleasure. It was something I had on my own, for which I did not depend on my parents. ... What right has my mother to object to my touching my penis? She has neglected me; and then she objects to my seeking another refuge. I don't want to touch her any more. ... I get no satisfaction from her. ...It's the feeling that my mother has removed the thing I require, the thing I was playing with. In so doing she has castrated me. My penis was like a doll I could play with and love. ... What I'm wanting is for my mother to let me have my penis to myself — like a doll. ...I want her to leave me alone with it as something of terrific importance to me. After the circumcision the whole thing is threatened. Using my penis in marriage would be the same thing over again — having it interfered with by someone. ... A sexual relationship means sharing my penis with some one else; and I don't want to share it. ... Coming here seems to represent the same thing. I feel you're trying to get me to give up having my penis to myself; and I resent that. ...What I want is to have it to myself. ... It is something I can cope with. I just can't cope with my mother. I have this doll in mind. I can talk to it. ...It can be comforting and understanding. I can put words in its mouth. I can touch it anywhere and feel it will understand. But it is impossible to put my mother in that situation. I don't feel she is understanding. ... What I want is to

become independent of her as soon as possible. It's really a case of being independent of all people.

It can thus be seen that, at an early stage in his life and long before the circumcision, Morris had made his own foreskin a substitute for his mother — and more specifically for her breast (as was shown by material which he had previously provided). This fact illustrates, incidentally, the close association, to which I have already referred, between oral and genital components in the libidinal ego of the hysteric; but it is not on this account that I have quoted Morris in the present context. It is rather to illustrate how a specific 'genital zone' comes to be established — viz. as in the case of the 'oral zone', through the substitution of autoerotism for object-seeking in conformity with the principle of hysterical conversion; and, as I have said, it is such a substitution that confers upon masturbation the significance which it possesses. In masturbation, as the case of Morris illustrates, the genital organs assume the significance of the exciting object no less than that of the libidinal ego. They would also appear capable of becoming the locus of activity on the part of the antilibidinal ego in association with the rejecting object — as, for example, in the case of impotence or frigidity, and as indeed in the 'castrated' state in general. It can thus be seen that the whole drama of the individual's relationships with his objects can come to be represented in genital autoerotism; and the emotional conflict to which masturbation so characteristically gives rise would appear to be related to this fact.

In general it would appear that, when the object-relationships of the child are unsatisfactory, libidinal charges become, so to speak, dammed up in the organic systems which provide, in varying measure, available channels for libidinal expression; and indeed the same may be said of aggressive charges also. When this happens, the organic systems in question themselves assume the functional significance of objects, and thus become themselves libidinally cathected; and such a process would appear to be involved in the establishment of isolated erotogenic zones. In infancy the appetitive system which extends from the mouth to the stomach provides a natural focus for the operation of this process-as do the genital organs likewise at a later stage. These two systems represent, of course, instinctively determined channels for object-seeking; but the same can hardly be said of the defaecatory and urinary systems. At the same time, these latter systems are of such a nature as to readily acquire the function of channels of libidinal and aggressive expression, particularly in view of the extent to which parental figures participate in, supervise and attempt to control the child's excretory activities. The vicissitudes of childhood thus provide conditions calculated to encourage the conversion of the defaecatory and urinary systems into isolated erotogenic zones in the manner already indicated. At the same time, it must be recognized that, under appropriate conditions, any part of the body whatsoever may become the focus of the conversion-process, and so become



constituted into an erotogenic zone in which the dramas of disturbed personal relationships are localized. The factors which chiefly determine the choice of an apparently arbitrary part of the body as a focus for the conversion-process would appear to be: (1) traumatic experiences involving or having relevance to the part of the body concerned, (2) considerations of symbolization, and (3) motives for deflecting or displacing the incidence of the conversion-process from one part of the body to another with a view to preserving or restoring the functions of the former.

The classic theory of erotogenic zones is, of course, bound up with the view that the original libidinal orientation of the child is inherently autoerotic, and that an alloerotic or object-seeking orientation is only acquired at a later stage in the process of development. The object-relations psychology which I have come to adopt is, of course, in complete contradiction of this view; but I have tried to show how the concept of erotogenic zones may be assimilated into the system of 'object-relations psychology' in terms of the process of hysterical conversion.

As regards the nature of hysterical states in general, I am only too well aware of the limited nature of the present study. In this study, however, I have attempted to show how the special problems presented by hysterical states may be approached from the standpoint of the psychology of object relations and dynamic

structure; and I have tried to indicate, in terms of this standpoint, some of the basic processes which appear to be involved in the development of hysterical symptoms.

### Notes

1. This is evident from the following statement in his paper entitled “On the Psychological Mechanism of Hysterical Phenomena” published in 1893: ‘Indeed, the more we occupied ourselves with these phenomena the more certain did our conviction become that splitting of consciousness, which is so striking in the well-known classical cases of *double conscience*, exists in a rudimentary fashion in every hysteria and that the tendency to dissociation ... is a fundamental manifestation of this neurosis’ (see Freud 1924, p. 34).
2. Here it is perhaps necessary for me to explain that I can think of no motive for the introjection of an object which is *perfectly satisfying*. Thus, in my opinion, it would be a pointless procedure on the part of the infant to introject the maternal object if his relationship with his actual mother were completely satisfying, both within the emotional sphere and within the more specific sphere of the suckling-situation. As it seems to me, it is only in so far as the infant’s relationship with his mother falls short of being completely satisfying that he can have any conceivable motive for introjecting the maternal object. This is a view which appears to present considerable difficulty for Melanie Klein and her collaborators, especially since the introjection of ‘good’ objects plays such an important part in their theoretical system. The difficulty in question is perhaps in no small measure due to the fact that, in previous formulations of my views on this subject (Fairbairn 1952b), I expressed the opinion that it was always ‘bad’ objects that were introjected in the first instance. However, I have now revised my previous opinion to the effect (1) that the differentiation of objects into categories to which the respective terms ‘good’ and ‘bad’ can be applied only arises after the original (pre-ambivalent) object has been introjected, and (2) that this differentiation is effected through splitting of an internalized object which is, in the first instance, neither ‘good’ nor ‘bad’, but ‘in some measure unsatisfying’, and which only becomes truly ‘ambivalent’ after its introjection. The manner in which I conceive the process of splitting to occur is indicated in the summary provided in the text above. It should be added, however, that a completely satisfying relationship between the infant and his actual mother represents a contingency which is only theoretically possible, and which never materializes in actual fact. From a practical standpoint, therefore, it may be regarded as inevitable that circumstances will arise to provide the infant with a motive for introjecting the maternal object. Such circumstances may arise at any moment after the cessation of intrauterine existence; and indeed the disturbance of intrauterine bliss by the birth-process itself may be regarded as representing such a circumstance.

It will not escape the notice of the reader that I describe introjection of the unsatisfying object as a *defence* — ‘the first defence adopted by the original ego’. This implies, of course, that I do not regard introjection of the object as the inevitable expression of the infant’s instinctive incorporative needs — as something that just happens, so to speak; for, obviously, the aim of the instinctive incorporative need is

not incorporation, whether physical or mental, of either the mother or her breast, but physical incorporation of the mother's milk. Nor can the process of introjection of the object (viz. the process whereby a *mental structure* representing an external object becomes established within the psyche) be regarded simply as a manifestation of that general perpetuation of experience which is described as 'memory'. It would appear, accordingly, that it is only when introjection is conceived as a defensive technique that this concept possesses any significant meaning. As it seems to me, the real problems lying behind the difficulty which my views regarding introjection present for Melanie Klein and her collaborators are the problems (1) of the form in which the child's experience of good and satisfying relationships is perpetuated within the psyche, and (2) of the manner in which the personality is moulded by such experience. These vital problems are hardly such as to lend themselves to discussion in a footnote which is perhaps already too long; but I can at least point out that, in terms of my theory of the development of the personality (as described in the summary appearing in the text above), the key to these problems is to be found in the relationship of 'the central ego' to 'the ideal object'.

3. I have previously employed the term 'ego-ideal' to describe this internal object (see Fairbairn 1952b, pp. 135-136); but I now feel it desirable to adopt the term 'ideal object' for its description, and so to emphasize its object-status and bring it into terminological alignment with 'the exciting object' and 'the rejecting object'.
4. I have previously employed the term 'internal saboteur' to describe this ego-structure (see Fairbairn 1952b, p. 101); but I now feel it desirable to adopt the term 'antilibidinal ego' for its description, and so to emphasize its ego-status and bring it into terminological alignment with 'the central ego' and 'the libidinal ego'.
5. I speak here of 'frustration or rejection'; but it is to be understood that, in terms of object-relations psychology, frustration is always emotionally equivalent to rejection. It is only in terms of impulse-psychology that 'frustration' can have a meaning capable of differentiation from that of 'rejection'; for, if the child is essentially object-seeking, frustration is inevitably experienced as rejection on the part of the object. Further, since the child's primary objects are always personal, it follows that the child is inevitably animistic, and that the world of inner reality established during childhood is inevitably founded upon an animistic basis. This inherent animism of the human mind is, in my opinion, ineradicable, and remains unaffected by sophisticated conscious thinking. It would thus also appear to follow that solutions of deep-seated emotional conflicts can only be satisfactorily effected in animistic terms — a fact which, as it seems to me, has important implications for psychoanalytical therapy.
6. It was in the light of this fact that, on a previous occasion (see Fairbairn 1952b), I ventured to state (1) that 'a sufficiently deep analysis of the Oedipus situation invariably reveals that this situation is built up around the figures of an internal exciting mother and an internal rejecting mother', and (2) that 'I have yet to analyse the hysteric, male or female, who does not turn out to be an inveterate breast-seeker at heart' (p. 124).
7. I take this opportunity to point out that, whilst I have described the problems of the hysteric as essentially *personal* problems, I am very far from intending to minimize the importance of the *specific field* within which these problems are staged. I am equally far from intending to minimize the importance of conflicts within a genital context on the grounds that it is within an oral context that the personal conflicts of the hysteric first manifest themselves. Indeed, as my reference to Jack's dream should

in itself suffice to indicate, I consider the staging of conflicts within a genital context as a matter of special concern where the psychotherapeutic treatment of hysterical symptoms is concerned.

8. It is a remarkable fact that psychoanalytical interest in the classical story of Oedipus should have been concentrated so preponderantly upon the final stages of the drama, and that the earliest stage should have been so largely ignored; for it seems to me a fundamental principle of psychological, no less than of literary, interpretation that a drama should be considered as a unity deriving its significance as much from the first act as from the last. In the light of this principle, it becomes important to recognize that the same Oedipus who eventually killed his father and married his mother began life by being exposed upon a mountain, and thus being deprived of maternal care in all its aspects at a stage at which his mother constituted his exclusive object.

## 2.

### The Schreber Case

#### INTRODUCTION

The recent publication of English translation of Schreber's *Memoirs of My Nervous Illness* (1955, 1988) can hardly be allowed to pass without special comment. These *Memoirs* possess considerable intrinsic interest owing to the fact that they provide a detailed description of the phenomena of a psychotic illness as experienced by the patient himself—in this case a member of the legal profession whose intellectual and professional qualifications were such as to have led to his being appointed *Senätpresident* (President of a Panel of Judges) in the Court of Appeal at Dresden at the age of 51, six weeks before the acute onset of his psychosis in October 1893. Retrospective autobiographical accounts of a psychotic illness are, of course, by no means unknown in literature; but that Schreber's *Memoirs* possess unusual importance may be judged from the fact that Freud described the original publication as 'an invaluable book' (Freud 1923a). In the first place, although Schreber only began to write his *Memoirs* in 1900 (by which time the more acute phase of his psychosis had passed), they were compiled from notes made assiduously throughout his illness with the result that they represent a contemporary, rather than a

retrospective, account of his experiences. In the second place, there are appended to the *Memoirs* three official Reports furnished by Dr. Weber, Superintendent of the Sonnenstein Asylum in which Schreber was confined for eight years, in connexion with proceedings which the latter instituted for the rescinding of his tutelage, and as the result of which he obtained his release in September 1902. The reader is thus provided with an opportunity to compare Schreber's subjective account with an objective psychiatric assessment of his condition. Quite apart from their intrinsic interest, however, the *Memoirs* possess the historical importance of having provided the material for Freud's classic study of paranoia (Freud 1911), which represents one of the earliest attempts to apply psychoanalytic insight to the study of psychoses.

### **DR WEBER'S REPORT ON SCHREBER**

According to Dr Weber's Report, dated 9 December 1899, Schreber had already suffered from 'a serious attack of hypochondria' in 1884-1885, but had recovered from it; and it was not until November 1893 that it was found necessary to admit him to a mental hospital for the second time. His second illness was at its onset characterized, like the first, by hypochondriacal ideas; but it was not long before the presence of 'ideas of persecution ... based on hallucinations' and accompanied by paraesthesiae became apparent. Hallucinations, both visual and auditory, rapidly

multiplied; and he 'mentioned that all sorts of horrible manipulations were being performed on his body ... for a holy purpose'. He became inaccessible and would sit for hours 'completely stiff and immobile', sometimes staring into space with frightened eyes. He made repeated attempts to commit suicide, refused food and was retentive of faeces. In November 1894 there occurred a mitigation of his catatonic rigidity, and he began to speak coherently, albeit in an abrupt and staccato manner. At the same time there emerged 'a fantastic delusional elaboration of his continual hallucinations'. He felt himself to be 'adversely influenced by certain persons previously known to him', notably Prof. Flechsig under whose care he had been placed during his first psychotic illness. He believed that the world had been changed, God's omnipotence destroyed, and he himself adversely affected by the machinations of these persons. He shouted abusive remarks out of the window, and indulged in harangues against the 'soul-murderer' Flechsig. He was subject to unrestrained attacks of bellowing, and often strummed upon the piano in the most violent fashion. He expressed the convictions that the world had come to an end, that everything around him was 'a sham', and that people were only 'lifeless shadows'. At the same time he became more polite and more accessible to the doctors and attendants; and he began to show an increasing capacity for restraint in a social setting. He also began to engage in various normal activities. On the other hand, he became increasingly sleepless and noisy during the night.

As time passed, he began to show signs of what subsequently developed into the delusion that he was being transformed into a woman. He was frequently found in his room half-undressed, declaring that he had feminine breasts and contemplating pictures of naked women; and he had his moustache removed. In 1897 a further change was observed in his condition. His insomnia and nightly outbursts diminished. He began to correspond with his wife and others; and his letters 'hardly showed anything pathological, but rather a certain insight'. He also became able to 'talk about the most varied matters in a relevant manner and moreover to control himself in a way which at times hid his illness'.

Having thus described the course of Schreber's illness, Dr Weber then draws attention to 'the way in which from the early more acute psychosis which influenced all psychic processes and which could be called hallucinatory insanity, the paranoid form of illness ... crystallized out ... into its present picture'. It would thus appear that an original condition of paranoid schizophrenia became transformed into a condition of overt paranoia through the elaboration of a coherent delusional system.

## **SCHREBER'S OWN ACCOUNT OF HIS 'NEUROSIS'<sup>1</sup>**

According to the account provided by Schreber himself in his *Memoirs*, both his nervous illnesses were brought on by 'mental overstrain' — overstrain occasioned in the first instance by his



parliamentary candidature, and in the second by his strenuous efforts to prepare himself to fill the high office of Senatspräsident with credit. The first illness was distinguished from the second, however, by the absence of 'any occurrences bordering on the supernatural'. The second illness was ushered in by insomnia, which, significantly enough, began to trouble him just when he felt he had succeeded in mastering the difficulties of his new office; and during the course of several sleepless nights he was disturbed by 'a recurrent crackling noise in the wall' (S37). Previous to this, however, the abhorrent thought had occurred to him in bed one morning 'that it really must be rather pleasant to be a woman succumbing to intercourse' (S36). After a consultation with Prof. Flechsig, under whose care he had been placed during his first illness, he became anxious, depressed and suicidal; and he was accordingly admitted to the Asylum of which Prof. Flechsig was Superintendent. His condition rapidly deteriorated; and he records that decisive for his 'mental collapse' was one particular night during which he had 'quite an unusual number of pollutions (perhaps half a dozen)' (S44). Thereafter there appeared 'the first signs of communication with supernatural powers, particularly that of nerve-contact which Prof. Flechsig kept up with me' (S44). He concluded that Flechsig's soul had acquired the power of putting 'divine rays' to its own use, and was employing this power to further secret designs against him ('soul-murder') (S47). Later he concluded that departed souls also caused divine rays to make

contact with his nerves, and that the ‘voices’ of these souls spoke to him in ‘nerve-language’ which provoked in him compulsive thinking and, when several spoke at once, threw him into confusion. Still later he came to feel that God Himself made a direct contact with his nerves by means of divine rays — the reason being that the nerves of living human beings, particularly when in a state of ‘high-grade excitation’, exercised such a power of attracting ‘the nerves of God’ (S47) as to make it difficult for Him to withdraw. All this he felt to be ‘against the Order of the World’. Later, however, it became evident to Schreber that it was in accordance with the Order of the World that ‘a human being . . . must under certain circumstances be “unmanned” (transformed into a woman) once he has entered into indissoluble contact with divine nerves (rays)’ (S45). Such circumstances arose ‘in the case of world catastrophes which necessitate the destruction of mankind’ on account of ‘voluptuous excesses’ or ‘nervousness’ (S52). Then ‘in order to maintain the species, one single human being was spared — perhaps the relatively most moral’, and this individual ‘had to be *unmanned* (transformed into a woman) in order to bear children’ to repopulate the world (S53). Schreber, who, significantly enough, was childless, felt cast for this role; and he believed that, in view of the destruction of all other human beings, the necessary means of life had to be provided for him by ‘fleeting-improvised-men’ (S71 and 203), viz. souls who ‘were for this purpose transitorily put into human shape by

miracles'.<sup>2</sup> The process of 'unmanning' consisted in the retraction of the external male genitals into the body and the transformation of the internal male organs into the corresponding female organs — a process subject to constant obstruction by the rays of 'impure souls' (S53-54), conspicuously Flechsig's. The efficacy of Flechsig's interference was due to his having established a nerve-contact with God such that God was unable to dissolve it. The aim of Flechsig's plot ('laid . . . perhaps in March or April, 1894') was to prove that Schreber's illness was incurable and thus to obtain control over his soul and subject his body, transformed into a female body, to 'sexual misuse'. 'This abominable intention' so outraged Schreber's 'whole sense of manliness' (S56) that he decided to end his life by refusing food, and so to sacrifice himself for God, whose omnipotence was being endangered by Flechsig's infamy. It only occurred to him much later (when he was actually writing his *Memoirs*) that God himself must have been privy to this plot if not actually responsible for it, and that, in fighting against a plot so '*contrary to the Order of the World*', he was really fighting against God on behalf of God's true nature.

In June 1894, as Schreber records, he was transferred from Dr Flechsig's Asylum to Dr Pierson's Asylum for a few days, and thence to the Sonnenstein Asylum, where he came under Dr Weber's care, and where he remained until his discharge in September 1902. In these moves he was followed by the souls who had established

nerve-contact with him, and in particular by Flechsig's soul. In retrospect he divided his stay at Sonnenstein into two periods. In the first period, which lasted for about a year, the 'miracles' wrought upon him remained 'terrifying and threatening' to an extent which made him seriously concerned for his life, his manliness, and his reason; and he remained convinced that those around him were only 'fleeting-improvised-men'. In the second period, by contrast, the 'miracles' became increasingly harmless and ordinary, and the voices became reduced to 'an empty babel of ever recurring monotonous phrases', which he sought to drown by playing the piano whenever possible. Also he gradually came to feel that those around him were ordinary human beings. So long as the attacks by 'impure souls' continued, however, he interpreted these as due to a desire on the part of the souls to withdraw from the attraction of his 'over-excited nerves', and for this purpose to effect in him an unmaning which was not in consonance with the Order of the World. His own purpose, on the other hand, was to draw these souls to himself in order to cause their dissolution, and thus (a) to restore God's omnipotence, and (b) to effect a complete calming of his nerves through sleep and an 'unmaning, in consonance with the Order of the World, for the purpose of creating new human beings' (S61-62). It was this purpose that motivated his phase of immobility. However, November 1895 witnessed a critical change in his whole outlook; for during this month the conviction was borne in upon him

that the Order of the World imperiously demanded his unmaning, and that, faced with the alternatives of 'either becoming a demented human being in male habitus or a spirited woman', he would only show 'common sense' in choosing the latter. Thereafter, the belief grew in him that, although God tended to withdraw from him if a state of 'soul-voluptuousness' (S94) was not maintained in his body, the attraction of his nerves had ceased to be regarded by God as a menace and had even become congenial to Him. The increasing harmlessness of the miracles supported this belief. Hitherto he had regarded the effect of divine rays as both destructive to himself and disturbing to the Order of the World; but now he began to be impressed by evidence of the creative effect of divine rays (creation being their proper function). He constantly witnessed such miracles as the spontaneous generation of insects round him when he sat in the garden, and thus 'gained the certain conviction that spontaneous generation (parentless generation . . .) does in fact exist' (S241). These miracles, like everything else that happened in his environment, appeared specially directed towards his person; and he was thus led to formulate the explicit conclusion: '*everything that happens is in reference to me*' (S262). In conformity with this conclusion he felt that he had become in a sense 'the only human being' so far as God was concerned. By this time his bodily state had come to alternate between a state of 'such sensuous pleasure as gives a pretty definite foretaste of female sexual enjoyment in intercourse'

and ‘all sorts of more or less painful and disagreeable states’, in particular tearing headaches and fits of bellowing, which he attributed to the attempt of rays to withdraw from him (S273). His states of female voluptuousness could not, he felt, be attributed to ‘mere low sensuousness’; and it was foreign to him to contemplate directing any sexual desire ‘*towards other human beings (females)*’ (S282), above all in intercourse. However, when he felt ‘alone with God’, it seemed incumbent upon him ‘to give divine rays the impression of a woman in the height of sexual delight’ (S281); and, to create this impression, he had to imagine himself as ‘man and woman in one person’ having intercourse with himself — a procedure which had ‘nothing whatever to do with any idea of masturbation’ (S282). Thus, in his relationship with God, customary morality had been reversed; and for him voluptuousness had become ‘God-fearing’. This situation had been forced upon him as the result of God having placed Himself in a relationship to him contrary to the Order of the World (viz. one serving the purpose of sexual pleasure, and not that of procreation); but he was convinced that it was only through the measures which he had come to adopt that he had saved his reason. What the final outcome would be became for him now a matter of speculation only. His former conviction that his transformation into a woman would one day be completed with a view to the renewal of mankind had become undermined as the result of his coming to realize that mankind had not really perished.

The probability therefore seemed to him to be that, whilst ‘a strong indication of femaleness’ would characterize him to the end of his days, he would nevertheless ‘die as a man’ (S289).

## **FREUD’S INTERPRETATION OF SCHREBER’S ILLNESS**

Freud’s interpretation of Schreber’s illness, as described in his well-known paper on this subject (Freud 1911), is briefly that the exciting cause of the illness was ‘an outburst of homosexual libido’ which became attached to Flechsig, and that ‘his struggles against the libidinal impulse produced the conflict which gave rise to the pathological phenomena’ (F429). As to why this outburst of homosexual libido occurred when it did Freud felt compelled, on the basis of the data available, to content himself with the observations (a) that ‘every human being oscillates all through his life between heterosexual and homosexual feelings’, and ‘any frustration or disappointment in the one direction is apt to drive him over into the other’, and (b) that Schreber’s illness must have been associated with involitional changes (F429-430). Schreber’s attitude to Flechsig was interpreted by Freud as due to the transference of a passive homosexual wish-phantasy originally attached to his father (who had died when he was nineteen), and the conversion of the object of his homosexual desire into a persecutor owing to the inacceptability of the phantasy to his ego. As the illness progressed, the superior figure of God was substituted for Flechsig in the role of persecutor. This

substitution, so far from representing an aggravation of Schreber's conflict, was really a step towards its solution; for, whilst the wish to play the part of a female prostitute to Flechsig encountered a resistance, no such resistance was encountered by the task of providing God with the voluptuous sensations which He seemed to require. 'Emasculation' ceased to be a disgrace, and became 'consonant with the order of things'; and, since it would become instrumental in the renewal of the human race after its extinction, it would lead to the revering of Schreber's name. His ego thus found compensation in his megalomania, while his feminine wish-phantasy became acceptable. At the same time, his returning sense of reality led him to postpone this solution of his conflict to the remote future. The conflict which he thus sought to resolve in his delusional system was at bottom an infantile conflict with the father whom he loved, but who appeared in the light of one who interfered with his autoerotic gratifications. The delusional system itself represented a triumph for his infantile sexuality; for voluptuousness became demanded of him by his father, and the threat of castration by his father, which was the source of his anxiety, became the means of fulfilling his wish to be transformed into a woman. The frustration in actual life which mobilized this wish was the fact that, although he described his marriage as otherwise happy, it had, to his regret, brought him no children, and in particular no son to console him for



the loss of his father and to provide an object for his unsatisfied homosexual affections.

## **FREUD'S THEORY OF PARANOIA**

Having drawn attention to the central role of the father complex in Schreber's illness, Freud then proceeded to consider why this illness should have assumed a paranoid form and to submit a general theory of the psychopathology of paranoia. He had already formulated this theory before he became acquainted with Schreber's *Memoirs*; but the detailed account contained in the *Memoirs* provided him with the confirmation which his theory otherwise lacked owing to the inherent difficulty of analysing a paranoid patient. Freud (1911) appreciated from the first that the distinctive nature of paranoia is determined, 'not by the nature of the complexes themselves' (which are not specific to paranoia), 'but by the mechanism by which the symptoms are formed or by which repression is brought about' (F444). At the same time he felt 'driven by experience to attribute to the homosexual wish-phantasy an intimate (perhaps an invariable) relation to this particular form of disease' (F444). He attributed the presence of such a wish-phantasy to a fixation at the point at which the 'narcissistic' passes into the 'alloerotic' stage of libidinal development. Normally the homosexual tendency arising at this point is sublimated in such a manner as 'to contribute to the social instincts' (F447); but in persons thus fixated

such sublimation is precarious, and is liable to be reversed in the event of circumstances which involve either (1) an unusual stimulation of libido, or (2) frustration in heterosexual or social relations. A similar 'disposition' Freud believed was to be found in cases of schizophrenia; but the differences between this disorder and paranoia were due to differences in 'dispositional fixations'. In paranoia, projection with delusion-formation is characteristically employed to counteract a preceding withdrawal of libido from outer objects and cathexis of the ego with the libido so withdrawn. It was such a withdrawal of libido in Schreber's case that gave rise to his feeling that the outer world was unreal and had indeed been destroyed; and it was the accompanying libidinal cathexis of his ego that gave rise to his grandiosity and self-reference. Whilst admitting the possibility that a withdrawal of libido may be 'the essential and regular mechanism of every repression', Freud is more concerned to point out that 'detachment of the libido, together with its regression on to the ego' is a characteristic mode of repression shared by paranoia with schizophrenia (F448). In the case of schizophrenia, however, the dispositional point of fixation is earlier, and the mechanism employed in the 'attempt at recovery' is not projection with delusion-formation, but 'a hallucinatory (hysterical) mechanism'. Also in schizophrenia, as distinguished from paranoia, 'the forces of repression' are stronger than 'those of reconstruction'. Nevertheless, since there may be multiple points of fixation in

varying degree, 'paranoid and schizophrenic phenomena may be combined in any proportion'. Such a combination was a feature of Schreber's illness.

## **SUBSEQUENT DEVELOPMENTS IN PSYCHOPATHOLOGY**

The above explanation of the phenomena of paranoia was, of course, formulated by Freud at a time when he still classified instincts into ego-instincts and sex-instincts (libido). Consequently, he takes no direct account of aggression in his explanatory formulations. Some reference to aggression is admittedly involved in such passages as (1) that in which he states that the main purpose of Schreber's delusions of persecution was to justify his hatred of one whom he had formerly loved, and (2) that in which he rather inconsistently attributed the comparatively favourable outcome of Schreber's illness to his father-complex being in the main positively toned. Nevertheless, his formulations are couched exclusively in terms of the economics and fixations of abstract libido. Freud had not yet, of course, introduced his concepts of the id and the superego; but his explanations take little account of the ego except in so far as it is described as rejecting libidinal wishes of a homosexual nature, and as becoming the object of libido withdrawn from external objects. The tendency to look to the libido theory and to the abstract concept of libido, rather than to the psychology of the ego and its object-relations, for an explanation of 'the choice of illness' still

persisted in Freud after the formulation of his theory of the mental constitution in terms of id, ego and superego; and, as expressed in Abraham's revision of Freud's original theory of libidinal development, it remains an entrenched feature of psychoanalytical thought. It was in the hope of counteracting this tendency and paving the way for an explanation of 'the choice of illness' exclusively in terms of the psychology of the ego and its object-relations that in 1941 the present author (Fairbairn 1952b, pp. 28-58) submitted a theory of libidinal development in accordance with which an original state of infantile dependence (corresponding to 'the oral stage') gradually comes to be replaced by a state of adult dependence (corresponding to 'the genital phase') during the course of a transitional stage characterized by the operation of four 'transitional' techniques<sup>3</sup> for controlling the conflicts involved in internal object-relationships. In terms of the theory, these techniques — the paranoid, the obsessional, the phobic and the hysterical — may be regarded as representing varying methods of attempting to avert the two great psychopathological disasters to which the individual is liable owing to internal conflicts originating respectively during the earlier and later phases of the stage of infantile dependence — viz. (1) a schizoid state (related to a condition of preambivalence), and (2) a depressive state (related to a condition of ambivalence). So far as concerns the paranoid technique, it is noteworthy that Freud describes paranoid projection and delusion-formation as representing

‘an attempt at recovery’; and he implies that it may be also employed in an attempt to avert an impending psychosis. He thus approaches the conception of the role of the paranoid technique since formulated by the present writer. However, as already indicated, the main aim of the latter’s theory of libidinal development was to provide a psychoanalytical explanation of ‘the choice of illness’ exclusively in terms of the psychology of a dynamic ego and its object-relations — on the grounds that the persistence in psychoanalytical thought of a current of explanation couched in terms of abstract libido has now become an obstacle to progress. This current of explanation is, of course, very far from being exclusive. For one thing, Freud’s formulation of his final theory of instincts rendered possible the adoption of a psychopathology in which a definite role could be assigned to aggression as well as to libido; and, for another, Freud’s subsequent formulation of his theory of the mental constitution in terms of id, ego and superego promoted the development of an ego-psychology based largely upon the conception of an internal object-relationship, involving aggressive no less than libidinal components, between the ego and the superego. These developments enabled Freud to envisage the possibility of a sadistic superego assuming the role of an internal parental moral persecutor, and to recognize that it actually assumed this role in cases of depression (Freud, 1923b, pp. 74-77). Subsequently, the researches of Melanie Klein led her to the conclusion that the development of the superego is effected through

the integration, to any degree of success, of a multiplicity of internalized part-objects, many of which are ‘bad objects’ and function as internal persecutors (Klein 1948). In accordance with this view, it becomes possible to understand how, in circumstances favouring regression, the superego may disintegrate into the internalized part-objects from which it originated, with the consequent release of a host of internal persecutors, and how such internal persecutors may be defensively projected into the external world (Klein 1948). Such a conception serves to explain what happened in the earlier phase of Schreber’s illness. A certain nucleus of the superego would, however, appear to have survived and to have assumed the form, partly of Flechsig, and partly of God. Then, as the reconstructive process asserted itself in the later phase of his illness, the multiple persecuting part-objects became re-integrated into the superego within the internal world, and their projected representatives became merged in the figure of God. The conception of internal objects thus enhances our understanding of Schreber’s illness and the paranoid process in general, and overcomes many of the limitations of an explanation couched exclusively in terms of the economics of libido.

How far Freud is justified in inferring the existence of ‘an intimate (perhaps invariable) relation’ between paranoia and the homosexual wish phantasy is an interesting question. That a close association exists between them is certainly borne out by

psychoanalytical observation; but it is by no means equally clear that the causal connexion is as simple as Freud's study of Schreber's case would appear to indicate. Freud's (1911) observation that 'every human being oscillates all through his life between heterosexual and homosexual feelings' (F429-430) can hardly be regarded as satisfactory, since it takes little account of the mental factors which, from the psychological standpoint, must be assumed to determine such a presumptive oscillation. There would appear to be ample evidence that, apart from the narcissistic factor involved, the homosexual object-choice is determined by a rejection of the heterosexual parent; and even the narcissistic factor may be interpreted as due, not to any fixation at a presumptive narcissistic stage of development, but to a withdrawal of libidinal interest from the heterosexual parent as a bad object in the outer world and a defensive resort to autoerotism mediated by masturbation. Such a resort to autoerotism in itself predisposes to a homosexual object-choice; but it cannot be ignored that rejection of the heterosexual parent favours a homosexual attachment to the other parent. If subsequently the homosexual parent assumes the role of persecutor, this is largely because, faced with the alternatives of persecution by a heterosexual parent or persecution by a homosexual parent, the child chooses the latter as less intolerable. Nevertheless, persecution by the heterosexual parent is found to persist at a deeper level; and there is evidence to the effect that, in conformity with this interpretation,

the constitution of the classic Oedipus situation involves a displacement on to the homosexual parent of aggression originally directed against the heterosexual parent, who is not only the more important libidinal object, but also the object of greater hatred in the primal scene. It is thus that the really 'bad object' in the drama of *Hamlet* is undoubtedly Hamlet's mother. As regards Schreber's mother, all that is known about her is that she receives casual reference in the *Memoirs*, and that she was alive at the time of his illness (a fact of which Freud was unaware); but, if the mother-*imago* is conspicuous by its absence in Schreber's phantasies, this may be a measure of his mother's importance rather than otherwise. Indeed her importance is not only concealed, but also demonstrated by his obvious identification with her — a phenomenon to which Freud fails to attach the importance which it deserves.

Another question of interest is the extent to which paranoia is associated with anal sexuality. In terms of the theory of libidinal development formulated by Abraham in 1924 (Abraham 1927) and since adopted into the body of generally accepted psychoanalytical theory, paranoia is dependent upon a fixation in the earlier anal phase. This theory was not, of course, available at the time of Freud's study of Schreber's illness. Consequently, no special association between paranoia and anal sexuality is suggested by Freud. At the same time, retention of faeces is mentioned as one of Schreber's symptoms in Dr Weber's Report; and Freud draws



attention to a somewhat obscure passage in the *Memoirs*, in which Schreber speaks of ‘miracles’ producing in him the urge to defaecate ‘at least several dozen times’ a day, and of attempts to prevent his satisfying this urge — all with the aim of destroying his reason. In the passage in question Schreber also records that, when he does succeed in defaecating, the act ‘is always combined with a very strong development of soul-voluptuousness’. This is in conformity with the general observation that the presence of highly charged anal trends is a characteristic feature of paranoid individuals, female no less than male. It by no means follows, however, that a fixation at the presumptive earlier anal stage provides the only possible explanation of this feature; and, as already indicated, the present author has formulated a revised theory of libidinal development in terms of which ‘the paranoid technique’ represents one of the four defensive techniques which become available to the ego during ‘the transitional stage’. In the light of this theory, pure paranoia (as distinguished from paranoid schizophrenia) would, from the purely psychopathological (as against legal) standpoint, fall into the category of a psychoneurosis; and the fact that, outside the localized sphere of his delusions, the paranoiac is well orientated to reality would appear to support such a view. Be this as it may, the fact that the paranoid technique is largely modelled upon the act of anal expulsion is beyond question; and it must be recognized that the act of defaecation by its very nature readily provides a model for the

aggressive projection of bad internal objects, especially during the period of excretory training — a procedure which lends itself to become the focus of interpersonal conflicts with parental figures. Interesting in this connexion is a sentence in the *Memoirs*, in which Schreber speaks of ‘the symbolic meaning of the act of defaecation, namely that he who entered into a special relationship with divine rays as I have is to a certain extent entitled to sh-- on all the world’ (S226)<sup>4</sup> ; and it is not difficult to understand how the paranoiac who seeks to dispose of his bad internal objects by projecting them into the outer world after the defaecatory model should, like Schreber, achieve nothing more than the substitution of an external for an internal persecution.

### **DISCUSSION OF THE COMMENTARY BY MACALPINE AND HUNTER**

The recent publication of Schreber’s *Memoirs* under the editorship of Macalpine and Hunter is undoubtedly an important event. As noted by the editors, Freud’s study of Schreber’s illness has had the effect of imparting a classic significance to ‘the Schreber case’ in psychoanalytical literature; and yet, owing to the inaccessibility of the *Memoirs* hitherto, subsequent writers have taken no account of the sources of Freud’s study apart from the excerpts quoted by Freud himself. This fact, according to Macalpine and Hunter, has led to an uncritical acceptance of Freud’s formulations on the part of psychoanalytical writers, except in so far

as the influence of Melanie Klein's conceptions is concerned. This influence is restricted by Macalpine and Hunter to Klein's stressing of the importance of the part played by aggressive, in addition to libidinal, factors; but her formulations regarding internal persecutors and their projection must be regarded as registering a still more important advance upon Freud's theory.

For two reasons it would be a major task to consider the criticism of Freud's theory of paranoia, and of the psychoanalytical theory of the psychoses in general, submitted by Macalpine and Hunter in the Introduction and Discussion which accompany the text of the *Memoirs* which they edit. In the first place, these collaborators are sceptical of accepted classifications in terms of which a distinction is drawn between, for example, paranoia proper and schizophrenia. The difficulty thus raised can only be met in the present context by an insistence upon the distinction between the schizoid process itself and the paranoid defence, which imparts a specific character to the presenting syndrome in proportion to its success in controlling 'the return of the repressed'. In the second place, there is the attitude of Macalpine and Hunter to what they describe as 'the myth surrounding the nature of the transference, its central position in the technique of psychoanalysis and the theory of mental illness based upon it' (M23). Their views on this subject are briefly to the following effect: Psychoanalytical theory was built up on observations of transference phenomena in the analytical session.

The classic technique is one in which it is unjustifiably claimed that the patient's reactions are purely spontaneous, and the analyst so passive as merely to provide a screen upon which the patient's reactions to his original objects are reflected. The transference neurosis which develops during analysis, although not the purely spontaneous phenomenon which it is claimed to be, provided the basis for Freud's theory of the transference neuroses, or psychoneuroses. Concepts designed to explain the transference neuroses, involving as they do interpersonal relations (e.g., the Oedipus situation), were then inconsistently and illegitimately applied in explanation of the narcissistic neuroses, or psychoses, in which the patient regressively withdraws libidinal interest from outer reality and the persons in it, and directs it towards himself.

The statement that psychoanalytical theory has been built up on the basis of transference phenomena in the analytical session is not wholly true, since (a) transference occurs outside the analytical situation, and (b) not all the material produced in the analytical session is transference material. Nevertheless, the statement may be allowed to pass. It must also be recognized that Macalpine and Hunter are not wholly without justification in the criticisms which they pass on the conception that the role of the analyst in the classic technique is one of complete detachment. However detached the analyst may try to be, his personality inevitably makes an impression upon the patient and modifies the latter's reactions; and there can be

no disputing the fact that interpretation represents an active intervention on the analyst's part. It is also doubtful whether even the most ardent devotee of the classic technique is as detached in practice as he is in theory; and there is an increasing number of analysts who actually consider it undesirable to be as detached as the classic technique appears to demand. Nevertheless, under all conditions transference occurs; and, if the analytical session is regarded as an experimental situation involving a two-person relationship between patient and analyst, its influence and significance can be scientifically assessed (see Ezriel 1951).

As regards the doubts expressed by Macalpine and Hunter on the legitimacy of carrying psychoanalytical concepts over from the field of the psychoneuroses to that of the psychoses, these are not without some apparent justification in view of the rigid distinction originally drawn by Freud between 'the transference neuroses' and 'the narcissistic neuroses'. This rigid distinction must be regarded as having originated in the practical difficulties experienced by Freud in the treatment of psychotics in the earlier days of psychoanalysis — difficulties which are not necessarily insurmountable, as the recent work of John Rosen with schizophrenics well illustrates (Rosen 1953). The distinction has, however, been perpetuated by the theory of libidinal development in terms of which the capacity for object-relations is only achieved after the individual has passed through an original autoerotic and an intermediate narcissistic phase. In the view

of the present writer, what is really at fault is not the carrying over of concepts from the field of the psychoneuroses to that of the psychoses, but the theory of libidinal development which denies that the individual is inherently object-seeking from the beginning. His own revised theory of libidinal development is designed to implement this view; and Melanie Klein's antedating of the Oedipus situation to infancy (Klein 1948) represents a movement in the same direction. The views of Macalpine and Hunter themselves would appear to share the unsatisfactory features of the classic theory of libidinal development in terms of which the individual is regarded as originally autoerotic; for their studies of psychosomatic and psychotic illnesses have led them to conclude that these conditions 'originate in disturbances of internal reality, in the patient's relation to himself (M22). 'The primary disturbance', they claim, 'is not interpersonal, but intrapersonal', albeit 'such intrapersonal disturbances may secondarily affect interpersonal relations and lead to an altered relation to external reality' (M22). The psychoanalytical conception that renunciation of reality is the characteristic feature distinguishing the psychoses from the psychoneuroses is accordingly described by them as a 'faulty notion'. What they fail to recognize, however, is that the 'internal reality' of which they speak is really an endopsychic world of object-relations. This world is built up by means of introjection on the basis of the child's experiences of his libidinal objects interpreted in terms of his own needs — above all

experiences involving frustration and deprivation; and its foundations are laid in infancy. It is to the influence of this endopsychic world of object-relations upon the reactions of the ego that the origin of both the psychoneuroses and the psychoses must be ascribed; and it is thus no less appropriate to apply concepts based upon transference phenomena to the psychoses than to the psychoneuroses.

The main objection raised by Macalpine and Hunter to Freud's interpretation of Schreber's illness is that he 'applied to Schreber's illness the criteria of a neurosis in the classical psychoanalytic sense, and discussed it on the basis of libidinal conflict' and that 'furthermore Schreber's illness is explained by Freud on a genital level only, centring on the inverted Oedipus situation' (M375). What, according to them, Freud failed to see was 'that Schreber was preoccupied with ...creation and procreation in the primitive, presexual sense which precedes knowledge of sexual reproduction both in the history of the individual and of mankind', and 'which forms the basis of all primitive religions' (M378). They also draw attention to the fact that, although Freud (1911) referred to 'the enormous number of delusional ideas of a hypochondriacal nature which the patient developed' (F441), and stated 'I shall not consider any theory of paranoia trustworthy unless it covers also the *hypochondriacal* symptoms by which the disorder is almost invariably accompanied' (F441ff), nevertheless, he leaves these

symptoms almost wholly out of account in his explanation of Schreber's illness. This is certainly surprising, since Schreber's previous illness was described by Dr Weber as 'a serious attack of hypochondria'; but doubtless Freud was here influenced by his unfortunate conception of 'the actual neuroses' among which hypochondria was included (Freud 1894). Melanie Klein's conception of internal persecutors has, however, enabled the gap left in Freud's explanation of paranoia to be filled; for, as she has pointed out, 'the pains and other manifestations which in phantasy result from the attacks of persecuting objects within against the ego are typically paranoid' (Klein 1948, pp. 292-293). In the view of Macalpine and Hunter, by contrast, 'Schreber's hypochondriacal symptoms express primitive, pregenital procreation fantasies in the form of body hallucinations' (M381) — the term 'procreation fantasies' being employed specifically 'to stress the absence of mature sex drives, whether homosexual or heterosexual' (M381). These procreation phantasies, in their view, constituted the real nucleus of Schreber's illness; and they regard the homosexual wish phantasy as merely a secondary development. 'Schreber fell ill', they write,

when a wish fantasy that he could, would or should have children became pathogenic. Simultaneously he became doubtful of his own sex. ...His psychosis was a quest to procreate; speculations became reality and were jumbled up in a cycle which embraced birth, life, death, rebirth, resurrection, life after death, transmigration of souls. All centred around the fundamental issue



of creation and his own creative potentialities. ... Schreber pursued the quest 'how can I a man be in the process of having or actually have children?' To live through the various possibilities was his psychosis. (M385-386)

In accordance with this view, what occasioned Schreber's illness was the frustration of the creative principle in him owing to the childless nature of his marriage (a factor also stressed by Freud) —his desire for a child having met with what he described as 'frequent disappointments' (? miscarriages), and the final disappointment being due, not to his own climacteric (another factor stressed by Freud), but to his wife's menopause.

This interpretation of Schreber's illness has its impressive side; and it certainly covers a wider range of the protean manifestations of Schreber's illness than does Freud's more limited interpretation. The conception of pregenital procreation phantasies is, of course, very far from foreign to psychoanalytical thought; and Macalpine and Hunter therefore consider it 'remarkable that Freud does not even consider pre-genital fantasies' (M382) — especially in view of the fact that, discussing the infantile 'cloaca theory' of birth only three years before the appearance of his study of Schreber's illness, he wrote 'If babies are born through the anus then a man can give birth just as well as a woman. A boy can therefore fancy that he too has children of his own without our needing to accuse him of feminine inclinations. It is only his still active anal erotism at work' (Freud 1908, pp. 69-70). However, if Macalpine and Hunter have made out

a case for their interpretation of the hypochondriacal (and presumably more schizoid) aspect of Schreber's illness, it must be recognized that Freud has also made out a case for his interpretation of its paranoid aspect. Perhaps it is not too much to hope that the two interpretations may be fruitfully reconciled in terms of a conception which neither Macalpine and Hunter nor yet Freud, strangely enough, take into account in their discussions of Schreber's case — viz. that of the primal scene, which is not only closely associated with procreation phantasies, but also with phantasies in which the parents present themselves as persecutors. So far as Freud is concerned, it is true that, in a subsequent paper on a case of paranoia, he does refer briefly to the primal scene as a factor in determining the patient's illness (Freud 1915); but he does not develop the theme in any systematic manner. In the view of the present writer, however, it is this theme that provides the most important clue to an understanding of Schreber's illness.

### **THE PATHOGENIC SIGNIFICANCE OF THE PRIMAL SCENE**

It is the experience of the present writer that the greatest resistance encountered in psychoanalytical practice is that directed against revival of the primal scene, whether actually witnessed or only inferred during childhood. This resistance may assume quite fantastic proportions. Thus, the present writer has a female patient who, whenever any approach to the primal scene is made during a

session, immediately becomes (literally) paralysed and aphasic, and passes into a narcoleptic state. Interestingly enough, this same patient became symptom-free for several weeks during a temporary cessation of analysis after dreaming about the primal scene in a barely disguised form. It may be added that she slept in her parents' bedroom until the age of eight. There is another female patient who, when pressed on one occasion to enlarge on some material relating to the primal scene, remarked 'When I try to think of Mother and Father in bed together, waves of sleep come over me like waves of the sea'. It is also the considered opinion of the present writer that the horror of the primal scene is more basic than the horror of incest, and indeed that the latter is largely derived from the former. Thus there is a married female patient whose intercourse with her husband is accompanied by barely disguised incestuous phantasies which have proved to represent enactments of the primal scene, but who evinces the utmost resistance to reviving the primal scene itself. There also come to mind two patients, one male and one female, whose phobic anxieties are unquestionably focused upon the primal scene, and who both display hypochondriacal tendencies. Of these two patients, the female slept in a dressing-room off her parents' bedroom with the door open until the age of ten. The male slept in his parents' room until the age of six, when another child was born; and thereafter his mother made him sleep in the same bed with her until the age of fifteen with a view to preventing his father having

intercourse with her. All the five patients mentioned, it should be noted, are current patients; and they represent half of the current clientele of ten. There is another current patient in whose case the primal scene has been revived, but for whom it still retains the utmost horror. This patient recently had a dream which may be abbreviated into the following form:

I was returning to a country house which appeared to be my old home. The grounds were full of people who were attending a Scottish Nationalist demonstration. I tried to slip through the crowd without being noticed in case, if they noticed me, they would disperse. Here and there among the crowd I saw a few young men standing naked like statues. They seemed to be symbols of the Nationalist movement; and I paid particular attention to their penises. Then I was in an upper room in the house: and I heard the committee of the Nationalists plotting revolution and murder in the room below. I was terrified to move in case I drew attention to my presence; for I realized that, if they knew that I had heard them, they would either compel me to join the movement or else kill me.

This dream was immediately associated by the patient with the primal scene; and his associations revealed a fact of the utmost interest. The pleasurable excitement of the primal scene was focused upon the naked men and their penises, whilst its horror was localized in the plotting of the Nationalist committee. The patient, it should be mentioned, has a horror of sexual intercourse (which for him means participation in the primal scene), and, although not a practising homosexual, has overt homosexual leanings. Homosexuality

represents for him a means of enjoying the excitement of the primal scene in a masturbatory manner, whilst denying the scene itself; and the horror of the primal scene is bound up with his sadistic attitude towards his mother as a monster of infidelity towards him — his previously stressed hostility towards his father proving to be largely a displacement of his hatred of his mother.

The case just quoted is relevant to the case of Schreber. Schreber's homosexuality, at first severely repressed and later barely disguised, represented a means of denying the primal scene and his hatred of his mother as the more significant participant in his eyes, whilst enjoying the sexual excitement which it provoked in him; and his adoption of a female role, involving as it did an identification with his mother, served a similar purpose. The same may also be said of the various other procreative phantasies which he entertained, and to which Macalpine and Hunter draw attention, viz. 'as a man, by being changed into a woman, parthenogenetically, by divine impregnation and self-impregnation' (M386), and last, but not least (in Schreber's own words) 'parentless generation, spontaneous generation' (S241). The last of these alternatives was completely ignored by Freud; and yet it would appear to provide the real clue to Schreber's illness. For what more absolute denial of the primal scene could there be than 'parentless generation'? And it cannot escape observation that in the comprehensive list of Schreber's procreative notions provided by Macalpine and Hunter the one form of

procreation conspicuous by its absence is normal sexual intercourse between a man and a woman, viz. the primal scene. A quotation from one of the last pages of the *Memoirs* will enable Schreber to speak for himself on this point — ‘When I speak of my duty to cultivate voluptuousness, I *never mean any sexual desires towards other human beings (females) least of all sexual intercourse*’ (original italics) (S 282). In the light of these considerations, some insight may be gained into a mystery which Freud left unsolved — viz. that of the precipitating factor in Schreber’s illness. His childlessness, which undoubtedly played a part, must be regarded as a predisposing, rather than a precipitating, factor; but it can hardly be a coincidence that the onset of both his illnesses occurred just when he was faced with the prospect of himself assuming the role of a potent father-figure — in the first case that of a Member of Parliament, and in the second that of Senatspräsident. The assumption of such a role must have signified for him a participation in the primal scene, on the basis of an identification with his father, calculated to mobilize his sadistic hatred of his mother, and thus, from the infantile standpoint, to threaten destruction of the world. His final solution in terms of becoming a woman for God provided him at once with a relatively acceptable means of cryptic participation in the primal scene and a means of making restitution to his mother, whom he wished to destroy for what seemed to him her faithless adultery with his father.

A final note on a phenomenon which Macalpine and Hunter describe as ‘an invariable feature of schizophrenia’ (M407ff), viz. that ‘schizophrenics regularly are in doubt about the nature of their sex ... speak of sexual transformation, and live through pregnancy and birth phantasies’, which ‘centre around bowel function or the interior of the body’ and are commonly associated with ‘delusions of poisoning and refusal of food’ (M407) — all of which features were present in Schreber’s case. The doubt entertained by schizophrenics and, for that matter, also by schizoid personalities, regarding the nature of their sex is a phenomenon to which John Rosen, for one, has drawn particular attention (Rosen 1953). It is, however, not so much a ‘doubt about the nature of their sex’ as a doubt as to what sexual role to adopt; and, in the experience of the present writer, this doubt is one which arises, not owing to the presence of any inherent bisexuality, but owing to uncertainty over identifications in the primal scene. Such a doubt is a prominent feature in the case of one of the present writer’s current patients not hitherto mentioned, a markedly schizoid personality, who, although a married man with a family, is subject to homosexual dreams, commonly about intercourse with one of his own sons. This patient’s conception was a ‘mistake’ from the point of view of his mother; and, with a view to safeguarding herself against the risk of another such ‘mistake’, she made him ‘sleep between’ her and her husband in his early childhood. She also brought him up in such a manner as to convey to

him the impression that she not only disapproved of his being a boy, but actually wanted him to be a girl. His anxieties thus became largely focused on the anomaly constituted by the fact that, whilst he was expected to behave as a girl, he was the possessor of a penis. These anxieties were increased by the fact that his brothers teased him by saying that he made water, not through his penis like a boy, but 'through his side' like a girl; and it is, accordingly, not surprising that in later life he experienced difficulty over urinating in public lavatories. The doubt as to his sexual role thus engendered precipitated a crisis when he was sent to school. Having been brought up as a girl attached to his mother, and having repressed his male sexuality in order to conform to his mother's requirements, he found himself lacking any role at all in a community of boys, and consequently felt completely mystified. In conformity with this fact he displayed, when he came for psychoanalytical treatment, that air of mystification which is so characteristic of schizoid personalities.<sup>5</sup> After attending school for a few days, he at first refused further attendance; and, when eventually he resumed attendance under coercion, he did so 'as an automaton, as a dead child' — in a state of schizoid detachment characterized by repression of affect. This reaction of extreme detachment was repeated later in life when it became necessary for him to enter a hospital. When, however, a second admission to hospital was advised, his original anxieties over going to school were revived in acute form, and he at first refused to



go. Then, when, as in the case of his going to school, his refusal was eventually overcome, he passed into an acute confusional state. Behind all these reactions there undoubtedly lay a profound doubt as to his sexual role; and this doubt was focused upon the primal scene as represented by his having been made to sleep between his parents. It may be reasonably inferred that a similar doubt, focused upon the primal scene, constituted the central pathogenic factor in the case of Schreber, and that both his adoption of a female role and the development of his homosexually coloured delusions represented an attempted solution of his conflict.

### Notes

1. Pages quoting Schreber's *Memoirs* are denoted by "S"; comments by Macalpine and Hunter are denoted by "M," and refer to page numbers in the book as a whole; and comments by Freud (1911) are denoted by "F."
2. This conception has a bearing on the fact that, as described in Dr Weber's Report, Schreber felt the world around him to be unreal, and the people in it 'lifeless shadows' (S382).
3. The term 'technique' is preferable to the term 'mechanism'; for, whereas 'mechanism' relates to the fate of an impulse, 'technique' relates to the activity of an ego.
4. Melanie Klein has drawn attention to the importance of phantasied attacks upon the mother's body with faeces (Klein 1948).
5. A similar air of mystification was, interestingly enough, displayed by a former female patient of the present writer, with whom her father had repeatedly committed incest; and Jessie Sym, a colleague who was formerly the medical officer of a Magdalen Institution, has recorded that this air of mystification is a characteristic feature of girls with whom incest has been committed (personal communication).

## Psychoanalysis and Mental Health

Since the subject chosen for study at the Summer School of the Davidson Clinic for 1956 is 'The Analytic Contribution to Mental Health', and since such a contribution has only been rendered possible by the genius and the painstaking labours of Sigmund Freud, it seems appropriate that, in the year in which the centenary of Freud's birth has been celebrated, this opening lecture should be specially concerned with his personal achievement within the field of psychopathology. It would not be far from the truth to say that, previous to Freud's appearance in this field, the approach characteristically adopted to those forms of functional illness now described as 'the psychoneuroses' was either empirical or neurological, whilst that characteristically adopted to the psychoses (or 'insanities' as they were formerly called) was either neurological, classificatory or philosophic. Freud himself began his medical career as a neurologist; but, despite a brilliant attempt on his part to explain mental functioning on a neurophysiological basis in an essay which he never published, and which has only come to light comparatively recently (Freud 1954), the conviction was gradually, but inexorably borne in upon him that mental disturbance could only be satisfactorily explained in psychological terms, and more specifically

in terms of motives conferring meaning upon its manifestations. He further concluded that, in so far as such motives were not conscious, they must be unconscious; and he adopted the comprehensive term 'the unconscious' to describe the realm of unconscious motivation which he found it necessary to postulate for explanatory purposes. The unconscious was conceived by Freud not only as in itself dynamic, but as dynamically unconscious — i.e., rendered unconscious and kept unconscious by an active process to which the term 'repression' was applied. In terms of his original conception, accordingly, 'the repressed' was more or less synonymous with 'the unconscious'; and it consisted in tendencies, wishes, feelings, and thoughts which were unacceptable to the conscious personality, or (to use a term later introduced into psychoanalytical terminology) ego-dystonic. It was the concept of repression that enabled Freud to provide what proved to be an illuminating and entirely new explanation of functional nervous illness. Such illness was due, he concluded, to repressed elements reasserting themselves in conscious life under some form of disguise; and his description of the various forms of disguise assumed by the repressed elements, leading as it did to a classification of psychoneuroses in terms of characteristic disguises, was the means of introducing order and understanding into a previously confused realm of thought.

The repressed elements were, of course, found by Freud to be characteristically sexual in nature. This finding created no little

difficulty in the first instance owing to his additional findings, (1) that the repressed elements were intimately bound up with events and situations of early childhood, and (2) that repression itself had almost completed its task by the end of the fifth year of life. The difficulty so arising was one which Freud met by adopting two fresh concepts — the concept of infantile sexuality and that of the Oedipus situation. In terms of the concept of infantile sexuality, the oral and excretory activities of the child, among others, must be regarded as falling into the same category as overtly sexual activities; and Freud showed that the sexual life of the adult was influenced, often profoundly, by the persistence of such infantile forms of sexuality in the unconscious. He also revealed the existence of a connexion between the undue persistence of specific forms of infantile sexuality and the development of specific psycho-pathological conditions in later life. As for the concept of the Oedipus situation, it was found by Freud that the young child is very far from indifferent to the relationship existing between his parents, and in particular to their sexual life, and that he makes their sexual life the subject of phantasies characterized by various attachments, jealousies, rivalries, hates and identifications on his part. These phantasies, as Freud discovered, are severely repressed, but persist in the unconscious and play an important part in determining the character and the sexual life of the individual. They were also found by him not only to exercise a powerful influence upon the symptomatology of the

various psychoneuroses and psychoses, but also to determine the patterns of the various perversions.

One particularly important result accruing from Freud's recognition of the persistence of such repressed phantasies in an organized form in the unconscious was his formulation of the conception of an 'internal reality' comparable to external reality, but differing from external reality in so far as it is moulded by the needs and emotions of the individual concerned. This conception of internal reality has proved particularly illuminating in the form in which it has been subsequently elaborated by Melanie Klein; for she has described internal reality as peopled with introjected objects representing various aspects of parental figures in the form in which these originally presented themselves to the child. Thus elaborated, the conception of internal reality has rendered it possible to regard the individual as living simultaneously in two worlds, viz. an external world and an internal world, and to regard his reactions to the external world as influenced in varying degree by his reactions to the internal world. It is in this direction that we must look for an understanding of the full significance of the phenomenon of transference, to which Freud drew particular attention at quite an early stage in his researches. The phenomenon of transference is one which Freud found to be markedly exaggerated in the case of the psychoneuroses. In the case of the psychoses by contrast, it was his finding that reactions to situations in the internal world are liable to

become so exclusive that the external world becomes largely irrelevant; and, in so far as this is so, the term 'transference' ceases to be applicable. It can hardly be said that Freud himself went so far as to formulate transference explicitly in terms of a tendency to adopt towards objects in the external world attitudes arising in relation to objects in the internal world. He contented himself rather with conceiving transference in a historical sense, and describing it as a process characterized by a tendency to adopt towards persons in the present attitudes arising out of relationships with parental figures in childhood. However, when he came to formulate his theory of the mental constitution in terms of the id, the ego and the superego, he assigned to the superego a role which was largely that of an internalized object, originating in the introjection of parental figures by the child. The concept of the superego is thus the theoretical construct which has enabled us to understand how reactions to parental figures in childhood come to be replaced by reactions to internal objects, and thus to give rise to transference phenomena in the form of reactions to internal objects displaced on to objects in the external world.

Previous to the formulation of his theory of the mental constitution, Freud had been largely concerned with a description of the repressed, its disguised manifestations and what he called 'the return of the repressed' in the form of psychopathological symptoms; but he had made little attempt to throw light upon the nature and

origin of repression itself. He had been content to postulate its existence and conceive it in functional terms as a process responsible for the distinction between the conscious and the unconscious. The concepts of the ego and the superego made it possible, however, for Freud to turn his attention to the factors responsible for repression (in contrast to the repressed). In terms of the resulting theory, whilst the actual agent of repression is the ego, the instigator of repression is the superego, which thus implements its parental origin by assuming the role of an unconscious conscience and exercising the authority of a parent (and largely a forbidding parent, it may be said) over the ego. Further, what had formerly been described in terms of the conscious and the unconscious now came to be described in terms of the ego, the superego and the repressed. The term 'unconscious' also underwent a change of meaning, in that it now ceased to be more or less equivalent to 'the repressed', and became extended to include not only the id, which Freud conceived as the source of all instinctive energies, but also the superego, which he conceived as the instigator of repression. Why the superego should be unconscious is a problem for which Freud cannot be said to have ever offered a really satisfactory solution; nor, in my opinion, can it be said that the concepts of the id, the ego and the superego are themselves beyond criticism. Nevertheless, Freud's theory of the mental constitution must be regarded as providing the framework of an explanatory system which has proved infinitely more illuminating

within the realm of psychopathology than any conception which preceded it.

Among the various important developments arising out of Freud's theory of the mental constitution, and in particular out of the concept of the ego involved in this theory, was a modification of his original view that psychopathological symptoms essentially represent a return of the repressed under a disguise. It can hardly be said that this view was explicitly abandoned; but it gradually became submerged under the influence of an increasing tendency to interpret symptoms as the expression of ego-defences — 'ego-defences' being understood in the sense of defensive techniques adopted by the ego in its ceaseless attempts to maintain an equilibrium in face of the conflicting pressures exerted upon it by the id on the one hand and the superego on the other. It is, of course, implied in Freud's conception of ego-defences that both the id, as the source of instinctive impulses, and the superego, as the instigator of the repression of such impulses, are in the large measure hostile to the ego; and, since their respective demands upon the ego are in conflict with one another, it is no easy task of adjustment for the ego to effect a satisfactory reconciliation between them. The task of inner adjustment is further complicated by the fact that the ego is also called upon to make simultaneous adjustment to situations in outer reality; and, according to Freud, it is in its attempts to effect the triple adjustment thus constantly required of it that the ego has



recourse to the various techniques falling under the category of ego-defences. Such defensive techniques, of which introjection, displacement and hysterical conversion may be cited as examples, have come to be regarded as determining not only the distinctive pattern of the individual character, but also the characteristic patterns of the generally recognized psychopathological states.

Closely associated with Freud's theory of the mental constitution is the dualistic theory of instincts which he formulated somewhat earlier. According to this theory, human behaviour is governed by the interplay of two groups of instincts — (1) the life-instincts or libido, and (2) the death-instincts, of which the most obvious manifestation is aggression. The concept of the death-instincts is one which has not commended itself to a majority of analysts; and, whereas Freud regarded aggression as an externalization of the death-impulse, most analysts prefer to regard the death-impulse as an internalization of aggression. From the point of view of such analysts, the forces governing human behaviour are libido and aggression; and this certainly seems the more reasonable view. Nevertheless, Freud's concept of the death-instincts is not without a certain justification; for it is in complete conformity with his original observation that even the most co-operative patient offers a most stubborn resistance to the psychotherapeutic process — and it was upon this basic observation that the theory of repression, and, indeed, the whole structure of psychoanalytical theory was originally founded.

Resistance to the therapeutic process means, of course, clinging to illness and to all the limitations which illness imposes upon life, even if the patient does not actually seek death; and the underlying repression which manifests itself in the form of resistance involves not only a crushing down of the overtly sexual aspects of the personality, but an impairment of the creative and social capacities in general. It seems to me unfortunate, however, that Freud should have considered it necessary to fall back upon a theory of instincts for an explanation of such phenomena; and I have recorded the opinion that it would be more in accordance with the psychological facts if, instead of speaking of 'life-instincts' and 'death-instincts' as the motive forces of human behaviour (which is after all to adopt an essentially philosophical conception), we were to speak of 'a libidinal factor' and 'an antilibidinal factor'. These terms seem to conform better than any others to Freud's original observation regarding the repression of sexual elements in the personality; and the term 'antilibidinal factor' has the advantage of including all forms of aggression, whether directed outwards against others or inwards against some aspect of the personality — or, to put it in other words, whether directed against the object or the subject of a possible relationship. It may be added that the term 'antilibidinal factor' has the further advantage of signaling the special connexion which Freud came to recognize as existing between aggression and repression. It was the study of the phenomena of melancholic

depression more than anything else that convinced Freud of the existence of such a connexion. For the self-reproaches and suicidal proclivities of the depressed patient seemed to him to provide evidence of a special measure of aggressiveness in the pressure exercised upon the ego by the superego; and, since he regarded the superego as the instigator of repression, he felt justified in inferring the existence of a close association between the intensity of repression and the localization of the individual's aggression in the superego.

The connexion found to exist between aggression and repression has interesting implications. When Freud originally formulated his concept of the superego, he drew attention to the fact that, whereas psychoanalytical investigation of the unconscious had hitherto revealed man to be less moral than he believed, it now revealed him to be also a much stricter moralist than he imagined. At the same time, Freud took occasion to note the uncompromisingly sadistic and persecutory nature of much of the morality imposed by the superego; and what may be described as the 'unconscious morality' of the psychoneuroses undoubtedly partakes of this sadistic and persecutory nature. In psychoneurotic conditions, therefore, the repression of sexuality may be said to represent a triumph on the part of aggression. The anomaly of this situation arises out of the fact that it would appear to be the aggression accompanying libidinal wishes rather than libidinal wishes themselves that occasions guilt in the

child in the first instance. Thus, the very aggression which so largely constitutes the original source of guilt is what comes to provide the dynamic of that part of the psyche which functions as an unconscious conscience. At the same time, the part of the psyche which is highly charged with libido, and therefore capable of love and creative activity, comes to be treated as bad and is subjected to repression. The entrenchment of such an anomalous situation in psychoneurotic patients, involving as it does an apparent reversal of values, constitutes perhaps one of the greatest problems in psychotherapy. For it is difficult to see how any far-reaching alleviation of the effects of repression can be achieved unless the inwardly diverted aggression which maintains repression can become directed outwards again as it was originally; and yet this outward direction of aggression is precisely what the patient sought to defend himself against in the first instance, by introverting the aggression roused in him against his parents and using it to repress the libidinal factor involved in his relationship with his parents in the setting of the Oedipus situation. Herein lies one of the chief sources of that remarkable resistance to cure which characterizes psychoneurotics, and which formed the subject of what may justly be called Freud's first psychoanalytical observation — that which led him to formulate the original concept upon which the whole structure of psychoanalytical theory has been based, viz. the concept of repression.

The system of ideas which I have just outlined comprises, of course, only a fragment of psychoanalytical theory, and covers only its more general aspects. Nevertheless, it may be regarded as representative of Freud's contribution to an understanding of the problems presented by human experience and behaviour, especially in their more abnormal aspects. Although certain of Freud's conceptions are undoubtedly speculative, and were, indeed, admitted by him to be so, most of them were evolved in a direct attempt to explain the clinical phenomena presented by patients, and in particular patients undergoing treatment by the psychoanalytical method which he devised. In the light of the facts revealed in Ernest Jones's recently published biography of Freud (Jones 1953), we must also not forget the part played by his own long, laborious and heroic self-analysis in providing him with the key to many mysteries of the mind. Thus, it would appear to have been largely on the basis of his own self-analysis that he arrived at his conception of the Oedipus situation, and the part played by this situation in emotional development, both normal and abnormal.

The psychoanalytical method itself consists, of course, essentially in free association on the part of the patient and interpretation on the part of the analyst — such interpretation being offered at moments considered by the analyst to be appropriate, whether these be moments at which the patient displays an unusual measure of resistance, or moments at which the material which he

has produced indicates a lowering of resistance and suggests that he is capable of both acquiring insight and discharging tension under the influence of the interpretation given. In the earlier phase of Freud's thought, while he was still mainly preoccupied with the nature of the repressed, it was naturally with the repressed that interpretation was predominantly concerned; but, when at a later stage the agency of repression became the main subject of his investigations, interpretation came to be concentrated predominantly on the resistance — this change in the incidence of interpretation being based on the principle that, in so far as resistance is resolved, the repressed will automatically declare itself. So far as interpretation is concerned, another development in psychoanalytical practice over the years has been an increasing tendency to concentrate upon interpretation of the transference. This tendency is particularly characteristic of the Kleinian school. It may be added that there are a few individual analysts, quite unconnected with this school, who go so far as to expressly abandon the historical and genetic approach to their patients' problems in their interpretations, and to concentrate exclusively upon the 'here and now' phenomena of the analytical session. I do not here refer to the school of American psychotherapists known as the 'culture psychologists', who make the 'here and now' of the patient's cultural background the basis of their interpretations, but to certain analysts who, whilst recognizing the importance of internal reality, feel justified in regarding the 'here and

now' phenomena of the analytical session as providing all that is necessary for purposes of interpretation (Ezriel 1951). Such an extreme method is best adapted to the conditions of group analysis, and may perhaps prove to be the best method for this purpose; but it must, nevertheless, be regarded as a considerable departure from the method laid down by Freud himself. More in keeping with the tradition of Freud is the technique of interpreting transference phenomena, neither exclusively in terms of 'here and now' situations in the analytical session, nor exclusively in terms of historical situations of childhood, but in terms of situations in internal reality. Internal reality is, of course, established historically during childhood, and represents the conditions of childhood as experienced and emotionally elaborated by the child in terms of his own needs. Nevertheless, the interpretation of transference phenomena in terms of internal reality tends to assume the form of interpretation in terms of phantasies rather than in terms of actual situations experienced in the past; and such interpretation again is especially characteristic of the Kleinian school.

The differentiating features of psychoanalytical therapy have recently been considered by Edward Glover in his book entitled *The Technique of Psycho-Analysis* (1955). Among the criteria to which he attaches special importance are (1) the maintenance of an attitude of detachment, or at any rate neutrality, on the part of the analyst, and (2) the adoption of a type of interpretation which is essentially

‘exact’, i.e., objective and non-tendentious. In conformity with these criteria he regards it as incumbent upon the psychoanalyst to avoid influencing the patient by suggestion and to abjure any undue exploitation of rapport; and he maintains that, if interpretation is to be truly psychoanalytical, it not only must be based upon unreserved recognition of such fundamental Freudian concepts as (1) repression, and (2) infantile sexuality culminating in the Oedipus situation, but also must involve analysis of the transference. He also regards it as distinctive of psychoanalytical treatment that its aim is not to strengthen existing ego-defences, but to penetrate such defences with a view to unmasking the unconscious processes which distort what he describes as ‘normal ego-defences’, and thus to enable the patient to modify his defences in such a manner as to free them from the influence of infantile anxieties and establish them on a more realistic basis. It is implied in this consideration, of course, that, in accordance with Freudian theory, instinctive impulses emerging from the id constitute a menace to the ego in some degree even under the most favourable of conditions. At the same time, it becomes a major aim of psychoanalytical treatment to reduce this menace to manageable proportions; and, since, according to Freud, the menace to the ego constituted by id-impulses is in no small measure dependent upon the demands made upon the ego by the superego, it becomes a further aim of psychoanalytical treatment to reveal the origin of these demands and thus to enable the patient to render them



less exacting. According to Melanie Klein, and in the view of those influenced by her thought, a process analogous to a modification of the superego is effected in psychoanalytical treatment through the introjection of the analyst as a good object; and this seems more than probable — although it can hardly be regarded as a considered aim of psychoanalysis actively to promote such an eventuality.

Glover's exposition may be accepted as providing a reasonably accurate picture, in theory at least, of classic psychoanalytical technique in conformity with the principles laid down by Freud. The qualification 'in theory at least' is intended to take account of the suspicion, which, if not very easy to substantiate, nevertheless appears to be well grounded, that, so far as the classic requirement of detachment is concerned, few analysts are as purist in practice as they are in theory; and that such a suspicion is more than a suspicion in the case of the founder of psychoanalysis would appear to be borne out by various passages in Jones's biography of Freud (Jones 1953, 1955). It is to be noted, further, that Glover himself speaks with approval of 'the humane relation of the transference', and of the obligation imposed upon the analyst to observe the ordinary human courtesies in his dealings with his patients; and Glover goes so far as to stress the importance of the part played by 'the *attitude*, the true unconscious attitude of the analyst to his patients' in determining the efficacy of interpretation in the analysis of 'the deeper pathological states' (Glover 1955, p. 372). He also recognizes the necessity,

imposed upon the analyst in certain circumstances, to offer the patient a certain measure of reassurance against his graver anxieties, and in other circumstances to impose such restraints upon his freedom of choice and action as may be necessary to safeguard him against disastrous decisions or serious risks. At the same time it is maintained by Glover that any relaxation of the rigours of the classic psychoanalytical technique must be subordinated to the over-riding principle of 'exact' interpretation.

It is, of course, obviously a question how far the effects of even the most 'exact' interpretation can be regarded as wholly independent of the authority and personal influence of the analyst. The raising of such a question is all the more justified in the light of the results of a questionnaire concerning the details of psychoanalytical technique completed by twenty-four practising psychoanalysts in 1938. The results of this questionnaire have been recorded and analysed by Glover (1955); and one of his more striking conclusions is that, whilst 'a number of orientated and practising analysts holding to the fundamental principles of psychoanalysis varied in their methods in every imaginable way', the therapeutic results obtained appeared to be 'much the same' (p. 373). If this conclusion is correct, it would appear to suggest that the relationship existing between patient and analyst is more important than details of technique; and it would seem to follow that the role of the analyst is not merely to fulfil the dual functions of (1) a screen

upon which the patient projects his phantasies, and (2) a colourless instrument of interpretative technique, but that his personality and his motives make a significant contribution to the therapeutic process. Glover himself makes explicit acknowledgement of the fact that 'many people cure themselves through their unconscious human contacts' (p. 372); and the question therefore arises whether the actual relationship between the patient and the analyst in the analytical situation may not prove in the last resort to be at least one of the decisive therapeutic factors. Such would appear to be the case, at any rate, where child analysis is concerned; for the play technique employed in the analysis of children involves a measure of active participation on the part of the analyst far exceeding that of mere interpretation. Whether any comparable measure of active participation on the analyst's part would be desirable in the analysis of adults is a question which must take into account not only the principles underlying the classic psychoanalytical technique, but also the fact that even a childish adult presents practical problems very different from those presented by a child. Similar considerations apply to the question whether it is either desirable or practicable for the adult patient to be permitted a degree of activity during sessions at all comparable with that which is not only permitted, but encouraged in child analysis. It must be recognized, of course, that the classic psychoanalytical technique imposes considerable restrictions upon the patient's activity during sessions. Indeed, the

requirement that the patient shall combine free association with a recumbent posture upon the couch, may be said to resolve itself into a taboo upon any form of activity except verbal expression; and, since inhibitions upon activity constitute such an important factor in the genesis of symptoms and inner difficulties, it becomes a question whether the artificial reinforcement of such inhibitions by the conditions of the analytical session does not in many cases constitute a serious emotional trauma for the patient, increase his resistance and perhaps even favour negative therapeutic reactions. There are, of course, patients of a passive type for whom the recumbent position on the couch provides a convenient escape from the anxiety involved for them in activity, and who are only too ready to exploit the analytical situation in a masochistic manner; and the question which arises in such cases is how far it is desirable for the conditions of analysis to provide the patient with such a ready-made means of escape, combined with such a convenient means of hidden masochistic gratification. According to Walter Pater, 'all art aspires to the condition of music'; and, in the light of the considerations to which attention has just been directed, it would seem reasonable to pose the question how far, if at all, the psychoanalytical treatment of adults should aspire to the condition of child analysis. It is time, however, for us to turn from such speculations to a brief consideration of the bearing of the fruits of psychoanalytical research upon the problems of mental health.

The outlook adopted by Freud himself towards problems of mental health must be regarded as in some measure influenced by his stoical philosophy, and the tendency towards pessimism from which such a philosophy inevitably springs. In this connexion a central place must be accorded to Freud's picture of the ego as beset by instinctive id-impulses which are at once insatiable and in large measure doomed to frustration — doomed to frustration, on the one hand, owing to the inexorable indifference of outer reality to the individual's needs, and, on the other hand, owing to the inexorable inhibition imposed upon some of the most clamant of these needs by an endopsychic agency in the form of the superego. The alternatives open to the ego in terms of this picture are (a) despair, (b) a compensatory flight into the realm of phantasy and wish fulfilment, and (c) a painful adjustment to the conditions under which some measure of real satisfaction can be obtained, together with a renunciation of such instinctive aims as are incapable of fulfilment, or, to use Freud's own terms, abandonment of the pleasure principle in favour of the reality principle as a determinant of behaviour. The last alternative is, needless to say, that which commends itself to Freud, and that which he regards as alone compatible with mental health. It is true that he allows some concession to the second alternative in according a legitimate place to phantasy and wish-fulfilment in such sublimated activities as that of art; but otherwise this alternative, like that of despair, is, in his view, essentially

productive of psychopathological developments. Whilst the stoicism involved in this outlook can hardly fail to elicit a certain admiration, it may well present itself to many as based upon an unduly pessimistic interpretation of life. In its theoretical aspects, the strain of pessimism in question would appear to spring from the inherent nature of Freud's concepts of the id and the ego. For the id is conceived by him as a source of blind instinctive impulse constituting the original form assumed by the psyche; and the ego is conceived as a structure arising during the course of development on the surface of the id at its point of contact with outer reality for the purpose of regulating id-impulses in such a manner as to enable them to achieve some measure of satisfaction. In terms of such conceptions the position of the ego is inevitably precarious; and it becomes more precarious still when the subsequent formation of the superego imposes upon the ego the necessity of not only regulating id-impulses in conformity to the requirements of outer reality, but also controlling and repressing them in conformity to the demands of an endopsychic representative of parental figures. A much more satisfactory and much truer conception of the psyche is, in my opinion, one which envisages an original dynamic ego, in which instinctive impulses are inherent, but which becomes split as the result of the conflicts arising within it over its relationships with parental objects which it has come to internalize. Such a conception certainly offers a more hopeful prospect from the standpoint of

mental health; for it makes it possible to envisage a solution of mental conflict which is not just an adjustment based upon the adoption of an attitude of stoical resignation, but one offering the personality the possibility of attaining some measure at least of genuine fulfilment through a mitigation of the inner bondage which places obstacles in the way of such fulfilment. It thus corresponds to the emotional need which, in my opinion, provides the main dynamic of the desperate, if dumb, appeal of so many patients for psychotherapeutic help, viz. the need for 'salvation'. This need has two aspects. On the one hand, it presents itself as a need to be saved from inner conflicts, corresponding to the religious need for the forgiveness of sins; and, on the other hand, it presents itself as a need to be saved from the power of internalized bad objects, corresponding to the religious need for the casting out of devils. It is true that Freud has spoken of 'the lie of salvation' (Jones 1955, p. 20); but it is significant that, in spite of this, he devoted his life to the devising of a method of psychotherapeutic treatment which is very like a means of salvation, although it is certainly not called by this name. Thus, if the assessment of the psychotherapeutic situation which has just been given is correct, it falls to the lot of the psychoanalyst, as to that of the psychotherapist in general, to mediate the attainment of the salvation sought by the patient in so far as this is possible; and, although the psychoanalyst feels imperatively called upon to abjure the role of saviour, it may be surmised that, where

psychoanalytical therapy is concerned, it is through the patient's relationship with the analyst that this need is met.

One virtue of Freud's assessment of the psychotherapeutic role, even if this cannot be unreservedly endorsed, is that it discourages unrealistic optimism and any temptation to seek Utopian solutions of the problems of mental health. Here it must be admitted that even psychoanalysts were not altogether immune from the influence of unrealistic optimism and Utopian illusions in the early days when the enthusiasm bred of new discoveries led them to feel that psychoanalysis provided the clue to a solution of all human ills; but increasing knowledge of the complexity of the unconscious mind and increasing experience of the intractability of the forces of resistance have compelled psychoanalysts to adopt a less ambitious view. It has always been recognized, of course, that, owing to its very nature, direct psychoanalytical help could only be extended to a small proportion of those capable of benefiting by it. Fortunately, the proportion of those to whom psychoanalytical help can be extended has been increased through the comparatively recent development of the techniques of play therapy for children and group therapy for adults. Yet it must be acknowledged that the most important contribution of psychoanalysis to the cause of mental health in the future lies in the preventive, rather than in the therapeutic field. It is in the application of psychoanalytical principles to the upbringing of children that the chief hope lies; for, of all Freud's findings, none has



been more surely established than the finding that the ultimate source of all disturbances of mental health is to be found in the conditions of early childhood. It is, therefore, to the enlightenment of the general public, and of parents, doctors and educators in particular, regarding the emotional needs, deprivations and conflicts of the child that we must look for the most valuable contribution of psychoanalysis to the cause of mental health. It is also necessary for some popular misunderstandings regarding the implications of psychoanalytical theory to be corrected, and in particular the misunderstanding which attributes to psychoanalysis the advocacy of a libertarian upbringing; for in the light of psychoanalytical knowledge there can be no doubt that the child requires the enlightened support of his parents in the control of his impulses until he acquires the power to control them for himself, and that, in the absence of such support, he becomes the prey of pathogenic anxiety. Apart from the correction of such misunderstandings, it is desirable that appreciation of some of the more important practical findings of psychoanalysis should obtain general recognition. Among such may be cited the following:

1. The importance for the child of home conditions calculated to promote general emotional security.
2. The traumatic effect of emotional deprivations upon the child, and in particular the traumatic effect of separation from the mother.
3. The emotional need of the child for attention from both parents.

4. The importance of safeguarding the child against situations calculated to promote jealousy.
5. The importance of safeguarding the child against any risk of his being a witness of sexual intimacies between his parents.

There are many parents, of course, who evince spontaneous appreciation of some at least of the principles involved in such findings; but there are also many parents (not to mention doctors and others concerned with mental health) who remain in need of enlightenment. Be this as it may, the credit of establishing such principles upon a scientific, as against an empirical, basis must be accorded to psychoanalytical research; and that means, of course, that the ultimate credit must be accorded to the genius and unstinted labours of Sigmund Freud, the centenary of whose birth has just been appropriately celebrated.

## **On the Nature and Aims of Psychoanalytical Treatment**

In the light of the theoretical standpoint which I have come to adopt, I feel prompted to record some reflections occasioned by a recent paper by Thomas S. Szasz (1957), through whose courtesy I enjoyed the privilege of reading the paper in advance of its publication in this journal.

In brief, my theoretical position may be said to be characterized by four main conceptual formulations: — viz. (a) a theory of dynamic psychical structure, (b) a theory to the effect that libidinal activity is inherently and primarily object-seeking, (c) a resulting theory of libidinal development couched, not in terms of presumptive zonal dominance, but in terms of the quality of dependence, and (d) a theory of the personality couched exclusively in terms of internal object-relationships. The first two of these formulations taken in combination may be said to represent a substitute for two of Freud's basic theories — his classic libido theory and his final theory of instincts. The third formulation is offered as a revision of Abraham's version of Freud's theory of libidinal development. And, finally, my object-relations theory of the personality is intended to replace Freud's description of the mental constitution in terms of the id, the

ego, and the superego. It has assumed the form of the description in terms of a libidinal ego, a centred ego and an antilibidinal ego, together with their respective internal objects; and the basic endopsychic situation so constituted is conceived as resulting from the splitting of an original, inherent, unitary ego and of the object originally introjected by it.

Those unfamiliar with my theoretical views may be referred for a detailed exposition to the relevant passages (Fairbairn 1952b, 1955). Reference may also be made to a brief summary of my theoretical position contained in a paper (Fairbairn 1954); and special attention may be drawn to the introduction into this summary of the term ‘antilibidinal ego’ in place of the term ‘internal saboteur’, which I had previously employed to describe the internal structure in question.

It may seem strange that hitherto I have made only the scantiest reference in print to the implications of my theoretical formulations for the practice of psychoanalytical treatment. From this fact it might be inferred that, even in my own opinion, my views are of merely theoretical interest and their implementation in practice would leave the technique of psychoanalysis unaffected. Such an inference would be quite unwarranted — the fact being that the practical implications of my views have seemed so far-reaching that they could only be put to the test gradually and with the greatest circumspection if

premature or rash psychotherapeutic conclusions were to be avoided. Szasz's paper (1957) has, however, provided me with a stimulus not only to indicate my disagreement with some of his views, but also to formulate some of the psychotherapeutic implications of the theoretical position which I have come to adopt.

In the first instance let me say that, in the light of my theoretical position, I find it difficult to agree with the requirement of what Szasz, (1957), following Eissler, calls 'the primary model technique of analysis' to the effect that 'the analysand should possess a relatively mature, strong and unmodified ego' (p. 173) — a requirement which, incidentally rules out all possibility of child-analysis; for, in terms of my views, the original, inherent and unitary ego (the 'unmodified' ego) becomes split into three parts in all cases, albeit in varying degree, during the earliest stage of development. It thus becomes impossible, if my views are correct, to speak of a 'relatively unmodified' ego in the case of any individual sufficiently old to be considered as a candidate for psychoanalytical treatment. Quite apart from this consideration, however, it is difficult to see what inducements to seek psychoanalytical treatment there could be in the ordinary way for an adult with 'a relatively mature, strong and unmodified ego'; for, as Ernest Jones pointed out long ago, it is only under the influence of considerable anxiety, and even so in face of stubborn resistance, that the individual is driven to undertake an exploration of his own unconscious. Accordingly, even without any

departure from Freud's theory of the mental constitution, it must be inferred that no individual is likely to seek psychoanalytical treatment unless in his case the id and the superego constitute problems sufficiently serious to compromise the ego to a significant extent. It must be recognized, of course, that all inner problems resolve themselves ultimately into ego-problems; and this consideration applies equally whether the problems in question manifest themselves in disturbances of ego-function or in psychogenic symptoms. The requirement of 'the primary model technique' would, therefore, appear to narrow the range of suitable analysands to a point at which all those for whom psychoanalytical treatment was originally designed would be automatically excluded. In addition, it would appear that, in terms of Freud's concept of the ego as a structure which is essentially acquired (and not pristine), it is meaningless to speak of an ego which is 'unmodified', whether relatively or otherwise — such a description being applicable only to an inherent structure, quite apart from the consideration that, according to Freud's theory, the ego itself constitutes what is in essence a 'modification'. Thus it is an integral feature of Freud's description of 'the ego' that this structure is essentially a defensive (and not, like my 'original ego', an inherent) structure; and it would appear to follow that Freud's 'ego' is founded upon a basis which is essentially psychopathological. The same consideration necessarily applies to the splitting of the 'original' ego, which I have described.

But it does not apply to the ‘original’ ego itself, which is inherent according to my theory; and, according to my theory, in so far as the splitting of the ‘original’ ego is reversed by psychoanalytical intervention, the psychopathological element in the endopsychic situation is reduced and a genuinely psychotherapeutic result is obtained — an eventuality for which there would appear to be no logical explanation in terms of Freud’s theory.

So far as psychoanalytical candidates are concerned, it would appear to follow from general psychoanalytical principles that the choice of psychoanalysis as a career is as much determined by unconscious motivation as resort to psychoanalytical treatment for the alleviation of symptoms. It would also seem a legitimate inference that any considerable interest in psychological processes at all (and it must be recognized that such an interest is not only foreign to the average individual, but extremely introverted) can only arise under the pressure of inner conflicts — the case of Freud himself being a conspicuous example, as is convincingly revealed in his biography by Ernest Jones. Accordingly, the prospective psychoanalyst’s interest in psychoanalysis must be regarded as ultimately springing from a desire on his part, largely unconscious perhaps, to resolve his own conflicts; and this consideration must be taken into due account in assessing the ‘scientific’ orientation of the psychoanalyst, upon which Szasz lays so much emphasis.

Whilst great importance must undoubtedly be attached to the thesis expounded by Szasz, in collaboration with Hollender (1956), in which the extent to which psychoanalytical practice has been influenced by the model of ordinary medical treatment is convincingly demonstrated, it is difficult to avoid feeling that there is more to be said for this model than he is willing to grant. Here it seems necessary to take into account the actual approach of the average adult 'patient' to psychoanalytical 'treatment'. Such a patient is characteristically driven to seek psychoanalytical aid, no less than is the average patient seeking ordinary medical aid, because he has come to recognize that he suffers (and 'suffer' is not an inappropriate description) from a condition which is usually absent in other people, e.g., phobic anxiety, depression or psychosomatic disturbance; and his conscious aim is to obtain relief from the condition in question. According to Szasz, on the other hand, applied psycho-analysis is not properly a form of 'treatment' (in terms of the medical model) at all, but a form of scientific education. This view obviously takes no account of child-analysis. But, apart from this, it is impossible to ignore the fact that it is not for a course of scientific education, but for a therapeutic result, that the adult patient ordinarily enlists the analyst's aid; and it seems only reasonable that his expectation should be respected, especially since it is this expectation on his part that provides the psychoanalytical procedure with its *raison d'être*. If 'education' is considered by the analyst to



be involved in the therapeutic process, that is another matter; but it does not follow that the substitution of the concept of 'education' for that of 'treatment' is appropriate, since the operative motive in the patient is not a desire for scientific education, but a desire to obtain relief from symptoms. Indeed, it might be held with good reason that the religious analogy would be more appropriate than the educational one; for it would be in complete conformity with the psychological facts to say that what the patient is really seeking is 'salvation' (e.g., salvation from his internal bad objects, from his hate and from his guilt). In this connection it is significant that, in the light of the answers to the questionnaire on psychoanalytical technique completed by twenty-four practising British psychoanalysts in 1938 and analysed by Edward Glover (1955), it would appear that the therapeutic effects of psychoanalytical treatment were relatively more impressive in the early days of psychoanalysis when analysts were more inclined to regard psychoanalysis as the answer to all human ills (i.e., to expound psychoanalysis with an unconsciously religious fervour) than at a later stage when theoretical developments had forced them to become more concerned with its scientific aspect.

No disparagement of the scientific aspect of psychoanalysis, any more than of that of general medicine, is implied in the contention that concern over the scientific aspect of a therapeutic method can be carried too far. For, if this concern is too exclusive, the human factor in the therapeutic situation (as represented by the individuality, the

personal value and the needs of the patient) is only too liable to be sacrificed to the method, which thus comes to assume greater importance than the aims which it is intended to serve. Such, at any rate in my opinion, is a risk involved in resolving psychoanalytical treatment into a form of scientific education. Further, I find it impossible to agree with Freud's assumption, cited with approval by Szasz, that the average patient is, in part at least, interested from the very beginning in undertaking a scientific exploration of his own personality. Such an assumption is patently false in the case of a patient who is a child; but, even where the adult patient is concerned, it seems to me simply a manifestation of wishful thinking; and, in my experience, patients in whom this interest is prominent are characteristically obsessional or/and schizoid personalities, in the case of whom such interest is essentially a defence against emotional involvement — a defence which operates as a most formidable resistance. It remains true, of course, that the average patient manifests a considerable, if variable, degree of preoccupation with his own mental state; but such preoccupation is essentially narcissistic and should properly be regarded as a symptom arising out of an impairment of his capacity for relationships with external objects, and thus a feature which may be expected to assume less prominence in proportion as psychoanalytical treatment fulfils its aim.

At this point I must in all honesty admit that my own chief conscious psychoanalytical interest now lies in promoting a more adequate formulation of psychoanalytical theory. It is thus predominantly a scientific interest; but this interest is accompanied by the hope that such a reformulation will have the effect of rendering the application of psychoanalytical theory a more effective therapeutic instrument. I have already briefly indicated my views regarding the relation of psychoanalytical theory to psychoanalytical therapy in the concluding passages of a paper published in 1955. In this paper I formulated my conception of the true nature of science in a statement to the effect that science is 'essentially an intellectual tool and nothing more'. From this point of view, scientific truth, so far from providing an (even approximately) accurate picture of reality as it exists, is '*simply explanatory truth*'; and '*the picture of reality provided by science is an intellectual construct representing the fruits of an attempt to describe the various phenomena of the universe, in as coherent and systematic a manner as the limitations of human intelligence permit, by means of the formulation of general laws established by inductive inference under conditions of maximum emotional detachment and objectivity on the part of the scientific observer*' (p. 154). Further, as I pointed out in the same context,

Where psychological science is concerned a certain difficulty arises owing to the fact that the subjective aspects of the phenomena studied are as much part of the phenomena as the

objective aspects, and are actually more important; and the subjective aspects can only be understood in terms of the subjective experience of the psychologist himself, (p. 154)

Consequently, the psychologist as such 'is involved in the difficult task of adopting as detached and objective an attitude as possible to his own experience, as well as to that of those whom he observes' (p. 154); and this consideration has its particular application to psychoanalytical science. However, it must be recognized that the practising analyst is 'not primarily a scientist, but a psychotherapist', and that 'the adoption of a psychotherapeutic role ipso facto involves a departure from the strictly scientific attitude' (pp. 154-155). From the strictly scientific standpoint there is, of course, nothing 'better' about being free from symptoms than about being dominated by them; but, since the adoption of a therapeutic role automatically implies acceptance of the consideration that it is 'better' to be free from symptoms than to have them, it necessarily involves 'the acceptance of human values other than the explanatory value which is the sole value accepted by science' (p. 155). It is well to bear in mind that the scientifically neutral principles of psychoanalysis can be as easily harnessed to a pathogenic as to a therapeutic aim, as is convincingly illustrated in Bridget Boland's play 'The Prisoner'; but, in accepting a patient for psychoanalytical treatment, the analyst implicitly adopts a therapeutic aim which is extra-scientific, and in the light of which psychoanalytical science becomes simply a mental tool serving 'human and personal values transcending any purely

scientific value' (p. 155). It remains possible for such a mental tool to be harnessed to any philosophy; and in the contemporary period, characterized as it is by unparalleled scientific advances, it may easily become harnessed to an uncompromisingly 'scientific' philosophy in terms of which the only thing that matters is explanation. There can be no doubt, however, that the adoption of such a philosophy by the psychoanalyst in a therapeutic role would only have the effect of playing into the hands of the resistance in the case of many, if not all, patients — and conspicuously in the case of obsessional patients who so characteristically exploit intellectual understanding as a defence against the release of emotion. From a strictly scientific point of view, of course, the resistance is merely a phenomenon to be explained, and not a situation to be remedied. The moment the resistance becomes regarded as a situation to be remedied, some aim other than that of explanation and understanding is inevitably introduced. It becomes obvious, therefore, that, from a therapeutic standpoint, interpretation is not enough; and it would appear to follow that the relationship existing between the patient and the analyst in the psychoanalytical situation serves purposes additional to that of providing a setting for the interpretation of transference phenomena. In terms of the object-relations theory of the personality, the disabilities from which the patient suffers represent the effects of unsatisfactory and unsatisfying object-relationships experienced in early life and perpetuated in an

exaggerated form in inner reality; and, if this view is correct, the actual relationship existing between the patient and the analyst as persons must be regarded as in itself constituting a therapeutic factor of prime importance. The existence of such a personal relationship in outer reality not only serves the function of providing a means of correcting the distorted relationships which prevail in inner reality and influence the reactions of the patient to outer objects, but provides the patient with an opportunity, denied to him in childhood, to undergo a process of emotional development in the setting of an actual relationship with a reliable and beneficent parental figure. Theoretical recognition of the therapeutic importance of the actual relationship between patient and analyst is, of course, difficult to reconcile with a psychology conceived predominantly in terms of 'impulse', as is the psychology represented by Freud's libido theory and his theory of instincts. It is quite compatible, however, with a psychology conceived in terms of object-relations and dynamic structure; and, in my opinion, such a psychology not only promotes therapeutic aims more effectively than the predominantly 'impulse-psychology' formulated by Freud, but actually corresponds more closely to the psychological facts and possesses a greater explanatory value from a purely scientific standpoint.

It seems inherently probable that Szasz's (1957) attempt to resolve psychoanalytical 'treatment' into a form of scientific education has been to some extent influenced by the gradual change

in psychoanalytical clientele which appears to have occurred in recent years, and in virtue of which an increasing proportion of the time of the leading analysts is devoted to the training of candidates; for the training of candidates inevitably involves a heavy weighting on the side of scientific education. Nevertheless the fact remains that, however prominent a part the quest for scientific truth may have played in Freud's personal motivations, psychoanalysis originated historically as a form of therapy, and that therein lies its ultimate *raison d'être*. The body of theory subsequently elaborated to explain the phenomena elicited in the psychoanalytical situation has, of course, been found to have explanatory value in innumerable fields other than that of psychopathology; but this does not affect the fact that psychoanalytical technique remains bound up with the psychoanalytical situation in a therapeutic setting. In the light of the historical origin of psychoanalysis, it thus becomes a question whether the classic restrictions of the psychoanalytical situation are not in some measure arbitrary. The application of the psychoanalytical method based on these restrictions has, of course, yielded an invaluable body of scientific theory. It has also yielded significant therapeutic results, albeit there is, in my opinion, a tendency to exaggerate the extent of these. However, it must be remembered that, even within the field of pure science, the results obtained are partly conditioned by the method employed to obtain them; and therapeutic results are even more dependent upon the

method used and may be limited by the limitations of the method. From this point of view, the validity of the various restrictions of the psychoanalytical technique becomes a matter for consideration. Thus I have come to entertain doubts regarding the validity of the requirement that the patient shall lie on a couch with the analyst out of view. This requirement seems to me partly a fortuitous inheritance from the hypnotic technique employed initially by Freud, and partly a consequence of Freud's personal dislike of being looked at by patients all day long; and it becomes a question how far the stock arguments brought forward in favor of the couch technique are not largely rationalizations. Personally I have now abandoned the couch technique in the case of all comparatively recent patients — to great advantage in my opinion. This departure from the classic method on my part represents an attempt to put into practice the logical implications of the object-relations theory. It may be added, however, that I do not favour the technique of the face-to-face interview advocated by such psychotherapists as H. S. Sullivan. In actual practice I sit at a desk, and the patient sits in a comfortable chair placed to the side of the desk, almost parallel to mine, but slightly inclined towards me. In terms of this arrangement, patient and analyst are not ordinarily looking at one another; but either may look at the other, if he so wishes. Thus the setting of an object-relationship is maintained without undue embarrassment to either party. In this connexion it seems to me a question whether Freud's



emphasis on the need to protect the patient from the influence of the analyst's personality is not largely a rationalization covering a need on the part of the analyst to be protected from the demands of the patient. However this may be, my personal experience is that the demands of the patient are actually less exacting when he is *not* isolated from the analyst on the couch and thus deprived of any semblance of a real relationship with him. It may be added that the traditional detachment of the analyst (which must be carefully distinguished from the necessary requirement of objectivity of interpretation) has obviously a very high defensive value for the analyst himself. So have such common features of psychoanalytical practice as the adoption of a standardized length of session irrespective of such considerations as the tempo of the patient and the situation prevailing when the session is due to terminate according to the clock. It would thus appear to be an obligation on the part of the analyst to ask himself how far such features of psychoanalytical technique are dictated by his own interests rather than by those of his patients, and, if so, to adjust his technique accordingly (as I myself have felt compelled to do). It would appear to be an elementary requirement that in a therapeutic situation the restrictions of the therapeutic method employed should be imposed primarily in the interests of the patient. This does not mean, however, that the interests of the analyst should be ignored. Indeed, the greater the importance attached to the actual relationship existing

between the patient and the analyst as persons, the greater the justification for recognizing the personal interests of both parties to the relationship. At the same time, if it is felt necessary to impose restrictions in the interests of the analyst, this fact should be explicitly acknowledged.

In general, I cannot help feeling that any tendency to adhere with pronounced rigidity to the details of the classic psychoanalytical technique, as standardized by Freud more than half a century ago, is liable to defensive exploitation, however unconscious this may be, in the interests of the analyst and at the expense of the patient; and certainly any tendency to treat the classic technique as sacrosanct raises the suspicion that an element of such a defensive exploitation is at work. Further, it seems to me that a complete stultification of the therapeutic aim is involved in any demand, whether explicit or implicit, that the patient must conform to the nature of the therapeutic method rather than that the method must conform to the requirements of the patient. Such a demand would merely serve to lend substance to the old joke, 'The operation was successful, but the patient died', and to illustrate the outlook of the French general who remarked at Balaclava, 'C'est magnifique, mais ce n'est pas la guerre.' It is certainly in complete conformity with these instances when the attitude is adopted that, if an analysed patient does not 'get better', it is necessarily because he is unsuitable for psychoanalytical treatment, and that, if a patient 'gets better' by means of some non-

analytical form of psychotherapy, it is all very well, but it is not psychoanalysis. Such purism resolves itself simply into an apotheosis of the method at the expense of the aims which the method is intended to serve.

In recent years, under the influence of an outlook based on the 'object-relations' theory, I have shed enough sophistication to enable me to ask myself repeatedly such naïve questions as, 'If the patient does not make satisfactory progress under analysis, how far is this due to some defect in the psychoanalytical method?' This is a question to which there can be no adequate answer in the absence of prolonged investigation; but it seems to me beyond question that the couch technique has the effect of imposing quite arbitrarily upon the patient a positively traumatic situation calculated inevitably to reproduce such traumatic situations of childhood as that imposed upon the infant who is left to cry in his pram alone, or that imposed upon the child who finds himself isolated in his cot during the primal scene. If this view is correct, then it follows that the couch technique is very far from being as 'neutral' as it is supposed to be, and that the analyst, in employing this technique, is equally far from being 'neutral'. It also follows that the data provided by the patient who finds himself isolated upon the couch must be significantly influenced by the trauma thus arbitrarily imposed; and it is difficult to believe that the therapeutic result is not similarly influenced.

Amongst other naïve questions which I have felt constrained to ask myself are, ‘How does psychoanalysis work?’, and “What is the analyst really trying to do in analysing a patient?’ These are questions to which I do not feel that any completely satisfactory answers have yet been given. They are questions with which Szasz (1957) is much concerned in the paper which has prompted the present reflections, and with which Gitelson (1951) is also much concerned in an article from which Szasz quotes a passage dealing with ‘the essential nature of psychoanalytic cure’. In this passage Gitelson mentions four factors involved in psychoanalytical cure, viz. insight, recall of infantile memories, catharsis and the relationship with the analyst; and he expresses the view that the effective agent is not any one of these factors, but ‘some synthesis which it has not yet been possible to formulate explicitly.’ In my own opinion, the really decisive factor is the relationship of the patient to the analyst, and it is upon this relationship that the other factors mentioned by Gitelson depend not only for their effectiveness, but for their very existence, since in the absence of a therapeutic relationship with the analyst they simply do not occur. This opinion is, of course, in conformity with the object-relations theory of the personality which I have come to adopt. It should be added that what I understand by ‘the relationship between the patient and the analyst’ is not just the relationship involved in the transference, but the total relationship existing between the patient

and the analyst as persons. After all, it is on the basis of the relationships existing between the individual and his parents in childhood that his personality develops and assumes its particular form; and it seems logical to infer that any subsequent change in his personality that may be effected by psychoanalytical treatment (or any other form of psychotherapy) must be effected primarily on the basis of a personal relationship.

According to Edward Glover (1955), the therapeutic effects of psychoanalysis depend mainly on (a) modifications of the ego-defences such as to enable less satisfactory defences against id-impulses to be replaced by more satisfactory defences, and (b) modifications of the superego such as to render it less primitive and less exacting in its demands upon the ego. It is here assumed, of course, that, in terms of Freud's theory of the mental constitution, the id is not capable of modification, and that the ego is essentially a defensive structure (which, to my mind, carries with it the logical implication that the ego is necessarily a psychopathological phenomenon). In the light of such assumptions, Gitelson's (1951) description of a successful analysis as one in which 'the patient matures as a total personality', would appear to lack all meaning. By contrast, the theory of the personality which I have proposed does confer a meaning upon Gitelson's criterion; for it is an implication of my theory that the primary aim of psychoanalytical treatment is to effect a synthesis of the personality by reducing that triple splitting

of the pristine ego which occurs to some degree in every individual, but in some individuals to a greater degree than in others. It is an old criticism of the psychoanalytical method (although less frequently voiced nowadays than it used to be) that it is ‘all analysis and no synthesis’; and the conventional answer is, of course, that analysis puts the patient in a position to make a new synthesis on his own initiative. Whilst this answer contains an undoubted element of truth, its uncritical acceptance makes it all too easy for the analyst to pass the buck to the patient. In so far, however, as such passing of the buck does not occur, I consider that the term ‘analysis’ as a description of psychoanalytical treatment is really a misnomer, and that *the chief aim of psychoanalytical treatment is to promote a maximum ‘synthesis’ of the structures into which the original ego has been split, in the setting of a therapeutic relationship with the analyst.* Involved in the achievement of this aim are two further aims, viz. (a) a maximum reduction of persisting infantile dependence, and (b) a maximum reduction of that hatred of the libidinal object which, according to my theory, is ultimately responsible for the original splitting of the ego. Such aims, together with an aim to be mentioned, are, in my opinion, the chief aims of psychoanalytical treatment. The resistance on the part of the patient to the achievement of these aims is, of course, colossal; for he has a vested interest in maintaining the early split of his internalized object, upon which, according to my theory, the split of his ego

depends, and which represents a defence against the dilemma of ambivalence. In addition, he has a vested interest in keeping his aggression internalized for the protection of his external libidinal object — with the result that his libidinal cathexis is correspondingly internalized. Implied in these various manifestations of resistance on the part of the patient is a further defensive aim which I have now come to regard as *the greatest of all sources of resistance — viz. the maintenance of the patient's internal world as a closed system*. In terms of the theory of the mental constitution which I have proposed, the maintenance of such a closed system involves the perpetuation of the relationships prevailing between the various ego-structures and their respective internal objects, as well as between one another; and, since the nature of these relationships is the ultimate source of both symptoms and deviations of character, *it becomes still another aim of psychoanalytical treatment to effect breaches of the closed system which constitutes the patient's inner world, and thus to make this world accessible to the influence of outer reality*.

The unconscious determination of the patient to preserve his inner world as a closed system at all costs would appear to be the phenomenon on the basis of which Freud was led to formulate *the concept of the pleasure principle* as the primary determinant of behaviour. In my opinion, this formulation is a mistaken generalization from what is essentially a defensive phenomenon — one so highly defensive that it cannot be regarded as representing a

primary principle of behaviour. There can be no doubt, as it seems to me, (a) that the pleasure principle can only operate within a closed system, (b) that the maintenance of inner reality as a closed system is essentially a psychopathological phenomenon, and (c) that, in so far as inner reality is maintained as a closed system, behaviour will be determined almost inevitably by the pleasure principle. Thus a patient of mine, whom I have described as 'Gertrude' on a previous occasion (Fairbairn 1954) and in whose case the maintenance of inner reality as a closed system has declared itself in no uncertain terms, can only bring herself to have intercourse with her husband if she immerses herself in fantasies which patently represent an infantile sexual relationship with her father as an internal object, and becomes oblivious to the actual situation prevailing in outer reality. Such satisfaction as she obtains in intercourse is thus dependent upon relief of tension achieved exclusively within the confines of the inner world, i.e., within a closed system, and on the basis of the pleasure principle. If, by contrast, she were capable of having a genuine sexual relationship with her husband, her behaviour would have the characteristics of behaviour in a situation in outer reality, viz. in the setting of an open system, and would be determined by what Freud has described as 'the reality principle'. Thus the distinction between the pleasure principle and the reality principle is not properly a distinction between a primary and a secondary principle of behaviour, but represents a distinction between



behaviour originating within a closed system constituted by internal reality and behaviour in an open system in which inner and outer reality are brought into relation.

It is to be noted that the phenomenon of transference constitutes another manifestation of behaviour originating within a closed system. A real relationship with an external object is a relationship in an open system; but, in so far as the inner world assumes the form of a closed system, a relationship with an external object is only possible in terms of transference, viz. on condition that the external object is treated as an object within the closed system of inner reality.<sup>1</sup>

The psychotherapeutic implication of these considerations is that the interpretation of transference phenomena in the setting of the analytical situation is not in itself enough to promote a satisfactory change in the patient. For such a change to accrue, it is necessary for the patient's relationship with the analyst to undergo a process of development in terms of which a relationship based on transference becomes replaced by a realistic relationship between two persons in the outer world. Such a process of development represents the disruption of the closed system within which the patient's symptoms have developed and are maintained, and which compromises his relationships with external objects. It also represents the establishment of an open system in which the distortions of inner

reality can be corrected by outer reality and true relationships with external objects can occur. A movement in the direction of the substitution of an open for a closed system, or at any rate evidence of a breach in the closed system of internal reality, would appear to have been registered recently in the dreams of a recalcitrant patient of long standing, whom I shall designate 'Karl'. The dreams in question were as follows: —

1. I was out walking with my father; and we met you. You handed me a book or paper. My father protested that I was neglecting or forsaking him; *but I did acknowledge you.*
2. I was talking to you; but at the same time I was in bed with my mother. I felt embarrassed, because my mother was listening to what I was saying to you. Sometimes my mother leaned over me and came in contact with me. This horrified me and made me shrink away from her. *But I did not stop talking to you.*

These dreams seem to me to be not so much transference dreams as dreams representing the impact of a realistic relationship with the analyst in the outer world upon Karl's relationships with the figures of his parents in the inner world, and thus indicating a breach in the closed system of inner reality. It is interesting to note that, more or less contemporaneously with these dreams, there occurred a dream in which Karl was exposing his erect penis to his mother. The interest of this dream lies in the fact, to which Karl himself drew attention, that in the past he had always sought 'on principle' to deny having a penis where his mother was concerned. It would thus appear that the breach in the closed system of inner reality represented in the other

dreams had had the effect of releasing repressed material. However, there were also contemporary dreams revealing a movement in the direction of restoring the closed system, e.g., the following: —

1. I was with you; and, while I was talking to you, I felt a compulsive urge to masturbate. I wondered if you would notice me doing this while I kept up the flow of talk. Then I found that you were in fact *in an adjoining room*; and I felt that I could probably masturbate without your noticing.
2. *I left here and walked away. My mother was walking several yards ahead of me.* I don't know if I thought she was leaving me behind; but *I thought I might attract her attention* by throwing gravel at her. Then I found that I was terribly worked up and was pelting her with stones.

These dreams, in contrast to those first quoted, appear to reflect a movement in the direction of maintaining relationships with objects in the inner world at the expense of a realistic and therapeutic relationship with the analyst, viz. a movement having the aim of preserving internal reality as a closed system. Such an aim on the patient's part seems to me to constitute the most formidable resistance encountered in psychoanalytical treatment; and it is difficult to see how it can be overcome except on the basis of a true relationship between patient and analyst as persons in outer reality. It must be recognized, of course, that it is always possible for the psychotherapist to exploit the patient's closed system for a therapeutic purpose; but such a procedure is essentially foreign to the principles of psychoanalytical treatment, although it may be

suspected that a good deal of so called ‘sublimation’ is effected upon this basis.

Allied to the concept of the closed system of inner reality is another concept which I have recently come to adopt, viz. that of *the static internal situation*. The descriptive epithet ‘static’, as applied to the situations in question, was suggested to me by the remark of a patient whom I shall call ‘Ian’. This patient in the course of his associations had frequently described a frustrating and rage-provoking type of situation about which he would say, ‘This is an impossible situation’, adding characteristically, ‘And there is nothing to be done about it.’ For some time I construed this last remark in the sense that he felt the situation in question to be outside the influence of psychoanalytical therapy; but eventually I came to realize that, when he said that there was nothing to be done about a situation, he was not talking about the therapeutic prospects, but describing a feature of the situation itself as he experienced it. These ‘impossible’ situations, whether remembered or imagined, were characteristically conflictful situations involving himself and one or other or both of his parents. Such a situation he described one day in the following terms: —

I’m enraged with Daddy, because he gets Mummy and I don’t. I try to be good — and he doesn’t. I castrate myself to be good; but Daddy just despises me . . .He’s privileged, although he is not good. I try to be good; and I’m not privileged. If I’m not good, I’m blamed and attacked; and, if I’m good, I’m despised. I’m

enraged about being despised; but I'm afraid of being blamed. The only hope is to be right; but with Daddy and Mummy ... I'm compelled to be wrong ... I don't know how to get away from this blame ... Being blamed is death ... There is nothing I can do if I'm rejected ... This situation of being blamed and rejected by Mummy, and being enraged and unable to do anything about it is completely static.

It was this last remark of Ian's that suggested the employment of the term 'static internal situation' to describe self-contained situations in inner reality, which persist unchanged indefinitely, and which are precluded from change by their very nature so long as they remain self-contained. 'Frozen dramas' was the more colloquial description applied to such situations by the patient Karl, after I had had occasion to draw his attention to them. But let us allow Ian to continue his account of the static internal situation which he was describing: —

My dependence on my mother is so great, and she is so privileged in my eyes that it makes my rage more acute and more forbidden. Mummy is someone I cannot attack ... My position with her is so precarious that I daren't risk upsetting the balance. I must try to placate her. I must not upset the status quo, the equilibrium of the moment ... There is no possibility of my releasing that rage. She possesses me. I need her. She has me imprisoned. I can't release this rage until I've got away from this gaol.

A more clear-cut example of a static internal situation is that provided by a dream of Karl's, in which he was standing beside his mother at a table on which lay a bowl of chocolate pudding. It was a

postulate of the dream-situation that he was starving, and that there was no food available apart from the pudding. He knew, therefore, that, if he did not partake of the pudding, he would die of starvation; but he also knew that the pudding was poisoned, and that, if he ate it, he would likewise die. It goes without saying, of course, that the poisoned pudding symbolized his mother's breast as an internal persecutor. Since the dream represented a static internal situation, there was naturally no dénouement; but, as a matter of interest, I asked Karl what action he felt he would have taken if such action had been part of the dream. His reply was that he would have eaten the pudding; and, in this connexion, it is interesting to record that he subsequently developed a hypochondriacal conviction that he was suffering from diabetes — a disease in which, significantly enough, diet assumes a role of central importance. A related static internal situation in Karl's case was one based upon an incident of childhood, in which he raised his hand in fury to strike his mother, who had reproved him for exposing himself to a maid. The remarkable thing about this incident was that he found his hand mysteriously arrested in mid-air, and that, instead of actually striking his mother, he was assailed by the conviction that he was in the grips of a fatal heart attack. In conformity with the arrest of his hand in mid-air, the incident became constituted into a static internal situation characterized by an attitude of inhibited sadism towards his mother and hypochondriacal anxiety about his heart. Thus, when he began

analysis, he was subject to attacks of acute nosophobic anxiety accompanied by the conviction that he was dying of heart failure — a conviction which did not, however, preclude his undertaking considerable exertion in an attempt to reach the nearest doctor to obtain reassurance.

That the primal scene should readily lend itself to the constitution of a static internal situation is an *a priori* expectation which receives confirmation in the case of Morris, a patient to whom I have already referred on a previous occasion (Fairbairn 1954). Morris is a bachelor; and, not very long after the marriage of one of his friends, this friend and his wife came to stay with him for a few days in his little bachelor flat. The prospect of this visit had been by no means wholly agreeable to Morris who had experienced a homosexual attraction towards his friend and was jealous of his friend's wife. It is no matter for surprise, therefore, that on the first night after the arrival of his visitors he felt very excited and slept badly. Shortage of accommodation had necessitated his giving them his own bedroom, which contained two beds; and, as he lay awake in the small bedroom next door, he was supremely conscious of the presence of the married couple on the other side of the wall, and sensitive to the slightest sound proceeding from their room. The whole situation reminded him forcibly of the time when, as a child, he slept in his parents' bedroom, and of one special occasion when he woke up to find his parents having intercourse and felt, among

other things, that he had been ‘pushed out’ by his father. After describing all this to me, he remarked *apropos* of the primal scene:

—

All the sexual excitement I know seems to stem from this original tableau. It’s odd that I should call it a ‘tableau’; for in a tableau there is no movement. But this tableau is the stimulus of sexual excitement for me.

Already on a previous occasion he had mentioned that in his picture of the primal scene his parents were not actually engaged in intercourse, but always just on the point of having it; and in the session following that in which he described the primal scene as a ‘tableau’ he went on to say: —

The bedroom scene with my parents in bed together is static. If they come together, there is an explosion and then disintegration ... Sexuality and intercourse are of the utmost danger. They are like an atom bomb which can only destroy. That is my conception of it ... To allow any sexual desire in me ... to go on is for me like throwing out an atomic bomb ... The whole atmosphere of sexuality inside me is one of terrific aggression and anger.

It is obvious, accordingly, that Morris had very cogent emotional reasons for maintaining the primal scene as a static internal situation; for in so doing he was not only providing himself with a perpetual source of sexual excitement, but, at the same time, attempting to avert the presumptive destruction of his internal objects and, for that matter, his own destruction also. And it should be added that similar



motives were operative in the maintenance of static internal situations in the cases of both Karl and Ian.

It would be a mistake, however, to infer that it is necessarily one of the functions of the static internal situation to preserve the internal object from attack or destruction. Indeed, there are cases in which it would appear that one of the functions which it performs is rather to perpetuate the destruction of the internal object. Such a case is that of a female patient whom I shall call 'Annabel', and who was driven to seek analysis owing to the limitations imposed upon her by a phobia of coming across accidents on the road, particularly while driving her car in the course of her professional activities. The analytical material which she provided left it open to no doubt that the injured body which she was so afraid of coming across represented the corpse of her father as an internalized sexual object; and the maintenance of a static internal situation in which he figured as a corpse undoubtedly functioned for her as a defence against a situation of incestuous rape. Her phobia was, of course, itself a defence against the defensive murder implied in the static internal situation; and it thus conformed to the phobic pattern of a defence against a defence. There is considerable evidence, in my opinion, to the effect that the persistence of a static internal situation in which the incestuous object is reduced to the status of a corpse is a characteristic feature of the phobic state. This certainly holds true, not only in the case of Annabel, but also in the case of a patient

whom I shall call 'Cynthia', and in the cases of Jean and Olivia, to both of whom I have referred on a previous occasion as hysterics (Fairbairn 1954) but who also presented pronounced phobic symptoms. And it is significant that all four of these female patients had fathers who adopted a sexually possessive attitude towards their daughters and made what can only be regarded as thinly disguised sexual advances towards them both in childhood and adolescence. Before we leave the subject of the static internal situation and return to that of the closed system of internal reality, attention may be drawn to an incident recorded by Annabel in connexion with her phobia of road-accidents. One day she was walking along a busy street when she saw a crowd collected in the middle of the roadway a short distance ahead. She was immediately filled with panic and darted up a side-street to avoid the scene of the accident which, she felt sure, had taken place; but, at the same time, she felt that she was clasp<sup>ing</sup> the accident to her as she ran. In this act, whatever else she was doing, she was attempting to deal with the accident as a traumatic event by incorporating it into the closed system of internal reality.

I have already recorded my opinion that Freud's concept of the pleasure principle as a primary determinant of human behaviour was a mistaken generalization about behaviour on the basis of what is essentially a psychopathological phenomenon — this phenomenon being the obstinate tendency of patients undergoing psychoanalytical

treatment to maintain their inner worlds as closed systems, and to resist every attempt to convert these systems into open systems and so render them amenable to change through the impact of influences in outer reality. Another concept of Freud's which I have come to regard as a similarly mistaken generalization about behaviour on the basis of an essentially psychopathological phenomenon is *his concept of the death instinct*. In this case the particular phenomenon in question is an obstinate tendency on the part of the patient undergoing psychoanalytical treatment to keep his aggression localized within the confines of the closed system of the inner world. The operation of such a particular tendency, as well as of the general tendency to maintain the inner world as a closed system, is well illustrated in the case of a patient whom I have previously designated 'Ivy' (Fairbairn 1954), and who, in a sequence of sessions, provided associative material of which the nature may be gathered from the quotations which follow. It should be added that the insights registered in this material were only achieved after prolonged and painstaking analysis.

I have no words to describe how I hate you. But why can't I just hate you and get on with it? The only reason I can think of is that I need my hate for some other purpose. It's too precious to waste on you. It is vital to my internal economy not to waste hate on you. I feel I need the hate for myself. I need the hate to run myself on ... Now I feel sleepy. I've grown indifferent and couldn't care less ... That shows that I want my hate to keep me short-circuited. Instead of running myself on outside people and things, my sex-object is myself and I get gratification from self-

things... I feel I'm like a skilled financier ... Every bit of hate has to be accounted for. Every bit of autoeroticism has to be economized. I hate you for trying to make me stop doing this. I need to hate you to get energy for my inner persecution. I'm breathing it. I'm in an orgy of destruction. I can't wait to get my hands on myself to destroy myself. That is my life — a drawn out ecstasy of slowly killing myself. That is wicked; and it's the only wickedness I can do. I want to be evil in other ways, but I can't. I've sold myself to the Devil; and this is the only way I can do it. I'm a willing Isaac. The greater the frustration outside, the greater the ecstasies inside. I want to have no inhibitions in bringing about my own destruction.

I dedicate my life to my bowels. I used to think I wanted to get on with life, and my bowels were a nuisance; but now I think my bowels are my real life, and ordinary life is a nuisance. My inner economy is different from that of ordinary people ... If an ordinary person is cross, they're cross and that's an end of it; but I hoard my anger to use for inner purposes. That is like my bowels. The ordinary analytical idea seems to be 'Let out your temper, and you'll be better'; but that does not apply to me. I need my temper for inner purposes; and I'm not interested in life outside ... That's different from wanting to let it out and being stopped. I suppose this state of affairs has been with me all the time; but it is better to become aware of it.

My aim is to sail as near the wind as I can to killing myself. My aim is to carry out Mother's and Father's wishes ... I do it partly to please them, and partly to annoy them. I'm going as near the wind as I dare to killing myself. I don't confine it to sexual things ... I extend it to my whole life ... I feel my life is interfering with my neurosis, instead of *vice versa*. When I began to be afraid of gas-ovens, I knew it was me that was wrong; but I did not want to be changed. Instead, I wanted all gas-ovens removed. This is queer, but it fits in with my attitude that my ordinary life is an interference with my neurosis ... I feel my

unconscious life is my true life; and it is a life of frustrated excitement, which I seem to regard as bliss. I feel I really have a strong urge to destroy myself ...I want to see how near I can get to the edge of the cliff. There is a bit of me that keeps me alive; but my real purpose is directed to killing myself and frustration. I have trouble over you; for I don't want to tell you things. *If I have a relationship with you, it interferes with my death-circuit ...* You interfere with my neurosis and my desire to destroy myself. You are just a nuisance. It is daft to have a relationship with you, because it just weakens my inner purpose ... The worse I get, the better I'm pleased, because that is what I want — which is a negation of all that is right ... I want to devote myself to working myself up to a state of need and not having it satisfied. This is involved in my desire for self-destruction. I must accept that I frustrate myself. I expect that originally I was frustrated from outside; but now I impose frustration on myself; and that is to be my satisfaction ... It is a terrible perversion.

The associative material contained in these quotations seems to me to provide convincing evidence in support of my opinion that what Freud described as 'the death instinct' is really a psychopathological phenomenon representing an obstinate tendency on the part of the individual to keep his aggression localized within the confines of the inner world as a closed system. It also seems to me to provide convincing evidence of (a) an obstinate tendency on the part of the individual to keep his libido similarly confined, (b) a general tendency to maintain the inner world as a closed system at all costs, and (c) the central role played by this general tendency in the maintenance of psychopathological states and the resistance of the patient to psychoanalytical therapy. It suggests further that what

drives the individual to seek such satisfaction as can be obtained within the closed system of internal reality is early experience such as to induce a sense of hopelessness over the possibility of obtaining satisfaction in relationships with the external objects upon whom he is dependent. In addition it reveals the central importance of the relationship between patient and analyst as a means of effecting a breach in the closed system of internal reality in which the patient's symptoms are entrenched. In the light of such evidence it would appear that, however neutral a role the psychoanalyst may assign to himself therapeutically, he cannot escape from the necessity of becoming an interventionist if he is to be therapeutically effective — and it must be recognized that every interpretation is really an intervention. Thus, in a sense, *psychoanalytical treatment resolves itself into a struggle on the part of the patient to press-gang his relationship with the analyst into the closed system of the inner world through the agency of transference, and a determination on the part of the analyst to effect a breach in this closed system and to provide conditions under which, in the setting of a therapeutic relationship, the patient may be induced to accept the open system of outer reality.* Whether such an aim on the part of the analyst is capable of fulfilment must, of course, depend in no small measure upon the extent to which internal reality has become entrenched as a closed system in the individual case; and an assessment of the extent to which this is so must be regarded as the real criterion of the

suitability of a case for psychoanalytical treatment. In any event, however, it would appear that, if the foregoing considerations are well founded, the actual relationship between the patient and the analyst constitutes the decisive factor in psychoanalytical, no less than in any other form of psychotherapeutic, cure — even if in the case of psychoanalytical therapy it operates in a distinctive manner, as indeed it unquestionably does.

### **Note**

1. I take this opportunity to record my conception of the essential difference between a psychoneurosis and a psychosis. The distinction in question has been the subject of much debate; but in my opinion it is quite simple, viz. to the effect that, whereas the psychoneurotic tends to treat situations in outer reality as if they were situations in inner reality (i.e., in terms of transference), the psychotic tends to treat situations in inner reality as if they were situations in outer reality.

## II

# **THEORETICAL CONTRIBUTIONS TO OBJECT RELATIONS THEORY**





Ronald Fairbairn in his consulting room in Grosvenor Crescent, Edinburgh.

## Introduction to Part II

This section consists of papers which together flesh out the body of Fairbairn's theory and give important arguments in defense of his theses.

The opening brief paper "Experimental Aspects of Psycho-Analysis", originally published in 1952, develops the historical line of Freud's thinking from interest in repression to a shift in focus onto the superego as agent of repression. Fairbairn noted, however, that Freud had previously described internal objects, leading Melanie Klein to postulate a multiplicity of internal objects in dynamic internal interaction. Thus, Fairbairn developed the concept of a world of internal reality juxtaposed with the world of external reality. It is the relationship between these two worlds which Fairbairn now proposed should be the proper focus of analytic investigation.

Fairbairn aimed in this paper to consolidate the status of psychoanalysis as a scientific discipline capable of supplying data by means of a repeatable methodology. Since the stature of psychoanalysis has often been dependent upon adherence to Freud, new ideas had to demonstrate their origins within Freud's writings. In this tradition, Fairbairn traces his theory of dynamic object relationships in the human psyche to Freud's theory of the superego. But he then marks his departure with Freud when he says that

*“Freud’s original distinction between the conscious and the unconscious now becomes less important than the distinction between the two worlds of outer reality and inner reality”* (Fairbairn’s emphasis) (ch 5 this volume). He goes on to argue that when outer situations have an emotional correspondence to inner ones, the outer emotional response exhibits in behavior the internal object relationship to which it is connected.

Freud had put resistance and the analysis of transference at the center of clinical analysis. Fairbairn saw that “The most striking manifestation of resistance is that which occurs when the patient’s mind becomes a complete blank” (pp. 108-109). He noted that “this usually means that another phenomenon is at work ... viz. ... the *transference* (p. 126, Fairbairn’s emphasis). However, more than twenty years earlier, he had written “some of the periods of silence which occur appear to be due not so much to the patient’s resistance as to his inability to express his thoughts in words” (Fairbairn 1930; see Volume II, Chapter 3). In other words this silence was not resistance but representative of experience at the perceptual, prelinguistic level. Here he sees that, “Transference has both its positive and negative aspects, reflecting, ... the child’s ambivalent attitude to the original parental figures” (ch 5 this volume).

In this paper, Fairbairn reasons that the investigation of transference now becomes the laboratory for the examination of the

juxtaposition of internal and external reality as here-and-now phenomena, drawing on the experience of the person with his past objects to describe the construction of the inner world, which once formed changed but little.

The real significance of transference is thus to be found in the fact that it represents, not the revival of past situations and relationships as memories, but *the manifestation of unconscious situations and relationships which, although they have their roots in past experience, belong to the world of inner reality in the present. ... the contrast between past and present (like that between unconscious and conscious) has come to be largely subordinated to the contrast between inner reality and outer reality.* [pp. 109-110]

Fairbairn had taken his earlier insight (1930) that prelinguistic situations can be identified in the present to validate his position that these are scientifically verifiable by means of the transference as a way of verifying inner reality. Thus, he shifts the metaphor for psychoanalytic method from that of the archeological dig to those of ethology and anthropology — the observation of the behavior of the individual in interaction. This method then fulfills the scientific criteria for observational data, which is also the methodology of psychology. Assuming that transference demonstrates the relationships of inner reality, it would also fulfill the criteria of the repeatable experiment. The usual methodology of psychoanalysis is conducted as a session between two people; therefore, countertransference in its widest sense becomes an active constituent

within the therapeutic situation, making the analyst more than a passive observer but giving him access to more verifiable data.

This paper places Fairbairn squarely in the evolution of the early 1950s, along with Heimann (1950) and Money-Kyrle (1956), which placed transference at the center of the investigation of the patient's current life. Although he had nothing to say about the clinical role of countertransference in this process, the theories he contributed provide the most credible basis for the use of countertransference as the centred clinical guide as it has become in contemporary psychoanalysis and psychotherapy.

This is also the paper in which Fairbairn introduces the term “antilibidinal” as a designation for the forces of aggression. The antilibidinal aspect of aggression — that is, its action to oppose and balance the libidinal factor in personality was elaborated in small steps in papers published during the next few years.

“In Defence of Object Relations Theory” is organized as a series of responses to a paper by Abenheimer (1955), which gave specific criticisms of Fairbairn's theories. Fairbairn restates the criticisms with a completeness which has allowed the paper to stand on its own without the necessity of reprinting Abenheimer's comments, because it includes a succinct and accurate restatement of Abenheimer's essential points. The statements given in answer often constitute

clearer statements even than the original text of the earlier papers in which Fairbairn was first working out his ideas.

For instance, Fairbairn amplifies his position on libido. It can no longer be understood as essentially sexual as Freud formulated it: “whilst I regard sexual aims as essentially personal, it does not follow that I regard personal aims as necessarily sexual. Libido therefore broadens from being essentially a sexual energy which organizes all personal aims to become the ‘object seeking principle’” (p. 145).

In *Psycho-Analytic Studies of the Personality* (1952b), Fairbairn had described only the theoretical standing of the internal object as the endpoint of a long logical argument. The restatement here clarifies matters greatly:

the “internal objects” which I describe are in no sense images — albeit images *of* internal objects are common enough, being part of the stock-in-trade of dreams and phantasies. I have ... defined “an internal object” as “an endopsychic structure other than an ego-structure, with which an ego-structure has a relationship comparable to a relationship with a person in external reality”; and this can in no sense be regarded as a definition applicable to an image. ... “internal objects”, so far from being mere images, are specific structures established within the psyche under the influence of the vicissitudes of personal relationships during the most formative period of life as the result of ego-activity serving specific purposes in the economy of the psyche, [ch 6 this volume]

He also restates his view of the ego as fundamentally and originally a unitary, unsplit structure: “it is inherent in my conception that the ego is an integrated structure at the outset, and that it is only under the influence of stress which proves too great for the innate capacities of the ego to meet that disintegration occurs” (ch 6 this volume).

Another clarification involves the term “object,” which Abenheimer had criticized as too impersonal. Fairbairn, while agreeing that he was discussing personal relationships, justifies the term as representing a variety of aspects of relationships in which it is not the person but an aspect derived from experience with persons, which is not the same as the person or the nonhuman, inanimate things used as though they were part of relationships, such as the transitional object, a thing used by the young child to represent the mother as described by Winnicott (1953) not long before this paper.

Fairbairn finally gives an eloquent discussion of the difference between the scientific basis of psychoanalytical theory and the value system which supports the task of psychotherapy. It is the task of science, he says, to give a view of reality that offers a better tool than our previous understanding. This does not mean that the science which supports analytic theory has to be based on the model of the physical sciences. On the other hand, when we come to do our job as therapists, our work uses any gains from our science as tools, but we

operate from a value system which is beyond science. This is not different from medical science, which a doctor has at his disposal to heal, although in purely scientific terms health is no better than disease, nor is happiness better than depression. Here our field has more in common with religion than with science.

I do not regard [science] as representing in any sense an ultimate value; and, within the psychotherapeutic field, I regard it as subordinate to the human and personal values which psychotherapy serves ... [W]hat is sought by the patient who enlists psychotherapeutic aid is not so much health as salvation. [ch 6 this volume]

In the course of this discussion, Fairbairn locates the experience of the analyst within the fields of both scientific observation and therapeutic interaction:

Where psychological science is concerned, a certain difficulty arises owing to the fact that the subjective aspects of the phenomena studied are as much part of the phenomena as the objective aspects, and are actually more important; and the subjective aspects can only be understood in terms of the subjective experience of the psychologist himself. The psychologist is thus involved in the difficult task of adopting as detached and objective an attitude as possible to his own experience, as well as to that of those whom he observes. ... the analyst seeks to acquire maximum insight through subjecting himself to analytical investigation, [ch 6 this volume]

“Reevaluating Some Basic Concepts” offers perhaps the most succinct critique of Freud’s libido and structured theories as the basis for object relations theory. The critiques of Balint, Foulkes, and



Sutherland, reprinted here, offered Fairbairn an opportunity to expand in a number of areas, refute limiting statements, and explore areas not previously discussed, for example, the multiplicity of substructures in the object constellations of hysterics and the looseness of the libidinal and central ego structures. This group of papers reads well together as a symposium on the evolution of analytic theory and the place of object relations.

As we noted in the introduction to this volume, Fairbairn's academic appointment in philosophy and psychology and practical experience brought to his analysis a unique depth of understanding and flexibility of thought. His skills also included his capacity to read Freud in the original. (A number of such editions were in his library.) It is, however, likely that Fairbairn first became aware of Freud before 1914, although his direct study of Freudian texts began in 1919.

“Reevaluating Some Basic Concepts” is perhaps the best evidence of this richness of Fairbairn's background, although the entire body of his thought demonstrates his capacity for complex understanding of philosophical and psychological theory. For instance, his analysis of certain basic Freudian concepts summarized in the brief synopsis shows his ability to think through the inherent contradictions in Freud's theory building. In this body of papers we can see the fruit of Fairbairn's assumption that the internalization of

the object is a fundamental capacity of human psychology, not to be differentiated from a body or brain function. It is the basis of man's capacity for differentiation or, in other words, the capacity to understand the object as that which is another being, another subject. Thus, it is also the basis of our capacity for language, while our capacity for symbolization, seen in Fairbairn's theory as "the phantasy of incorporating the object orally," is actually an example of the capacity to attach meaning to our relationship with the object.

In a similar way, we can see Hegel's influence transformed into a rigorous psychology in the theory of the exciting and rejecting object (Chapter 9, items 9 and 10). The "exciting" aspect of the object always subsumes "the allure" of unsatisfied love, that is to say it contains within it the "hope" of a perfectly satisfying relationship with the original object. This incidentally provides an explanation of the persistence of hope in people who seem to be in extremely adverse situations.

Fairbairn's rigorous training can be seen in his reasoning that established the ego or organized self as the superordinate organization and his subsequent conclusion that what Freud described as the "id" was merely part of the ego. He had studied Freud's description extremely closely and taught courses on "The Ego and the Id" at the university for many years (see Introduction to Part I and Chapter 2, Volume II) before he came to this conclusion.

As we know, Freud had seen the mind as a structure consisting of the id, ego, and superego, but in building this essentially topographical psychological structure, he never fully abandoned the hope of putting the operation of Man's organic, genetic capacities — the biological potential of Man — on the same organizational level as the psychical entities. Fairbairn saw the description of the id as merely that part of the ego concerned with how our brain functions, as encompassing instinctual tendencies and characteristics that, in relationship with the external world, determine the perceptual and affective content of our internal world and contribute fundamentally to the development of a psychical world. Seen in this way, the "id" is by definition inaccessible to self-consciousness and therefore logically incompatible with a role as the progenitor of the "ego". Fairbairn came to this conclusion from his earlier study of repression undertaken in his study of the superego and repression (See Volume II, Chapter 2) eventually seeing that while repression itself is an unconscious process, whatever is dynamically unconscious in the psyche is so as a result of repression and, therefore, must once have been in some degree conscious in order to require repression. The structures or functions that are part of the equipment of mental functioning are therefore different in nature from the essential content, which was intrinsically a part of the experience of the ego or organized self and was subsequently subject to repression.

The comments on this paper by the three eminent psychoanalysts Balint, Foulkes, and Sutherland, along with Fairbairn's response to them, represent a valuable gloss on the original paper. These discussions let us see the range of understanding Fairbairn's ideas received by contemporaries who shared much of his basic orientation. The following comments we have made are not fully understandable until the reader has read the paper and the discussions, but we felt that these discussions raise such complex issues that some commentary would constitute a helpful guide.

### **BALINT'S COMMENTARY**

Fairbairn has already addressed the issues about the patient-analyst relationship which Balint raises. In his proposals for theoretical development, Balint suggests that "Part of pleasure-seeking becomes at some stage transformed into object-seeking" (ch 8 this volume). Fairbairn's fundamental point is that if pleasure seeking were the primary motivation of the child, it would starve to death. The mother is the essential object to fulfill the infant's need, beyond even the part-object of her breast. Pleasure is secondary to the activity of feeding, but given reasonable care and nutrition, feeding is now understood to be secondary to the need for a personal relationship. Observation of the infantile behavior of young animals and babies has since confirmed this (Bowlby 1969, McKinney 1975). Fairbairn is therefore able to say that when pleasure seeking is the

dominant motivation in an adult, the pattern is pathological. This is the sort of behavior Balint is describing when he says, “Pleasure-seeking is a special case of object-seeking when the object choice is a matter of indifference” (ch 8 this volume). Fairbairn’s orientation, on the other hand, enables him to provide an explanation of human motivation and behavior that is hermeneutical rather than merely instinctual. That is to say, in Fairbairn’s understanding, meaning and value have primary status over instinctual gratification.

### **FOULKES’S COMMENTARY**

Foulkes recognizes the dualistic aspects of Freudian concepts but finds them technically indispensable. He especially values the concept of internal conflict that stems from Freud’s adoption of the understanding of Darwin (propagated by Spencer and others) of the biological and evolutionary struggle for survival. The whole notion of man in conflict is dependent on the idea of mind-body dualism in European thought. For Fairbairn, what Freud saw as conflict between the pleasure and reality principles was more accurately understood as a dialectic opportunity for the individual to move toward mature adaptation. He saw conflict as an intrapsychic derivative of relationships rather than as a purely biological phenomenon, and the dynamics of conflict were dependent on psychic dynamism internalized in the inner world. Because Fairbairn understood conflict to originate within the ambivalent relationship between

mother and infant, he saw inner reality as the basis of conflict in the personality. The affective content of ambivalent relationships and conflict provides a path toward understanding the human need for meaning and value.

Foulkes's discussion relies on the physics of Newton rather than on that of Einstein. He has not accepted Fairbairn's point that it is perfectly possible to provide an adequate explanation of conflict in a psychology where energy and structure are inseparable. He sees concepts such as fixation, displacement, sublimation, and withdrawal of libido as dependent on the separation of energy from structure, without appreciating the extent to which Fairbairn's dynamic endopsychic structures provide an object relations based explanation for them. In the paradigm change, implied in Sutherland's (1989) study of Fairbairn, the intrapsychic origin of object relations theory offers an adequate explanation for the intrapsychic origin of dynamic ambivalence, as expressed, for example, by a patient's dreams or symptoms, in relation to an object.

Foulkes quotes Freud's theory of Life and Death Instincts, acknowledging it as an abstraction but applying it to clinical states. For Fairbairn (1930) animal behavior is confined to that behavior exhibited in life. Postulating a "death instinct" is an unnecessary complication. In his discussions on aggression, Fairbairn makes it quite plain that self-destructive aspects within the human personality

can be explained more meaningfully without resorting to the abstraction of a death instinct.

Foulkes has again not fully understood Fairbairn when he sees an equation between Freud's superego and Fairbairn's ego ideal. There is no doubt that Fairbairn made it difficult for himself and others through his continued use of the terms *ego* and *superego*. It is our opinion that Fairbairn pursued this course in order that the issue of new definitions not assume dominance in a psychoanalytical debate engendered by the reorientation of Freudian theory he proposed. How much his fluency in the German language contributed to his usage is questionable. It is notable that toward the end of his life he rejected the term "superego" in favor of an understanding of several functions carried out by several substructures.

### **SUTHERLAND'S COMMENTARY**

Sutherland supports and consolidates Fairbairn's position. His only disagreement concerns the degree of organization of ego structures, a theme he later pursued in his own writing (Sutherland 1989, 1994). His question rests on the extent to which lack of identity described by some patients can be attributed to weakness in the libidinal ego structure. Fairbairn attributes this to a deficiency in central ego organization and, thus, to the extent to which the degree of splitting of the original integral ego might deplete the central ego so severely that it can no longer perceive itself as an identity. Since

deprivation in the primary object relationship is the reason for ego splitting, Fairbairn held that it is the degree of consolidation of initial deprivation which determines the integrative capacity of the central ego. The pursuit of this issue has constituted one of the main currents of work for more recent psychoanalytic theories of the self.

Volume I ends with Fairbairn's final formal communication, a two-page synopsis of object relations theory published in 1963 in *The International Journal of Psycho-Analysis*. Its spare, tight conceptualization has the elegance of a mathematical formulation. It is fitting that the clear language of this paper stand as a monument silhouetting the new framework which Fairbairn's object relations theory of the personality has given to psychoanalysis.



## Experimental Aspects of Psychoanalysis

The fundamental observation upon which the whole theoretical structure of psychoanalysis is founded is an observation which was originally made by Freud in the 1880's. This was to the effect that the psychotherapeutic attempt to revive the forgotten memories and the unconscious mental processes which he found to underlie psychoneurotic symptoms encounters a tremendous *resistance* on the part of the patient. Such a resistance is invariably encountered, even in the presence of the strongest conscious motives for a restoration of mental health and the fullest conscious co-operation on the patient's part. The resistance in question is, therefore, essentially unconscious. Quite conscious resistance may, of course, also occur; but the significant phenomenon is unconscious resistance. Accordingly, when the term 'resistance' is used in psychoanalysis, it is unconscious resistance that is meant. It was to explain this phenomenon that Freud formulated his famous theory of *repression*, which still remains the corner-stone of psychoanalytical theory in general. In terms of the theory of repression, the significance of resistance is seen to lie in the fact that the motives which instigate repression in the first instance continue to operate in the

maintenance, and, under certain conditions, even in the intensification of repression.

In the earlier stage of his researches, Freud directed his attention mainly to an investigation of the nature of *the repressed*; and, as is common knowledge, his general conclusion was that the repressed partakes essentially of a libidinal nature — ‘libidinal’, of course, signifying ‘sexual’ in a comprehensive sense. If the repressed is libidinal, however, it follows that the process of repression itself must be antilibidinal in character; and it may justly be claimed that Freud’s greatest achievement was the discovery that human behaviour is governed essentially by *two internal dynamic factors* — (1) a *libidinal factor*, and (2) an *antilibidinal factor*. This is not exactly how Freud himself formulated his discovery; for he chose to formulate it in terms of a dualistic theory of instincts, according to which the behaviour of the individual is determined by the interplay between two groups of instincts, viz. (1) the life instincts, and (2) the death instincts. It would be a great mistake, however, to regard the value of Freud’s discovery as dependent upon this particular formulation in terms of an instinct-theory; and his discovery loses none of its value for those who, like myself, have come to regard the concept of specific instincts as misleading, and who prefer to regard modes of instinctive behaviour as simply *characteristic manifestations of a dynamic ego-structure in relation to objects outside itself*. I do not propose on the present occasion to broach the

vexed question of Freud's concept of 'the death instincts'; but it is generally agreed among psychoanalysts that, whether or not the individual has an inherent tendency to seek death as well as to maintain life, the characteristic manifestation of what Freud described as 'the death instincts' is aggression in some form, whether this be directed outwards or directed inwards. What I have described as 'the antilibidinal factor' may thus be seen to resolve itself into a manifestation of inwardly directed aggression; and repression, in virtue of its antilibidinal function, must accordingly be interpreted in this light.

I have already drawn attention to the fact that, in the early stage of his researches, Freud concentrated mainly upon an investigation of the nature of the repressed; and I have recorded his conclusion that what is repressed partakes essentially of a libidinal nature. At a later stage in his researches, however, he came to concentrate his attention more particularly upon the process of repression itself with a view to throwing further light upon its nature. In the course of his earlier researches he had already observed that the chief function served by the resistance was the avoidance of the painful experience which was found to occur when repressed libidinal content was allowed to become conscious; and he had reached the conclusion that repression originated as a defence against the emergence of libidinal tendencies calculated to give rise to such painful experience in virtue of their coming into conflict with other elements in the psyche. As

we have seen, it was also implied in Freud's earlier conclusions, even if not explicitly stated, that aggression provides the dynamic of repression. But in due course Freud found it necessary to attempt to determine the nature of the endopsychic elements with which the libidinal tendencies come into conflict, and thus to investigate *the agency responsible for repression*. Up to this point, repression had been described largely in functional terms — for example, as a process determining whether mental content should be allowed access to consciousness or confined to the unconscious; but, once investigation became focused upon the agency of repression, Freud found it necessary to take into account *considerations of structure*, and to formulate a theory of what he described as 'the mental apparatus'. The well-known theory which he eventually formulated was to the effect that, towards the end of early childhood, it becomes possible to distinguish three separate parts of the mind — viz. the id, the ego, and the superego. The id was conceived by Freud as representing the original instinctive endowment of the individual and as constituting the source of impulse. The ego was conceived as a structure developed on a basis of experience for regulating instinctive activity in such a way as to promote adjustment to outer reality. The superego has been described by Freud (1923b) as 'a deposit left by the earliest object-choices of the id' (p. 44); and, since the child's first libidinal objects are parental figures, the superego resolves itself into an internal representative of these figures. The

parental figures themselves are, of course, external objects; but, according to Freud's conception, the superego arises in consequence of the child's establishing a representative of these figures inside his own psyche under the pressure of his need of them. It is to be noted, of course, that parental figures constitute for the child, not only libidinal objects who satisfy many of his needs, but also authoritative figures who exercise control over his activities and impose frustrations upon many of his wishes; and it is as an internalized representative of the parents in this latter capacity that the superego is conceived as exercising its chief endopsychic function. It is thus that Freud (1923b) came to regard the superego as the instigator of repression, and that he came to describe repression itself as an activity carried out by the ego 'in the service of and at the behest of the superego' (p. 75). In conformity with this conception, the repressed came to be regarded as consisting of wishes arising out of the instinctive endowment of the id and conflicting with demands imposed by the superego upon the ego.

Freud's whole theory of the constitution of the mind, together with the concept of repression which is bound up with it, has latterly appeared to me to possess certain unsatisfactory features such as to render it in need of considerable revision; and the result is that I have ventured to attempt such a revision myself. However, it would not accord with my present purpose if I tried to describe the alternative theory which I have formulated. I must rest content, accordingly,

with the brief description of Freud's original conception, which I have already given — and to which I need only add that, whatever modification this conception may now seem to require, it not only represents a theoretical achievement of the highest order, but also provides a working hypothesis of inestimable value for psychotherapeutic purposes. The aspect of Freud's theory of the mental constitution to which my present purpose prompts me to direct special attention is the endopsychic status accorded to the superego, viz. that of *an internal object*. This internal object possesses interesting features: (1) it is an internal representative of the individual's most significant external objects during childhood (viz. parental figures), and derives its special character from the emotional impact which these objects have made upon the individual at the most impressionable stage; (2) it is an object which has been actively incorporated into the psyche; (3) it is an internal object with which the ego has a relationship involving both libidinal and aggressive factors; and (4) it is an object which, as an internal representative of parental figures, exercises an authoritative and controlling influence over the ego from within the psyche itself. Freud's theory of the mental constitution is thus seen to imply that *object-relationships exist within the personality itself as well as between the personality and external objects*. It is also seen to imply that it is through the establishment of such endopsychic relationships that the external social relationships of childhood exert their

influence upon the moulding of the personality. These implications represent a development of the greatest importance in psychoanalytical thought. The development in question was subsequently carried a stage further by Melanie Klein, who, while accepting Freud's concept of the superego together with his whole theory of the mental constitution, has been led to envisage the presence of a multiplicity of internalized objects in addition to the superego. These various internalized objects are considered to represent various aspects of parental figures as interpreted, not only in terms of actual experience in childhood, but also in terms of the child's own instinctive tendencies and emotional reactions. On the basis of the resulting concept of internal objects there has been developed the concept of *a world of inner reality* involving situations and relationships in which the ego participates together with its internal objects. These situations and relationships are comparable with those in which the personality as a whole participates in the world of outer reality; but the form which they assume remains that conferred upon them by the child's experience of situations and relationships in the earliest years of life. It should be added that the world of inner reality is conceived as essentially unconscious; but this does not preclude its manifesting itself in consciousness in the form of dreams and phantasies. Morbid anxiety, irrational fears and psychopathological symptoms of every kind are also conceived as having their source in the unconscious world of inner reality. Indeed,

it follows that human behaviour in general must be profoundly influenced by situations prevailing in this inner world. The fact is that, once the conception of inner reality has been accepted, every individual must be regarded as living in two worlds at the same time — the world of outer reality and the world of inner reality; and, whilst life in outer reality is characteristically conscious, and life in inner reality is characteristically unconscious, it will be realized that *Freud's original distinction between the conscious and the unconscious now becomes less important than the distinction between the two worlds of outer reality and inner reality.*

In the light of the conception of inner reality which I have just indicated, it will be readily understood that the reaction of the individual to situations in the external world is profoundly influenced by the situations in which the ego is involved in the world of inner reality. This influence may assume a general form, and so manifest itself in character-traits and characteristic modes of behaviour or reaction-patterns; and, whilst some of these manifestations must be regarded as in conformity with normality, others again can only be regarded as falling into the category of psychopathological. On the other hand, the influence of situations in the world of inner reality may, under certain conditions, assume a more specific form and give rise to exaggerated reactions to specific situations in outer reality. When this happens, it is because the outer situation, so to speak, clicks with an emotionally significant inner situation, i.e.,



corresponds sufficiently with a significant inner situation to mobilize the emotions attached to the latter. This is the chief manner in which outer reality makes an impact upon inner reality once the formative years of early childhood have passed; and such an impact is specially liable to occur in the case of outer situations which present themselves as traumatic to the individual concerned. It should be added that, once the formative years of early childhood are over and inner reality has come to assume an established pattern, outer conditions ordinarily have very little influence in producing any fundamental change in inner situations except by way of confirming and intensifying them. At the same time, outer conditions undoubtedly have an influence upon the success or failure of the various defensive techniques (including repression) which are adopted by the ego in an attempt to establish control over these inner situations. Nevertheless, in spite of the relative immutability of inner situations once these have become consolidated, it is claimed for psychoanalysis that it provides a technical procedure whereby not only can the methods adopted by the ego to deal with inner situations be improved, but also the inner situations themselves can be favourably influenced in suitable cases — and particularly in those characterized by the presence of psychoneurotic symptoms.

The title which I have given to this paper is ‘Theoretical and Experimental Aspects of Psycho-Analysis’. Hitherto, however, it is with the theoretical aspect of psychoanalysis that I have been

concerned. It is now time for me to concern myself for a little with the experimental aspect, and I shall approach this subject by drawing attention to one of the stock criticisms to which psychoanalytical theory has been subjected in the past by non-analytical psychologists who were disposed to be unsympathetic. This criticism is to the effect that concepts based upon findings reached by the psychoanalytical method must remain scientifically suspect in so far as they have not been independently verified by accepted experimental methods. The controversy over the scientific validity of psychoanalytical theory is, of course, an old one. Fortunately, however, it has become less acute in recent years; and, although I have myself been involved in it in the past, I do not propose to revive it now. I should like, however, to put forward some considerations in support of the claim that *the psychoanalytical technique itself constitutes a valid experimental method*. It originated, of course, as a psychotherapeutic technique; and such it essentially remains. This fact naturally imposes some limitations upon its experimental value; for the practising psychoanalyst must necessarily make it his primary aim to promote the mental health of his patients, and must refrain from any experiments which might compromise this aim, however illuminating the results might be from a scientific standpoint. Nevertheless, this is a limitation imposed, not by the psychoanalytical method itself, but by humanitarian values which would apply equally in the case of any other method employed in

relation to the same material. For scientific purposes, of course, the results obtained by means of any technique must always be assessed in the light of the experimental conditions under which the results are obtained; and naturally this rule applies to the psychoanalytical technique as well as to any other. As is well known, the classic psychoanalytical method is that described as ‘the method of free association’ — a method in accordance with which the patient is expected to say whatever comes into his mind irrespective of all other considerations whatsoever. The historical reasons for the adoption of this technique need not be considered now; but the technique obviously serves the purpose of promoting a *maximum spontaneity of thought and feeling*. It is also customary to require the patient to lie upon a couch in a relaxed position. Again, the historical reasons for the adoption of this procedure do not need to be considered; but it may be mentioned that one of the aims of this requirement is to eliminate outer distractions. It is a requirement, it will be noted, which, if it encourages a maximum spontaneity of thought and feeling, at the same time imposes a *maximum restraint upon spontaneity of action*. In my opinion, it is by no means a necessary requirement. Nevertheless, some measure of restraint upon spontaneity of action is obviously unavoidable; and such restraint as it is found necessary to impose provides a valuable opportunity for the study of the patient’s reactions to frustration. However, of all the phenomena elicited by the free association method the most

impressive and the most significant is undoubtedly *the phenomenon of resistance*, which formed the subject of Freud's original observation. Resistance is chameleonlike in its manifestations; but, whatever form it assumes, it has not only the effect, but also *the unconscious aim of preventing the emergence of situations in inner reality* and of defeating the therapeutic endeavour by maintaining the status quo. It is chiefly (although by no means exclusively) when resistance manifests itself that active participation on the part of the analyst is called for; and in such circumstances it is usual for him to offer an interpretation of the patient's resistance. The reaction of the patient to such interpretations must, of course, be regarded as providing significant data. The most striking manifestation of resistance is that which occurs when the patient's mind becomes a complete blank, and he finds himself quite unable to say anything — an occurrence which is by no means so uncommon as might be supposed. When this happens, it usually means that another phenomenon besides that of resistance is involved, viz. one which has been described by Freud as *transference*. This is a phenomenon which was recognized by Freud at a very early stage in his researches. Its essential feature, as he described it, is the attachment to the analyst of all the emotional significance of a libidinal object in the past — characteristically that of a parental figure in childhood; and this means, of course, that the analyst as a figure in the outer world has become linked with an object, or objects, in the world of

inner reality. Transference has both its positive and its negative aspects, reflecting, as these do, the child's ambivalent attitude to the original parental figures; and the resistance, which manifests itself so strikingly when a patient's mind becomes a blank, represents both a repression of the positive component and a passive manifestation of the negative component in the transference. However, transference commonly manifests itself in a much more active way; and what characteristically happens is that, to quote Freud (1923b), 'a whole series of earlier experiences are revived, not as past ones, but in the form of a current relation to the physician'. The real significance of transference is thus to be found in the fact that it represents, not the revival of past situations and relationships as memories, but *the manifestation of unconscious situations and relationships which, although they have their roots in past experience, belong to the world of inner reality in the present.*

We are now in a position to see that a true estimate of the scientific status of psychoanalysis from an experimental standpoint can only be reached after the full significance of the concepts of 'transference' and 'inner reality' has been appreciated. It is often assumed that the therapeutic value of psychoanalytical treatment lies essentially in the revival of repressed memories of early life, and that the revival of such memories is what psychoanalytical technique is designed above all to promote; and indeed it was in this sense that psychoanalytical treatment was originally conceived by Freud when

he devised it. This conception has tended to persist, even within psychoanalytical circles; but it is a conception which properly belongs to the earlier phase of Freud's researches in which he was concerned mainly with the repressed. Even during this phase, however, the importance of early memories came to be regarded by him as subordinate to that of the childish attitudes involved in the experiences which these memories perpetuated. When at a later stage Freud began to direct his researches mainly to an investigation of the agency of repression, analysis of the resistance came to take precedence over analysis of the repressed as an aim of psychoanalytical therapy. This change of aim was accompanied by a tendency to attach increasing importance to unconscious situations in the present, as against experiences and attitudes belonging to the past; and Freud's elaboration of the structural concepts of the ego and the superego had the natural effect of promoting this tendency. Later still, an increasing appreciation of the significance of the concept of inner reality and the development of this concept by Melanie Klein have led to even greater importance being attached to inner situations in the present. Consequently, *the contrast between past and present (like that between unconscious and conscious) has come to be largely subordinated to the contrast between inner reality and outer reality*; and the influence of inner reality upon the behaviour of the patient in outer reality has come to occupy the focus of the analyst's attention. In conformity with this fact, the analysis of

the transference situation has tended more and more to become the primary aim of psychoanalytical procedure. The significance of these developments for our present purpose is that the psychoanalytical method has largely ceased to be a historical method involving a reconstruction of the patient's past, and has largely become a method for investigating the influence of (characteristically unconscious) situations and relationships in inner reality upon contemporary experience and behaviour; and in this its latest form it has, accordingly, been described by Rickman as 'an ahistorical, dynamic and not a genetic method' (quoted by Ezriel 1951, p. 31). Considered in this light, the analytical session may now be seen to satisfy the experimental requirement of providing an opportunity for (to quote Ezriel) 'the observation of *here and now* phenomena in situations which allow us to test whether a number of defined conditions will produce a certain predicted event' (Ezriel 1951, p. 30). The observational field in the case of the psychoanalytical session is constituted by a group of two persons — one a patient in need of treatment, and the other an analyst willing and able to meet the patient's need. In the setting of this field all the reactions of the patient are relevant — not only his reactions to the general situation, but also his reactions to everything that happens during the session including what the analyst says and does; and it may reasonably be claimed that a study of the patient's reactions under such conditions satisfies all the requirements of a scientific experiment.

## **In Defence of Object Relations Theory**

### **INTRODUCTION**

What follows represents an attempt to meet some of the criticisms contained in Dr Karl Abenheimer's paper entitled 'Critical Observations on Fairbairn's Theory of Object-Relations' (1955). The standpoint from which Abenheimer launches his criticisms of the object-relations theory which I have come to adopt, and which is described in my recent book (1952b), is essentially that of the Jungian school of thought. His two major contentions would appear to be as follows: (1) that, in so far as my conclusions are in conflict with those of Jung, they are largely in error; and (2) that, in so far as they turn out to have something in common with Jung's views, I should have been better advised if I had adopted these in the first instance instead of somewhat misguidedly making the views of Freud the starting-point of my struggle towards the light. Personally I have always been inclined to deprecate controversies which assume a 'Freud versus Jung' complexion, on the grounds that considerations of truth should take precedence over scholastic argument. At the same time it must be recognized that between the tradition of Freud and that of Jung there are disparities which it is hard to reconcile; and, if, as Abenheimer appears to suggest, my



views have the effect of to some extent mitigating such disparities and providing a measure of common ground upon which the two traditions may meet, then it seems to me a very happy circumstance. I cannot say, however, that I entertain any regrets over the fact that my researches have been conducted under the auspices of the Freudian rather than the Jungian tradition. When I first became interested in problems of psychopathology, I had no controversial axe to grind; and if, on reaching the cross-roads of thought, I chose to follow the path mapped out by Freud instead of that mapped out by Jung, this was certainly not because I considered Freud invariably right and Jung invariably wrong. It was because, on comparing Freud's basic conceptions with those of Jung, I found the former incomparably more illuminating and convincing, and felt them to offer an infinitely better prospect of solving the problems with which psychopathology is concerned. If some of the conclusions which I have subsequently reached involve no inconsiderable divergence from Freud's views, I still feel that, in taking Freud's views as my starting-point, I was building upon a more solid foundation than would otherwise have been the case.

Abenheimer's two major contentions already mentioned are supplemented by three general criticisms of my approach to psychopathological problems. These may be conveniently summarized to the following effect: (1) that, in so far as my approach conforms to scientific criteria, the conclusions which I have

reached are in many respects erroneous; (2) that my approach is not really scientific at all, but pseudo-scientific; and (3) that, in attempting to adopt a scientific approach to the problems of psychopathology, I am barking up the wrong tree, since the inherent nature of all psychological disciplines is interpretative and evaluatory, and not 'scientific' in the sense in which this term applies to the natural sciences. Such a combination of criticisms, based as it appears to be on the 'Heads I win, tails you lose' principle, constitutes rather a formidable proposition for the defence; but I shall do my best to defend my views by attempting to answer some of Abenheimer's more detailed criticisms.

Before proceeding to this task I feel it desirable to draw attention to a fundamental feature of my general theory, viz. that it is essentially a theory of *dynamic structure*. I do not, however, regard the *developed* psyche as a *single* dynamic structure. I regard it as composed of a multiplicity of dynamic structures falling into two classes: viz. (1) ego-structures, and (2) internal objects. Further, I conceive the internal objects as owing their ultimate origin to a process of introjection, and as constituting internal structural representatives of emotionally significant aspects of persons upon whom the subject depended in early life. It may be added that the terms 'ego-structure' and 'internal object' are employed in an antithetical sense, and that '*an internal object*' may be defined as '*an endopsychic structure other than an ego-structure, with which an*

*ego-structure has a relationship comparable to a relationship with a person in external reality’.*

I also feel it desirable to give some preliminary indication of the meaning which I attach to the term ‘libido’. This term is employed by Jung in a comprehensive sense which covers all psychical dynamic, and thus includes aggression. By contrast, I agree with Freud in regarding aggression as incapable of being resolved into libido; and, although I no longer feel able to accept Freud’s dualistic instinct-theory (or any other instinct-theory for that matter), I continue to accept Freud’s view that libido and aggression constitute the two primary dynamic factors in mental life. I only do so, however, with the proviso that libido is the more fundamental factor, and that aggression is subsidiary to it; and in a recent article (1952a) I have tried to clarify my position by describing libido and aggression as representing respectively ‘a libidinal factor’ and ‘an antilibidinal factor’ (p. 122). It will clarify my position still further if I add that I regard aggression as essentially a tendency called into operation in the setting of libidinal situations involving frustration or rejection, viz. ‘bad object’ situations. So far as concerns the positive meaning which I attach to the term ‘libido’, I have formulated this on several occasions; but I shall choose the following formulation for quotation here — ‘The real libidinal aim is the establishment of satisfactory relationships with objects; and it is, accordingly, the object that constitutes the true libidinal goal’ (1952b, p. 138). The

context of this quotation is one in which I contrasted my conception of the libidinal aim with Freud's conception of libidinal aims framed in terms of erotogenic zones; and one of my contentions was that the putative libidinal aims described by Freud are not really aims at all, but modes of dealing with objects. In the interests of this contention I further expressed the view that the zones in question should properly be regarded as bodily organs which serve as channels whereby *personal* aims may be achieved. It should be added that, whilst I regard sexual aims as essentially personal, it does not follow that I regard personal aims as necessarily sexual. My general position is that, from a psychological standpoint, all aims must be regarded as personal, and all forms of object-relationship as libidinal. Viewed from this standpoint, libido is more comprehensive than sex; and I should define 'libido' as '*the object-seeking principle*'.

After these preliminary observations I shall now attempt to reply to Abenheimer's more detailed criticisms; and, in doing so, I shall preserve his main headings in the hope that this procedure will serve the convenience of the reader.

## **THE FACTUAL BASIS OF THE OBJECT-RELATIONS THEORY**

The first of Abenheimer's (1955) statements with which I shall deal specifically is that in which he says: 'Fairbairn's "dynamic structures" are exactly what Jung has described as complexes' (p.

30). This statement seems to me astonishingly wide of the mark; for a general survey of his writings reveals that Jung has employed the term 'complex' in a number of senses which are completely at variance with the meaning which I attach to the term 'dynamic structure'. Take, for example, (1) the passage in which he speaks of 'the same unconscious complex' being 'constellated in two people at the same time' (1928a, p. 125); (2) that in which he speaks of 'unconscious impulses' becoming 'autonomous complexes' under the influence of repression (1917, p. 377); (3) that in which he uses the phrase 'one or other basic instinct, or complex of ideas' (1928b, p. 74); and (4) that in which he states "With complexes the respiration is inhibited as compared with the respiration with indifferent associations' (1918b, p. 548). Consider also his use of such phrases as 'the money complex' (1918b, p. 254) and 'the complex of Christianity' (1928a, p. 258), and his statement that 'God is the name of a representation-complex which is grouped round a strong feeling (the sum of libido)' (1918a, p. 95).

In the light of such examples of Jung's use of the term 'complex', it becomes evident that he endows the term with a number of different meanings which have nothing in common with that of my concept of 'dynamic structure'. Such meanings include those of (1) 'impulse', (2) 'instinct', (3) 'concept' (e.g., 'God' as a 'representation-complex'), and (4) what A. F. Shand has described as 'sentiment' (e.g., 'the complex of Christianity'); and the fact that

Jung employs the term 'complex' in so many different senses can only be regarded as robbing the term of any specific meaning, and thus rendering it almost meaningless to any investigator who attaches value to coherent conceptualization. The resulting confusion is only rendered more confounded by Jung's use of the term 'complex' with an additional meaning in the passages from his *Allgemeines zur Komplextheorie* which Abenheimer (1955) cites in a footnote, and in which Jung speaks of the 'structuralization of the unconscious through complexes' (p. 30) and states that there is no essential difference between 'complexes' and 'part-personalities'. The meaning attached to the term 'complex' in these latter passages certainly approximates in some measure to the meaning which I attach to the term 'dynamic structure'; but that this approximation is more apparent than real will become obvious in the light of the following considerations. In the first place, it would appear that, according to Jung, there is no limit to the number of complexes which may become established in the psyche, whereas the number of dynamic structures which I describe is not only strictly limited, but specific, and I explain how it comes about that a specific number of such structures is differentiated in the course of development. Secondly, there is no place in Jung's theory for a dualistic classification of complexes comparable to my division of dynamic structures into two classes, viz. 'ego-structures' and 'internal objects'. Thirdly, a complex is by definition 'incompatible with the

habitual state and attitude of consciousness' (Abenheimer 1955, p. 30), whereas among the ego-structures which I describe there is one, viz. 'the central ego', which is characteristically conscious. It will thus be seen that, even if the meaning conferred upon the term 'complex' when it is used by Jung in the sense of 'part-personality' is considered in isolation from the other meanings conferred upon it in his writings at other times, it is still very different from the meaning attached to my concept of 'dynamic structure'; and — what is perhaps even more significant — the part played by dynamic structures in my theoretical system as a whole is quite different from that played by complexes in Jung's general theory of mental life.

In his criticism of my account of 'the origin of the inner world', to which I shall now turn, Abenheimer (1955) states that this is 'a rational construction unsupported by clinical data' (p. 31). In reply, all I can say is: (1) that, since it professes to be a scientific account, I sincerely hope that it is rational, and (2) that it is certainly not unsupported by clinical data. The essay containing my main account of the origin of the inner world is that entitled 'Endopsychic Structure Considered in Terms of Object-Relationships' (1944; see also 1952b); and, if, in this paper, limitations of time and space did not permit me to give an adequate account of the various clinical data upon which my views on the subject were based, at any rate I undertook a very detailed study of a dream recorded by a patient whose case provided me with the opportunity to formulate my

revised conception of psychical structure, and this study was related to the clinical facts of the case. Unfortunately, the present occasion does not lend itself to a more comprehensive assembling of clinical data. So perhaps the most I can do is to ask my critics to believe that my theories are not cobwebs spun in the retreat of the philosopher's study, but are based upon daily experience of human beings 'with their hair down' (more or less) in the analyst's consulting-room, as well as upon more general psychiatric experience, especially with cases of the war neuroses. I must add, however, that the only justification which I seek for my views is their capacity to explain and promote an understanding of clinical material.

Of Abenheimer's (1955) three more detailed criticisms of my account of the origin of the inner world, the first is embodied in the statement: 'Many of the acts of splitting which Fairbairn postulates are by necessity mere conjecture because they are supposed to happen at a time of life before exact clinical observation is possible' (p. 31). This appears to me to embody an extraordinary form of criticism, in reply to which it seems sufficient to adduce two considerations. In the first place, if it is impossible for valid inductive inferences to be drawn regarding events leading up to those which are actually observed, it is high time that the sciences of astronomy and geology were liquidated. In the second place, it is quite arbitrary to say that there is any period of life at which exact



clinical observation is impossible (and it may perhaps be added that it is quite on the cards that an analyst may also be a parent).

Abenheimer's second criticism of my account of the origin of the inner world, viz. that 'It contradicts the findings and observations of Jung and his followers' (p. 31), need not detain us; but some attention must be devoted to his third criticism, to the effect that the account 'is at variance with a number of assumptions which Fairbairn makes himself' (p. 31). The 'assumptions' in question appear to resolve themselves into a single assumption — 'that our psychological life starts with a "primary identification" of ego and objects' (p. 31); and Abenheimer considers it inconsistent with this 'assumption' that I should regard internal objects as originating through a specific process of introjection or incorporation. According to his view, 'when describing the psychological cosmos of the infant it is meaningless to speak of an internal and an external world' on the grounds that 'both are hopelessly mixed up' (p. 31). I should explain, however, that, when I speak of a 'primary identification' of the child's ego with external objects, I do not understand this in the sense of a confusion between the internal and the external world. According to my view, identification is a *specific* process which is *affective* rather than cognitive, and which is essentially active. It was under the influence of this process that a patient said to me recently: 'I feel that your stomach is my stomach.' The dynamic behind this remark may be best appreciated in the light of the remark which

immediately preceded it, viz. 'I feel that I possess you.' In other words, *the dynamic of identification is a need*, and this holds true no less of primary than of secondary identification. In reality, the child and the mother with whom he identifies himself in the first instance are quite separate individuals; and the sense of identification is thus a pure illusion on the part of the child — an illusion which has its source in his need of his mother, and which is both produced and sustained by the dynamic of his need.

At this point I feel it necessary to draw attention to Abenheimer's statement: 'All ego needs are experienced in the image of the corresponding object' (p. 31) This categorical statement seems to me to provide an example of confusion between psychological issues on the one hand, and philosophical and epistemological issues on the other. It belongs in no small measure to the same realm of philosophical speculation as the theories of Bishop Berkeley, who abolished the physical world except as an idea in the mind of God, and of David Hume, who abolished all knowledge except that of subjective experience. It also appears to encroach upon the more strictly epistemological field in so far as it involves the question how far it is possible to have direct experience of outer reality. Be this as it may, it seems to me arbitrary to assume that the need of an object cannot be experienced directly, but only indirectly, through an image of the object. From what we know of animal psychology it is extremely doubtful whether the capacity to form an image belongs to

more than a handful of species at most. Yet it is impossible to deny to animals as a whole the experience of need of an appropriate object. However, these questions are not really relevant to the particular conception of inner reality which I have formulated; for the internal objects which I have described are *not* images, as Abenheimer would appear to have wrongly assumed.

It can only be as the result of his confusing ‘internal-objects’ with images that Abenheimer is led to register the conclusion — ‘One need not assume special acts of incorporation or introjection in order to explain internal objects. Objects belong from the start wholly or partially to the internal world’ (p. 31). As I have already indicated, the ‘internal objects’ which I describe are in no sense images — albeit images *of* internal objects are common enough, being part of the stock-in-trade of dreams and phantasies. I have already earlier in this paper defined ‘an internal object’ as ‘an endopsychic structure other than an ego-structure, with which an ego-structure has a relationship comparable to a relationship with a person in external reality’; and this can in no sense be regarded as a definition applicable to an image. I have also earlier in this paper described internal objects ‘as constituting internal structural representatives of emotionally significant aspects of persons upon whom the subject depended in early life’ — to which it should be added, by way of further explanation, that these internal representatives undergo considerable elaboration and distortion at

the instance of the individual's own needs and emotions. The point of this description is to indicate that 'internal objects', so far from being mere images, are specific structures established within the psyche under the influence of the vicissitudes of personal relationships during the most formative period of life as the result of ego-activity serving specific purposes in the economy of the psyche. I have already attempted to describe at length elsewhere the circumstances which lead to the establishment of 'internal objects' and the motives which lead to their establishment (1952b); and I see no occasion to repeat my description here. I feel it desirable, however, to stress the fact that, in the light of the circumstances which I have described, it *is* necessary to postulate 'special acts of incorporation or introjection in order to explain internal objects' (p. 31). The incorporation or introjection of a representative of the original object is a purposive activity motivated by the need to make external reality appear more tolerable. As a patient said to me recently: 'If I hadn't taken the bad aspects of my mother inside me when I was a baby, I should never have been able to feed at all.' I would also remind the reader that, as I have previously pointed out (1952b), the process of incorporating a representative of the problem-object does not really solve the problem presented by the object, but merely transfers the problem to the realm of inner reality, where it still remains to be dealt with. I have likewise described in detail the processes whereby the child attempts to deal with the

resulting internal problem, and have provided arguments to support the view that the first technique employed by the child in this attempt is the splitting of the original internal object into three, and only three, objects. I have also shown how the splitting of the internal object into three objects leads to the splitting of the ego into three, and only three, ego-structures (1952b). I cannot, therefore, accept a further conclusion of Abenheimer's (1955), viz. that 'one need not assume special acts of splitting to explain the multiplicity of ego-structures' (p. 31); for I feel that I have already provided good reason for believing that it is necessary to infer the occurrence of such special acts of splitting. At this point a further consideration arises; for it is evident in the light of further statements on the part of Abenheimer that he adopts an atomistic view of the original psyche, thus sharing with Freud aspects of the latter's theories with which I have found it impossible to agree, and which he (Abenheimer) himself professes to deprecate. As an example of such a statement I may quote the following: 'From the start ego elements are symbolized by the variety of objects with which they are in relationship and these ego elements are not yet integrated but often in conflict with one another' (p. 31). Contrary to what is implied in such a statement, it is inherent in my conception that the ego is an integrated structure at the outset, and that it is only under the influence of stress which proves too great for the innate capacities of the ego to meet that disintegration occurs. Such a conception is in

conformity with the trend of contemporary biological science, in terms of which the organism in all its aspects is conceived as a patterned structure which functions as a whole in the absence of disintegrating influences.

In discussing my general scheme of the development of object-relationships, which is intended to replace Abraham's scheme of libidinal development, Abenheimer states:

Fairbairn only speaks of two types of object relation, infantile dependence and mature dependence, and we remain very much in the dark about how the transition from the one to the other comes about. He ignores the fact that the tendencies to have independent power, both material and male power, play a decisive part in this, and that independence is also a form of object relation, (p. 31-32)

To discuss the whole context in which this statement occurs would be too complicated a task; but, as regards the statement itself, I feel justified in claiming that I have made some attempt (1952b) to describe how the transition between infantile dependence and mature dependence is effected (with, of course, varying degrees of success). The relevant point would appear to be that, whilst I regard the stage of infantile dependence as characteristically oral and the stage of mature dependence as characteristically genital, I also regard what Abraham described as the earlier and later anal phases and the phallic phase as reflecting the operation of *alternative defensive techniques* adopted during the transitional stage. These anal and phallic techniques would appear to correspond to what Abenheimer

(1955) describes as ‘the tendencies to have independent power, both material and male power’ (p. 32); and I do not think it is true to say that I ‘ignore’ the importance of the part which they play in the attempt to achieve emancipation from infantile dependence and establish ‘independence’ in the sense of a capacity for mature relationships. For, contrary to what Abenheimer suggests, I do regard true ‘independence’ as involving object-relations, albeit the ‘sham independence’, to which Abenheimer also refers, is in my view a characteristic product of an exploitation of the anal and phallic techniques. If anal techniques tend to be exploited earlier than the phallic technique, I regard this as due, not to the temporal priority of ‘an anal phase’, but to the circumstances of childhood, which characteristically dictate that the child’s efforts to achieve emancipation from dependence are challenged earlier in the excretory than in the sexual sphere.

In commenting upon my views regarding the relation of repression to aggression, Abenheimer expresses difficulty in understanding what I mean when I say that aggression is the dynamic of repression. “What people experience with regard to the repressed contents’, he writes, ‘is fear, disgust, shame, flight and only sometimes aggression’ (p. 34). That may very well be; but, where repression is concerned, it is not a question of what people ‘experience’, since repression is an unconscious process. It is a question of the unconscious dynamic involved; and a sufficiently

deep analysis always reveals that underlying the reactions of fear, disgust, shame and flight, of which Abenheimer speaks, there is always an element of hate and aggression. The presence of such hate and aggression seems to me to provide the best explanation of that active rejection of internal dynamic structures which I have described as the essential feature of repression — a description which Abenheimer himself characterizes as ‘a fundamental insight’. As regards Abenheimer’s criticism that my use of the word ‘aggression’ in the substantival (as against the adjectival) form is inconsistent with my rejection of the hypostatization of ‘libido’ and ‘aggression’ as separate and independent ‘instincts’, I may say that I am entirely at one with him in favouring the preferential use of the adjectival forms of these terms; but deference to economy of verbal expression makes it difficult always to avoid the use of the substantival forms. After all, abstract nouns play an essential part in all rational thought; and I would not care to accuse Abenheimer of hypostatization simply because he speaks of ‘fear, disgust, shame and flight’ in the passage just quoted. I do, however, consider that to speak of libido and aggression as specific ‘instincts’ is to be guilty of hypostatization.

In his discussion of my scheme of psychopathological classification, Abenheimer asks why I do not include the defence of hypomanic or manic denial in my description of the characteristic defensive techniques of the transitional stage (obsessional, paranoid,



hysterical and phobic); but I have already provided a brief answer to this question, as the following quotation from my book will show — ‘It must be recognized, of course, that associated with both the schizoid and the depressive state there may exist certain more or less *specific defences*, which are called into operation by the state itself rather than by the conflicts underlying it; and, where the depressive state is concerned, the *manic defence* may be cited as an outstanding example. Such specific defences appear to be called into operation when the *non-specific techniques* just mentioned (viz. the obsessional, paranoid, hysterical and phobic techniques) have failed to achieve their purpose of defending the ego against the onset of a schizoid or depressive state’ (1952b, p. 30).

Abenheimer has also some comment to make on my conception of the paranoid technique as characterized by an internalization of the accepted object and an externalization of the rejected objects. ‘This’, writes Abenheimer, ‘describes the final phase of the paranoid development but one can argue that an earlier phase when the rejected objects are internalized is much more important and characteristic of the paranoid technique’ (1955, p. 35). My answer to this comment is made easier by Abenheimer himself when he goes on to say: ‘In all psychopathological conditions rejected objects or rejected ego complexes are part of the internal world’ (p. 35). His own inference from this fact is that ‘the paranoid technique seems more basic and ubiquitous than the other three or four techniques’ (p.

35). From my point of view, however, the mere presence of persecuting objects in the internal world does not suffice to constitute a paranoid attitude. It is a universal phenomenon; and in no psychopathological condition is the presence of internal persecuting objects more characteristic than in the hysterical state. What characterizes the paranoid technique is the specific method adopted to deal with this situation, viz. projection of these rejected objects into the external world, accompanied by retention of the accepted object in the internal world; and it is only when this technique is adopted on a major scale that a specifically paranoid attitude develops.

## **THEORETICAL OBJECTIONS TO THE THEORY**

I find it no easy task to reduce Abenheimer's theoretical criticisms of my views to a sufficiently concise form to enable me to reply within the limits of this paper. His general line of criticism may, however, be indicated by two quotations. The first of these reads:

In spite of clearly realizing that analytical psychology cannot be based, as Freud tried to do, on physiology, Fairbairn still believes that analytical psychology is a natural science and he therefore tries to reduce the variety of individual experience to abstract general terms which should enable him to formulate general natural laws and a general scientific theory. My argument is that analytical psychology is not a natural science but belongs to ... the interpretative human studies [moreover] Fairbairn's general

terms are not scientific concepts [and that] therefore his far-reaching abstractions lack justification, [pp. 35-36]

Here I may comment that it would be truer to say that I regard analytical psychology (psychoanalysis) as *a scientific discipline* than that I regard it as ‘a natural science’. In other words, I regard it as providing a legitimate field for the harnessing of scientific method to the task of exact conceptualization. At the same time I do not consider it either necessary or desirable for the analyst who aspires to be scientific to adopt the particular method appropriate to *physical* science. Thus I consider that, as in the case of all forms of psychological research, the investigations of psychoanalysis should be conducted at the level of personality and personal relations. However, it will be noted that I am accused by Abenheimer not only of being scientific, but also of being unscientific — ‘the general terms which Fairbairn uses are not scientific concepts’ (p. 36). These two conflicting lines of criticism also find expression in the second passage from Abenheimer’s paper which I feel it desirable to quote in the present context:

Fairbairn’s use of general abstractions perpetuates the isolating Freudian approach which he sets out to overcome. They treat qualitative and valuating statements as if they were quantitative factual ones, and they pretend to provide comprehensive general insights when the only general thing is the word which is used, a word which acquires meaning only if the reader furnishes it with a meaning which changes each time the word occurs. [p. 38]

It would thus appear that Abenheimer takes exception not only to systematic conceptualization within the psychological field, but also to the fact that the resulting concepts possess the abstract nature characteristic of concepts as such. I confess, however, that the whole intention of my theoretical papers was to provide a general conceptual framework for the better understanding of psychopathological phenomena. The conceptual framework which has resulted assumes the form of a revision of classic psychoanalytical theory; and it is the relative absence of just such a conceptual framework in Jung's writings that seems to me to constitute their chief weakness.

Abenheimer's general criticism of my attempts at conceptualization is supplemented by a more detailed criticism of certain terms which I employ (albeit terms which I did not originate). Thus he takes exception to my adoption of the term 'object' in the sense in which it has come to be understood through the researches of Melanie Klein and her collaborators. His objection appears to be largely based on the grounds that, since the 'objects' with which (on my own contention) the subject seeks to establish relationships are persons, the word 'object' is too impersonal to be appropriate. It must be remembered, however, that, whilst it is fundamentally with persons that the individual seeks to establish relations, the vicissitudes of emotional life lead to the establishment of 'internal objects' which, albeit personal, are not persons, e.g., the breast.

These vicissitudes also lead to the cathexis of innumerable other objects which are not persons, and which may be either animate or inanimate, in the external world. The ‘transitional objects’ described by Winnicott (1953) fall conspicuously into this category. Apart from teddy-bears and the like, however, there are also such concrete objects as totem-poles and such abstract objects as the State. It seems necessary, therefore, to have some comprehensive term to cover all these ‘objects’ (I can think of no other term to include them all). If Abenheimer does not like comprehensive terms because the reader has to supply the more specific meanings demanded by particular contexts, all I can do is to regret it; for in the absence of such comprehensive terms systematized knowledge seems to me impossible.

Abenheimer also criticizes my classification of objects, in its progress from the distinction between ‘good’ and ‘bad’ objects (borrowed from Melanie Klein) to the distinction between ‘exciting’ and ‘rejecting’ objects. His criticism seems largely based on the consideration that such classifications reflect the vagueness of the qualitative judgements of infants about their objects. This criticism, incidentally, seems inconsistent with one of his objections to my use of the term ‘object’ itself — an objection to the effect that, since the primitive mind is animistic, the word ‘object’ is not animistic enough to do justice to the subjective aspect. So the position in which I now find myself is one in which, having just sought to vindicate my use

of the term 'object', I feel it necessary to emphasize the supreme importance which I attach to the subjective aspect of psychological phenomena. It would appear that, for Abenheimer, the only alternatives open to the psychologist are (1) a purely objective 'scientific' psychology of the nature of Behaviourism and (2) a non-scientific and evaluatory discipline. Any professedly scientific psychology which takes account of the subjective factor would seem to be only 'imitation science' in his eyes. I do not accept this position, but consider it to be not only possible, but essential in the interests of theoretical understanding, to take full account of the subjective factor. Indeed, in psychology it would be unscientific to do otherwise, because it would involve ignoring by far the most important data. Thus, in my opinion, the fact that the classification of objects into 'good' and 'bad' reflects a qualitative infantile judgement is no objection to its adoption for purposes of scientific description, since what is being described is a state of things actually existing in the unconscious, which remains infantile throughout life. The concepts of 'exciting object' and 'rejecting object' are, of course, somewhat more objective; but the differentiation of these objects in the inner world, as I have described it, reflects a process which actually occurs under the influence of subjective infantile judgements. The fact that it occurs under this influence does not affect the fact that it occurs; and I consider it essential in the interests

of scientific accuracy that it should be described as it actually does occur.

‘Relation’ is another term to the use of which Abenheimer takes exception. Actually ‘relationship’ is the term I more commonly use; but that is only by the way. He describes ‘relation’ as ‘an omnibus term’ which means ‘practically nothing’; and he regards my use of it as evidence that my adoption of a scientific method contradicts my intention of overcoming the atomism of Freud’s approach to psychology. Such objections strike me as singularly inept. The terms ‘relation’ and ‘relationship’, as I use them, are *intended* to be abstract and comprehensive. They represent a general concept which seems to me indispensable. It is precisely the primary importance which I attach to this general concept, together with my adoption of the equally general concept of ‘dynamic structure’, that differentiates my point of view from that of classic psychoanalytical theory, and that, as I hope, provides a means of overcoming the limitations imposed by the atomistic element in Freud’s approach to psychological problems. It does not follow, however, that my adoption of the general concept of ‘relation’ or ‘relationship’ precludes the description of relationships with more specific content; and in the paper (1952b) in which I formulated my theory of mental structure, and incidentally my concepts of ‘the exciting’ and ‘the rejecting’ object, I made a detailed study of the specific object-relationships of a patient whose dream I recorded. Indeed it was on

the basis of this detailed study that my theory of mental structure was elaborated.

Under the heading, 'Fairbairn's method does not lead to the finding of natural laws', Abenheimer (1955) criticizes my formulation of the four techniques of the transitional stage as 'just a play with words' (p. 38). As he quite correctly points out, I differentiate the four techniques (obsessional, paranoid, hysterical and phobic) on the basis of a permutation and combination of the four factors, 'accepted object', 'rejected object', 'internalization' and 'externalization'. This he regards as 'obviously too good to be true'; but, apart from being tempted to remark 'How good if it were true', I do not consider that he has grasped the real significance of the differentiation. In the first place, he does not appear to have understood that I regard the processes of internalization and externalization as essentially unconscious, although their effects are, of course, experienced consciously to a varying degree. Secondly, he does not appear to have recognized that the accepted and rejected objects are essentially internal objects. Thirdly, he does not appear to have appreciated that the techniques which I describe are *only techniques*, and that the objects in question remain internal irrespective of whether they are *treated* as internal or external. Thus I have no difficulty in agreeing with Abenheimer that 'even the paranoiac who populates the whole external world with persecutors ... is unconsciously still full of inner attackers' (p. 38). The fact



remains, however, that as the result of the unconscious adoption of a specific technique he treats the inner attackers as if they were external in spite of the fact that they are not. I cannot help agreeing with Abenheimer also when he remarks that ‘the obsessional tries to control with his obsessions not only internal, but also external evil’ (p. 39); for, when I describe the obsessional technique as one in which the rejected objects no less than the accepted object are treated as internal, I imply that the obsessional tends to treat *even his external objects* as if they were internal, viz. as on a par with his own faeces, which become for him the symbols of his objects. Whilst feeling unable to accept Abenheimer’s criticism of my formulation of the transitional techniques, I should like, however, to assure him of the value which I attach to his clinical comments upon the obsessional, the paranoid, the hysterical and the phobic individual; and I may add that I am very far from claiming that my differentiation of the four techniques in question represents an exhaustive description of the respective psychopathological states to which they give rise.

The concluding section of Abenheimer’s paper is devoted to an exposition of the theme that analytical (dynamic) psychology is essentially an interpretative and evaluatory discipline, and that it accordingly ‘belongs to the human studies, not to the natural sciences’ (p. 39). Thus, according to Abenheimer, analytical

psychology is an empirical study concerned with the 'content of mental acts'.<sup>1</sup>

The subjective contents which we observe [he writes], are neither a direct representation of the objective scientific reality nor in any other sense something scientific but they are naive spontaneous imaginings and interpretations of the situation, mainly in terms of motivation, by ordinary unscientific people. ... Therefore the research methods of dynamic psychology are more akin to those of the interpretative human studies of history or philology than to those of the sciences. In particular the experiment plays no role in this type of psychology... The purpose of the experiment is the elimination of the subjective elements in the observer and the isolation of those causal connections which one wants to study. Our type of psychology depends entirely on the presence of the subjective elements in the observer. Only because the observer is ... a fellow-man who potentially can experience the same psychological contents for the same reason as the subject whom he observes, can he understand the person he studies. ... Our form of psychology deals with the naive and pre-scientific apperception of self and the world. ... The infantile and diseased personality apperceives the self and the world in animistic and mythological terms, yet the mature and healthy personality, too, can achieve unity only in such terms. Dynamic psychology is the study of that mythology in and through which we actually live. [pp. 39-40]

I must apologize for the length of this quotation; but it seems desirable to bring a comprehensive statement of Abenheimer's general standpoint into the same context as what I have to say about my own standpoint in relation to his. In terms of the point of view which Abenheimer adopts, his criticism of my views is that, whilst my subject-matter belongs to the human studies, my method

‘displays all the faults which all analytical psychology displays which tries to present its findings in terms of science’ (p. 39). The best reply which I can make to this criticism is to make a brief statement of my own point of view in the matter; and I am glad to have this opportunity to do so. Possibly Abenheimer will find that in some respects I am more in agreement with him than he has realized.

My conception of science is that it is essentially an intellectual tool and nothing more. I do not regard it as in any sense providing an (even approximately) accurate picture of reality as it actually exists, still less a revelation of ultimate truth; and, if asked to define the nature of scientific truth, I should describe it as simply *explanatory truth*. It thus rather surprises me when Abenheimer speaks of ‘objective *scientific* reality’ (present author’s italics) in contrast to ‘subjective content’; for I do not regard objective reality as in any sense ‘scientific’. *The picture of reality provided, by science is an intellectual construct representing the fruits of an attempt to describe the various phenomena of the universe, in as coherent and systematic a manner as the limitations of human intelligence permit, by means of the formulation of general laws established by inductive inference under conditions of maximum emotional detachment and objectivity on the part of the scientific observer.* Where psychological science is concerned, a certain difficulty arises owing to the fact that the subjective aspects of the phenomena studied are as much part of the phenomena as the objective aspects, and are actually more important;

and the subjective aspects can only be understood in terms of the subjective experience of the psychologist himself. The psychologist is thus involved in the difficult task of adopting as detached and objective an attitude as possible to his own experience, as well as to that of those whom he observes. Where psychoanalysis is specifically concerned, an attempt is made to ensure maximum detachment and objectivity on the part of the analyst by means of the practice whereby the analyst seeks to acquire maximum insight through subjecting himself to analytical investigation. Under the control of an analyst so equipped, the analytical session may be regarded as satisfying all the requirements of a valid scientific experiment. In a recent paper I tried to indicate the reasons for considering this to be so, as also for regarding the psychoanalytical technique as in itself a valid experimental method (1952a, pp. 122-127).<sup>2</sup> Considerations of space forbid my repeating my argument here; but it does seem desirable to remind the reader of my statement, 'A true estimate of the scientific standpoint can only be reached after the full significance of the concepts of "transference" and "inner reality" has been appreciated' (1952a, p. 126). It can hardly escape notice that the two concepts in question are conspicuous by their absence in Abenheimer's discussion of my views; and his ignoring of the phenomenon of 'transference' in particular seems to me to impose a serious limitation upon the standpoint from which his criticism of my views is launched.

Having said so much, I now feel it necessary to return to my earlier statement that ‘my conception of science is that it is essentially an intellectual tool, and nothing more’. It is possible, of course, to make this intellectual tool the basis of a philosophy of life — and even of a form of religion; and there is a prevalent tendency in the age in which we live, especially among the intelligentsia, to exploit science in this way. However, I do not happen to be one of those who adopt such an attitude. It seems to me obvious that the analyst is not primarily a scientist, but a psychotherapist; and it seems equally obvious that the adoption of a psychotherapeutic role ipso facto involves a departure from the strictly scientific attitude. As already noted, the only value recognized by science is an *explanatory* value. Thus from the scientific standpoint there is nothing ‘better’ about being free from symptoms than about being hag-ridden by them, nothing ‘worse’ about being depressed than about being happy. The adoption of a therapeutic role, accordingly, involves the acceptance of human values other than the explanatory value which is the sole value accepted by science.<sup>3</sup> This applies, of course, even within the realm of ordinary medicine. A good doctor is not just a person well orientated in scientific medicine, albeit under present-day conditions there is a well-marked tendency to base medical education upon this assumption; and indeed proficiency in medical science is no guarantee of proficiency in the art of medicine — if only because the human touch may well be lacking, and the

patient regarded as something less than a person with whom the doctor is in a human relationship. On the other hand, there are many good doctors whose knowledge of scientific medicine cannot be rated very high. Few of us, however, would care to be treated by a doctor who disputed the value of scientific medicine; for scientific knowledge is a valuable if not actually indispensable tool in the doctor's hands. A similar situation exists where psychotherapy is concerned. The adoption of a scientifically based psychology is admittedly not enough to make a good psychotherapist; and indeed it may even be a disqualification if it is accompanied by a disregard of nonscientific human values. On the other hand, it is the verdict of history, and particularly of religious history, that effective psychotherapy can take place in the absence of all scientific knowledge. Whilst this is so, however, a scientifically based and explanatory psychological system is a tool of inestimable value in the hands of the psychotherapist; and I for one should not like to practise psychotherapy without having such a tool at my disposal, since, without it, I should feel that I was working in the dark. Such a system has all the validity of scientific truth. However, it is also subject to all the limitations of scientific truth; and its usefulness does not affect my conviction that it should be regarded as *simply a tool* in the hands of the psychotherapist, and that, apart from such inherent justification as it may possess as a means of satisfying curiosity, it can only be justified in so far as it is made to serve

human and personal values transcending any purely scientific value. Personally I consider that a psychology conceived in terms of object-relations and dynamic structure is more compatible with the recognition of such human and personal values as psychotherapy serves than is any other psychology hitherto available. It is not for this reason that I have adopted such a psychology, but for the purely scientific reason that its correspondence to the facts and its explanatory value seem to me greater than those of any other psychology, e.g., a psychology conceived in terms of 'impulse' and 'instinct'. At the same time, its relative compatibility with the existence of values other than the purely scientific and explanatory seems to me an added recommendation; for, in the last resort, one must believe that all aspects of human life must be capable of some ultimate reconciliation, or at least be free from irreconcilable incompatibility.

It should be clear from what has now been said that, whilst I attach extreme importance to scientific truth, I do not regard it as representing in any sense an ultimate value; and, within the psychotherapeutic field, I regard it as subordinate to the human and personal values which psychotherapy serves. I consider further that what is sought by the patient who enlists psychotherapeutic aid is not so much health as salvation; and I submit this consideration in no sense as an opinion, but as an objective statement of fact.<sup>4</sup> What the patient seeks is above all salvation from his past, from bondage to

his (internal) bad objects, from the burden of guilt, and from spiritual death. His search thus corresponds in detail to the religious quest; and in this connexion I cannot refrain from recording the opinion (and this time it is only an opinion which I submit) that psychoanalytical treatment achieved better therapeutic results when psychoanalysis was more of a religion than it is today, and when those who practised it really believed that it could provide the answer to every human problem. Thus I do not feel disposed to challenge Abenheimer's (1955) claim that whilst 'the infantile and diseased personality apperceives the self and the world in animistic and mythological terms', yet 'the mature and healthy personality, too, can achieve unity only in such terms' (p. 40). I seem to differ from him, however, in my assessment of the part played in the therapeutic process by the relationship of the patient to the analyst, and more particularly by the specific transference-situation. For I am convinced that it is the patient's relationship to the analyst that mediates the 'curing' or 'saving' effect of psychotherapy. Where long-term psychoanalytical treatment is concerned, what *mediates* the 'curing' or 'saving' process more specifically is the development of the patient's relationship to the analyst, through a phase in which earlier pathogenic relationships are repeated under the influence of transference, into a new kind of relationship which is at once satisfying and adapted to the circumstances of outer reality.



## Notes

1. Here it may be remarked that, if Abenheimer really believes that analytical psychology is solely concerned with the *content* of mental acts, it is easy to understand his difficulty in attributing any great validity to views like my own, conceived as these are in terms of dynamic *structure*.
2. Similar reasons had previously been indicated by H. Ezriel (1951).
3. That the scientifically 'neutral' principles of psychoanalysis can be harnessed as easily to pathogenic as to therapeutic aims is convincingly illustrated in Bridget Boland's play *The Prisoner*, which was recently being presented to British audiences.
4. In this connexion it is interesting to recall that the Latin '*solus*' means not only 'health' but also 'salvation'.

## **Reevaluating Some Basic Concepts**

### **INTRODUCTION**

In what follows an attempt is made to evaluate critically certain basic psychoanalytical conceptions which were originally formulated by Freud, and which have hitherto been accepted by psychoanalysts more or less without criticism. The conceptions in question are (1) Freud's libido-theory, (2) his theory of instincts, and (3) his theory of the mental constitution framed in terms of the id, the ego, and the superego. Some preliminary criticism of the reductive method employed by psychoanalysis is also offered. Whilst the approach of the writer is essentially psychoanalytical, it is hoped that the attempted evaluation will not be without relevance from the standpoint of the philosophy of science.

### **REDUCTIVE METHOD**

At the outset it is perhaps worth drawing attention to the anomaly involved in any attempt to assess the validity of psychoanalytical conceptions from a philosophical standpoint. Historically, it has been the accepted function of philosophy to offer an explanation of the nature and meaning of the Universe in ultimate terms; and it has thus fallen within its province to evaluate and relate to one another the

conclusions of all the other intellectual disciplines, among which psychoanalysis has latterly assumed a place. Yet, whilst the traditional claim of philosophy to the status of an ultimate evaluatory discipline can hardly be said to have been abandoned despite recent changes of outlook engendered by the growth of the scientific spirit, psychoanalysis has lodged a rival claim to provide an explanation of the motivation of all human activities, including that represented by philosophy itself. Thus the characteristic psychoanalytical approach to philosophy was succinctly described by Freud (1901 [1914]) when he wrote, “We venture ... to transform *metaphysics* into *metapsychology*’ (p. 309).

From the classic psychoanalytical standpoint, of course, it is not only metaphysics that becomes transformed into metapsychology, but also religion, morals, art, and all such cultural institutions and achievements as are generally considered to embody the ‘higher’ values — such values being interpreted psychoanalytically as essentially *derived* values representing sublimations of primitive libidinal values, and in particular those determined by the aims of the erotogenic zones. Thus, according to Wisdom (1953 pp. 145-149), Berkeley’s immaterialist philosophy was largely the product of a conflict attending this philosopher’s anal preoccupation with faeces. Similarly, religion and morals have been interpreted by Freud as, in the main, sublimated expressions of genital aims subjected to the conflicts involved in the Oedipus situation. Reductive explanations

of this type possess the great disadvantage of simply explaining away what they seek to explain. Whatever light they may throw upon the basic motivations of cultural activities, they make a minimum contribution to an understanding of the values involved in these activities themselves — as is perhaps most conveniently illustrated within the artistic field. Thus, quite apart from their failure to explain why the motivations of an artist should lead him to become an artist rather than, e.g., a philosopher, and what determines the degree of an artist's greatness, such explanations, as Herbert Read (1951) has pointed out, completely fail to explain what determines the specifically aesthetic value of a work of art, and characteristically provide no clue to any *scale* of aesthetic values.

Here it becomes relevant to recall that, whilst Freud regarded all cultural phenomena as involving the sublimation or desexualisation of libidinal impulses of instinctive origin, it was specifically in terms of the Oedipus situation mediated by the superego that he sought an explanation for both religion and morals. We thus find two distinct explanatory principles being applied by Freud to the same phenomena — one conceived in terms of a psychology of impulse (the libido-theory), and the other in terms of a psychology of object-relations (the Oedipus situation). Both of these explanatory principles have become accepted features of classic psychoanalytical theory; but the question which now arises is how far they can be consistently combined. At this point, therefore, it would appear that,

however justified may be the claim of psychoanalysis to explain the basic motivations which give rise to philosophy, there is at least equal justification for expecting psychoanalysts to be willing to submit their concepts for evaluation by the philosophy of science.

## **THE LIBIDO THEORY AND THE THEORY OF INSTINCTS**

In the opinion of the writer, the two explanatory principles to which reference has just been made are not really consistent, and the inconsistency can only be satisfactorily overcome if the psychology of impulse is abandoned in favour of an explicit psychology of object-relations. Such a step would, of course, involve a revision of Freud's libido-theory and of all aspects of psychoanalytical theory which depend upon it.

The libido-theory as conceived by Freud is essentially hedonistic; for he described libido as primarily pleasure-seeking. In view of the supreme importance which he attaches to the Oedipus situation alone it would, of course, be quite untrue to say that he is oblivious of the importance of object-relations. At the same time, it is implicit in the libido-theory that the object only becomes significant in so far as it is found to provide a means of forwarding the pleasure-seeking aim. In conformity with this conception, Freud described the first stage in the process of libido-development as 'auto-erotic'; and he considered that it was only after passing

through an intermediate ‘narcissistic’ stage of self-love that the individual finally reached the ‘allo-erotic’ stage of object-love. The essential process involved in this transition was also described by Freud in another reference as the substitution of the reality principle for the pleasure principle as a determinant of behaviour. It is a further feature of the libido theory that pleasure-seeking is conceived as the expression of a need to relieve bodily tension accumulating in the erotogenic zones as the result of physiological changes, and thus to restore the equilibrium disturbed by these changes. This conception, it will be noted, involves a mixing of psychological and physiological principles of explanation, which is methodologically questionable. To continue, however — the restoration of equilibrium is regarded as being effected through the discharge of impulses which express themselves in behaviour; and it is thus that the psychology of behaviour arising out of the libido-theory is essentially a psychology of impulse. It was on the basis of this psychology of impulse that Freud developed his dualistic theory of instincts which, in its final version, assumed the form of a dualism of ‘the life instincts’ and ‘the death instincts’. Such a classification of instincts differs from most classifications in that it is not conceived in terms of outward behaviour, but in terms of states (‘life’ and ‘death’) representing the goals of inner strivings; but this is, of course, in complete conformity with the hedonistic nature of Freud’s libido-theory.

Psychological hedonism has for long appeared to the writer to provide an unsatisfactory basis for psychoanalytical theory because it relegates object-relationships to a secondary place. Indeed, it involves the implicit assumption that man is not by nature a social animal (φύσει πολιτικὸν ζῷον) as Aristotle described him in Politics (I.2,9), and that, accordingly, social behaviour is an acquired characteristic. This assumption would appear to be in complete contradiction of the facts of animal psychology. For throughout the animal world social (viz. object-seeking) behaviour is in general exhibited from birth; and recent studies of the phenomenon of ‘imprinting’ in young animals would seem to imply an inherent orientation towards objects. Further, it would appear that the instinctive behaviour of animals, in view of its high degree of specificity and adaptation to environmental conditions, is determined by the reality principle rather than by the pleasure principle, however limited the appreciation of reality involved may be; and indeed it would seem on this account actually to involve a *hereditarily transmitted* internalisation of outer reality. The formation of the superego in the human child may be regarded as an analogous, but *acquired*, internalisation of outer reality, and thus in itself quite a realistic procedure. Be this as it may, it seems a reasonable assumption that an analogy may legitimately be drawn between the behaviour of animals and the basic behaviour of human beings; and, on this assumption alone, it seems justifiable to infer both that man is

by nature object-seeking rather than pleasure-seeking, and that his basic behaviour is determined, as in the case of animals, by the reality principle rather than by the pleasure principle. Such a conclusion by no means involves an abandonment of the concept of the pleasure principle, but only a re-interpretation of it in the sense that it represents a *deterioration* of behaviour involving failure of adaptation to conditions in outer reality. It must be recognised, of course, that the instinctive behaviour of animals may become completely unrealistic in face of a change in the environmental conditions to which they have become adapted; and similarly human behaviour characteristically becomes determined by the pleasure principle instead of by the reality principle in proportion as environmental conditions become too difficult for the individual concerned, as for example in psychopathological cases. Similarly, whilst behaviour influenced by the superego as an internalised parent-figure may be quite realistic in the child, it may become completely unrealistic under the altered conditions of adult life.

In the light of such considerations, it would appear that psychoanalytical thinking has been in no small measure obscured owing to the fact that attention has been focused almost exclusively upon human behaviour and little, if any, account has been taken of the behaviour of animals. Admittedly, human behaviour differs from animal behaviour in that it follows a less rigidly specific pattern and is therefore capable of a greater degree of modification, whether



realistic and adaptive or pleasure-seeking; but it is difficult to believe that the basic instinctive behaviour of human beings differs fundamentally from the instinctive behaviour of animals.

As regards Freud's theory of instincts itself, it seems to the writer that, whilst it is meaningful to describe basic behaviour as 'instinctive', the conception of separate 'instincts' represents no more than a hypostatisation of trends manifesting themselves in instinctive behaviour. In this connection it is not without significance that 'libido' is customarily referred to as '*the* libido' in psychoanalytical literature. Even if a similar usage is not applied to 'aggression', there still remains a tendency among psychoanalytical writers to refer to both libido and aggression in such a way as to imply that they exist apart from the structures which they energise. More obvious perhaps is the tendency to treat the 'part instincts' as if they were separate entities; and here we have an example of the atomism which from the first constituted one current in Freud's thought. Such atomism is implicit in Freud's (1905) view that the adult sexual attitude is the product of a process of development whereby the various part instincts become organised under the supremacy of the genital impulse (p. 58). It is to be noted, however, that physical development is characterised, not by the gradual integration of a number of separately functioning organs, but by the gradual differentiation of a unified functioning structure; and it

would seem reasonable to assume that mental development is characterised by a similar process.

## **THE ID, THE EGO, AND THE SUPEREGO**

At this point it may occur to the reader that at any rate Freud's conception of the differentiation of the ego out of the id is not an atomistic conception. This is certainly true; but the concepts of the ego and the id involve further consideration. The id is conceived by Freud as the source of instinctive impulses; and the impression conveyed by his description is that it consists, not of organised instinctive tendencies, but of inchoate impulses seeking discharge. It is the human psyche, of course, that Freud is considering. But it is difficult to believe that man differs fundamentally from the animal world where the more primitive aspects of his mentality are concerned; and Freud's description of the id as the source of instinctive impulses seems singularly out of keeping with the instinctive endowment of animals, which, as we have seen, is highly specific and highly orientated towards outer reality. According to Freud (1923b, pp. 28-30), the id is indifferent to outer reality, and the adaptation of impulses to outer reality only becomes possible through the differentiation of the ego from the surface of the id. The ego is, of course, conceived by Freud as a structure; but the id is described in a manner which implies that it is essentially structureless and is merely a reservoir of instinctive energy. The

function ascribed to the ego is that of selecting and regulating id-impulses in such a manner as to render behaviour adapted to outer conditions. It thus performs a function which in the case of animals is performed by the instinctive endowment itself. From this point of view, the concept of a separate ego might appear to be superfluous. It is impossible, however, to dismiss Freud's distinction between the ego and the id so lightly — its justification being that it arises out of an attempt to explain mental conflict, which is such a distinctive feature of human psychology. According to Freud, mental conflict is essentially a conflict between the ego and id-impulses, albeit this conflict is regarded as mainly due to the pressure exerted by the superego upon the ego. Freud's conception of mental conflict may, therefore, be described in general terms as a conflict between mental structure (the ego) and mental energy (id-impulse). Stated in this form, the conception presents somewhat of an anomaly; for it is difficult to see how a structure can participate in conflict unless it is endowed with energy, or how it can be in conflict with energy unless this energy is embodied in a structure. It is owing to such considerations that the writer has been led to formulate the concept of 'dynamic structure' (Fairbairn 1952b, pp. 148-150), and, once the concept of dynamic structure has been adopted, it becomes impossible to remain content with Freud's formulations of 'the id' and 'the ego'.

Another feature of Freud's description of the conflict between the ego and the id is that it reveals a subtle, and doubtless unwitting, change of ground, which may be described, in terms borrowed from epistemology, as a transition from the standpoint of Empiricism to that of Rationalism. It is essentially from an empirical standpoint that Freud described the origin of the ego; for, according to his description, the ego arises as a means of ensuring the satisfaction of pleasure-seeking id-impulses by *regulating* them in such a manner as to conform to the conditions of satisfaction imposed by outer reality. When, however, he introduced the concept of the superego as the instigator of repression, the function of the ego became one of *controlling* id-impulses in such a manner as to lead to their repression, and thus to preclude their satisfaction on an extensive scale — a conception conforming to the rationalist standpoint. This change of standpoint is one which it would have been difficult for Freud to avoid in view of the basic hedonism of his libido-theory; for, in introducing the concept of the superego (to which he ascribed the functions of an unconscious conscience), he was entering upon a field involving consideration of the moral aspect of behaviour. This is an aspect of behaviour which has proved a stumbling-block for hedonism ever since the days of the Epicureans; but the inherent dilemma of hedonism finds its best illustration in John Stuart Mill's (1910, Chapters 3 and 4) attempt to effect a passage from psychological to philosophical hedonism. Adopting as his starting-

point the principle that all behaviour is determined by a search for maximum pleasure, he found himself faced with the problem of defining the nature of the specific pleasure which it is the aim of moral behaviour to achieve — the pleasure which ‘ought’ to be sought. It was, of course, in the principle of the greatest happiness of the greatest number that he found his solution of the problem; but this was a solution that really involved an abandonment of psychological hedonism, which concerns only the pleasure of the separate individual. What is here significant is that it was when confronted with the phenomena of social life, viz. object-relationships, that Mill’s hedonism proved inadequate as an explanatory principle. The same may be said of Freud’s hedonism; for, just as it was considerations of ‘duty’ which led Mill to introduce the non-hedonistic principle of the greatest happiness of the greatest number, so was it considerations of ‘guilt’ that led Freud to introduce the concept of the superego as a determinant of behaviour. The guilt in question is, of course, the guilt engendered by the Oedipus situation — an essentially social situation. It was thus the paradox of Freud’s hedonism, as it was previously the paradox of Mill’s, that, when it came to the consideration of social phenomena, explanations in terms of pleasure-seeking had to be replaced by explanations in terms of object-seeking. At the same time, behaviour determined by the superego is characterised, not simply by object-seeking, but also by repression, which may be regarded as the very antithesis of

pleasure-seeking. Repression is, of course, a process involving the direction of aggression inwards; and, according to Freud, the aggression in question is directed against libidinal id-impulses, and represents a manifestation of the death instincts. However, there can be no doubt that, in the setting of the Oedipus situation, this aggression is directed against objects before it takes a self-destructive turn. It is such considerations that have led the writer to formulate the view that repression is a process directed, not against id-impulses, but primarily against internalised objects, and secondarily against parts of the ego which cathect the internalised objects in question (Fairbairn 1952b). This view incidentally involves the principle that aggression no less than libido is primarily oriented towards objects.

According to Freud (1922), of course, aggression is a manifestation of the death instincts, and represents an externalisation of death impulses. There are, however, many analysts who prefer to regard aggression itself as the counterpart of libido, and interpret the death-seeking tendency as a manifestation of inturned aggression. This conception seems more in accord with psychological facts than that of the death instincts; for it is beyond question that, in its original and presumably most 'instinctive' form, aggression manifests itself characteristically in an outgoing direction. Actually, the conception of the death instincts is a *philosophical* rather than a psychological conception. Yet it is in complete conformity with the

hedonism of Freud's libido theory; for (1) it is formulated (as already noted) in terms of a state (death) representing the goal of inner strivings, and (2) the state of death in question is conceived as representing the final establishment of an equilibrium which is partially and temporarily established during life by the discharge of libidinal tension (Freud 1922, p. 71).

As regards Freud's theory of instincts in general, it would seem desirable, with a view to avoiding all risk of hypostatisation, to regard both libido and aggression as basic '*factors*' in behaviour, rather than as 'instincts'; and on a previous occasion the writer has described them respectively as 'the libidinal factor' and 'the antilibidinal factor' (Fairbairn 1952a). The description of aggression as 'the antilibidinal factor' is, it will be noted, in complete conformity with the phenomena of resistance, upon Freud's recognition of which the whole theory of psychoanalysis is based; for resistance is nothing if not antilibidinal. The aggression involved in resistance is, of course, not only directed inwards in its active expression, but also manifested passively in outward behaviour towards the analyst; and one of the advantages of the term 'antilibidinal factor' is that it covers both outwardly and inwardly directed aggression.

It may here be recalled that, although Freud (1923a, p. 75) conceived repression as a function of the ego, he regarded this

function as being only assumed by the ego at the instance of pressure exerted upon it by the superego — the superego thus becoming the effective agent of the antilibidinal factor. That Freud should have thought it necessary to invoke the agency of the superego in order to account for repression is a highly significant fact; for it shows that he found it impossible to explain repression in the absence of an endopsychic structure capable of setting this process in motion; and, since the repressive function of the ego is extremely active, it follows that the superego is likewise an extremely active structure. Both the ego and the superego are, therefore, seen to constitute endopsychic structures which are at least functionally dynamic; and thus, in his description of these structures, we find Freud approaching the concept of dynamic structure. According to his conception of the mental constitution, however, the energy involved in the activity of both the ego and the superego is derived ultimately from the id as the source of all instinctive energy. Yet, if the analogy between human and animal psychology is valid, the id must be regarded not simply as a source of instinctive energy, but an inherently dynamic structure', for the instinctive behaviour of animals is such as to imply that their instinctive endowment is highly structuralised. This being so, it would seem more satisfactory to regard the id, the ego, and the superego as all representing dynamic structures in their own right.

Such a conception would necessarily involve a drastic revision of Freud's theory of the mental constitution. For, if we adopt the view



that both the ego and the id are inherently dynamic structures, the id will inevitably assume the form of an ego-structure comparable to the ego itself. At this point the concept of the superego is seen to present a difficulty. For, since the superego was conceived by Freud as essentially an internalised object, it would seem out of balance if, instead of consisting of a source of energy, an ego-structure, and an internalised object, the mental constitution turned out to consist of a single internalised object in association with two ego-structures. Here, however, it will be recalled that there are passages in which Freud (1923b, p. 44) speaks of the superego as if it were almost part of the ego. It would, therefore, seem in the interests of consistency if the superego were regarded as an ego-structure no less than the id and the ego. In actual fact, this is substantially the standpoint which the present writer adopted (Fairbairn 1952b, p. 105; 1954, ch 1 this volume) when he formulated the view that, during the course of development, an original unitary ego becomes split into three separate ego-structures, viz. 'the central ego', 'the libidinal ego' and 'the antilibidinal ego' (corresponding respectively to Freud's 'ego', 'id' and 'superego').

Consideration of such a theory immediately raises the question what place is to be found in it for that important aspect of the superego which led Freud to regard it as primarily an internalised object. Obviously the concept of internalised objects is one which no psychoanalytical theory of the mental constitution can afford to

ignore — and not least because Melanie Klein's systematic development of the concept has made it the growing-point of psychoanalytical theory in recent years. One of the distinctive features of Melanie Klein's contribution is that, whereas Freud only described a single internalised object (the superego), she has recognised the existence of a multiplicity of internal objects, both good and bad. According to her view, it is out of this multiplicity of internal objects that, in proportion as development proceeds favourably, the superego is elaborated (Klein 1948, pp. 282, 388). Although differing from Melanie Klein's conception of the resulting superego, the writer has adapted her conception of the multiplicity of internal objects to his threefold conception of ego-structures by assigning to each of the ego-structures an appropriate internal object. The endopsychic situation which arises in the course of development is thus conceived as one consisting of three groupings of relationships as follows: (1) 'a central ego' cathecting 'an ideal object', (2) 'a libidinal ego' cathecting 'an exciting object' and (3) 'an antilibidinal ego' cathecting 'a rejecting object' (Fairbairn 1954, ch 1 this volume). The active process to which the establishment of this endopsychic situation is attributed is one conceived, from one point of view in terms of 'splitting', and from another point of view in terms of 'repression'. The details of the process may be briefly summarised in the following account:

The first defence of the original unitary ego against a relationship which is not wholly satisfying is internalisation of the object. The next defensive reaction of the ego is to split off from the internalised object two disturbing elements, viz. the exciting element and the rejecting element. The splitting process, which is also a repressing process, constitutes these two elements into separate, repressed objects — the exciting object and the rejecting object. The remaining nucleus of the original object, being ego-syntonic, remains cathected by the ego and becomes the ideal object. Since, however, the two repressed objects retain an ego-cathexis while in process of repression, their repression involves a splitting-off, from the substance of the ego, of two portions representing their cathexis; and this phenomenon resolves itself into a repression of two parts of the ego, the libidinal ego and the antilibidinal ego, by the central ego. Since the antilibidinal ego has aims inherently hostile to those of the libidinal ego, it implements this hostility by subjecting the latter to a sustained aggressive and persecutory attack, which supports the direct repression exercised against it by the central ego and which may be appropriately described as indirect repression. [1954, see ch 1 this volume]

A certain general correspondence will be observed between the conception of the endopsychic situation described above and Freud's threefold conception of the mental constitution; but, in the former, the id is replaced by the combination 'libidinal ego/exciting object', the ego by the combination 'central ego/ideal object', and the superego largely by the combination 'antilibidinal ego/rejecting object'. Such a conception appears to have certain advantages over Freud's: (1) It explicitly embodies the principles of dynamic structure and object-relations in a manner which Freud's does not.

(2) It resolves the difficulty which confronted Freud (1923b, p. 75) when he raised the questions (a) why the superego is unconscious, and (b) whether this instigator of repression is not itself repressed — questions to which he never provided a satisfactory answer; for the antilibidinal ego and its associated rejecting object (which in their conjunction largely corresponds to Freud's superego) are conceived as repressed by the central ego; (3) the conjunction of the antilibidinal ego and the rejecting object resolves the anomaly involved in Freud's description of the superego as both an internalised object and a part of the ego. (4) The concept of the ideal object as an internal object cathected by the central ego and independent of the combination 'anti-libidinal ego/ rejecting object' makes it possible to overcome the difficulty presented by Freud's description of the superego as simultaneously playing the discordant roles of ego-ideal and internal persecutor. (5) The splitting of the original internal object into the exciting object, the ideal object and the rejecting object makes it possible to avoid the anomaly created by Freud's (1923b, p. 44) description of the superego as at once 'a deposit left by the earliest object-choices of the id' and 'an energetic reaction-formation against those choices'.

The space devoted to a description of views which the writer has come to adopt would seem to demand some apology; but, since these views were adopted with a view to overcoming what appears to be certain limitations in the conceptual system originated by Freud and

perpetuated in current psychoanalytical theory, such a description appeared to provide the best means of drawing attention to these limitations, and in particular to the inconsistencies involved in the classic concept of the superego.

## Replies to “Reevaluating Concepts”

### CRITICISM OF FAIRBAIRN’S GENERALISATION ABOUT OBJECT-RELATIONS

Fairbairn puts forward the radical change in psychoanalytic theory that libido is not pleasure-seeking but object-seeking. In connection with this, he holds, moreover, that erotogenic zones do not primarily determine libidinal aims, but are channels mediating object-relationships, and further, that a satisfactory theory of ego development must be framed in terms of relationships with objects and, in particular, those that have been internalised. I would reformulate this in a more restricted way, as follows:

- (i) Since patients in the analytic situation are largely deprived of gratifications, they show an almost inexhaustible urge to develop new object-relations to the analyst.
- (ii) Compared with this urge, the role of erotogenic zones in the analytic situation is very small.
- (iii) The patient’s development in the analytic situation is dominated by his internalisation of the analyst.

I have given my reasons elsewhere for modifying the formulation in this way, and can only summarise them here.

(a) Freud had difficulty in finding a suitable word for describing the intensity of an urge. Since 'Lust' in German does not have the appropriate sexual meaning, he introduced the Latin 'libido'. But the use of this word has become extended by analysts, so as to lose much of its original grossly sexual meaning; it has become somewhat hazy. If 'lust' in English did not have the overtone of sinfulness, it would have served admirably. But it has not been used by Freud's translators. My point here is that if they had used it Fairbairn could not have developed this view, at least in its present form, because it would be impossible to say 'lust is not pleasure-seeking'.

(b) I do not deny the great importance of object-relations; I only wish to point out that to exclude everything else is one-sided. The analytic situation is essentially one of object-relationship between patient and analyst. We must, therefore, allow for the analyst's 'parallax', i.e., that he employs a method that precludes him from observing non-object relationship phenomena. In trying to give a developmental theory of the human mind, based on transference phenomena, what is usually omitted is an admission that clinically observed behaviour is moulded by the framework of the analytic situation and by the counter-transference of the analyst. Thus the fallacy arises of regarding transference phenomena as a product of the patient alone (a one-person psychology) rather than as a product of the patient-analyst combination (an object-relation or two-person

psychology). In connection with this it should be mentioned that analysis is carried out in a state of abstinence, i.e., the patient is denied most gratifications during analytic sessions; and it is surely significant that, while our knowledge of object-relations has greatly increased, our theories of gratifications have hardly developed since Freud and Ferenczi. Further it should be questioned whether the invariable qualities that we tend to ascribe to the human mind, on the basis of transference observations and interpretations, may not be the product of a standard analytic technique.

It cannot be said that I underrate the importance of the two-person relationship, for I have stressed, ever since 1932, that an original one-person situation (as assumed in the idea of primary narcissism) is a myth. I argue only that the tools of our trade do not permit us to infer that there are no non-object-relationship tendencies or behaviour.

I would therefore agree with Fairbairn if he would allow the qualification that his theory holds only so far as the analytic situation and his own individual technique go. Thus, while regarding object-relations as of fundamental importance, I do not agree that pleasure-seeking should be excluded.

The fundamental problem now arises of finding the relationship between these two tendencies of the libido: (a) for the patient in



analysis and (b) in the development of the human mind. There would seem to be the following possibilities:

- (i) Pleasure-seeking and object-seeking are both innate and independent.
- (ii) Part of pleasure-seeking becomes at some stage transformed into object-seeking.
- (iii) Pleasure-seeking is a special case of object-seeking when the object-choice is a matter of indifference (i.e., when any one of a whole host of objects will do).

I do not think it is possible to decide in favour of one or other of these solely on the basis of clinical experience. If the question can be decided at all, it will have to be by other means.

Michael Balint

### **COMMENTS ON FAIRBAIRN'S PAPER**

It is good that independent thinkers in our midst should from time to time examine our key concepts, so that we remain alive to the progress of human thought in science and philosophy, and thus able to revise what in psychoanalysis is transient and tied to certain epochs, without however losing sight of what remains true and is permanent. It is in this spirit that the following comments on Ronald Fairbairn's interesting paper are offered.

As to Fairbairn's critique, I agree with the author on some principal points, but for the sake of discussion will here concentrate on the others.

In contrast to other current and related schools of thought in psychoanalysis, Fairbairn at least makes clear that his formulations are incompatible with some of Freud's fundamental concepts, such as the analytic concepts of instinct, the libido theory, and mental topography, not to speak of 'minor' matters such as repression.

## **Instinct**

It is widely recognised that the application of this concept to the human mind is full of problems. It appears that much which in former times was designated as *instinct* is in fact learned, complex behaviour, learned as a result of object relationships which in turn have become internalised. Social psychologists among others (cf. Newcomb 1952) have pointed this out convincingly.

For Freud *instinct* is a borderline concept, having both a physicochemical and a mental aspect. His view is basically a materialistic one which permeates the whole libido theory. The *id* also is conceived as a reservoir of instinctual energy, the source of which lies in the body, as well as a force presenting the mental apparatus with drive. It would appear that a fundamentally organismic, unified theory would be more correct, eliminating for instance the unnecessary dualism between the mind and the body.

On the other hand, Freud's concept is that of *Trieb*, impulsive drive, and does not accurately correspond to the term instinct. Freud himself called the doctrine of instincts 'our mythology'. Nowhere is

his almost poetical notion in this respect more clearly in evidence than in the concept of Life and Death Instinct. The problems of the 'Death Instinct' are well known and have been exercising the minds of psychoanalysts since the inception of this concept. These problems are particularly interesting in the light of entropy and the second law of thermodynamics. The basic objection remains that in psychoanalysis physical concepts are being applied, either directly or via biology, to a medium for which they are inadequate, that of human interaction, i.e., psychology.

### **Libido Theory**

First of all a remark on Fairbairn's objections to Freud's hedonism. It would appear that he takes this hedonism too seriously, and thinks too much of the person instead of a principle of regulation. It is true that Freud also spoke of 'Man the eternal seeker after lust', but here as always one can quote from his rich and concentrated writings in support of either view. Freud's work must be taken as a whole to do it justice. However, there is no doubt that Freud, in a more scientific vein, thought of the *pleasure principle* more as of a regulatory tendency in the instinct household itself, as a tendency towards the reduction of tension, not as a pleasure-seeking device. The reality principle is not underrated with Freud. He always conceived a conflict between the pleasure and the reality principle.

A more important objection here is that *energy* is considered in Freud's theory apart from structure. The two ideas are conceptually distinguishable, and in psychoanalysis we find the separation of energy from structure useful. Such all-important concepts as for instance *fixation, displacement, sublimation, or withdrawal of libido* are dependent on that abstraction. One need only think of the metapsychological differences between hysteria and schizophrenia in terms of *loss of cathexis* in inner object representation to show how helpful and useful these abstractions are to us.

Actually, in Freud's later theory, as is well known, *libido* in the sense of *libido sexualis* became replaced by a view which takes into account the whole, the total economy of Life and Death. Here again it is true that *life* and *death* are symbols, mythological concepts, abstractions, and so are life — and death-instincts. But these have a bearing on clinical observation and are useful for our theoretical orientation. The present writer for one finds that his technical power has become much enhanced, and the therapeutic results correspondingly improved, since he has given due weight to self-destructive drives and their organisation in the superego (as distinct from the ego ideal).

Thus, while there are difficulties about the concepts of instinct and of libido, the present writer finds that they are technically indispensable. In this respect he disagrees with Fairbairn.

## Object Relations

The emphasis on object relations is the most significant move within recent years; it comes from some quarters amongst psychoanalysts (and also amongst medical psychologists generally). Fairbairn has the merit of being one of the psychoanalysts who has given much thought to this, and done much work in this respect over a long period of time.

Szasz (1955) states in a recent paper:

In current psychoanalytic thinking, there is general agreement that psychoanalysis is first and foremost concerned with the study of *object relationships*. The problem of the 'economy' of object relationships is clearly not the same as the economic problem of instinctual energy, [p. 289]

Later Szasz (1955) writes:

The second problem is the need for new theoretical concepts regarding the economy of object relationships, based not on notions borrowed from physics, but on the operational method of psychoanalysis, [p. 289]

This is reflected in the increasing tendency to consider the transference/ counter-transference relationship as of central importance in the psychoanalytic process.

The present writer feels that an even better field for the study of these interpersonal relationships is the analysis of small groups. He thinks that many of the problems with which Fairbairn is concerned

can be solved, if we keep clearly in mind whether the relevant concepts refer to:

- a. one person, conceived as an isolated unit (here belong the original psychoanalytic notions of 'instinct', libido, mental economy, etc.)
- b. two-person relationship (the psychoanalytic situation, transference, counter-transference, resistance, etc.)
- c. relationship between three people (the writer's 'model of three', the smallest model of a group)
- d. multipersonal or group situation (the writer's 'group specific factors' and many concepts from group-analysis belong here).

The basic situation — also historically the oldest — is the group or community situation, which should be the matrix from which to define the position of the isolated individual or the two-personal transference relationship, and not, as so often happens, the other way round, when an attempt is made to 'explain' group-dynamics in terms of transference.

This view was also expressed by Freud, but he did not always hold consistently to it. In the last resort such a step implies that psychoanalysis would not any more belong exclusively to the natural sciences, but to the social sciences as well.

The present writer particularly agrees with Fairbairn and others about man's social nature, man being primarily a social animal. The partly explicit, but more often implicit, assumption inherent in

psychoanalysis that social drives, social needs are secondary derivatives leads to many mistakes and fallacies.

Szasz (1955), whom I will quote again and with whom I agree, makes it clear that these two sets of concepts, the biological and the social ones, are not — as Fairbairn thinks — mutually exclusive or incompatible.

I would like to emphasize in this connection that the considerations put forward in this paper have nothing to do with ‘disproving’ the classical ‘economic point of view’ of psychoanalysis. What is valid in one frame of reference does not become invalid or useless with the introduction of a new or different frame of reference. Instead it becomes necessary that we pay attention to the nature of the phenomena which we are interested in understanding better: appropriate theoretical frameworks must then be found for different problems. Accordingly, Freud’s economic concepts may or may not be helpful, depending upon the nature of our approach to a problem, [p. 289]

The pressing problem in this connection is to review the concept of primary narcissism.

## **Structure**

It is not possible here to go in any detail into Freud’s concepts of *ego*, *id*, and *superego*, but it may be said that these are constructions, abstracted from the living organism, which must be perceived as a whole in action. Possibly Fairbairn has something similar in mind when speaking of dynamic structures.

The introduction of the term 'id' made it possible to differentiate a mental province which, though unconscious, was not unconscious for dynamic reasons, not repressed. At the same time it became possible to say that part of the ego itself, in particular the superego, is unconscious. Thus the antithesis of the conscious and the 'unconscious' was replaced by the ego and the id. Wherever there is id the primary process reigns. The superego, as Fairbairn rightly suspects, is part of the ego, but is at the same time unconscious, and in so far as is in close communication with the id. The 'ego' represents the structured aspect of the 'id'.

There is no implication of a conflict between mental structure and mental energy, and therefore Fairbairn's arguments, based on this assumption, are not valid. The *ego* is originally the mental representation of reality and the body, but even in the early days Freud ascribed to the ego particular instincts, the so-called *ego-instincts*, so that conflict was always between id-impulse and reality, or id-impulse and ego-impulse, not between impulse and structure. The social situation, the interpersonal relationship, the object relationship are particularly represented by their precipitates in the superego, thus allowing for Fairbairn's object-seeking characteristics.

However, it is not possible here to do justice either to the way in which classical psychoanalytical theory conceives the relationship



between id, ego, and superego, nor to Fairbairn's positive contribution. His views have led to fruitful discussion among analysts and I am in agreement with some of them.

To end this paper the present writer may be permitted to say a few words about the help philosophy of science could give to a psychoanalyst.

I feel it would be a task for the philosophy of science to examine how far a science like dynamic psychology or psychoanalysis needs new criteria for the evaluation of its results and observations, distinct from those of physics, and how these could be embodied into an overall structure of science.

It seems to the present writer that the concept of *science* might have to be changed, so as to do justice to a dynamic psychology which is based on the social nature of man, on the inter-personal nature of the data, on the fact that the human observer and the observed — interacting — provide the elementary data for our theory.

It would seem that there is a question to be decided whether science has absolute standards, valid for ever, or whether science is not itself a *tool* which has to change with the changing need of the human community, and if so, in what way this should be adjusted now to the new relative facts with which we psychoanalysts, amongst others, have to deal.

S. H. Foulkes

## **SOME COMMENTS ON DR FAIRBAIRN'S PAPER**

Freud's metapsychological theories were, as he repeatedly stressed, his speculations on how the phenomena of psychological conflict could be explained keeping in mind not only his clinical findings, but also his knowledge of the central nervous system and of contemporary biological thought. The most striking clinical fact he had to contend with was the intensity of the pressure with which impulses or ideas, discovered to be sexual in nature as a rule, sought discharge against the wishes of the individual. The discharge of these foreign elements characteristically relieved tension, usually accompanied by a feeling of gratification. He therefore thought he had to account for drives or forces of a peculiarly impelling kind in these impulses and for the repression of their origins and nature from consciousness. The final forms his theories took were his concepts of the id, the ego, and the superego. Freud included the instincts in the id, but they were not regarded as giving the id an organisation. The id was 'a chaos, a seething cauldron of excitement' which acted as a reservoir of energy. Instincts for him did have objects and aims, nevertheless they were so plastic in man that what seemed to matter most for him was the 'drive' in them. He therefore retained as the sources of this drive the libido or sexual energy and the destructive energy of the death instinct, both of these psychic energies being derived from transformation of the activities of body cells.

In relating energy to structures in the psychic apparatus in a way that would account for the specific manifestations of psychological conflicts and behaviour, Freud had eventually to create the dynamic structures of the ego and the superego. At birth there was only the id with its plastic instincts determining relatively unstructured behaviour. Within the next few years there developed from it as a result of the experiences of the child the two dynamic structures, the ego and the superego, and the energy for their functions was taken over respectively from 'desexualised' libido and the death instinct.

As Fairbairn indicates, these concepts present difficulties which can be looked at from two angles, namely, their consistency with the general scientific and biological thought of today and their value in clinical work. These two angles are naturally closely related yet, as in other branches of science, gaps and even inconsistencies between 'pure' and 'applied' theory can exist until certain facts demand changes in one or both. Fairbairn states that changes are now demanded on both grounds.

On the general grounds, it would be widely accepted that the notion of a free energy with an aim is out of step with the views of energy in the physical sciences; and from general biological considerations it seems unlikely that the constellation of instinct patterns in man would be so relatively unorganised as is assumed in the id concept and the libido theory. But, as Fairbairn points out, it is

the unsatisfactory picture of behaviour given by the libido theory that is more important. It implies that conflicts arise from the need to seek pleasure, an affect which Freud related to the conditions under which id tensions were discharged. There is here, however, a gap between 'pure' metapsychological theory and working clinical hypotheses, and because the level of abstraction of the libido concept is so different from that at which the psychoanalyst works, the difficulty has been largely ignored. At the clinical level, the phenomena of conflict between conscious and unconscious motives are in fact interpreted largely in terms of object relationships. It is incompatibility between the urges to do certain actions with objects, and in particular the conflict between loving and hating relationships, that constitutes the core of analytical work. Thus, most psychoanalysts would accept Fairbairn's view that conflict is essentially related to interpersonal factors. In other words, in accounting for the nature of conflict at the clinical level Freud's divorce between energy and structure hardly enters into consideration. It is, for example, the libidinal or the aggressive impulses *towards the mother or father* that matter rather than the operation of the hypothetical libido or death instinct. Indeed many analysts do not accept the theory of a death instinct. Instead, their instinct theory resembles one which would be more in keeping with instinct theory in animals, i.e., it involves impulses to specific actions with objects. At the same time, it would not be true to say

that the present instinct theory of the id is not without its influence on clinical work and here Fairbairn's plea for a more systematic object relations theory, i.e., one in which all drives are conceived as having specific aims with objects, is in my view justified not only in the interests of logical tidiness, but also to alter concepts which may be impeding advances in theory and practice. The fundamental nature of the issues he raises makes it difficult to do justice to his views in a brief statement, and the following points are merely a few of the considerations his views have suggested to me.

(i) The large bulk of evidence regarding the nature of neurotic conflict shows increasingly that unconscious motives are unconsciously sought relationships; they represent desired relationships with internal objects which the individual wishes to achieve in the external world. The work of Mrs Klein and her associates, Fairbairn, and others has shown that analysis as an instrument of investigating unconscious activity can be increased greatly in power and scope by the use of a more systematic object-relations theory. Thus, if we take the phenomena of auto-erotism and narcissism, these were formerly, under the influence of the libido theory, regarded as precluding analysis when present in an intense degree because they represented object-less discharge of libido. Mrs Klein's work, however, has shown that even severe schizophrenics with markedly narcissistic withdrawal can be kept in an analytic relationship by the constant interpretation of their behaviour in terms

of relationships with objects of the most primitive kind. A meaning can be given to the auto-erotic and narcissistic behaviour when it is regarded as deriving from the earliest internalised objects, the nipple and breast, and such interpretations permit the subject, at least for a period, to make more externally directed relationships.

(ii) An object-relations theory is the most useful one in accounting for the most characteristic phenomena of the analytic relationship, namely transference, and for the effects of interpretations. There is a widespread agreement that it is chiefly when the individual experiences towards the analyst the aims of his unconsciously sought relationships that changes in the intensity of these occur and hence fundamental changes in the personality. Yet the full implications of this well known observation have not been adequately related to the psychoanalytic theory of the personality.

(iii) A libido type of theory, i.e., one in which drive is regarded as divorced from structure in its origins, is still used by some psychiatrists as the basis of their clinical action, but the clinical findings do not confirm the value of the theory. Thus it is on the basis of this type of theory that changing the balance of the sexual hormones, or other biochemical processes, is thought to hold out a means of altering some of the sexual perversions, because through such somatic interference it is hoped to change the libidinal tension.

No substantial or consistent changes, however, in the pattern of sexual behaviour have been obtained in this way.

(iv) The great lack in the theory of personality at present is a framework with which the chief determinants of behaviour can be formulated and assessed. The identification of the main unconsciously sought relations would give a good account of the forms of relationship with people and things which the individual seeks in the external world, and with clearer identification, it should be possible to make even rough quantitative assessments of the strength of these relationships. With such a scheme, better predictions than we are able to make at present could be achieved, especially in regard to the course of events to be expected during analytic treatment where they could be tested. A description of the personality in such terms would also permit of more precise meaning being given to such notions as 'ego-strength'. Hitherto analyses of very disturbed patients have at times had to be given up, or have not been undertaken, on the grounds that the ego was too weak for the unconscious forces the patient had to control. Concepts of ego strength, however, have never been very satisfactory in relation to clinical work and general theory. An object relations theory can make more specific what is missing, usually the structures derived from the normal good experiences of the child. When such relations with good internalised objects are too impoverished, there arises the problem of whether or not the analysis can proceed without some

replacement experience. A few analysts, e.g., Winnicott and several American analysts, believe that such patients need to be permitted to make a relationship with the analyst in which the latter can be felt more directly as a person, e.g., by his being in limited ways more 'active'. Most analysts at present do not share this view, and only further clinical work with more adequate means of assessing changes in the dynamics of the personality will throw light on this issue.

Fairbairn's case for a psychology of the personality in terms of its object relations is therefore in my view important and timely. His formulations have clearly sharpened his clinical observations and these have been widely regarded by many psychoanalysts as constituting an important contribution. With regard to his particular psychic structures, it is perhaps premature to comment on their value as such views require considerable testing out in practice. It is interesting to note, however, that Winnicott's independent formulations of a 'true self, i.e., a self that can give free expression to feeling, and a 'false self, i.e., a self that conforms to the inhibiting pressure of the outer environment, closely resemble Fairbairn's structures.

While the libidinal and antilibidinal egos may represent the outcome of the attempt of the personality to reach maximum integration, these structures give the impression of a greater degree of organisation than appears to be the case, at least in some patients.



If we take the antilibidinal ego in many severe hysterics, clinical findings would suggest that this has active sub-structures. Thus in order to secure libidinal gratification, such persons may identify predominantly with one parent and be persecuted by the attacks of the imago of the other, and then at other times reverse the predominance of the identification. Interestingly enough too, a common remark of such patients is that they do not really know 'who they are', i.e., they have no feeling of a stable constellation in either of these larger structures of Fairbairn's.

A last point may be made concerning metapsychology and internal objects. There can be little doubt that it was the inadequate nature of the means at his disposal for relating energy to structure that prevented Freud from solving this problem more to his satisfaction. Had he had available the concepts of modern physics and neuro-physiology, he would have been freed from the restricting effects of what Colby (1955) describes as his 'hydraulic metaphors'. When the cathexis energy of ideas, etc., in the psychic apparatus can be related, as Colby has done, to the frequency period, synchrony and dysynchrony of pulsations, then the structural nature of drive can be much more readily illustrated by a model. As a prelude to the description of his model, Colby makes almost the same criticism of the classical id, ego, and superego theory as does Fairbairn. A critical point is that he considers that drive structures must incorporate the notion of purposive aims and the imago of an internal object must be

closely related to the aim of a drive schema. The development of Colby's ideas will therefore be of considerable theoretical interest. He is careful to point out that his model merely serves at present as a basis for relating energy and structure, and that there is inevitably a considerable gap between his metapsychological theories and clinical application. Nevertheless, and this is Fairbairn's main thesis, the more the theories at these different levels are in harmony, the better it must be for clinical progress.

J. D. Sutherland

### **FAIRBAIRN'S REPLY TO THE COMMENTS OF BALINT, FOULKES, AND SUTHERLAND**

The Comments of Balint, Foulkes, and Sutherland upon the views expressed in my critical evaluation of certain psychoanalytical conceptions would seem to indicate, if nothing else, that there are other psychoanalysts besides myself who are not altogether satisfied with the classic formulations of psychoanalytical theory. It is obviously impossible for me, within the limits of a brief reply, to deal in any detail with the many issues raised in these Comments; and I must therefore restrict my reply to the submission of a few considerations of a somewhat general nature.

It must be admitted as a general principle that the conditions under which data are obtained have an influence upon the form assumed by the data themselves, and that consequently a certain

relativity attaches to all data and to such theories as may be based upon them. It is to this principle that Balint appeals when he submits that my views only apply in relation to (a) the analytical situation in general, and (b) my individual technique in particular. This submission applies equally, of course, to all psychoanalytical theories whatsoever; and, in my opinion, Balint presses his submission to a point at which psychoanalytical theory becomes reduced to a state of such subjectivism as to leave no alternative but an attitude of Humean scepticism. Such an attitude would, of course, be incompatible with the aim of science, which is to establish explanatory principles possessing a universal objective validity. That the aim of science is itself a limited aim based upon limited values (viz. purely explanatory values), and that the practice of psychoanalysis as a therapeutic measure is necessarily influenced by other human values which preclude the possibility of the analytical session conforming to the rigorous requirements of an experimental situation in the generally accepted sense I should be the first to maintain (Fairbairn 1955); and, since one of the implications of this point of view is that science is merely an intellectual tool, and therefore not so much a determinant as a servant of other values, it would appear to be in conformity with an estimate of the role of science somewhat tentatively suggested by Foulkes. It must be recognised, however, that, in the capacity of a tool, science can be of value only on the assumption that its findings possess at least

approximately universal validity. It is to such validity that psychoanalytical theory must aspire; and both Ezriel (1951) and I myself (1952a) have tried to show that the nature of the analytical situation by no means precludes the fulfilment of such an aspiration. So far as concerns the principle to which Balint appeals, however, it is my opinion that the conditions of the orthodox analytical situation (involving as they do isolation of the patient in a recumbent position on the couch, and an attitude of detachment on the part of an analyst who is invisible to the patient) have an influence very different from that which Balint supposes. It must be recognised that, since the patient, *qua* patient, may be presumed to have suffered from severe deprivations in childhood, he comes to the analytical situation with an intense craving for object-relations already present in him, and that, since the conditions of the orthodox analytical situation impose upon him a severe deprivation of object-relations with the analyst, they have the effect of reproducing the trauma of deprivation from which he originally suffered. An artifact is thus introduced into the observed data. But, contrary to Balint's contention, the effect of the artificially induced trauma is to compromise such capacity for object-relations as the patient possesses, to provoke in him actively the 'regressive' phenomena to which Winnicott has drawn attention (as Sutherland notes), and to compel him to fall back upon the pleasure principle and the primary process as defensive techniques.<sup>1</sup>

The effect of the orthodox psychoanalytical method is thus to confer an exaggerated importance, not upon object-seeking phenomena, but upon phenomena of a pleasure-seeking nature. This limitation does not, of course, apply to the situation involved in the analysis of small groups, to which Foulkes makes reference.

Balint's etymological diversion regarding the respective meanings of the German 'Lust' and the English 'lust' can hardly be allowed to pass without brief reference in view of his statement that, if Freud's English translators had used the term 'lust' instead of 'libido', I could not possibly have propounded the view that libido is object-seeking; but all that it seems necessary to remark by way of reply is that my views are concerned with concepts rather than with the terms used to describe them. It is, however, relevant to point out that the formulation to which Balint refers is one which appears in a paper originally published in 1941 (Fairbairn 1941), and that, in the light of the subsequent development of my views, I should now prefer to say that it is the *individual in his libidinal capacity* (and not libido) that is object-seeking. This reformulation is designed to avoid any appearance of that hypostatisation of instincts which is criticised in the foregoing paper. It should perhaps be added that there is no question of my denying the importance of the role played by pleasure in the mental economy. What is at issue is the particular role which it plays; and my contention would be that, whilst there can be

no doubt that under certain conditions it can become an ‘end’, its natural function is that of a ‘means’.

Importance must be attached to the fact noted by Foulkes that ‘for Freud *instinct* is a borderline concept, having both a physico-chemical and a mental aspect’ (ch 8 this volume). Freud was, of course, a neurophysiologist before he became a psychologist; and, although the modern science of psychopathology represents the harvest of Freud’s insight into the fact that the phenomena of mental disease can only be satisfactorily understood and explained in psychological terms, he himself never abandoned the lingering hope that these phenomena would eventually prove capable of explanation on a biochemical basis. This duality of outlook (not to mention ambivalence) must be regarded as having had the effect of introducing unsatisfactory features into a number of Freud’s concepts — and conspicuously those of the pleasure principle, the instincts, and the id as an element in the mental constitution. Thus his lingering neurophysiological bias led him to treat the sources of psychical energy as lying outside the psyche, and to conceive the ‘id’ in terms which render its psychical status dubious. Herein lies the ultimate significance of my criticism of that separation of energy from structure which it is the aim of my concept of ‘dynamic structure’ to overcome. If psychology is to be taken seriously as an explanatory system, it must be assumed that psychical energy is inherent in the psyche. It must also be assumed that the psyche is a

structure in which this energy is inherent — and not, as is implied in Freud's views, that psychical structure (in the form of 'the ego') is the product of the mutual friction of biochemical energies arising within the organism and environmental agencies. Foulkes quotes Szasz in support of his view that there is no real incompatibility between biological and social concepts and that these may be fruitfully combined; but it would be my contention that it is fatal to clarity of thought to introduce into one science explanatory principles belonging to another. It is the inherent aim of psychology to explain human behaviour and experience in strictly mental terms; and, if this aim is to be fulfilled, the concepts employed in psychological explanations must be exclusively psychological. In so far as Freud is consistent, his description of unconscious mental processes conforms to this requirement; but many of his concepts are not properly psychological at all. As Foulkes points out, some of them, e.g., his concept of the instincts, actually embody a mythological component; but it is more common for his psychological conceptions to be adulterated with biological or biochemical components — his conception of the 'actual neuroses' being a case in point. Further, it seems to me a postulate of psychology as an independent science that the proper subject of psychological investigation is not the organism, but the *person*; and it was under the influence of this opinion that on a previous occasion I expressed the view that 'as in the case of all forms of psychological

research, the investigations of psychoanalysis should be conducted at the level of personality and personal relations' (Fairbairn 1955, ch 6 this volume). My theory of dynamic structure and my elaboration of an explicit object-relations theory of the personality represent an attempt to implement this view. The latter theory was, of course, really initiated by Freud himself in his conception of the superego; and Melanie Klein's conception of internal objects represents a further step in the development of this theory. On the other hand, there is little evidence of the influence of the conception of dynamic structure in Freud's formulations; for, after all, he abandoned his theory of 'ego instincts', which Foulkes cites as an example of such an influence, in favour of the view that the ego is assailed by impulses from outside the psyche. Thus arose the anomaly of an ego whose impulses are inherently alien to it, and of instincts essentially alien to the personality to which they belong. And indeed it may even be said that the 'ego' described by Freud is really a façade-ego dependent for its existence upon repression and other defences. Sutherland has appositely referred to Winnicott's (1955) recent colloquial formulations of 'the false self' and 'the true self'. It was found by Winnicott that, in the cases which he has described, 'the false self' had to be dissolved away (with a resulting regression) before 'the true self' could with difficulty emerge; and similar cases are familiar in my experience. 'The false self' corresponds, of course, to Freud's 'ego'; but 'the true self' is a structure for which no



place can be found in Freud's theory of the mental constitution which Winnicott has accepted without modification. At the same time, as Sutherland has pointed out, 'the true self' of Winnicott's formulation corresponds closely to what is described as 'the libidinal ego' in the alternative theory of the mental constitution which I have submitted (Fairbairn 1952b, pp. 94-119, 1954) — and in accordance with which, it may be added, an 'impulse' is psychologically meaningless except as a manifestation of activity on the part of an ego-structure. For the rest, all that can be said on the present occasion is that, whilst Foulkes finds the abstract concept of 'energy' useful on the grounds that such explanatory concepts as 'fixation', 'displacement', 'sublimation', and 'withdrawal of libido' depend upon it, my view is that such concepts can be reformulated with greatly enhanced significance in terms of the theory of dynamic structure and the object-relations theory of the personality. It is also my view that the significance of the self-destructive phenomena, to which Foulkes rightly attaches such importance, can be best understood, not in terms of the abstract 'drives' to which he refers, but in terms of active attacks directed by one internal ego-structure against another in the manner which I have already described elsewhere (Fairbairn 1952b, pp. 94-119, 1954).

A final note in reply to Sutherland's comment on the ego-structures envisaged in the theory of the mental constitution which I have submitted as a substitute for Freud's. According to Sutherland

(1957) the libidinal and antilibidinal egos which I describe 'give the impression of a greater degree of organisation than appears to be the case, at least in some patients' (p. 149 above); and he contends that, in the case of advanced hysterics for example, the antilibidinal ego would appear to be composed of (or at any rate contain) several active sub-structures. In support of this contention, he cites the reversal of roles which may occur in cases in which identification with one parent in a libidinal role is accompanied by internal persecution on the part of the imago of the other parent. It should be noted, however, that in this instance there is no question of the *antilibidinal ego* reversing *its* role, which is always that of a persecutor. What is changed is the internal object with which the antilibidinal ego is identified. The example quoted by Sutherland would thus be better calculated to support a contention that it is the internal objects postulated in my theory that are loosely organised and must contain sub-structures. Actually I find no difficulty in accepting the proposition that the internal objects are composite structures; and indeed it would be my contention that this is so. Thus the internal objects which I envisage may be composed of maternal and paternal components in all proportions and in all degrees of integration; and, for that matter, they may undergo both disintegrative changes under pathogenic conditions and integrative changes under therapeutic conditions. I find it difficult to believe, however, that, except in cases of advanced schizophrenia, the

disintegration of internal objects often reaches a point at which my differentiation between the exciting, the rejecting, and the ideal objects (if only as constellations) becomes meaningless. As contrasted with these internal objects, the three ego structures which I describe would seem, characteristically, to be much more definitely organised and differentiated — a phenomenon which may be attributed to the simple fact that they are ego-structures, in contrast to object-structures. Indeed, in the light of clinical experience I find it difficult to imagine any structure more obdurately encapsulated in its own organisation than the antilibidinal ego; and it is to this fact more than any other that we must look for an explanation of the intensity of the resistance, which is so characteristically present even in the most favourable subjects for analysis. Doubtless the libidinal ego is, as a general rule, less definitely organised than the antilibidinal ego. Nevertheless the obstinacy with which it clings to its exciting object and to its chosen modes of gratification indicates a tightness and rigidity of organisation which is only excelled by that of the antilibidinal ego, and which makes a formidable contribution to the resistance. It is in the central ego that it is commonest to find the looseness of organisation to which Sutherland refers; and it is to this source that one must attribute the remarks of the advanced hysterics whom he quotes as complaining that they do not know who they are. Actually in these cases there is often comparatively little of the central ego left except the function which it exercises in

repressing the libidinal and antilibidinal egos; and, since this repression is, after all, only a negative function, it is small wonder if such patients are assailed with doubts regarding their identity.

**Note**

1 I have recently been led to the conclusion that, so far from constituting basic forms of psychic activity, the pleasure principle and the primary process essentially represent defensive techniques of a non-specific character, as implied in the text above.

## **An Object Relations Theory of the Personality**

In response to many requests I have prepared the following brief synopsis of the theoretical views I have expounded over the last twenty years (see References; Fairbairn 1952a, 1952b, 1954, 1955, 1956a, 1956b, 1957, 1958, Guntrip 1961).

1. An ego is present from birth.
2. Libido is a function of the ego.
3. There is no death instinct; and aggression is a reaction to frustration or deprivation.
4. Since libido is a function of the ego and aggression is a reaction to frustration or deprivation, there is no such thing as an 'id'.
5. The ego, and therefore libido, is fundamentally object-seeking.
6. The earliest and original form of anxiety, as experienced by the child, is separation-anxiety.
7. Internalization of the object is a defensive measure originally adopted by the child to deal with his original object (the mother and her breast) in so far as it is unsatisfying.
8. Internalization of the object is not just a product of a phantasy of incorporating the object orally, but is a distinct psychological process.
9. Two aspects of the internalized object, viz. its exciting and its frustrating aspects, are split off from the main core of the object and repressed by the ego.

10. Thus there come to be constituted two repressed internal objects, viz. the exciting (or libidinal) object and the rejecting (or antilibidinal) object.
11. The main core of the internalized object, which is not repressed, is described as the ideal object or ego-ideal.
12. Owing to the fact that the exciting (libidinal) and rejecting (antilibidinal) objects are both cathected by the original ego, these objects carry into repression with them parts of the ego by which they are cathected, leaving the central core of the ego (central ego) unrepressed, but acting as the agent of repression.
13. The resulting internal situation is one in which the original ego is split into three egos — a central (conscious) ego attached to the ideal object (ego-ideal), a repressed libidinal ego attached to the exciting (or libidinal) object, and a repressed antilibidinal ego attached to the rejecting (or antilibidinal) object.
14. This internal situation represents a basic schizoid position which is more fundamental than the depressive position described by Melanie Klein.
15. The antilibidinal ego, in virtue of its attachment to the rejecting (antilibidinal) object, adopts an uncompromisingly hostile attitude to the libidinal ego, and thus has the effect of powerfully reinforcing the repression of the libidinal ego by the central ego.
16. What Freud described as the ‘superego’ is really a complex structure comprising (a) the ideal object or ego-ideal, (b) the antilibidinal ego, and (c) the rejecting (or antilibidinal) object.
17. These considerations form the basis of a theory of the personality conceived in terms of object-relations, in contrast to one conceived in terms of instincts and their vicissitudes.

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