

AMERICAN HANDBOOK OF PSYCHIATRY

**PSYCHOANALYTIC
OBJECT RELATIONS
THEORY:**

THE FAIRBAIRN-GUNTRIP APPROACH

British Psychoanalytic Schools

HARRY GUNTRIP

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Psychoanalytic Object Relations Theory: The Fairbairn-Guntrip Approach

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e-Book 2015 International Psychotherapy Institute

From *American Handbook of Psychiatry: Volume 1* edited by Silvano Arietti

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British Psychoanalytic Schools

Psychoanalytic Object Relations Theory: The Fairbairn-Guntrip Approach

Harry Guntrip

Forerunners of Object Relations Theory

Fairbairn was the first psychoanalyst to work out a full-scale, systematic object relations theory of our psychic life as persons growing in relationships. But it would be a mistake to associate object relations theory exclusively with his name. He would have disapproved of any attempt to create yet another school of theory. Fairbairn was no sectarian, but a philosophically, scientifically, and artistically educated man, “seeing life steadily and seeing it whole,” but, above all, following the clues provided by the actual pressure of the patient’s experiences on the necessarily limited *first* attempt of Freud to create a *psychobiology* of human living. Thus he wrote:

The clinical material from which the whole of my special views are derived may be formulated from the general proposition that libido is not primarily pleasure-seeking, but object-seeking. The clinical material on which this proposition is based may be summarized in the protesting cry of a patient to this effect—“You’re always talking about my wanting this and that desire satisfied: but what I really want is a father” (p. 137).

Fairbairn observed that after the introduction of the superego concept, Freud failed to make the necessary modification of his biological libido theory that this new object relational concept demanded. In fact, object relations theory is the development of the personal aspect of Freud's theory, as distinct from the physical or biological aspect, and it was really there from the start as soon as Freud abandoned as impossible to achieve his first attempt to formulate his findings in neurophysiological terms. Thereafter, the physical and the truly psychological, the biological and the personal, alternated between being confused and being distinguished at every stage of Freud's theoretical development. Object relations theory represents the ultimate emergence to the forefront of the personal and properly psychological part of his first formulations. This became marked when, after World War I, he turned his attention more and more to ego problems. In his last book, *An Outline of Psychoanalysis*, the title of the last and unfinished chapter is "The Internal World," a thoroughly object relational concept.

Freud was the pioneer who said the first, not the last word, but his work ended at a point that makes it remain a tremendous stimulus to further thinking. Theoretical developments beyond Freud began with Freud himself, for he was always outthinking his own earlier provisional hypotheses. There were earlier critical object relational studies of Freud's biological psychology from outside the psychoanalytic movement, a healthy sign of the impact psychoanalysis was making. Ian Suttie of the Tavistock Clinic in Britain, in *The*

Origins of Love and Hate, rejected instinct theory and held that deep-seated fears, creating a “taboo on tenderness” in personal relations, were the basis of neurosis. In America Harry Stack Sullivan, founder of the Washington School of Psychiatry and the William Alanson White Institute of Psychiatry and Psychoanalysis in New York, made an even more sustained and systematic development of the same kind, allowing for a biological substrate of the personality as the raw material of a self or person, and then devoting himself to the study of all types of psychosis and psychoneurosis in their social settings and in terms of interpersonal relationships. This kind of theoretical development was bound to take place. Inside the psychoanalytic movement itself we may even see it adumbrated by Sandor Ferenczi, whose work at that earlier date really implied an object relations point of view, with more personal methods of treatment. It was unfortunate that Ferenczi was before his time. Freud was not ready for this development and disavowed Ferenczi, but his work has been recently justified by his pupil, the late Michael Balint, in that important book, *The Basic Fault*.’ He traced the need of the very ill patient to regress as far back as the basic fault, the original failure of secure ego development at the beginning. This can only be remedied, not by a search for gratifications of instinctive needs (q.v. Fairbairn’s patient) that could only become an endless series of makeshift temporary solutions, but by a search for recognition as a self, a person, by the analyst, an experience that can be the starting point for a new beginning in personality development. In this

view the personal object relational need transcends the biological needs.

Thus object relational thinking is very far from being synonymous with Fairbairn's systematic elaboration of it, and even Fairbairn owed his primary stimulus to the work of Melanie Klein. At this point we must recognize that one of the accidents of history made an enormous difference to the way psychoanalysis developed in America and Britain. Political unrest in Europe scattered the original Freudian circle, and two outstanding psychoanalytic thinkers, Melanie Klein and Heinz Hartmann, settled respectively in Britain and America. As a result the main body of psychoanalytic thought in the two countries showed, over the next few decades, marked divergencies, which are now, one hopes, becoming more closely studied and better understood. In America the interpersonal relations theory of Sullivan continued to live a vigorous life in such thinkers as Karen Horney, Erich Fromm, Clara Thompson, and others, but Hartmann's influence became predominant in the psychoanalytic societies. He pointed out how Freud wavered between system ego and person ego concepts, and both came down firmly on the system ego, and the structural analysis of the biopsyché into the id (the it, impersonal biological energies, instincts), the ego (the I), and the superego (conscience). Hartmann, however, allowed the superego concept (which, as an internalization of parental authority, is clearly object relational) to fall into the background, and he dealt mainly with the system ego and its dual functions of controlling id drives and adapting to the external world.

Adaptation is a biological term, and for Hartmann psychoanalysis was a biological science, which he strove to develop toward a rapprochement with general psychology (which, in behaviorism, has become steadily more mechanistic and impersonal). One can admire Hartmann's intellectual power and clarity without agreeing with him, and I feel that the concept of adaptation is wholly inadequate to ego psychology, or any account of human beings as persons. Frequently our highest human functioning leads to a refusal to adapt and to preparedness to sacrifice life itself in the service of our values.

It is by comparison with this type of psychoanalytic theory that the object relations theory can be most clearly expounded. In Britain the great turning point in theoretical development was the work of Melanie Klein. I need therefore only pick out that aspect of it that inspired the fresh thinking of Fairbairn, Winnicott, and others. Fairbairn acknowledged that it was her paper on "Manic-Depressive States" (1935) that made the all-important impact on him; and Winnicott told me that it was his training analyst, James Strachey, who said to him: "As a pediatrician you must hear what Mrs. Klein is saying." Even though Strachey as a classical analyst could not accept all her views, he felt that what she was saying was of great importance. Melanie Klein did not herself, I believe, recognize how radical was her development beyond Freud, mainly because Freud himself had adumbrated it. She accepted his theory of instincts of sex and aggression, even making more of the death

instinct than Freud himself did. Her use of projection and introjection is absolutely essential for psychoanalysis, but it is its implications for her theory that concern us here. For Klein the infant's greatest fear is of his own death instinct, and he introjects (takes into his inner mental world) the good breast as a defense. But then he feels the good object is endangered inside, so he projects the death instinct into the external breast, only to find himself faced with an external bad object, which he introjects to control it. Thus *he has now built up in his unconscious a whole internal world of good and bad objects* with which he can be seen, in his fantasy and dream life, to be carrying on active relationships. Whatever we think of this instinct theory, the important result is that this concept of instinct has now become really *superfluous for psychology*. *The unconscious has been reinterpreted*, described no longer biologically in terms of a seething cauldron of id drives, but psychologically as an internal world of ego-object relationships. Thus by projection and introjection human beings live in two worlds at once, the inner mental world and the external material world, and constantly confuse the two together. It is the business of psychoanalysis to expose this confusion by interpretation of the transference of the patient's inner relationships on to the analyst. Klein's work is a development, not of the biological element of Freud's instinct theory, but of the personal, object relational element of his superego concept, the result of the relationships that develop between the child and his parents. As Hartmann allowed the superego concept to fall into the background while

giving a very impersonal account of the ego, so Klein allowed the ego concept to fall too much into the background while giving a highly object relational account, based on the concept of introjection and the superego, of the hitherto biologically described unconscious.

At this point W. R. D. Fairbairn came to the rescue of the Ego and worked out in a detailed way, "A Revised Theory of the Psychoses and Psychoneuroses" (Ch. 2). We may pause to ask how it was possible for two such different lines of thought as Hartmann's and Klein's to develop. It is not simply that one is right and the other wrong. It is that the subject matter is extremely complex, and it was not for a long time that the major problems involved began to be clarified. For that we have had to wait finally for further developments in the philosophy of science, which were not available in Freud's time, with his pre-Einsteinian, Helmholtzian inheritance. Freud was by education a physical scientist and by natural genius an intuitive psychologist with deep insights into the subjective experience of human beings. His intellectual problem was to determine in what sense his explorations of subjective human experience could be a "science." Was it a science at all? His determination to make it scientific led him to seek to base it first on neurology and then on biology, but, in fact, although it could not be seen at that time, he was forcing a consideration of the question: "What is science when it can include at one end atomic physics, and at the other the exploration of the inner, unconscious, motivated life of personal selves in

relationships?" All possibilities had to be explored: Hartmann explored in one direction; Melanie Klein and Fairbairn in the other, more personal direction.

Freud worked with the concept of psychic reality, but the object relations theory has given new depth and certainty to this concept, revealing psychoanalysis as a true *psychodynamic* science. Bowlby rejects Freud's concept of psychic energy on the ground that all energy is physical. My criticism of it would be that with Freud it was not yet a truly psychological concept, but physical energy with a psychic label on it. True psychic energy is motivational energy, in which a man's values can energize a lifetime of devoted labor. Bronowski's view that man is both a machine and a self, and that there are two different kinds of knowledge, knowledge of the machine, which is physical science, and knowledge of the self, would have been a godsend to Freud. Bronowski finds knowledge of the self in literature, but that is only one area in which knowledge of the self is expressed. Its systematic conceptualization is a scientific task and produces psychodynamic science. This I believe psychoanalysis, especially in its form as object relations theory, to be: the science of human beings as persons developing in the medium of personal relationships, past and present. This view of psychological science is also supported by the view of Medawar, leaning heavily on Karl Popper, on the structure of knowledge. Expounding the "hierarchical model of the structure of knowledge" as rising tier by tier from its ground floor in physics, he rejects reductionism, writing: "Many ideas

belonging to a sociological level of discourse make no sense in biology, and many biological ideas make no sense in physics.” We may add that neither can psychological ideas be reduced to the lower levels of any other science, and since the Person is the highest product of evolution known to us, the irreducible science of the nature of man as personal must crown the edifice of scientific knowledge. It will be the conceptual basis of the healing art of psychoanalytic therapy.

These developments in the philosophy of science are of extreme importance for understanding the implications not only of Freud’s original concept of psychic reality but also of Fairbairn’s development of it. Freud’s Oedipus complex, however much it is represented as an instinct phenomenon, represents the object relations of the child and parents as persons, and this is psychic reality. When Sullivan and the American Culture Pattern school shifted the emphasis from the biological to the sociological, studying the fate of the individual as a person in his social milieu, they were exploring psychic reality, subjective personal experience. When in the 1930’s and 1940’s Melanie Klein elaborated Freud’s concept of the superego into a full-scale analysis of the internal psychic world and its developmental processes, she was exploring an endopsychic phenomenon, which used the biological raw material of living, but grew wholly out of the quality of the child’s relationships with the parents, that is, psychic reality. Sullivan closely approached Klein’s theory here in his view of parataxic distortion. In the

words of Clara Thompson, “Interpersonal relations as understood by Sullivan refer to more than what actually goes on between two or more factual people. There may be ‘fantastic personifications’ such as for instance the idealization of a love-object. . . . One may also endow people falsely with characteristics taken from significant people in one’s past. An interpersonal relationship can be said to exist between a person and any one of these more or less fantastic people, as well as between a person or group evaluated without distortion” (Pp. 215-216). Here is an unmistakable account of purely psychic reality, but neither Sullivan nor Klein saw as yet that this would demand a complete redevelopment of ego psychology. This was Fairbairn’s major step forward and rested on his concept of the dynamic structure of psychic reality.

The Evolution of Fairbairn’s Ego Analysis

Ernest Jones, in his foreword to Fairbairn’s book, *Object Relations Theory of the Personality*, wrote: “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. . . . This constitutes a fresh approach in psychoanalysis” (p. v).

To emphasize the ego and its search for security, which it can find only

by dealing satisfactorily with its bad objects and maintaining reliable relations with its good objects, is to bring the whole problem of object relationships into the very center of the psychoanalytic inquiry. It also lifts psychoanalysis above psychobiology to the level of a true psychodynamic theory—that is, a theory of the person, not simply of the organism—and gives full meaning to Freud’s term “psychic reality,” with psychoanalysis having the status of psychodynamic science. With Melanie Klein instinct theory still held the place that should have been held by the ego, for, as Fairbairn later pointed out, instincts are the instincts of, or properties of a person-Ego since modern science does not now separate energy and structure (or id and ego). However, Klein regarded the phenomena of internal object relations as illustrating the vicissitudes of instincts rather than the struggles of an ego in search of security. Nevertheless, it is evident that the whole drift of psychoanalytic theory was toward placing object relationships at the very heart of the psychodynamic problem. We shall see that gradually, at the hands of Fairbairn and Winnicott, the problem of the person-Ego underwent a subtle but highly important development. It became more than E. Jones’s “endeavour to reach an object where it may find support,” more than a search for security; nothing less than the ultimate need for self-discovery, for self-development, for the realization and growth of the potential ego’s full possibilities in relationship with other persons. If the term “security” is to be used, it must imply secure possession of one’s own full selfhood, and this may

involve the possession of the inner strength to face up to external insecurity, persecution, with an overriding determination to be true to one's real self. Winnicott entitled one of his most important books *The Maturation Processes and the Facilitating Environment*, and if the infant has a genuinely facilitating environment for long enough at the beginning of life, he can withstand the pressures of very unfacilitating environments in later life. On the nature of the ego, I accept Fairbairn's view of its absolute fundamental centrality and importance for psychoanalytic theory.

Fairbairn's original contribution began with his 1940 paper on "Schizoid Factors in the Personality." Prior to that his writings fall into two groups, 1927-33 and 1933-40. In the first period he began as a fully orthodox exponent of the classic psychoanalytic instinct theory. But as early as 1931, in a paper® presented at the British Psychoanalytical Society, he showed unmistakably his basic concern with ego analysis. In his patient's dreams various aspects of her ego or total self appeared clearly personified and differentiated as the little girl, the mischievous boy, the martyr, and the critic. He compared this with Freud's structural theory of id, ego, and superego and made one of his most important statements:

The data provided by the case . . . leave no doubt about the existence of functioning structural units corresponding to the ego, the id, and the super-ego, but the same data seem equally to indicate the impossibility of regarding these functioning structural units as *mental entities*. . . Perhaps the arrangement of mental phenomena into functioning structural units is

the most that can be attempted by psychological science. At any rate it would appear contrary to the spirit of modern science to confer the status of entity upon "instincts"; and in the light of modern knowledge an instinct seems best regarded as a characteristic dynamic pattern of behaviour, [p. 218]

In Fairbairn's patient's personifications the critic would clearly be a superego phenomenon, the little girl and the mischievous boy would be personalized id phenomena, and the martyr might well be the ego caught, as Freud said, between id and superego pressures. This subsequently led Fairbairn to redefine the id in personal or ego terms. At that time he still used the id concept, but he came to see that it is an impersonal and nonpsychological term, and that everything in human psychology must be presented as an aspect of ego functioning.

It was not, however, until Fairbairn had absorbed the work of Melanie Klein from 1933 to 1940 that he could work out the full-scale revision of psychoanalytic theory demanded by the bringing of personal object relations into the center of the picture. Klein's analysis of the internalized or psychic object enabled Fairbairn to proceed to a radical ego analysis. Hitherto the ego had been treated as a superficial phenomenon "on the surface of the id" (Freud), developed for the control and adjustment of impulse to the demands of outer reality. It was more a mechanism than a real self. The term "self" should connote the dynamic center or heart of the personality, its basic unity in health. *An internalized object is itself an experience of the ego or self.*

Fairbairn realized that Melanie Klein's theory of the external object as split in the course of psychic internalization into a variety of internal objects, good and bad, involved parallel splits in the experiencing ego, since the ego is libidinally attached in different ways to the different aspects of the original external object. How real is the internal object and how much it is a part of the total ego or self are clear in such a dream as that of a sensitive married woman too easily made to feel guilty. She dreamed that as she was walking along the street, a tall, dark, stern-faced woman followed her wherever she went, keeping an eye on her. It was her mother from whom, however, she had been parted by marriage for over ten years. Sometimes these internalized dream objects can acquire momentary hallucinatory reality in a half-awake state, as when a man woke to see a small boy dart across the room and disappear up the chimney, and realized he was dreaming. Still more striking is the unwitting acting out of a dream, as with a patient whose mother repeatedly beat her as a child, so that in her forties when she began analysis, she was still having nightmares of being beaten by her mother. But when very emotionally disturbed she would beat herself, and as she was doing this in one session I said, "You must be terrified being punched like that." She stopped, stared at me, and said "I'm not being hit. I'm the one doing the hitting." I commented "You are both." She was acting out her split ego, part self and part bad mother.

Freud himself, in his last unfinished *Outline of Psychoanalysis*, had taken

his stand on the view that ego splitting is not confined to the psychoses but is universally present in the psychoneuroses as well. Fairbairn's long-established concern about ego analysis enabled him to draw out the implications of Klein's work and of Freud's last statement. He summarized them thus: "Psychology may be said to resolve itself into a study of the relationships of the individual to his objects, whilst, in similar terms, psychopathology may be said to resolve itself more specifically into a study of the relationships of the ego to its internalized objects" (p. 60)

The distinctions Fairbairn made within the overall whole of the complex ego structure are thus not entities (like parts of a machine) but processes, differing but simultaneous reactions of a whole personal ego dealing with his environment of complex personal objects. Some of these reactive processes are so fundamental that they become habitual and relatively enduring characteristics of the whole person, especially those based on the infant's and small child's reactions to parents, and can be used to describe the relatively enduring structure of the psychic self in its dealings with its object world, its human and cultural environment.

The Relevance of the Schizoid Problem

The revision of psychoanalytic theory proposed by Fairbairn had not only *theoretical* roots in his primary concern about ego analysis, and in

Melanie Klein's theory of internal objects, but also an all-important *clinical* root in his study of schizoid states in psychoanalytic therapy. This must be examined before his structural theory can be further developed. *The schizoid problem goes deeper than depression*, which is, at least in the classic conception of it, a phenomenon of the moral aspect of growth. "Moral" here means the capacity to feel for the object. Melanie Klein adopted an object relational view of the stages of development in infancy when she distinguished between the paranoid position (internal persecutory bad objects) and the depressive position (anxiety over internal endangered good objects), and later added Fairbairn's concept of schizoid to describe the basic emotional position as paranoid-schizoid. Fairbairn accepted this view of the two basic psycho- pathological states. The classic psychoanalytical concept was that the infant psyche developed beyond the autoerotic and narcissistic level of ego libido, which was its original *objectless* condition. From an original primary identification with the object, the infant grew, through physical birth and psychic growth, to a capacity to differentiate the object from himself. Thus object libido arose as the ability to feel for others (primarily the mother). Then when the infant experiences the good object and the bad object as aspects of one and the same mother, he is caught in an ambivalent love-hate relationship and guilt. He can neither hate for loving, nor love for hating, and guilt paralyzes him. This is a psychology of impulse, and Freud's scheme of endopsychic structure—id, ego, and superego —

conceptualizes the analysis of depression, as is shown by the fact that it arose out of his analysis of melancholia and obsessional neurosis. The id, held to be the origin of antisocial, destructive impulses of sex and aggression, cannot be adequately managed by the ego, and the superego develops as an internalized version of the authoritarian parent, to help the ego in its struggles to master id impulses. I have retraversed this familiar ground because it is essential to the understanding of Fairbairn's work that it should be closely compared with Freud's on these two main points of impulse psychology and endopsychic structure.

Fairbairn realized that the schizoid patient is not primarily concerned with the control of impulses in object relationships, a secondary matter, but in the end with whether he has a sufficiently real ego to be capable of forming object relationships at all. He finds object relationships so difficult, not merely because he has dangerous impulses, but because he has a weak, undeveloped ego; he is infantile and dependent because at bottom his primary maternal object failed to treat him as real, to "love him for his own sake, as a person in his own right." In his 1940 paper Fairbairn described the schizoid tendency to treat people as less than persons, as things, part-objects, "breasts" to be used, as a result of the breast- mother's inability to give the spontaneous and genuine expressions of affection that would make her a real person to her baby, robbing him of the chance to feel himself becoming a real person for her. Such an infant grows up only able to use, not really able to relate to,

people. His inner unsureness of his own reality as an ego is likely to be shown by role playing, exhibitionism, with little real communication, taking rather than giving, fearing to give since it may feel like a loss or self-emptying. He may seek to bridge the gulf between himself and others by “thinking” rather than “feeling,” by impersonal intellectualization with greater investment in theories and creeds than in real people. It is in the struggle to overcome this basic weakness that his impulses become antisocial.

Fairbairn at first regarded the schizoid’s withdrawal from objects as due to his fear that his unsatisfied needs, which the object has failed to meet, had become so greedy and devouring that his love had become even more dangerous than his hate. This is clearly met with in analysis, but is only halfway to the more complete explanation toward which Fairbairn’s work developed as he discarded impulse psychology; namely, that the final problem is an infantile ego too weak to be able to cope with the outer world, because he is already split in his growing emotional life by the inconsistency of his primary parental objects, and becomes a prey to loss of internal unity, radical weakness, and helplessness. While still partly struggling to deal with the outer world, he also partly withdraws from it and becomes detached, out of touch, “introverted” (Jung), finding refuge in an internal fantasy world. This is not a problem of impulse control, but of ego splitting, and it calls for a different type of theory of endopsychic structure. In fact, Freud provided a model for this in his theory of the superego, described at first as “a

differentiating grade of the ego.” Here is the beginning of the conceptualization of ego splitting in a structural theory. Fairbairn wrote: “What manifests itself on the surface as a divorce between thought and feeling must be construed as the reflection of a split between (1) a more superficial part of the ego representing its higher levels and including the conscious, and (2) a deeper part of the ego representing its lower levels, highly endowed with libido, the source of affect” (p. 21). He later developed a more systematic theory of endopsychic structure, based on the analysis, not of depression, but of the schizoid problem. Winnicott later suggested describing the basic split as between “a true self put away in cold storage,” when it cannot find a nourishing environment, and “a false self on a conformity-basis” to cope with the external world; a stimulating if not complete description of the total problem.

Psychobiology and Instinct Theory

Before Fairbairn’s structural theory is outlined, it is well to state explicitly his attitude to biological psychology and instinct theory. Naturally he does not ignore biology; he accepts the existence of biological factors as providing the raw material of personality, much as Sullivan refers to the biological substrate. But Fairbairn discarded the concept of instincts as biological entities existing outside the psychological ego, which they are then supposed to invade. He regards a human being as whole from the start, and

personality as developing, not by integration of separate elements, but by internal psychic differentiation within the whole, under the impact of experience of the external world. Although a biological and psychological aspect are distinguishable in theory as different levels of scientific abstraction and conceptualization, in reality they are aspects of a unity. They should not be confused or mixed, as in psychobiological theories, nor can psychology be reduced to biology. In a letter to me on March 15, 1962 Fairbairn wrote: "I do not consider that a *psychobiological* view is valid at any level of abstraction. Psychological and biological are both valid at their appropriate levels of abstraction, but to my mind a *psychobiological* view is not valid because it confuses two quite separate disciplines." Freud's theory of structure is a mixture of a biological id, or matrix of drive energies, and a psychological ego and superego as control systems. The id is impersonal. The ego and superego are personal and properly psychological concepts. The person includes the organism, but in dealing with the person on the psychological level of abstraction, we are thinking on a higher, more comprehensive level than when dealing with the biological organism. Organism is a wider concept than person. There exist organisms without personality, but not personality without organism. Thus the statement "Person includes organism" is not reversible, and the personal cannot be dragged down to and accounted for on the organic level.

Roughly speaking, the organism accounts for potentiality, primary

energies, raw material, the genes that determine the hereditary constitution, the phenomena of maturational stages from infancy to old age, the physiological appetites (for body maintenance), the neurophysiological mechanisms for sensory perception and action, all the complex machinery the person needs for dealing with the external world. In nonpersonal organisms the idea of instinct as drive entity may be more meaningful, but its meaning is vague and not very useful. In the human being there are no fixed instincts determining the functioning of the personality, in Freud's sense of sex and aggression, but a growing personality possessing biologically based energies for action, which operate in ways determined by the state of the personal whole ego in the medium of object relations. The activity of these biological energies expresses the condition of the ego; the ego is not in the power of fixed instincts. Freud's sex is one of the appetites, like eating, drinking, excreting, breathing, and so on, although sex is the appetite most easily involved in human relations. It arises out of biochemical conditions within the organism, but may then be inhibited or overstimulated, or left to function normally by the whole person-ego. Aggression cannot be treated as comparable with sex. It is a phenomenon parallel to anxiety. Freud very late on changed his definition of anxiety from "damned up sexual tension" to "an ego reaction to threat." Anxiety and aggression, fear and anger, flight and fight, are the twin "ego reactions to threat," not just to bodily existence but ultimately and more important to the personality as such.

Thus Fairbairn held that the infant is oral because he is immature, not immature because oral. If an adult is adequately genitally sexual, it is because he is mature, not vice versa. *The development of the individual personality takes place in the medium of personal object relationships*, beginning with the mother-child relation. *This is not a biological but a psychodynamic phenomenon*, and this is the proper study of psychoanalysis. Fairbairn for some time preferred the adjective “instinctive” to the noun “instinct” as a safeguard against the tendency to reify biological potentialities on the psychological level, but the term becomes increasingly meaningless for his theory. We deal with a psychodynamic ego using its biological endowments in the conduct of personal object relations, in quest of security. “Security” here refers not merely to material security, bodily self-preservation. Subpersonal organisms presumably have only that aim. The pursuit of security in the sense of mere economic provision is only an extension of that primitive aim. “Psychodynamic security” means “security of the personality as such.” It could be better termed, as by Fairbairn, the quest of reality “as a person in one’s own right,” of personal significance and stability, of the capacity to maintain oneself as a meaningful member of persons in relationship. *Psychodynamic security is only achieved by adequate ego growth*, initiated by what Winnicott calls “good enough” personal (parent-child) relationships from infancy onward.

This is exactly what schizoid personalities are found to lack. They suffer

as persons from what R. D. Laing calls “ontological insecurity.” The deeper one goes into their mental makeup analytically, the more they are found to be experiencing themselves as empty, worthless nonentities—meaningless, futile, isolated, lonely, and aimless. They experience a craving for close contact for security’s sake, that is, dependent, which at the same time they fear because they feel they can do nothing effective to realize it or accept it. Thus Fairbairn’s work involves a decisive shift of the center of gravity in psychoanalysis from impulse theory, guilt, and depression to the failure of ego development and the schizoid problem, as well as the sheer primitive fears that blocked the infant’s growth emotionally and forced his withdrawal into himself. He wrote: “I have become increasingly interested in the problems presented by patients displaying schizoid tendencies. . . . The result has been the emergence of a point of view which, if well-founded, must have far-reaching implications for both psychiatry in general and for psychoanalysis in particular ... a considerable revision of prevailing ideas regarding the nature and aetiology of schizoid conditions. . . . Also a recasting and reorientation of the libido theory and modification of various classical psychoanalytical concepts” (p. 28). This calls for a new conceptualization of endopsychic structure. K. Colby’ showed the inadequacy of Freud’s pioneer theory of id, ego, and superego to account for present-day enlarged clinical knowledge, but the model he proposed is too frankly mechanistic to meet our needs. Fairbairn provided a model that is consistently psychodynamic and

fully personal.

The Theory of Endopsychic Structure

Fairbairn's theory of endopsychic structure is based on his theory of dynamic structure. He pointed out that Freud's view is based on a dualistic separation of energy (id) and structure (ego and superego), which is Newtonian and Helmholtzian, but not in accord with modern scientific theories. Thus Bertrand Russell tells us that when a proton and an electron collide they do not split into more "things," but disappear into energy, which, he says, "at any rate is not a 'thing.'" Fairbairn postulates a "pristine, unitary whole ego at birth," possessing its own energy and developing its own internal structure as a result of its earliest experiences in object relations. I would modify his view of its nature in one respect. It would be more accurate to say that at birth there is a "pristine, unitary whole human psyche with ego potential" that immediately begins to grow into a developing self, a person-ego. Its developmental fate depends on its finding a loving, supportive, facilitating, and especially maternal environment in which to grow. There is no impersonal id; all is ego, and development could proceed as a stable, unified, steadily enriched growth of the pristine ego if the infant experienced only absolutely good object relations. Good object relations simply promote good ego development. Bion says that in the infant "good experience is simply digested." This, however, is impossible in practice, there being no perfect

parents and no absolutely reliable external circumstances. The infant's experience is a mixture of good and bad, satisfaction and deprivation, free self-expression and frustration. The parent who is at one time good is at another bad—inevitably, from the infant's point of view, and often in actual fact. In the struggle to cope with his mixed experience and difficult outer world, *the infant goes through a series of spontaneous psychic maneuvers that result in his external objects coming to be represented by internal psychic counterparts* (which Melanie Klein called "internal good and bad objects") for their easier management. Broadly the infant seeks to see his outer world as good when it first becomes intolerable by the expedient of taking its bad aspects into his inner mental world to deal with them there. Bion says that bad experience cannot be digested and absorbed, but only projected if not retained as a foreign body. This, however, does not solve his problems. Rather it tends to result in an unrealistic idealization of his *real objects* (for example, a patient who said at the first session "I have the best mother on earth," who turned out to be the major source of all her problems), and the creation *inside* himself of what Fairbairn called a "fifth column of internal persecutors." This procedure is the beginning of the process of schizoid withdrawal, and ego splitting into an external reality self and an internal reality self. Unless the infant's real-life object relations are good enough to keep him in genuine touch with his outer world, he becomes more and more dominated by fear and retreat into himself, and he loses contact with external reality in a flight

from life into his inner world of fantasy objects.

This is not, however, adequately described simply as fantasy, for it becomes an enduring feature of his psychic life and develops as the unconscious structural pattern of his personality. (Structure per se is unconscious and only becomes knowable through active functioning.) Fairbairn has shown how Klein's object splitting is paralleled by ego splitting, and he systematizes the multiplicity of internal object relations revealed in dreams, symptoms, and disturbed external human relationships, reducing them to three main groups that represent the fundamental pattern of our endopsychic structure. Freud's scheme was really an early adumbration of this, and it is remarkable how through the centuries attempts to analyze the constitution of the human mind have all conformed to a threefold pattern; for example, Plato's chariot with a charioteer (of reason) and two steeds, the many-headed beast of fleshly lusts, and the lion, courage, the fighting principle, (that is, Freud's sex and aggression); also the familiar "body, mind, and spirit," which is in principle the same as Freud's id, ego, and superego. For Fairbairn, however, we must start with a primitive whole ego as yet undeveloped at birth, which becomes differentiated or split into three aspects that then function as lesser egos in opposition to each other, because of the self-contradictory nature of the reactions evoked in the infant by inconsistencies in his primary objects. Thus the primary unity of human nature is lost, disintegrated in internal civil war.

Fairbairn's structural pattern is threefold: (1) An infantile *Libidinal Ego* (cf. Freud's id), in a state of dissatisfaction and frustration, is related to an internal bad object, which excites but never satisfies the child's basic needs, and which Fairbairn calls the *Exciting Object*. Thus L.E.-E.O. embodies the experiences of the baby, insofar as he is deprived of adequate parental love. One male patient dreamed of a man following a woman who constantly retreated. (2) An infantile *Anti-Libidinal Ego* (a constituent of Freud's superego), an aspect of the infantile psyche in which the baby, not being able to secure a good object relation with the unsatisfying parents, is driven back on identifying with them as *Rejecting Objects* (an internal bad object forming a further constituent in Freud's superego). He is thus turned against his own libidinal needs. A female patient dreamed that she was a little girl feeling frightened, and she saw me in a room and thought, "If I can get to him I'll be safe," and she began to run to me. But another girl strode up and smacked her face and drove her away, her own Anti-Libidinal Ego at one with the punishing mother who was always saying "Don't bother me." Thus Anti-L.E.-R.O. embodies the experience of the deprived infant insofar as he sides with the critical, angry, denying parent against himself. His anger against his bad objects is turned back against himself in an attempt to suppress those of his needs that they will not meet. *The combination of Anti-L.E. and internal R.O. is a more precise formulation of the sadistic aspect of the superego*, and accounts for internal self-persecution of the L.E., for which reason Fairbairn at first

called the Anti-L.E. the “internal saboteur” (cf. the patient who beat herself as her mother beat her). (3) The good or understanding aspects of the parents are left to form the *Ideal Object*, which is projected back into the real-life parent, causing idealized overevaluation of the parents in the external world. The I. O. is a still further constituent of the Freudian superego, accounting for its moral rather than sadistic aspect. The Ideal Object is related to by the *Central Ego* (the Freudian ego), the conscious self of everyday living. Thus C.E.- I.O. embodies the experiences of the child insofar as he seeks to preserve emotionally undisturbed good relationships with his parents in the outer world.

Fairbairn discarded Freud’s definition of libido as pleasure-seeking and regarded *libido as object-seeking, the primary life drive to object relations and ego growth*. He regarded libido as having priority over aggression, which arises as a reaction of intensified self-assertion in the face of frustration. *Libido is the energy of all three subegos into which the primary psyche or nascent whole ego is split* as it develops in an environment of disturbing human relations. Even the Anti-L.E., has a libidinal basis, for this self-persecuting function of “aggression turned against the self” arises out of the infant’s need to maintain object relations even with bad objects, as a result of which he is involved in identification with their negative attitudes toward himself.

Fairbairn's theory in its bare essentials may be summarized thus: (1) The ego, a pristine psychosomatic whole at birth, becomes split or loses its natural unity as a result of early bad experience in object relationships. (2) Libido is the primary life drive of the psychosomatic whole, the energy of the ego's search for good relationships, which make good ego growth possible. Energy and structure are not separated as in Freud's id and ego, which are replaced in object relations theory by Fairbairn's dynamic structure and ego splitting. (3) Aggression is the natural defensive reaction to a thwarting of the libidinal drive, which makes it parallel to Freud's second definition of anxiety as a reaction to a threat of the ego. (4) The structural ego pattern that emerges when the pristine ego or psychic unity is lost conforms to a threefold pattern of ego splitting and of internal ego-object relations: (a) L.E.- E.O., the primary needy natural self left unsatisfied; (b) Anti-L.E.-R.O., the angry infant employing his aggression to stifle his own needs as weaknesses; and (c) C.E.- I.O., the practical, conformist, conscious self seeking to get by as tolerably as possible in real life, repressing emotional experience into the unconscious (as in a and b), and unrealistically idealizing the parents he cannot do without, since bad objects are better than none. (5) Fairbairn regarded Freud's oral, anal, and genital stages of development as unsatisfactory, for mouth, anus, and genitals are biological organs used by the person to make relationships in both natural and disturbed ways. The anal phase he regarded as nonexistent normally, unless an obsessional mother forces it on the child in cleanliness

training. The child is always using excretory organs. That the earliest infantile ego is markedly a “mouth ego” is simply due to his immaturity, and later on genitals may be used maturely or immaturely according to the state of the ego. Fairbairn therefore proposed, as the three stages of development, (a) *immature dependence* in infancy, (b) *a transitional phase* on the way to (c) *mature dependence*, or the relationship of equals on an adult level. In the early infantile phase of immature dependency, he regarded the schizoid and the depressive “positions” (Klein) as the two ultimate psycho- pathological states of internal bad object relations. Before we deal with that we must look at psychotherapy.

Psychotherapy

Psychotherapy is naturally based by Fairbairn on object relations theory. Since bad objects make the child ill, only a good object relation can make him well, that is, give him a belated opportunity to undergo an ego-maturing growth in a therapeutic relationship with an analyst he discovers at last (by working through transference problems) to be reliable, understanding, and concerned to enable him to find his own true self. Repression is carried out, not on instincts, but on internal bad objects, and the parts of the ego related to them, the ultimate internal bad object states and deepest psychic disasters being depression and the schizoid condition. The psychoneuroses arise out of a variety of attempted defenses against internal

bad objects, which the patient can only discard when the analyst has become a sufficiently good external object to him. This, however, is not simply a matter of the analyst being a genuine good object in reality—reliable, understanding, and truly caring. The patient’s difficulty is that he cannot trust or believe that can be true. The analyst will not come to be experienced by the patient as a therapeutic good object with whom he can regrow his personality in security, unless the analyst can help him to relive and outgrow his internal bad object relations in the transference. The analyst must prove capable of reliably surviving all the patient’s projections of internal bad objects on to him, thereby bringing the patient through to an undistorted realistic relationship in which he can find his *own* true self.

Winnicott distinguishes two levels of treatment, “oedipal analysis” for the problems of later childhood, and “Management analysis” where problems go down as deep as the mother-infant relationship. By this he implies that with such deep problems the analyst must accept and support the infantile dependence of the patient. At such depth, as Balint says, the patient may not be able to accept interpretations as interpretations but only as attacks. Winnicott’s unrivaled experience as a psychoanalytic pediatrician gives particular value to his views on the mother-baby relation. In “The Location of Cultural Experience” he says that the experience of relationship is deeper and stronger than the experience of the satisfaction of instinctive needs. “The rider must ride the horse, not be run away with.” The mother’s “primary

maternal preoccupation” with the baby (which develops during pregnancy and only fades, in the healthy mother, as the baby grows securely independent of her) gives her a knowledge of the baby’s needs that no other person can have. Gradually the securely mothered baby develops a mental image of mother that, if undamaged, comes to allow the baby to tolerate her absence for a certain time, and the gap can be bridged by the transitional object, the cuddly toy that represents mother, the first symbol of relationship. But if the mother is absent from the baby too long, his mental image of her is lost, and with it “whatever of ego structure has begun to develop.” This is the basis of “madness.” This analysis raises the problem of regression to which we must finally turn.

The Problem of Regression

In the light of clinical problems the whole foregoing analysis points toward and requires one further step for its completion. Broadly speaking four groups of psychoneurotic conditions are recognized; hysteric, phobic, obsessional, and nonpsychotic paranoid states. Fairbairn regards these as corresponding to the four possible arrangements of good and bad, external (real) and internalized (psychic) objects, as related to by the split ego. *Obsessional states* represent the effort to maintain total internal control over all good and bad objects regarded as internalized, and over the suffering Libidinal Ego. In *phobic states* the suffering Libidinal Ego takes flight from bad

objects to safe good ones, all of them projected into and seen as part of outer reality. In neurotic *paranoid states* the ego treats the good object as internal and identifies with it, while its bad objects are projected into the outer world, and the suffering Libidinal Ego hates them there. In *hysterical states* the opposite policy is pursued. The good objects are seen as projected into the outer world where the suffering Libidinal Ego can appeal to them for help against its bad objects, which are regarded as internal persecutors. One patient for a period changed regularly month by month from a hysteric to a paranoid attitude toward me and toward everyone. When paranoid his bodily health was perfect but everyone was against him, and I was only treating him to get fees out of him. When hysteric his body was full of aches and pains while he sought frantically for friends in his external world, and I was his one great hope.

At deeper levels depression and schizoid states take us into the region of borderline and psychotic cases. *Depression* is the paralysis of the suffering Libidinal Ego by guilt under the accusatory persecution of internal bad objects and the Anti-Libidinal Ego. The *schizoid state* takes us deepest of all, arising in its extreme form out of the flight from all bad objects, both internal and external, and, indeed, from all object relations, into the depths of the unconscious. There are varying degrees of seriousness in schizoid reactions mixed with all the other psychoneuroses and psychoses, but at its worst the search for a solution can involve one other form of illness that so far has not

been fitted into the psychodynamic conceptual scheme, *regression* to infantile dependence in search of Balint's "new beginning," a chance to be psychically "born again." Whatever its degree this running backward to earlier levels of experience in search of security is a schizoid withdrawal from the world of bad object experience. Present-day realities are experienced as intolerable, mostly because the internal bad object world is projected on to them or they play on and reinforce real external bad object relations. It is well to bear in mind Freud's caution that we cannot raise anything out of the unconscious purely by analysis, but must wait until real life stirs it up. But the deepest schizoid withdrawal and the profoundest regression into apathy, exhaustion, and extreme infantile dependence are an escape from an intolerably bad internal world. One such apathetic patient acted out in the night while fast asleep scenes of being burned on the back with a hot iron by her psychotic mother. I was present on two such occasions when her husband rang me in the night, and I discovered sears on her back that he had not known were there. Gradually the patient became able to remember these scenes on waking and to work through them in sessions, and she lost her suicidal impulses.

How far can regressive schizoid withdrawal go? Clearly it can go as far as a fantasied and unconsciously experienced flight back into the womb, and many myths, dreams, and illness reactions represent just that. Such cases require Winnicott's "management." One patient, during the analysis of a

prolonged hysteric phase, dreamed that she could not cope with adult life because she had a hungry baby under her apron clamoring for food. She produced a hysteric conversion symptom of an acute pain in her right forearm, which she nursed like a baby. She worked through this phase and became markedly schizoid, aloof, silent, and out of touch. She then had a prolonged fantasy of a dead or sleeping baby buried alive in her womb, which led on to a vivid dream of opening a steel drawer and finding inside it a live baby, staring with wide-open, expressionless eyes because there was nothing to see. This suggested to me that there is one last ultimate split in the ego, *in the infantile L.E. itself, into a clamoring, orally active L.E. (hysteric), and a deeply withdrawn, passive L.E. (schizoid)*. This I have called the *Regressed Ego*, and it would account for a wide range of phenomena, including compulsive sleep, exhaustion, feelings of nonentity, the sense of having lost some part of the self, the strange isolation of feeling out of touch—in fact, all the marked schizoid states.

Fairbairn wrote to me that this concept accounted for phenomena that he had not hitherto been able to fit into the conceptual scheme, and he regarded it as the logical development and completion of his theory. Furthermore, I had gone beyond him at this point. Whereas he had treated depression and the schizoid state as equally ultimate psychic disasters, I had treated the schizoid state as deeper than depression, and he agreed that this was so. The patient cited who oscillated between hysteric and paranoid

phases progressed into a suicidal depression, dreaming of a man pointing at him and saying “You are the guilty man.” When finally this did not yield to orthodox analysis, and I said to him: “I don’t think you are depressed in the accepted sense of the term, but seriously afraid of life, retreating from it, and trying to force yourself back by a sense of guilt,” he produced at once the classic schizoid feeling of a sheet of plate glass between him and the world and said that as soon as he got home, he had, since his breakdown, gone straight to bed and curled up under the clothes. Fairbairn’s work makes it clear that, psychotherapeutically, oedipal analysis is sufficient for many patients, but for others radical therapeutic success will only be achieved when the problems of schizoid regression are solved. It also shows that aggression is not the ultimate factor that it was classically assumed to be. In the last analysis it arises out of the desperate struggle of a radically weakened schizoid ego to maintain itself in being at all. As one patient said: “When I’m very frightened, I can only keep going at all by hating.”

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