Klein-influenced cultural critics (e.g. Young 1994) emphasise how psychotic processes of projection, splitting, perverse destructiveness, hatred and sexual violence lurk not far from the surface of domestic and political life. Others have tried to tease out the moral values implicit in psychoanalysis, in an attempt to link its critique of the micro-society of the family to wider social issues. The moral stance of psychoanalysis includes a number of concerns central to social and political debate. First, there is an overriding valuation of the truth, of the need to face reality however painful, rather than turn a blind eye (Steiner 1993). This leads to scepticism about simplistic solutions in which evil is driven out by love – a balance between the two is a more realistic possibility. Second, the work of Bowlby and the Independent analysts emphasise the link between nurturance and the search for a good society: if we neglect childhood, society will inevitably suffer (Rustin 1992; Holmes 1993). Thus Winnicott (1971; Meares and Coombes 1994) sees psychoanalysis as a process of 'learning to play' – the 'right to play' would appear on any psychoanalytic political manifesto. Third, psychoanalysis values autonomy as a good in its own right, independent of freedom from want, a view that is central to the liberal tradition, and demonstrates how the cradle of autonomy is sensitive parenting, the lack of which can, with luck, be remedied by psychoanalysis (Holmes and Lindley 1989, 1994).

Such diverse ideas spring from the metapsychological superstructure of psychoanalysis, but, if psychoanalytic thinking is to have any validity and if it is to be based on more than myths or wishes, it must rest on firm foundations of clinical theory and practice – the exposition of which forms the rationale and purpose of this book.

Chapter 2

Models of the mind

> Such ideas as these are part of a speculative superstructure of psychoanalysis, any portion of which can be abandoned or changed without loss or regret the moment its inadequacy has been proved.
>
> (Freud 1925a: 32)

Freud's archaeological metaphor (see Chapter 1), in which new ideas are built upon earlier foundations, can be applied to psychoanalytic theory itself. Some ideas are fully covered over, while others are retained in almost their original form. Freud himself continually reworked his theoretical models and he was not afraid to change them radically when the need arose. His successors have happily followed his example and psychoanalytic models of the mind have undergone many developmental changes. All are mixed models, not necessarily building a coherent whole but forming a complex matrix of ideas containing concepts at different levels of abstraction. Contradictory formulations sometimes sit uncomfortably side-by-side. This mixing of models not only has arisen from a continual process of replacement and cross-fertilisation but also from the constant interaction of different *levels* of theory.

Waelder (1962) identified a number of such levels of psychoanalytic theory:

1 The level of individual clinical interpretation – which is a theory about particular patients.
2 The level of clinical generalisation in which theoretical ideas relate to specific groups of patients, e.g. 'narcissistic organisations' (q.v. p. 79).
3 The level of clinical theory containing general psychoanalytic concepts such as defence mechanisms or transference – the level

with which we shall be primarily concerned in this chapter.
4 The level of abstract explanatory concepts such as life and death instincts.

Underlying different theories are different fundamental assumptions about the world: how much experience is determined by the environment, and how much it is innate; whether a basically optimistic or pessimistic viewpoint is adopted; whether a mechanistic or humanistic view of the mind is taken; on the balance between determinism and freedom; on the emphasis on mental forces as opposed to meanings and language; whether a position of mentalism or realism is adopted.

All these issues have been discussed by philosophical and cultural observers of psychoanalysis (see, for example, Rieff 1960; Wollheim and Hopkins 1982; Greenberg and Mitchell 1982; Holmes and Lindley 1989; and Cavell 1994). From the clinical perspective of this book two dimensions stand out. First, the balance between environmental or intrapsychic factors in the development of the personality; second, whether the emphasis is on causation and mechanism in approaching mental phenomena, or on understanding and meaning. Freud found himself on both sides of these conflicts. Initially he placed the emphasis more on environmental factors, especially traumatic external events like childhood seduction, and suggested they led to the formation of symptoms in adult life. In the later drive-structural model Freud saw the internal world as primary. External events were triggers releasing inherent patterns such as the oedipus complex. This difference of emphasis continues to this day: models may be classified as intrapsychic, interpersonal or mixed. Similarly, although Freud set out to produce a mechanistic picture of abnormal mental life, as his work evolved he became more and more concerned with meaning, narrative and communication.

The dilemma faced by clinicians is that in order to practise effectively, especially at the outset of one's career, a firm theoretical framework is essential; at the same time it is unlikely that any one model holds the key to the workings of the human mind and human motivation. In practise, most analysts draw on a mixture of different theories, even if their basic allegiance is to a particular school. This chapter contains a schematic overview of the main psychoanalytic concepts and models, all of which will be elaborated in the course of the book.

The unconscious

The concept of the unconscious is central to psychoanalytic theory. Although Freud did not 'discover' the unconscious (Ellenberger 1970), he was the first to explore systematically its role in normal and abnormal mental life. From a contemporary perspective the unconscious is seen within psychoanalysis in one of four basic ways.

The unconscious as a 'thing in itself'

Freud initially saw the unconscious as part of the 'mental apparatus' (Laplanche 1989), a Kantian entity that could not be directly apprehended but explained in a deterministic way irrational mental phenomena such as dreams, neurotic symptoms and slips of the tongue. He postulated that unacceptable memories, phantasies, wishes, thoughts, ideas and aspects of painful events were pushed back by repression into the unconscious, along with their associated emotions. In Freud's unpublished 'Project' he hoped to produce a neurobiological account of the role of the unconscious, based on the flow, binding, and discharge of psychic energy, or libido. Although this 'hydraulic' model has largely been superseded, modern neuropsychology has confirmed, via subliminal perception and 'preconscious processing', that many aspects of mental life vital to survival take place outside of awareness (Dixon and Henley 1991).

The unconscious as reservoir of latent meaning

With the shift in contemporary psychoanalysis away from mechanism towards meaning, 'the unconscious' becomes a metaphor for the affective meanings of which the patient is unaware, and which emerge through the relationship with the analyst. 'Unconscious' becomes an adjective rather than a noun: 'unconscious processes', rather that '*the* unconscious'. This links psychoanalysis with the 'post-modern' notion of polysemy or multiple meanings which are to be found in any cultural phenomenon or 'text'. The analyst's task, rather than being an anatomist of the mental apparatus, is collaboratively to explore these latent meanings.

The mystery of the unconscious

Jung (1943) emphasised a less tangible quasi-mystical aspect of the unconscious. He was particularly interested in religious and spiritual aspects of human experience and introduced the concept of the

collective unconscious. He thought this was innate, common to all mankind, and existed at a deeper layer of the mind than the personal unconscious described by Freud. He based this view on the finding that the beliefs, symbols and mythology of widely different religions and cultures have had a great deal in common throughout the ages and in different parts of the world.

Past unconscious and present unconscious

Sandler and Sandler (1984) made a clinically useful distinction between the 'past unconscious' and the 'present unconscious'. The past unconscious of the adult is the 'child within' that continues in an unmodified form to have a powerful role in determining the adult's responses, wishes and needs as if childhood were still operating. More akin to the preconscious (see below, p. 32), the present unconscious modifies the past unconscious by the use of mechanisms of defence, allowing the past unconscious phantasies some expression, albeit in an attenuated form. The Sandlers argue that, in treatment, the analyst should always work from present unconscious to past unconscious, to attend to the here-and-now of the analytic interaction before proceeding to reconstructions of past traumata.

FREUD'S MODELS

Freud's picture of the mind went through three main phases, which Sandler *et al.* (1972) have called the affect-trauma model, the topographical model and the structural model. We shall consider each in turn.

Affect-trauma model

Freud's earliest psychoanalytic ideas were influenced by experiences with casualties from the Franco-Prussian war in which hysterical paralyses seemed to be related to traumatic experiences at the battle front, relieved once the sufferer was able to speak about (abreact) the terrifying events he had gone through. Once Freud had noted what he took to be the frequency of childhood sexual abuse among his hysterical patients, he speculated that, by analogy with battle trauma, painful external events such as childhood seduction could overwhelm the 'mental apparatus', leaving it unable to deal with the resulting affects. He tried to differentiate between the 'actual neuroses' (neurasthenia and anxiety neurosis) which he believed

were caused by current trauma, and the 'psychoneuroses' (hysteria and obsessional neurosis), which he saw as the result of childhood trauma. This distinction is now obsolete (*q.v.* p. 212), although current trauma, such as a recent accident or bereavement, may lead to symptoms of Post Traumatic Stress Disorder.

The idea of the release of 'dammed up' affects (i.e. feelings), threatening psychic equilibrium and potentially leading to symptoms, has been called the 'affect-trauma' frame of reference forming part of the first phase of Freud's metapsychology. Affect-trauma plays an important part in contemporary psychoanalytic thinking, especially since the reality of childhood abuse, physical, emotional and sexual, has become apparent. The *nature* of infantile trauma is viewed differently by different authors, some emphasising intrapsychic factors, others stressing environmental influences. From an intrapsychic perspective, Klein and Kernberg see the intensity of childhood hatred, aggression and envy as inherently traumatic and speculate that potential borderline personality disorder sufferers may experience an excess of such unassimilable negative emotions, leading in turn to excessive splitting and projection (*q.v.* pp. 81–7). In contrast, for Kohut the primal trauma is interpersonal: a failure of parental empathy, leading to disruption of a coherent sense of self and the emergence of 'disintegration products' in later life such as aggression, or attempts at self-soothing through addiction, compulsive sexuality and even self-injury.

In both accounts trauma leads to painful affect which, in turn, provides the motivational force behind pathological reactions. The potency of affect as an organiser of mental functioning has received some support from Bower (1981) who found that the recall of memories is affect-dependent. Some memories can only be recalled when the same mood state is present as when they were laid down. The recovery of buried memories of trauma in the transference also enables them to be reworked in a less overwhelming way: loss can be grieved, and anger expressed, leading sometimes to acceptance or even forgiveness.

The topographical model

The term 'topographical' implies a spatial model in which different psychological functions are localised in different places. The division of the mind into the unconscious, the preconscious and conscious systems (Freud 1900), the so-called topographical model, ushered in

the second phase of Freud's work (1897–1923), still containing echoes of cerebral localisation, a reminder of Freud's previous career as a neurologist. Contemporary psychoanalysis still uses topographical concepts but has divested itself of their anatomical overtones, just as Freud did, by talking about each part of the mind as a 'system' – the 'system unconscious', the 'system preconscious', etc. This enables a smooth transition to the 'structural model' (see below), which is primarily concerned with the functions of the different parts of the mind.

The 'two principles'

A fundamental idea that comes out of this phase of Freud's theoretical development is his contrast between the 'two principles of mental functioning' (Freud 1911a), which he called the primary and secondary processes. Secondary process thinking is rational and follows the ordinary laws of logic, time and space. Primary process thinking is typical of dreaming, phantasy, and infantile life in which the laws of time and space and the distinction between opposites do not apply; the distinction between past, present and future no longer holds and different events may occur simultaneously and in the same place; one symbol may represent a number of different objects, or have several different and even contradictory meanings.

Unconscious and preconscious

Freud realised that many psychological processes are unconscious in a descriptive sense and the individual is not aware of them, but they are easily brought to mind, and therefore are neither subject to repression nor operating under the sway of the primary processes. These unconscious but non-repressed phenomena he attributed to 'the system preconscious', whose role in the topographical model is both as a reservoir of accessible thoughts and memories, and as a censor capable of modifying instinctual wishes of the system unconscious and so render them acceptable to the system conscious.

Instinct theory

The change from the affect–trauma frame of reference to the topographical model represented a significant shift in the evolution of psychoanalytic theory. The spotlight moved from a focus on

external reality and its impact on psychological processes to the internal world itself. For most of his life, Freud saw the internal world as dominated by man's struggle with his instincts or drives.

Instinct or drive theory was put forward by Freud to explain human motivation. Confusion has arisen because the term 'instinct' was used to translate both 'Instinkt' and 'Trieb' from the German. Instinkt refers more to *innate behaviour patterns and responses* while Trieb implies a pressure or *push* towards a general goal, such as survival. Unfortunately Freud's translators used both words interchangeably, perhaps reflecting the continuing struggle within psychoanalysis between biological and psychological concepts. Freud considered instincts as basic developmental needs constituted from phantasies which had a peremptory quality and required expression and gratification.

Freud was always an 'obstinate dualist' (Jones 1953). In his initial formulation of instincts Freud (1905a) emphasised the sexual drives both in normal development and in the origins of psychological illness; later he emphasised the aggressive and destructive drives or death instinct (Freud 1920, 1930). This became known as the dual-instinct theory, although Freud had earlier stressed the self-preservative (i.e. death-defying) instincts as well as the sexual. The individual was at the mercy of these drives, or instinctual wishes, with adult symptoms arising from the psychological defences mobilised to deal with their infantile demands. Each instinctual wish forms a component of the system unconscious and has an innate need for 'discharge'. In order to achieve its aim it becomes connected during development to an object.

In this classical schema instinctual wishes have a *source* and an *aim* as well as an *object*. Their infantile source or origin is in the body and may be an 'erogenous zone' such as the mouth, anus or genital; sensations in these bodily areas develop levels of tension which aim towards discharge. The infant experiencing hunger pains starts to suck. Gradually his activity increases until the object of the instinctual wish – the mother's breast – is provided and hunger is satiated. The presence of the object and its quality is remembered and the next time the infant feels hungry the memory of the breast is revived and the phantasy is once again enacted. The source, the aim and the object begin to mesh together into a complex interactional phantasy, part of which is represented in the system unconscious.

Although, in this example, the experience and revived memory

derive from a real event – the knitting together of an instinctual wish – its need for expression and subsequent satisfaction can also develop from an imagined occurrence. If an infantile, wish-fulfilling daydream is 'lived' within the self and later repressed, the system unconscious will treat the imagined events according to the principles of primary process and, therefore, as if they were real.

The distinction between the recovery of a traumatic memory and the revival of a wish-fulfilling fantasy, both of which have been repressed, is difficult to make in the clinical situation. This also means that reports by patients of their earlier experiences cannot necessarily be taken at face value. Recent accounts of the 'false memory syndrome', in which imagined traumatic events are experienced as real, may, for example, illustrate this principle.

Limitations of the topographical model

Clinical experience led Freud to acknowledge an increasing number of inconsistencies in the topographical model. Foremost among these was the realisation that there was no place within his map of the mind for ideals, values and conscience. Moreover, he recognised that the influence of the external world on mental structures and the unconscious nature of defence both needed more exploration. For example, anxiety had initially been seen as a result of the accumulation of repressed 'somatic sexual excitement', or libido (see Chapter 1, p. 8), which was transformed from a sexual wish into an unpleasant feeling; that is, as arising entirely from within. But it became clear that anxiety also arises in response to threat, either directly, or as part of a psychological conflict induced by the threat. For example, a child who feels anger towards a neglectful parent, may be fearful of expressing this anger for fear of losing the parent altogether. The internalisation of this parent–child relationship was hard to reconcile with the topographical model.

Similarly, in his papers 'On narcissism' (1914a) and 'Mourning and melancholia' (1917), Freud had begun to stress the interaction between the internal world and external events, especially in his discussion of introjection, internalisation and identification. He began to wonder how an experience of, say, a harsh or punitive parent, comes to form a structural part of an individual's internal world. The advent of the structural model (Freud 1923) was Freud's attempt to answer these questions, heralding the third and final phase of his theorising (1923–39).

Structural theory

In the structural model Freud (1923) proposed three parts or 'structural components' of the human personality: translated, or according to Bettleheim (1985) mistranslated, as the familiar id, superego and ego. As with topographical theory, these are nowadays best thought of as *functions*, rather than as structural entities, as metaphors for psychological configurations showing a slow rate of change and reactive stability (Rapaport 1967; Friedman 1978). The structural model remains firmly embedded within instinct theory. The term 'id', for example, refers to the basic inborn drives and the sexual and aggressive impulses. But the structural model is equally concerned with how the individual's personality structure adapts to the demands of these instinctual wishes and it places a greater emphasis on external reality than does the topographical model.

Superego

The earlier notion of the 'ego ideal' (Freud 1914a), an internal model to which the individual aspires or attempts to conform, was subsumed by the wider concept of the superego. The term 'superego' is used to describe conscience and ideals; like the ego ideal these are derived through internalisation of parental or other authority figures, and cultural influences from childhood onwards. From an object relations perspective (see below) the superego represents not so much an internalised parent as a *relationship* with a parent. The internalised parent of the superego may therefore be a representation of a parent into whom has been projected much of the individual's own aggression and punitiveness.

The internalised parental and other figures of the superego are thus formed from phantasy as well as reality and, as such, contain significant components of externalisations and projections of aspects of the self. The whole structure therefore functions according to these modified internal objects, which explains why clinically, for example, a parent who is experienced as harsh may in reality appear to have been relatively benign. The superego is involved in the experience of guilt, perfectionism, indecision, preoccupation with what is the right or wrong thing to do, and hence plays an important role in the aetiology of some forms of depression, obsessional disorders and sexual problems.

Some effects of the functioning of the superego are descriptively

conscious whereas others are descriptively unconscious. For example some individuals may be quite clear that what they wish to do goes against accepted values or indeed against their own upbringing; in others there is an unconscious sense of guilt (Freud 1923) – a patient tormented by obsessive–compulsive acts may have no conscious idea of why he is compelled to do something and feels excessively guilty if it is not done.

Ego

The term 'ego' is used to describe the more rational, reality-oriented and executive aspects of the personality, and once again is partly conscious and partly unconscious. The ego's task, as seen by Freud, was to control the more primitive id impulses and to adapt these to outer reality in accordance with the reality principle, as well as to mollify the requirements of the superego: 'the poor ego. . . serves three masters and does what it can to bring their claims and demands into harmony with one another. . . . Its three tyrannical masters are the external world, the superego and the id' (Freud 1933).

The structural model cannot easily be superimposed on the topographical theory. The system unconscious and the id are equivalent, functioning according to primary process thinking, but the system conscious and the ego are not equivalent, since part of the ego may be unconscious. Equally, preconscious and superego cannot be equated. The key issue clinically is not just whether the patient is conscious or unconscious of some aspect of himself, but what part of the mind holds sway: is the patient behaving and thinking according to the primary processes; under the dictates of conscience, or adaptively?

Conflict and adaptation

Implicit in the idea of an inner world is that of *delay*. A wish is shaped, influenced, modified, held back, diverted or disguised by the 'pale cast of thought'. Instinctual wishes cannot obtain direct expression: within the topographical model they have to traverse the preconscious before they reach consciousness; in structural theory the superego and ego hold them back. By the time they reach consciousness they have been modified to such an extent that they can only be pieced together through dreams, parapraxes and, in the clinical situation, transference. Modification of instinctual wishes is effected through the use of the mechanisms of defence (see pp. 81–93), which are mobilised as a result of internal conflict. Conflict occurs between the instinctual wishes under the sway of the *'pleasure principle'* (Freud 1920) and the demands of reality – in simple terms, between past and present, or between the inner child and the functioning adult. In the structural model, conflict is seen as occurring between the three structures themselves and between each one of them and the external world. Through the impingement of reality, gratification of the instinctual wishes is delayed or modified if they threaten the self-preservation of the individual, or contravene his moral and ethical beliefs, or oppose the demands of his social and cultural environment. The introduction of the *reality principle* by Freud (1911a) heralded the move from a primary focus on the internal world rather than on the external environment to an increasing emphasis on the relationship between the two.

POST-FREUDIAN MODELS

In the classical model, psychoanalysis tends to see the personality as a battlefield: central themes are those of innate division and conflict, internal tension and adaptation. Throughout development a struggle occurs between internal demands and external reality, with internal needs taking a primary motivational role. Repression is viewed as the primary mechanism of defence, ensuring that incompatible wishes remain unconscious or disguised, but because of the intrinsic tendency of the repressed wishes and impulses to return to consciousness, tension remains an innate part of the system.

Ego psychology

Heinz Hartmann (1939, 1964), the founder of ego psychology, questioned this view, stressing instead the non-defensive aspects of the ego (and was himself much criticised by Lacan, see pp. 65–6). Instead of the ego simply being a mediator between the demands of the id and the external world, Hartmann conceived of the ego as, in part, outside this area of conflict and thus able to interact with the external world free from internal influences. This 'conflict-free sphere of the ego' develops independently, and flourishes unimpeded by conflict if environmental influences are reasonably favourable. It contains such functions as thinking, perception, language, learning, memory, and rational planning. Development of these aspects of the personality may influence the experience of pleasure and satisfaction.

Freud had moved the focus from the external world to an emphasis on the internal workings of the mind within the topographical theory, and back again in the structural model. Hartmann moved things a little further towards reality by suggesting that the experience of pleasure did not arise simply from satisfaction of instinctual wishes but also depended on what good experiences the external world was in reality able to provide.

A further contribution of the ego psychologists was their distinction between Freud's view of the ego as a structure, and a more modernist concept of the ego as a representation of the self – a view that was developed by Kohut in self-psychology. Anna Freud (1936) also re-emphasised the importance of the relationship of the ego to the external world and the normal and adaptive aspects of the personality. She considered defence mechanisms as not only responding to the dangers of the internal world but also – for example, in 'identification with the aggressor' (see pp. 88–9) – to those of the external world. However her approach was less rigorous in its adherence to the structural model than that of the ego psychologists, and she continued to emphasise the usefulness of the topographical model. Jacobson (1964) developed these ideas further, but ego psychology in general has recently become more integrated with object relations theory, for example in the work of Kernberg (1976, 1980), Arlow (1991), Gill and Hoffman (1982) and Sandler (1987).

The Klein–Bion model

Although primarily a clinician rather than a theory-builder, it is generally agreed that Melanie Klein was one of the most original and challenging thinkers in the history of psychoanalysis. Klein saw that for all its advantages, something had been lost in the move from the topographical to the structural model, especially the notion of unconscious phantasy within intrapsychic life. By focusing on early pre-oedipal experiences Klein hoped to reconcile the apparent opposition between those that emphasised phantasy on the one hand, and drive theory on the other.

The Kleinian 'positions'

Klein is perhaps best known for her account of the two basic 'positions' of mental life, the 'paranoid–schizoid' and the 'depressive', and for her notion of 'projective identification' (see p. 82).

In essence the Kleinian 'positions' are constellations of phantasies, anxieties and defences which are mobilised to protect the individual from internal destructiveness. In the earlier, paranoid–schizoid position the focus of the anxiety is on threats of annihilation and disintegration, and the infant attempts to organise these experiences by the use of splitting and projection (see p. 81). Bad experiences are split off and projected into the object which is then felt to be persecuting and dangerous and especially threatening to the good experiences. In order to protect the good experiences, they too may be projected into the object which then becomes idealised. In the later depressive position, anxiety is not so much about the survival of the self but the survival of the object upon whom one depends. The individual realises that the frustrating and hated object is also the one that satisfies and is loved. Recognition that they are one and the same leads to ambivalence and guilt. Although the positions are set out schematically there is a constant oscillation between the two, and a third 'borderline' position has also been described (see p. 226).

Phantasies and drives

For Freud, libido and aggression were structureless phenomena whose form was dictated by developmental bodily stages as well as by drive gratification or frustration. But for Klein the instincts are inherently attached to objects, as preformed 'primary phantasies' (the 'ph' differentiating them from 'fantasies' in the everyday sense of daydreams or conscious wishes). The basic unit of mental life therefore becomes object-related unconscious phantasy itself, rather than instinctual wishes that seek expression through 'self-created' objects.

There is a continuing psychoanalytic debate about the degree of innate knowledge possessed by the infant and the extent to which it is formed throughout development. For Klein destructiveness and unconscious phantasy are innate and 'primary', but for Freud they arise out of frustration, and are therefore 'secondary'. Klein believed that the infant's mind contained complex preformed images of the object. For example, in 'Envy and gratitude' (1957) she states that 'the infant has an innate unconscious awareness of the existence of the mother' and that this forms 'the instinctual knowledge that is the basis of the infant's primal relation to the mother'. Thus for Klein the unconscious has specific contents right from the start of mental life, namely unconscious phantasies, which

are the mental corollaries or the psychic representations of instincts. An instinctual wish can only be *experienced* (as opposed to theorised about by psychoanalysts) as an unconscious phantasy (Isaacs 1943). This concept of a preprogrammed thinking infant, more sophisticated than Freud's *tabula rasa*, has received some confirmation from developmental psychology, although Stern's (1985) picture of happy infant–mother attunement is a far cry from Klein's model of primary envy and hatred (cf. Chapter 3).

Bion and containment

In Freud's early writings 'the object' only appears as the provider or withholder of gratification. By the time the oedipal stage is reached, objects are fully formed; how they became so is unclear. Klein tried to reconcile drive theory with object-finding in her notion of the primary object, but it was Bion, her analysand, who moved Kleinian theory decisively away from drives and towards relationships. In his concept of 'the container and the contained', Bion (1962) extended the idea of projective identification (see p. 82) and suggested that the mother acts as a container for the infant's projected feelings, such as pain, fear of death, envy and hatred. These feelings are 'detoxified' by the nurturing (or in the case of analysis, 'listening') breast, and then returned in such a way that the infant gets back good feelings of being held and understood rather than the original bad projections. In this way the infant makes sense of his experiences, and introjects an object that is capable of bearing and allaying anxiety. There is thus an explicitly stated interactional component, even though the 'death instinct' remains as the organising force for the projections.

Object relations theory

Although Bion moved Kleinian thinking into the realm of object relations, Fairbairn (1952) and Guntrip (1961) are usually seen as the fathers of present-day object relations theory. We have already suggested that models of the mind may be divided into those that focus primarily on the internal world (Freud's structural model – Klein), those that focus more on the external world (the 'Neo-Freudians' – Sullivan, Fromm, Horney, Erikson and Bowlby, see below) and those that lie somewhere between the two (Winnicott, Bion, Kohut – Freud's affect-trauma model). A further distinction

may be made between those object relations models that incorporate drive theory and those that do not. Fairbairn and Guntrip made no such attempt and neither did Sullivan, whereas Mahler (see pp. 60–1), Klein, Kernberg and Kohut tried to do so, although the latter, as we shall see, downplayed aggressive drives. Most of the British writers, such as Winnicott and Balint, have had no difficulty in combining the two, especially in their clinical formulations; and more recently Sandler (1981) has proposed a mixed model. Despite their differences, Fairbairn, Guntrip, Winnicott and Balint have been lumped together as the British object relations theorists (Sutherland 1980; Greenberg and Mitchell 1983; Phillips 1988). Although their theories take a variety of forms they share a number of pivotal assumptions (Westen 1990).

Object seeking

Central to the theory of object relations is the belief that a person's primary motivational drive is to seek a relationship with others. Humans are primarily object seeking rather than pleasure seeking, and the end goal is the relationship with another person. The infant's early activity is directed towards contact with the mother, and later others: 'pleasure is a signpost to the object, rather than vice versa' (Fairbairn 1952). The method of object seeking varies according to the stage of development: initially it is through feeding (including mutual gazing, Wright 1991) and later through the sharing of activities and interests. This does not completely overthrow the concept of pleasure seeking, since, as Balint (1957) sensibly says, the individual is both object and pleasure seeking. The compulsive quest for pleasure may of course also be a pathological response when object relationships fail.

The representational world

The core notion of object relations theory is that of an internal world populated by the self, its objects and the relationships between them. This is Sandler's 'representational world', which he likened to a proscenium stage upon which the scenes and dramas of inner life are enacted. The relationships between these internal objects act as templates for subsequent relationships, especially when the primary processes are operative. Intimate relationships with partners and with the analyst will be profoundly influenced by the valencies of the

internal world. In contrast to Klein's idea of primary object phantasies, Fairbairn (1952) conceived of internal objects and the phantasies associated with them arising as a consequence of the inevitable failure of external objects. For Fairbairn this leads to a split at the heart of the psyche between the 'libidinal object' which gratifies and the 'anti-libidinal object' which frustrates. These objects are associated with corresponding libidinal and anti-libidinal self-representations. Like Freud, he suggested that the internal world developed as a substitute and compensation for unsatisfying experiences in external relationships, with aggression as an organising factor, secondary to these frustrations. He also stressed that what is internalised is not an object as such but a relationship. This point is often overlooked.

Transitional space

Guntrip was analysed first by Fairbairn, a fairly dour Scot (Sutherland 1989) and then by the benign Devonian, Winnicott (Phillips 1988). The latter, as already described, took a much more positive view of human relationships, seeing creativity and the internal world as natural results of a good-enough mother–infant relationship. Winnicott insisted that object relations theory had to understand not just internal and external objects but their mutual interplay. This he located in a 'potential space' which is experienced as being neither inside nor outside but in between.

Transitional phenomena are the missing link between Freud's pleasure principle and the reality principle. Through his notion of 'transitional space', Winnicott (1965) attempted to reconcile drive theory with an interpersonal perspective. He believed the drive-driven child conjures up in his mind an object suited to his needs, especially when excited. If, at this precise moment, the 'good-enough' mother presents him with just such a suitable object, complementary to his wish, a moment of 'illusion' is created in the baby, who feels that he has 'made' the object himself. The repetition of these 'hallucinatory' wishes and their embodiment ('realisation') by the mother leads the infant to believe he creates his own world. This omnipotence leads to healthy development of a creative and playful self. Only once this 'true self' has been established can omnipotence be abrogated and the reality of pain and loss be faced. Where the mother is not 'good enough', a compliant 'false self' arises, concealing frustrated and sequestered instinctual drives.

Gradually the developing infant comes to differentiate between internal and external and reality and illusion, realising that there is an outside reality that is not simply the result of one's own projections. This results in an experience of contacting other minds and a greater sense of oneself. Guntrip believed that this process could be recreated in analysis through contacting the 'regressed ego', a helpless and vulnerable aspect of an unloved self, defended against by compulsive object seeking, and curable through regression into transitional space within the analytic relationship. Balint also emphasised the importance of regression as a therapeutic tool in the analysis of disturbed or 'basic fault' patients (i.e. those with borderline pathology).

Hate

Just as Winnicott was able to reconcile libido with relationships in his notion of transitional phenomena, so in his concept of positive hatred he tried to relationalise the death instinct. In his paper 'The use of the object' he distinguishes between two types of experience which he calls 'relating to the object' and 'using the object'. Initially the object is related to part of one's own mind and not necessarily experienced as real or separate from the self. Later in development, when the object is experienced as real and independent, a different type of relationship can be entered into in which there is an exchange of a shared reality. Winnicott called this 'using the object' and linked it to the individual's struggle to recognise and be recognised by the other. The driving force behind this struggle was 'hatred': for the object to be recognised and experienced as outside the person's control it has to be destroyed in phantasy but then experienced as surviving in reality. Here destruction becomes not so much a dangerous damaging force, but part of the separation–individuation process.

Winnicott's creative synthesis of the drive-based and relational models did much to prevent an ossification of theoretical views within the British Psycho-Analytic Society. However, in the USA, many psychoanalysts began to chafe at the rigidity of ego psychology, seeing its exclusive emphasis on the oedipal situation and instinct as limited and limiting. Furthermore, in the 1960s there was a cultural shift leading to an interest in the self, both as a positive arena of personal liberation, and negatively as a withdrawal from relationships into self-aggrandisement and self-gratification. Within psychoanalysis these two factors crystallised in Heinz Kohut's self-

psychology. According to Lasch (1979) and Schafer (1977) this represented a shift from thwarted instinctual gratification to a concern for self-fulfilment, a move from guilty, oedipal man suffering from internal conflicts within a cohesive self, to tragic man struggling with problems of cohesion and the very integrity of the self. In addition to its reaction against the orthodoxies of ego psychology, self-psychology has its roots in the psychoanalytically heretical interpersonal model put forward by Sullivan (1962) which we shall mention first.

The interpersonal model

The interpersonal model, which was developed by the so-called Neo-Freudians – Sullivan (1962, 1964), Horney (1939), Fromm (1973) and Erikson (1965) – takes a radically interpersonal stance; here, to paraphrase Winnicott, 'there is no such thing as an individual'. Sullivan was a psychiatrist who became convinced that the strict Kraepelinian view of schizophrenia in the 1920s was wrong (i.e. in its view of the illness as a biologically determined, irreversible deterioration of the personality leading to complete breakdown of mental and emotional functioning). Well ahead of his time, he realised that much of what was seen as 'schizophrenia' was the result of institutionalisation, rather than disease process. He argued for stimulating human relationships and not just custodial care. It was in this context that Sullivan developed his interpersonal theory.

In common with other psychoanalytic views, the interpersonal model emphasises early mother–child interactions as central to the subsequent development of the personality, but does not see the child's internal world as being the determining influence. Instead, the drive-structure model put forward by Freud is reversed. Anxiety, rather than arising from within as a result of unconscious instinctual wishes pushing for expression and satisfaction, is seen as being stimulated from without, a response to the state of mind of the *other*. The child forms specific mental representations according to the anxiety that is engendered and imagines that a 'Bad Me' elicited anxiety in the (m)other. In the same way a 'Good Me', which alleviates anxiety, is also set up along with a 'Not Me'. The 'Not Me' is a response to severe panic and confusion, akin to Guntrip's vulnerable helpless self at the core of the schizoid mode of being, which is a nucleus for subsequent psychotic fragmentation.

Anxiety experiences are elaborated into stable interpersonal strategies which are manoeuvres designed to establish a sense of security. Such 'security operations' include avoidance, inattentions, tactical misrepresentations and other interpersonal strategies. Although expressed in rather simplistic terms (there are clear links with Sandler's notion of the 'child within'), interpersonal psychonalysis contributed to a significant technical shift away from 'reconstruction' to a focus on the here-and-now in the analytic situation. The interpersonal approach was clearly a reaction to the esotericism of psychoanalytic theory, and encouraged a simple, less theory-laden, more collaborative relationship between patient and analyst, in which the transference was seen primarily as an intensified slice of life, rather than a distortion of the present by complex phantasies about which only the analyst had expert knowledge.

Self-psychology

Kohut (1971, 1977) challenged psychoanalytic orthodoxy in the USA, claiming that a new approach which went beyond oedipal analysis was needed if patients with narcissistic disorders, who were becoming increasingly common, were to be successfully treated. The focus of his theory became the 'self', and the effect that denial, frustration and fulfilment of wishes has on its development. At first Kohut tried to build on both object relations theory and ego psychology and he portrayed the self as arising from mental representations within the ego, an elaboration of the idea of self-representation. Later he came to depict the self as a supraordinate structure with its own developmental line which subsumed instinctual wishes and defences.

Necessary narcissism

Just as Hartmann had postulated a 'conflict-free' zone of the ego, Kohut built on Freud's notion of 'primary narcissism' (*q.v.* pp. 55–6), to suggest that self-love was necessary for psychological health, seeing narcissistic disorders as resulting from defects in the self brought about by parental empathic failures. He postulated first a 'bipolar' self and later a 'tripolar' self in which self-assertive ambitions crystallise at one pole, attained ideals and values at another, and talents and skills at the third. Pathology may arise from a disturbance at each pole and may be compensated for by strength in one of the others.

The idea of the self, or narcissistic developments following a separate developmental pathway, can be seen as an expansion of Freud's view of psychosexual development, and of Anna Freud's (1965) notion of separate developmental lines along drive-, ego-, and object-related pathways. However the view that the self has a supraordinate or unifying, overarching perspective on personality development is more controversial. The main point of contention is Kohut's view that aggressive drives are secondary, arising from an insufficiently consolidated self brought about by empathic failures. Kernberg (1975, 1984) particularly has called attention to this de-emphasis of the aggressive drives. It is also difficult to see in Kohut's schema where the superego fits as an organising focus, if ideals and values are seen as parts of the self.

The central building block of self-psychology is the *self-object*; this is one's subjective sense of a sustaining intimate relationship with another whose security and interest maintains the self. Self-object needs were initially described in the treatment of narcissistic patients, but are now considered to be ubiquitous and enduring and a requirement of the normal psychological functioning of the self. Self-object needs lead to 'self-object transferences' (see pp. 106–7), comprising mirroring, idealising and twinship transferences, each corresponding to a different pole of the tripolar self.

The term 'self-object' has come to be used in a generic fashion to describe the role that others perform for the self in relation to mirroring, idealising and twinship needs. These needs are never outgrown and self-objects are best viewed as aspects of others which are required to gratify the psychological needs of the self, such as engendering security, soothing, admiration and so on. This viewpoint differs markedly from the drive-structural and object relations views on the importance of separation–individuation, although Bowlby's attachment theory also acknowledges the continuing need for dependency. In self-psychology the focus is on the need for empathic and affirming responses from others throughout life, but with a move from reliance on archaic objects towards mature dependency.

CONCLUSIONS

Each developing analyst has to struggle with the tension between conservatism and innovation within the analytic tradition. At one extreme there is a desire to overthrow parental authority and define an entirely new territory of discourse; at the other there is a determination to preserve what is good in the old. These extreme 'oedipal' reactions, while necessary in exceptional circumstances and for exceptional thinkers, are not part of 'normal science' (Kuhn 1962). The developing analyst is in the position first of an oedipal child who has to negotiate both healthy identification and separation in the course of his intellectual development, and later is in a parental position, having to reconcile, as far as possible, the different voices of the competing analytic factions.

Self-psychology's emphasis on empathy, environmental failure, positive narcissism, and challenge to a drive-based interpretive analytic stance was a necessary counterweight to the excesses of ego psychology. Indeed virtually all the theories discussed in this chapter developed because of dissatisfaction with aspects of a prevailing theory. Most psychoanalytic models are incomplete, as indeed are all models of the mind from whatever perspective. Different psychoanalytic models are relevant to different aspects of a complex whole, usually emphasising one aspect at the expense of another. Psychoanalytic disputes neglect this complexity and miss the point that differing views are often an attempt to remedy weaknesses within another theory rather than to overthrow it.

Freud's language, influenced by the physics of his day, lives on: psychoanalysts still speak of object, drive and their mutual 'dynamics'. At the same time, in the contemporary search for a unified theory, three themes stand out: *representation*, *affect* and *narrative*. For Sandler (1981) self and object representations are what guide the individual in his relationship with the external world. Sandler suggests that the primary motivational element is the regulation of feeling states to maintain a sense of security, rather than drives. Similarly, Stolorow *et al.* (1987) have argued that the notion of endogenous drives should be abandoned and replaced with *affects* as motivational elements formed within the interaction between self and self-objects.

In affect theory meaning intersects with mechanism. Meanings are a way of organising and 'fixing' problematic emotional experience into coherent narratives which explain the self's relationship to its world (Elliot and Shapiro 1992). The focus of interpretive work is no longer on instinctual conflicts, frustration of wishes, or aggressive drives but on the patient's affective experience, its origins within the analytic relationship, and the translation of that experience into coherent stories or narratives that make sense and act as guides and warnings for future action. Pine's (1981) emphasis on the importance

of 'intense moments' during both development and treatment is a good example of this.

However, just as psychoanalysis sees the personality as 'a precipitate of abandoned object cathexes', so changes in theory and practice often have their precursors. For example, a focus on the affective experience of the patient is not new. Fenichel (1941) summarised the problem of resistance as either an intense affect defending against cognitive awareness of unconscious conflict, or the reverse, intellectualisation as a defence against affective experience. Too great a reliance on cognitive *or* affective experiences impoverishes the understanding of the complexity of human motivation and interaction and loses the unity of affect and cognition.

Psychoanalytic models of the mind remain in a state of development and intellectual tension. Some (Rycroft personal communication) have argued the need for a 'new paradigm' in the psychological sciences arising out of, but going beyond, current psychoanalytic thinking. If psychoanalysis is to remain a relevant and living discipline, it must open itself up to findings in related disciplines such as child development, linguistics and cognitive science. Similarities, differences and contradictions both within and without psychoanalysis must be accepted and, where possible, worked through to a new synthesis.

Chapter 3

Origins of the internal world

> To our surprise we find the child and the child's impulses still living on . . .
>
> (Freud 1900: 191)

Freud was a Darwinian. He saw in the adult mind vestiges of its evolutionary and developmental history and believed that psychological illness could best be explained by tracing back neurotic symptoms to their childhood origins – 'hysterics suffer mainly from reminiscences' (Breuer and Freud 1895). He was also strongly influenced by the ideas of the British neurologist Hughlings-Jackson (Sulloway 1980), who had demonstrated how in illness the nervous system reverts to more primitive modes of functioning.

For Freud then, as for Wordsworth, 'the child is father of the man'. The clinical implications of this are twofold. First, it suggests that many of our fears and phantasies, doubts and difficulties, are relics of earlier phases of life, no longer relevant to the adult world in which we find ourselves; and, second, it helps us to be more aware and tolerant of the 'child within' (Sandler 1992) that lives on in the unconscious mind and continues to influence our adult thoughts and actions.

In this chapter we consider psychoanalytical theories about how the features of healthy adult psychology which we take for granted – a secure sense of self, stable self-object differentiation, the capacity for intimacy and aloneness, a regulated and modulated emotional life, and feelings of safety and self-esteem – emerge from the undifferentiated state of infancy. We shall also look at how adult difficulties have their roots in disturbances of early mental life.

We shall do so in a sequential fashion, but first we must discuss some background issues that influence the overall picture of