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Ronald Fairbairn: The Dynamic Structure of the Self

Fairbairn is arguably the most neglected figure in Object Relations. His retiring personality, his residence in Edinburgh and the dizzying challenge he made to orthodox psychoanalytic theory all contributed to his marginalisation. It is only in recent years that his work has been published in its entirety, with the recognition that he was the first person to set out a full Object Relations theory of the personality.

Life

Ronald Fairbairn was born in Edinburgh, Scotland, in 1889, the only child of well-to-do parents (Sutherland 1989). His father was a strict Calvinist, his mother an English woman with strong ambitions for the family. Fairbairn became the focus of his mother's attention and hopes, growing up to be idealistic and serious-minded. The rather pompous entry in his diary on his twenty-first birthday expresses his wish for a 'muscular Christianity' rather than the glum passivity of church culture. After initial plans to become a lawyer he decided to enter the church.

Fairbairn shared his mother's wish that he should go to Oxford University, but his father opposed the plan on the grounds of expense and Oxford's dubious moral climate. He remained in Edinburgh to study philosophy, going on to study theology and Hellenic studies in London, Manchester and abroad until the outbreak of the First World War. During his period in the army he encountered 'shell-shocked' soldiers, and soon came to the view that psychological knowledge offered more than religion in addressing emotional and social problems. Another factor in his change of direction may have been his growing fear of preaching, an early example of the phobic symptoms he developed in later life. In his exploration of psychological theories he discovered Freud and decided to pursue psychoanalysis.

Ernest Jones advised Fairbairn to qualify as a doctor before training as a psychoanalyst, so in 1919 he embarked on an intensive four-year medical qualification course. Given the many years he had already spent as a student, this was probably a less daunting prospect to Fairbairn than to many: James Strachey, for example, only lasted six weeks into a similar course. Fairbairn did not have access to a training analyst, supervision or formal training, but he was in analysis for two years with Ernest Connell, an Edinburgh psychiatrist who had been psychoanalysed by Jones. By 1925 Fairbairn was seeing his own patients for analysis.

Despite several attempts to move to London, Fairbairn remained in Edinburgh for the rest of his life. For some years he combined psychoanalysis with the medical care of terminally ill patients, teaching and psychiatric work at Edinburgh University and the clinic attached to its psychology department. His work with traumatised soldiers, with physically and sexually abused children, with disturbed and psychotic patients and with sexual offenders (Fairbairn 1952) demonstrates a conviction that psychoanalysis should make a social contribution beyond the benefits to the tiny number of people with access to psychoanalytic treatment.

At a mature thirty-seven, Fairbairn married Mary More Gordon. She was intelligent and cultured, and enjoyed the upper-class social and cultural life in which she had been brought up. As was expected of a woman of her social class, she gave up all thought of a career after her marriage, despite having trained in medicine. She and Fairbairn had five children between 1927 and 1933, two of whom were twins who died at birth in 1928. This trauma must have contributed to the difficulties in their relationship which continued until Mary's sudden death in 1952. It seems likely that their youngest son Nicholas, who became an eccentric and cynical Conservative politician, suffered particularly badly during his formative years when his parents' relationship was deteriorating.

Mary's antagonism to Fairbairn's work, and her eventual alcoholism, are often seen as the cause of their marital problems. However, the empty life imposed on the middle-class woman of her time, with no focus outside the home and nannies and servants within it, must have been hard for an intelligent woman to bear. When we also learn that Fairbairn regularly worked a ten-hour day with only a short lunch-break, spending the evenings until after midnight writing, it seems inevitable that she should be frustrated and unhappy. Fairbairn took his children to school and for outings at weekends, but he was unable to build with Mary the kind of empathic shared

relationship he wrote of so eloquently in relation to his patients. His most vivid life may have been lived within himself and his work, which could have served to some extent as an evasion of his difficulties with Mary.

The idea of separation was impossible given Fairbairn's religious convictions and his concern for his children. He and Mary reached an uneasy compromise, with Fairbairn participating in visits, holidays and cultural events which he would probably rather have avoided. Mary, however, remained angry and unhappy, while Fairbairn may well have taken up an irritating attitude of distance. They seem to have been kept from disaster by a companion-secretary who lived in the household for many years and who managed to get on with both of them.

Fairbairn's teaching and psychiatric work were also beset with difficulty. Although a few of his colleagues were open to psychoanalysis, most viewed it as a controversial innovation which was not wanted in their institutions. They had almost no direct contact with psychoanalysis other than through Fairbairn, and given his shy personality he may not have been an effective ambassador. We get a picture of Fairbairn as isolated and with little support, the butt of hostility and ridicule, which no doubt increased his tendency to turn inwards rather than outwards. It is not surprising that in 1934, when his personal and work circumstances were at a very low ebb, he developed the same neurotic symptom from which his father had suffered: an inhibition which increased to an inability to urinate when others were nearby. His anxiety in this situation could rise to suicidal proportions, and while it fluctuated, this phobia never left him.

Fairbairn's symptom has been analysed exhaustively for its symbolic meaning (Sutherland 1989). What emerges most forcefully is his acute tension and literal fear of letting go in what he experienced as a dangerous situation: the presence of other people. Perhaps the constraints put upon his social and professional life through his inability to travel or stay away from home could be read as expressions of both his anger and his guilt towards his wife, depriving her of the activity she craved and depriving himself of professional opportunities and the recognition that comes from public involvement.

Fairbairn's most active and original clinical work was during the 1930s and 1940s, although he continued in later years to develop his theoretical ideas through his writing. Harry Guntrip, whom we shall meet in a later chapter, was in analysis with Fairbairn during the 1950s. He describes a formal and introverted figure, 'more

orthodox in practice than in theory' (Guntrip 1975), a picture which is at odds with the bold challenger of Freudian theory but consistent with the thoughtful, anxious, conflicted man attacked from inside and outside home. Mary died during this period, and Fairbairn began to suffer increasing ill-health. He had several near-fatal bouts of influenza and developed Parkinson's disease.

In other ways, however, Fairbairn's life became easier. He gained some professional recognition in Britain, and also in America. His colleague and biographer Jock Sutherland, as well as Guntrip, remained in close touch with him until the end of his life. In 1959 he married his secretary, Marian Mackintosh, who had succeeded the original companion to himself and Mary; Marian remained an important support until his death on the last day of 1964. It is touching to learn that despite his poor health and his difficulties with travelling, he made the journey to London for Melanie Klein's funeral in 1960.

Fairbairn's life in Edinburgh, far from the discussions and controversies of the London psychoanalysts, was demonstrably not a bar to the development of his original and innovative ideas. Although he had to do without the feedback and stimulation that day-to-day contact with colleagues could have provided, he might have felt less free to carry out his deconstruction of Freudian theory had he been under constant pressure to conform to accepted views. Although some analysts responded to his papers, it was from within himself and from the writings of Freud and Klein that Fairbairn fashioned his critique of classical psychoanalysis.

Fairbairn comes over as an introspective and intellectually brilliant man with a richer inner than outer life. His early call for a 'muscular Christianity', for keeping a light touch alongside a serious commitment, was perhaps a call to himself. His friends and colleagues, though they were rather few, spoke of a man of warmth, humour and kindness, despite his tendency towards distance rather than intimacy. His social conscience and his commitment to the alleviation of suffering go side by side with a rigorous scrutiny of ideas and the development of original thought. It is not surprising that much of his theoretical interest is focused on the schizoid way of being, when primal disappointment in life turns us away from relationship with others on to a path of withdrawal and internal conflict. His work with children and with psychotic and traumatised patients offered him opportunities to explore and conceptualise the primitive emotional needs and defences with which he found himself uniquely able to empathise. Like Freud and Klein, Fairbairn offers us an insight into what it was like to be him.

Theory

Overview

Fairbairn began his psychoanalytic studies with a thorough and critical reading of Freud. As a German-speaker the original version was available to him, and his training in philosophy enabled him to pick out the assumptions and structures underlying Freudian theory.

Fairbairn concluded that the scientific foundations on which Freud's work rested were out of date. As science had developed further, so the discipline of psychoanalysis required revision and updating. Freud's theories were based on nineteenth-century Newtonian physics, where energy and matter, force and substance, were seen as fundamentally different phenomena. Freudian theories of the personality and the instincts rest upon this separation, with instinctual energies channelled into the static id, ego and super-ego. By the 1930s, physics had moved on. Einstein was presenting matter and energy as aspects of the same phenomena: light, for example, could now be viewed either as energetic waves or concrete particles, depending on the circumstances. The traditional scientific dualism could no longer be upheld.

In a gradual, radical reworking of Freud's framework, Fairbairn argues that the distinction between matter and energy, structure and instinct, should be abandoned (Fairbairn 1952). He suggests that the ego (the 'I') is present at birth, which he took as the symbolic beginning of the person as Freud and Klein had done before; and that libido is simply its activity. The person *is* structured energy, or dynamic structure. This means that when we think of the self in structural terms, the word 'ego' should be used; when we think dynamically, 'libido' applies. This change had far-reaching implications which were obscured and confused by Fairbairn's use of the same words in the same translation as Freud had used, but carrying different meanings and resting on different premises.

Fairbairn saw the person as the libidinal 'I' with the overarching aim of relating to another 'I'. Libido, or the person in her libidinal capacity, is primarily not pleasure-seeking but object-seeking. Fairbairn is suggesting that our deepest motivation is for contact with others and that this need overrides our wish for physical gratification. Our most basic anxiety, therefore, is separation anxiety: the dread of the loss of the other, on whom our physical and psychological survival depends.

What of the death instinct and the aggression that derives from its externalisation, bulwarks of both Freudian and Kleinian theory? Fairbairn could not conceive of aggression as a primary phenomenon because it would be antithetical to the need for libidinal connection. He saw aggression as a reactive rather than a fundamental phenomenon, arising when libidinal contact is blocked or frustrated. There is thus no place for a death instinct or primary destructive urge and Fairbairn rejected this concept, in absolute opposition to the established Freudian and developing Kleinian schools.

The id, too, is redundant in Fairbairn's structure. Whereas Freud saw the id as the container of the instincts, the 'seething cauldron' of unconscious energy, Fairbairn's synthesis of structure and energy removes its *raison d'être*. If a container is not separable from what it contains, if there is no death instinct and if libido (Eros) is simply the active aspect of the ego, there is no place for the id. Fairbairn also redefined the super-ego, rejecting its Freudian genesis as the product of the Oedipus Complex. What Freud and Klein refer to as the super-ego he saw as a complex of structures arising from the early division of the self.

The Schizoid Position

Freud suggested that at birth the baby is an uncoordinated being whose disparate fragments gradually cohere and integrate. Fairbairn suggests by contrast that at birth, our hypothetical beginning, we are whole and undivided; but that through the traumas and stresses of post-natal life our primary unity is broken along predictable lines, and we become divided within ourselves and against ourselves. He terms this primary division the schizoid position, postulating the same basic patterning in all human beings. He is suggesting not that we are all schizoid personalities but that we are all split and conflicted, and that these inner splits and conflicts structure the self.

What is the nature of the primary trauma leading to this internal rupture? Fairbairn suggests it is that which impels the baby to withdraw from whole-hearted connection with the object, the person in the outside world. Withdrawal from relationship involves a basic conflict because the baby's fundamental motivation is to relate to others. The compulsion to go against this basic urge arises, Fairbairn suggests, from two possible, and inevitable, scenarios: if the baby is not convinced that her object (for example, mother) loves her for herself, and if the baby is not convinced that her object accepts her love as

love. These simple and profound definitions of primary trauma bring out the subjective nature of failures in relationship that cannot but be universal. No one feels an unending certainty of being loved and valued simply for being who they are: we sometimes feel valued for our services, our looks or our talents, as the extension of someone else's hopes or as a means of demonstrating their importance. Actual and perceived indifference, neglect or exasperation cannot but occur rather frequently in our closest relationships from babyhood onwards.

From the baby's point of view these early abandonments are shockingly intolerable, but she is forced to find a way of managing them. She has to construct a way of being which encompasses her absolute need to relate as well as offering some protection from the emotional consequences of her unmet relational needs. Fairbairn suggests that the only way of doing this involves separating off the traumatic experience and relocating it inside. The trauma is incorporated in the baby's subjectivity by way of damage limitation, paid for in internal conflict. The baby is able to continue relating to the external person, while the split-off bad experience takes up her retreat from the dangers of relationship.

Fairbairn offers us a diagram to help explain how the schizoid position (the split position) first comes about (Fairbairn 1952: 105). We can build up the diagram in stages, following this process. The whole and intact ego (the self) is originally in full and unproblematic relationship with the other person (Figure 3.1):

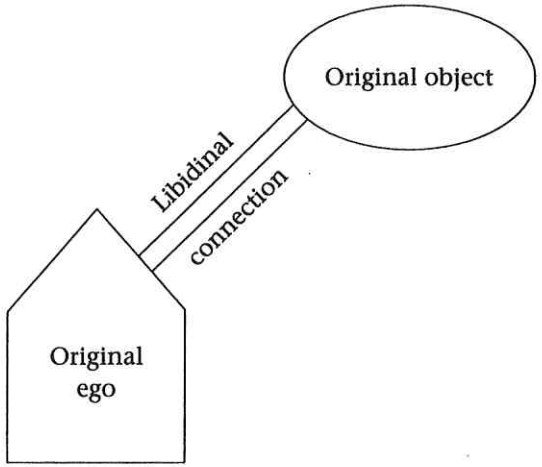

Figure 3.1: The earliest relation of ego and object

When the libidinal, or loving, connection is broken, blocked or compromised, the baby takes inside the relationship which has now become ambivalent. She divides this jumbled mixture into its tolerable and intolerable parts. The tolerable aspect, termed the 'ideal object', stays connected to the main part of the ego, which we now term the 'central ego'; there is thus a constant internal relationship between the central ego and the ideal object (Figure 3.2). The central ego is the self that we like to think of ourselves as: 'I feel myself again today'. The ideal object is the way we would like others to appear to us. These two elements together represent the mode of relationship in which we feel most comfortable: comparatively smooth, without an over-intensity of either anger or need. The central ego/ideal object set-up is the manageable inner relationship which we salvage from a bad experience.

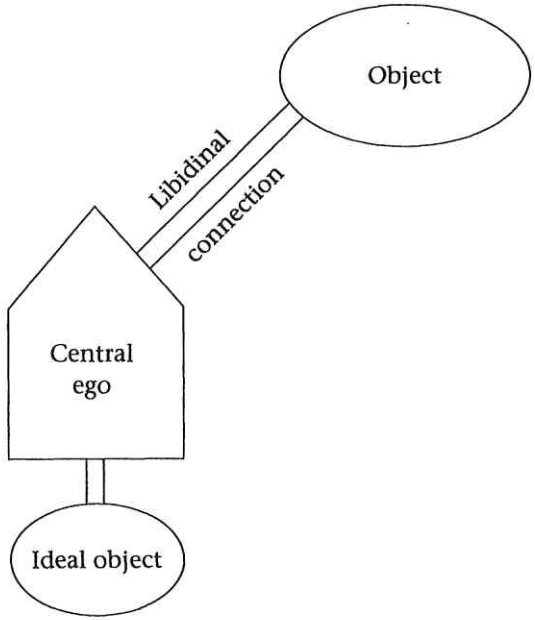

Figure 3.2: The central ego and ideal object

The intolerable aspect, also internalised, is further subdivided into two elements. The intolerably tantalising aspect of the other person, connected to the intensely needing self, is internalised as an inner bonding of the 'exciting object' and the 'libidinal ego' (Figure 3.3).

The libidinal ego is a fragment of the original ego that has been disavowed and driven apart from the official, accepted self, the central ego. The baby thus splits off her unbearable neediness in a withdrawal from external relationship. Her neediness implies the original object of her need: the person who excited her beyond what she could endure. The libidinal ego/exciting object configuration may emerge from repression as intense dependency cravings. We feel it at a more conscious level where it merges into the central ego/ideal object, as painful yearning in situations such as waiting endlessly by the phone for the lover who had promised to ring, but who we know from experience will not.

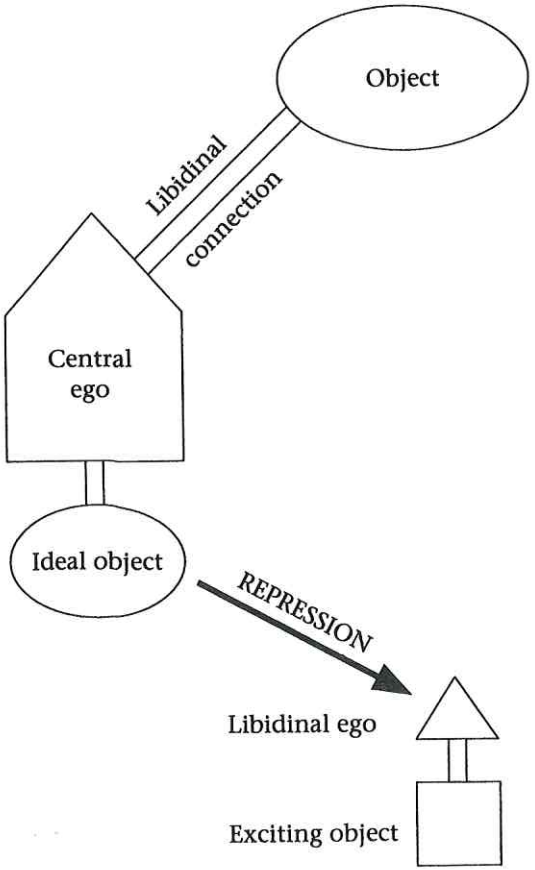

Figure 3.3: The libidinal ego and exciting object

Simultaneously, the intolerably depriving, rejecting aspect of the other person is internalised as the 'rejecting object', attached to the 'anti-libidinal ego' (Figure 3.4). The anti-libidinal ego is the split-off ego fragment that is bonded to the rejecting object. We can think of it as the 'anti-wanting I', the aspect of the self that is contemptuous of neediness. Rejection gives rise to unbearable anger, split off from the central self or ego and disowned by it. Fairbairn originally termed this element the 'internal saboteur', indicating that in despising rather than acknowledging our neediness, we ensure that we neither seek nor get what we want. The anti-libidinal ego/rejecting object configuration is the cynical, angry self which is too dangerously hostile for us to acknowledge. When it emerges from repression we

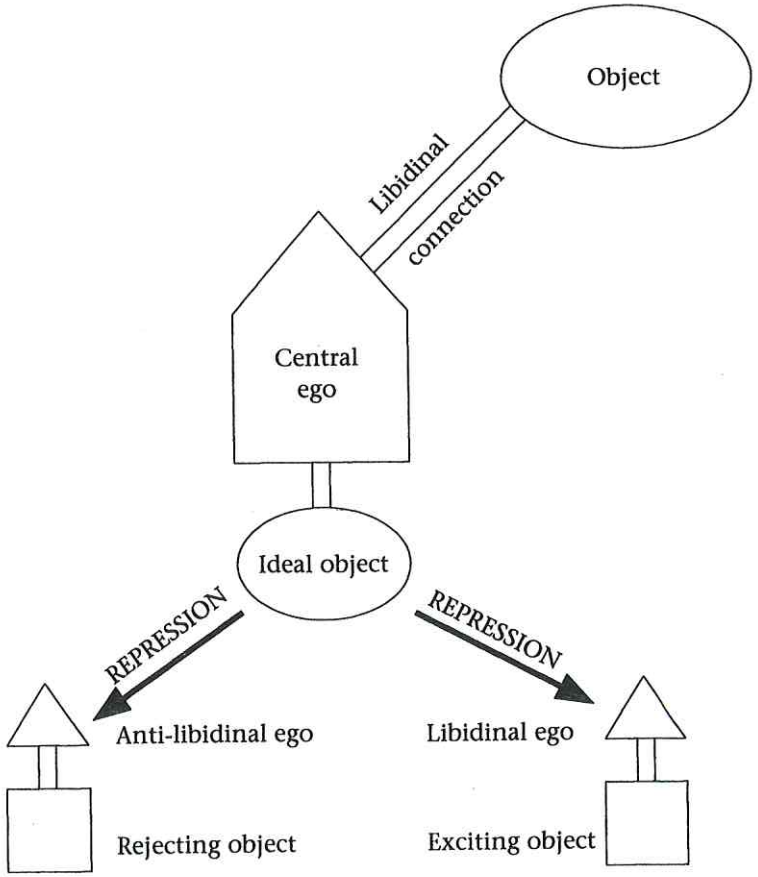

Figure 3.4: The anti-libidinal ego and rejecting object

may experience it as chaotic rage or hatred, sometimes with persecutory guilt. As it merges with the conscious central ego/ideal object, it appears as the despising of oneself and others as wimpish and pathetic; 'I never wanted her anyway', we declare brazenly, berating our pathetic neediness of the tantalising exciting object whom we attempt to render worthless.

The libidinal ego bonded to the exciting object and the anti-libidinal ego bonded to the rejecting object are repressed and split off: the central ego/ideal object duo drives them out of acknowledgement. The libidinal ego/exciting object (need) is further rejected

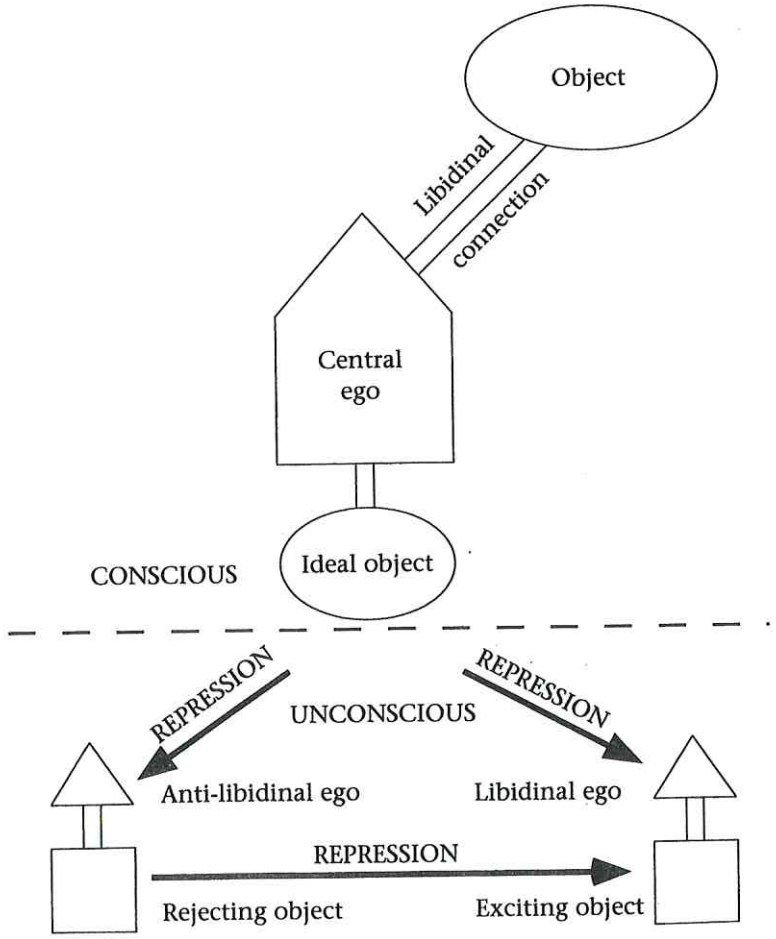

Figure 3.5: Fairbairn's complete ego/object structure

and disowned by the anti-libidinal ego/rejecting object (anger), a process Fairbairn describes as secondary or indirect repression (Figure 3.5). The central ego/ideal object is the main part of the self, acknowledged, accepted and conscious, fading into the other constellations which are essentially repressed and unconscious.

The diagram thus represents the original splitting of the ego which leads to a differentiated complex of internal relationships representing the continuing necessity of relationship in the face of blocked external relationship. By taking the burden of badness within, we can continue to see the needed external person as good enough, and can therefore continue trusting them and relating to them. We maintain an outward sense of security at the price of inward insecurity and conflict. Fairbairn calls this relocation of badness the 'moral defence', and connected it with the Freudian super-ego (Fairbairn 1943). He suggests that in order to cope with this inner persecution, we back up the repression of the disavowed ego/object constellations by internalising good experiences; this consolidates the ideal object and offsets the intolerableness of the rejecting and exciting objects and their respective ego fragments.

Fairbairn ends up with a tripartite structure which bears a superficial resemblance to Freud's tripartite personality structure. The central ego/ideal object and the Freudian ego, the anti-libidinal ego/rejecting object and the super-ego, the libidinal ego/exciting object and the id correspond to the aspects of the mind which Freud and Fairbairn understood in different ways. The central ego, however, is a far more dynamic and substantial centre of operations than Freud's ego, which is a secondary structure besieged by external and internal pressures. The id is the centre of Freudian theory as the source and container of all mental energy, a tumultuous, chaotic instinctual jumble; the libidinal ego/exciting object, by contrast, is simply repressed dependency in continual relationship with a tantalising other within the self. Freud's super-ego develops at a later stage than the anti-libidinal ego/rejecting object; and Fairbairn considered what Freud saw as the super-ego to include this duo together with the aspirations and expectations supplied by the ideal object in relation to the central ego.

Fairbairn's structure also bears comparison with the three ego-states articulated by Eric Berne (Berne 1961). Berne left psychoanalytic training to establish Transactional Analysis, and like others in American psychoanalytic circles he was familiar with Fairbairn's work. The anti-libidinal ego/rejecting object correlates readily with

the moralising Parent, the libidinal ego/exciting object with the needy and spontaneous Child, and the central ego/ideal object with the reality-based Adult. The 'top dog/underdog' polarity looks very like the opposition between the anti-libidinal ego/rejecting object and the doubly-oppressed libidinal ego/exciting object. Berne's ego-states are tools rather than theoretical constructs, and are not differentiated into conscious and unconscious as are Fairbairn's ego constellations; it would be interesting to explore the relations between these practical and theoretical ideas (to which Kathi Murphy (personal communication) drew my attention).

The Schizoid State

The schizoid position is the primary structuring of the self which Fairbairn took as the basis for personality development of all kinds. The schizoid personality develops when the original splitting and repression are maintained and increased to an extreme, yet without the psychotic fragmentation of schizophrenia (Fairbairn 1940). The hallmark of the extreme schizoid position, the schizoid state, is a sense of emptiness, deadness and futility. While this state is experienced transiently by many people, the schizoid person experiences it as a normal way of being. In Fairbairn's terms, so much personal involvement – need and anger – has been split off and repressed that the central ego/ideal object is left empty. Many people in a schizoid state express this as feeling unreal and cut off, as though separated from the world and their own feelings by a glass screen. The sense of futility arises from the poverty of their relationships, which in Object Relations theory are the centre of human life. Love and relationship are dangerous for the schizoid person because it was her need for others which brought about her hopelessness; this in turn led to a vicious internal war of attrition. If love itself is destructive, life has neither meaning nor purpose.

Because relationship with others has proved unendurable, the schizoid person substitutes inner relationships which are themselves conflicted, problematic and repressed. The focus on the inner rather than the outer world is manifested in the characteristic schizoid introversion and narcissistic valuing of the self over others. The schizoid person scorns physical need and passion as gross, shunning dangerous emotions and preferring to occupy only the more rational and intellectual layers of the psyche. Reverting to the simpler view of the other as a function, the schizoid person tends to treat others

as adjuncts to the self – part-objects – rather than as people in their own right. The apparent schizoid indifference or contempt for others led Freud to the view that such patients could not be treated psychoanalytically as they seemed unable to form a useful transference on the analyst. Fairbairn's vivid and empathic articulation of the dreadful inner state of the schizoid person opened the door to a fuller understanding of the schizoid state and how to work with those suffering within it.

Fairbairn contrasts the schizoid position, where love appears to be the agent of destruction, with the depressive position, which arises at a later stage of infancy. The dilemma of the depressive position, so fully articulated by Klein, is how to manage anger and hate. In the depressive state we feel that while our love is good, our hate is bad. We cannot avoid being angry and so we fear that we will drive away or destroy the person we love. The feeling that this leaves us with is not futility but despair. We still believe in the value and goodness of relationships but feel we are not capable of sustaining them.

Fairbairn suggests that the schizoid and depressive positions and anxieties face us with our ultimate fears: the destruction of the self and the other through our love or through our hate. Being caught in either is an intolerable experience which we defend against in any way we can. While both are unbearable, the schizoid state is the more fundamental and terrible because of the conviction that love itself is bad; thus a schizoid state exacerbates the depressive position before it has even begun. In the schizoid state the libidinal ego/exciting object, our needy self, is the threat; in the depressive it is the anti-libidinal ego/rejecting object, our angry self, that is feared and therefore kept under repression. Fairbairn suggests that all psychotic and neurotic states relate to these two basic human positions; people usually tend more towards one than the other, depending on whether their greatest problems arose in the primitive experience of need, leading to the schizoid position, or the later experience of hating the person they needed, leading to the depressive position.

Fairbairn considered that twentieth-century Western childcare engendered an alienated, schizoid mode of being through the isolation suffered daily by babies. The schizoid sense of meaninglessness has been explored in depth and detail by the existentialists (see Sartre 1938), who view it as the core of the human condition: for them, our only choice is to struggle with it or deny it.

Emotional Development

Fairbairn rethought the Freudian stages of libidinal development, elaborated by Abraham as the oral, anal, phallic and genital stages of sexuality. In this model, the child's focus of excitement moves to different body parts or erotogenic zones, setting the tone and structure for interaction with external objects (people) who are important only insofar as they are agents of the child's instinctual gratification or frustration. The different neuroses – depression, hysteria, obsessional neurosis – are seen as arising from fixations or arrests at specific points in libidinal development, as a result of either too much gratification or too much frustration of the child's instinctual urges. Thus people fixated at the anal stage are continually preoccupied with cleanliness and dirt, order and mess, holding on and letting go. They may present as obsessive-compulsive in their unconscious and incessant efforts to undo their messiness through rituals of checking or cleansing, as rigidly inhibited in emotional expressiveness, frequently being physically constipated as well, or as messily defiant in their refusal to 'follow the rules'.

Fairbairn describes libidinal development in emotional rather than sexual terms, reflecting the primacy of relationship over drive (Fairbairn 1941). He suggests that we move from 'infantile dependence' to 'mature dependence' via a transitional stage. He does not see maturity as independence because we never grow out of our need for others, although the way we experience others and our need for them changes over time. He places the neuroses in the transitional stage, suggesting that they are based on paranoid, phobic, obsessional or hysterical techniques. These techniques are not the result of fixation, but different methods which we use in the struggle to move from infantile to mature dependence. Neurosis represents both the achievement of going beyond infantile dependence and the failure to reach mature dependence.

Infantile Dependence

Fairbairn describes infantile dependence as a libidinal connection – a wanting connection – based on identification with the object and expressed through an attitude of taking. He terms the structure of this connection 'primary identification' (Fairbairn 1941). In this state, the baby experiences the other more as an aspect of herself

than as another person. She feels her attachment as a need to feed from and be nurtured by the other, essentially to take from the other. Mature dependence, by contrast, is a libidinal connection based on the recognition of the other person's separateness; mature attachment means wishing to give as well as take.

In infantile dependence, the baby perceives little difference between self and other. She drinks in the parent's attitudes, tones, movements and emotions and these suffuse her being. She sees no conflict between her own needs and her parent's. Like her own body parts, the other is there simply to give to her in the way she wants to take: her pleasure is the other's pleasure, the purpose of whose life is in perfect harmony with the baby's needs. Taking from the other is a truly loving act, bringing two beings together in a unity of shared fulfilment. We can see how inevitable it is that parents or carers honoured in this way will not always experience such taking as an expression of love. Sometimes their own needs will predominate, and the infant's will seem a nuisance, a demand, or even an attack. The original splitting of the ego, while theoretically pathological, is thus unavoidable and universal in the real world.

Transitional Stage and Transitional Techniques

With the schizoid position set up, the baby tries to relate to the other as before while containing the traumatic experience within. She feels the badness is safer and more controllable inside than outside because she can continue to see the parent as good and thus feel secure. In the separation process which follows the most primitive stage of infantile dependence, the baby begins to realise that the other is not the same as her. As her sense of control is threatened she feels increasingly vulnerable and powerless. At the same time the repressed ego constellations, like all repressed elements, press upwards into consciousness. These two factors come together in a tendency for the baby to treat external objects as if they were her own internal objects; she projects her rejecting or exciting inner objects on to the people around her and relates to them in those terms.

The transitional stage is thus a process of emotional separation between self and other. Projecting elements of the inner world on to the external world eases the internal battle while offering the illusion that we may be able to get rid of our difficulties. The transitional techniques are the ways in which we manipulate our internal object relationships in our efforts to ward off the full force

of the schizoid state, with its relentless persecution covered by inner deadness, or depressive anxieties with their unresolved internal conflicts.

Fairbairn sees the phobic technique as a dilemma between recognising the separate nature of the object and regressing to primary identification. Both the exciting object, promising fulfilment and safety, and the rejecting object, threatening destruction, are projected on to the world outside which then seems to hold both danger and salvation. The phobic person flees in terror from the person or the situation on to which she has projected her rejecting object, and clings regressively to the person or situation representing her exciting object. She is drawn into identification with this object until the fear of losing her identity and individuality turns the exciting object into the rejecting object. Claustrophobia, for example, can be seen as the longing to be merged indistinguishably with the object, together with the dread of being engulfed in the process.

The obsessional technique, like the phobic, represents a conflict between separateness and identification. This time, however, the rejecting and exciting objects are experienced as internal rather than external and are not clearly separate from each other. The obsessional predicament is being torn between holding on to their attractive exciting aspect, and evacuating into the external world their dangerous rejecting aspect. There is a direct relation here to Freud's and Abraham's anal stage, where the central conflict is whether to hold on to or push out the faeces which are experienced both as poisonous weapons and as precious gifts. The rituals of the obsessive-compulsive person express her inability to resolve this question. Constant washing, for example, does not result in the relief sought, although it may briefly give the illusion of doing so. You cannot wash feelings off – particularly if you do not want to let them go.

The hysterical and paranoid techniques are based on the conflict between accepting the object in its exciting aspect and rejecting it in its frustrating aspect. In the hysterical mode, the person identifies her own central ego with the rejecting object, while projecting the exciting object on to the other. She thus rejects herself as a resource and clings desperately to the other who appears as a tantalisingly elusive saviour.

This fragile state of affairs easily tips over into the paranoid state, where the person identifies herself with the exciting object and projects the rejecting object outside. The world then seems full of hostility and danger, while she herself is completely good. The paranoid state may be a comparatively stable way of being or it may

arise when the hysterical technique breaks down. Those who represent the hysteric's exciting object are always in danger of falling off their pedestals when they fail to provide sufficient relief. The hysterical person, now paranoid, experiences them as malevolent and evil while she is their innocent victim.

Fairbairn draws a parallel between the schizoid state of inner division and the hysterical state of dissociation. He was one of the earliest psychoanalysts to recognise the connection between these two ways of being and the frequency with which they alternate. It is a common pattern to yearn for the other, experienced as the exciting object, only to withdraw in dread if she responds. The conflict between the desire for relationship and the fear of intimacy becomes exaggerated through projection into a conflict between being rescued and being trapped. This has been variously described as the 'in-and-out programme' (Guntrip 1968), the 'hystero-schizoid split' (Lake 1966) and 'claustro-agoraphobia' (Rey 1994), all of which are subsumed in the borderline and narcissistic states which have become a focus in modern Object Relations.

While the schizoid state involves internal preoccupation and external detachment, the hysterical state involves the distortion of relationships over and above the projection of internal objects. The hysterical person retreats from the dangerous world of the emotions to the safer world of sensations. She only feels safe while actually holding on to the needed other, regardless of whether there is an emotional connection. This parallels the regression to part-object relationships: as well as treating others as less than whole people, the hysteric treats her problems as physical rather than emotional and therefore seeks external relief. The mysterious physical symptoms commonly manifested in hysteria represent a 'substitution of a bodily state for a personal problem' (Fairbairn 1994a: 29).

The hysterical person's bodily focus can look like the Freudian pleasure principle in full swing – the seeking of relief or gratification regardless of personal relationship. Fairbairn regards this as a deterioration of object-relating arising from the abandonment of full emotional contact: pleasure-seeking is simply a poor substitute for person-seeking.

Fairbairn did not examine the process of moving from the transitional stage of relating to that of mature dependence. However, as the transitional techniques are the major neurotic modes, the process of psychotherapy must parallel this move. Fairbairn's psychotherapeutic aim is to help the patient to give up her closed system of internal ego/object structures and come to rely instead on

undistorted relationships with real people. He sees the therapeutic relationship as facilitating the patient's change to the extent that it is genuinely good rather than solely transference-based. Fairbairn suggests that maturation means becoming more able to manage experience without resorting to the splitting and repression of the schizoid position or the projection of the transitional stage, and that psychotherapy can help people grow further towards mature dependence (Fairbairn 1994a: 73–92).

Fairbairn gives surprisingly little attention to the development or treatment of psychosis, but leaves a pithy definition:

> Whereas the psychoneurotic tends to treat situations in outer reality as if they were situations in internal reality (i.e., in terms of transference), the psychotic tends to treat situations in inner reality as if they were situations in outer reality. (Fairbairn 1994a: 85)

The extent to which we are dominated by our inner conflicts therefore determines our psychological well-being. In psychosis, the outer world all but disappears as the inner world takes over; in the ideal state of full mature dependence, we manage our own feelings and recognise other people for who they are. That leaves most of us, most of the time, somewhere in between: treating other people to some degree in terms of our own expectations and needs, our view of them depending partly on our mood. All of us who have moved beyond gross infantile dependence will tend to favour one or more of the transitional techniques and distort our perceptions accordingly.

The Oedipus Complex

Fairbairn paid brief but crucial attention to the Oedipus Complex (Fairbairn 1952: 119–25). Rather than placing it in the centre of emotional development as in the Freudian scheme, he viewed it as a culturally variable aspect of relating in the transitional stage. He links the Western child's desire for one parent and fear and hatred of the other with the inner exciting and rejecting objects.

He postulates that the child experiences both parents as frustrating and fulfilling, exciting and rejecting, sometimes more intensely than she can manage. The child's inner rejecting object and exciting object will therefore each contain aspects of her experiences with both parents, layered and fused over the primary division of her early relationship with the mother or mothering person. To simplify this

complexity, the child comes to identify one parent predominantly with the exciting object and the other predominantly with the rejecting object, projecting these objects on to the parents in transitional-stage relating.

Fairbairn sees the Oedipus Complex, like all relationship, as centred on emotional contact rather than instinctual gratification. He suggests that when the Oedipal polarisations are played out in a sexualised manner it is as a consequence of parental seductiveness, together with the child's defensive attempts to replace emotional contact with physical excitement. He sees the intense, painful, crisis-ridden Oedipus Complex of Freudian theory as the outcome of earlier deprivation and inner splitting. Where relationships have been more fulfilling, the Oedipal stage is less difficult and less important.

Fairbairn briefly comments that individual experiences of Oedipal relating are connected with later sexual orientation. The child's experience, as well as her biology, will influence which parent she sees as more exciting and which as more rejecting and how exclusively this happens. His comment indicates his view that the Freudian double Oedipus Complex, where the child sees both parents as objects of desire and also as potential rivals, arises simply from the child projecting both her exciting and rejecting objects on to each parent. Heterosexual orientation would arise from experiencing the opposite-sex parent predominantly as the exciting object and the same-sex parent predominantly as the rejecting object, with the situation reversed for lesbian and homosexual orientations, while bisexuality simply presupposes a more equal balance between the two.

Fairbairn did not elaborate on his ideas, nor did he relinquish the homophobia endemic to his social class and group. However, his fleeting attention to this subject offers a genuinely pathology-free construct of sexual orientation. It is very unfortunate that his ideas have not been developed further.

Therapy

Prior to Fairbairn's influence, psychoanalysts believed that technique was what made psychoanalysis effective. The analytic setting provided a neutral screen on to which the patient's unconscious conflicts and preoccupations were projected and which the psychoanalyst elucidated. The analyst would interpret, or spell out, the transference in particular: the feelings and perceptions the patient transferred on to the analyst from her childhood relationships with parents or other

significant people. The relationship between patient and analyst was not in itself important, and was kept neutral so that the patient's projections would show up clearly. The analyst's interpretations were the active ingredient, the factor which most assisted the patient in becoming aware of her hidden assumptions and impulses, enabling her to work them through and come to a more satisfactory resolution.

Fairbairn's view of the primacy of relationship over impulse changed the psychoanalytic rationale. He believed that the single most important factor in helping the patient to change was the real relationship – not the transference relationship – with the analyst. If the patient was to become able to let go of her attachments to her internal bad objects, there had to be a genuine relationship with the analyst to take their place. The relationship with the analyst was more important than the correctness of the interpretations offered, which were mainly useful in communicating the analyst's understanding and concern.

With this in mind, Fairbairn modified the conventional analytic setting, although, characteristically, in a less complete way than he imagined. He felt strongly that to have the patient lying down with the analyst sitting behind her, out of view, replicated the patient's early traumas of abandonment and deprivation. He therefore offered the option for patients to sit in a chair, half-facing himself; he put himself, however, behind a large desk (Fairbairn 1994a: 80–1). Fairbairn obviously saw this as a more friendly arrangement, without considering the effect of such an imposing barrier (Guntrip 1975). His empathy seems to have been greater than his ability to communicate it; but his own difficulties with intimacy must have contributed to his acute sense of what his schizoid patients were suffering.

Fairbairn (1943) believed that the greatest resistance to change lay in the patient's loyalty to her internal objects. Our persistence in holding on to our inner world of unsatisfying relationships leads us to view the external world in the same terms. The risk of disregarding our normal way of being, with its familiar judgements and predictions, feels extraordinarily dangerous because of our absolute need as children to preserve our external relationships through the only means available to us. If we open up our closed systems we are likely to encounter an acute fear of falling into a spinning vacuum of emptiness, disorientation or humiliation in a resurgence of early trauma. It is for this reason that the real relationship with the analyst is so important. Without a secure trust in the analyst or therapist,

we will not risk abandoning our internal objects to turn more fully to the other person.

In terms of Fairbairn's diagram, the purpose of psychoanalysis or psychotherapy is to help the patient, through genuine concern, understanding and challenge, to re-own her split-off capacities for anger and need and integrate them into her central ego/ideal object. She will then be able to relate to others with more richness, while her internal world will be less divided and conflictual. She will experience both herself and other people more fully and more truly.

Commentary

Fairbairn's theories represent a revolution in psychoanalysis, yet many of his papers remained unpublished until 1994 (Fairbairn 1994a, 1994b). Geographically and psychologically distant from the mainstream psychoanalytic world, he was not a natural communicator like Winnicott nor a pioneering fighter like Klein. He was not interested in creating a large body of written work and must have reworked each paper painstakingly until he was satisfied with it. He did not travel the country promoting his ideas and he had no interest in founding a Fairbairnian school of psychoanalysis. These factors, together with the startling challenge his ideas posed to Freudian theory, combined to postpone serious engagement with his work.

Some analysts did nevertheless write reviews or critiques of his work, some of which he answered. The best known of these is a book review by Winnicott and Khan (1953) in which they criticise aspects of Fairbairn's ideas, concluding that his attempt to challenge the Freudian basis of psychoanalytic thinking was misguided and mistaken. In particular, they point out that Fairbairn's view of the person as essentially and primarily object-seeking appears to conflict with his view of infantile dependence and primary identification. If our need for others is originally based on identification rather than separateness, if there is no sense of differentiation between subject and object at this primitive stage, in what sense can there be a relationship between the infant and the other, and in what sense can the infant be said to 'want' or 'need' a relationship? Surely, they suggest, what the infant seeks is pleasure, which is what contact with the mother happens to provide. Therefore, Freud's conception of the libido as pleasure-seeking has to take precedence over the libido as object-seeking. Balint (1957b) came to a similar conclusion.

This apparent contradiction is partially resolved in a recently published paper in which Fairbairn makes it clear that he saw primary identification as an emotional rather than a cognitive process, and typically partial rather than total in post-natal life (Fairbairn 1955). The baby may be aware at a perceptual and cognitive level that the other is a separate being. Emotionally, however, it is as though the other shares the same world as herself. For the baby, the other has no interests, no feelings, no perceptions and no thoughts which conflict with her own wishes and needs. Love means taking in from a being within the baby's own orbit and whose sole interest is in meeting the baby's needs. The baby is similarly wide open to the smallest nuance of feeling and atmosphere that comes to her from the other, drinking them in without criticism or questioning, accepting them as fully as she accepts her own feelings and perceptions. With this understanding, we can see infantile dependence not as a mystical state of union but rather as an immature mode of relating towards which we are always slipping back, even as adults. We often fail to acknowledge sufficiently that those who are important to us also have a life, a subjectivity, a world of their own, and that they are not there simply to serve our needs.

However, Fairbairn does indeed assert that before birth the baby experienced a full and total identification with the mother, emotionally and cognitively. He even writes (Fairbairn 1946) of the efforts of the child to return to the pre-natal state of bliss and security through the illusion of identification with the other. Unless Fairbairn is suggesting that the child does not become human until after birth, the confusion remains as to how the baby could experience her need for an other when she has no conception of otherness.

In answer to his critics, Fairbairn explains that he views identification as an act rather than a state, an illusion created by the child's absolute need for the other: 'the dynamic of identification is a need' (Fairbairn 1955). This suggests that he thought of primary identification as an early defence against the unwelcome reality of separateness and vulnerability. Through identifying with the other, the child creates an illusion of infinite closeness and therefore security. From this perspective, pleasure is only pleasant because it confirms the relationship which is our true primary need.

Elsewhere, however, Fairbairn indicated that he also thought of primary identification as a state of affairs which preceded any awareness of separateness: 'I employ the term "primary identification"', he wrote, 'to signify the cathexis of an object which has *not yet* [my emphasis] been differentiated from the cathecting

subject' (Fairbairn 1941). In other words, the baby only becomes aware of the possibility of differentiation at a certain stage, probably through the trauma of birth. She defends against this knowledge through her identification with the other, which now appears to be secondary identification; or, to put it in another way, through a slowness to fully acknowledge the other's otherness and thus move beyond primary identification.

Because Fairbairn, like Klein and Freud, took birth as the starting point, his brief look at pre-birth experience is a casting-back rather than a comprehensive scrutiny. Since this was not the main area of his study, he did not explore the contradictions between his various statements. As Klein depended on the fact of birth to set the instinctive drives into operation, so Fairbairn depended on the birth trauma to set primary identification going as an active mode of relating.

We can therefore take the meaning of the pre-birth state, hypothesised as blissful, in two ways, confirming either the Freudian pleasure-seeking or the Fairbairnian object-seeking view of our basic nature. In the Freudian view, the absence of otherness means that the baby can only be aware of wanting pleasure; objects, or others, become attached to pleasure secondarily. This viewpoint is built on conscious psychological experience.

In the Object Relations view, the baby's bliss is simply the absolute fulfilment of her relational needs. She is not aware of otherness because she has experienced no break in her fulfilment, no trauma of deprivation. Her felt desire for the other arises as a result of the other's absence which creates the category of separateness. It is not that she was not object-needing before she experienced separation, it was just that she had no way of becoming aware of her need. This viewpoint encompasses both conscious and unconscious processes.

This difference is taken up in James Grotstein's contribution to a recent gathering together of a variety of reflections on Fairbairn's ideas (Grotstein and Rinsley 1994). Grotstein suggests that Freudian and Kleinian theory should be taken not as objective fact but as a retrospective account of how the child or the baby would explain her experience. 'There is something creative in me and something destructive', she might say. 'I am moved by forces beyond my control.' These unconscious forces are seen as biological because they are outside conscious awareness.

Fairbairn's ideas depend less on what is conscious. This gives him the freedom to see the self from the outside and encompass both conscious and unconscious levels in the psychological domain. It is paradoxical that a less experience-centred view gives a more

psychological theory, reflecting the vastness of the unconscious and the ultimate impossibility of reaching the roots of the self directly. Freud and Klein saw this inaccessibility as the fading of psychology into biology; Fairbairn, as the desperation with which we close off parts of ourselves which can then only be reconstructed from an external point.

Other problems arise from the intense focus Fairbairn gave to such a defined and limited area. He did not pursue the origins of the ego beyond stating that it is 'present at birth' (Fairbairn 1994a: 155). Nor did he explore the needs of the developing child for anything other than nurturance and acceptance. There is no suggestion that the child may benefit from differentiated parental roles or that the father can be anything other than a second mother. He gave little attention to mature dependence compared with infantile dependence, and his transitional stage also gets rather short shrift. His table of neurotic techniques, while interesting, is less elaborated and less connected with clinical experience than his full and empathic analysis of the schizoid state.

Fairbairn's view of internalisation as a pathological process, and a structured psyche as somehow unnatural, has been criticised by psychoanalysts from Klein onwards. Fairbairn in his turn objected that Klein's internal objects were mere figments of the ego's phantasies rather than distinct parts of the ego, able to think, perceive and interpret.

Richard Rubens (in Grotstein and Rinsley 1994) clarifies the distinction implied in Fairbairn's theory between internalisation which leads to the impoverishment, and internalisation which leads to the enrichment of the self. Rubens uses the term 'structuring internalisation' for the internalisation which arises from bad experience and leads to the splitting-off and repression of parts of the self. 'Non-structuring internalisation', on the other hand, is an internalisation into the central ego/ideal object, enriching it and its connections with the world. Few would maintain that self-fragmentation is a constructive process; and few would deny that we can be enriched by any experience that we can bear. Fairbairn did not address this beneficial kind of internalisation in any detail, giving the impression that he saw no difference between mental development of any kind and a riven subjectivity.

Fairbairn's theory of the schizoid position is built on the assumption that an untraumatising environment is theoretically feasible and would not lead to split-off structures within the self. However, the only environment that Fairbairn conceived as untraumatising was

one which is absolutely continuous with the self. Yet if that were the case, it would not constitute an environment: the distinction between organism and environment implies a disjuncture. It seems a weakness in Fairbairn's theory that the basis for emotional development is stigmatised as pathological, with theoretical 'normality' based on a logical impossibility.

Fairbairn's monumental revision of Freudian theory had a hidden but far-reaching effect on psychoanalysis and thence on psychotherapy. While his theories were ignored or dismissed, their implications for practice spread. Psychoanalysts of all persuasions began to accept that their patients needed a genuine relationship with the analyst rather than simply a good technical job of accurate interpretation. Although he was not acknowledged, this rippling out of a more humane approach indicated his colleagues' silent agreement with at least some of his ideas.

Practitioners of different approaches are now turning to Fairbairn's long-neglected theories. While incomplete and puzzling at times, they nevertheless offer the first coherent analysis of human experience built on a relational rather than a physiological basis. The content of Fairbairn's work explains and confirms our primary need for relationship with others; his reserved style conveys the pain of being without it.