

Why read Fairbairn?

I have found that Fairbairn develops a model of the mind that incorporates into its very structure a conceptualization of early psychic development that is not found in the writing of any other major twentieth-century analytic theorist. Fairbairn replaces Freud's (1923) structural model/metaphor of the mind with a model/metaphor in which the mind is conceived of as an "inner world" (Fairbairn, 1943b, p. 67) in which split-off and repressed parts of the self enter into stable, yet potentially alterable, object relationships with one another. The "cast of characters" (that is, sub-organizations of the personality) constituting Fairbairn's internal object world is larger than the triumvirate of Freud's structural model and provides what I find to be a richer set of metaphors with which to understand (1) certain types of human dilemmas, particularly those based on the fear that one's love is destructive; and (2) the central role played by feelings of resentment, contempt, disillusionment and addictive "love" in structuring the unconscious mind.

To my mind, Fairbairn's theory of internal object relations constitutes one of the most important contributions to the development of analytic theory in its first century. Yet, judging from the scarcity of references to his work in the analytic literature, particularly in North American and Latin American writing, his theoretical ideas (for example, ideas that he introduced in his 1940, 1941, 1943b and 1944 papers) and his clinical thinking (which he presented in his 1956 and 1958 papers) have attracted far less interest and study than have other major twentieth-century analytic theorists such as Klein, Winnicott and Bion. In part this is due to the fact that Fairbairn worked in isolation in Edinburgh. He had little opportunity for personal involvement or intellectual exchange with colleagues at the Institute of

Psychoanalysis in London whose members, in his era, included Balint, Bion, Anna Freud, Heimann, Klein, Milner, Rosenfeld, Segal, and Winnicott (Sutherland, 1989). Consequently, exposure to his work, even for his contemporaries, was almost entirely through his writing.

Fairbairn's relatively marginal place in psychoanalysis today also derives, I believe, from the fact that the reader who undertakes the study of Fairbairn finds himself confronted by a dense prose style, a highly abstract form of theorizing and a set of unfamiliar theoretical terms (for example, dynamic structure, endopsychic structure, central ego, internal saboteur, libidinal ego, exciting object, rejecting object, and so on) that have not been adopted by subsequent analytic theorists. Though Fairbairn's terminology is little used currently, his ideas have had considerable impact on the thinking of leading analytic theorists including Greenberg and Mitchell (1983), Grotstein (1994), Guntrip (1968), Kernberg (1980), Klein (1946), Kohut (1971), Modell (1968), Rinsley (1977), Scharff and Scharff (1994), Sutherland (1989) and Symington (1986). It is beyond the scope of this paper to explore the ways in which these authors have critiqued, modified and extended Fairbairn's thinking.

In this paper, it is not my intention simply to offer an explication and clarification of Fairbairn's thinking; rather, in the process of looking closely at Fairbairn's work (particularly his papers "Schizoid factors in the personality" [1940] and "Endopsychic structure considered in terms of object-relationships" [1944]), I develop what I believe to be several important implications and extensions of his thinking. I attempt to make something of my own with Fairbairn's writings, in part by means of a close reading of his texts, and in part by clinically illustrating how Fairbairn's ideas have shaped, and evolved in, my own analytic work.

Elements of Fairbairn's revision of psychoanalytic theory

For Fairbairn, the most difficult and most psychically formative psychological problem that the infant or child faces is the dilemma that arises when he experiences his mother (upon whom he is utterly dependent) as both loving and accepting of his love, and unloving and rejecting of his love. Fairbairn's writing contains a critical ambiguity concerning this core human dilemma. The language that Fairbairn uses repeatedly raises in the reader's mind the questions: Is every infant traumatized by experiences of deficits in his mother's love for him?

Or does the infant misinterpret inevitable (and necessary) frustrations as manifestations of his mother's failure to love him? There is ample evidence in Fairbairn's work to support both conclusions. For instance, in support of the idea that the infant responds to privation as if it were willful rejection on the part of the mother, Fairbairn writes:

Here it must be pointed out that what presents itself to him [the infant or child] from a strictly conative standpoint as *frustration* at the hands of his mother presents itself to him in a very different light from a strictly affective standpoint. From the latter standpoint, what he experiences is a sense of lack of love, and indeed emotional *rejection* on his mother's part.

(Fairbairn, 1944, pp. 112–113)

At the same time, there is a persistent logic in Fairbairn's work that supports the idea that every infant realistically perceives the limits of his mother's capacity to love him and that this realistic perception is "traumatic" (Fairbairn, 1944, p. 110) for the infant or child. This logic goes as follows: (1) "[E]verybody without exception must be regarded as schizoid" (Fairbairn, 1940, p. 7), that is, everyone evidences pathological splitting of the self; individuals differ from one another only in the severity of their schizoid pathology; (2) Schizoid psychopathology has its origins in an "unsatisfactory" (Fairbairn, 1940, p. 13) relationship with the mother, i. e. there is a "failure on the part of the mother to convince the child that she really loves him as a person" (p. 13); (3) Since everyone is schizoid, and the schizoid condition derives from maternal failure to convince the infant of her love, it follows that every infant experiences traumatizing maternal failure to love. But the language used in this logical sequence leaves open an important ambiguity. Does "failure on the part of the mother to convince the child that she really loves him as a person" (Fairbairn, 1940, p. 13) reflect the mother's failure to be convincing, or does it reflect the child's failure/inability to be convinced, that is, the child's inability to accept love? The clause "failure on the part of the mother," to my ear, leans in the direction of the former interpretation, but by no means rules out the latter. Overall, in Fairbairn's work, ambiguity of language in this connection serves to convey what I believe to be Fairbairn's view that every infant or child accurately perceives the limits of the mother's ability to love him; and, at the same time, every infant or child misinterprets inevitable privations as the mother's lack of love for

him. From this vantage point, Fairbairn's conception of early psychic development is a trauma theory in which the infant, to varying degrees, is traumatized by his realistic perception that he is fully dependent on a mother whose capacity to love him has passed its breaking point. (To my mind, Fairbairn's and Klein's object relations theories are complementary, and this complementarity creates the opportunity for us, as analysts, to think/see with "binocular vision" [Bion, 1962a, p. 86]. Fairbairn believes in the primacy of external reality and the secondary role of unconscious phantasy, while Klein believes in the primary role of unconscious phantasy and the secondary effect of external reality. [Space does not allow for an elaboration of the comparison of Fairbairn's and Klein's object relations theories.])

Fairbairn (1944) states that the infant's subjective sense that his mother, upon whom he depends utterly, is unable to love him generates "an affective experience which is singularly devastating" (p. 113). For an older child, the experience of loving the mother who is experienced as unloving and unaccepting of his love is one of "intense humiliation" (p. 113). "At a somewhat deeper level (or at an earlier stage) the experience is one of shame over the display of needs which are disregarded or belittled" (p. 113). The child "feels reduced to a state of worthlessness, destitution or beggardom" (p. 113). "At the same time his sense of badness [for demanding too much] is further complicated by the sense of utter impotence" (p. 113).

But, the pain of the feelings of shame, worthlessness, beggardom, badness and impotence is not the most catastrophic consequence of the infant's dependence on a mother whom he experiences as unloving and unaccepting of his love. Even more devastating is the threat to the infant's very existence that is posed by that relationship:

At a still deeper level (or at a still earlier stage) the child's experience is one of, so to speak, exploding ineffectively and being completely emptied of libido. It is thus an experience of disintegration and of imminent psychical death . . . [In being] threatened with loss of his libido [love] (which for him constitutes his own goodness) . . . [he is threatened by the loss of what] constitutes himself.

(Fairbairn, 1944, p. 113)

In other words, a universal part of earliest post-natal human existence is the terrifying experience of imminent loss of one's self, loss of one's life. What is more, the infant or child

feels that the reason for his mother's apparent lack of love towards him is that he has destroyed her affection and made it disappear. At the same time he feels that the reason for her apparent refusal to accept his love is that his own love is destructive and bad.

(Fairbairn, 1940, p. 25)

The infant persists in his love of "bad objects" (Fairbairn, 1943b, p. 67) because bad objects are better than no objects at all: "he [the infant or child] *needs* them [maternal objects] . . . he cannot do without them" (Fairbairn, 1943b, p. 67). Hence, the infant cannot abandon his attempts to reestablish a loving tie to the unloving and unaccepting mother. The infant, in clinging to the unloving mother, is attempting to undo the imagined toxic effects of his own love. But if the infant persists too long in attempting to wring love from the unloving mother, he will suffer "disintegration and . . . imminent psychical death" (Fairbairn, 1944, p. 113).

From this vantage point, the most important (life-sustaining) task faced by the infant is not simply that of establishing and maintaining a loving tie with the mother who is capable of giving and receiving love. At least as important to the psychical survival of the infant is his capacity to extricate himself from his futile efforts to wring love from the external object mother who is experienced as unloving. The infant achieves this life-saving psychological maneuver by developing an internal object world (an aspect of mind) in which the relationship with the external unloving mother is transformed into an internal object relationship.

The infant incorporates the breast in order to control it: "*relationships with internalized objects, [are relationships] to which the individual is compelled to turn in default of a satisfactory relationship with objects in the outer world*" (Fairbairn, 1941, p. 40). In replacing a real external object relationship with an internal one, the infant staunches the hemorrhaging of libido (his "nascent love" [Fairbairn, 1944, p. 113]) into an emotional vacuum (the mother who, for real and imagined reasons, is experienced as unloving). By creating an internal object relationship with the unloving mother, the infant directs his nascent object love toward an internal object, an object that is a part of himself. (Every aspect of one's mind – including all of the "internalized figures" constituting one's internal object world – is necessarily an aspect of oneself.)

For Fairbairn, an internal object relationship constitutes a real relationship between aspects of the ego. The meaning of the term *ego*, as

Fairbairn uses it, is better conveyed by the term *self* since all the split-off "parts" of "the ego" are sub-organizations of the self. Fairbairn (1943b) drops the term *id* from his lexicon because he views one's impulses and passions as integral parts of the ego/self. In discussing Fairbairn's ideas, I will use the terms *ego* and *self* interchangeably. Fairbairn (1943b, 1944) reminds the reader again and again that to conceive of internal object relationships as relationships between a pair of split-off parts of the ego is to do nothing more than to elaborate on Freud's (1917a) conception of the creation of the "critical agency" (p. 248) (later to be called the superego). In "Mourning and melancholia," Freud (1917a) describes the process by which two parts of the ego are split off from the main body of the ego (the "I") and enter into an unconscious relationship with one another. In melancholia, a part of the self (which harbors feelings of impotent rage toward the abandoning object) enters into a stable internal object relationship with another split-off part of the ego (which is identified with the abandoning object). In this way, an actual unconscious object relationship between different aspects of the self is established and maintained. The upshot of this splitting of the ego, in Freud's view, is an unconscious feeling that one has not lost the object since the abandoning object has been replaced by a part of oneself. Thus, Fairbairn's theory of internal object relationships represents both an elaboration of Freud's thinking (see Chapter 2 for a discussion of the origins of object relations theory in "Mourning and melancholia") and a radical departure from it (in his understanding of endopsychic structure and the nature of internal object relationships).

Having discussed the infant's replacement of unsatisfactory external object relationships with internal ones, I will now turn to Fairbairn's conception of the internal object world ("the basic endopsychic situation" [Fairbairn, 1944, p. 106]) that results from internalization of the unsatisfactory relationship with the mother.

To understand Fairbairn's conception of the development of the psyche it is necessary to understand his notion of "endopsychic structure" (Fairbairn, 1944, p. 120). In brief, an endopsychic structure is a sub-organization of the self (split off from the main "body" of the ego/self). For Fairbairn, all unconscious endopsychic structures are split-off parts of the ego/self; and yet, he misleadingly uses the term *internal objects* to refer to these split-off parts of the self, which are more accurately termed *internal subjects*. Fairbairn believes that it is erroneous to separate "endopsychic structures" (parts of the self capable of

thinking, feeling, remembering and responding in their own distinctive ways) from "psychic dynamism" (our impulses, wishes, needs and desires). Fairbairn (1943b, 1944) differs in this regard with Freud and Klein in that he believes that it is inaccurate to posit an aspect of the self (the ego/I) that is devoid of impulses, wishes and desires: What is a self devoid of desires and impulses? Similarly, the idea of desire or impulse divorced from the self/ego/I that is desiring or feels impelled, is, for Fairbairn, "utterly meaningless" (Fairbairn, 1944, p. 95): "impulses' are inseparable from an ego structure with a definite pattern" (Fairbairn, 1944, p. 90). Note that Fairbairn specifies that the "ego structure" has "a definite pattern." This idea reflects his view that each "ego structure" (that is, each aspect of the self) has its own unique organization that defines the way it experiences and responds to its perceptions, needs and desires. Feeling slighted, for example, is a different experience for each ego structure (i.e. each quasi-autonomous aspect of the self) and elicits from each ego structure qualitatively different emotional responses (for example, feelings of resentment, contempt, vindictiveness and so on).

In an effort to simplify and thereby gain some control over the internalized relationship with the unloving mother, the infant engages in a "divide et impera" (Fairbairn, 1944, p. 112) maneuver. The infant divides the unloving (internal object) mother into two parts: the tantalizing mother and the rejecting mother. Fairbairn does not explain how he has arrived at the idea that the infant divides his experience of the unloving mother into tantalizing and rejecting parts. (Why not postulate jealous and murderous parts, or poisonous and devouring parts?) As we do with Freud's even bolder proposal that all human motivations are derived from the sexual instinct and the ego (or survival) instinct (later replaced by the death instinct), we must suspend judgment while we examine the theoretical and clinical consequences of the author's hypothesis.

Fairbairn (1944) proposes that an aspect of the infant's personality feels powerfully, uncontrollably attached to the alluring aspect of the internal object mother, while another aspect of the infant's personality feels hopelessly attached to the rejecting aspect of the internal object mother. Both parts of the infant's psyche – the part emotionally bound to the alluring mother and the part bound to the rejecting mother – are "split off" (Fairbairn, 1944, p. 112) from the healthy main body of the ego (which Fairbairn terms the *central ego*). At the same time, aspects of the infant's personality that are thoroughly identified with

the alluring and with the rejecting aspects of the mother are also split off from the central ego. Thus, two repressed internal object relationships (made up of four split-off parts of the central ego) are created: (1) the relationship of the tantalized self (termed by Fairbairn the *libidinal ego*) and the tantalizing self-identified-with-the-object (the exciting object); and (2) the relationship of the rejected self (the internal saboteur) and the rejecting self-identified-with-the-object (the rejecting object). These two sets of internal object relationships are angrily rejected (that is, repressed) by the central ego because the healthy aspect of the infant's personality (the central ego) feels intense anger at the unloving internal object mother.

The exciting object and the rejecting object are no less parts of the self than are the libidinal ego and the internal saboteur. The exciting and rejecting internal "objects" have a not-me feel to them because they are parts of the self that are thoroughly identified with the unloving mother in her exciting and rejecting qualities (see Ogden, 1983, for a discussion of the concept of internal objects and internal object relations).

Fairbairn (1944, 1963) believes that the internalization of the unsatisfactory object is a defensive measure carried out in an effort to control the unsatisfactory object. But, to my mind, the illusory control that the child achieves by means of this internalization only in part accounts for the immense psychic power of the internal object world to remain a "closed system of internal reality" (Fairbairn, 1958, p. 385), that is, to maintain its isolation from the real world. Despite the fact that split-off and repressed aspects of the ego (the internal saboteur and libidinal ego) feel intense resentment toward, and feelings of being callously spurned by, the unloving and unaccepting object, Fairbairn (1944) states that the ties between these split-off parts of the self and the internalized unloving object are libidinal in nature.

The libidinal nature of these ties suggests that aspects of the individual (the internal saboteur and the libidinal ego) have by no means given up on the potential of the unsatisfactory object to give and receive love. It seems to me that a libidinal tie to an internal object toward whom one feels anger, resentment, and the like necessarily involves an (unconscious) wish/need to use what control one feels one has to change the unloving and unaccepting (internal) object into a loving and accepting one.

From this vantage point, I view the libidinal ego and the internal saboteur as aspects of self that are intent on transforming the exciting

object and the rejecting object into loving objects. Moreover, it seems to me, by extension of Fairbairn's thinking, that *the infant's effort to transform unsatisfactory objects into satisfactory objects – thus reversing the imagined toxic effect on the mother of the infant's love – is the single most important motivation sustaining the structure of the internal object world.* And that structure, when externalized, underlies all pathological object relationships.

The “emotional life” of Fairbairn's internal objects

Fairbairn (1944, p. 105) provides a diagram depicting the relationships among the psychic structures that I have just described (see Figure 1). It has been my experience in reading and teaching Fairbairn that a familiarity with this diagram is useful in one's efforts to grasp the nature of the internal object world as Fairbairn conceives it. Since

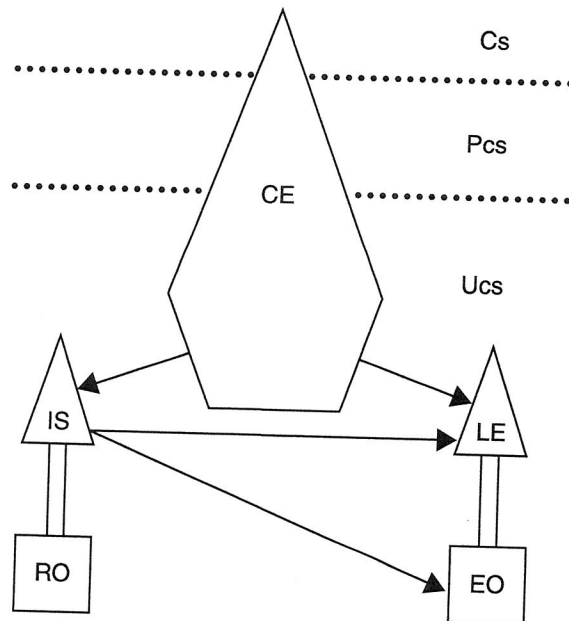


Figure 1 Relationships among the psychic structures. Adapted from Fairbairn, 1944, p. 105. Permission kindly granted by Routledge & Kegan Paul.
Key: CE, Central Ego; IS, Internal Saboteur; LE, Libidinal Ego; RO, Rejecting Object; EO, Exciting Object; Cs, Conscious; Pcs, Preconscious; Ucs, Unconscious; →, Aggression; ||, Libido

the diagram necessarily has a mechanical, non-human quality to it, in what follows I try to convey what I believe to be the nature of the "emotional life" of each of the internal objects constituting Fairbairn's internal object world.

Addictive love (the bond between the libidinal ego and the exciting object)

As I understand Fairbairn's theory of internal object relationships, all the love and hate that tie internal objects to one another is inherently pathological because it is derived entirely from the pathological tie of the infant to the unreachable mother, that is, to the mother who is felt to be incapable of giving and receiving love. The relationship between the libidinal ego and the exciting object is one of addictive "love" on the part of the libidinal ego, and of desperate need on the part of the exciting object to elicit desire from the libidinal ego (which desire the exciting object will never satisfy).

When I imagine the libidinal ego and the exciting object as characters in an internal drama, I often think of a patient with whom I worked many years ago in twice-weekly face-to-face psychotherapy. The patient, Mr. C, was a man in his early thirties, with cerebral palsy, who was desperately in love with Ms. Z, a "beautiful" woman friend (who did not have cerebral palsy or any other physical impairment). In the course of the years of this "friendship," the patient's advances became more insistent and beseeching. This eventually led Ms. Z to end the relationship altogether. Mr. C, who found it difficult to articulate words under the best of circumstances, would bellow in pain during our sessions as he tried to talk about how much he loved Ms. Z.

Mr. C insisted that Ms. Z must love him because she enjoyed his sense of humor and had invited him to two parties at her apartment. Although I only knew Ms. Z from my experience with Mr. C (including my transference-countertransference experience), I suspected that Ms. Z was drawn to Mr. C in an unconscious pathological way. I based this suspicion, in part, on the fact that in my work with Mr. C, I regularly had the wish not only to soothe him, but also to "cure" him of his cerebral palsy. I came to see the latter wish as a reflection of my own inability to appreciate and accept him as he was, and, instead, to turn to magical solutions. To have acted on these

feelings, for example, by speaking to Mr. C in a way that implicitly promised "cure" would have been to encourage the patient to become utterly dependent on me for continued magical evasion of reality. Under such circumstances, there would have been no opportunity for Mr. C to grow and to achieve genuine maturity and independence. It seems to me that the outcome of the analytic work depended upon my ability to recognize, think about, and come to terms with my own needs to keep Mr. C endlessly dependent on me.

To my mind, Mr. C's "love relationship" with Ms. Z (and with me in the aspect of the transference-countertransference that involved my unconscious wish to "cure" him) was an expression of a pathological mutual dependence. In Fairbairn's terms, this emotional situation might be thought of as the tie between the libidinal ego and the exciting object. Such relationships involve psychic bondage in which the participants are each jailer and jailed, stalker and stalked. (I will further discuss my work with Mr. C later in this chapter when I address the subject of psychological growth.)

Bonds of resentment (the tie between the internal saboteur and the rejecting object)

The relationship between the internal saboteur and the rejecting object derives from the infant's love of his mother despite (and because of) her rejection of him. The nature of the pathological love that binds together the internal saboteur and the rejecting object is a bond not of hate, but of a pathological love that is experienced as bitter "resentment" (Fairbairn, 1944, p. 115). Neither the rejecting object nor the internal saboteur is willing or able to think about, much less relinquish, that tie. In fact, there is no desire on the part of either to change anything about their mutual dependence. The power of that bond is impossible to overestimate. The rejecting object and the internal saboteur are determined to nurse their feelings of having been deeply wronged, cheated, humiliated, betrayed, exploited, treated unfairly, discriminated against, and so on. The mistreatment at the hands of the other is felt to be unforgivable. An apology is forever expected by each, but never offered by either. Nothing is more important to the internal saboteur (the rejected self) than coercing the rejecting object into recognizing the incalculable pain that he or she has caused.

From the point of view of the rejecting object (the split-off aspect of the self thoroughly identified with the rejecting mother), the experience of this form of pathological love involves the conviction that the internal saboteur is greedy, insatiable, thin-skinned, ungrateful, unwilling to be reasonable, unable to let go of a grudge, and so on. But despite the burdensomeness of the ceaseless complaining and self-righteous outrage of the internal saboteur, the rejecting object is both unwilling and unable to give up the relationship, that is, to extricate itself from the mutual pathological dependence. The life, the determination, the very reason for being of the rejecting object (as a part of the self) is derived from its tie to the internal saboteur. The rejecting object is an empty shell, a lost and forgotten part of the past, in the absence of the obsession on the part of the internal saboteur to wring love, remorse and magical reparation from it. This internal object relationship (like the relationship of the libidinal ego and the exciting object) is a relationship in which the jailer is a prisoner of the jailed, and the jailed a prisoner of the jailer. Outside of the terms of their pathological, mutually dependent "love," neither would hold meaning for the other or for itself (much less for any other part of the self). In the absence of one, the other would become a mere remnant of a once powerful pair of deities that reigned in a religion no longer practised.

A particular clinical experience of group dynamics comes to mind in connection with the power of the bond between the internal saboteur and the rejecting object. (While Fairbairn [1944] believed that his understanding of the psyche "provides a more satisfactory basis than does any other type of psychology for the explanation of group phenomena" [p. 128], he did not develop or clinically illustrate this idea in any of his writings.) I was asked by the chairperson of a social service agency to serve as a consultant to the psychotherapy division of the agency. The members of the staff of the psychotherapy division were in constant conflict with one another and with the rest of the agency. The director of the psychotherapy division, a psychiatrist in his early fifties, oversaw a staff of three male psychiatrists and six female psychologists and social workers, all in their thirties and forties. The director showed consistent favoritism toward the male psychiatrists, not only in his praise of their ideas, but also in appointing them to leadership positions (which paid higher salaries). The women therapists, most of whom had worked in this agency for many years, made no secret of their discontent with the director.

In the course of speaking in confidence with individual members of the staff, I was struck by the fact that while each of the female psychotherapists expressed intense anger and bitterness about the way she was being treated by the director, they all felt that they had no choice but to remain working at the clinic. They told me that psychiatric services at the other agencies and hospitals in the area were being shut down, so they had no choice but to stay. But none had interviewed at other hospitals or social service agencies. In my conversations with the director of the division, he spoke to me as a fellow psychiatrist whom he believed would understand the inevitable difficulty involved in working with "non-medical" female psychotherapists who invariably become ensnared in "oedipal attachments and rivalries" with one another and with the "medical" group leader.

My consultation to the clinic was ended abruptly after three months when the city's funding for all mental health services was cut sharply and the psychotherapy division of this clinic was shut down. One of the female staff members, whom I later met by chance at a lecture, told me, "On looking back on it, I feel as if I was living as a child in a psychotic family. I couldn't imagine leaving and finding other work. It felt as if I would end up living in a cardboard box if I were to leave. My whole world had shrunk to the size of that clinic. If the clinic hadn't closed, I'm certain I would still be working there." She described the former director of the psychotherapy division as "a very limited person who hates women and gets pleasure out of humiliating them in a way that he feels no need to hide." "But," she added, "the really frightening thing for me is that I couldn't leave. The situation was not only bad at work, I couldn't stop thinking about it at night, over the weekends, or even when I was on vacation. It was as if I was infected by the situation."

It seems to me that all of the participants in this drama felt and behaved as if their lives depended on the perpetuation of the tie between the tormentor and the aggrieved. The director, the three psychiatrists (who said they felt "caught in the middle," but did nothing to address the patent unfairness), and the female staff all felt wronged. No one seemed to recognize the ways in which he or she actively and passively provoked feelings of anger, helplessness, outrage and resentment in the others. In retrospect, it seems to me that what I was witnessing might be thought of as a rather intense form of the bond of mutual dependence tying the internal saboteur and the rejecting object to one another.

Bonds of contempt (the relationship of the internal saboteur to the libidinal ego and the exciting object)

For me, one of Fairbairn's most original and most significant contributions to psychoanalysis is the understanding of human nature that emerges from his conception of the relationship between the internal saboteur and the libidinal ego, and between the internal saboteur and the exciting object. The internal saboteur, filled with self-hatred for its own "dependence dictated by . . . [infantile] need" (Fairbairn, 1944, p. 115), turns on the libidinal ego, and in so doing, turns on itself at one remove (since every internal object – every endopsychic structure – is a subdivision of a subject who is one person). The internal saboteur disdainfully, contemptuously attacks the libidinal ego as a pathetic wretch, a sap, a sucker for the way it continually humiliates itself in begging for the love of the exciting object: You [the libidinal ego] never learn your lesson. You get kicked in the face [by the exciting object] and drag yourself to your feet as if nothing has happened only to get kicked and knocked down again. How can you be so stupid as to not see what is plain as day? She [the exciting object] toys with you, leads you on, and then dumps you every time. And yet you keep going back for more. You disgust me.

It seems to me that from this perspective – the perspective of the internal saboteur – we are better able to understand the sense in which Fairbairn uses the term *libidinal ego* to name the aspect of self that is tied by bonds of addictive love to the exciting object. Libido, in this context, and in the internal object world in general, is synonymous with narcissistic libido (narcissistic love). All internal objects (more accurately, internal subjects) are split-off parts of the central ego/self, and therefore the relationships among them are relationships that are exclusively relationships with oneself. Thus, the libidinal ego is "loving," but only loving of itself (in the form of the exciting object).

Closely tied to the attack of the internal saboteur on the libidinal ego is the attack of the internal saboteur on the object of that narcissistic love, the exciting object. The internal saboteur views the exciting object as a malicious tease, a seductress, a bundle of empty promises: You [the exciting object] don't fool me. You may be able to make a fool of him [the libidinal ego], but I know your type, I've heard your lies, I've seen your depraved imitations of love. You're a parasite; you take, but you don't know what it means to give. You prey on the gullible, on children.

At first blush, the internal saboteur deserves its name: it demeans and shames the libidinal ego for its infantile longings, and attacks the exciting object for its endless appetite for tantalizing, seducing, deceiving and humiliating. But the contempt and disdain that the internal saboteur feels toward the libidinal ego and the exciting object are born of its feelings of self-hatred, impotence and shame concerning its own naive, self-deluding, infantile pursuit of the love of the rejecting object (for example, in the clinical example presented earlier, the futile pursuit of the love of the director by the female members of the therapy staff). I believe that implicit in Fairbairn's rendering of the structure of the internal object world is the idea that the fury and contempt that the internal saboteur heaps upon the libidinal ego and the exciting object stem from a glimmer of recognition of the shame and humiliation it feels about its own absolute dependence on, and loyalty to, the rejecting (internal object) mother.

Attacks by the internal saboteur on the libidinal ego and the exciting object may take a broad range of forms in the analytic situation. In my work with Ms. T, an analysand I saw over a period of many years in a five-session-per-week analysis, I could do nothing right. If I spoke, I was "missing the point"; if I was quiet, I was "being a stereotypic analyst," spewing pronouncements from behind the couch; if I was punctual, I was "being obsessional"; if I was a minute late, I was "dreading" seeing her. In a session with this patient in the fourth year of analysis, an image came to my mind of a homeless man sitting on the curb near a traffic light. It seemed that he had given up on begging, and that it would not be long before he died. Profoundly disturbed by this image, I began to become aware of my own feeling that for a number of months I had given up on ever being seen by the patient for who I was, and, in return, I had given up on trying to be an analyst to her. It was not simply that I had made mistakes; the situation felt to me to be far worse than that: I, myself, was the mistake. My very being was wrong for her.

An integral part of my effort to make therapeutic use of the feeling state that I was beginning to recognize and put into words for myself involved thinking of myself as having experienced something like the patient's feeling that her very way of being was wrong (a far worse problem than feeling that she had made a great many serious errors). (Fairbairn [1944] notes that in the world of unconscious internal object relationships, feeling guilty about one's failures and misdeeds is far preferable to feeling "unconditionally, i.e. libidinally

bad" [p. 93]. To feel unconditionally bad is to feel that one's love is bad.) I eventually said to Ms. T, "For a long time, you have been telling me that I simply cannot understand you and that virtually everything I say confirms that. I don't think you've been any harsher with me than you are with yourself. In fact, I think that your attacks on yourself are far more violent than your attacks on me. I think that you feel not only that everything you do is wrong, you firmly believe that your very existence is wrong and that the only thing you can do to remedy that situation is to become another person. Of course, if you were to succeed in doing so, you would be dead: worse than that, you would never have existed."

Ms. T responded immediately by saying that I was being very wordy. As she said this, I felt deflated and realized that despite years of experience with this patient, I had actually expected that this time she would at least consider what I had said. I told this to the patient and after a few moments of silence, she said, "Please don't give up on me." In Fairbairn's terms, the patient, at least for this moment, had softened her intrapsychic attack on herself (the attack of the internal saboteur on the libidinal ego for its way of loving). She allowed herself not only to accept her dependence on me, but also to ask something of me (as a separate person) that she knew she could not provide for herself.

The relationship of the central ego to internal and external objects

Before ending the discussion of the emotional life of internal objects/endopsychic structures, I will comment very briefly on Fairbairn's concept of the central ego. The central ego is the aspect of the psyche that Fairbairn fleshes out least. What Fairbairn (1944) does say is that the central ego is an endopsychic structure capable of thinking, feeling, responding, and so on. It constitutes the original healthy self of the newborn infant. From the outset, the central ego of the infant is capable of rudimentary self-object differentiation and of operating on the basis of the reality principle. But in response to a traumatizing experience with a mother whom the infant experiences as both loving and accepting of his love, and unloving and rejecting of his love, the infant splits off parts of the central ego and represses them in the form of the internal object relationships that I have described. Consequently, the central ego retains its original health, but is

significantly depleted by the process of splitting off and "sending into exile" (repressing) parts of itself.

The central ego is the only part of the self that is able to engage in, and learn from, experience with external objects. Change in the unconscious internal object world is always mediated by the central ego (which sometimes acts in concert with external objects such as the analyst). Internal objects interact with the external world only in the form of narcissistic object relationships – that is, externalizations of internal object relationships (which are necessarily narcissistic in nature). The central ego includes no dynamically repressed (unsatisfactory) internal object relationships; rather, the central ego consists exclusively of good enough (as opposed to idealized) object relationships such as identifications with people whom one has loved and by whom one has felt loved, recognized and accepted. Such identifications underlie feelings that include a sense of internal security, as well as background feelings of solidity and integrity.

Psychological growth

In the final section of this paper, I will discuss some of the ways in which a person may be helped to grow psychologically. Fairbairn regards as "relatively immutable" (1944, p. 129) the "basic endopsychic situation," i.e. the constellations of split-off and repressed aspects of the central ego. For Fairbairn, the psychological changes that can be achieved through psychoanalysis primarily involve diminutions of the intensity of the feelings of resentment, addictive love, contempt, primitive dependence, disillusionment, and so on that bind the split-off, repressed sub-organizations of the self to one another. Specifically, healthy psychological change can be achieved by reducing to a minimum:

- (a) the attachment of the subsidiary egos [the internal saboteur and the libidinal ego] to their respective associated objects [the rejecting object and the exciting object], (b) the aggression of the central ego towards the subsidiary egos and their objects [which takes the form of repression of the two pairs of split-off parts of the self], and (c) the aggression of the internal saboteur towards the libidinal ego and its object [the exciting object].

(Fairbairn, 1944, p. 130)

The density of the prose, the mechanical nature of the metaphors, the level of abstraction, the heavy reliance on his own technical terminology, together denude Fairbairn's statement of almost anything recognizable as human experience. I will offer an alternative way of speaking and thinking about how people grow psychologically that relies less on Fairbairn's explicitly stated ideas and more on ideas that I find to be implicit in his work. Though Fairbairn never puts it in this way, I believe that the most fundamental psychological principle underlying his conception of psychological growth is the idea that all psychological maturation involves the patient's genuine acceptance of himself and, by extension, acceptance of others. That acceptance is achieved by means of the work of coming to terms with the full range of aspects of oneself, including one's disturbing, infantile, split-off identifications with one's unloving, unaccepting mother. Psychological change of this sort creates the possibility of discovering a world of people and experiences that exists outside of oneself, a world in which it is possible to feel curious, surprised, delighted, disappointed, homesick, and so on. The world of thought, feeling and human relatedness that is opened by such self-acceptance is a world in which one feels no compulsion to transform the realities of one's human relationships into something other than what they are, that is, to change oneself or "the object" (who is now a whole and separate subject) into other people. It is also a world in which one can learn from one's experiences with other people because those experiences are no longer dominated by projections of static internal object relationships.

A particular analytic experience comes to mind in this regard. Mr. C, the patient with cerebral palsy whom I discussed earlier, had, as a child, been savaged by his mother. As I have described, in adult life he became possessed by a "love" for Ms. Z. Over a period of eight years, Ms. Z twice relocated to a different city; both times the patient followed. Again and again, she tried to make it clear to Mr. C that she liked him as a friend, but did not want a romantic relationship with him. He became increasingly desperate, angry and suicidal. From the outset of the analytic work, and frequently thereafter, the patient told me that he did not know why I "tolerated" him.

In our sessions, Mr. C would howl in pain as he spoke of the "unfairness" of Ms. Z's rejection of him. When upset, particularly when crying, the patient would lose muscular control of his mouth, which made it very difficult for him to speak. Frothy saliva gathered

at the sides of his mouth and mucus dripped from his nose while tears ran down his cheeks. Being with Mr. C at these times was heart-breaking. I have only rarely felt in such an immediate, physical way that I was the mother of a baby in distress. Mr. C seemed to want me to help him present himself to Ms. Z in a way that would not frighten her and would help her understand how much he loved her and how much she loved him (if she would only admit it to herself). It was impossible not to hear in the patient's "plan" a wish that I transform Ms. Z (and, unconsciously, his mother and the aspect of me that only "tolerated" him) into people who were genuinely able to love him, accept him and value his love.

In retrospect, I believe that it was very important to the analytic experience that Mr. C experience for himself over a period of years the reality that I was not repulsed by him even when he bellowed in pain and could not control the release of tears, nasal mucus and saliva. It must have been apparent to Mr. C, though I never put it into words, that I loved him as I would one day love my own children in their infancy. For years, the patient had been too ashamed to tell me about some of the ways his mother had humiliated him as a child, for example, by repeatedly calling him "a repulsive, slobbering monster." He only gradually entrusted me with these deeply shamed aspects of himself.

I viewed Mr. C's accounts of his humiliating mother as a description not only of his external object mother, but, as importantly, a description of an aspect of himself that viewed himself as an object of contempt and which enlisted others (most prominently Ms. Z) to humiliate him. A humiliating connection with Ms. Z was unconsciously felt to be far better than no connection at all.

Several years into the work, Mr. C told me a dream: "Not much happened in the dream. I was myself with my cerebral palsy, washing my car and enjoying listening to music on the car radio that I had turned up loud." The dream was striking in a number of ways. It was the first time, in telling me a dream, that Mr. C specifically mentioned his cerebral palsy. Moreover, the way that he put it – "I was myself with my cerebral palsy" – conveyed a depth of recognition and an acceptance of himself that I had never before heard from him. How better could he have expressed a particular type of change in his relationship to himself – a psychological change that involved a loving self-recognition that contributed to freeing him from the need to perpetually attempt to wring love and acceptance from those internal

and external objects who were least inclined to, or incapable of, loving him? In the dream, he was able to be a mother who took pleasure in bathing her baby (his car) while listening to and enjoying the music that was coming from inside the baby. This was not a dream of triumph; it was an ordinary dream of ordinary love: "nothing much happened."

I was deeply moved by the patient's telling me his dream. I said to him, "What a wonderful dream that was."

Some years later, Mr. C moved to another part of the country to take a high-level job in his field. He wrote to me periodically. In the last letter I received from him (about five years after we stopped working together), he told me that he had married a woman he loved, a woman who had cerebral palsy. They had recently had a healthy baby girl.

Mr. C, in the context of the developing relationship with me, was able to extricate himself from his addictive love of Ms. Z (a bond between the libidinal ego and the exciting object) while at the same time diminishing his compulsive engagement in forms of relatedness based on the bond between the debasing and the debased aspects of himself (the bond between the internal saboteur and the libidinal ego).

It seems to me that a key element of the therapeutic action of the work that Mr. C and I did together was the real (as opposed to the transference) relationship between the two of us (for example, in my genuinely not feeling repulsed by the mucus, tears and saliva flowing from his nose, eyes and mouth as he bellowed in pain, and by my experiencing love for him of a sort that, later in my life, I would feel for my infant sons). Fairbairn, I think, would agree with this understanding and go a step further: "the really decisive [therapeutic] factor is the relationship of the patient to the analyst" (Fairbairn, 1958, p. 379). He elaborated on this idea a bit later in the same paper:

Psycho-analytical treatment resolves itself into a struggle on the part of the patient to press-gang his relationship with the analyst into the closed system of the inner world through the agency of transference, and a determination on the part of the analyst to effect a breach in this closed system and to provide conditions under which, in the setting of a therapeutic relationship, the patient may be induced to accept the open system of outer reality.

(p. 385)

Concluding comments

Psychological growth, for Fairbairn (as I read him), involves a form of acceptance of oneself that can be achieved only in the context of a real relationship with a relatively psychologically mature person. A relationship of this sort (including the analytic relationship) is the only possible exit from the solipsistic world of internal object relationships. Self-acceptance is a state of mind that marks the (never fully achieved) relinquishment of the life-consuming effort to transform unsatisfactory internal object relationships into satisfactory (that is, loving and accepting) ones. With psychological growth, one comes to know at depth that one's early experiences with one's unloving and unaccepting mother will never be other than what they were. It is a waste of life to devote oneself to the effort to transform oneself (and others) into the people one wishes one were (or wishes they were). In order to take part in experience in a world populated by people whom one has not invented, and from whom one may learn, the individual must first loosen the unconscious bonds of resentment, addictive love, contempt and disillusionment that confine him to a life lived principally in his mind.