On the Nature and Aims of Psycho-Analytical Treatment

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In the light of the theoretical standpoint which I have come to adopt, I feel prompted to record some reflections occasioned by a recent paper 'On the Theory of Psycho-Analytic Treatment' by Thomas S. Szasz, through whose courtesy I enjoyed the privilege of reading the paper in advance of its publication in this journal.

In brief, my theoretical position may be said to be characterized by four main conceptual formulations: —

a theory of dynamic psychical structure, (b) a theory to the effect that libidinal activity is inherently and primarily object-seeking, (c) a resulting theory of libidinal development couched, not in terms of presumptive zonal dominance, but in terms of the quality of dependence, and (d) a theory of the personality couched exclusively in terms of internal object-relationships. The first two of these formulations taken in combination may be said to represent a substitute for two of Freud's basic theories—his classic libido theory and his final theory of instincts. The third formulation is offered as a revision of Abraham's version of Freud's theory of libidinal development. And, finally, my object-relations theory of the personality is intended to replace Freud's description of the mental constitution in terms of the id, the ego, and the superego. It has assumed the form of a description in terms of a libidinal ego, a central ego and an antilibidinal ego, together with their respective internal objects; and the basic endopsychic situation so constituted is conceived as resulting from the splitting of an original, inherent, unitary ego and of the object originally introjected by it.

Those unfamiliar with my theoretical views may be referred for a detailed exposition to the relevant passages in my writings (e.g. (1) and (4)). Reference may also be made to a brief summary of my theoretical position contained in a paper which appeared in 1954; and special attention may be drawn to the introduction into this summary of the term 'antilibidinal ego' in place of the term 'internal saboteur', which I had previously employed to describe the internal structure in question.

It may seem strange that hitherto I have made only the scantiest reference in print to the implications of my theoretical formulations for the practice of psycho-analytical treatment. From this fact it might be inferred that, even in my own opinion, my views are of merely theoretical interest and their implementation in practice would leave the technique of psycho-analysis unaffected. Such an inference would be quite unwarranted—the fact being that the practical implications of my views have seemed so far-reaching that they could only be put to the test gradually and with the greatest circumspection if premature or rash psychotherapeutic conclusions were to be avoided. Szasz's paper 'On the Theory of Psycho-Analytic Treatment' has, however, provided me with a stimulus not only to indicate my disagreement with some of his views, but also to formulate some of the psychotherapeutic implications of the theoretical position which I have come to adopt.

In the first instance let me say that, in the light of my theoretical position, I find it difficult to agree with the requirement of what Szasz, following Eissler, calls 'the primary model technique of analysis' to the effect that 'the analysand should possess a relatively mature, strong and unmodified ego' (7p. 173) — a requirement which, incidentally rules out all possibility of child-analysis; for, in terms of my views, the original, inherent and unitary ego (the 'unmodified' ego) becomes split into three parts in all cases, albeit in varying degree, during the earliest stage of development. It thus becomes impossible, if my views are correct, to speak of a 'relatively unmodified' ego in the

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case of any individual sufficiently old to be considered as a candidate for psycho-analytical treatment. Quite apart from this consideration, however, it is difficult to see what inducements to seek psycho-analytical treatment there could be in the ordinary way for an adult with 'a relatively mature, strong and unmodified ego'; for, as Ernest Jones pointed out long ago, it is only under the influence of considerable anxiety, and even so in face of stubborn resistance, that the individual is driven to undertake an exploration of his own unconscious.

Accordingly, even without any departure from Freud's theory of the mental constitution, it must be inferred that no individual is likely to seek psycho-analytical treatment unless in his case the id and the superego constitute problems sufficiently serious to compromise the ego to a significant extent. It must be recognized, of course, that all inner problems resolve themselves ultimately into ego-problems; and this consideration applies equally to all problems in question manifest themselves in disturbances of ego-function or in psychogenic symptoms. The requirement of 'the primary model technique' would, therefore, appear to narrow the range of suitable analysands to a point at which all those for whom psycho-analytical treatment was originally designed would be automatically excluded. In addition, it would appear that, in terms of Freud's concept of the ego as a structure which is essentially acquired (and not pristine), it is meaningless to speak of an ego which is 'unmodified', whether relatively or otherwise—such a description being applicable only to an inherent structure, quite apart from the consideration that, according to Freud's theory, the ego itself constitutes what is in essence a 'modification'. Thus it is an integral feature of Freud's description of 'the ego' that this structure is essentially a defensive (and not, like my 'original ego', an inherent) structure; and it would appear to follow that Freud's 'ego' is founded upon a basis which is essentially psychopathological. The same consideration necessarily applies to the splitting of the 'original' ego, which I have described. But it does not apply to the 'original' ego itself, which is inherent according to my theory; and, according to my theory, in so far as the splitting of the 'original' ego is reversed by psycho-analytical intervention, the psychopathological element in the endopsychic situation is reduced and a genuinely psychotherapeutic result is obtained—an eventuality for which there would appear to be no logical explanation in terms of Freud's theory.

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

Whilst great importance must undoubtedly be attached to the thesis expounded by Szasz, in collaboration with Hollender, in a previous communication (8), in which the extent to which psycho-analytical practice has been influenced by the model of ordinary medical treatment is convincingly demonstrated, it is difficult to avoid feeling that there is more to be said for this model than he is willing to grant. Here it seems necessary to take into account the actual approach of the average adult 'patient' to psycho-analytical 'treatment'. Such a patient is characteristically driven to seek psycho-analytical aid, no less than is the average patient seeking ordinary medical aid, because he has come to recognize that he suffers (and 'suffer' is not an inappropriate description) from a condition which is usually absent in other people, e.g. phobic anxiety, depression or psychosomatic disturbance; and his conscious aim is to obtain relief from the condition in question. According to Szasz, on the other hand, applied psycho-analysis is not properly a form of 'treatment' (in terms of the medical model) at all, but a form of scientific education. This view obviously takes no account of child-analysis. But, apart from this, it is impossible to ignore the fact that it is not for a course of scientific education, but for a therapeutic result, that the adult patient ordinarily enlists the analyst's aid; and it seems
only reasonable that his expectation should be respected, especially since it is this expectation on his part that provides the psycho-analytical procedure with its raison d'être. If 'education' is considered by the analyst to be involved in the therapeutic process, that is another matter; but it does not follow that the substitution of the concept of 'education' for that of 'treatment' is appropriate, since the operative motive in the patient is not a desire for scientific education, but a desire to obtain relief from symptoms. Indeed, it might be held with good reason that the religious analogy would be more appropriate than the educational one; for it would be in complete conformity with the psychological facts to say that what the patient is really seeking is 'salvation' (e.g. salvation from his internal bad objects, from his hate and from his guilt). In this connection it is significant that, in the light of the answers to the questionnaire on psycho-analytical technique completed by twenty-four practising British psycho-analysts in 1938 and analysed by Edward Glover in The Technique of Psycho-Analysis (p. 273), it would appear that the therapeutic effects of psycho-analytical treatment were relatively more impressive in the early days of psycho-analysis when analysts were more inclined to regard psycho-analysis as the answer to all human ills (i.e. to expound psycho-analysis with an unconsciously religious fervour) than at a later stage when theoretical developments had forced them to become more concerned with its scientific aspect.

No disparagement of the scientific aspect of psycho-analysis, any more than of that of general medicine, is implied in the contention that concern over the scientific aspect of a therapeutic method can be carried too far. For, if this concern is too exclusive, the human factor in the therapeutic situation (as represented by the individuality, the personal value and the needs of the patient) is only too liable to be sacrificed to the method, which thus comes to assume greater importance that the aims which it is intended to serve. Such, at any rate in my opinion, is a risk involved in resolving psycho-analytical treatment into a form of scientific education. Further, I find it impossible to agree with Freud's assumption, cited with approval by Szasz, that the average patient is, in part at least, interested from the very beginning in undertaking a scientific exploration of his own personality. Such an assumption is patently false in the case of a patient who is a child; but, even where the adult patient is concerned, it seems to me simply a manifestation of wishful thinking; and, in my experience, patients in whom this interest is prominent are characteristically obsessional or/schizoid personalities, in the case of whom such interest is essentially a defence against emotional involvement—a defence which operates as a most formidable resistance. It remains true, of course, that the average patient manifests a considerable, if variable, degree of preoccupation with his own mental state; but such preoccupation is essentially narcissistic and should properly be regarded as a symptom arising out of an impairment of his capacity for relationships with external objects, and thus a feature which may be expected to assume less prominence in proportion as psycho-analytical treatment fulfils its aim.

At this point I must in all honesty admit that my own chief conscious psycho-analytical interest now lies in promoting a more adequate formulation of psycho-analytical theory. It is thus predominantly a scientific interest; but this interest is accompanied by the hope that such a reformulation will have the effect of rendering the application of psycho-analytical theory a more effective therapeutic instrument. I have already briefly indicated my views regarding the relation of psycho-analytical theory to psycho-analytical therapy in the concluding passages of a paper published in 1955 (3). In this paper I formulated my conception of the true nature of science in a statement to the effect that science is 'essentially an intellectual tool and nothing more'. From this point of view, scientific truth, so far from providing an (even approximately) accurate picture of reality as it exists, is 'simply explanatory truth', and 'the picture of reality provided by science is an intellectual construct representing the fruits of an attempt to describe the various phenomena of the universe, in as coherent and systematic a manner as the limitations of human intelligence permit, by means of the formulation of general laws established by inductive inference under conditions of maximum emotional detachment and objectivity on the part of the scientific observer.' Further, as I pointed out in the same context, 'Where psychological science is concerned a certain difficulty arises owing to the fact that the subjective aspects of the phenomena studied are as much part of the phenomena as the objective aspects, and are actually more important; and the subjective aspects can only be understood in terms..."
of the subjective experience of the psychologist himself.' Consequently, the psychologist as such 'is involved in the difficult task of adopting as detached and objective an attitude as possible to his own experience, as well as to that of those whom he observes'; and this consideration has its particular application to psycho-analytical science. However, it must be recognized that the practising analyst is 'not primarily a scientist, but a psychotherapist, and that 'the adoption of a psychotherapeutic rôle ipso facto involves a departure from the strictly scientific attitude.' From the strictly scientific standpoint there is, of course, nothing 'better' about being free from symptoms than about being dominated by them; but, since the adoption of a therapeutic rôle automatically implies acceptance of the consideration that it is 'better' to be free from symptoms than to have them, it necessarily involves 'the acceptance of human values other than the explanatory value which is the sole value accepted by science.' It is well to bear in mind that the scientifically neutral principles of psycho-analysis can be as easily harnessed to a pathogenic as to a therapeutic aim, as is convincingly illustrated in Bridget Boland's play 'The Prisoner'; but, in accepting a patient for psycho-analytical treatment, the analyst implicitly adopts a therapeutic aim which is extra-scientific, and in the light of which psycho-analytical science becomes simply a mental tool serving 'human and personal values transcending any purely scientific value.' It remains possible for such a mental tool to be harnessed to any philosophy; and in the contemporary period, characterized as it is by unparalleled scientific advances, it may easily become harnessed to an uncompromisingly 'scientific' philosophy in terms of which the only thing that matters is explanation. There can be no doubt, however, that the adoption of such a philosophy by the psycho-analyst in a therapeutic rôle would only have the effect of playing into the hands of the resistance in the case of many, if not all, patients—and conspicuously in the case of obsessional patients who so characteristically exploit intellectual understanding as a defence against the release of emotion. From a strictly scientific point of view, of course, the resistance is merely a phenomenon to be explained, and not a situation to be remedied. The moment the resistance becomes regarded as a situation to be remedied, some aim other than that of explanation and understanding is inevitably introduced. It becomes obvious, therefore, that, from a therapeutic standpoint, interpretation is not enough; and it would appear to follow that the relationship existing between the patient and the analyst in the psycho-analytical situation serves purposes additional to that of providing a setting for the interpretation of transference phenomena. In terms of the object-relations theory of the personality, the disabilities from which the patient suffers represent the effects of unsatisfactory and unsatisfying object-relationships experienced in early life and perpetuated in an exaggerated form in inner reality; and, if this view is correct, the actual relationship existing between the patient and the analyst as persons must be regarded as in itself constituting a therapeutic factor of prime importance. The existence of such a personal relationship in outer reality not only serves the function of providing a means of correcting the distorted relationships which prevail in inner reality and influence the reactions of the patient to outer objects, but provides the patient with an opportunity, denied to him in childhood, to undergo a process of emotional development in the setting of an actual relationship with a reliable and beneficent parental figure. Theoretical recognition of the therapeutic importance of the actual relationship between patient and analyst is, of course, difficult to reconcile with a psychology conceived predominantly in terms of 'impulse', as is the psychology represented by Freud's libido theory and his theory of instincts. It is quite compatible, however, with a psychology conceived in terms of object-relations and dynamic structure; and, in my opinion, such a psychology not only promotes therapeutic aims more effectively than the predominantly 'impulse-psychology' formulated by Freud, but actually corresponds more closely to the psychological facts and possesses a greater explanatory value from a purely scientific standpoint.

It seems inherently probable that Szasz's attempt to resolve psycho-analytical 'treatment' into a form of scientific education has been to some extent influenced by the gradual change in psycho-analytical clientele which appears to have occurred in recent years, and in virtue of which an increasing proportion of the time of the leading analysts is devoted to the training of candidates; for the training of candidates inevitably involves a heavy weighting on the side of scientific education. Nevertheless the fact remains that, however prominent a part the quest for scientific truth may have played in
Freud's personal motivations, psycho-analysis originated historically as a form of therapy, and that therein lies its ultimate raison d'ètre. The body of theory subsequently elaborated to explain the phenomena elicited in the psycho-analytical situation has, of course, been found to have explanatory value in innumerable fields other than that of psychopathology; but this does not affect the fact that psycho-analytical technique remains bound up with the psycho-analytical situation in a therapeutic setting. In the light of the historical origin of psycho-analysis, it thus becomes a question whether the classic restrictions of the psycho-analytical situation are not in some measure arbitrary. The application of the psycho-analytical method based on these restrictions has, of course, yielded an invaluable body of scientific theory. It has also yielded significant therapeutic results, albeit there is, in my opinion, a tendency to exaggerate the extent of these. However, it must be remembered that, even within the field of pure science, the results obtained are partly conditioned by the method employed to obtain them; and therapeutic results are even more dependent upon the method used and may be limited by the limitations of the method. From this point of view, the validity of the various restrictions of the psycho-analytical technique becomes a matter for consideration. Thus I have come to entertain doubts regarding the validity of the requirement that the patient shall lie on a couch with the analyst out of view. This requirement seems to me partly a fortuitous inheritance from the hypnotic technique employed initially by Freud, and partly a consequence of Freud's personal dislike of being looked at by patients all day long; and it becomes a question how far the stock arguments brought forward in favour of the couch technique are not largely rationalizations. Personally I have now abandoned the couch technique in the case of all comparatively recent patients—to great advantage in my opinion. This departure from the classic method on my part represents an attempt to put into practice the logical implications of the object-relations theory. It may be added, however, that I do not favour the technique of the face-to-face interview advocated by such psychotherapists as H. S. Sullivan. In actual practice I sit at a desk, and the patient sits in a comfortable chair placed to the side of the desk, almost parallel to mine, but slightly inclined towards me. In terms of this arrangement, patient and analyst are not ordinarily looking at one another; but either may look at the other, if he so wishes. Thus the setting of an object-relationship is maintained without undue embarrassment to either party. In this connexion it seems to me a question whether Freud's emphasis on the need to protect the patient from the influence of the analyst's personality is not largely a rationalization covering a need on the part of the analyst to be protected from the demands of the patient. However this may be, my personal experience is that the demands of the patient are actually less exacting when he is not isolated from the analyst on the couch and thus deprived of any semblance of a real relationship with him. It may be added that the traditional detachment of the analyst (which must be carefully distinguished from the necessary requirement of objectivity of interpretation) has obviously a very high defensive value for the analyst himself. So have such common features of psycho-analytical practice as the adoption of a standardized length of session irrespective of such considerations as the tempo of the patient and the situation prevailing when the session is due to terminate according to the clock. It would thus appear to be an obligation on the part of the analyst to ask himself how far such features of psycho-analytical technique are dictated by his own interests rather than by those of his patients, and, if so, to adjust his technique accordingly (as I myself have felt compelled to do). It would appear to be an elementary requirement that in a therapeutic situation the restrictions of the therapeutic method employed should be imposed primarily in the interests of the patient. This does not mean, however, that the interests of the analyst should be ignored. Indeed, the greater the importance attached to the actual relationship existing between the patient and the analyst as persons, the greater the justification for recognizing the personal interests of both parties to the relationship. At the same time, if it is felt necessary to impose restrictions in the interests of the analyst, this fact should be explicitly acknowledged.

In general, I cannot help feeling that any tendency to adhere with pronounced rigidity to the details of the classic psycho-analytical technique, as standardized by Freud more than half a century ago, is liable to defensive exploitation, however unconscious this may be, in the interests of the analyst and at the expense of the patient; and certainly any tendency to treat the classic technique as sacrosanct.
raises the suspicion that an element of such a defensive exploitation is at work. Further, it seems to me that a complete stultification of the therapeutic aim is involved in any demand, whether explicit or implicit, that the patient must conform to the nature of the therapeutic method rather than that the method must conform to the requirements of the patient. Such a demand would merely serve to lend substance to the old joke, 'The operation was successful, but the patient died', and to illustrate the outlook of the French general who remarked at Balaclava, 'C'est magnifique, mais ce n'est pas la guerre.' It is certainly in complete conformity with these assumptions, the light of such assumptions, my mind, carries with it the logical implication that the ego is necessarily a psychopathological phenomenon. In

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

Amongst other naïve questions which I have felt constrained to ask myself are, 'How does psycho-analysis work?', and 'What is the analyst really trying to do in analysing a patient?' These are questions to which I do not feel that any completely satisfactory answers have yet been given. They are questions with which Szasz is much concerned in the paper which has prompted the present reflections, and with which Gitelson is also much concerned in an article from which Szasz quotes a passage dealing with 'the essential nature of psycho-analytic cure' (5). In this passage Gitelson mentions four factors involved in psycho-analytical cure, viz. insight, recall of infantile memories, catharsis and the relationship with the analyst; and he expresses the view that the effective agent is not any one of these factors, but 'some synthesis which it has not yet been possible to formulate explicitly.' In my own opinion, the really decisive factor is the relationship of the patient to the analyst, and it is upon this relationship that the other factors mentioned by Gitelson depend not only for their effectiveness, but for their very existence, since in the absence of a therapeutic relationship with the analyst they simply do not occur. This opinion is, of course, in conformity with the object-relations theory of the personality which I have come to adopt. It should be added that what I understand by 'the relationship between the patient and the analyst' is not just the relationship involved in the transference, but the total relationship existing between the patient and the analyst as persons. After all, it is on the basis of the relationships existing between the individual and his parents in childhood that his personality develops and assumes its particular form; and it seems logical to infer that any subsequent change in his personality that may be effected by psycho-analytical treatment (or any other form of psychotherapy) must be effected primarily on the basis of a personal relationship.

According to Edward Glover (6), the therapeutic effects of psycho-analysis depend mainly on (a) modifications of the ego-defences such as to enable less satisfactory defences against idimpulses to be replaced by more satisfactory defences, and (b) modifications of the superego such as to render it less primitive and less exacting in its demands upon the ego. It is here assumed, of course, that, in terms of Freud's theory of the mental constitution, the id is not capable of modification, and that the ego is essentially a defensive structure (which, to my mind, carries with it the logical implication that the ego is necessarily a psychopathological phenomenon). In the light of such assumptions,
Gitelson's description of a successful analysis as one in which 'the patient matures as a total personality' (5), would appear to lack all meaning. By contrast, the theory of the personality which I have proposed does confer a meaning upon Gitelson's criterion; for it is an implication of my theory that the primary aim of psycho-analytical treatment is to effect a synthesis of the personality by reducing that triple splitting of the pristine ego which occurs to some degree in every individual, but in some individuals to a greater degree than in others. It is an old criticism of the psycho-analytical method (although less frequently voiced nowadays than it used to be) that it is 'all analysis and no synthesis'; and the conventional answer is, of course, that analysis puts the patient in a position to make a new synthesis on his own initiative. Whilst this answer contains an undoubted element of truth, its uncritical acceptance makes it all too easy for the analyst to pass the buck to the patient. In so far, however, as such passing of the buck does not occur, I consider that the term 'analysis' as a description of psycho-analytical treatment is really a misnomer, and that the chief aim of psycho-analytical treatment is to promote a maximum 'synthesis' of the structures into which the original ego has been split, in the setting of a therapeutic relationship with the analyst. Involved in the achievement of this aim are two further aims, viz. (a) a maximum reduction of persisting infantile dependence, and (b) a maximum reduction of that hatred of the libidinal object which, according to my theory, is ultimately responsible for the original splitting of the ego. Such aims, together with an aim to be mentioned, are, in my opinion, the chief aims of psycho-analytical treatment. The resistance on the part of the patient to the achievement of these aims is, of course, colossal; for he has a vested interest in maintaining the early split of his internalized object, upon which, according to my theory, the split of his ego depends, and which represents a defence against the dilemma of ambivalence. In addition, he has a vested interest in keeping his aggression internalized for the protection of his external libidinal object—with the result that his libidinal cathexis is correspondingly internalized. Implied in these various manifestations of resistance on the part of the patient is a further defensive aim which I have now come to regard as the greatest of all sources of resistance—viz. the maintenance of the patient's internal world as a closed system. In terms of the theory of the mental constitution which I have proposed, the maintenance of such a closed system involves the perpetuation of the relationships prevailing between the various ego-structures and their respective internal objects, as well as between one another; and, since the nature of these relationships is the ultimate source of both symptoms and deviations of character, it becomes still another aim of psycho-analytical treatment to effect breaches of the closed system which constitutes the patient's inner world, and thus to make this world accessible to the influence of outer reality.

The unconscious determination of the patient to preserve his inner world as a closed system at all costs would appear to be the phenomenon on the basis of which Freud was led to formulate the concept of the pleasure principle as the primary determinant of behaviour. In my opinion, this formulation is a mistaken generalization from what is essentially a defensive phenomenon—one so highly defensive that it cannot be regarded as representing a primary principle of behaviour. There can be no doubt, as it seems to me, (a) that the pleasure principle can only operate within a closed system, (b) that the maintenance of inner reality as a closed system is essentially a psychopathological phenomenon, and (c) that, in so far as inner reality is maintained as a closed system, behaviour will be determined almost inevitably by the pleasure principle. Thus a patient of mine, whom I have described as 'Gertrude' on a previous occasion (2), and in whose case the maintenance of inner reality as a closed system has declared itself in no uncertain terms, can only bring herself to have intercourse with her husband if she immerses herself in fantasies which patently represent an infantile sexual relationship with her father as an internal object, and becomes oblivious to the actual situation prevailing in outer reality. Such satisfaction as she obtains in intercourse is thus dependent upon relief of tension achieved exclusively within the confines of the inner world, i.e. within a closed system, and on the basis of the pleasure principle. If, by contrast, she were capable of having a genuine sexual relationship with her husband, her behaviour would have the characteristics of behaviour in a situation in outer reality, viz. in the setting of an open system, and would be determined by what Freud has described as 'the reality principle'. Thus the distinction between the pleasure principle and the reality principle is not properly a distinction between a primary
and a secondary principle of behaviour, but represents a distinction between behaviour originating within a closed system constituted by internal reality and behaviour in an open system in which inner and outer reality are brought into relation.

It is to be noted that the phenomenon of transference constitutes another manifestation of behaviour originating within a closed system. A real relationship with an external object is a relationship in an open system; but, in so far as the inner world assumes the form of a closed system, a relationship with an external object is only possible in terms of transference, viz. on condition that the external object is treated as an object within the closed system of inner reality.2

The psychotherapeutic implication of these considerations is that the interpretation of transference phenomena in the setting of the analytical situation is not in itself enough to promote a satisfactory change in the patient. For such a change to accrue, it is necessary for the patient’s relationship with the analyst to undergo a process of development in terms of which a relationship based on transference becomes replaced by a realistic relationship between two persons in the outer world. Such a process of development represents the disruption of the closed system within which the patient’s symptoms have developed and are maintained, and which compromises his relationships with external objects. It also represents the establishment of an open system in which the distortions of inner reality can be corrected by outer reality and true relationships with external objects can occur. A movement in the direction of the substitution of an open for a closed system, or at any rate evidence of a breach in the closed system of inner reality, would appear to have been registered recently in the dreams of a recalcitrant patient of long standing, whom I shall designate ‘Karl’. The dreams in question were as follows:—

1. I was out walking with my father; and we met you. You handed me a book or paper. My father protested that I was neglecting or forsaking him; but I did acknowledge you.

2. I was talking to you; but at the same time I was in bed with my mother. I felt embarrassed, because my mother was listening to what I was saying to you. Sometimes my mother leaned over me and came in contact with me. This horrified me and made me shrink away from her. But I did not stop talking to you.

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

1. I was with you; and, while I was talking to you, I felt a compulsive urge to masturbate. I wondered if you would notice me doing this while I kept up the flow of talk. Then I found that you were in fact in an adjoining room; and I felt that I could probably masturbate without your noticing.

2. I left here and walked away. My mother was walking several yards ahead of me. I don’t know if I thought she was leaving me behind; but I thought I might attract her attention by throwing gravel at her. Then I found that I was terribly worked up and was pelting her with stones.

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

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2 I take this opportunity to record my conception of the essential difference between a psychoneurosis and a psychosis. The distinction in question has been the subject of much debate; but in my opinion it is quite simple, viz. to the effect that, whereas the psychoneurotic tends to treat situations in outer reality as if they were situations in inner reality (i.e. in terms of transference), the psychotic tends to treat situations in inner reality as if they were situations in outer reality.
inner reality is another concept which I have recently come to adopt, viz. that of the static internal situation. The descriptive epithet 'static', as applied to the situations in question, was suggested to me by the remark of a patient whom I shall call 'Ian'. This patient in the course of his associations had frequently described a frustrating and rage-provoking type of situation about which he would say, 'This is an impossible situation', adding characteristically, 'And there is nothing to be done about it.' For some time I construed this last remark in the sense that he felt the situation in question to be outside the influence of psycho-analytical therapy; but eventually I came to realize that, when he said that there was nothing to be done about a situation, he was not talking about the therapeutic prospects, but describing a feature of the situation itself as he experienced it. These 'impossible' situations, whether remembered or imagined, were characteristically conflictful situations involving himself and one or other or both of his parents. Such a situation he described one day in the following terms:—

I'm enraged with Daddy, because he gets Mummy and I don't. I try to be good—and he doesn't. I castrate myself to be good; but Daddy just despises me … He's privileged, although he is not good. I try to be good; and I'm not privileged. If I'm not good, I'm blamed and attacked; and, if I'm good, I'm despised. I'm enraged about being despised; but I'm afraid of being blamed. The only hope is to be right; but with Daddy and Mummy … I'm compelled to be wrong … I don't know how to get away from this blame … Being blamed is death … There is nothing I can do if I'm rejected … This situation of being blamed and rejected by Mummy, and being enraged and unable to do anything about it is completely static.

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

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

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

That the primal scene should readily lend itself to the constitution of a static internal situation is an a priori expectation which receives confirmation in the case of Morris, a patient to whom I have already referred on a previous occasion (2). Morris is a bachelor; and, not very long after the marriage of one of his friends, this friend and his wife came to stay with him for a few days in his little bachelor flat. The prospect of this visit had been by no means wholly agreeable to Morris who had experienced a homosexual attraction.
towards his friend and was jealous of his friend's wife. It is no matter for surprise, therefore, that on the first night after the arrival of his visitors he felt very excited and slept badly. Shortage of accommodation had necessitated his giving them his own bedroom, which contained two beds; and, as he lay awake in the small bedroom next door, he was supremely conscious of the presence of the married couple on the other side of the wall, and sensitive to the slightest sound proceeding from their room. The whole situation reminded him forcibly of the time when, as a child, he slept in his parents' bedroom, and of one special occasion when he woke up to find his parents having intercourse and felt, among other things, that he had been 'pushed out' by his father. After describing all this to me, he remarked à propos of the primal scene:—

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

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

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

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

It would be a mistake, however, to infer that it is necessarily one of the functions of the static internal situation to preserve the internal object from attack or destruction. Indeed, there are cases in which it would appear that one of the functions which it performs is rather to perpetuate the destruction of the internal object. Such a case is that of a female patient whom I shall call 'Annabel', and who was driven to seek analysis owing to the limitations imposed upon her by a phobia of coming across accidents on the road, particularly while driving her car in the course of her professional activities. The analytical material which she provided left it open to no doubt that the injured body which she was so afraid of coming across represented the corpse of her father as an internalized sexual object; and the maintenance of a static internal situation in which he figured as a corpse undoubtedly functioned for her as a defence against a situation of incestuous rape. Her phobia was, of course, itself a defence against the defensive murder implied in the static internal situation; and it thus conformed to the phobic pattern of a defence against a defence. There is considerable evidence, in my opinion, to the effect that the persistence of a static internal situation in which the incestuous object is reduced to the status of a corpse is a characteristic feature of the phobic state. This certainly holds true, not only in the case of Annabel, but also in the case of a patient whom I shall call 'Cynthia', and in the cases of Jean and Olivia, to both of whom I have referred on a previous occasion as hysterics (2), but who also presented pronounced phobic symptoms. And it is significant that all four of these female patients had fathers who adopted a sexually possessive attitude towards their daughters and made what can only be regarded as thinly disguised sexual advances towards them both in childhood and adolescence. Before we leave the subject of the static internal situation and return to that of the closed system of internal reality, attention may be drawn to an incident recorded by Annabel in connexion with her phobia of road-accidents. One day she was walking along a busy street when she saw a crowd collected in the middle of the roadway a short distance ahead. She was immediately filled with panic and darted up a side-street to avoid the scene of the accident which, she felt sure, had taken place; but, at the same time, she felt that she was clasping the accident to her as she ran. In this act, whatever else she was doing, she was attempting to deal with the accident as a traumatic event by incorporating it into the closed system of internal reality.

I have already recorded my opinion that Freud's concept of the pleasure principle as a primary determinant of human behaviour was a mistaken generalization about behaviour on the basis of what is essentially a psychopathological phenomenon—this phenomenon being the obstinate tendency of patients undergoing psycho-analytical treatment to maintain their inner worlds as closed systems, and to resist every attempt to convert these systems into open systems and so render them amenable to change through the impact of influences in outer reality. Another concept of Freud's which I have come to regard as a similarly mistaken generalization about behaviour on the
basis of an essentially psychopathological phenomenon is *his concept of the death instinct*. In this case the particular phenomenon in question is an obstinate tendency on the part of the patient undergoing psychoanalytical treatment to keep his aggression localized within the confines of the closed system of the inner world. The operation of such a particular tendency, as well as of the general tendency to maintain the inner world as a closed system, is well illustrated in the case of a patient whom I have previously designated 'Ivy' (2), and who, in a sequence of sessions, provided associative material of which the nature may be gathered from the quotations which follow. It should be added that the insights registered in this material were only achieved after prolonged and painstaking analysis.

I have no words to describe how I hate you. But why can't I just hate you and get on with it? The only reason I can think of is that I need my hate for some other purpose. It's too precious to waste on you. It is vital to my internal economy not to waste hate on you. I feel I need the hate for myself. I need the hate to run myself on ... Now I feel sleepy. I've grown indifferent and couldn't care less ... That shows that I want my hate to keep me short-circuited. Instead of running myself on outside people and things, my sex-object is myself and I get gratification from self-things ... I feel I'm like a skilled financier ... Every bit of hate has to be accounted for. Every bit of autoeroticism has to be economized. I hate you for trying to make me stop doing this. I need to hate you to get energy for my inner persecution. I'm breathing it. I'm in an orgy of destruction. I can't wait to get my hands on myself to destroy myself. That is my life — a drawn out ecstasy of slowly killing myself. That is wicked; and it's the only wickedness I can do. I want to be evil in other ways, but I can't. I've sold myself to the Devil; and this is the only way I can do it. I'm a willing Isaac. The greater the frustration outside, the greater the ecstasies inside. I want to have no inhibitions in bringing about my own destruction.

I dedicate my life to my bowels. I used to think I wanted to get on with life, and my bowels were a nuisance; but now I think my bowels are my real life, and ordinary life is a nuisance. My inner economy is different from that of ordinary people ... If an ordinary person is cross, they're cross and that's an end of it; but I hoard my anger to use for inner purposes. That is like my bowels. The ordinary analytical idea seems to be 'Let out your temper, and you'll be better'; but that does not apply to me. I need my temper for inner purposes; and I'm not interested in life outside ... That's different from wanting to let it out and run myself on ... The worse I get, the better I'm pleased, because that is what I want—which is a desire for self-destruction. I must accept that I frustrate myself. I expect that every bit of autoeroticism has to be economized. I feel I'm like a skilled financier. I feel my unconscious life is my true life; and it is a life of frustrated excitement, which I seem to regard as bliss. I feel I really have a strong urge to destroy myself ... I want to see how near I can get to the edge of the cliff. There is a bit of me that keeps me alive; but my real purpose is directed to killing myself and frustration. I have trouble over you; for I don't want to tell you things. *If I have a relationship with you, it interferes with my death-circuit* ... You interfere with my unconscious life and my desire to destroy myself. You are just a nuisance. It is daft to have a relationship with you, because it just weakens my inner purpose ... The worse I get, the better I'm pleased, because that is what I want—which is a negation of all that is right ... I want to devote myself to working myself up to a state of need and not having it satisfied. This is involved in my desire for self-destruction. I must accept that I frustrate myself. I expect that originally I was frustrated from outside; but now I impose frustration on myself; and that is to be my satisfaction ... It is a terrible perversion.

The associative material contained in these quotations seems to me to provide convincing evidence in support of my opinion that what Freud described as 'the death instinct' is really a psychopathological phenomenon representing an obstinate tendency on the part of the individual to keep his aggression localized within the confines of the inner world as a closed system. It also seems to me to provide convincing evidence of (a) an obstinate tendency on the part of the individual to keep his libido similarly confined, (b) a general tendency to maintain the inner world as a closed system at all costs, and (c) the central rôle played by this general tendency in the maintenance of psychopathological states and the resistance of the patient to psychoanalytical therapy. It suggests further
that what drives the individual to seek such satisfaction as can be obtained within the closed system of internal reality is early experience such as to induce a sense of hopelessness over the possibility of obtaining satisfaction in relationships with the external objects upon whom he is dependent. In addition it reveals the central importance of the relationship between patient and analyst as a means of effecting a breach in the closed system of internal reality in which the patient's symptoms are entrenched. In the light of such evidence it would appear that, however neutral a rôle the psycho-analyst may assign to himself therapeutically, he cannot escape from the necessity of becoming an interventionist if he is to be therapeutically effective—and it must be recognized that every interpretation is really an intervention. Thus, in a sense, 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. Whether such an aim on the part of the analyst is capable of fulfilment must, of course, depend in no small measure upon the extent to which internal reality has become entrenched as a closed system in the individual case; and an assessment of the extent to which this is so must be regarded as the real criterion of the suitability of a case for psycho-analytical treatment. In any event, however, it would appear that, if the foregoing considerations are well founded, the actual relationship between the patient and the analyst constitutes the decisive factor in psycho-analytical, no less than in any other form of psychotherapeutic, cure—even if in the case of psycho-analytical therapy it operates in a distinctive manner, as indeed it unquestionably does.

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