

## 2. Clinical Analysis

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### THE OBJECT RELATIONSHIP

IT IS NOT POSSIBLE TO GIVE HERE, even in broadest outline, anything like a complete account of the contributions made by psychoanalysis to our knowledge of the disorders of mental life. The influence of psychoanalytic studies on psychiatry is at once more important and less obvious than might at first be thought. If that influence can be considered decisive, it is to be sought not so much in isolated clinical pictures of special cases as in the understanding it affords of the meaning of maladjusted mental activity. Although clinical psychoanalysis shows no originality in its immediate descriptions of disorders in psychic life, and although its descriptions nowhere differ radically from those established by eminent practitioners of classic clinical psychiatry, it is at the moment of comprehension, of understanding, that it throws its clearest light on the psychopathologic fact.

Let us take a simple example. Everyone knows how difficult it can sometimes be to make a differential diagnosis between obsessional psychoneurosis and those obsessions that are symptomatic of schizophrenia. Each case must be judged separately. In extreme forms no doubt is possible, but in borderline cases differentiation is often impossible at first sight. It cannot be said that, on the whole, psychoanalysis has added, to any substantial degree, to the clinical description of the symptoms that are immediately apparent: their description has been more than adequately achieved by classic psychiatry. On the other hand, however, psychoanalysis does make clear the relationship between the various elements of the syndrome in each individual case. This it does by grouping them in series, as,

for example, the series of symptoms that are, properly speaking, obsessional and the series that are phenomena symptomatic of depersonalization. It arranges each series in an hierarchy, revealing, to take one example, that some apparently hallucinatory behavior may have justification as a desperate effort to escape circumstances that could provoke a depersonalization crisis and that it is therefore a defense mechanism, while in another patient this same type of behavior is the expression of an hallucinatory projection. By such techniques psychoanalysis permits us to gauge, with some degree of precision, the degree of "solidity" of the ego, by which we mean the degree of adaptability of the subject, a fundamental factor in both diagnosis and prognosis. On the one hand, there is the extremely fragile ego of the schizophrenic, even when the schizophrenia is latent and disguised as an obsessional psychoneurosis; on the other hand, there is the much more compact, much more coherent ego that is present in the true obsessional neurotic even when the neurosis is accompanied by schizophrenic phenomena (which, to tell the truth, are rarely if ever lacking if one looks for them). Without going into detail here, it is easy to understand the diagnostic importance of realizing the predominance of one series of symptoms over another and of identifying the temporal relationship between two ideas. Do the obsessions serve to protect the subject from anxiety about a possible anxiety of depersonalization and are they experienced only in exceptional circumstances? Or, on the other hand, are they attempts to escape from depersonalized states that are frequent or even chronically substratal?

Perhaps it will be objected that this is more a question of psychopathology than of clinical practice and that the very example I have taken shows precisely that psychoanalysis contributes a psychogenetic explanation (and nobody would deny this; indeed, there is even a tendency to give too exclusive an importance to this fact when attempts are made to describe the way in which psychoanalysis represents disorders in mental life). However, if it has not been necessary, except in matters of detail, to create a new description of symptoms since this has been done with a degree of exactness by the older psychiatric studies, analytic theory has given us a general conception of a scheme that enables us to understand, here and now, the structure of a personality and to judge its future possibilities of adaptation. This it does from the most practical point of view—I might

almost say the most prosaic point of view, that of the patient's social relations. It is not necessary to recall that mental disorder, in the widest sense of the term, inevitably has a social aspect. When all is said and done, whatever our conception may be of its nature, its course and its cause, we cannot forget that the result is to vitiate the relationship of the subject to his environment.

A point that may deceive doctors unfamiliar with psychoanalytic theory is the tendency to make multiple observations having limited bearing simply because, from a desire to be objective, the worker hesitates to argue from the study of a few observations to a general view. However, the psychogenesis of a particular symptom may be due to different mechanisms, and, moreover, in detail it always has an individual character. Here more than elsewhere there are only sick people. But, as a result of this, one may get the impression that psychoanalysis is more a collection of observations than a real science with general laws.

The application of general analytic theories of psychic activity to a clinical case often gives to a superficial observer the impression of excessive fragmentation of the life of the mind into urges, impulses, and defensive activities. In reality, this is merely the result of the difficulty of fixing one moment of a protean activity with so many simultaneous aspects: essential but different functions are going on at the same moment; instinctive tendencies toward action may be in variously violent conflict with restricting tendencies according to the impetus given them by external or internal forces. There is an extreme variety in the mechanisms of adaptation. Thus, at a given moment, for example, an instinctive tendency assumes primary importance not because it expresses a real need but to oppose for the time being another tendency that is temporarily felt to be more dangerous. Passive tendencies may come into play, for example, only to quiet some active tendency. If to this we add that everything is a dynamic interplay of balance between these contradictory activities and tendencies and that even the most perfect description of one moment is invalid for the following moment, we can easily see how there arises a painful impression of something in motion, ungraspable, even artificial. But all these descriptions of moments are necessary to the isolation of different aspects of the mind, despite the fact that the mind is obviously one and indivisible. And the mechanisms that these descriptions call up have a reality that daily clinical ex-

perience shows to be very much alive, revealing functions whose complexity determines not only the subject's view of the world but also his actions in the world.

This is precisely the best claim that psychoanalysis can make. By the accumulation of minute observations, it has been able to describe exactly the mode of the subject's relations with others and thus define mental disorder in its most original, indeed its essential, aspect.

Here I should like to recall the exact contribution of psychoanalysis to our knowledge of the structure of object relationships and of their genesis in every psychopathologic condition. Psychoanalytic theory renders us an outstanding service when, faced by a patient, especially a borderline case, we have only a few moments in which to situate and fix the prognosis of his malady as well as to adopt a firm line of conduct, choosing the kind of therapy most suited to his case while having no illusions as to the hopes we may entertain and neglecting none of the personal or social dangers that may result from his condition.

It therefore seems necessary to throw some light on the psychoanalytic theory of object relationships before describing the structure of such relationships in each category of mental illness. Space being short, I can give only a brief outline of such relationships, but I do so without regret since the detail of the mechanisms is of little importance. Only a synthetic view of the problem can give an idea of what clinical psychoanalysis is, for it is with clinical, and only clinical, practice that we are concerned even when our descriptions go beyond the simple noting of immediate observations and allow an exact definition of the structure of the disorder.

Before going any further, I should like to get rid of one, and that a serious, source of misunderstanding that paradoxically leads to the attribution of a purely psychogenetic thesis to psychoanalysis, an approach that, more than any other, has been interested in the most immediate psychic translations of organic, physical activities. Freud was first a neurologist and could hardly have built up a psychological system without its being clearly connected with organic activity; and he made the connection quite clear. Congenital factors can intervene, he said, to fixate certain instinctual energies at a stage in their development that they ought to have passed beyond. For example, a particular congenital eroticism of the anal zone can be

the decisive factor in the fixation of the libido on that zone in that period of life called the anal-sadistic stage of development. He returns several times to the hypothesis of a special, organically conditioned quality of instinctual activity and took it into account in his discussion of the causes that might explain the appearance of a particular neurosis in a given patient. Federn, Freud's pupil, believed that the preschizophrenic ego is characterized by a peculiar fluidity springing from the libido, the libido being a term used to describe all those instinctual drives that tend to maintain the being and its contacts with the outer world, especially in its sexual activity. Thus, psychoanalysis does not at all disregard the congenital organic characteristics of a patient in explaining the cause and development of mental disorder.

Freud made efforts to delimit what has its origin purely in the physiology of the subject, and if his theories are not more than hypotheses, one can say the same of those ideas of constitution and make-up to which typological psychology tries to give a scientific basis. To imagine that psychoanalysis denies any organic genesis of mental disorder is to rob of all value the clinical practice that is based on psychoanalysis, for it is to deny all logicity to the thought that created it.

Psychoanalysis has brought to clinical practice a satisfactory description of the relationship between the patient and his world and, by doing so, has helped us to understand disturbances in these relationships. The analytic theory of object relationships is distinctive in that it is at the same time genetic and dynamic and in that it implies a sort of parallelism between the maturity of instinctual life and the structure of the ego in a given subject at a given moment. For the total personality tends always to adapt itself more or less adequately to the external world so long as there is no sign of involution. This state of adaptation can regress or progress from moment to moment under the influence of external circumstances and the internal conflicts which they may reactivate.

The analytic theory of object relationships is dynamic not only because it acknowledges that at any moment the totality of the personality may regress or progress but also because it conceives of object relationships in terms of a stream of instinctual energy whose movement toward external objects is directed and controlled by the

ego. It admits not only quantitative but qualitative variations in this dynamic energy relation. It is genetic not only because it describes the normal development of object relationships but also because it shows that the forms taken by drives and the ego in a condition of regression brings those relationships back, broadly speaking, to an earlier state or phase of evolution.

Such a regression, such a backward movement, is made easier by the fact that an important part of the instinctual interests of the patient has remained fixated on objects and modes of satisfaction characteristic of that stage of development at which the regression tends to stop. Fixation marks, as it were, a stopping point for regression. A fixation weakens the development of that part of the personality, and any difficulty that arises in a more evolved type of object relationship leads easily to an abandonment of that type of relationship, and hence to a regression to an earlier stage.

We may cite as an example here what happens in obsessional psychoneurosis. At the moment when puberty confronts the subject with the problems attendant on sexual activity, his whole personality faces the difficulties that are bound up with the genital phase of childhood known as the oedipus complex. Earlier, this first genital drive had quieted down and the subject entered upon a phase of forgetting it, called a period of latency, and his intellectual development was able to progress without the interference of any acute conflict. Now, however, at puberty the sexual drive strengthens, the conflict is reactivated, and the subject regresses to a phase of psychic organization that he had partially grown through in childhood and that corresponds to a particular form of his instinctual needs and his ego, that is, the anal-sadistic stage of his development. I shall have to return to this. Here it is enough to say that the reality of the analytic scheme is demonstrated by a comparison of what observation can show us of the child at this stage of development and what we see in an obsessional subject. The structure of their personalities is on the whole identical, even when we take into account the increased stock of knowledge and the maturity of the intelligence of the adult; neither of these, in any case, affects the total structure of the personality.

I have purposely chosen as an illustration of regression in object relationships the early phases of obsessional neurosis. It is well known that it occurs, classically, at the onset of puberty. The cau-

sality is perhaps not immediately apparent to the observer, but if we look closely we can find the explanation in a breakdown in the state of equilibrium between the instinctual drives and the satisfactions, however approximate, that they find in the subject's life. Whether the first origin of the imbalance be in the internal or external world the result is the same: the regression takes place, or rather becomes more apparent, and the obsession appears, having never in fact completely ceased to make itself felt. The child who is to be an obsessional neurotic and who, long before pubertal conflicts reawaken the oedipus conflict, seems to have normal relationships with his environment presents certain peculiarities of character which are manifestations of that type of object relationship peculiar to the obsessional subject, or, in genetic terms, to the anal-sadistic fixation. The same is true of the obviously obsessional subject in the intervals between his crises.

When a new crisis occurs the reason is as follows. The special object relationships by means of which the patient has managed to satisfy his primary instinctual needs cease for one reason or another to be adequate to ensure the discharge of instinctual energies in ways suitable to the patient. There is fragmentation of the emotions bound up with the instinctual need, and the obsession appears.

The genetic aspect of the psychoanalytic theory of object relationships becomes much clearer when we try to understand the intimate connections that clinical descriptive psychiatry has long shown to exist between obsessional neurosis and the phobias, on the one hand, and the psychoses, especially schizophrenia and melancholia, on the other. If we look at classic case descriptions, we find that obsessional phenomena may, in a transitory fashion, be in the foreground of the clinical picture at the beginning and at the end of the development of the two psychoses. Psychoanalysis helps us to understand both the relationship between these diseases and their peculiar developments thanks to its theory of object relationships. The pathologic object relationships in the phobias belong to a more evolved, more adult relational system than do those in obsessional neurosis. The phobias represent, in a pure form, regression to the oedipal stage of development, which is nearer to the adult state than is the anal-sadistic stage to which the subject regresses in obsessional neurosis. Psychotic object relationships in their turn may regress to even more primitive stages of development. Thus, it is normal for phobias to precede

obsessions, the subject moving as it were progressively backward, reaching more and more infantile stages of development, just as it is inevitable that an obsession, belonging as it does to a higher relational level, should mark the beginning or the end of a psychotic crisis, which corresponds to a much more primitive stage of organization.

When the object relationship is thus defined, in the way that psychoanalysis conceives it, from a dynamic and genetic point of view, a natural scale of pathologic divergences can be seen. This scale corresponds without any artifice to the facts as direct observation obtains them and takes into account the links between them in a way that mere description can not. Thus, the degree of treatability can be measured, since the disorders are more or less easily corrected according to the degree to which the level of object relationships to which they correspond is, genetically speaking, more or less recent. At the more evolved stages of the slow and progressive building-up of the personality, the ego shows itself almost adult, while at the earlier stages it is extremely fluid, with ill-defined limits, which is what we find in pathologic states in the adult subject.

A summary of the characteristics of object relationships at the different stages of evolution will permit us to place more accurately the structures of different pathologic states as they are seen by clinical psychoanalysis. We distinguish three essential types of object relationships by designating them with reference to the predominant interests of the child at the different relevant stages of his development. (1) Object relationships of the oral type correspond to the early months of life when the child's center of interest is the mouth, both for food and as a source of pleasure. (2) Object relationships of the anal-sadistic type predominate from the first to the third year and correspond to the manifestations of those drives that are involved in the processes of excitation and in education in cleanliness. (3) The genital type of object relationship comes into existence some time after the third year, is built up during later childhood and throughout the early prepubertal and pubertal conflicts, and, indeed, continues to develop during the greater part of the individual's sexual life. From the beginning of this period the center of the child's interest is fixed on his genital organs.

The first two types of object relationship are called pregenital, to distinguish them from the third, genital, type. Pregenitals are people



with egos that are more or less weak according to whether they belong to the oral or anal group. The stability and coherence of the ego depends upon the stability of object relationships with a significant object. The loss of these relationships, or of their object (which amounts to the same thing since the object exists only by virtue of its relationship to the subject), may bring about serious functional disturbances of the ego, such as schizophrenic or psychotic disorders. The subject makes every effort to maintain at all costs his object relationships, making all sorts of adjustments to this end, changing the object by using displacement or symbolism in such a way that the choice of a symbol, quite arbitrarily charged with the same affective values as the original object, makes it possible for him not to be deprived of an object relationship. For this we might well use the term "auxiliary ego."

The genital type, on the other hand, possesses an ego whose strength and healthy functioning do not depend upon the possession of a significant object. While, for the first group, the loss of a person of great subjective importance may endanger the whole personality, for the second group, however painful the loss may be, it does not constitute a threat to the solidity of the personality. The latter individuals are not dependent upon an object relationship. This is not to say that they can easily do without all object relationships—which, after all, is unrealizable in practice, so many and so varied are such relationships—but simply that the integrity of their being is not at the mercy of the loss of one significant object. This is where, from the standpoint of the connection between the ego and its object relationships, we find the difference between this and the former types of personality.

As for the manner of subject-object relationships, there is a point by point difference between the groups. Preenitals, whether oral or anal, maintain extremely close connections with their objects not only because, as we have just seen, such connections are indispensable to their existence but also because the imperfect development of their drives imposes such connections upon them. Fixated on the one hand, regressive on the other, their instinctual needs have the violence, the lack of discrimination, and the absoluteness of the drives and emotions of a very small child. Even if this archaic type of object relationship is masked by a whole series of adaptations, it is nevertheless true that, basically, nothing is changed. This can easily

be seen in the transference relationship when the subject has reached the stage of renouncing the habitual mechanisms by which he has adapted himself to contacts with others. He undergoes emotions of cataclysmic violence in one direction or another. Everything is black and white, with no grays. The emotional storm bears no relation to the object. The most trivial gesture may provoke it. It is always a case of all or nothing. Feelings are of an extreme variability that can only be explained by ambivalence, a mixture of positive and negative feelings at the same moment. The subject passes with the greatest ease from the most absolute love to total hatred.

The depth of such subjects' attachments, or, in more technical terms, the stability of their cathexes, varies according to the case. With anal-sadistic subjects they are very stable, while with oral subjects they are very fluid. But more important, and in fact crucial, are the peculiar features of the object relationship, and the internal structure of that relationship, for it reveals more clearly than anything else the regressive nature of the attachments.

For all these subjects the significant object is *only* an object. That is to say, the object is only necessary to the extent that it fulfills a function; instinctual satisfactions are obtained from it without any concern for the pleasure, the convenience, the needs, or the consent of the object. Since the positive emotional drives, by the mere fact of regression, have taken on an aggressive and destructive form, it will be guessed that the relationship between subject and object will express brutal, unconditional, and unstable desires of possession, but it must be added that, if such is the internal structure of the relationship, it never occurs purely and simply, except perhaps in certain cases in the behavior of some sadistic perverts, for the very good reason that feelings of guilt and fear are interposed. And here we touch upon another aspect of the object relationship which has not been sufficiently emphasized. I choose to discuss it here because it is precisely in pregenital object relationships that it reveals itself most clearly.

In speaking of object relationships from an analytic point of view, we argue thus: The subject tries to achieve a compromise between his interior world and external reality in such a way as to obtain maximum satisfaction for the instincts (the id) while avoiding the suffering that would result from an internal conflict between these instincts and the unconscious inhibitory forces he has within that

are opposed to the indulgence of some of the instincts (the super-ego). The ego must realize a compromise between the drives of the id and the prohibitions imposed by the superego, and must, moreover, see that the result of this compromise is in harmony with a given external reality.

This formula is so exact that it can be applied to states that at first thought seem not to correspond to it at all. For, if it is usual to say that the neurotic subordinates his instinctual drives to reality while the pervert imposes his instincts on reality and the psychotic projects his (and this is true on first analysis), nevertheless it is equally true that if we look more closely we shall see that in one way or another all of them do take reality into account. The pervert usually modifies his regressive drive to possess; the psychotic tries to remodel reality to the extent that he cannot endure it as it is.

If we take this as a general formula, that the ego sees to it that the compromise between the drives and the prohibitions is in harmony with external reality, we must nevertheless complete it by adding that the world exists for everyone only as he apprehends it from the point of view of his internal state, and that he reacts to it only in the mode in which he apprehends it. This way of looking at it avoids too great an opposition between neurosis, perversion, and psychosis and tightens up the connection which, however pathologic the relationships may be, always relates the subject to his objects. It is true that the neurotic gives up some satisfactions through fear of the world, but he only fears it because he transforms (at least subconsciously) a relatively simple reality into a fantastic world. The psychotic suffers from hallucinations of persecution for exactly the same reason. As for the pervert, he avoids the sexual act because, among other reasons, he sees this act in his own peculiar way, a way that has nothing to do with its objective reality. From a clinical point of view, the radical difference between them all lies in the individual structure of the ego and its modes of adaptation. The fact is, projection, the device by which the subject transforms a commonplace world into a private universe against which he measures himself, is involved in every case, even, moreover, although in a much more subtle and limited manner, in normal people's behavior.

Looking at the question thus, we can better understand what a strange dialogue the object relationship is in its pregenital form. For here projection is so strong as completely to remodel reality into

a distracting, even dangerous, world in which every object of desire is felt as though possessed of the same powers and intentions as the subject, which amounts to saying that every true realization of a desire involves, ipso facto, mortal danger.

When we use the words "true realization," we mean an authentic discharge of instinctual energy with all the emotional expansion that should normally accompany it. The simplest example of what can easily be a merely formal or apparent realization is the sexual act. Nobody who has abnormal object relationships can find in this act all the satisfaction that it should bring.

Very often this act seems to be performed normally enough and only after a successful analysis does the subject realize the enormous difference between what he thought was sexual happiness and what he feels now. The obsessional who unconsciously wants to take possession of the object by assimilating it into himself also feels that if he takes the object into himself, it may keep a separate existence, keep a life of its own that will contaminate and completely change the subject, he himself, who has done the absorbing. In a sufficiently deep analysis of any serious neurosis in which a pregenital regression of the whole personality is involved, we come across objectivized projections of this kind. Before analysis, they have remained unconscious but now they become almost hallucinatory in their force.

Projection is always present, and reality as seen by a patient is always a transformed reality, so that if we wish to understand the basic determinisms of object relationships, we must never lose sight of the fact that he and we may quite possibly not be talking of the same thing when we are speaking of reality.

In spite of the fundamental sameness in pathologic object relationships, especially in pregenital relationships which are the most pathologic of them all, nobody can deny that there is still a certain difference between the object relationships in neurosis, psychosis, and perversion. The neurotic gives precedence to reality, the psychotic to his own inner world, while the pervert most often adapts himself to the exercise of his instinctual drives within a very limited range, usually keeping a sufficient hold on the real world at the same time.

This difference essentially derives from the different structure of the ego in each particular case. The strength or weakness of the ego

is different. Let us simply say here, since we shall have to come back to this, that there enters into play a peculiar quality of the ego. While the neurotic and perverted egos appear to possess a structure that allows them to retain a certain objectivity in their vision of reality, the psychotic ego cannot do this.

I cannot here go into the details of the role played in this difference in structure by pathogenesis. Moreover, constitutional factors undoubtedly have their part. But, in a very general manner, I can say this. In neurosis and perversion, use can be made of adaptive processes that limit the intrusion of subjective projections into the real world. In psychosis the ego can no longer do this. The defenses in neurosis and perversion are to this extent better than those of the psychotic patient, who, however, is not entirely without means of adaptation or defense. The term "defense" is justified by the fact that the ego prevents the emergence into consciousness of certain instinctual desires, the threat of which causes anguish and suffering of whose origin the patient is ignorant. At first sight this seems to be an entirely internal affair. But, as analysis proceeds, the patient may reach the point where he can relive, within the framework of his object relationship with the analyst, the instinctual desires that he would not allow to emerge into consciousness. Thus, in the relived situation, which quite simply and perfectly analysis provides, we see him project an inner vision which always transforms the situation in a more or less painful fashion. Moreover, we see that in nonanalytic situations too, the patient has been doing exactly the same, without being aware of the impulses and the projections because of his defenses. He has acted in the world as though the projection were a reality. If this projection, which it is the work of analysis to define clearly, did not exist, all the precautions taken in the relationship of the subject with his object would be useless and the facts of neurotic behavior would not be what they are—cautious, restrained, and ill-adapted. For the neurotic adapts only to the situation as it is unconsciously projected.

These careful arrangements in the object relationship may be described as "instruments" of a remote relationship. This idea of distance or remoteness, which I have discussed at length elsewhere as helpful to the understanding of obsessional patients, is equally useful to an understanding of the object relationships in hysterical neurosis and of those in the perversions and psychoses. It is meant

to convey the separation that exists between the object relationships of a given subject at a given moment as he experiences them consciously and what those relationships would be if the defenses were removed and the unconscious fantasy that underlies them became conscious with all its instinctual drives and projections. Obviously, this distance varies from moment to moment, becomes greater or smaller according to both external circumstances and internal conditions. It gets less, however, as analysis proceeds. At any moment it is related to the degree of nearness to the object that the subject can bear, keeping in mind how far the object is transformed by projection. In all cases of pregenital object relationships, this distance is considerable, depending upon the intensity of the projection produced by the regression and the strength of the fixation of the instinctual drives.

The regressed condition of the ego is essential, as is also the primitive nature of the drives, so that reality may not conquer by the simple fact of being perceived. However pseudo objective these subjects may be, it does not prevent—as I shall try to show for obsessional neurotics—their living the object relationships they experience as if they were really what the totally unconscious projection makes them. That is why in every case the retention of a sense of reality is in fact only apparent and why there is a radical difference, on the plane of lived emotions, between reality as these subjects perceive it and what is perceived by a person whose ego is not regressed.

This distance is such that apparently normal object relationships may be maintained, and it is thanks to this adaptation, this sophistication of object relationship, that the neurotic ego, unlike the psychotic ego, manages to retain a certain sense of objective reality. An excellent example of this sort of result is furnished by the obsessional ego, but one could reach similar conclusions about the ego in the perversions and, although less distinctly, the ego in the phobias and in hysteria. Of course, the fact is most striking in the character neuroses.

The ego of the obsessive, as everyone knows, presents two very different segments. In the regressed segment—the “magic animismo” of Nunberg, to give it one of its many names—the behavior of the ego is completely primitive; for it, thought is all powerful, for example. In the other, generally more important, segment, the ego seems

governed by the laws of logic, and the object relationship appears quite normal. But if we study this "rational" segment we find that it remains objective only so long as the patient can practice that isolation which consists in detaching an idea from its natural emotional and ideational connections. The patient behaves in a docile manner. He tries to understand his doctor, shows consideration and a normal interest. In fact, he takes him for what he is: a doctor. But once this isolation is given up, the sense of reality in this relationship is lost for the most part; projection comes into play and unconscious fantasy blots out objective awareness of the situation, to a certain extent at least and often nearly, although not quite, completely.

As he lives through the experience of depersonalization, in transference, for example, the patient does not abandon himself to those forms of behavior that the total replacement of the real by the projected situation might imply. Nevertheless, the gap between psychotic behavior and the patient's behavior becomes narrow and at times is almost obliterated. I am thinking of one schizoid obsessive patient who asked me to break off a session because he was afraid of me. The apparently continued contact with reality is only maintained because of devices of remoteness which still exist however inapparent they may be.

It is easy to understand how a particular, apparently objective, view of reality may be maintained which is only falsely objective. Thanks to a perfected isolation by means of which the so-called rational object relationships of the obsessive are deprived of affective significance, the process of logical thought is not hindered at all. In this inert situation—which causes him, essentially, neither pleasure nor pain—the subject behaves like an automaton. His responses are adequate because he is not engaged. It is because of the adaptive functioning of his ego, if we talk in terms of its object relationships, or because of its defense mechanisms, if we talk in terms of its internal balance, that the adequacy of his viewpoint and of his responses can be maintained, for it depends on the perfection of the isolation process as well as on other complementary defense mechanisms.

But it is only a "false objectivity," for a real objectivity demands an awareness of the affective content of relationships with the external world. The proof is that feeling of emotional lack which

spoils the whole life of the obsessional and which seems to be an indirect result of his isolation. By dint of living in a purely formal world that lacks life and content, by acting purely formally in that world, the subject becomes aware of a void around him.

Yet, this void is only an appearance. Once the isolation is lessened, as in transference, the emotions reveal themselves as enormously intense. The too great remoteness resulting from isolation gives way to too little remoteness. Anxiety becomes hardly bearable, so traumatic is the liberation of the affects and emotions linked to the unconscious instinctual process.

We may conclude that the basically *lived* situation is the projected situation, since only at the price of abandonment of the remoteness called into being by that very latent projection that robs experience of its affective reality can the world be apprehended objectively, or, more accurately, apprehended apparently objectively. The same conclusions can be reached from a consideration of the object relationships in serious phobias, perversions, or other pregenitally based psychic disorders.

The following, then, are the general characteristics of the object relationships of subjects whose ego is regressed or fixated at a pregenital level: a close dependence of the ego on the object; violence and lack of control of the affects and emotions; love that is possessive and destructive of objects that are only objects; the continuous intrusion of a projection made in the image of the subject which disdains reality; the retention of a certain sense of reality at the cost of a crippling defense mechanism that utilizes unconscious projection and makes possible the enormous distance between subject and object which is essential to the conservation of pseudo objectivity.

I have spoken at length about pregenital object relationships and I have insisted upon the universality of projection, which leads to the maintenance of a certain, but merely apparent, objectivity retained only at the cost of crippling defenses, because, on the one hand, the pregenital object relationship is the true pathologic relationship whatever its varieties and because, on the other hand, the genital object relationship has, when all is said, no history. It is in fact a limit, a limit to which every person tends rather than a reality that any one person experiences.



Nevertheless, let us give, for the sake of contrast with what has already been said, the essential characteristics of this type of object relationship. As mentioned previously, the ego is here sufficiently stable not to be endangered by the loss of a significant object. It remains independent of its objects. It is so organized that its mode of thought is essentially logical. It does not demonstrate regression to an archaic mode of apprehending reality. Affective thought and belief in magic play a quite secondary role, and the use of symbols is no more frequent or important than in ordinary life. The relationship between subject and object is highly developed and differentiated.

The affects and emotions are of all degrees of intensity, from barely suggested feeling to recognizable passion. They are always, so to speak, fully justified; they vary in a reasonable way according to the response of the object and to the internal state of the subject. The affects of the subject bear at least some relationship to those of the object; it is never a case of all or nothing.

The depth of the cathexes is variable; there is no object so significant as to be an auxiliary ego, but there are a series of objects which may vary in significance, from being the object of a unique love to being the object of mild sympathy. Moreover, the cathexes are, so to speak, more fluid than in the former cases. The ego being capable of bearing the tensions caused by violent feelings without running away from the object is, on the other hand, capable of moving from one object to another.

Above all, the drives animating this ego are genitalized, that is, they have matured by passing from the pregenital to the genital stage and so they no longer assume the form of a need for possession that cannot be either controlled or limited by conditions and has in it a destructive element.

Such people are really tender and loving. It may be that they do not show themselves wholly disinterested; the object selected may be fundamentally just as narcissistic a choice as in the earlier cases; nevertheless, they are capable of understanding and adapting themselves to the object situation. Moreover, the inner structure of their object relationships shows that the happiness of the object is essential to the happiness of the subject. The convenience, the desires, and the needs of the object are taken into consideration to the highest degree.

Finally, projection plays only an extremely minor and transitory part in their view of the world. This view approximates complete objectivity. Measures adaptive to the object relationship occur only very moderately, and the distance in the object relationship is very small, for, in this case, the apparent relationship is not a mask for another of a basically different kind.

Obviously, this picture is rather *theoretical* and it would be untrue to think that, in certain circumstances or in a certain area, projection plays no part or that defense mechanisms are so reduced as never to bother the subject. But, by and large, the picture is a true one. The contrast between the two types can easily be seen in analytic practice, and one can readily distinguish a pregenital from a genital type. With the former, affective contact is not direct or easy or a matter of course. With the latter, it is rapid, rich, varied, and consistent; even if there is some shyness or fear, the contact has nevertheless about it a fullness, a lightness, an easiness and a balance that do not exist in the contact with the others. When one is dealing with a true oedipal neurosis—which implies that object relationships of the genital type may be accompanied by failures of object relationships in a limited area—an analysis that may at first seem too conceptualized may afterwards develop along favorable lines. Since the ego has no significant regressive tendencies, since thought is rational and charged with affectivity, communication has meaning and reflects a world of conflicts that can be understood and solved with comparative ease. Regression and projection do not intervene to prevent a profound affective contact, to dictate a remoteness that is extremely difficult to reduce.

We have so far given only the barest outline of the study of object relationships, a knowledge of which has by no means only theoretical interest since it allows us to diagnose the structure of a personality and to place it, as a whole, in relation to a scale of real values that goes beyond what is indicated by symptomatology and anamnesis. This is perhaps where clinical psychoanalysis most happily complements classic clinical psychiatry, for the diagnosis of the structure of a personality implies a prognosis and suggests a therapy. Whether we are dealing with a phobia, a subacute depression, an obsessional attack, a perversion or a prepsychotic state, a knowledge of the relationship between the subject and his world, or, if it is

preferred, his "environment," allows us to judge the seriousness of the disorder. His capacity for adaptation becomes intelligible and describable and, at the same time, a distinction can be made between the accidental and the continuous in the personality.

Obviously, clinical psychiatry in expert hands may achieve the same results, since intuition allows the practitioner to make the connection, without reasoning logically, between the experience he is living and other experiences he has lived through before. But it is a great help to be able to refer to a simple norm and to a formula expressed in sufficiently clear terms that will justify the intuition, guarantee objectivity, and reduce the chance of personal error.

Let us take two sufferers from agoraphobia. Both had the same difficulty: they could not go out into the street alone. Both feared they might have a nervous crisis, and both reacted to this fear with extremely intense anxiety. For neither was seclusion in her room a complete guarantee of calm. Both were married and both had an unsatisfactory sex life. A good affective relationship in the analytic situation seemed possible with both of them. But from the beginning the first seemed to express her emotions more appropriately, to be less restrained and more free, while the second was more self-contained, more observant, more on her guard, and endlessly evaded direct questions. Although a considerable social difference might have explained this difference in behavior, the impression of self-restraint, of an absence of freedom, of being on her guard in the interview with the second patient led us to think that her contacts with other people were rigidly controlled as though they belonged to a basically abnormal type of object relationship—in psychoanalytic terms, to an archaic form of object relationship. Experience showed that this impression corresponded to reality. The first patient was capable of genital type object relationships, the second only of pregenital type relationships. The first easily recovered from her phobia; the second had the greatest difficulty in doing so and in overcoming the anxiety that was linked to her truly extraordinary oral greed. The first was capable of adapting herself to life's inevitable frustrations and of finding real, if sublimated, satisfactions thanks to the variety and suppleness of her emotional relationships. Her emotional relationships were mature and were troubled only by a guilt feeling that had its origin in a well-formed oedipus complex

reactivated by the perpetual frustrations of an unhappy marriage; the total structure of her emotional relationships was undamaged.

The second, on the other hand, who suffered from arrested development of the greater part of her affective potential and reacted to every emotional change as if she were a child crazed by privation, fear and hatred, could never allow herself any exteriorization of her inner need for union with an object without experiencing intense anxiety. This anxiety was a sign of her unconscious fear of being destroyed, the mirror image of her desire to absorb the other, a desire to which she had never before been able to give free rein in an atmosphere of happiness and love.

The structure of their object relationships was different, as we could have guessed at the time of their initial examination by the type of contact they made. How was it revealed—this distance that the second patient maintained between the doctor and herself? By an absence of warmth and even of life in her look, by a slight repetition of automatic movements of the hands, by a carefulness in her choice of words, and, above all, by the heavy, tense atmosphere she created even when the content of her words could cause no embarrassment.

In our study of pathologic object relationships we shall not draw attention in each case to those elementary mechanisms which allow the subject to adapt himself to a world that has been changed into a private universe by more or less obvious projection. In the first place, they can all be made use of in every clinically distinguishable species of disorder; for example, regression can be found in some cases of phobia from which, classically, it should be absent. In the second place, I have chosen to present the contribution of psychoanalysis from as purely clinical a point of view as possible, avoiding as much as possible the systematic description of mechanisms that are well-known to practitioners of analysis and that, for those doctors not so familiar with analysis, would only overload descriptions already difficult enough to follow. Nevertheless, here is a list of them drawn up by A. Freud in her book *The Ego and Its Defense Mechanisms*.

1. *Repression* (exclusion from the conscious ego by means of apparent forgetting) of a particularly traumatic past experience. Only a failure of repression, that is, "imperfect" repression, conditions pathologic object relationships.

2. *Regression*, to which I shall often return because it seems much more ubiquitous than is generally recognized.

3. *Isolation*, an operation by which a mental image is dissociated from its affective context and associated ideas.

4. *Undoing*, a process which permits the suppression of what has been, whether thought or action, by the use of an act or thought which is given arbitrary magic power.

5. *Turning against oneself*, in which a drive originally orientated toward the outside is brought back onto the subject.

6. *Transformation to the opposite*, as when an aggressive impulse becomes self-punishment.

7. *Introjection*, which consists of absorbing the whole or part of a significant object.

8. *Projection* by which the subject transfers onto the external world something which has its origin in himself, such as an instinctual drive, a conflict, or an image.

9. *Reactionary deformation*, by which behavior is diametrically opposite to the form of the original instinctual drive, as when excessive attention to cleanliness replaces an excessive interest in dirt.

10. *Sublimation*, the successful, desexualized evolution of instinctual energy into a form that can be used in real life.

These essential methods of accommodation, these devices of the object relationship, are used either singly or in combination in any form of concrete defensive behavior so that the subject may obtain certain instinctual satisfactions derived from the pure but unconscious instinctual desires, satisfactions which are substituted for repressed desires and to which anxiety is not attached.

If we add that such defensive behavior assumes forms peculiar to each patient, although all the forms may be reduced to the mechanisms listed above, then we shall have the analytic conception of the general patterns of ego adaptation to the external world.

It is the general laws of this concrete relationship with the world that are the subject of this work. Having drawn an outline of the object relationship, the structure of it in each major group of disorders remains to be shown. This will be done for the neuroses, the perversions and the psychoses, and, as we do so, it will be easy for us to situate those disorders that fall between these three, such as character neurosis.

## NEUROTIC STATES

We are concerned here only with the two main neuroses, obsessional neurosis and phobic or hysteric neurosis. The existence of situational neuroses has been much discussed. Freud himself did not appear to attach much importance to them in his later writings. Doubtless, there are slight neurotic disturbances that flare up in exceptional circumstances, without, however, having a purely constitutional origin and development.

**Obsessional Neurosis**

As already pointed out, object relationships in obsessional neurosis are formed upon the model of those that were normal at the anal-sadistic stage of development. It is at the onset of puberty that, faced with new difficulties that reawaken the conflicts of the infantile sexual phase, the subject experiences the first characteristic signs of his disorder (regression). However, it is also true that certain traits have already been in evidence that prove a great part of his instincts are centered on the erogenous zones and are manifested in forms of expression natural to a child at the anal-sadistic stage (fixation).

When a subject with the greater part of his personality arrested at a pregenital phase is faced with the question of sexual relations, by the very fact of this fixation at the primitive phase, he feels that he is running into overwhelming danger. For, however one may imagine the part played therein by the ego—whether the ego is enriched or impoverished by it—the normal sexual relationship is essentially a contact in which the subject must surpass the limits of his own personality to be united for a time with another. When we say “fixation,” we are saying that in proportion to the degree of this fixation, the love relationship is a more or less mortal danger, even, in extreme cases, absolutely mortal.

We must not here confuse sexual intercourse with the love relationship. If sexual relations are shorn of their affective content, if they have nothing to do with love, they are no longer dangerous. Later we shall see how an obsessional, by a sharp division between his affective life on the one hand and his sexual life on the other, can have sexual relations that are not at all dangerous, although, concomitantly, also of no interest to him. Generally speaking, anyone with a pregenital fixation is even more likely than someone with

oedipal problems to have a sexual life that is in some way limited. The differences are in the mechanisms by which the relationship is made less dangerous.

At this point it is natural to consider the connection between the consequences of fixation and the classic theories of the oedipus complex and regression.

Everyone knows the following simple formulation of the oedipus complex: the male cannot set himself in opposition to the father but wants to take the father's place in relation to the mother. When the causes of regression are discussed, the ones most often mentioned are those which result from the difficulties of the struggle with the father. It is supposed that the two parental images are radically different and less emphasis is placed on those causes which spring from anxiety arising from the child-mother relationship.

So long as there is no fixation, the situation is as described in this classic formula. The anxiety that originates in the mother relationship does remain relatively unimportant. It must, however, be admitted that although anxiety originating in the father relationship may inhibit sexual relations or be betrayed by other symptoms, it is not very difficult to dispel despite the fact that its effects may resemble those that occur in a fixation. But when there is fixation, that is to say, when the major part of the personality has a pregenital structure, when we find a feeble ego, destructive emotional drives, and projection, then the situation is quite the opposite. Far less of the personality has evolved to the point of being capable of forming that type of object relationship we have called "genital." With only a small part of the subject's personality evolved toward a superior type of organization, the pregenital type of object relationship predominates and complete sexual relations become an inexpressible danger. Even if the father did not exist, or rather if there were no conflict with him, the mother relationship would still be a source of irrepressible anxiety. This is the result of a guilt feeling aroused by instinctual savagery and the need to destroy by possession, as well as of a fear of retaliatory punishment by a partner endowed by projection with the same characteristics as the subject.

What is more, the necessary process of identification with the father is here almost impossible, for identification implies coalescence in some form or another. As in the case of fixation, only very primitive forms of identification are available to the subject; he

finds, in his attempts to introject his father, the same difficulties as in his relationship with his mother. This is what is meant by saying that the parental images are undifferentiated and that, under an oedipal form, the subject has a one-one relationship with a phallic personage. This is how fixation and regression are connected in fact. That small part of the ego that was going ahead, as it were, toward a better adapted, more objective form of organization can only revert to that form of organization in which the greater part of the personality is fixed. In reality, things are infinitely more complicated, and we ought to emphasize the alleviation of the relational situation by the mere fact that the father is involved as a distinct object (mediatory effect of father; Lacan).

When regression intervenes, then, the whole personality is brought back to the anal-sadistic type of organization. The force that drives human beings to multiply their contacts not only with other persons but also with all sorts of objects charged by displacement with emotional significance (the libido, in a word) takes on the characteristics of the pregenital libido, which gives all object relationships a special quality, as we have emphasized in our study of pregenital relationships.

As for the ego, it is apparently divided into two segments. One is rational and seems to give every sign of thinking objectively; the other is regressive and constitutes that part of the ego involved in the obsession.

If I was exact in what I said earlier about the complete intervention of that special defense mechanism, isolation, to protect the apparently objective character of relationships in that part of the personality described as rational, a process which in fact completely neutralizes the object relationship, then it is natural to admit, a priori, that the regressive part of the ego that is involved in the obsession is in fact the part corresponding to the patient's living relationships. For the rational part had as its goal a relationship described as objective, completely isolated from affects, that is to say, a dead relationship. In fact, the transition from one type of relationship to the other, from a dead to a living relationship with the same object, occurs in an experimental fashion in the transference relationship between patient and analyst. Indeed, the analyst may become the object of definite obsessions, as was the case with one patient who developed in her relationship with me a whole series



of obsessions about the cleanliness of her hands, her sexual organs, her anal region, as soon as her objective and isolated object relationship came alive.

In the regressive segment of the ego, which expands to include every living object relationship whether it be typically obsessional or not, the situation is exactly the same as that of a child at the anal-sadistic stage of his development. At this stage the child's thought is a curious mixture in ever-varying proportions of rational thought, with its logical categories and objective view of the world, and a primitive form of thought with an affective basis, a belief in the magic omnipotence of thought and its results, and the continual projection of thought. Let us try, therefore, to show the hierarchy of defense mechanisms by which this relationship is managed and the means by which distance is maintained, which include the use of logical processes such as verification, meticulous precautions, and checks, as well as the magical use of undoing. A typical case of obsession will be described, since it is in this special form of living relationship that we can best see the complicated psychological maneuvers that enable the obsessional subject to overcome his disorder.

A man in his forties came to me because he was suffering from extremely painful religious obsessions. A religious image, such as that of Christ or of the Virgin, was often present in his mind at the same time as curses. He was accustomed at such moments to utter a short prayer, such as, "O God, I am a miserable sinner," which was a logical thing for a Catholic to do. Soon, however, he found himself using words without apparent meaning, neologisms that took the form of an incantation (magic) intended to erase the thought that accompanied the vision (undoing).

These mechanisms of secondary defense continued to be effective. Others were less so. He had at the same time what he called motor obsessions. He was always thinking he saw consecrated wafers under his feet and he was afraid of walking on them. The easiest way of avoiding this sacrilegious possibility was not to tread on anything resembling a white patch. This calmed him, but very soon he got the idea that a host had slipped in between his foot and his shoe. The secondary defense mechanism, simple and logical, was to check whether the sacred object was in fact touching his foot. This at first he did, successfully, then, as in all similar cases, the checking process had to be repeated over and over again.

The action that was meant to protect him from his obsession became the subject of a real obsession in itself. Its defensive nature would have disappeared even more had the subject forgotten its original purpose. But things did not go so far as that. The action kept its meaning while losing its effectiveness, so that, in the end, when the repeated checks proved ineffective as a means of stopping the obsessive thought of sacrilege, they had to be supplemented by another defensive device, by magic recourse to a superior authority in the person of a parent, the mother. The patient thought or said, to overcome his anxiety: "Your mother told you to behave as though nothing were wrong and not to pay any attention to such silly ideas." This restored his calm.

These defense mechanisms are called secondary because they had their origin in the already existing obsession which was itself a defense mechanism. We shall see why later, but for the moment I want to account for this phenomenon in which any defense mechanism loses its effectiveness after a certain time and is itself transformed into an obsession. Classic psychoanalysis was content to state that in obsessionals the instinctual drive has not been halted by the defense mechanism and that such an aggressive desire of possession as, for example, the desire to tread on the host, would persist in spite of the means taken to master it, so much so that this means, constant inspection in our case, would have to be capped by another that would dominate the instinctual desires that had, without the subject's realizing it, invaded the original defense mechanism. This is called the transference of affective charge. In this case, the final defense was the appeal to authority. In a case of simple phobia, on the other hand, avoidance tactics are sufficient to protect the subject from the anxiety aroused by the desire.

I think a satisfactory explanation may be found for this essential phenomenon in the development of obsessional symptoms. The supplementary defense process itself in turn becomes contaminated with the affective charge of the instinctual desire, and this continues in such a way that, in extreme cases, the subject may find himself condemned to complete immobility. This is the more likely since this contamination can operate not only in a straight line, so to speak, but sideways, step by step, as we have seen in the case of the pregenital object relationship as opposed to the genital type object relationship of the phobic subject. In the pregenital type of object

relationship, in effect, the ego, reverting to an infantile organization, cannot accept the loss of its significant object without endangering its stability, while the nonregressive ego of the phobic subject (genital type relationships) is, as a result of the maturity of its structure and the fluidity of its object relationships, capable of passing from one object to another without the second being linked in any symbolic manner to the first.

But obsession, I have said, is itself a defense mechanism and even deserves the name of primary defense. How is this? The case we are discussing affords an excellent example of what I mean. During analysis the subject behaved in the most objective manner possible toward me. He remained smilingly indifferent, and if his isolation was not sufficiently complete to prevent his feeling a very slight liking on occasion, at least, as he said, he never experienced any very lively feelings toward me. He had moreover a very personal method of maintaining his isolation and very good reasons for doing so. The method consisted in playing on words. If he felt he was on the point of being irritated by me, he described his feelings as a slight irritation provoked by my technical rigidity. If I reminded him that his reaction was of an aggressive nature, he denied this most fiercely, for, if he had admitted it, he would have been forced to recognize violent feelings of opposition that had me as their object, and that he did not want at any price for he was completely incapable of bearing such feelings.

Toward one person in his environment, a very important person to him, he one day had a violent outburst of anger which he concealed. He then experienced, by his own admission, for the first time the horrors of depersonalization. Everything was different. He was no longer himself. He felt himself changed. His thinking lost consistency, and he felt himself on the edge of madness. His ideas were incoherent, irrational, and aimless. A painful feeling of strangeness clouded his perceptions of his surroundings. He could not have said exactly what was happening but it was all very strange.

By a purely arbitrary trick of thought, he therefore strove in all his relations with me to prevent the eruption of any violent feeling or emotion, for, after all, irritation and irony are aggressive by nature. This he did because he was afraid to re-experience the terrible anxiety accompanying the feeling of depersonalization. Although the obsession was painful, it had never provoked such up-

heavals as could be aroused in any concrete human situation, during analysis or otherwise, by the experiencing of feelings and emotions, even though these were not so primitive in form, although perhaps as strong in intensity, as those involved in the obsession.

From a simple clinical point of view, his obsession therefore appeared to be a defense mechanism, in other words a way of so managing his object relationships that certain tensions could be discharged in a less costly manner.

In this particular case we must note one simple fact—that the people involved in the obsession were symbolic persons and that, in spite of the reality attributed to them by the patient and in spite of his fear that his offense would be followed by punishment, he had profound doubts about their existence. In fact, when he discussed religious beliefs with his ecclesiastic friends he was violently aggressive. For him the divine persons were both real and nonexistent. This made them ideal objects on which to vent—remorsefully and very carefully, be it said—those instinctual tensions which could not be discharged on a real object. The ideal objects were real enough to have some meaning but not so consistently real as to be very dangerous.

Displacement of impulsive action onto a symbolic object is here frankly exhibited, but in other cases the symbol may be linked to the original object of the aggressive feelings by a series of steps that conceal the connection. Such a displacement is, in addition to symbolization, one of the essential mechanisms in the psychogenesis of an obsession, and one can see that they in fact confer on it a defensive character. Obsession—the remote or adaptive object relationship—can therefore be considered a primary defense mechanism, especially since the subject is no longer aware of how it expresses his own feelings. My patient, for example, could see no connection between his conscious religious ideas and his religious obsessions, which seemed to him a foreign thing.

But the difficulty merely moves back one step: why could he not bear an affective, and, most often, an aggressive, relationship with a real human being? Why was it, for example, that on coming to a session with me, his mind linking an image of me with an indecent syllable, he could not see the connection here as he could see it when it was the image of Christ that coincided with such a word? He swore that his relations with me were of the pleasantest nature, and more-

over he did all he could to keep them so. Nevertheless, he never missed an opportunity, under a mask of sincere objectivity, of opposing me in theory or of disagreeing with my evaluation of his rare moments of transference. He was greedy for information and strove to get from me such advice as would help him to struggle against his symptoms, advice that would have had for him the force of commands similar to the force of his mother's commands. He detested what he thought was my self-confidence, just as he could not bear the convictions of a man with simple religious faith.

His father had had a simple faith, and when the patient was a young man he had systematically opposed his father on matters of doctrine. He could not bear his father interfering in his studies, and he had been a very poor student. He took my diagnoses of resistance badly, as though I were scolding him for not trying. He complained of discouragement and loss of heart at his comparative failure in analysis, much as he had retained extremely disagreeable memories of his scholastic studies.

As the analysis proceeded and his isolation weakened, his relationship with me appeared to be modeled on his relationship with his father, with whom in later years he had been on terms of understanding friendship. He was afraid of me, as he had been afraid of his father, and allowed himself the same sort of aggressive behavior toward me as he had earlier permitted himself toward his father. His fear of me and of other human beings explained his defensive isolation and his tendency to limit himself to discharging his instinctual emotions onto symbolic beings in whose existence he only half believed. This relationship was much more remote than a real relationship and in it he ran no risk of the close contact he could not bear because he had not been able to master an oedipal conflict.

His failure to resolve his oedipus complex normally, the experience of which was completely repressed, and his regression, which was abetted by fixation, eventuated in a need for destructive love, in the most literal sense since it was expressed by tearing and biting. Only after a long exercise of such needs, more and more felt as real, would it have been possible for the anxiety bound up with the transformation of the analyst into as destructive a person as himself to have been dissipated, enabling him to relieve the oedipal situation as he had experienced it and so have his instinctual needs brought to a fully sexual form.

I knew that he had an ambivalent relationship with his two parents, on the one hand, and a relationship of the anal-sadistic type with his wife, whose beauty caused him worries that he himself thought nonsensical and unhealthy. His sexual relations with his wife were a matter of form, embarrassed and very restrained, although he seemed quite unaware of this.

It is a peculiarity of pregenital object relationships to be quite absolute and at the same time stifling and oppressive. The dependence of the ego on the object is the reason and the realization of this dependence is so much dreaded that the subject fights against getting deeply involved. This patient dissociated his emotions and feelings of love from his sexual pleasures. He had noticed before marriage that his few amatory adventures had all followed the same pattern. At first he was madly in love, extreme in happiness or unhappiness, but the storm of emotions, which he remembered with distaste, faded away as soon as sexual intercourse had taken place.

Genital object relationships, even if they cause anxiety because they are forbidden, are not absolutely essential to the very existence of the ego. A subject of the genital type who had unsatisfactory sexual relations would not have experienced the depersonalization phenomena that this patient suffered when he suppressed an attitude of violent rejection toward his wife. At least, this has been so in my observation.

Not having succeeded in fixing himself in opposition to his father and attaching himself to his mother at the oedipal phase of his development, which would have resulted in the establishment of normal, genital type object relationships, this patient's only recourse as a way of maintaining relationships with the world was to take refuge in regressive relationships of the anal-sadistic type. In this way, his relationships with other human beings appeared normal at the cost of an extremely rigid, defensive isolation, and his relationships with symbolic persons (his obsessions) were pathologic in a less controlled, and therefore more valid because dynamic, fashion.

Such a regression, as Glover has justly remarked, not only protects the subject from the inherent difficulties of the oedipal situation but also restores the subject to a perfectly tried and true mode of contact with the world. Displacement and symbolism multiply significant objects, make them more accessible and lighten the

bonds between the subject and the world of objects—bonds which are indispensable to his existence. My patient carried on continuous intercourse with his religious objects, since this sort of obsessive thought came all the time, which troubled him but also provided him with a permanent contact through which he could ground all sorts of instinctual impulses. The fantasy of the host, for example, could just as well appear on the worn and polished surface of the accelerator pedal in his car as in a patch of sunlight or in the glint of a chromium-plated surface. And the image of the Virgin could appear as readily when somebody he was talking to answered him as if he heard a prayer or if he read a text in which the word "virgin" was used with no religious connotation at all.

This multiplication of object relationships that are present or available almost continuously is one of the advantages of the obsessional technique in relationships because it satisfies the need for close relationships felt by a subject condemned to pregenital type object relationships.

Being unable to reach genital type, normally objective relationships, the subject is afraid of the profound ego disturbances that would result if he abandoned his anal-sadistic type relationships. Disturbances of essential functions that guarantee the stability of the ego, if they occur when a relationship is too close, occur in an analogous form when the *modus vivendi* becomes impossible and the relationship is stretched too thin. Almost every obsessional has experienced this at some time or another, and it is easily imaginable that if these conditions of threatening closeness were to get worse or persist, the way would be wide open to psychosis. Abraham has already noted that a patient who cannot maintain himself at the anal-sadistic level of relationships soon sees his relational activities regressing at a giddy speed toward psychosis.

We suggested the other advantage earlier when we showed the profit that could be drawn from the obsession. For in the obsession a direct relationship with a human object, a relationship made impossible by the fear of destruction, is replaced by a symbolic relationship with an ideal object. If we add to this all the adaptive techniques of the obsessional relationship, which constitute a second line of defense, we can easily see that, taken as a whole, the relational structure, while it tends to multiply contacts, ends up in fragmen-

tation. There is a crumbling of the feelings and emotions that are linked to the regressive instinctual needs. Nevertheless, the patient avoids those total disturbances that reveal themselves as phenomena of depersonalization.

Thus, the obsessional object relationship avoids the double pitfall that awaits pregenital relations: the anxiety generated both when they are too close and when they cease to exist. As we have seen, this type of relationship becomes continuous as a result of the multiplication of relational links, and we need hardly say that it stretches out as much as the patient wishes by the very fact of the defense mechanisms that his adaptive techniques can call into play as his condition and needs demand.

In short, the subject has available a collection of methods which permit him a perfected adaptability in all his object relationships whether "dead" or "alive." He can avoid the dangers of too close a relationship as well as those of too distant a relationship. Outside the limits of the ideal distance, mortal danger awaits him. If the relationship is too distant, he runs the risk of losing those contacts which are essential to his existence. If the relationship is too close it is dangerous because his regressed impulses and his infantile ego result in a basic transformation of the world, by projection, into a terrifyingly destructive world.

## PHOBIAS AND CONVERSION HYSTERIA

### The Phobias

The mode of object relationships in the second major category of transference neuroses is quite different from that in the obsessional neuroses. This does not mean that projection does not play a part of greater or lesser importance according to the case, as we shall see later. Nor does it mean that remoteness or distance, as a result of the adaptations produced by the defense mechanisms of the ego against the primal form of instinctual drives, does not exist and is not interposed between the subject and the object of his desires in such a way as to allow the subject to create and maintain concrete object relationships according to his ability to bear a basic relationship with an object more or less transformed by projection. What



differentiates this type of object relationship, structurally speaking, from the earlier type is the particular nature of the ego in these subjects, and hence the different modes of defense that are used to maintain, at the distance interposed, real object relationships, always taking into account the difficulties caused by projection.

Classic psychoanalysis states that phobias and hysteria are both oedipal neuroses, that is, that their characteristic disorders are disturbances of the object relationships as a result of conflicts arising during the final stage of instinctual development and growth of the ego. In other words they represent failures to achieve genital type object relationships. This is true to a certain degree, but not always. It may be that, as in all neuroses, normal development seems to be halted by the subject's finding it impossible to achieve a resolution of the last structural conflict of the infantile phase. Such a resolution normally results in that happy adaptation to the world which we call the genital object relationship and which gives the observer the impression of a harmonious personality and, in analysis, what seems a sort of crystalline clarity of mind that is more an ideal than a reality. But this difficulty in resolving the oedipal conflict is very often the result not only of the problems involved in that conflict but also of a serious, and often essential, fixation of the instinctual energies at the pregenital, and in the present case at essentially the oral, level which is correlated with an ego structure that has remained primitive. This is a better explanation that the oedipal drama of the subject's inability to dominate a difficult situation, in which he was already defeated when he came to tackle it. In these cases, fixation seems to me to be as important as regression, whatever may have been the causes of the fixation, whether they were organic or psychogenetic, or, as most often, a mixture of the two.

Moreover, in cases in which there is no serious fixation the clinical picture is quite different from that of cases in which there is a massive fixation. Here it is really a question of a limited conflict unaccompanied by anomalies in the structure of the ego or by that immaturity of the instincts which leads to close relationships assuming a destructive character because of the persistence of the libidinal characteristics of the oral phase of development, when love and annihilating absorption are synonymous. Even if the upsets of the oedipal conflict bring to the surface cruel fantasies about sexual relations, regression revalidating those forms of sexual relationship peculiar to

the oral phase and so giving a sadistic character to sexual intercourse, this regression involves only a regression of the erogenous zone. Typical interests and forms of expression can be found but no regression of the instinctual need for closeness (the libido), the libido never having those pregenital characteristics that turn love into a desire for destruction. The totality of the personality remains intact even if anxiety plays a large part in the subject's life.

Such was the case with the first of the two agoraphobic patients mentioned earlier. She had reached a point where she could not set foot outside, although in the company of her husband, toward whom her feelings were ambivalent, she found it easy to go out. Her emotional contacts were excellent: subtly varied, simple and direct. She showed herself timid but at the same time gay and lively. Transference was immediately very positive.

She had had an adolescent love affair which her mother had forbidden, practically preventing her from going out and, when she came in late, scolding her severely for meeting the young man. But behind this, analysis uncovered a very clear and well-formed oedipus complex.

She had, at the time of analysis, admiration and boundless affection for her father and thought her mother an impossible person. She more or less blamed her mother for a sudden illness that attacked her father during her treatment. She insisted on her father's patience, understanding and goodness and kept all her dislike for her mother. It must be added that she had allowed herself to be married off, out of spite, to an extremely reserved, certainly aggressive husband. He obviously was a mother substitute. Her sexual life was, as a result, almost nonexistent, but she was quite content. She had a very full professional life and seemed very successful in the vocation she had chosen.

Transference, although violent, was always "controlled" by a spontaneous correctness which made her realize the slightly artificial nature of the feelings she experienced.

After some months, in spite of the fact that her age made it impossible for her to reorganize her life, she lost her agoraphobia.

I have reported this peculiarly simple case to show how the phobia developed as a function of the interaction of an obviously unresolved oedipus complex with particularly frustrating external circum-

stances. It illustrates the fact, too, that a pathologic object relationship springing from a purely oedipal neurosis, in the absence of any really serious fixation, can develop in a very limited segment of a personality that on the whole has achieved relationship and a structure that can be described as of the genital type. All her object relationships, whether friendly or professional, seemed perfectly normal. I could here quote also the case, still more significant, of a woman whom I have known for a number of years, though not as a patient. She had what at first seemed a curious phobia. It was impossible for her to swallow any food prepared with a wooden spoon, and the first thing she did when she went on holiday to her mother's was to get rid of all the wooden utensils her mother used in the kitchen. She could not eat an ice on a wooden stick. But if her husband took the stick out she had no difficulty in eating it. When she told me this, I asked her if she was frigid and, without concealing her surprise, she told me that she was totally frigid (obviously hysteric). This woman had a particular happy character, and her object relationships were very direct, very simple, infinitely varied and quite objective. It is unnecessary to add that, in a case like this, it was quite sufficient for her to avoid the phobogenic situation to be safe from anxiety.

Such phobias can spring from strictly oedipal difficulties in a person who has achieved the genital phase of development. They are characterized by their limited aspect, by the simplicity of the defenses that suffice to avoid anxiety-producing situations, and by the harmonious character of the rest of the personality. The object relationships not directly involved in the neurotic conflict and condensed in the phobogenic situation remain perfectly normal. The ego is stable and the range of feelings and emotions is varied and well adapted to reality. Projection, in the general sense I have given to the term, does come into the picture, for within the framework of the phobia, the object is transformed and imagination blots out reality, but only in this very limited area. Here the "projection" is used to denote the addition of an unconscious image to the real object, not in the sense given this term by Freud to denote the total projection of a conflict into an external situation, a conflict which is made unrecognizable by the displacement.

On the other hand, and I think it is clinically most often the case, there are phobias which develop in a quite different context. They

spring as much from a serious pregenital fixation as from a regression of the developed libido to this stage under the threat constituted by a complete genital type of relationship, a threat that is unconsciously felt through the mere fact of the fixation as a menace to the integrity of the ego. In such cases the phobias are multiple and progressive and are often accompanied by phenomena of depersonalization. The whole system of object relationships undergoes adaptive processes that establish a pathologic distance between subject and object. As is the case with obsessional patients, all close contact between subject and object remains impossible, even outside strictly sexual relations. But while with obsessionals the ego's defense mechanisms are easily seen, this is not the case with phobic and hysteric patients. As Federn has remarked, we are not dealing here with an ego forced to defend itself against anxiety by the use of all the tricks offered by the ambiguous psychology of anal-sadistic thought. No attempt at rational or at magical control of the object relationship comes into action. The ego is incurably weak and inconsistent, badly organized and ill-defined, and can protect itself from the anxiety provoked by close contact only by evasive measures. When, in a transference situation, for example, or spontaneously, contact becomes direct the whole personality is submerged in an emotional storm which the subject cannot endure. This is the result of the temporary breakdown of the means of defense usually employed. The ego must face pregenital type emotions such as described at the beginning of this essay, emotions of extreme violence, basically unadapted, expressing an unboundedly aggressive desire of possession which absolutely ignores the individuality and the needs of the object. At such a moment the object of this wholly destructive desire that nothing can satisfy presents to the subject his own characteristics, and we find the same dilemma that was so carefully hidden under the superstructure of obsessional neurosis. Since, however, the ego in this case can only run away, the storm resolves itself in a forgetting or a distancing that amounts in intensity to a repression. The object relationship will now be kept at an appropriate distance by every trick of evasion or flight. These include displacements, and projections in the Freudian sense, as well as the repression even of current experiences—all the fluid and chaotic game of changing objects and affective positions, paradoxical and transitory identifications—all of which combined give the seriously hysteric or phobic patient an

appearance of plasticity, changeability and imbalance. In short, while the obsessional object relationship keeps a surprising degree of stability through all its changes, in the present cases the object relationship is quite discontinuous. Series of paroxysms are followed by periods of relative calm.

The relationship, moving as it does in a few days from great effusiveness, wild ecstasy and the most radiant frankness to a total indifference, seems all the more inconsistent in its changeability because of the frequent change of object. But the chaos is more apparent than real. The feeble passive ego must take refuge in flight, forgetfulness or distance because of the weakness of the personality, but object relationships are nevertheless indispensable. As in all pregenital type relationships the subject is closely dependent on his objects which, in this immature type of relationship, are rightly called narcissistic objects, precisely to the extent to which their presence constitutes a narcissistic reassurance.

In compulsion neurosis, detailed adaptation can call on all the resources of a mode of thought that uses both logical and magical arguments to help maintain contact with a constant, significant object indefinitely. In the present instance, on the other hand, everything is put into action for flight; this contact is so close that the very existence and individuality of the subject is in danger because of the orally aggressive form of the unconscious desires and their mirror projection onto others. There may be introduced into this contact a remoteness which, without breaking the indispensable relationship, will make it less dangerous. When all is said and done, in fact, the relationship is never fundamentally broken. Behind all the numerous changes of attitude and object, behind all the most stable disjunctions used as contraphobic measures, it can still be found alive and whole, made up of needs and fears. Quite understandably, there is no question here of a zone of "dead" relationships. The establishment of such a zone demands a capacity for actively dominating reality by calling into action methods of thought of which the hysteric ego is quite incapable. On the contrary, this ego needs the whole available field of object relationships so that it may use the only means left to it of avoiding the anxiety of a real contact while still not losing contact entirely—the change of object that is its favorite device.

This may well seem a confused description but it corresponds with reality; common sense has long told us that passionate loves are flashes in the pan. An impression of confusion may spring from the surprising statement of an identity between object relationships as apparently dissimilar as those of subjects of phobic character, of serious phobias and of the conversion hysterias. Yet they all have the same framework. The fixation and organization of the whole personality in analogous pregenital type structures is very similar to the oral stage of development, and the ego in this situation, as Federn has shown, always has the same basic inability to do other than shut itself off from problems which it cannot solve, just as the child leaves to others the troubles of solving its difficulties.

However, it is nonetheless true that on this fundamental structure, which is very much like the apparent structure of the ego at the oral stage of development, whole systems of adaptation in object relationships are based which, while they are all alike in being mechanisms of flight or avoidance, nevertheless have their own peculiarities which give a distinct character to the object relationships in these different kinds of disorder.

Thus, the phobic tends to avoid a phobogenic situation which projection has loaded with the meanings of the anxiety-producing object relationship. Such a transformation of an internal conflict into a dangerous external situation is in itself a method of avoiding, of excluding the ego, a method which here, with the regression of the personality to a pregenital stage of organization, proves ineffective. This is because the true instinctual regression and the unreliability of the structure of the ego induce a multiplication and progressive extension of the phobic symptoms that, combined with those which are less apparent or better concealed by the patient and are the result of the peculiar weakness of the ego (depersonalization), vitiate the whole system of object relationships. The subject tries to avoid all phobogenic situations (which may be innumerable) which are transpositions of the originally anxious object relationship. The whole system of object relationships may step by step be contaminated by the spread, like a patch of oil, of the anxiety-producing trait thanks to displacements and the use of symbolism. By more and more remote analogy, all situations may come to resemble in some way the conflict situation.

In addition to this, in object relationships not involved in any specifically phobic development, there is the same tendency to adaptation by avoidance or flight whenever they become too close. For example, one of our patients, a serious case of phobia, made three unsuccessful attempts in the course of analysis to have sexual relations with a woman to whom he was attracted by maternal qualities that made easy for him the projection of a maternal image to which his oral fixations gave a devouring character. He retreated, as it were, to a distance every time the curve of his relationship with her approached the sexual; intense and anarchic emotional storms shook his relationship with her, and there appeared phenomena of de-personalization which he felt in connection with her only at such moments. In his relations with men he felt an anxiety similar to that aroused by fear of castration by his father, a fear which arose not only in connection with an oedipal sexual rivalry but also in connection with the transfer of nonresolved desires for oral contact with his mother. In the end, in his own words, he had ended by being afraid of the whole human race.

When this patient's object relationships with anyone of either sex reached a certain degree of intensity, he adopted measures of avoidance such as closing his eyelids when he spoke to someone and a watering down of the expression of his feelings in speech. In his marriage, he gave up all sexual desire for his wife. Although object relationships were threatening to this degree they were indispensable to him, and any attempt to break them off endangered the unity of his personality.

I might add that the same need to keep at a distance and the device of avoiding all close contact by flight were incidental to the most symbolic derivatives of the conflictual object relationship, which was, in this case, his relationship with his mother. Thus, for reasons which I cannot give in detail, obtaining a pilot's certificate represented for him the symbolic realization of an intimate relationship with the maternal object. He passed the necessary examinations without difficulty and completed the required number of flying hours, but to get the certificate he had to reach a certain altitude, and he never managed it. When he was only a few meters lower than the required altitude, he was attacked by inexpressible anxiety and was afraid he would be compelled to jump out of the cockpit. The relationship with the symbolic object was much too close.

This patient was far from unintelligent but the archaic structure of his ego was revealed by an extreme tendency to believe in everything of an occult character. He was passionately interested in automatic writings and messages from "the beyond." He believed material objects could be moved by spirits. In fact, all this had reached a point where many psychiatrists had thought him mad. However, these various means were an expression of his wanting to approach the object of his desires, that unknown and impersonal power of unlimited potency. As soon as he felt he was making a real contact through occultism, he became afraid of moral and physical destruction and relinquished all efforts. Contact with this mysterious power was, as analysis showed and in his own words, at once indispensable to him, since it gave him a feeling of being surrounded on all sides and saved from solitude, and at the same time terrifying and oppressive, since the occult was one more mask for the mother figure.

### Conversion Hysterias

It must, admittedly, seem very strange that the object relationships in conversion hysteria be considered here with those of serious phobias, since conversion hysteria is classically considered an essentially genital neurosis. This amounts to saying that the description of object relationships in conversion hysteria should be put with those of the simple phobias which were sketched above. This would indeed be so were it not that the structural characteristics of the hysteric ego call irresistibly to mind a regression to a stage of development which can only be remote from that of an ego with object relationships of a genital type. The extreme infantilism of the hysteric ego must be obvious to all.

To avoid confusion, we shall set forth in turn the classic argument and then the arguments for the existence in conversion hysteria of a regression and of a serious, though only partial, oral fixation.

*The classic argument.* According to this, hysteria is the expression of a purely oedipal conflict, and peculiarities in the object relationships of hysteric subjects are due to regression to the infantile genital phase of development. Thus, the hysteric expresses in his conversion symptoms a sexual conflict by nonsexual means. That is the meaning of the major symptom of the conversion, which requires a special erotic sensitivity of the body by which every part of it becomes capable of expressing sexual excitement as well as earlier transforma-



tion by projection of a real object into an infantile sexual object. The essential traits of the hysteric character—changeability, artificiality, and a tendency to the widespread eroticization of all object relationships—are manifestations of the displacements which an oedipal guilt feeling imposes on hysterics in their contacts with the world. They cannot accept a real sexual relationship, and they seek in multiple and artificial cathexes a false sexual relationship. Theatricalism, the need for a stabilizing, though changing, object, a tendency to brutal and substantial, as well as sudden, identifications, all these express the need a woman feels to compensate for the lack of a penis.

It is certain that analysis of hysterics produces evidence in favor of this argument. There is no question of casting doubt on the oedipal causes of hysteria, any more than of the phobias and of all neurosis, for no matter how serious the fixation may be in a given neurosis, the oedipal conflict always comes into it. What we have to discuss is the possibility of a fixation and of a regression, in this case to the oral phase.

The clinical argument that symptoms can be resolved by laying bare a sexual conflict is less convincing here than in other cases when we consider the extreme suggestibility of these patients and their infinite possibilities of identifying with the analyst who is to cure their symptoms and who, precisely because of the doctor-patient relationship, offers a particularly attractive model.

*Arguments in favor of regression and pregenital phase fixation.* These arguments are drawn as much from the structure of the object relationships as from the structure of the ego. The object relationship in a case of conversion hysteria has all the characteristics of pregenital type object relationships. It is at one and the same time indispensable and, on the whole, unbearable. I have had no first-hand experience in the analysis of conversion neurosis but, in addition to the fact that Freud himself emphasized the relatedness of conversion hysteria and phobia, which he called anxiety hysteria, it is quite clear that the two essential poles of the hysteric character as described even by nonpsychoanalysts—the fragility of relationship and the unbridled search for relationship—correspond exactly to what we know of the crushing yet indispensable nature of pregenital object relationships.

In his general essay on *The Psychoanalytic Theory of the Neuroses*, Fenichel notes that subordination of self-esteem to the possession of a significant object is generally evidence of a regression of the personality to the oral phase of development. Now, the hysteric object relationship is characterized by the imperious need for connection with stabilizing objects, a clinical fact which corresponds to the necessary character of pregenital object relationships. Moreover, writers in general emphasize the artificiality and variability of hysteric cathexes. The hysteric cannot accept a real sexual relationship and runs away from any relationship which might become sexual, while, on the other hand, sexualizing all object relationships. In other words, just as in phobic regression, all methods of displacement are used which will help in the creation of a sufficient distance. None of his relationships with his objects may be either too close or too distant.

The methods of interposing distance in relationships are here, as in the phobias, all the different sorts of evasion: from reticence, repression, and displacement to suppression and conversion, which, as I have said before, excludes conflict from the ego. If we add that, in these object relationships, projection plays a key part, we shall have a perfect picture of pregenital type object relationships.

Within this pattern, we find expressions of feelings and emotions of extreme violence although short duration. Perhaps the theatricality of hysterics gives an impression of almost deliberate exaggeration, of almost conscious insincerity, because the absence of control, the rapid switch from love to hate, the weakness of motivation, the sudden abandonment of a particular object deceive us and prevent an observer, dazzled by all these swift changes, from grasping the essence of a relationship in which intolerance of any frustration is usual and unbounded emotional greed typical.

Admittedly, in this description of feelings and emotions we have had to refer to our experience in serious phobias that have presented, in the course of analysis, transitory symptoms of conversion and not to cases in which patients have been treated for typical conversion hysteria.

With the study of the structure of the ego we are on surer ground. All authorities insist on the chaotic nature, the instability, the penetrability, so to speak, of the ego of these passive subjects. Victims of

emotional storms that they cannot control, changing direction from day to day, without any plan or any defense against the various ups and downs of life, hysterics, in Federn's words, leave to others the burden of solving their problems and just live from day to day. They seem to have no personality of their own, and if the necessity of a stabilizing object can be explained by their inability to overcome the narcissistic wound caused by lack of a penis, it also can be explained by the immaturity of their ego, which has perpetual need of an auxiliary ego to give them some semblance of wholeness. That is doubtless what accounts for the ease and suddenness with which they identify with everybody who attracts them in any way and with which they play for a while any part which gives them, so to speak, something to build a self on. Many writers, moreover, have been struck by the sensitive sensorial capabilities of these patients who can show an astonishing acuity of perception. This acuity of perception, beyond normal limits, seems characteristic of a primitive structure of the ego.

Thus, many of the arguments drawn from the nature of object relationships and from the structure of the ego lead us to think that if it is a conflict of the genital phase that gives its bent to the organization of object relationships, nevertheless considerable influence is exerted by pregenital fixations which specially predispose the ego to failure when it comes face to face with the last great test—the oedipal conflict.

Freud in his *Introduction to Psychoanalysis*, a collection of lectures delivered during 1911, 1912, and 1913, says that regression is absent in cases of hysteria, but he is singularly less certain in 1926 in *Anxiety, Inhibition and Their Symptoms*. Here he compared the psychogenesis of two zoophobias (that of little Hans, hysteric in nature, and that of the wolf man, obsessional in nature) and he wrote: "Moreover, are we concerned only with the substitution for the representation correlative to the original desire of a regressive expression (at the level of the ego) or rather with a real regressive degeneration of this desire belonging to the genital phase (at the level of the id)? This is not easy to answer."

The existence of true oral regression in hysteria has attracted the notice of many authorities. It is nonetheless true that there do exist some simple phobias in personalities that have none of the traits of

character of the hysteric and show themselves to be perfectly coherent and stable and capable of object relationships of the genital type. It is true, too, according to the evidence of those who have had many opportunities to see cases of conversion hysteria, that very often the syndrome develops in a subject who seems perfectly healthy and well adapted.

Does this amount to saying that we are taking a path that will lead to the break-up of analytic nosography? I do not believe so, but I do think that what has been said compels us to lay stress less on the symptom and more on the structure and quality of the ego. This is perhaps only a minor result since, in the last analysis, a psychoanalytic description of character types inspired by what we know of the ego would be limited to distinguishing a genital type ego from a pregenital type ego and, at the latter level, an oral ego from an anal ego, but the practical importance of such distinctions seems very substantial. Do they not in effect separate two types of relationships with the world: the genital and the pregenital, which are so different that it seems essential to set them in opposition?

Some difficulties arise from this way of looking at things. How are we to explain why the hysteric patient in his reaction to the oedipal situation does not make use of the defense mechanisms of the anal-sadistic phase of development, on the one hand, and, on the other, how does he avoid the dangers of total oral regression which dominates the picture in psychosis?

To tell the truth, we can here put forward only hypotheses. First of all, it is only right to note that sexual activity is strangely close in form to oral activity. Freud himself compared sexual contact to the suckling process, and we can find traces of this point of view in the work of Bergler who points out that in the sexual relationship the male reverses his childhood's passive relation to the female. Then we must note that the hysteric patient or the sufferer from a severe phobia (and we must be aware of the close relatedness of phobic and hysteric structures, since Freud described phobic neurosis as anxiety hysteria) does not break off all object relationships as does the psychotic patient (and we are using, we know, an approximate generalization here) but continually manufactures new ones, to the extent that he can find realization in none. It may be that a congenital factor intervenes here. The hysteric ego is poor in comparison

to the anal-sadistic ego. The former demands from the external world a means of protecting itself against anxiety, while the latter finds its self-assurance in itself. But in comparison with the psychotic ego it is rich.

To be really complete, I ought now to touch upon neurotic characters and character neuroses, and it must also be obvious that I have omitted to mention the object relationships of phobic characters. If I did so, I would find myself faced with writing a parallel exposition of what has been said of the anal character as a pre-existent to obsessional neurosis. The phobic character has the same means of adaptation as is used in hysteria and the phobic neuroses. He runs away from everything that may closely or remotely call up the conflictual situation. Avoidance in all its different disguises from displacement to repression is the chosen method, but because of the renunciations implied by this defensive system, there are, properly speaking, no foreground symptoms. If circumstances force a close contact on the subject, or if one of the defense mechanisms breaks down, or if some change takes place in the interplay of internal forces, then the uneasy balance is disturbed and a symptom appears. This is also what has been shown to occur in connection with obsessional neurosis.

If we admit that character neuroses are evidence of particularly intense conflict, we must not be surprised if this group has object relationships that correspond to those found not only in the neuroses but in the psychoses also. The psychoses, in Freud's account of the psychogenesis of regressive relationships, correspond to a very intense and very early fixation of object relationships. And so it is that phobic, hysteric and obsessional character neuroses of psychotic proportions are surely evidence of regression to the very earliest stages of development.

#### THE EGO AND THE OBJECT RELATIONSHIPS IN PERVERSION

Although best known because neurotic states are the commonest indication for analytic therapy, the relationship of the neurotic to the world is not the only one on which Freudian theory has thrown considerable light. As I said in the opening of this essay, it has also contributed a great deal to our understanding of the perversions and the psychoses, although obviously here our knowledge is less pro-

found. The relationship between the neurotic ego and its world is much better known to us than the relationship of the ego in perversion or the psychotic ego. Of the two the ego in perversion is the more accessible. This is doubtless because perversion is very frequently associated with neurosis, at least insofar as the minor perversions, if I may call them that, are concerned. The serious, criminally sadistic perversion hardly lends itself to analytic observation. At the most, as in an observation reported to the International Congress at Geneva in 1955 by Nacht, Diatkine and Favreau, it is sometimes simply examined by a psychiatrist with some training in analysis. I shall therefore not spend much time on it and shall be satisfied with emphasizing that in the present case the structure of the ego and its object relationships were not simple but neither were they unconnected with what we are used to seeing. The subject had committed two murders, the second in circumstances which allowed no doubt of the perverse nature of his actions and of the regressive nature of the appetites he had satisfied by committing it. The murder had been accompanied by the satisfaction of cannibalistic urges and by orgasm. There was a remarkable contrast between this sadistic realization and the subject's usual way of life, which was both socially and sexually well adapted. At most, there were two peculiar traits in his biography: the pleasure he felt in smelling the blood of wounded soldiers when he was a stretcher bearer in World War I, and the habit he had of regularly drinking a glass of blood at the slaughter-house for, he claimed, medicinal purposes.

This case, in which the acting-out was exceptional and the general adaptation of the subject apparently satisfactory, is not without resemblance to sadomasochistic perversions seen in their usual forms. Patients suffering from these do not consult psychoanalysts either, but more substantial information is available about them. It has been noted for one thing that these subjects take as much pleasure in fantasies as in real action. Very often, too, the real actions are imbued with a strong play character and, in any case, are extremely poor and stereotyped when compared with the unconscious fantasies of total destruction, so much so that, even in the purest forms, the acting-out has all the characteristics of defensive behavior, both forbidding and satisfying, carefully built up and imbued with the need for maintaining a certain distance between the desire in its primitive form and its object.

By this very fact there is revealed a certain structural relatedness

between the organization of the perverse ego and that of the neurotic ego studied above—with this difference, that direct consciousness of the regressive desire of possession, in a weakened form, is spontaneously possible in the one case (conscious fantasies), while it is not possible in the other. This is obviously the essential clinical characteristic of the perverse personality.

Speaking of the distance between the object and the unconscious form of a desire brings up again the idea of projection in the sense in which it has been used in the course of this work. In other words, must we say that, as in the neuroses, projection transforms the object into a being like the subject, or at least like what the subject would be if he could become directly conscious of the nature of his fantasies of destruction?

Since I have never personally observed any perversions, I cannot answer this question clearly, but if we consider that a perversion is not purely and simply a liberation of impulsive activities in an archaic form but that it has a defensive character, or in other words that it is used only as a substitute for normal erotic relations and that the fear of castration is, in most opinions, always present, then we must answer the question in the affirmative.

Here too, as with neurotic patients, there is a carefully calculated distance between the subject and the object because of a projection that transforms the object into a semblance of the subject. This structure of the object relationship is due to the combined effect of a fixation and a regression to the pregenital stage of evolution. If we add that this relationship, which cannot be made real because it is destructive of both subject and object but is nevertheless indispensable because of the weakness and dependent nature of the ego, results from its pregenital nature, we must fall back on the general pattern which, as we have seen, seems so closely to fit the neuroses. This does not mean that the perverse relationship does not keep its own character; it does because of the possibility of instinctual discharge permitted by the acting-out of the perversion.

This possibility, which is the essential characteristic of the pervasively organized ego, whether it results in an acting-out or is merely achieved by the eroticization of anxiety, needs a special explanation. In their report, Nacht, Diatkine and Favreau admit that this capacity for a quite special eroticization of the defense mechanism which constitutes perversion is, on the one hand, connected with the intensity of the pregenital fixation and, on the other, with the indulgent

character of a superego which is peculiarly mild. In any event, however, even if the acting-out of a perversion allows the subject to rediscover satisfactions known earlier in other experiences, it constitutes only an approximate contact with the object and protects the subject from close sexual contact in the fullest sense of the term. Such is the general analytic explanation of the eroticization of the defense mechanisms in perversion. As can be seen, it scarcely goes beyond the bare statement, but, as has been pointed out by other investigators, anatomicoclinical studies are powerless to resolve this question in any better way.

In this short discussion of the perverse ego and its object relationships I have been at pains, as elsewhere, to point out the general outline of what seems to me specific in the form of object relationships. Thus, I have paid no attention to the mechanisms peculiar to fetichism, any more than to the meaning of the different forms of homosexuality. I have also left aside the perversions that are linked with neurotic states in which fantasied satisfactions must often replace acting-out in reality, and where obviously all the various neurotic defense mechanisms and methods of adaptation of the object relationship have free play. In particular, I have left aside all the transvestisms and displacements that happen in the play of fantasy, a flight pure and simple from the object.

A close connection exists between perverse and neurotic organizations of the psyche. There is no difference in nature between the perverse ego and the neurotic ego, and the problem always remains the same: how to organize the object relationship. But there remains one aspect of the question to which I should like to draw attention. As Glover pointed out in 1933, the existence of a perversion favors the conservation of a certain sense of reality. It represents a periodic attempt to struggle against introjection, and the projection of anxiety by excessive libidinization. Sometimes this is directed against the parts of the body of the subject or the object threatened with destruction. According to Glover, "Libidinization is one of the primitive cures for fear, for it obliterates the imaginary deformations of reality caused by fear." If I understand this remark correctly, it is only to the extent that the patient can exhaust the regressive instinctual tensions and the accompanying conflicts within a significant object relationship which is limited to the system of the perversion or addiction that an apparently objective view of reality is possible.



I wonder if, behind the various mechanisms, the process is not similar to that which goes on in obsessional psychoneurosis in which the "objective" object relationship is protected from the regressive and anxiety-producing instinctual tensions, although, by that very fact, robbed of vitality. I knew of one case in which erogenous masochism permitted the patient to live a perfectly adapted life, at least to all appearances, but there, too, at the cost of a certain impoverishment of the affective value of his other object relationships. This connects with what Nacht and his co-workers have emphasized in pointing out the contrast between the sadistic quality of the sexual relations of certain perverts and the mildness of their object relationships in general. They also insist that there is an over-all change in the general object relationships of homosexuals even when these subjects are satisfied with their condition and totally lacking in anxiety.

#### THE STRUCTURE OF THE EGO AND OF THE OBJECT RELATIONSHIP IN PSYCHOSIS

The object relationship and the structure of the ego in psychosis are on the whole less well known than the neurotic object relationship and even, though to a lesser extent, than the object relationships in the perversions. This stems from the fact that psychosis is not as open to analytic investigation. One exception to this is schizophrenia, victims of which have been the object of psychoanalytically inspired treatment or even true psychoanalysis, so that their object relationships are more familiar to us.

Freud apparently based his theory of paranoia on analysis of documents in the Schreiber case, and since then, to my knowledge, no complete observation has been reported of a patient of this type. As for details of analyses of epileptic patients, they are extremely rare.

It is nevertheless true that Freud was able to make the essential distinction between overt forms of neurosis and confirmed psychotic states: neurotics are characterized by repression of the instincts, psychotics by repression of reality. While in the former a certain sense of reality is maintained, in the latter the perception of reality is obliterated—at least in the definite cases—so that all object relationships are destroyed. Such at least is the case when the disorder

is developing. It must be added that this repression of reality, this withdrawal of interest from external objects may remain unperceived in cases in which a reconstruction of object relationships is undertaken quickly and may only reveal itself by the marks it leaves on the reconstructed object relationships. A true repression of reality gives way to a repression of instincts, and when new object relationships are set up, they are, on the simplest examination, felt by the observer to be very different from relationships of the neurotic type. Everyone knows the great difference that exists between the neurotic's contact with the world even when he is very much troubled by his symptoms and that of a paranoic or a schizophrenic. In these latter two instances alone do we speak of madness.

Without going into details let us recall, with Renard, that Freud considered that while the psychosis is being established, there is a period of repression of the external world and a narcissistic unfolding of the object-orientated libido. This repression is supported by a dynamic counter cathexis that is always necessary because of the existence of unceasing perceptual excitations having their origin in the external world, as well as because of the accumulation of instinctual energy blindly seeking a discharge in object relationships; the persistence of certain functions of the psyche demand a renewal of contact with the world. Repression of the external world is completed by a regression which tends to bring the subject back to a stage where the outside world was of indifference to him. This, if successful, then saves him from having to repress, to negate, an external world which is always present and which is, in some ways, attractive to the instincts. It is by reason of the expenditure of energy required to maintain this repression that we can explain those instinctual liberations that are expressed in illusions and hallucinations whatever their theme and their degree of organization. It is in this sense that we can say that in psychosis the ego is the ally of the id. The ego no longer has available the energy to screen and organize the instinctual drives, being wholly taken up with maintaining a refusal of reality.

Of course, related phenomena do develop which are connected with the narcissistic over-attachment of the ego and, as a result, with that phase of repression of the external world mentioned above. These include hypochondria and megalomania, which interfere with

the resumption of contact with the world. True reconstruction of the object relationship is basically vitiated by such phenomena, and the contact with the environment is quite different from the neurotic contact, at least in general appearance. In calm periods, relational modes of a neurotic type impinge on the clinical picture and less primitive object relationships may be achieved (symptoms of restoration).

Such then is the Freudian theory of psychosis. But satisfactory as it may be, it nevertheless has one obscurity that is of enormous importance: Why is the subject so sensitive to the attractions of the outside world that he has to repress reality, while in the neuroses the subject fights above all against certain instinctual desires and seems to keep a contact with reality that is often quite adequate?

Remaining on the purely psychological plane, and without raising the question of the existence of organic processes whose influence is more often involved here than in the neuroses, we must say that this question seems not to have received a satisfactory answer.

To speak of the different sorts of prepsychotic characters, to remark upon the difficulties of contact that distinguish them, e.g., the future melancholic cannot touch anybody aggressively, the future paranoiac will only admit to loving, not to being loved, to speak thus is merely to shift the difficulty back one step. On the other hand, to mention the depth of the regression seems to suggest a more satisfying answer. For it is easy to understand that a more or less complete return to ancient forms of organization of the psyche means a retreat from the world of objects to the autoerotic and narcissistic satisfactions of early childhood. In the case of a given regression, its seriousness and the fact of its involving more or less of the personality would explain why it should end in neurosis or psychosis. Such is the case when partial oral regression results in hysteria, while total oral regression ends in melancholia and schizophrenia. We must be content with being descriptive, only remarking on the similarity of psychotic object relationships to object relationships at earlier phases of development, citing the analogy that exists between the persecution psychoses and the anal-sadistic phase, schizophrenia and the oral stage at the first level, and melancholia and the oral stage at the second level. We cannot go any further, for here, as whenever we are concerned with fixation—a process which

is known to be in a large part, if not wholly, responsible for regression—we face the problem of the organic factor, and about this we have little data. Even if we do as Federn did and bring in a certain congenital quality of the libido to explain the breakdown in object relationships, we are only limiting the problem a little more without approaching a better final solution.

Nevertheless, the contribution of psychoanalysis to the understanding of the psychoses is far from negligible. The psychoses, like the neuroses, can be defined in terms of the object relationship whether the psychosis is in an early phase or in a phase when object relationships are being restored. Psychotics have their adaptive techniques and their defense mechanisms which ceaselessly tend to conserve a distance in relationships that constantly threaten, here more than anywhere, to become unmanageable, whether these relationships between the subject and his objects are real or fantasied. The problem facing the psychotic subject is how to maintain compatible object relationships with the transformations that the immaturity of his impulses imposes by projection on a reality that has nothing in common with what is generally given that name. This problem demands a solution so urgently that it cannot be postponed. Even during psychotic stupor, as Renard so wisely called it, object relationships tend to be established—in catatonia by autoerotic satisfactions, in melancholia by hallucinatory re-entries, but re-entries nevertheless into the world of external objects. In the other psychoses, it is equally obvious; for example, it is scarcely necessary to insist on all the various object relationships that the sufferer from persecution mania can make with his environment. Renard also reminds us that Freud, in his later works, reserved the name “narcissistic neurosis” for melancholia alone because it is the only psychosis, especially in its early phases, in which object attachments that might ease the burden on the ego are impossible, whether they are fantasied or belong to the corporeal ego or are external. This “moral hypochondria” in which the psychotic ego is its own object is perhaps the most extreme form of the turning of all instinctual drives inward upon the subject himself, and it is characterized by the most extreme anxiety; it is a deserted world of absolute solitude in which there is no object but the self on which to pour out all the instinctual energy that dries up only when life ends.

Thus, the psychotic, like the neurotic, must maintain or repair as best he can the object relationships that are necessary for him on the dynamic and economic planes, so that he may avoid that breakdown in relationships which puts him in a state of unbearable tension, as S. Lebovici reminded us in a recent lecture. From this point of view the situation is comparable to the neurotic situation, and it is here that the coherence of the psychoanalytic theory of mental disorders appears most clearly. This theory, in spite of inescapable difficulties in the study of psychosis, and to some extent of perversion, has been able to show that the same essential problem faces all men whether healthy or more or less afflicted. Of course, the situations are peculiar to each case, but there is no radical difference, no absolute gap between mental states, the range of which extends from the simplest disorders and the best-oriented relationships to the world to the most serious forms of madness. This it has shown in spite of the infinite complexity of the mechanisms involved and of the secondary reactions by means of which the subject adapts himself to difficulties which spring as much from physiologic and anatomic conditions as from the impact of life itself.

The psychotic ego has to maintain an object relationship with the other whether it be an internalized or external other, just like the neurotic ego or the ego in perversion. But he must work under infinitely more difficult conditions and that is what distinguishes his relationship to the world from that of the others. He must face up to profound deficiencies that, in a general and approximate way, bring his ego back to forms it had already known or, rather, forms it had already outgrown in the course of a development that at least appeared normal until the onset of the psychosis. I say *appeared* to be normal, for the arguments I took pains to use when discussing the neurotic ego and its object relationships seem to me, a priori, just as valid for the psychoses, i.e., that the adaptation is much more apparent than real and that, at bottom, before the specific disorder breaks out, the adaptation can only be realized thanks to defense mechanisms which involve renunciation of valid instinctual discharge.

The study of neurotic, or, in a general sense, premorbid, characters shows us that such renunciations are antecedent to any open morbid manifestations, just as the study of the compensatory states,

whether they are neurotic or psychotic (Diatkine and Favreau), helps us to understand how far the adaptation is a result of external circumstances that may be particularly stable and unchanging or, on the other hand, may be complementary and in themselves adapted to the modes of the subject's object relationships.

Whether they are acquired or inherited, whether they come into action early or late, whether they are more specially connected with organic attacks on the nervous system or with an incapacity to resolve primary conflicts, adaptive deficiencies bring the personality to a state of regression of both ego and impulses which shows itself in that repression of reality that Freud saw as the fundamental mechanism of psychosis and that obviously can establish itself only when the ego is incapable of using any other means of defense or adaptation. To explain this regression, Federn assumed a sort of peculiar and, moreover, congenital quality in the libido, a special fluidity of the libido in schizophrenia. For repression of reality is a defense mechanism quite as much as the expression of a deficiency, a deficiency in respect to the adult ego although not perhaps in respect to the primitive ego, the state into which the ego, like the instinctual activities, has been brought by the regression that accompanies the repression. If we consider only the example of schizophrenia, analytic theory, as we know, connects its structure with that of the earliest oral stage of development. The ego of the very young child is not greatly differentiated from its environment and is very penetrable by its environment; it is in fact basically indifferent to a reality it does not recognize and which only exists for it insofar as it needs it. Detachment from reality is made bad or good, threatening or beneficent by the projection of his own affective states, and the infantile ego reacts to this world as if it were really good or bad in a series of chain reactions that build up a vicious circle.

This facility of introjection and rejection, this perpetual and total projective activity, this ease in attachment and withdrawal—and for the child the most total withdrawal is sleep which is really a true suppression of the exterior world—we find them all in schizophrenia and, with variations that can be explained by the depth of regression as a result of the situation of the points of fixation, in the other psychoses.

To keep to schizophrenia, all authorities have described the different mechanisms that I have mentioned and have insisted upon the rapid alternation of phases of attachment to and withdrawal from external objects. It is as if there were micro-suppressions of reality which, combined with the rapid succession of phases of introjection and rejection, seem like so many defensive devices intended to control a pregenital relationship with an object which permanent and total projection imbues with the same instinctual characteristics as the subject. The object is dangerous since, as a result of the regression of the instinctual drives, the erotic activities peculiar to the subject have a destructive character. In phases of marked withdrawal, satisfactions that are more precisely autoerotic replace those obtained from the external object. We can only describe these satisfactions as autoerotic since those obtained from the external object are obviously only narcissistic too.

This pregenital relationship, where the variability of the cathexes does not prevent contact with the object from being indispensable, was apparent in the analysis I undertook of an attenuated schizophrenia. In this case I was able to capture on the wing, as it were, the defensive quality in the alternation of introjection and projection, of attachment and withdrawal, as well as the extent and depth of the change undergone by reality as a function of the seriousness of the regression of the impulses, on the one hand, and of the projective behavior on the other. Every substantial approach became destructive both of the subject and of the other person, and a narcissistic inturning could not be avoided except precisely by this double movement of approach and withdrawal which alone allowed the patient to maintain external object relationships.

It is hardly necessary to show that these defense mechanisms are evidence of a defect in the ego. The boundaries of the ego must be very fluid for this rapid play of introjection and rejection to be set in motion; the perceptual activities and the capacity for synthesis of the ego must be diminished for reality to be directly transformed by projection, for there to occur that insane conviction that will lead to action. Actions were discreet in the case I mention, of course, but were directly connected with an indisputable symbolic identity between semen, excreta and money, to quote only one example. In this case, in which activity of the unconscious was exposed immedi-

ately and without resistance to analysis, it was only very late in analysis that critical thought was interposed between overt behavior and its symbolic conscious motivation.

This ego deficiency is most apparent when there is intervention of depersonalization phenomena, which are really a defense mechanism since when one is faced with a critical situation the best way of escaping it is not to be in it. But depersonalization phenomena are also evidence of the absolute necessity for contact because they occur in a setting of contact. If there were any need to seek an argument to support the necessary character of cathexis in pregenital relationships, even when psychotic, it would be sufficient to think of that terrible experience for a patient: an attack of depersonalization.

An attack of depersonalization precipitates fragmentation of the ego, the alteration of the feeling of self and of the feeling of reality. It is a sign of a peculiar fragility of the ego, for a normal person never experiences depersonalization except in special circumstances of exhaustion and then only in a limited and rapidly mastered form. It plunges the subject for a while into an atmosphere where contact with reality is lost, where unconscious fantasies proliferate freely under such forms as pseudo perceptions, feelings of unreality and strangeness, as inexpressible meanings, as curious kinesthetic sensations, as loss of identity. In short, his self-awareness and his contact with the world are for a moment obliterated. Such experiences, if they are for the moment suppressions of reality, are at the same time openings by which unconscious activities may be projected directly into reality. They concentrate into one instant the two essential characteristics of the psychoses as defined by Freud, the refusal of reality and the direct injection of the contents of the unconscious into what remains of reality.

In connection with the psychoses I have considered the object relationship in schizophrenia and alluded to it in melancholia. I should now discuss the object relationship in paranoia as well as in epilepsy, but, apart from the fact that their structure is less well known, clinical experience of such subjects being rare or nonexistent, I do not think that a description of them—necessarily theoretic (paranoia) or uncertain (epilepsy)—would contribute anything new to the general theory that I should now like to put forward.



## CONCLUSIONS

In this work, I have tried to present clinical psychoanalysis from a very general point of view, carefully avoiding mention of peculiar mechanisms, so as to give a conspectus of analytic experience as a whole. I have shown it in the way that seems to me the most fruitful in practice and, moreover, the more likely to give a broad general view of the contribution of psychoanalysis to mental pathology, i.e., studying the structure of the ego and its object relationships in the various pathologic categories. I have tried as far as possible to avoid pathogenic considerations and, remaining on the clinical plane, to describe the connections of the patient with the world as seen in the light of analytic concepts. I have thought it necessary to insist not only on the clinical aspects and the phenomenology of object relationships and the structure of the ego but also on the genetic aspects thereof. The idea of this study has been inspired by a strictly clinical study of obsessional neurosis, a study undertaken without any preconceived ideas and which led only secondarily to an examination of other forms of psychopathologic phenomena in the light of its findings.

It appeared that here was one way of applying the Freudian schema of psychic life to all morbid forms of it, a way that would account for their organization, their evolution, their response to therapy and their prognosis. This opinion has been confirmed by recent works of which I have become aware. The notion of distance in object relationships seems to me to be used habitually and to be applied to the facts as recorded for different pathologic types or for the evolution of a particular case or even for the study of reports of transference in the course of an analysis. The structural description of object relationships, with particular emphasis on the importance of projection, makes more easily accessible the real life of those pathologic cases that we must come to know. As for the disorders connected with purely oedipal difficulties, without serious regression or fixation and occurring within a framework of relationships properly described as genital (a term that describes a mode of relational being and not merely sexual relations), however violent the symptoms of such disorders may be, they are of quite different structure; they are very much nearer to what Henri Ey has called "normal psychological difficulties" than to those serious states of psychological

suffering I referred to earlier. This is so true that an identical symptom, such as a phobia, may give the measure of its severity according to the mode of object relationships within which it occurs.

That a general schema is applicable to mental disorders as a whole does not prevent these disorders from retaining their different characteristics, and the object relationships in perversion, psychosis, or neurosis are still well differentiated. What I would like to emphasize, in closing, is the relatedness of the different pathologic conditions in which arrested ego development warrants a poor prognosis, and whose very seriousness lies in the pathologic object relationship. As I noted, whether a given case of neurosis has weak or strong symptoms, the abnormal persistence of defense mechanisms, and so of the disorder, can be explained by the need of the subject to escape from the experience of depersonalization, a cataclysm rather like that which casts the schizophrenic from reality. It seems that in all pathologic states in which regression and fixation are dominant, only the ability of the ego to react undergoes changes and that a deep and essential disorder of the structure of the ego, proportionate to the regression and the fixation, is common to them all.

It may seem inexplicable that in a character neurosis or a symptomatic neurosis, the capacity to react should be very much better than in schizophrenia since the essential conflict and the fixation are in both cases extremely deep-rooted, as is shown by the fact that depersonalization may be experienced in both disorders. In other words, how is it that in the neuroses the ego has been able to forge a defense that is usually strong enough to save it from the experience of depersonalization, while in schizophrenia it has not? The determining cause must be in the seriousness of the fixation, whether the conditioning factor be experiential or congenital. Variations in the relational levels and the structure of the ego in the same subject may occur either spontaneously or under the influence of therapy. In the analysis of a patient with a serious pregenital fixation, reduced defenses may give rise to depersonalization phenomena, which appear at the same time as the "regressive transference" contact. In successful cases, the pregenital conflicts integrated, the subject, rid of his fixation anxiety, discovers the conflicts again in a more concrete manner. There is an end to the repressions and the anxiety about depersonalization seems dissolved; if the phenomenon of

strangeness occurs again it is no more than a curious feeling such as a normal man may feel in exceptional conditions of, for example, fatigue.

I have made this summary of certain processes during therapy to show how easily the theory of object relationships can be applied to the facts as encountered in clinical psychoanalysis.

When we come to the end of the analysis of a pregenital subject, we realize that his object relationships are tending to lose their regressive quality and are approaching the genital level. All the parameters I have used in defining the two main types of the structure of the ego and of its object relationships have also varied, and the phenomenon of depersonalization has lost its terrifying character. The boundaries of the ego have become firmer, and the subject is surprised to see the end of those brutal and automatic identifications which occur sometimes as stupefying coenesthetic changes, such as the sudden feeling of pain caused by the torture inflicted in a film on the movie screen. The subject gains an ever greater independence of his loved objects. At the same time, too, the genital relation becomes richer, the libidinal instincts lose their aggressivity, and the partner becomes a subject not an object, another person with whom a real and flexible mutuality is possible.

It remains to be seen whether such results are lasting, and it must be admitted here that valid observations are often lacking, but what is certain, at least in my experience, is that the only analyses that seem to result in a total rebuilding of the whole personality are those in which the primitive anxieties which indicate the nonevolution of the primordial conflicts have been overcome.

It may be remarked that nothing of this sort is involved in the oedipal neuroses. In these cases, we have none of the complex problems of pregenital object relationships. In particular, the so-important evaluation of the distance between the patient and the analyst, and the control of this distance by the analyst, is not necessary. But this is another story.

## Translator's Note

*Psychoanalysis of Today* is a condensation of the first two volumes of *L'Actualité Psychanalytique*, a collection of studies published under the direction of Dr. S. Nacht by the "Bibliothèque De L'Institut de Psychanalyse de Paris."

We have chosen and condensed eight of the sixteen chapters contained in the two volumes. The chapter by M. Bouvet, *Clinical Psychoanalysis*, appears as translated by R. J. Hilton. We acknowledge with gratitude Mr. Hilton's cooperation.

We are also deeply indebted to Dr. Thaddeus P. Krush for his editorial advice and to Mrs. Grace M. Scudder for secretarial service.

RUTH EMMA ROMAN

# Preface

EVER SINCE I PARTICIPATED in the founding of the "Société Psychanalytique" in 1927, I have followed with interest the varying fortunes of psychoanalysis in France, even from time to time playing a certain role in its development. The first Frenchman who became interested in psychoanalysis was Romain Rolland; this was as far back as 1905; and before the First World War, Hesnad, Pitres and a few others were already trying to deepen their understanding of these singular doctrines that came to them in a foreign tongue. Without doubt, the linguistic element has constituted a difficulty to the assimilation of Freud's doctrines in France. Furthermore, the way of thinking in France in psychological circles about psychopathology and sexuality, a sphere to which French genius had already contributed a great deal, constituted a structured body, with well-established tendencies, which did not readily lend itself to the very different approach propounded by Freud.

In no place did the development of psychoanalysis follow an easy and regular path, and it is not surprising for the above-named reasons that psychoanalysis met with particular stormy days in France. The events of World War II were not favorable either. It is useless to expatiate on these vicissitudes, but it is reassuring to see that, at last, under the direction of Dr. Nacht, the organization of psychoanalytic work has now reached a high degree of stability.

I wish good luck to this new collection he is directing, a collection that will no doubt contribute to the progress and the diffusion of psychoanalytic science.

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*Honorary President of the*  
*International Psychoanalytic Association*

# PSYCHOANALYSIS OF TODAY

*By*

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*American Adaptation Prepared by*

RUTH EMMA ROMAN

GRUNE & STRATTON    1959  
LONDON AND NEW YORK

*Based on*

S. NACHT

LA PSYCHANALYSE D'AUJOURD'HUI

Presses Universitaires de France

Library of Congress Catalog Card No. 58-14042

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Grune & Stratton, Inc.

381 Fourth Avenue

New York 16, New York

Printed and bound in U.S.A. ( )

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