THROUGH PAEDIATRICS TO PSYCHO-ANALYSIS

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With an Introduction by
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The Manic Defence[1]

[1935]

IN MY OWN particular case a widening understanding of Mrs Klein's concept at present named 'The Manic Defence' has coincided with a gradual deepening of my appreciation of inner reality. Three or four years ago I was contrasting 'fantasy' and 'reality', which led my non-psycho-analytic friends to tell me that I was using the word fantasy in a way that was different from the ordinary use of the term. I replied to their objections that the misuse was inevitable; for (as in the psycho-analyst's use of the word anxiety) the invention of a new word would have been less easily justified than the treatment of an already existing word with a splash of paint.

Gradually, however, I find I am using the word fantasy more in its normal sense, and I have come to compare external reality not so much with fantasy as with an inner reality.

In a way this point that I am making is a quibble, since if there be sufficient respect for 'fantasy', conscious and unconscious, then a changeover to the use of the term 'inner reality' requires no effort. Yet there may be some for whom, as for me, the change in terminology involves a deepening of belief in inner reality.[2]

The connection between this preliminary and the title of my paper 'The Manic Defence' is that it is a part of one's own manic defence to be unable to give full significance to inner reality. There are fluctuations in one's ability to respect inner reality that are related to depressive anxiety in oneself. The effect is that on certain days in one's analytic practice a patient who employs chiefly manic defences will present material which defies interpretation at the time;

[1] Read before the British Psycho-Analytical Society on 4th December, 1935.

[2] The term 'psychic reality' does not involve any placing of the fantasy; the term 'inner reality' presupposes the existence of an inside and an outside, and therefore of a limiting membrane belonging to what I would now call the 'psyche-soma' (1957).

yet the notes of that hour's associations may make quite understandable reading the following day.

The new understanding invites one to restate the 'Flight to Reality' (Searl, 1929), as a flight from internal reality rather than from fantasy. Internal reality is to be itself described in fantasy terms; yet it is not synonymous with fantasy since it is used to denote the fantasy that is personal and organized, and related historically to the physical experiences, excitements, pleasures, and pains of infancy. Fantasy is part of the individual's effort to deal with inner reality. It can be said that fantasy[1] and day-dreams are omnipotent manipulations of external reality. Omnipotent control of reality implies fantasy about reality. The individual gets to external reality through the omnipotent fantasies elaborated in the effort to get away from inner reality.

In the last paragraph of her paper ('The Flight to Reality', 1929) Miss Searl writes: '. . . in danger (the child) wants to keep the ideally loving and loved parents always with it, with no fear of separation; at the same time it wants to destroy in hate the unkind strict parents who leave it exposed to the awful dangers of unsatisfied libidinal tensions. That is, in omnipotent fantasy it eats up both loving and strict parents. . . .'

I feel that what is omitted here is recognition of the relation to the objects which are felt to be inside. It would seem that what we meet with is not merely a fantasy of incorporation of good and bad parents; we meet with the fact of which the child is largely unconscious that, for the same reasons that have been operative in the child's relation to the external parents, sadistic attacks *are going on inside* the child, attacks against the good or mutually loving parents (because by being happy together they frustrate), attacks against the parents made bad by hate, defence against the bad objects that now threaten the ego too, and also attempts to save the good from the bad, and to use the bad to counteract the bad; and so on.

Omnipotent fantasies are not so much the inner reality itself as a defence against the acceptance of it. One finds in this defence a flight to omnipotent fantasy, and flight from some fantasies to other fantasies, and in this sequence a flight to external reality. This is why I think one cannot compare and contrast fantasy and reality. In the ordinary extrovert book of adventure we often see how the author made a flight to day-dreaming in childhood, and then later made use of external reality in this same flight. He is not conscious of the inner depressive anxiety from which he has fled. He has led a life full of incident and adventure, and this may be accurately told. But the impression left on the reader is of a relatively shallow personality, for this very reason, that the author adventurer has had to base his life on the denial of personal internal reality. One turns with relief from such writers to others who can tolerate depressive anxiety and doubt.

[1] I would now use the term 'fantasying' (1957).

It is possible to trace the lessening of manic defence in the behaviour and in the fantasies of a patient during his analysis. As the depressive anxieties become less as the result of analysis, and the belief in good internal objects increases, manic defence becomes less intense and less necessary, and so less in evidence.

It should be possible to link the lessening of omnipotent manipulation and of control and of devaluation to normality, and to a degree of manic defence that is employed by all in everyday life. For instance, one is at a music-hall and on to the stage come the dancers, trained to liveliness. One can say that here is the primal scene, here is exhibitionism, here is anal control, here is masochistic submission to discipline, here is a defiance of the super-ego. Sooner or later one adds: here is LIFE. Might it not be that the main point of the performance is a denial of deadness, a defence against depressive 'death inside' ideas, the sexualization being secondary.

What about such things as the wireless that is left on interminably? What about living in a town like London with its noise that never ceases, and lights that are never extinguished? Each illustrates the reassurance through reality against death inside, and a use of manic defence that can be normal.

Again, in order to account for the existence of the Court and Personal column of our newspapers we must postulate a general need for reassurance against ideas of illness and death in the Royal Family and among the aristocracy; such reassurance can be given by reliable publication of facts. But there is no possible reassurance against the destruction and disorganization of the corresponding figures in the inner reality. Of 'God Save the King' it is not enough to say that we want to save the King from the unconscious hate we bear him. We might say that in unconscious fantasy we do kill him, and we wish to save him from our fantasy, but this strains the word fantasy. I prefer to say that in our inner reality the internalized father is all the time being killed, robbed, and burnt and cut up, and we welcome the personalization of this internalized father by a real man whom we can help to save. Court mourning is a compulsory order which pays a tribute to the normality of mourning. In manic defence mourning cannot be experienced.

In these Court and Personal columns the movements of the aristocracy are reported and predicted, and here can be seen in thin disguise the omnipotent control of personages who stand for internal objects.

The truth is, one can scarcely discuss *in the abstract* whether such devices are a normal reassurance through reality or an abnormal manic defence; one *can* discuss, however, the use of the defence that we meet with in the course of the analysis of a patient.

In manic defence a relationship with the external object is used in the attempt to decrease the tension in inner reality. But it is characteristic of the manic defence that the individual is unable fully to believe in the liveliness

that denies deadness, since he does not believe in his own capacity for object love; for making good is only real when the destruction is acknowledged.

It might be that some of our difficulty in agreeing on a term for what is at present called the manic defence is directly to do with the nature of the manic defence itself. One cannot help noting that the word 'depression' is not only used but used quite accurately in popular speech. Is it not possible to see in this the introspection that goes with depression? The fact that there is no popular term for the manic defence could be linked with the lack of self-criticism that goes with it clinically. By the very nature of the manic defence we should expect to be unable to get to know it directly through introspection, at the moment when that defence is operative.

It is just when we are depressed that we *feel* depressed. It is just when we are manic-defensive that we are *least likely to feel* as if we are defending against depression. At such times we are more likely to feel elated, happy, busy, excited, humorous, omniscient, 'full of life', and at the same time we are less interested than usual in serious things and in the awfulness of hate, destruction, and killing.

I do not wish to maintain that in the analyses of the past[1] the deepest unconscious fantasies, which (following Freud) I am here calling 'inner reality', have not been reached. In learning the psycho-analytic technique we are taught to interpret *within the transference*. Full analysis of the transference gives analysis of the inner reality. But an understanding of the latter is necessary for a clear understanding of the transference.

CHARACTERISTICS OF THE MANIC DEFENCE

I now come to a rather closer examination of the nature of the manic defence. Its characteristics are omnipotent manipulation or control and contemptuous devaluation; it is organized in respect of the anxieties belonging to depression, which is the mood that results from the coexistence of love and greed and hate in the relations between the internal objects.

The manic defence shows in several different but interrelated ways, namely:

- Denial of inner reality.
- Flight to external reality from inner reality.
- Holding the people of the inner reality in 'suspended animation'.
- Denial of the *sensations* of depression — namely the heaviness, the sadness — by specifically opposite sensations, lightness, humorousness, etc.
- The employment of almost any opposites in the reassurance against death, chaos, mystery, etc., ideas that belong to the *fantasy content* of the depressive position.

Denial of Inner Reality. I have already referred to this in accounting for my

[1] i.e. in psycho-analysis before Klein.

own delay in recognizing the deepest unconscious fantasies. Clinically we see not so much the denial as the elation that is related to the denial, or a sense of unreality about external reality, or unconcern about serious things.

There is a type of partial recognition of internal reality that is worth mentioning in this setting. One may meet with an astoundingly deep recognition of certain aspects of internal reality in people who nevertheless do not acknowledge that the people who inhabit them are a part of themselves. An artist feels as if a picture was painted by someone acting from inside him, or a preacher feels as if God speaks through him. Many who live normal and valuable lives do not feel they are responsible for the best that is in them. They are proud and happy to be the agent of a loved and admired person, or of God, but they deny their parenthood of the internalized object. I think more has been written about bad internalized objects similarly disowned than about the denial of good internal forces and objects.

There is a practical point here, for in the analysis of the most satisfactory type of religious patient it is helpful to work with the patient as if on an agreed basis of recognition of internal reality, and to let the recognition of the personal origin of the patient's God come automatically as a result of the lessening of anxiety due to the analysis of the depressive position. It is necessarily dangerous for the analyst to have it in his mind that the patient's God is a 'fantasy object'. The use of that word would make the patient feel as if the analyst were undervaluing the good object, which he is not really doing. I think something similar would apply to the analysis of an artist in regard to the source of his inspiration, and also the analysis of the inner people and imaginary companions to whom our patients are able to introduce us.

Flight to External Reality from Internal Reality. There are several clinical types of this. There is the patient who makes external reality express the fantasies. There is the patient who day-dreams, omnipotently manipulating reality, but knowing it is a manipulation. There is the patient who exploits every possible physical aspect of sexuality and sensuality. There is the patient who exploits the internal bodily sensations. Of the last two, the former, the compulsive masturbator, abates psychic tension by the use of the satisfaction to be got from auto-erotic activity and from compulsive heterosexual or homosexual experiences, and the latter, the hypochondriac, comes to tolerate psychic tension by denial of fantasy content.

Suspended Animation. In this aspect of the defence, in which the patient controls the internalized parents, keeping them between life and death, the dangerous internal reality (with its threatened good objects, its bad objects and bits of objects, and its dangerous persecutors) is to some extent acknowledged (unconsciously) and is being dealt with. The defence is unsatisfactory because omnipotent control of the bad internalized parents also stops all

good relationships, and the patient feels dead inside and sees the world as a colourless place. My second case illustrates this.

Denial of Certain Aspects of the Feelings of Depression

Use of Opposites in Reassurance. These two can be taken together. To illustrate my meaning, I give a series of opposites commonly exploited in their omnipotent fantasies and in omnipotently controlled external reality by patients who are in a state of manic defence. Some are more commonly employed in the service of gaining reassurance through external reality, so that omnipotence and devaluation are relatively little in evidence.

Empty	..	Filling
Dead	..	Alive, growing
Still	..	Moving
Grey	..	Coloured
Dark	..	Light, luminous
Unchanging	..	Altering constantly
Slow	..	Fast
Inside	..	Outside
Heavy	..	Light
Sinking	..	Rising
Low down	..	High up
Sad	..	Making laugh, happy
Depressed	..	Light-headed, on top of the world
Serious	..	Comic
Separated	..	Joined
Separating	..	Being joined
Formless	..	Formed, proportioned
Chaos	..	Order
Discord	..	Harmony
Failure	..	Success
In bits	..	Integrated
Unknown and mysterious	..	Known and understood

Here the key words are dead and alive — moving — growing.

Depressive — Ascensive

I wish to dwell for a few minutes on one of these defences which specially interests me.

While looking round for a word that might describe the total of defences against the depressive position I met the word 'ascensive'. Dr J. M. Taylor suggested it to me as one opposite of depressive, and it is better than the word buoyant which is familiar as an opposite of depressed in Stock Exchange reports.

It seems to me that this word, ascensive, can be usefully employed in drawing attention to the defence against an aspect of depression which is implied in such terms as 'heaviness of heart', 'depth of despair', 'that sinking feeling', etc.

One has only to think of the words 'grave', 'gravity', 'gravitation', and of the words 'light', 'levity', 'levitation'; each of these words has double meaning. Gravity denotes seriousness, but is also used to describe a physical force. Levity denotes devaluation and joking as well as lack of physical heaviness. In children's play I have always found that balloons, aeroplanes and magic carpets include a manic defence significance, sometimes specifically and sometimes incidentally. Also light-headedness[1] is a common symptom of an impending depressive phase, being a defence against heaviness, the head as if filled with gas, tending to raise the patient above his troubles. In this connection it is interesting to note that in laughter we show ourselves and our fellows that we have plenty of air, and to spare, whereas in sighing and sobbing we demonstrate a relative lack of it by our rationed in-breathing attempts.

The word ascensive brings into the foreground the significance of the Ascension in the Christian religion. I think that I should once have described the Crucifixion and Resurrection as a symbolic castration with subsequent erection in spite of corporeal insult. If I had offered this explanation to a Christian, I should have met with protest not only on account of the general disallowal of unconscious sexual symbolism; at least part of the resultant indignation would have been *justified*[2] by my having left out the depressive-ascensive significance of the myth. Each year the Christian tastes the depths of sadness, despair, hopelessness, in the Good Friday experiences. The average Christian cannot hold the depression so long, and so he goes over into a manic phase on Easter Sunday. The Ascension marks recovery from depression.

Many find sadness near enough at hand without the help of religion and can even tolerate being sad without the support that shared experience affords, but it has sometimes struck me, when I have heard people in analysis jeering at religion, that they are showing a manic defence in so far as they fail to recognize sadness, guilt, and worthlessness and the value of reaching to this which belongs to personal inner or psychic reality.

MANIC DEFENCE AND SYMBOLISM

The subject that I have chosen is certainly one capable of very wide treatment. A matter that interests me very much is the theoretical relation between

[1] cf. elation.

[2] This idea has been expressed by Brierley (1951, Chapter 6).

manic defence phenomena and symbolism. For instance, rising has a phallic, that is to say, erection significance, as is obvious, but this is not the same as its ascensive or contra-depressive significance. Balloons are employed in fantasies and games as symbolic of the mother's body or breasts, of the flatus pregnancy, flatus erection, flatus; they are *also* employed as contra-depressive symbols. In regard to feelings they are contra-depressive, whatever the object they displace.

Falling has a sexual, or a passive-masochistic significance; it *also* has a depressive significance; and so on.

A woman may envy a man, desire to be a man, hate being a woman, because being herself liable to depressive anxiety she has come to identify man with erection and so with the ascensive manic defence.

These and other relations between manic defences and sexual symbolism must be left for later study.

CLINICAL EXAMPLES

It would be easy to give relevant details from this or any week's material, of each of the ten patients who are at present under my care.

I have selected four case fragments. The first two patients are of the asocial type, the third is a severe obsessional, and the fourth a depressive.

The first, Billy, is five years old and has been with me for four terms. When he came to me at three and a half he was restless, interested chiefly in money and ice-creams, and acquisitive to a degree without being able to enjoy what he had acquired. He had started to steal money, and I think that without analysis he would have been a delinquent, especially as he has to live in a home in which he is the only child of estranged parents. His behaviour in the early stages of the analysis was consistent with a diagnosis: 'asocial, potential delinquent.'

I quote three games, chosen at random and yet I think fairly, to illustrate the changes that have occurred during analysis. There was an interval of some months between the first and second stage and between the second and third.

In the earliest stage, before the first of the three games, one could scarcely describe his activities as games—at best there had been wild attacks on pirates.

In the first game he stands at the mouth of a cannon, which I let off. He is carried high up and swiftly over the continents to Africa. On his way he knocks down various people with a stick — and in Africa he deals from above with natives who are occupied in various ways — sending them from the tops of trees to the bottoms of wells, and cutting off the head of the chief.

In an hour in which this game was dominant he was tremendously excited, and I was not surprised when after the end of the hour, in letting himself down

from my room on the second floor in the lift, he went to the basement — the well of the lift — in error, and became terrified. I had on that day followed him (secretly) because of his exalted condition, and so was able to help him out of his difficulty; he was immensely reassured by finding I had appreciated his abnormal state and so had been at hand when he was in distress.

This hour followed a scene at home with his mother which, of course, was largely brought about by his own ambivalence that was becoming open. It also marked the climax of his so-called 'manic' behaviour and was related in time to the analysis of the depressive position and to the arrival of the feeling of sadness and hopelessness. With the arrival of sadness, the restitution of constructive play first became possible.

The game which reminded me of the one I have just described concerned a series of journeys in an aeroplane. This was after an interval of some months. We again fly to Africa, and we expect enemies. We look down on the world and laugh at its insignificance. But a feature of the trip is a most amazing set of safety precautions. We have two books of instructions on how to fly an aeroplane or a seaplane. We have two engines as well as a helicopter plane in case the engines fail — also a parachute each. We have an under-carriage with wheels but also a couple of floats in case we accidentally come down on water. We have a good store of food and also a bag of gold in case we run short of food or spare parts. In many other ways, too, we insure ourselves against a failure of our attempt to get above our troubles.

In this, the second game, an obsessional mechanism was clearly used, and the persecutors were raised in status, being aeroplanes of another country, capable of becoming allied aeroplanes in a war with a third country. (This was shown in further games.) Devaluation was decreased, and omnipotence lessened; but the being above was not only to be explained along the lines of our being in a position to drop faeces on to those below — it retained an ascensive or contra-depressive feel.

To compare with these two games I give a still later game.

We build a ship and set out for a pirate land. In this game (of which I give the main details only) we forget our aim, as it is a very beautiful day. We lie about basking in the sun on deck and enjoying companionship in a happy unselfconscious way. From time to time we dive into the sea and swim about lazily. There are some sharks and crocodiles, which occasionally remind us rudely of their persecuting quality, but the boy has a gun that shoots even under the water, so that we are not much worried.

We take on board a little girl whom we save from drowning and we make for her a switchback for her doll. The captain gives some trouble. Every now and again the engines stop and after a search it is found that the captain has put muck into the works. What a captain! He takes out the muck and we go on again, enjoying the benevolence of the sunshine and water.

A comparison of this play fragment with the other two games shows a lessening in persecution anxiety (the pirates having in the past given constant and serious trouble), a becoming good of bad objects (the sea used to be teeming with crocodiles and almost entirely bad), a belief in goodness and kindness (the sunshine and general holiday feeling), a linking up of fantasy and physical experiences (the gun that can shoot under water), the manageable quality of the captain's treachery which he himself makes good (removal of the muck from the engines), the new object relations (especially shown in the new inclusion of a good object in the shape of a little girl, saved from the sea and made happy with well-controlled ups and downs), and also a lessening of obsessional over-insurance against risk. Devaluation is not a feature of the game.

The manic defence comes in to the extent that dangers are forgotten, but the fact that there is some increase in the goodness of the internal objects makes the manic defence less strong and brings about the other changes. There is manic defence in that he deals with danger in a manic way, shooting at persecutors inside the body (under the water), nevertheless a stronger relation to external reality is seen, for instance, in the relation of the shooting under water to passing water in the bath.

I play the role of imaginary brother, but also of a mother.

Clinically Billy has changed to a much more normal child. At school he is learning well, and enjoying his relation to other children and to the teachers. At home he is not quite normal; he still demands money and is liable to be noisy and especially to have moments of unreasonable behaviour just as dinner is starting. But he has a delightful personality, a developing understanding of the difficulties of his parents, who remain cool towards each other. The mother is very ill herself, depressive and a drug-addict.

* * *

David (aged eight), another asocial child, came to me at the beginning of this term as an alternative to being expelled from school on account of 'sex and lavatory obsession' and some vaguely defined actions in regard to certain boys and girls. He is the only child of a talented but depressive father who sometimes lies in bed for several days for no clear reason, and of a mother who is — as she herself recognizes — highly neurotic as well as worried about the real home situation. The mother gives me excellent support.

Like most delinquent children, David is immediately liked for a short period by everyone with whom he does not come too much in contact. Actually, since the treatment started, there have been no unpleasant happenings outside, but I am told that he is tiring to have in one's company for long, needing and asking to be kept occupied. His knowledge of the facts of external reality is remarkable, though typical of the delinquent.

In an early hour he said to me: 'I hope I am not tiring you.' And this, coupled with my having been told by the parents of his always tiring them out, and also with my experience of a similar case (treated before I understood much about inner reality), led me to be prepared for an exhausting case.

Once, when I was describing the treatment of a delinquent child at a seminar, Dr Ernest Jones remarked that a practical point arose out of the case, namely: is it impossible to avoid getting exhausted in dealing with a delinquent? For, if so, there was a serious limitation to treatment of such cases. At that time, however, a delinquent child had been treated by Dr Schmideberg without too serious difficulty in the management of the analysis, so that I feel that what Dr Jones had in his mind at that time was that it was my technique that was at fault.[1]

The aim to tire me out soon asserted itself but before this a good deal of analysis had been possible. Chiefly, the little toys had enabled David to give me and himself a wealth of fantasy, and in great detail[2].

After a few days David fled from the anxieties belonging to deep fantasies to an interest in the world outside, the streets as seen from the window, and in the world outside my door — especially the lift. The inside of the room had become his own inside, and if he were to deal with me and the contents of my room (father and mother, witches, ghosts, persecutors, etc.) he had to have the means to control them. First he had to tire them out, as he feared he could not control them — and I felt that in this he showed some distrust of omnipotence. I had proof at this stage of a suicidal impulse. Along with the need to tire me out, there developed a desire to save me from exhaustion, so that as a slave driver he took immense care that his slave should not become exhausted. He provided me with compulsory rest periods.

Soon it became clear *that it was he who was becoming exhausted*, and the problem of the analyst becoming tired was gradually solved by the interpretations in regard to his own exhaustion in the control of the internalized parents who were exhausting each other as well as him.

I was fortunate enough to have him in my room at 11 a.m. on Armistice Day. The matter of Armistice Day observance interested him vastly; it was not so much that his father had fought in the war as that he had already developed (before analysis and in relation to the analysis) an interest in the streets and the traffic, as providing a not hopelessly uncontrollable sample of inner reality.

[1] I now see that there was a very real problem implicit in Dr Jones's remark, and I have developed the theme. (See Chapter XXII).

[2] Mrs Klein's introduction of the use of a few very small toys was a brilliant plan, because these toys give the child support in regard to contemptuous devaluation and make omnipotent mastery almost a fact. The child is able to express deep fantasies by means of the little toys at the outset of a treatment and so to start with some belief in his own inner reality.

He came full of the pleasure of buying a poppy from a lady, and at 11 o'clock he was interested in every detail of the street events. Then came the long awaited two minutes' silence. It was a particularly complete silence in my neighbourhood, and he was absolutely delighted. 'Isn't it lovely!' For two minutes in his life he felt as if he was not tired, as he need not tire out the parents, since there had come along an omnipotent control imposed from outside and accepted as real by all.

Of interest was his fantasy that during the silence the ladies went on selling flowers;[1] the only permitted activity; a more manic, internal omnipotence would have stopped everything (the good included).

Analysis of the depressive position and of the manic defence has lessened his feverish pleasure in the analysis. Moments of intense tiredness, sadness, and hopelessness have come along, and he has shown indirect evidence of guilt feelings. He has had a few weeks with games in which I have had to become very frightened, and alternatively guilty, and in which I have the most terrible nightmares. This week he has even played at being frightened himself, and today he really was afraid of something. He illustrated to me his resistance by getting me to teach him diving, which in fact he refuses to learn, and I have to say: 'Here you are wasting my time! How can I teach you to dive if you can't stand? I am very angry with you' — and so on and so on. All this becomes a tremendous joke, and he makes me laugh heartily and is then very pleased. But he is now aware that all this joking is part of the defence against the depressive position, and at present especially against guilt feelings; at the same time the defence is gradually being analysed.

How can he dive into the inside of the body,[2] the inner reality, unless he can stand, be sure he is alive, understand what he will find inside?

David's case illustrates the ego's danger from the bad inner objects, the boy fearing lest he will be emptied and exhausted by the inner parents who constantly empty each other.

David shows the flight from inner reality to the interest in the surface of his body, and in his surface feelings, and from these to an interest in the bodies and feelings of other children.

The progress of his analysis also illustrates the importance of an understanding of the mechanism of the omnipotent control of the internal objects, and of the relation of denial of tiredness, anxiety, and guilt feelings to denial of inner reality.

* * *

Charlotte (aged 30) has been with me in analysis for two months. She is

[1] This was his idea, not in fact true.

[2] Now I would be adding the idea of his meeting the mother's depression by diving into her inner world (1957).

clinically a depressive, with suicidal fears, but also with some enjoyment both of work and of outside activities.

Early in the analysis she reported a stock dream: she comes to a railway station where there is a train, *but the train never starts.*

Last week she dreamed a dream twice in one night. I must leave out much detail, but the gist was that in each she was going up and down the corridor of a train, looking for a carriage with a whole side unoccupied, so that she could lie down and sleep during the journey. A Mrs So and So, a woman she is fond of (and who compares with me in that she fusses over the patient, but who hastens to prescribe for piles while I do nothing to treat them), was telling her to find a place to wash.

In the first dream she found the compartment with a side unoccupied, and in the second she found the washing place. *In each dream the train started.* It was this last casual remark which reminded me of the stock dream. The piles, which had become a clinical feature at this time, draw attention, obviously, to anal excitement and fantasy, and one is not surprised to find travelling featured in the dreams. In this hour the patient described how she had walked across the park in heavy shoes, which helped her to work off her feelings, also how she had played with her nephew who had made her do gymnastic exercises on the floor.

I could point to my role of mother in the transference, with the patient's indirectly expressed urge to dirty me and kick and trample on my body, and so on, but I feel I should have missed something very important if I had not pointed out the significance of the lessening in manic defence and the new dangers inherent in the change. The train that never started to travel over the lines was a picture of the omnipotently controlled parents, parents held in suspended animation; Joan Riviere's words, 'the stranglehold of the manic defence', describe the clinical condition that the patient at that time feared. The starting of the trains indicated the lessening of this control of the internalized parents, and gave warning of the dangers inherent in this, and of the need for new defences should the advance in this direction outrun the ego development that the analysis was bringing about. There had been recent material and interpretations in regard to the taking in of me and of my room, etc.

In simple language, trains which start to move are liable to accidents.

The search for the washing place, in this setting, was probably connected with the development of the obsessional technique, and all that that means in regard to the ability to tolerate the depressive position and to acknowledge object love and dependence.

In the next hour the patient felt responsible for the kick marks on my door and the dirty marks on the furniture, and wanted to wash them off.

* * *

Mathilda (aged 39) has been in analysis four years. Clinically she was a severe obsessional. In analysis she has been a depressive with marked suicidal fears. She has been psychologically an ill person since very early childhood, no happy period being remembered at all. At four she could not be left at day school, and from about this time till late childhood her life was dominated by fear of being sick.

The word 'end' could not be mentioned in any context in the analysis, and the whole analysis could be almost described as an analysis of its end.[1]

Just now the first real contacts are being made, anal interest and desire have just arrived, having been deeply repressed.

At the beginning of the hour that I propose to describe, taken from this week's work, she tried to make me laugh, and laughed herself at the thought that by the attitude of my hands I was holding back my water with them. With this patient, as with others, I found that this effort to laugh and to make me laugh, was a signal of depressive anxiety, and a patient may show great relief at one's quick recognition of this interpretation, even bursting into tears instead of going on laughing and being funny. The patient now produced what is called a Polyfoto of herself. Her mother wanted a photo of her and she had felt that if 48 small photos were taken (as by this method) one or two might be found to be good. Also this method corresponds to a hope of putting together the bits of breast, of the parents, of oneself.[2] I was asked to choose which I liked best and also to look over all the 48. She intended to give me one. The idea was that I was to do something *outside the analysis*, and when, instead of falling into the trap (a few days before she had given me warning of such traps), I started analysing the situation, she felt hopeless, said she would not give a photo to anyone, and that she would commit suicide. We had had a good deal on the subject of looking as giving life, and I was to be seduced into a denial of her deadness by looking and seeing.

If I did not take, she felt injured, which linked up with her extreme anxiety in connection with the fantasy of having refused mother's breast (causing mother to feel bad, or injured) as opposed to feeling angry at being frustrated by mother. The end of each analytic hour was liable to feel to her like an angry refusal of analysis against which she defended herself by stressing the analyst's frustrating powers.

The interpretations brought to light the fact that she felt analysis as a weapon in my hands, and also that she *felt it more real for me to see her photo* (a 48th of her) than for me to see her herself. The analytic situation (which she has spent four years proclaiming to be the only reality for her) now seemed to her for the first time to be unreal, or at least a narcissistic

[1] This patient was able to leave analysis after ten years of regular treatment.

[2] I would now see much more in this incident, but I think I would act as I did then.

relationship, a relationship to the analyst that is valuable to her chiefly for her own relief, a taking without giving, a relationship with her own internal objects. She remembered that a day or two before she had suddenly thought, 'how awful to be really oneself, how terribly lonely'.

To be oneself means containing a relation between father and mother. If they are loving and are happy together, they rouse greed and hate in the lonely one; and, if they are bad, robbed, cruel, fighting, they are so because of the anger of the lonely one, anger rooted in the past.

This analysis has been a long one, partly because for the first two years of it I did not understand the depressive position; indeed, not till the last year did I have the feeling that the analysis was really going well.

I have quoted Mathilda chiefly to illustrate the feeling of unreality that accompanies the denial of inner reality in manic defence. The Polyfoto incident was an invitation to me to get caught up in her manic defence instead of understanding her deadness, non-existence, lack of feeling real.

SUMMARY

I have chosen to present certain aspects of the manic defence and of its relations to the depressive position. In doing so I have invited discussion on the term inner reality, and its meaning as compared with the meaning of the terms fantasy and external reality.

My own increased understanding of manic defence and increased recognition of inner reality have made a great difference to my psycho-analytic practice.

I hope that my case material has given some indication of the way in which the manic defence is in one way or another a mechanism that is commonly employed and that has to be constantly in the analyst's mind, like any other defence mechanism.

It is not enough to say that certain cases show manic defence, since in every case the depressive position is reached sooner or later, and some defence against it can always be expected. And, in any case, the analysis of the end of an analysis (which may start at the beginning) includes the analysis of the depressive position.

It is possible for a good analysis to be incomplete because the end has come without itself being fully analysed; or it is possible for an analysis to be a prolonged one, partly because the end, and the successful outcome itself, become tolerable to a patient only when they have been analysed, that is, after the completion of analysis of the depressive position, and of the defences that may be employed against it, including the manic defence.

The term manic defence is intended to cover a person's capacity to deny the depressive anxiety that is inherent in emotional development, anxiety that

belongs to the capacity of the individual to feel guilt, and also to acknowledge responsibility for instinctual experiences, and for the aggression in the fantasy that goes with instinctual experiences.

Primitive Emotional Development[1]

[1945]

IT WILL BE CLEAR at once from my title that I have chosen a very wide subject. All I can attempt to do is to make a preliminary personal statement, as if writing the introductory chapter to a book.

I shall not first give an historical survey and show the development of my ideas from the theories of others, because my mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all, interest myself in looking to see where I stole what. Perhaps this is as good a method as any.

About primitive emotional development there is a great deal that is not known or properly understood, at least by me, and it could well be argued that this discussion ought to be postponed five or ten years. Against this there is the fact that misunderstandings constantly recur in the Society's scientific meetings, and perhaps we shall find we do know enough already to prevent some of these misunderstandings by a discussion of these primitive emotional states.

Primarily interested in the child patient, and the infant, I decided that I must study psychosis in analysis. I have had about a dozen psychotic adult patients, and half of these have been rather extensively analysed. This happened in the war, and I might say that I hardly noticed the blitz, being all the time engaged in analysis of psychotic patients who are notoriously and maddeningly oblivious of bombs, earthquakes, and floods.

As a result of this work I have a great deal to communicate and to bring into alignment with current theories, and perhaps this paper may be taken as a beginning.

By listening to what I have to say, and criticizing, you help me to take my

[1] Read before the British Psycho-Analytical Society, November 28, 1945. *Int. J. Psycho-Anal.*, Vol. XXVI, 1945.

Chapter XXI

The Depressive Position in Normal Emotional Development[1]

[1954-5]

THIS IS AN ATTEMPT to give a personal account of Melanie Klein's concept of the Depressive Position. To be fair to her I ought to state that I was not in analysis with her, nor with anyone analysed by her. I was drawn to study her contribution by its value for me in my own work with children, and I received instruction from her between 1935 and 1940 in case supervision. Klein's own account is to be found in her writings (1935, 1940).

The word 'normal' in the title is important. The Oedipus complex characterizes normal or healthy development of children, and the Depressive Position is a normal stage in the development of healthy infants (and so also is absolute dependence, or primary narcissism, a normal stage of the healthy infant at or near the start).

What I shall stress is the depressive position in emotional development *as an achievement*.

A feature of the depressive position is that it applies to an area of clinical psychiatry that is half-way between the places of origin of psychoneurosis and of psychosis respectively.

The child (or adult) who has reached that capacity for interpersonal relationships which characterizes the toddler stage in health, and for whom ordinary analysis of the infinite variations of triangular human relationships is feasible, has passed *through and beyond* the depressive position. On the other hand, the child (or adult) who is chiefly concerned with the innate problems of personality integration and with the initiation of a relationship with environment is not yet at the depressive position in personal development.

In terms of environment: the toddler is in a family situation, working out an instinctual life in interpersonal relationships, and the baby is being held by

[1] Paper read before the British Psychological Society, Medical Section, February 1954. *Brit. J. Med. Psychol.* Vol. XXVIII, 1955.

a mother who adapts to ego needs; in between the two is the infant or small child arriving at the depressive position, being held by the mother, but more than that, being held over a phase of living. It will be noted that *a time factor* has entered, and the mother *holds a situation* so that the infant has the chance to work through the consequences of instinctual experiences; as we shall see, the working through is quite comparable to the digestive process, and is comparably complex.

The mother holds the situation, and does so over and over again, and at a critical period in the baby's life. The consequence is that something can be done about something. The mother's technique enables the infant's co-existing love and hate to become sorted out and interrelated and gradually brought under control from within in a way that is healthy.[1]

Think of a baby at the weaning age. The actual time of weaning varies according to the cultural pattern, but for me the weaning age is that at which the infant becomes able to play at dropping things. The game of dropping things starts somewhere about five months and is a regular feature till, say, one year or eighteen months. So let us think in terms of any baby who has developed the dropping game to a fine art — say nine months old (see Freud, 1920. See also Chapter IV).

The depressive position is an achievement that belongs to the weaning age. If all goes well the depressive position is reached and established somewhere in the second half of the first year. Often it takes much longer to become established, even in more or less healthy development. We know also that in many children and adults who are in analysis the approach and reapproach to the depressive position is an important feature of the analysis, indicating progress and at the same time implying earlier failure at this developmental stage. An exact age need not be fixed. Perhaps some infants reach a moment of depressive position achievement earlier than at six months, perhaps even much earlier. Such an achievement would provide a favourable sign, but would not imply that the depressive position had become an established phenomenon. If I find an analyst claiming too much for the depressive position in the development that belongs to the first six months of life, I feel inclined to make the comment: what a pity to spoil a valuable concept by making it difficult to believe in.

My reason for not looking for this phase in the first months is not that I think early infancy is without incident. Far from it! A great deal happens from the very start, and indeed from before birth; but I doubt whether it is of the high order of complexity which the depressive position involves — such as

[1] It is here that is to be found the origin of the capacity for ambivalence. The term ambivalence has come to be used popularly with the implication that repressed hate has distorted the positive elements in a relationship. This, however, should not be allowed to obscure the concept of a capacity for ambivalence as an achievement in emotional pevelopment.

the holding of an anxiety and a hope over a period of time. Nevertheless, if it be eventually proved that a baby had a depressive position moment in the first week of life I shall not feel disturbed. Meanwhile, the depressive position is something placed at six to twelve months as a gradually strengthening evidence of personal growth, growth that is dependent on sensitive and continued environmental provision.

We can state the preconditions for the depressive position achievement. We have a great deal of practical experience to draw upon because of the number of times we have watched patients, patients of any age, reach this stage in emotional development under the clear conditions of an analysis that is going well. The earlier stages must have been successfully negotiated either in real life or in the analysis, or in both, if the depressive position is to be reached. To reach the depressive position a baby must have become established as a whole person, and to be related to whole persons as a whole person. Here I am counting the breast as a whole person, because, as the baby becomes a whole person, then the breast, the mother's body, whatever there is of her, any part, becomes perceived by the baby as a whole thing.

If we take for granted everything that has gone before, we can say, in talking of a whole baby related to a whole mother, that the stage is set in which the depressive position can be reached. If this wholeness cannot be taken for granted, then nothing I have to say about the depressive position is relevant. The infant just gets on without it; and many do. In fact in schizoid types there may be no significant depressive position achievement, and magical re-creation has to be exploited in default of what is described as reparation and restitution. I have known analysts looking for the depressive position in patients when the preconditions were absent. It is of course rather pathetic to witness failure, and the resulting conclusion that the depressive position is a false concept is not very convincing. *Per contra*, analysts try to demonstrate depressive position phenomena when these are not the main issue, in analyses of patients who have already achieved the depressive position on attainment of unit status in infancy.

If in a baby's development we can take it for granted that the sense of wholeness is a fact for that baby, we can also assume that the baby is living in the body. This detail is important, but I cannot develop the theme here.

So here we have a person, a whole human baby, and the mother holding the situation, enabling the child to work through certain processes which I shall eventually describe.

First, however, I must make some observations on the name 'depressive position'.

The term 'depressive position' is a bad name for a normal process, but no one has been able to find a better. My own suggestion was that it should be called '*the Stage of Concern*'. I believe this term easily introduces the

concept. Melanie Klein includes the word 'concern' in her own descriptions. However, this descriptive term does not cover the whole of the concept. I fear the original term will remain.

It has often been pointed out that a term that implies illness ought not to be used where a normal process is being described. The term depressive position seems to imply that infants in health pass through a stage of depression, or mood illness. Actually this is not what is meant.

When Spitz (1946) discovers and describes depression in infants who are deprived of ordinary good care he is right in saying that this is not an example of the depressive position; it has in fact nothing to do with it. The babies Spitz describes are depersonalized and hopeless about external contacts and essentially lack the preconditions for depressive position achievement.

In the concept of the depressive position in normal development there is no implication that infants normally become depressed. Depression, however common, is an illness symptom, and indicates a mood, and implies unconscious complexes that could become unconscious. The unconscious processes have to do with guilt feelings, and the guilt feelings belong to the destructive element inherent in loving. Depression as an affective disorder is neither unanalysable nor a normal phenomenon.

What then is this so-called depressive position about?

There is a helpful approach to the problem which starts with the word 'ruthless'. At first the infant (from our point of view) is ruthless; there is no concern yet as to results of instinctual love.[1] This love is originally a form of impulse, gesture, contact, relationship, and it affords the infant the satisfaction of self-expression and release from instinct tension; more, it places the object outside the self.

It should be noted that the infant does not feel ruthless, but looking back (and this does occur in regressions) the individual can say: I was ruthless then! The stage is one that is pre-ruth.

At some time or other in the history of the development of every normal human being there comes the change over from pre-ruth to ruth. No one will question this. The only thing is, when does this happen, how, and under what conditions? The concept of the depressive position is an attempt to answer these three questions. According to this concept the change from ruthlessness to ruth occurs gradually, under certain definite conditions of mothering, during the period around five to twelve months, and its establishment is not necessarily final until a much later date; and it may be found, in an analysis, that it has never occurred at all.

The depressive position, then, is a complex matter, an inherent element in a

[1] Here please allow for a quite different thing, which I must omit: aggression that is non-inherent and that belongs to all sorts of chance adverse persecutions which are the lot of some babies but not of the majority.

non-controversial phenomenon, that of the emergence of every human individual from pre-ruth to ruth or concern.

FUNCTION OF ENVIRONMENT

We are examining the psychology of the stage immediately following the new human being's attainment of unit status. It will be understood that everything that precedes the attainment of unit status is being omitted deliberately. I do want to throw in the observation here, however, that the further back one goes the more one sees it is true that there is no sense in talking about the individual without all the time postulating a good-enough environmental adaptation to the individual's needs. At the earliest stage one even arrives at a position at which it is only the observer who can distinguish between the individual and the environment (primary narcissism); the individual cannot do so, and it is therefore convenient here to speak of an environment-individual set-up, rather than of an individual.

Further development after unit status is reached is still dependent on stability and reliable simplicity of environment.

The mother needs to be able to combine two functions, and to persist with these two functions in time, so that the infant may have the opportunity to use this specialized setting. She has been adapting to infant needs generally by her technique of infant care (see A. Freud, 1953), and the infant has come to know this technique as part of the mother, just like her face and her ear and the necklaces she wears, and her varying attitudes (affected by hurry, laziness, anxiety, worry, excitement, etc.). The mother has been loved by the infant as the one who has embodied all this. The term affection comes in here, and it is these qualities of the mother that are embodied in the object that so many infants handle and hug (see Chapter XVIII).

At the same time the mother has been the object of assault during phases of instinctual tension. It may be seen that I am distinguishing between the functions of the mother according to whether the baby is quiet or excited. The mother has two functions corresponding to the infant's quiet and excited states.

At last the stage is set for a coming together in the mind of the infant of these two functions of the mother. It is just here that very great difficulties can arise, and these are especially studied in Melanie Klein's pioneer work, which was never more rich or productive than in this field.

The human infant cannot accept the fact that this mother who is so valued in the quiet phases is the person who has been and will be ruthlessly attacked in the excited phases.

The infant, being a whole person, is able to identify with the mother, but there is no clear distinction yet for the baby between what is intended and

what really happens. Functions and their imaginative elaborations are not yet clearly distinguished as fact and fantasy. It is astonishing what the baby has to accomplish at just about this time.

Let us see what happens if the 'quiet' mother holds the situation in time, so that the baby may experience 'excited' relationships and meet the consequences.

In simplest possible terms the excited baby, scarcely knowing what is happening, becomes carried away by crude instinct and with ideas of the powerful kind that belong to instinct. (We must assume a relatively satisfactory feed, or other instinctual experience.)

The time comes for the infant to see that here are two completely different uses of the same mother. A new kind of need has arisen based on impulse and on instinct tension that seeks relief, and this involves a climax or orgasm. Where there is an orgastic experience there is necessarily an increase in pain at frustration. Once the excitement has started and tension has risen, risk has entered in.

I think we must take it that a great deal has to be experienced before the implication of all this is fully felt.[1]

As I have said, two things are happening. One is the perception of the identity of the two objects, the mother of the quiet phases, and the mother used and even attacked at the instinctual climax. The other is the beginning of the recognition of the existence of ideas, fantasy, imaginative elaboration of function, the acceptance of ideas and of fantasy related to fact but not to be confused with fact.

Such complex progression in emotional development of the individual cannot be made without good-enough environmental help. The latter is here represented by the survival of the mother. Until the child has collected memory material there is no room for the mother's disappearance.[2]

It seems to me to be a postulate of Klein's theory that the human individual cannot accept the crude fact of the excited or instinctual relationship or assault on the 'quiet' mother. Integration in the child's mind of the split between the child-care environment and the exciting environment (the two aspects of mother) cannot be made except by good-enough mothering and the mother's survival over a period of time.

Let us now think in terms of a day, with the mother holding the situation, assuming that at some point early in the day the baby has an instinctual experience. For simplicity's sake I think of a feed, for this is really at the basis of the whole matter. There appears a cannibalistic ruthless attack, which partly

[1] It must be remembered that I am talking clinically, and am describing real infancy situations as well as analytic situations.

[2] No doubt there are other early roots of fantasy appreciation but I must leave them out here.

shows in the baby's physical behaviour, and which partly is a matter of the infant's own imaginative elaboration of the physical function. The baby puts one and one together and begins to see that the answer is one, and not two. The mother of the dependent relationship (anaclitic) is also the object of instinctual (biologically driven) love.

The baby is fobbed off by the feed itself; instinct tension disappears, and the baby is both satisfied and cheated. It is too easily assumed that a feed is followed by satisfaction and sleep. Often distress follows this fobbing off, especially if physical satisfaction too quickly robs the infant of zest. The infant is then left with: aggression undischarged — because not enough muscle erotism or primitive impulse (or motility), was used in the feeding process; or a sense of 'flop'—since a source of zest for life has gone suddenly, and the infant does not know it will return. All this appears clearly in clinical analytic experience, and is at least not contradicted by direct observation of infants.

But we cannot deal with too many complications at once. Let us take it for granted that the baby experienced instinctual discharge. The mother is holding the situation and the day proceeds, and the infant realizes that the 'quiet' mother was involved in the full tide of instinctual experience, and has survived. This is repeated day after day, and adds up eventually to the baby's dawning recognition of the difference between what is called fact and fantasy, or outer and inner reality.

DEPRESSIVE ANXIETY

A more complex matter now awaits description. Instinctual experience brings the baby two types of anxiety. The first is this that I have described: anxiety about the object of instinctual love. The mother is not the same after as before. If we like we can use words to describe what the infant feels and say: there is a hole, where previously there was a full body of richness. There are plenty of other ways of putting this, according to the way we allow the infant to get a few weeks older and to have more complex ideas.

The other anxiety is of the infant's own inside. The infant has had an experience and does not feel the same as before. It would be quite legitimate to compare this with the change for good or bad in an adult after sexual experience. Remember that all the time the mother is holding the situation. The infant's personal inner phenomena need now to be studied in detail.

Let us continue to use the feeding experience.[1] The infant takes in stuff. This stuff is felt to be good or bad according to whether it was taken in during

[1] I assume that the instinctual experience was in line with current ego processes, otherwise I would have to discuss the infant's reactions to the impingement from the environment represented by the instinct tension and by the reactive activity.

a satisfactory instinctual experience or during an experience complicated by excessive anger at frustration. Some anger at frustration is of course part and parcel even of satisfactory feeding.

I oversimplify the inside phenomenon here, but later I shall return to make a more true evaluation of the infant's fantasy of the inside of the self, with its contending forces, and its control systems.

We can talk of the infant's ideas about the inside because we have postulated the infant's attainment of unit status; the infant has already become a person with a limiting membrane, with an inside and an outside.

For our purposes here, this infant, after the feed, besides being apprehensive about the imagined hole in the body of the mother is also very much caught up in the struggle within the self, a struggle between what is felt to be good, that is to say self-supportive, and what is felt to be bad, that is to say persecutory to the self.

A complex state of affairs has been created within, and the child can only await the result, just exactly as the result of digestion must be awaited after a feed. A sorting out surely occurs, by silent process which has a speed of its own. Quite apart from intellectual control, and according to personal patterns that gradually develop, the supportive and the persecutory elements become interrelated until some sort of equilibrium is reached, as a result of which the infant retains or eliminates according to inner need. Along with the eliminating the infant once more gains some control, since elimination once more involves body functions.[1] But whereas in the physical process of digestion we see elimination only of useless material, in the imaginative process elimination has both good and bad potential.

I shall deliberately omit reference to anal and urethral experiences as types of instinctual satisfaction in themselves, since consideration of this belongs elsewhere; in this context anal and urethral experiences are the eliminative part of the whole ingestive and digestive process.

All the while the mother is holding the situation in time. Thus, the infant's day proceeds, physical digestion and also a corresponding working-through take place in the psyche. This working-through takes time and the infant can only await the outcome, passively surrendered to what is going on inside.[2] In health this personal inner world becomes the infinitely rich core of the self.

Towards the end of this day in the life of any healthy infant as a result of inner work done, the infant has good and bad to offer. The mother takes the good and the bad, and she is supposed to know what is offered as good and what is offered as bad. Here is the first giving, and without this giving there is no true receiving. All these are very practical everyday matters of infant care, and indeed of analysis.

[1] This is in line with a main trend in the work of Fairbairn (1952).

[2] This idea corresponds to ideas put forward by A. Freud (1952).

The infant that is blessed with a mother who survives, a mother who knows a gift gesture when it is made, is now in a position to do something about that hole, the hole in the breast or body, imaginatively made in the original instinctual moment. Here come in the words reparation and restitution, words which mean so much in the right setting, but which can easily become clichés if used loosely. The gift gesture may reach to the hole, if the mother plays her part.

You may see why I have insisted on the importance of the mother holding a situation in time.

There is now set up a benign circle. Among all the complications we can discern

A relationship between infant and mother complicated by instinctual experience.

A dim perception of the effect (hole).

An inner working-through, the results of experience being sorted out.

A capacity to give, because of the sorting out of the good and the bad within.

Reparation.

The result of a day-after-day reinforcement of the benign circle is that the infant becomes able to tolerate the hole (result of instinct love). Here then is the beginning of *guilt* feeling. This is the only true guilt, since implanted guilt is false to the self. Guilt starts through the bringing together of the two mothers, and of quiet and excited love, and of love and hate, and this feeling gradually grows to be a healthy and normal source of activity in relationships. Here is one source of potency and of social contribution, and of artistic performance (but not of art itself which has roots at a deeper level).

The very great importance of the depressive position is therefore evident, and Melanie Klein's contribution to psycho-analysis here is a true contribution to society, and to child care and education. *The healthy child has a personal source of sense of guilt*, and need not be taught to feel guilty or concerned. Of course a proportion of children are not healthy in this way, have not reached the depressive position, and do have to be taught a sense of right and wrong. This is a corollary of the first statement. But, theoretically at least, each child has the potential for a development of a guilt sense. Clinically we see children without sense of guilt, but there is no human child incapable of finding a personal sense of guilt if opportunity is given before it is too late for the attainment of the depressive position. In borderline cases we do actually see this development taking place apart from analysis, for instance, in observation of antisocial children being cared for in schools for the maladjusted, so-called.

In the operation of the benign circle, concern becomes tolerable to the infant through a dawning recognition that, given time, something can be done about the hole, and the various effects of id impulse on the mother's body.

Thus instinct becomes more free, and more risk can be taken. Greater guilt is generated, but there follows also an intensification of instinctual experience with its imaginative elaboration, so that a richer inner world results, followed in turn by bigger gift potential.

We see this over and over again in analysis, when the depressive position is reached in the transference. We see an expression of love followed by anxiety about the analyst and also by hypochondriacal fears. Or we see, more positively, a release of instinct, and a development towards richness in the personality, and an increase in potency or in general potential for social contribution.

It seems that after a time the individual can build up memories of experiences felt to be good, so that the experience of the mother holding the situation becomes part of the self, becomes assimilated into the ego. In this way the actual mother gradually becomes less and less necessary. The individual acquires an internal environment. The child thus becomes able to find new situation-holding experiences, and is able in time to take over the function of being the situation-holding person for someone else, without resentment.

Some very remarkable things come out of this concept of the benign circle of the depressive position:

1. When the benign circle is broken, and the situation-holding mother is no longer a fact, then an undoing of the process occurs, resulting first in instinct inhibition and general personal impoverishment, and then also in the loss of the capacity for sense of guilt. This guilt sense can be recovered, but only by the re-establishment of the situation-holding good-enough-mother fact. Without guilt sense the child can continue with instinctual sensual gratifications, but loses the capacity for affectionate feeling.

2. For a long while the small child needs someone who is not only loved but who will accept potency (whether it be boy or girl) in terms of reparative and restitutive giving. In other words the small child must go on having a chance to give in relation to guilt belonging to instinctual experience, because this is the way of growth. There is dependence here of a high order, but not the absolute dependence of the earliest phases.

This giving is expressed in play, but constructive play at first must have the loved person near, apparently involved if not actually appreciative of the true constructive attainment in the play. It is a sure sign of a lack of understanding of small children (or of deprived children who need regressive healing experiences) when an adult thinks to help by giving, failing to see the primary importance of being there to receive.

3. If the inner phenomena give trouble the child (or adult) wet-blankets the whole inner world and functions at a low level of vitality. The mood is depression. In my description this is the first time I have linked the term depression inherently with the depressive position concept.

The depressions that are encountered clinically in psychiatry are chiefly

not of the type that is related to the 'depressive position'. They are more associated with depersonalization, or hopelessness in respect of object relationships; or with a sense of futility that results from the development of a false self. These phenomena belong to the era before that of the depressive position in the individual's development.

THE MANIC DEFENCE

In the individual's management of this depressed mood that is associated specifically with depressive position anxieties, there is the notorious holiday from depression: *the manic defence*. In the manic defence everything serious is negated. Death becomes exaggerated liveliness, silence becomes noise, there is neither grief nor concern, neither constructive work nor restful pleasure. This is the reaction formation relative to depression and it needs to be examined as a concept in its own right. Its presence clinically does imply that the depressive position has been reached, and that the depressive position is being held in abeyance and negated rather than lost.

The commonest diagnosis in a medical paediatric clinic is what I used to call (in 1930, before I met the Klein ideas) 'common anxious restlessness' (see p. 22) and this is a clinical state with negation of depression as its main feature. This illness in a child is sometimes missed since it gets hidden behind the quickness and restlessness that belong to young life. As an illness, common anxious restlessness corresponds to the hypomanic state of adults, that which brings in its train many and various psychosomatic disorders.

Manic restlessness has to be differentiated from persecutory restlessness and from elation and from mania.

INNER WORLD EXAMINED

Now, though too briefly, I come to a closer examination of the inner world phenomena. This is a very big subject indeed.

It will be remembered that I deliberately oversimplified by dealing with the depressive position in terms of feeding, and of the stuff taken in by the infant during a feed. But it is not just a matter of feeding and of milk or food. We are concerned with instinctual experiences of all kinds, and the good and bad objects turn out to be the good and bad feelings that result from the instinctual life of the individual, imaginatively elaborated. A more complex statement is due even in a short presentation such as this.

The inner world of the individual builds up in three main ways:

A. Instinctual experiences.
B. Stuffs incorporated, held, or eliminated.
C. Whole relationships or situations magically introjected.

Of these types the first is fundamental to all human beings everywhere, and always will be. The second is more or less similar among infants everywhere, though of course observers can see differences (breast, bottle, milk, banana, coconut juice, beer, etc.), according to the customs prevalent in the culture at the time. The third is essentially personal, belonging to the individual in the actual setting, including happenings with that actual mother, nurse, aunt, in that actual house, hut, tent, with the reality that actually presents itself. Included here should be the mother's anxiousness, moodiness, unreliability, as well as her ordinary good-enough mothering. Father comes in indirectly as husband and directly as mother-substitute.

In order to link up the inner world of the depressive position with the work of C. G. Jung and the analytical psychologists on archetypes we must confine ourselves to a study of the first group. What happens here belongs to mankind in general, and provides the basis for that which is *common* to the dreams, the arts and religions and myths of the world, regardless of time. This is the stuff of human nature, only, however, in so far as the individual has been brought to the depressive position achievement. This is not the whole of the inner world of the child, however, and we cannot neglect the other two groups in our clinical work.

Whatever we find of archetypal organizations in the inner world, we should remember that *permanent therapeutic changes can only be brought about by new instinctual experiences*, and these are only in hand when they occur in the transference neurosis of an analysis; we do not change archetypes by showing a patient that a fantasy is the same in the patient and in mythology.

When we look at the inner world of the individual who has achieved the depressive position we see:

Contending forces (group A).
Objects or object matter, good and bad (group B).
Good perceived matter, introjected for personal enrichment and stabilization (group C).
Bad perceived matter introjected in order to be controlled (group C).

When we say that in therapy *the real changes in respect of groups* A *and* B *come from the work in the transference*, we know that an orderly sequence is implied, though we acknowledge its infinite complexity in any actual case, even when the patient is a young child.

It is the analysis of the oral sadism in the transference that economically lessens the persecutory potential in the inner world of the patient.

TYPES OF DEFENCE

One defence against depressive anxiety is a relative inhibition of the instinct

itself, which gives a quantitative diminution of all sequelae of instinctual experiences.

Other defence mechanisms are employed in the inner world, such as:

Overall control, gradually lifted (depressive mood).
Departmentalization.
Insulation of certain persecutory groupings.
Incapsulation.
Introjection of an idealized object.
Secret hiding of good things.
Magical projection of the good.
Magical projection of the bad.
Elimination.
Negation.

To go over this ground is like going over the whole range of a child's play; in fact it is precisely the same since everything appears in the playing. It is only too easy for the individual to get temporary relief from incapsulation of a persecutory grouping by a projection of it. The result, however, is a delusional state, and we call it madness, unless external reality happens to provide a perfect example of the material to be projected.

One more complication must be mentioned. It will already have been noted that this building up of the inner world through innumerable instinctual experiences has started long before the era that we are examining. Long before six months old the human baby is becoming made up out of the experiences that constitute the life of infancy, instinctual and non-instinctual, excited and quiet. On account of this it may be claimed that some of the things I am talking about start from birth or from the pre-birth era. This is not, however, to take the depressive position itself back to these early months and weeks and days, because the depressive position depends on the development of a sense of time, on an appreciation of the difference between fact and fantasy, and above all on the fact of the integration of the individual. It is very difficult to allow for all these things, to see the mother holding the situation and the baby really making use of this fact, except in the case of a baby who is old enough to play at dropping things.

(I watched a twelve-weeks-old baby put his finger into his mother's mouth whenever she fed him at the breast. He was beautifully cared for and is now about the most healthy boy of ten that I know. It is tempting to say that he perhaps was at the depressive position; but there are all the strange processes of identification to be considered, and, besides, it is not usual for this thing to occur as early as twelve weeks and very rare for it to occur earlier. We have also to allow for the apparent integration that comes from reliable handling rather than from the true attainment of integration in independence.)

If one begins to investigate not the depressive position but the origins of persecutors as well as of supportive forces within the ego, then one must go much further back than the second half of the first year. But then one must also go back to unintegration, to a lack of sense of living in the body, to a smudging of the line between fantasy and fact, and above all one must go back to dependence on the mother who is all the time holding the baby, and eventually to what may be called *double dependence*, where dependence is absolute because environment is not perceived.

But I can leave the extremely complex psychology of the early formation of benign and persecutory elements, and keep to my first intention, which is to start at the point at which the individual becomes a whole, a unit, and to deal with the important matters that inherently follow that stage in health.

REACTION TO LOSS

Melanie Klein's work has enriched the understanding Freud gave us of reaction to loss. If in an individual the depressive position has been achieved and fully established, then the reaction to loss is *grief*, or *sadness*. Where there is some degree of failure at the depressive position the result of loss is depression. Mourning means that the object lost has been magically introjected, and (as Freud showed) it is there subjected to hate. I suppose we mean that it is allowed contact with internal persecutory elements. Incidentally the inner world balance of forces is upset by this, so that the persecutory elements are increased and the benign or supportive forces are weakened. There is a danger situation, and the defensive mechanism of an overall deadening produces a mood of depression. The depression is a healing mechanism; it covers the battleground as with a mist, allowing for a sorting out at reduced rate, giving time for all possible defences to be brought into play, and for a working-through, so that eventually there can be a spontaneous recovery. Clinically, depression (of this sort) tends to lift, a well-known psychiatric observation.

In the subject whose depressive position is securely established there accrue what I have called the group C introjections, or memories of good experiences and of loved objects, and these enable the subject eventually to carry on even without environmental support. Love of the internal representation of an external object lost can lessen the hate of the introjected loved object which loss entails. In these and other ways mourning is experienced and worked through, and grief can be felt as such.

The child's play at throwing things away on which I have laid such stress is an indication of the child's growing ability to master loss, and it is therefore an indication for weaning.[1] This play indicates some degree of group C introjection.

[1] In speaking of weaning I must leave out reference here to the fact that behind weaning is disillusionment.

THE CONCEPT OF THE 'GOOD BREAST'

Finally, let us consider the term a 'good breast'.

Externally a good breast is one that having been eaten waits to be reconstructed. In other words, it turns out to be nothing more nor less than the mother holding the situation in time in the way I have described.

In so far as the good breast is an *inner* phenomenon (assuming the individual has achieved the depressive position) we must apply our principle of the three groupings in order to understand the concept.

Group A. There is no use for the term good breast in this grouping. Instead we refer to an archetypal experience, or a satisfactory instinctual experience.

Group B. There is no good breast recognizable here since, if good, it will have been eaten, and we hope enjoyed. There will be no breast material recognizable as such. The child grows out of this material and eliminates what is not needed or what is felt to be bad.

Group C. Here at last the term 'good internal breast' can be employed.

Memories of good situation-holding experiences help the child to tide over short periods in which the mother fails, and they provide the basis first for the 'transitional object' and then for the familiar succession of breast and mother substitutes.

I wish to add the reminder that a good breast introjection is sometimes highly pathological, a defence organization. The breast is then an idealized breast (mother) and this idealization indicates a hopelessness about inner chaos and the ruthlessness of instinct. A good breast based on selected memories, or on a mother's need to be good, provides reassurance. Such an introjected idealized breast dominates the scene; and all seems well for the patient. Not so for the patient's friends, however, since such an introjected good breast has to be advertised, and the patient becomes a 'good breast' advocate.

Analysts are faced with this difficult problem, shall we ourselves be recognizable in our patients? We always are. But we deplore it. We hate to become internalized good breasts in others, and to hear ourselves being advertised by those whose own inner chaos is being precariously held by the introjection of an idealized analyst.

What do we want? We want to be eaten, not magically introjected. There is no masochism in this. To be eaten is the wish and indeed the need of a mother at a very early stage in the care of an infant. This means that whoever is not cannibalistically attacked tends to feel outside the range of people's reparative and restitutive activities, and so outside society.

If and only if we have been eaten, worn down, stolen from, can we stand in a minor degree being also magically introjected, and being placed in the preserve department in someone's inner world.

To summarize, the depressive position which may be well on the way under favourable circumstances at six to nine months is quite commonly not reached till the subject comes into analysis. With regard to the more schizoid people, and the whole mental hospital population of persons who have never reached a true self-life or self-expression, the depressive position is not the thing that matters; it must remain for these like colour to the colour-blind. By contrast, for the whole manic-depressive group that comprises the majority of so-called normal people the subject of the depressive position in normal development is one that cannot be left aside; it is and it remains *the problem of life* except in so far as it is reached. With quite healthy people it becomes taken for granted, and incorporated in active living in society. The child, healthy in having reached the depressive position, can get on with the problem of the triangle in interpersonal relationships, the classical Oedipus complex.