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A Contribution to the Psychogenesis of Manic-Depressive States[11]

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My earlier writings[2] contain the account of a phase of sadism at its zenith, through which children pass during the first year of life. In the very first months of the baby's existence it has sadistic impulses directed, not only against its mother's breast, but also against the inside of her body: scooping it out, devouring the contents, destroying it by every means which sadism can suggest. The development of the infant is governed by the mechanisms of introjection and projection. From the beginning the ego introjects objects 'good' and 'bad', for both of which its mother's breast is the prototype—for good objects when the child obtains it and for bad when it fails him. But it is because the baby projects its own aggression on to these objects that it feels them to be 'bad' and not only in that they frustrate its desires: the child conceives of them as actually dangerous—persecutors who it fears will devour it, scoop out the inside of its body, cut it to pieces, poison it—in short, compassing its destruction by all the means which sadism can devise. These imagos, which are a phantastically distorted picture of the real objects upon which they are based, are installed by it not only in the outside world but, by the process of incorporation, also within the ego. Hence, quite little children pass through anxiety-situations (and react to them with defence-mechanisms), the content of which is comparable to that of the psychoses of adults.

One of the earliest methods of defence against the dread of persecutors, whether conceived of as existing in the external world or internalized, is that of scotomization, the *denial of psychic reality;* this may result in a considerable restriction of the mechanisms of introjection and projection and in the denial of external reality, and it forms the basis of the most severe psychoses. Very soon, too, the ego

[1] *Read in an abridged form before the Thirteenth International Psycho-Analytical Congress, Lucerne, 1934.*

[2] *The Psycho-Analysis of Children, chapters VIII. and IX.*

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tries to defend itself against internalized persecutors by the processes of expulsion and projection. At the same time, since the dread of internalized objects is by no means extinguished with their projection, the ego marshals against the persecutors inside the body the same forces as it employs against those in the outside world. These anxiety-contents and defence-mechanisms form the basis of paranoia. In the infantile dread of magicians, witches, evil beasts, etc. we detect something of this same anxiety, but here it has already undergone projection and modification. One of my conclusions, moreover, was that infantile psychotic anxiety, in particular paranoid anxiety, is bound and modified by the obsessional mechanisms which make their appearance very early.

In the present paper I propose to deal with depressive states in their relation to paranoia on the one hand and to mania on the other. I have acquired the material upon which my conclusions are based from the analysis of depressive states in cases of severe neuroses, border-line cases and in patients, both adults and children, who displayed mixed paranoiac and depressive trends.

I have studied manic states in various degrees and forms, including the slightly hypomanic states which occur in normal persons. The analysis of depressive and manic features in normal children and adults also proved very instructive.

According to Freud and Abraham, the fundamental process in melancholia is the loss of the loved object. The real loss of a real object, or some similar situation having the same significance, results in the object becoming installed within the ego. Owing, however, to an excess of cannibalistic impulses in the subject, this introjection miscarries and the consequence is illness.

Now, why is it that the process of introjection is so specific for melancholia? I believe that the main difference between incorporation in paranoia and in melancholia is connected with changes in the relation of the subject to the object, though it is also a question of a change in the constitution of the introjecting ego. According to Edward Glover, the ego, at first but loosely organized, consists of a considerable number of ego-nuclei. In his view, in the first place an oral ego-nucleus and later an anal ego-nucleus predominates over the others.[3] In this very early phase, in which oral sadism plays a

[3] *'A Psycho-Analytic Approach to the Classification of Mental Disorders, ' Journal of Mental Science, October, 1932.*

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[4] *I would refer the reader to my account of the phase in which the child makes onslaughts on the mother's body. This phase is initiated by the onset of oral sadism and in my view it is the basis of paranoia (cf. The Psycho-Analysis of Children, Chapter VIII).*

prominent part and which in my view is the basis of schizophrenia, [4] the ego's power of identifying itself with its objects is as yet small, partly because it is itself still unco-ordinated and partly because the introjected objects are still mainly partial objects, which it equates with fæces.

In paranoia the characteristic defences are chiefly aimed at annihilating the 'persecutors', while anxiety on the ego's account occupies a prominent place in the picture. As the ego becomes more fully organized, the internalized imagos will approximate more closely to reality and the ego will identify itself more fully with 'good' objects. The dread of persecution, which was at first felt on the ego's account, now relates to the good object as well and from now on preservation of the good object is regarded as synonymous with the survival of the ego.

Hand in hand with this development goes a change of the highest importance, namely, from a partial object-relation to the relation to a complete object. Through this step the ego arrives at a new position, which forms the foundation of that situation called the loss of the loved object. Not until the object is loved *as a whole* can its loss be felt as a whole.

With this change in the relation to the object, new anxiety-contents make their appearance and a change takes place in the mechanisms of defence. The development of the libido also is decisively influenced. Paranoid anxiety lest the objects sadistically destroyed should themselves be a source of poison and danger inside the subject's body causes him, in spite of the vehemence of his oral-sadistic onslaughts, at the same time to be profoundly mistrustful of them while yet incorporating them.

This leads to a weakening of oral fixations. One manifestation of this may be observed in the difficulties very young children often show in regard to eating which, I think, always have a paranoid root. As a child (or an adult) identifies himself more fully with a good object, the libidinal urges increase; he develops a greedy love and desire to devour this object and the mechanism of introjection is reinforced. Besides, he finds himself constantly impelled to repeat the incorporation of a good object, partly because he dreads that he has forfeited it by his cannibalism—i.e. the repetition of the act is designed to test

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the reality of his fears and disprove them—and partly because he fears internalized persecutors against whom he requires a good object to help him. In this stage the ego is more than ever driven both by love and by need to introject the object.

Another stimulus for an increase of introjection is the phantasy that the loved object may be preserved in safety inside oneself. In this case the dangers of the inside are projected on to the external world.

If, however, consideration for the object increases, and a better acknowledgement of psychic reality sets in, the anxiety lest the object should be destroyed in the process of introjecting it leads—as Abraham has described—to various disturbances of the function of introjection.

In my experience there is, furthermore, a deep anxiety as to the dangers which await the object inside the ego. It could not be safely maintained there, as the inside is felt to be a dangerous and poisonous place in which the loved object would perish. Here we see one of the situations which I have described as being fundamental for 'the loss of the loved object', the situation, namely, when the ego becomes fully identified with its good, internalized objects, and at the same time becomes aware of its own incapacity to protect and preserve them against the internalized, persecuting objects and the id. This anxiety is psychologically justified.

For the ego, when it becomes fully identified with the object, does not abandon its earlier defence-mechanisms. According to Abraham's hypothesis, the annihilation and expulsion of the object—processes characteristic of the earlier anal level—initiate the depressive mechanism. If this be so, it confirms my notion of the genetic connection between paranoia and melancholia. In my opinion, the paranoiac mechanism of destroying the objects (whether inside the body or in the outside world) by every means which oral, urethral and anal sadism can command, persists, but in a lesser degree and with a certain modification due to the change in the subject's relation to his objects. As I have said, the dread lest the *good* object should be expelled along with the *bad* causes the mechanisms of expulsion and projection to lose value. We know that, at this stage, the ego makes a greater use of introjection of the *good* object as a mechanism of defence. This is associated with another important mechanism: that of making reparation to the object. In certain of my earlier works[5] I discussed

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[5]*Klein, 'Infantile Anxiety-Situations Reflected in a Work of Art and in the Creative Impulse, ' this JOURNAL, Vol. X., 1929; also The Psycho-Analysis of Children.*

in detail the concept of restoration and showed that it is far more than a mere reaction-formation. The ego feels impelled (and I can now add, impelled by its identification with the good object) to make restitution for all the sadistic attacks that it has launched on that object. When a well-marked cleavage between good and bad objects has been attained, the subject attempts to restore the former, making good in the restoration every detail of his sadistic attacks. But the ego cannot as yet believe enough in the benevolence of the object and in its own capacity to make restitution. On the other hand, through its identification with a good object and through the other mental advances which this implies, the ego finds itself forced to a fuller recognition of psychic reality, and this exposes it to fierce conflicts. Some of its objects—an indefinite number—are persecutors to it, ready to devour and do violence to it. In all sorts of ways they endanger both the ego and the good object. Every injury inflicted in phantasy by the child upon its parents (primarily from hate and secondarily in self-defence), every act of violence committed by one object upon another (in particular the destructive, sadistic coitus of the parents, which it regards as yet another consequence of its own sadistic wishes)—all this is played out, both in the outside world and, since the ego is constantly absorbing into itself the whole external world, within the ego as well. Now, however, all these processes are viewed as a perpetual source of danger both to the good object and to the ego.

It is true that, now that good and bad objects are more clearly differentiated, the subject's hate is directed rather against the latter, while his love and his attempts at reparation are more focussed on the former; but the excess of his sadism and anxiety acts as a check to this advance in his mental development. Every external or internal stimulus (e.g. every real frustration) is fraught with the utmost danger: not only bad objects but also the good ones are thus menaced by the id, for every access of hate or anxiety may temporarily abolish the differentiation and thus result in a 'loss of the loved object'. And it is not only the vehemence of the subject's uncontrollable hatred but that of his love too which imperils the object. For at this stage of his development loving an object and devouring it are very closely connected. A little child which believes, when its mother disappears, that it has eaten her up and destroyed her (whether from motives of love or of hate) is tormented by anxiety both for her and for the good mother which it has absorbed into itself.

It now becomes plain why, at this phase of development, the ego

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feels itself constantly menaced in its possession of internalized good objects. It is full of anxiety lest such objects should die. Both in children and adults suffering from depression, I have discovered the dread of harbouring dying or dead objects (especially the parents) inside one and an identification of the ego with objects in this condition.

From the very beginning of psychic development there is a constant correlation of real objects with those installed within the ego. It is for this reason that the anxiety which I have just described manifests itself in a child's exaggerated fixation to its mother or whoever looks after it.[6] The absence of the mother arouses in the child anxiety lest it should be handed over to bad objects, external and internalized, either because of her *death* or because of her return in the guise of a '*bad*' mother.

Both cases signify to it that it has lost its loved mother and I would particularly draw attention to the fact that dread of the loss of the 'good', internalized object becomes a perpetual source of anxiety lest the real mother should die. On the other hand, every experience which suggests the loss of the real loved object stimulates the dread of losing the internalized one too.

I have already stated that my experience has led me to conclude that the loss of the loved object takes place during that phase of development in which the ego makes the transition from partial to total incorporation of the object. Having now described the situation of the ego in that phase, I can express myself with greater precision on this point. The processes which subsequently become defined as 'loss of the loved object' are determined by the subject's sense of failure (during weaning and in the periods which precede and follow it) to secure his *good, internalized* object, i.e. to possess himself of it. One reason for his failure is that he has been unable to overcome his paranoid dread of internalized persecutors.

At this point we are confronted with a question of importance for our whole theory. My own observations and those of a number of my English colleagues have led us to conclude that the direct influence of the early processes of introjection upon both normal and pathological development is very much more momentous, and in some respects

[6] *For many years now I have supported the view that the source of a child's fixation to its mother is not simply its dependence on her, but also its anxiety and sense*

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of guilt, and that these feelings are connected with its early aggression against her.

other, than has hitherto commonly been accepted in psycho-analytical circles.

According to our views, even the earliest incorporated objects form the basis of the super-ego and enter into its structure. The question is by no means a merely theoretical one. As we study the relations of the early infantile ego to its internalized objects and to the id, and come to understand the gradual changes these relations undergo, we obtain a deeper insight into the specific anxiety-situations through which the ego passes and the specific defence-mechanisms which it develops as it becomes more highly organized. Viewed from this standpoint in our experience we find that we arrive at a more complete understanding of the earliest phases of psychic development, of the structure of the super-ego and of the genesis of psychotic diseases. For where we deal with ætiology it seems essential to regard the libido-disposition not merely as such, but also to consider it in connection with the subject's earliest relations to his internalized and external objects, a consideration which implies an understanding of the defence-mechanisms developed by the ego gradually in dealing with its varying anxiety-situations.

If we accept this view of the formation of the super-ego, its relentless severity in the case of the melancholic becomes more intelligible. The persecutions and demands of bad internalized objects; the attacks of such objects upon one another (especially that represented by the sadistic coitus of the parents); the urgent necessity to fulfil the very strict demands of the 'good objects' and to protect and placate them within the ego, with the resultant hatred of the id; the constant uncertainty as to the 'goodness' of a good object, which causes it so readily to become transformed into a bad one—all these factors combine to produce in the ego a sense of being a prey to contradictory and impossible claims from within, a condition which is felt as a bad conscience. That is to say: the earliest utterances of conscience are associated with persecution by bad objects. The very word 'gnawing of conscience' (*Gewissensbisse*) testifies to the relentless 'persecution' of conscience and to the fact that it is originally conceived of as devouring its victim.

Among the various internal demands which go to make up the severity of the super-ego in the melancholic, I have mentioned his urgent need to comply with the very strict demands of the 'good' objects. It is this part of the picture only—namely, the cruelty of the 'good', i.e. loved, objects within—which has been recognized hitherto

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[7] *I have explained that, gradually, by unifying and then splitting up the good and bad, the phantastic and the real, the external and the internal objects, the ego makes its way towards a more realistic conception both of the external and the internal objects and thus obtains a satisfactory relation to both.*

[8] *In his Ego and Id, Freud has pointed out that in melancholia the destructive component has become concentrated in the super-ego and is directed against the ego.*

[9] *It is well known that some children display an urgent need to be kept under strict discipline and thus to be stopped by external agency from doing wrong.*

by general analytic opinion, namely, in the relentless severity of the super-ego in the melancholic. But in my view it is only by looking at the whole relation of the ego to its phantastically bad objects as well as to its good objects, only by looking at the whole picture of the internal situation which I have tried to outline in this paper, that we can understand the slavery to which the ego submits when complying with the extremely cruel demands and admonitions of its loved object which has become installed within the ego. As I have mentioned before, the ego endeavours to keep the good apart from the bad, and the real from the phantastic objects. The result is a conception of extremely bad and *extremely perfect* objects, that is to say, its loved objects are in many ways intensely moral and exacting. At the same time, since the ego cannot really keep its good and bad objects apart in its mind, [7] some of the cruelty of the bad objects and of the id becomes related to the good objects and this then again increases the severity of their demands.[8] These strict demands serve the purpose of supporting the ego in its fight against its uncontrollable hatred and its bad attacking objects, with whom the ego is partly identified.[9] The stronger the anxiety is of losing the loved objects, the more the ego strives to save them, and the harder the task of restoration becomes the stricter will grow the demands which are associated with the super-ego.

I have tried to shew that the difficulties which the ego experiences when it passes on to the incorporation of whole objects proceed from its as yet imperfect capacity for mastering, by means of its new defence-mechanisms, the fresh anxiety-contents arising out of this advance in its development.

I am aware how difficult it is to draw a sharp line between the anxiety-contents and feelings of the paranoiac and those of the depressive, since they are so closely linked up with each other. But they can

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be distinguished one from the other if, as a criterion of differentiation, one considers whether the persecution-anxiety is mainly related to the preservation of the ego—in which case it is paranoiac—or to the preservation of the good internalized objects with whom the ego is identified as a whole. In the latter case—which is the case of the depressive—the anxiety and feelings of suffering are of a much more complex nature. The anxiety lest the good objects and with them the ego should be destroyed, or that they are in a state of disintegration, is interwoven with continuous and desperate efforts to save the good objects both internalized and external.

It seems to me that only when the ego has introjected the object as a whole and has established a better relationship to the external world and to real people is it able fully to realize the disaster created through its sadism and especially through its cannibalism, and to feel distressed about it. This distress is related not only to the past but to the present as well, since at this early stage of development the sadism is in full swing. It needs a fuller identification with the loved object, and a fuller recognition of its value, for the ego to become aware of the state of disintegration to which it has reduced and is continuing to reduce its loved object. The ego then finds itself confronted with the psychical fact that its loved objects are in a state of dissolution—in bits—and the despair, remorse and anxiety deriving from this recognition are at the bottom of numerous anxiety-situations. To quote only a few of them: There is anxiety how to put the bits together in the right way and at the right time; how to pick out the good bits and do away with the bad ones; how to bring the object to life when it has been put together; and there is the anxiety of being interfered with in this task by bad objects and by one's own hatred, etc.

Anxiety-situations of this kind I have found to be at the bottom not only of depression, but of all inhibitions of work. The attempts to save the loved object, to repair and restore it, attempts which in the state of depression are coupled with despair, since the ego doubts its capacity to achieve this restoration, are determining factors for all sublimations and the whole of the ego-development. In this connection I shall only mention the specific importance for sublimation of the bits to which the loved object has been reduced and the effort to put them together. It is a 'perfect' object which is in pieces; thus the effort to undo the state of disintegration to which it has been reduced presupposes the necessity to make it beautiful and 'perfect'. The idea of perfection is, moreover, so compelling because it disproves the

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idea of disintegration. In some patients who had turned away from their mother in dislike or hate, or used other mechanisms to get away from her, I have found that there existed in their minds nevertheless a beautiful picture of the mother, but one which was felt to be a *picture* of her only, not her real self. The real object was felt to be unattractive—really an injured, incurable and therefore dreaded person. The beautiful picture had been dissociated from the real object but had never been given up, and played a great part in the specific ways of their sublimations.

It appears that the desire for perfection is rooted in the depressive anxiety of disintegration, which is thus of great importance in all sublimations.

As I have pointed out before, the ego comes to a realization of its love for a good object, a whole object and in addition a real object, together with an overwhelming feeling of guilt towards it. Full identification with the object based on the libidinal attachment, first to the breast, then to the whole person, goes hand in hand with anxiety for it (of its disintegration), with guilt and remorse, with a sense of responsibility for preserving it intact against persecutors and the id, and with sadness relating to expectations of the impending loss of it. These emotions, whether conscious or unconscious, are in my view among the essential and fundamental elements of the feelings we call love.

In this connection I may say we are familiar with the self-reproaches of the depressive which represent reproaches against the object. But to my mind the ego's hate of the id, which is paramount in this phase, accounts even more for its feelings of unworthiness and despair than do its reproaches against the object. I have often found that these reproaches and the hatred against bad objects are secondarily increased as a defence against the hatred of the id, which is even more unbearable. In the last analysis it is the ego's unconscious knowledge that the hate is indeed also there, as well as the love, and that it may at any time get the upper hand (the ego's anxiety of being carried away by the id and so destroying the loved object), which brings about the sorrow, feelings of guilt and the despair which underllie grief. This anxiety is also responsible for the doubt of the goodness of the loved object. As Freud has pointed out, doubt is in reality a doubt of one's own love and 'a man who doubts his own love may, or rather *must*, doubt every lesser thing'.[10]

[10] *'Notes upon a Case of Obsessional Neurosis' (1909), Collected Papers, Vol. III.*

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The paranoiac, I should say, has also introjected a whole and real object, but has not been able to achieve a full identification with it, or, if he has got as far as this, he has not been able to maintain it. To mention a few of the reasons which are responsible for this failure: the persecution-anxiety is too great; suspicions and anxieties of a phantastic nature stand in the way of a full and stable introjection of a good object and a real one. In so far as it has been introjected, there is little capacity to maintain it as a good object, since doubts and suspicions of all kinds will soon turn the loved object again into a persecutor. Thus his relationship to whole objects and to the real world is still influenced by his early relation to internalized part-objects and fæces as persecutors and may again give way to the latter.

It seems to me characteristic of the paranoiac that, though, on account of his persecution-anxiety and his suspicions, he develops a very strong and acute power of observation of the external world and of real objects, this observation and his sense of reality are nevertheless distorted, since his persecution-anxiety makes him look at people mainly from the point of view of whether they are persecutors or not. Where the persecution-anxiety for the ego is in the ascendant, a full and stable identification with another object, in the sense of looking at it and understanding it as it really is, and a full capacity for love, are not possible.

Another important reason why the paranoiac cannot maintain his whole-object relation is that while the persecution-anxieties and the anxiety for himself are still so strongly in operation he cannot endure the additional burden of anxieties for a loved object and, besides, the feelings of guilt and remorse which accompany this depressive position. Moreover, in this position he can make far less use of projection, for fear of expelling his good objects and so losing them, and, on the other hand, for fear of injuring good external objects by expelling what is bad from within himself.

Thus we see that the sufferings connected with the depressive position thrust him back to the paranoiac position. Nevertheless, though he has retreated from it, the depressive position has been reached and therefore the liability to depression is always there. This accounts, in my opinion, for the fact that we frequently meet depression along with severe paranoia as well as in milder cases.

If we compare the feelings of the paranoiac with those of the depressive in regard to disintegration, one can see that characteristically the depressive is filled with sorrow and anxiety for the object, which he would strive to unite again into a whole, while to the paranoiac the

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[11] *As Melitta Schmideberg has pointed out, cf. 'The Rôle of Psychotic Mechanisms in Cultural Development, ' this JOURNAL, VOL. XII, 1931.*

[12] *Melanie Klein, The Psycho-Analysis of Children, p. 206.*

disintegrated object is mainly a multitude of persecutors, since each piece is growing again into a persecutor.[11] This conception of the dangerous fragments to which the object is reduced seems to me to be in keeping with the introjection of part-objects which are equated with fæces (Abraham), and with the anxiety of a multitude of internal persecutors to which, in my view, [12] the introjection of many part-objects and the multitude of dangerous fæces gives rise.

I have already considered the distinctions between the paranoiac and the depressive from the point of view of their different relations to loved objects. Let us take inhibitions and anxieties about food in this connection. The anxiety of absorbing dangerous substances destructive to one's inside will thus be paranoiac, while the anxiety of destroying the external good objects by biting and chewing, or of endangering the internal good object by introducing bad substances from outside into it will be depressive. Again, the anxiety of leading an external good object into danger within oneself by incorporating it is a depressive one. On the other hand, in cases with strong paranoiac features I have met phantasies of luring an external object into one's inside, which was regarded as a cave full of dangerous monsters, etc. Here we can see the paranoiac reasons for an intensification of the introjection-mechanism, while the depressive employs this mechanism so charateristically, as we know, for the purpose of incorporating a *good* object.

Considering now hypochondriacal symptoms in this comparative way, the pains and other manifestations which in phantasy result from the attacks of internal bad objects within against the ego are typically paranoid.[13] The symptoms which derive, on the other hand, from the attacks of bad internal objects and the id against good ones, i.e. an internal warfare in which the ego is identified with the sufferings of the good objects, are typically depressive.

For instance, a patient who had been told as a child that he had

[13] *Dr. Clifford Scott mentioned in his course of lectures on Psychoses, at the Institute of Psycho-Analysis, in the autumn of 1934, that in his experience in schizophrenia*

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clinically the hypochondriacal symptoms are more manifold and bizarre and are linked to persecutions and part-object functions. This may be seen even after a short examination. In depressive reactions clinically the hypochondriacal symptoms are less varied and more related in their expression to ego-functions.

tapeworms (which he himself never saw) connected the tapeworms inside him with his greediness. In his analysis he had phantasies that a tapeworm was eating its way through his body and a strong anxiety of cancer came to the fore. The patient, who suffered from hypochondriacal and paranoid anxieties, was very suspicious of me, and, among other things, suspected me of being allied with people who were hostile towards him. At this time he dreamt that a detective was arresting a hostile and persecuting person and putting this person in prison. But then the detective proved unreliable and became the accomplice of the enemy. The detective stood for myself and the whole anxiety was internalized and was also connected with the tapeworm phantasy. The prison in which the enemy was kept was his own inside—actually the special part of his inside where the persecutor was to be confined. It became clear that the dangerous tapeworm (one of his associations was that the tapeworm is bisexual) represented the two parents in a hostile alliance (actually in intercourse) against him.

At the time when the tapeworm phantasies were being analysed the patient developed diarrhoea which—as he wrongly thought—was mixed with blood. This frightened him very much; he felt it as a confirmation of dangerous processes going on inside him. This feeling was founded on phantasies in which he attacked his bad united parents in his inside with poisonous excreta. The diarrhoea meant to him poisonous excreta, as well as the bad penis of his father. The blood which he thought was in his fæces represented me (this was shown by associations in which I was connected with blood). Thus the diarrhoea was felt to represent dangerous weapons with which he was fighting his bad internalized parents, as well as his poisoned and broken-up parents themselves—the tapeworm. In his early childhood he had in phantasy attacked his real parents with poisonous excreta and actually disturbed them in intercourse by defæcating. Diarrhoea had always been something very frightening to him. Along with these attacks on his real parents this whole warfare became internalized and threatened his ego with destruction. I may mention that this patient remembered during his analysis that at about ten years of age he had definitely felt that he had a little man inside his stomach who controlled him and gave him orders, which he, the patient, had to execute, although they were always perverse and wrong (he had had similar feelings about his real father).

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When the analysis progressed and distrust in me had diminished, the patient became very much concerned about me. He had always

worried about his mother's health; but he had not been able to develop real love towards her, though he did his best to please her. Now, together with the concern for me, strong feelings of love and gratitude came to the fore, together with feelings of unworthiness, sorrow and depression. The patient had never felt really happy, his depression had been spread out, one might say, over his whole life, but he had not suffered from actual depressed states. In his analysis he went through phases of deep depression with all the symptoms characteristic of this state of mind. At the same time the feelings and phantasies connected with his hypochondriacal pains changed. For instance, the patient felt anxiety that the cancer would make its way through the lining of his stomach; but now it appeared that, while he feared for his stomach, he really wanted to protect 'me' inside him—actually the internalized mother—whom he felt was being attacked by the father's penis and by his own id (the cancer). Another time the patient had phantasies connected with physical discomfort about an internal hæmorrhage from which he would die. It became clear that I was identified with the hæmorrhage, the good blood representing me. We must remember that, when the paranoid anxieties dominated and I was mainly felt as a persecutor, I had been identified with the *bad* blood which was mixed with the diarrhoea (with the bad father). Now the precious *good* blood represented me—losing it meant my death, which would imply his death. It became clear now that the cancer which he made responsible for the death of his loved object, as well as for his own, and which stood for the bad father's penis, was even more felt to be his own sadism, especially his greed. That is why he felt so unworthy and so much in despair.

While the paranoid anxieties predominated and the anxiety of his bad united objects prevailed, he felt only hypochondriacal anxieties for his own body. When depression and sorrow had set in, the love and the concern for the good object came to the fore and the anxiety-contents as well as the whole feelings and defences altered. In this case, as well as in others, I have found that *paranoid fears and suspicions were reinforced as a defence against the depressive position* which was overlaid by them. I shall now quote another case with strong paranoiac and depressive features (the paranoia predominating) and with hypochondria. The complaints about manifold physical troubles, which occupied a large part of the hours, alternated with strong feelings of suspicion about people in his environment and often became directly related to them, since he made them responsible for his physical troubles

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in one way or another. When, after hard analytic work, distrust and suspicion diminished, his relation to me improved more and more. It became clear that, buried under the continuous paranoid accusations, complaints and criticisms of others, there existed an extremely deep love for his mother and concern for his parents as well as for other people. At the same time sorrow and deep depressions came more and more to the fore. During this phase the hypochondriacal complaints altered, both in the way they were presented to me and in the content which underlay them. For instance, the patient complained about different physical troubles and then went on to say what medicines he had taken—enumerating what he had done for his chest, his throat, his nose, his ears, his intestines, etc. It sounded rather as if he were nursing these parts of his body and his organs. He went on to speak about his concern for some young people under his care (he is a teacher) and then about the worry he was feeling for some members of his family. It became quite clear that the different organs he was trying to cure were identified with his internalized brothers and sisters, about whom he felt guilty and whom he had to be perpetually keeping right. It was his *over-anxiousness* to put them right, because he had ruined them in phantasy, and his *excessive* sorrow and despair about it, which had led to such an increase of the paranoid anxieties and defences that love and concern for people and identification with them became buried under hate. In this case, too, when depression came to the fore in full force and the paranoid anxieties diminished, the hypochondriacal anxieties became related to the internalized loved objects and (thus) to the ego, while before they had been experienced in reference to the ego only.

After having attempted to differentiate between the anxiety-contents, feelings and defences at work in paranoia and those in the depressive states, I must again make clear that in my view the depressive state is based on the paranoid state and genetically derived from it. I consider the depressive state as being the result of a mixture of paranoid anxiety and of those anxiety-contents, distressed feelings and defences which are connected with the impending loss of the whole loved object. It seems to me that to introduce a term for those specific anxieties and defences might further the understanding of the structure and nature of paranoia as well as of the manic-depressive states.[14]

[14] *This brings me to another question of terminology.*

In my former work I have described the psychotic anxieties and mechanisms of the child in terms of phases of development. The genetic connection between them, it

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is true, is given full justice by this description, and so is the fluctuation which goes on between them under the pressure of anxiety until more stability is reached; but since in normal development the psychotic anxieties and mechanisms never solely predominate (a fact which, of course, I have emphasized) the term psychotic phases is not really satisfactory. I am now using the term 'position' in relation to the child's early developmental psychotic anxieties and defences. It seems to me easier to associate with this term, than with the words 'mechanisms' or 'phases, ' the differences between the developmental psychotic anxieties of the child and the psychoses of the adult: e.g. the quick change-over that occurs from a persecution-anxiety or depressed feeling to a normal attitude—a change-over that is so characteristic for the child.

In my view, wherever a state of depression exists, be it in the normal, the neurotic, in manic-depressives or in mixed cases, there is always in it this specific grouping of anxieties, distressed feelings and different varieties of these defences, which I have here described at full length.

If this point of view proves correct, we should be able to understand those very frequent cases where we are presented with a picture of mixed paranoiac and depressive trends, since we could then isolate the various elements of which it is composed.

The considerations that I have brought forward in this paper about depressive states may lead us, in my opinion, to a better understanding of the still rather enigmatic reaction of suicide. According to the findings of Abraham and James Glover, a suicide is directed against the introjected object. But, while in committing suicide the ego intends to murder its bad objects, in my view at the same time it also always aims at saving its loved objects, internal or external. To put it shortly: in some cases the phantasies underlying suicide aim at preserving the internalized good objects and that part of the ego which is identified with good objects, and also at destroying the other part of the ego which is identified with the bad objects and the id. Thus the ego is enabled to become united with its loved objects.

In other cases, suicide seems to be determined by the same type of phantasies, but here they relate to the external world and real objects, partly as substitutes for the internalized ones. As already stated, the subject hates not only his 'bad' objects, but his id as well and that vehemently. In committing suicide, his purpose may be to make a clean breach in his relation to the outside world because he desires to rid some real object—or the 'good' object which that whole world

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[15] *These reasons are largely responsible for that state of mind in the melancholic in which he breaks off all relations with the external world.*

represents and which the ego is identified with—of himself, or of that part of his ego which is identified with his bad objects and his id.[15] At bottom we perceive in such a step his reaction to his own sadistic attacks on his mother's body, which to a little child is the first representative of the outside world. Hatred and revenge against the real (good) objects also always play an important part in such a step, but it is precisely the uncontrollable dangerous hatred which is perpetually welling up in him from which the melancholic by his suicide is in part struggling to preserve his real objects.

Freud has stated that mania has for its basis the same contents as melancholia and is, in fact, a way of escape from that state. I would suggest that in mania the ego seeks refuge not only from melancholia but also from a paranoiac condition which it is unable to master. Its torturing and perilous dependence on its loved objects drives the ego to find freedom. But its identification with these objects is too profound to be renounced. On the other hand, the ego is pursued by its dread of bad objects and of the id and, in its effort to escape from all these miseries, it has recourse to many different mechanisms, some of which, since they belong to different phases of development, are mutually incompatible.

The *sense of omnipotence*, in my opinion, is what first and foremost characterizes mania and, further (as Helene Deutsch has stated)[16] mania is based on the mechanism of *denial*. I differ, however, from Helene Deutsch in the following point. She holds that this 'denial' is connected with the phallic phase and the castration complex (in girls it is a denial of the lack of the penis); while my observations have led me to conclude that this mechanism of denial originates in that very early phase in which the undeveloped ego endeavours to defend itself from the most overpowering and profound anxiety of all, namely, its dread of internalized persecutors and of the id. That is to say, that which is *first of all denied is psychic reality* and the ego may then go on to deny a great deal of external reality.

We know that scotomization may lead to the subjects' becoming entirely cut off from reality, and to his complete inactivity. In mania, however, denial is associated with an overactivity, although this excess

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[16] *'Zur Psychologie der manisch depressiven Zustände, ' Internationale Zeitschrift für Psychoanalyse, Bd. XIX., 1933.*

of activity, as Helene Deutsch points out, often bears no relation to any actual results achieved. I have explained that in this state the source of the conflict is that the ego is unwilling and unable to renounce its good internal objects and yet endeavours to escape from the perils of dependence on them as well as from its bad objects. Its attempt to detach itself from an object without at the same time completely renouncing it seems to be conditioned by an increase in the ego's own strength. It succeeds in this compromise by *denying the importance* of its good objects and also of the dangers with which it is menaced from its bad objects and the id. At the same time, however, it endeavours ceaselessly to *master and control* all its objects, and the evidence of this effort is its hyperactivity.

What to my view is quite specific for mania is the *utilization of the sense of omnipotence for* the purpose of *controlling and mastering* objects. This is necessary for two reasons: (*a*) in order to deny the dread of them which is being experienced, and (*b*) so that the mechanism (acquired in the previous—the depressive-position) of making reparation to the object may be carried through. [17] By mastering his objects the manic person imagines he will prevent them not only from injuring himself but from being a danger to one another. His mastery is to enable him particularly to prevent dangerous coitus between the parents[18] he has internalized and their death within him. The manic defence assumes so many forms that it is, of course, not easy to postulate a general mechanism. But I believe that we really have such a mechanism (though its varieties are infinite) in this mastery of the internalized parents, while at the same time the existence of this internal world is being depreciated and denied. Both in children and in adults I have found that, where obsessional neurosis was the most powerful factor in the case, such mastery betokened a forcible separation of two (or more) objects; whereas, where mania was in the ascendant, the patient had recourse to methods more violent. That is to say, the objects were killed but, since the subject was omnipotent, he supposed he could also immediately call them to life again. One of my patients spoke of this process as 'keeping them in suspended animation.' The killing corresponds to the defence-mechanism

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[17] *This 'reparation', in accordance with the phantastic character of the whole position, is nearly always of a quite unpractical and unrealizable nature. Cf. Helene Deutsch, Internationale Zeitschrift für Psychoanalyse.*

[18] *Bertram Lewin reported about an acute manic patient who identified herself with both parents in intercourse (Psycho-Analytic Quarterly, 1933).*

(retained from the earliest phase) of destruction of the object; the resuscitation corresponds to the reparation made to the object. In this position the ego effects a similar compromise in its relation to real objects. The hunger for objects, so characteristic of mania, indicates that the ego has retained one defence-mechanism of the depressive position: the introjection of good objects. The manic subject *denies* the different forms of anxiety associated with this introjection (anxiety, that is to say, lest either he should introject bad objects or else destroy his good objects by the process of introjection); his denial relates not merely to the impulses of the id but to his own concern for the object's safety. Thus we may suppose that the process by which ego and ego-ideal come to coincide (as Freud has shown that they do in mania) is as follows. The ego incorporates the object in a cannibalistic way (the 'feast', as Freud calls it in his account of mania) but denies that it feels any concern for it. 'Surely', argues the ego, 'it is not a matter of such great importance if this particular object is destroyed. There are so many others to be incorporated'. This *disparagement of the object's importance and the contempt for it* is, I think, a specific characteristic of mania and enables the ego to effect that partial detachment which we observe side by side with its hunger for objects. Such detachment, which the ego cannot achieve in the depressive position, represents an advance, a fortifying of the ego in relation to its objects. But this advance is counteracted by the regressive mechanisms described which the ego at the same time employs in mania.

Before I go on to make a few suggestions about the part which the paranoid, depressive and manic positions play in normal development, I shall speak about two dreams of a patient which illustrate some of the points I have put forward in connection with the psychotic positions. Different symptoms and anxieties, of which I shall only mention severe depressions and paranoid and hypochondriacal anxieties, had induced the patient C. to come for analysis. At the time he dreamt these dreams his analysis was well advanced. He dreamt that he was travelling with his parents in a railway-carriage, probably without a roof, since they were in the open air. The patient felt that he was 'managing the whole thing', taking care of the parents, who were much older and more in need of his care than in reality. The parents were lying in bed, not side by side,

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as they usually did, but with the ends of the beds joined together. The patient found it difficult to keep them warm. Then the patient urinated, while his parents were

watching him, into a basin in the middle of which there was a cylindrical object. The urination seemed complicated, since he had to take special care not to urinate into the cylindrical part. He felt this would not have mattered had he been able to aim exactly into the cylinder and not to splash anything about. When he had finished urinating he noticed that the basin was overflowing and felt this as unsatisfactory. While urinating he noticed that his penis was very large and he had an uncomfortable feeling about this—as if his father ought not to see it, since he would feel beaten by him and he did not want to humiliate his father. At the same time he felt that by urinating he was sparing his father the trouble of getting out of bed and urinating himself. Here the patient stopped, and then said that he really felt as if his parents were a part of himself. In the dream the basin with the cylinder was supposed to be a Chinese vase, but it was not right, because the stem was not underneath the basin, as it should have been, it was 'in the wrong place', since it was above the basin—really inside it. The patient then associated the basin to a glass bowl, as used for gas-burners in his grandmother's house, and the cylindrical part reminded him of a gas mantle. He then thought of a dark passage, at the end of which there was a low-burning gas-light, and said that this picture evoked in him sad feelings. It made him think of poor and dilapidated houses, where there seemed to be nothing alive but this low-burning gas-light. It is true, one had only to pull the string and then the light would burn fully. This reminded him that he had always been frightened of gas and that the flames of a gas-ring made him feel that they were jumping out at him, biting him, as if they were a lion's head. Another thing which frightened him about gas was the 'pop' noise it made, when it was put out. After my interpretation that the cylindrical part in the basin and the gas mantle were the same thing and that he was afraid to urinate into it because he did not want for some reason to put the flame out, he replied that of course one cannot extinguish a gas flame in this way, as then poison remains behind—it is not like a candle which one can simply blow out.

The night after this the patient had the following dream: He heard the frizzling sound of something which was frying in an oven. He could not see what it was, but he thought of something brown, probably a kidney which was frying in a pan. The noise he heard was like the squeaking or crying of a tiny voice and his feeling was that a live creature was being fried. His mother was there and he tried to

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draw her attention to this, and to make her understand that to fry something alive was much the worst thing to do, worse than boiling or cooking it. It was more torturing since the hot fat prevented it from burning altogether and kept it alive while skinning it. He could not make his mother understand this and she did not seem to mind. This worried him, but in a way it reassured him, as he thought it could not be so bad after all if she did not mind. The over, which he did not open in the dream—he never saw the kidney and the pan—reminded him of a refrigerator. In a friend's flat he had repeatedly mixed up the refrigerator door with the oven door. He wonders whether heat and cold are, in a way, the same thing for him. The torturing hot fat in the pan reminds him of a book about tortures which he had read as a child; he was especially excited by beheadings and by tortures with hot oil. Beheading reminded him of King Charles. He had been very excited over the story of his execution and later on developed a sort of devotion towards him. As regards tortures with hot oil, he used to think a great deal about them, imagining himself in such a situation (especially his legs being burnt), and trying to find out how, if it had to be done, it could be done so as to cause the least possible pain.

On the day the patient told me this second dream, he had first remarked on the way I struck my match for lighting a cigarette. He said it was obvious that I did not strike the match in the right way as a bit of the top had flown towards him. He meant I did not strike it at the right angle, and then went on to say, 'like his father, who served the balls the wrong way at tennis'. He wondered how often it had happened before in his analysis that the top of the match had flown towards him. (He had remarked once or twice before that I must have silly matches, but now the criticism applied to my way of striking it.) He did not feel inclined to talk, complaining that he had developed a heavy cold in the last two days; his head felt very heavy and his ears were blocked up, the mucus was thicker than it had been at other times when he had a cold. Then he told me the dream which I have already given, and in the course of the associations once again mentioned the cold and that it made him so disinclined to do anything.

Through the analysis of these dreams a new light was thrown on some fundamental points in the patient's development. These had already come out and been worked through before in his analysis, but now they appeared in new connections and then became fully clear and convincing to him. I shall now single out only the points

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bearing on the conclusions arrived at in this paper; I must mention that I have no space to quote the most important associations given.

The urination in the dream led on to the early aggressive phantasies of the patient towards his parents, especially directed against their sexual intercourse. He had phantasied biting them and eating them up, and, among other attacks, urinating on and into his father's penis, in order to skin and burn it and to make his father set his mother's inside on fire in their intercourse (the torturing with hot oil). These phantasies extended to babies inside his mother's body, which were to be killed (burnt). The kidney burnt alive stood both for his father's penis —equated to fæces—and for the babies inside his mother's body (the stove which he did not open). Castration of the father is expressed by the associations about beheading. Appropriation of the father's penis was shown by the feeling that his penis was so large and that he urinated both for himself and for his father (phantasies of having his father's penis inside his own or joined on to his own had come out a great deal in his analysis). The patient's urinating into the bowl meant also his sexual intercourse with his mother (whereby the bowl and the mother in the dream represented both her as a real and as an internalized figure). The impotent and castrated father was made to look on at the patient's intercourse with his mother—the reverse of the situation the patient had gone through in phantasy in his childhood. The wish to humiliate his father is expressed by his feeling that he ought not to do so. These (and other) sadistic phantasies had given rise to different anxiety-contents: the mother could not be made to understand that she was endangered by the burning and biting penis inside her (the burning and biting lion's head, the gas-ring which he had lit), and that her babies were in danger of being burnt, at the same time being a danger to herself (the kidney in the oven). The patient's feeling that the cylindrical stem was 'in the wrong place' (inside the bowl instead of outside) expressed not only his early hate and jealousy that his mother took his father's penis into herself, but also his anxiety about this dangerous happening. The phantasy of keeping the kidney and the penis alive while they were being tortured expressed both the destructive tendencies against the father and the babies, and, to a certain degree the wish to preserve them. The special position of the beds—different from the one in the actual bedroom—in which the parents were lying showed, not only the primary aggressive and jealous drive to separate them in their intercourse, but also the anxiety lest they should be injured or killed by intercourse which in his

phantasies the son had arranged to be so dangerous. The death-wishes against the parents had led to an overwhelming anxiety of their death. This is shown by

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the associations and feelings about the low-burning gas-light, the advanced age of the parents in the dream (older than in reality), their helplessness and the necessity for the patient to keep them warm.

One of the defences against his feelings of guilt and his responsibility for the disaster he had arranged was brought out by the association of the patient that I am striking the matches and that his father serves tennis balls in the wrong way. Thus he makes the parents responsible for their own wrong and dangerous intercourse, but the fear of retaliation based on projection (my burning him) is expressed by his remark that he wondered how often during his analysis tops of my matches had flown towards him, and all the other anxiety-contents related to attacks against him (the lion's head, the burning oil).

The fact that he had internalized (introjected) his parents is shown in the following: (1) the railway-carriage, in which he was travelling with his parents, continuously taking care of them, 'managing the whole thing', represented his own body. (2) The carriage was open, in contrast to his feeling, representing their internalization, that he could not free himself from his internalized objects, but its being open was a denial of this. (3) That he had to do everything for his parents, even to urinate for his father. (4) The definite expression of a feeling that they were a part of himself.

But through the internalization of his parents all the anxiety-situations which I have mentioned before in regard to the real parents became internalized and thus multiplied, intensified and, partly, altered in character. His mother containing the burning penis and the dying children (the oven with frying pan) is inside him. There is his anxiety of his parents having dangerous intercourse inside him and the necessity to keep them separated. This necessity became the source of many anxiety-situations and was found in his analysis to be at the bottom of his obsessional symptoms. At any time the parents may have dangerous intercourse, burn and eat each other and, since his ego has become the place where all these danger-situations are acted out, destroy him as well. Thus he has at the same time to bear great anxiety both for them and for himself. He is full of sorrow about the impending death of the internalized parents, but at the same time he dare not bring them back to full life (he dare not pull the string of the

gas-burner), since intercourse would be implied in their coming fully to life and this would then result in their death and his.

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Then there are the dangers threatening from the id. If jealousy and hate stirred by some real frustration are welling up in him, he will again in his phantasy attack the internalized father with his burning excreta, and disturb their intercourse, which gives rise to renewed anxiety. Either external or internal stimuli may increase his paranoid anxieties of internalized persecutors. If he then kills his father inside him altogether, the dead father becomes a persecutor of a special kind. We see this from the patient's remark (and the following associations) that if gas is extinguished by liquid, poison remains behind. Here the paranoid position comes to the fore and the dead object within becomes equated with fæces and flatus.[19] However, the paranoid position, which had been very strong in the patient at the beginning of his analysis, but is now greatly diminished, does not appear much in the dreams.

What dominates the dreams are the distressed feelings which are connected with anxiety for his loved objects and, as I have pointed out before, are characteristic for the depressive position. In the dreams the patient deals with the depressive position in different ways. He uses the sadistic manic control over his parents by keeping them separated from each other and thus stopping them in pleasurable as well as in dangerous intercourse. At the same time, the way in which he takes care of them is indicative of obsessional mechanisms. But his main way of overcoming the depressive position is restoration. In the dream he devotes himself entirely to his parents in order to keep them alive and comfortable. His concern for his mother goes back to his earliest childhood, and the drive to put her right and to restore her as well as his father, and to make babies grow, plays an important part in all his sublimations. The connection between the dangerous happenings in his inside and his hypochondriacal anxieties is shown by the patient's remarks about the cold he had developed at the time he had the dreams. It appeared that the mucus, which was so extraordinarily thick, was identified with the urine in the bowl—with the fat in the pan—at the same time with his semen, and that in his head, which he felt so heavy, he carried the genitals of his parents (the

[19] *In my experience the paranoiac conception of a dead object within is one of a secret and uncanny persecutor. He is felt as not being fully dead and may re-appear at any time in cunning and plotting ways, and seems all the more dangerous and hostile because the subject tried to do away with him by killing him (the conception of a dangerous ghost).*

pan with the kidney). The mucus was supposed to preserve his mother's genital from contact with that of his father and at the same time it implied sexual

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intercourse with his mother within. The feeling which he had in his head was that of its being blocked up, a feeling which corresponded to the blocking off of one parent's genital from the other, and to separating his internal objects. One stimulus for the dream had been a real frustration which the patient experienced shortly before he had these dreams, though this experience did not lead to a depression, but it influenced his emotional balance deep down, a fact which became clear from the dreams. In the dreams the strength of the depressive position appears increased and the effectiveness of the patient's strong defences is, to a certain amount, reduced. This is not so in his actual life. It is interesting that another stimulus for the dreams was of a very different kind. It was already after the painful experience that he went recently with his parents on a short journey which he very much enjoyed. Actually the dream started in a way which reminded him of this pleasant journey, but then the depressive feelings overshadowed the gratifying ones. As I pointed out before, the patient used formerly to worry a great deal about his mother, but this attitude has changed during his analysis, and he has now quite a happy and care-free relation to his parents.

The points which I stressed in connection with the dreams seem to me to show that the process of internalization, which sets in in the earliest stage of infancy, is instrumental for the development of the psychotic positions. We see how, as soon as the parents become internalized, the early aggressive phantasies against them lead to the paranoid fear of external and, still more, internal persecutions, produce sorrow and distress about the impending death of the incorporated objects, together with hypochondriacal anxieties, and give rise to an attempt to master in an omnipotent manic way the unbearable sufferings within which are imposed on the ego. We also see how the masterful and sadistic control of the internalized parents becomes modified as the tendencies to restoration increase.

Space does not permit me to deal here in detail with the ways in which the normal child works through the depressive and manic positions, which in my view make up a part of normal development.[20]

[20] *Edward Glover makes the suggestion that the child in its development goes through phases which provide the foundation for the psychotic disorders of melancholia and mania ('A Psycho-Analytic Approach to the Classification of Mental Disorders', Journal of Mental Science, 1932).*

I shall confine myself therefore to a few remarks of a general nature.

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In my former work I have brought forward the view which I referred to at the beginning of this paper, that in the first few months of its life the child goes through paranoid anxieties related to the 'bad' denying breasts, which are felt as external and internalized persecutors.[21] From this relation to part-objects, and from their equation with fæces, springs at this stage the phantastic and unrealistic nature of the child's relation to all other things; parts of its own body, people and things around it, which are at first but dimly perceived. The object-world of the child in the first two or three months of its life could be described as consisting of hostile and persecuting, or else of gratifying parts and portions of the real world. Before long the child perceives more and more of the whole person of the mother, and this more realistic perception extends to the world beyond the mother. The fact that a good relation to its mother and to the external world helps the baby to overcome its early paranoid anxieties throws a new light on the importance of its earliest experiences. From its inception analysis has always laid stress on the importance of the child's early experiences, but it seems to me that only since we know more about the nature and contents of its early anxieties, and the continuous interplay between its actual experiences and its phantasy-life, are we able fully to understand *why* the external factor is so important. But when this happens its sadistic phantasies and feelings, especially its cannibalistic ones, are at their height. At the same time it now experiences a change in its emotional attitude towards its mother. The child's libidinal fixation to the breast develops into feelings towards her as a person. Thus feelings both of a destructive and of a loving nature are experienced towards one and the same object and this gives rise to deep and disturbing conflicts in the child's mind.

In the normal course of events the ego is faced at this point of its

[21] *Dr. Susan Isaacs has suggested in her remarks on 'Anxiety in the First Year of Life' (to the British Psycho-Analytical Society, January, 1934), that the child's earliest experiences of painful external and internal stimuli provide a basis for phantasies about hostile external and internal objects and that they largely contribute to the building up of such phantasies. It seems that in the very earliest stage every unpleasant stimulus is related to the 'bad', denying, persecuting breasts, every pleasant stimulus to the 'good', gratifying breasts.*

[22] *M. Klein, 'Early Stages of the Oedipus Conflict', this JOURNAL, Vol. IX, 1928; and 'Personification in the Play of Children', this JOURNAL, Vol. X, 1929.*

[23] *M. Klein 'The Psycho-Analysis of Children, ch. VIII.*

[24] *Sándor Radó, 'The Problem of Melancholia', this JOURNAL, Vol. IX, 1928.*

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development—roughly between four to five months of age—with the necessity to acknowledge psychic reality as well as the external reality to a certain degree. It is thus made to realize that the loved object is at the same time the hated one, and in addition to this that the real objects and the imaginary figures, both external and internal, are bound up with each other. I have pointed out elsewhere that in the quite small child there exists, side by side with its relations to real objects—but on a different plane, as it were—relations to its unreal imagos, both as excessively good and excessively bad figures, [22] and that these two kinds of object-relations intermingle and colour each other to an ever-increasing degree in the course of development.[23] The first important steps in this direction occur, in my view, when the child comes to know its mother as a whole person and becomes identified with her as a whole, real and loved person. It is then that the depressive position—the characteristics of which I have described in this paper—come to the fore. This position is stimulated and reinforced by the 'loss of the loved object' which the baby experiences over and over again when the mother's breast is taken away from it, and this loss reaches its climax during weaning. Sándor Radó has pointed out[24]that 'the deepest fixation-point in the depressive disposition is to be found in the situation of threatened loss of love (Freud), more especially in the hunger situation of the suckling baby'. Referring to Freud's statement that in mania the ego is once more merged with the super-ego in unity, Radó comes to the conclusion that 'this process is the faithful intrapsychic repetition of the experience of that fusing with the mother that takes place during drinking at her breast'. I agree with these statements, but my views differ in important points from the conclusions which Radó arrives at, especially about the indirect and circuitous way in which he thinks that guilt becomes connected with these early experiences. I have pointed out before that, in my view, already during the sucking period, when it comes to know its mother as a whole person and when it progresses from the introjection of part-objects to the introjection of the whole object, the infant experiences some of the feelings of guilt and remorse, some of the

pain which results from the conflict between love and uncontrollable hatred, some of the anxieties of the impending death of the loved internalized and external objects—that is to say, in a lesser and milder degree the sufferings and feelings which we find fully developed in the adult melancholic. Of course these feelings are experienced in a different setting. The whole situation and the defences of the baby, which obtains reassurance over and over again in the love of the mother, differ greatly from those in the adult melancholic. But the

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important point is that these sufferings, conflicts, and feelings of remorse and guilt, resulting from the relation of the ego to its internalized object, are already active in the baby. The same applies, as I suggested, to paranoid and manic positions. If the infant at this period of life fails to establish its loved object within—if the introjection of the 'good' object miscarries—then the situation of the 'loss of the loved object' arises already in the same sense as it is found in the adult melancholic. This first and fundamental external loss of a real loved object, which is experienced through the loss of the breast before and during weaning, will only then result later on in a depressive state if at this early period of development the infant has failed to establish its loved object within its ego. In my view it is also at this early stage of development that the manic phantasies, first of controlling the breast and, very soon after, of controlling the internalized parents as well as the external ones, set in, with all the characteristics of the manic position which I have described, and are made use of to combat the depressive position. At any time that the child finds the breast again, after having lost it, the manic process by which the ego and ego-ideal come to coincide (Freud) is set going; for the child's gratification of being fed is not only felt to be a cannibalistic incorporation of external objects (the 'feast' in mania, as Freud calls it), but also sets going cannibalistic phantasies relating to the internalized loved objects and connects with the control over these objects. No doubt, the more the child can at this stage develop a happy relationship to its real mother, the more will it be able to overcome the depressive position. But all depends on how it is able to find its way out of the conflict between love and uncontrollable hatred and sadism. As I have pointed out before, in the earliest phase the persecuting and the good objects (breasts) are kept wide apart in the child's mind. When, along with the introjection of the whole and real object, they come closer together, the ego has over and over again recourse to that mechanism—so important for the development of the relations to

objects—namely, a splitting of its imagos into loved and hated, that is to say, into good and dangerous ones.

One might think that it is actually at this point that ambivalence which, after all, refers to object-relations—that is to say, to whole and real objects—sets in. Ambivalence, carried out in a splitting of the imagos, enables the small child to gain more trust and belief in its real objects and thus in its internalized ones—to love them more and to carry out in an increasing degree its phantasies of restoration on the loved object. At the same time the paranoid anxieties and defences are directed towards the 'bad' objects. The support which the ego gets

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from a real 'good' object is increased by a flight-mechanism, which alternates between its external and internal good objects.

It seems that at this stage of development the unification of external and internal, loved and hated, real and imaginary objects is carried out in such a way that each step in the unification leads again to a renewed splitting of the imagos. But as the adaptation to the external world increases, this splitting is carried out on planes which gradually become increasingly nearer and nearer to reality. This goes on until love for the real and the internalized objects and trust in them are well established. Then ambivalence, which is partly a safeguard against one's own hate and against the hated and terrifying objects, will in normal development again diminish in varying degrees.

Along with the increase in love for one's good and real objects goes a greater trust in one's capacity to love and a lessening of the paranoid anxiety of the bad objects—changes which lead to a decrease of sadism and again to better ways of mastering aggression and working it off. The reparation-tendencies which play an all-important part in the normal process of overcoming the infantile depressive position are set going by different methods, of which I shall just mention two fundamental ones: the manic and the obsessional positions and mechanisms.

It would appear that the step from the introjection of part-objects to whole loved objects with all its implications is of the most crucial importance in development. Its success—it is true—depends largely on how the ego has been able to deal with its sadism and its anxiety in the preceding stage of development and whether or not it has developed a strong libidinal relation to part-objects. But once the ego has made this step it has, as it were, arrived at a crossroad from which the ways determining the whole mental make-up radiate in different directions.

I have already considered at some length how a failure to maintain the identification with both internalized and real loved objects may result in the psychotic disorders of the depressive states, or of mania, or of paranoia.

I shall now mention one or two other ways by which the ego attempts to make an end to all the sufferings which are connected with the depressive position, namely: (*a*) by a 'flight to the "good", internalized object', a mechanism to which Melitta Schmideberg has drawn attention in connection with schizophrenia.[25] The ego has introjected a whole loved object, but owing to its immoderate dread of internalized persecutors, which are projected on to the external world,

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the ego takes refuge in an extravagant belief in the benevolence of his internalized objects. The result of such a flight may be denial of psychic and external reality and the deepest psychosis.

(*b*) By a flight to external 'good' objects as a means to disprove all anxieties—internal as well as external. This is a mechanism which is characteristic for neurosis and may lead to a slavish dependence on objects and to a weakness of the ego.

These defence-mechanisms, as I pointed out before, play their part in the normal working-through of the infantile depressive position. Failure to work successfully through this position may lead to the predominance of one or another of the flight-mechanisms referred to and thus to a severe psychosis or a neurosis.

I have emphasized in this paper that, in my view, the infantile depressive position is the central position in the child's development. The normal development of the child and its capacity for love would seem to rest largely on how the ego works through this nodal position. This again depends on the modification undergone by the earliest mechanisms (which remain at work in the normal also) in accordance with the changes in the ego's relations to its objects, and especially on a successful interplay between the depressive, the manic and the obsessional positions and mechanisms.

[25] *M. Schmideberg, 'Psychotic Mechanisms in Cultural Development' this JOURNAL, Vol. XI, 1930.*

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