

## Primal Repression and Other States of Mind

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In this paper, we will elaborate a classification of mental states which has emerged from recent clinically-based research at Brunel University into the nature of narcissism, trauma and repression. A particular feature of the theory that has emerged is the distinction between mental contents (feelings, fantasies, conflicts and so on) and the overall personal context or "mental state" in which they occur. Kinston introduced the term *psychostatics* in this Journal (1983b) to refer in general to such mental states, as distinct from *psychodynamics* which refers to processes that generate states or operate within them. We have tested the ideas in supervisions, seminars and by studying published cases. The classification of states to be offered seems reliable. Judgements as to state are based in direct observation and experience of the analyst in relation to the patient, and serve as a guide to clinical intervention.

### PSYCHIC STRUCTURE AND REPRESSION

We suggest that the functions of psychic structure are to protect a person's experience, to maintain his identity, and to enable assimilation and mastery of new experience emerging from his internal and external world. If the theoretical notion of psychic structure is to be accessible to practising analysts, it must be understood as built up from experience and meaning. Structure, in our clinical conception, develops through "representations" or to sound less pictorial as Friedman (1980) correctly advises, through "emotional understandings". These basic components of psychic structure

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are themselves complexly structured, being built up of elements like affects, imagery and sensations. A representation or understanding is a potential which may manifest itself in many ways, for example, as a memory, wish, intuition, fantasy, thought or action. However, a basic proposition of the self-wish-object form can be discovered underlying any manifestation (Friedman, 1977; Jacobson, 1964; Kernberg, 1966).

In our review of repression (Cohen & Kinston, 1984), we followed Freud (and, in spirit, Bion, Winnicott, and Kohut) in arguing that emotional understanding and growth of psychic structure were based on real world experience in which needs are met (mediated, satisfied, contained). In the absence of such mediation, trauma results, that is to say, there is a failure to represent which manifests itself as a lack of understanding. We referred to this lack or absence as a fault or defect in psychic structure, or metaphorically, as a "hole".

Hole formation and hole existence correspond to what Freud called *primal repression*\* (Kinston & Cohen, 1986). There are three methods of self-healing or psychic adaptation once a hole is formed. First and most immediate, the hole may be "covered up". This is what has been conceptualised as "object-narcissism" or "narcissistic organisation", and is metaphorically described as a shell, facade, armour or cocoon. Second, the hole may be "avoided" through symbolically-related stimuli being modified or transformed. This is repression proper (ego defences), metaphorically described as a dam, barrier, or wall. Third, the hole may be "repaired" by subsequent need mediation with the aid of another person. Hole repair or hole prevention is what psychoanalytic therapy should be about.

The decomposition of the mind into functions or abilities, such as impulse-control or self-soothing, leads to a loss of perspective on the mind or person as a whole. Mental functioning taken as a whole and showing stability over time appears as a state. A state therefore may be defined as a complete discrete system of functioning with its own particular psychic structure. States are observed by the analyst through his relatedness to the analysand. Indeed psychic states (but not particular functions, or experiences, or meanings) are invisible in the absence of relatedness. This is why the deepest psychoanalytic notions cannot be addressed using pencil and paper tests. In delineating fundamental types of psychic state

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\* The term "primal repression" has an unsatisfactory connotation of active doing rather than conveying a sense of absence. However its historical status combined with its general lack of use in modern theorising, has inclined us to continue using the term.

that may present during an analysis, we are categorising different forms of whole person relatedness. In this paper, we will describe the four main categories of psychic state and relatedness: openness and spontaneous relatedness, neurotic state and relatedness, object-narcissistic state and relatedness, and primal repression and primary relatedness.

In describing the states, we aim to be pertinent rather than comprehensive. Each state has its own current significance for psychoanalytic researchers. The neurotic state, the primary focus of early psychoanalysts, seems to have become less sharply-defined, and perhaps even less understood. Its characteristics therefore require re-stating and reaffirmation. However, the greatest need for synthesis in present-day analytic thinking exists in regard to the object-narcissistic state, and so more attention will be devoted to this topic. The open state, important in providing a link to a psychology of health and sometimes overlooked, is less problematic and can be dealt with briefly. Primal repression with its relation to trauma, physical illness, catastrophe, growth and identity change has been extensively examined in our earlier publications, but is still insufficiently appreciated.

#### OPENNESS AND SPONTANEITY

Open or spontaneous interpersonal interaction has two components which require judicious intermixing. The first concerns the ability to relate in a more-or-less intimate personalised way allowing for spontaneous, evolving and unexpected experiences. The second concerns the ability to relate in a social, more or less depersonalised, way within conventional and predictable frameworks. Analysands usually have difficulty in relating appropriately in both the intimate and social arenas, though that in the social sphere may be less evident and is less noted in the literature.

During the psychoanalytic process, even relatively healthy analysands cannot maintain an open or spontaneous state with the analyst. This is because analysis is driven by the patient's need and the analyst's wish for movement toward areas of mental dysfunction. However, occasional sessions of even severely disturbed individuals may be marked by effective personalized and socialized relating and this does need to be clinically recognized and theoretically understood.

In a state of openness, analysands show an ability to focus on their inner experience in the context of an awareness of a personal relationship with the analyst. The analysand's thoughts and feelings are integrated.

Associations flow naturally from one item to another without undue hesitancy or discontinuity. Dysphoric affects such as anxiety, guilt, shame, futility and helplessness are attached meaningfully to real or fantasized circumstances. Symbolic activity flourishes and the logic of the unrepresented unconscious is not artificially blocked by splitting processes. At the same time, symbolic associations and rational thinking mesh constructively in the light of the actual situation, for example in relation to realistic circumstances in the consulting room; and social responses in relation to attendance, fees and other social areas of the analysis are handled directly and correctly.

Mental operations closely related to neurotic defences exist in the open state to modify distress and disruption by painful inner states. These operations, often regarded as virtues, include anticipation, reflection, suppression, altruism, humour and sublimation. We suggest that such mechanisms might be called "buffers", because they buffer the individual by regulating the pace at which attention is focused on painful experience. They work by enabling a helpful inner attitude or perspective on the disturbance and by maximizing the helpful involvement of others. In an analysis, buffers emerge in the process of exploration once the analysand has confidence in the analyst. Each person has his own buffering style, just as he may have his own style of defence or self-protection. Unlike defences, buffers are responsive to changes in the situation. They do not require detailed interpretative work or confrontation during an analysis because they can be so easily put aside.

#### THE NEUROTIC MENTAL STATE

Neurotic functioning is characterised by the analysand manifesting an elaborate idiosyncratic system of wishes, some publicly professed, others unknown to the individual ("repressed", "defended against"). In this arena, there is significant anxiety. The analysand engages the analyst in wish-driven emotional interaction which is stereotyped, repetitive and driven. As demonstrated outside the analysis, these wishes are unresponsive to realistic features of the environment or the person's circumstances and are somewhat removed from the person's own needs.

In this type of mental functioning, the person does not experience anxiety in terms of his whole self. His attention and anxiety is focused on particular conflictual wishes rather than on the existence of wishes in general or on the act of wishing itself. Similarly, anxiety over wishes within

a relationship does not spill over into anxiety about the relationship as a whole. Much the same can be said for self-narcissistic aspects of neurotic states: negative valuation or discomfort is focused on a particular wish, thought or behaviour, but not on oneself globally.

In the neurotic mode of operating, the person attempts to establish genuine relationships, and can accept separateness and some degree of mutuality. He is over-identified, however, with certain of his wishes and tries to set up relationships on that basis rather than on a full appreciation of his own needs, the needs of others, and the circumstances.

The therapeutic relationship therefore reveals symbolic expression and attempted gratification of wishes, displacement of wishes and over-valuation of wishing. Distortion of accurate perceptions and disruption of rational and emotional responsiveness are understandable as the play of unconscious wishes and conflicts between wishes. Associations show evidence of blocks or diversion so that particular ideas and affects are avoided. Euphoric experiences are welcomed and dysphoric ones tend to be rejected. Certain experiences on emergence may be felt to be overwhelming and unusable. In general, symbolic functioning is inhibited and hence interpersonal spontaneity is weakened. The mind itself gives the appearance of being divided into sections: a chaotic arena, a rational arena and a self-judging or self-monitoring arena. These arenas, corresponding to id ego and superego, are the bases for interpretations of conflict.

The dynamic modification of wishes is referred to as defence (ego defence, neurotic defence). Defences share certain characteristics that permit them to be distinguished from buffers and self-protective devices. They all stem from repression proper, and therefore aim to reduce anxiety and prevent the emergence of certain represented coherent wishes and affects into conscious awareness. This makes them resistant to modification and requiring of substantial interpretative work during psychoanalysis. A typical list of defences would include intellectualization, undoing, isolation, reaction formation, displacement, projection, neurotic denial (A. Freud, 1936; Laughlin 1979). It is well-known and documented that prominence of such defences does *not* correlate with the presence of mental illness or severe psychosocial dysfunction (Vaillant & Drake, 1985).

Examples of neurotic function and relatedness are prevalent in the literature and we have little to add to these. We wish to emphasise, however, that neurotic functioning, as described above, is not confined to patients diagnosed as neurotic. It can be recognized in more severely

disturbed individuals either temporarily at the onset of treatment, or more persistently as part of their improvement in later phases of treatment.

#### OBJECT-NARCISSISTIC MENTAL STATES

Object-narcissistic mental functioning serves for whole-self protection. Self-protective mental operations are set up to avoid a symbolically personalised relation, that is to say, a relation in which meaning, separateness and mutuality can be acknowledged. They occur if genuine intimate relating threatens to trigger a traumatic state with mental disorganization and the risk of death. Self-protective operations manipulate whole relationships with others, in distinction to defences which manipulate discrete experiential entities such as affects or wishes. Self-protection is variously regarded in the literature as a developmental defect, as structural impairment, or as a consequence of immature or primitive defences. Self-protective devices include splitting, projective identification, psychotic denial, omnipotence, schizoid fantasy, and turning-on-self. Unlike neurotic defences, prominence of object-narcissistic devices is correlated with mental illness, poor work record, low social class and non-married status (Vailant & Drake, 1985).

Kleinians have been prominent in describing the self-protective devices which they call primitive defences (Segal, 1975). Their label is consistent with a framework in which it is considered sensible to think of *a part* of a person as having wishes. The cost of this development has been to lose the specific significance of neurotic functioning, and to blur the way a whole person is distinct from a part of a person. Classical analysts, however, blur the way a whole person is distinct from the id-ego-superego mental apparatus, and so lose the significance of object-narcissistic functioning. These matters aside, the present framework highlights the importance of the Kleinian contribution and clarifies its specificity. More recently, Kleinians have recognized the complex dynamics and whole system quality of self-protective devices and refer to object-narcissism as a “defensive organisation” (e.g. O’Shaughnessy, 1981).

There are many metaphors for object-narcissism including: armour (Reich, 1930), cocoon (Modell, 1976), shell (Myerson, 1979), capsule (Tustin, 1981), facade (Kinston, 1983b), and cover (Cohen & Kinston, 1984). Object-narcissistic functioning may be described by the patient using these metaphors or in terms of living in a cage, in a prison, in a concentration camp, or of being boxed in. The reality of the object-narcissistic state

poses a problem of conceptualization for classical analysts. For example, in reviewing outcome of psychoanalyses, Schlessinger & Robbins (1983) found they required a new concept of “defense transference” which they believed deserves more recognition. The new concept referred to a “characterological defensive organization ... serving as a shield against the transference neurosis” (p.24). The use of the phrase “defensive organization” and the metaphor “shield” indicates that the authors have (re-)discovered object-narcissism.

There are three ways in which object-narcissism has been clinically described in the literature. We label these: “apparent nonrelatedness”, “need-driven malrelatedness” and “collusive pseudo relatedness”. Unlike our primary categorisation of psychic states, the clinical forms of object-narcissism are not themselves capable of strict definition because they may blend into each other, and may be thought of as subsuming each other. The main reason for distinguishing three clinical varieties is that each has been used separately as a focus for theory formation. The three forms differ superficially in the way the patient reacts to the analytic procedure and uses the analyst. Movement between forms of object-narcissism is somewhat analogous to movement amongst defences in neurotic states: it may be necessary for working through (or “working off” v.i.) but does not itself portend significant therapeutic change. Brenman (1982) provides some examples.

Object-narcissism, whatever its form, is a substitute for genuine intimate relating. Its resemblance to genuine relating varies with the clinical form. Collusive pseudorelatedness represents the most successful adaptation and an analysis may mistakenly terminate just with this modification to the original object-narcissism. Need-driven malrelatedness is quasi-successful in that it keeps the individual involved with the analyst, though in an unsatisfactory and overtly abnormal way. Apparent nonrelatedness is usually felt to be the most abnormal and difficult form to handle as it appears least adapted to the psychoanalyst’s expectations.

Mental functioning in object-narcissism is manifested through an idiosyncratic system of relating based on control and manipulation. The system is partly publicly professed and partly unknown to the person, and it may require the special circumstances of a psychoanalysis for such relatedness to manifest most clearly. In the object-narcissistic relation, all genuine affects and personal experiences are sensed as dysphoric, even normally pleasurable ones, and the emphasis is on maintaining equilibrium and control. However affects may be artificially and deliberately produced

to give a sense of aliveness, to manipulate others or to comply with expectations. If the object-narcissistic shell is penetrated, the individual feels confused.

The detailed structure of an object-narcissistic shell consists of patterns of wishes, fantasies, affects and behaviors characteristic of the individual. The object-narcissism may therefore be described in terms of (pseudo-) object-relations, and Kleinian analysts from England and South America have offered the most detailed and fascinating accounts of these. When not obscured by muddle and confusion, the object-narcissistic structure often appears to be a personality patched together out of pieces of experience, rather than to be a person of depth and complexity. Deep object-relations analysis reveals a fusion of self- and object-representations – hence the use of the qualifier “pseudo-” above. Apparent self-images and abnormal present day experiences are found to be near-replicas or caricatures of aspects of the childhood environment as perceived by the analysand.

The characteristic anxiety associated with object-narcissism has a persecutory quality. That is to say in the face of any threat to object-narcissistic processes the person does not just experience anxiety, but feels and tends to believe that he, himself, as a whole person, is under attack. So guilt and shame may well not be in evidence (Kinston, 1983a), and all efforts must be made to feel safe from the persecution. The most obvious course is escape or shielding, but other courses of mental action include diplomacy, deception, blackmail and intimidation.

Important decisions taken in this state of mind are not based on any deep sense of personal rightness, but on what is socially acceptable or advantageous, judged normal, or believed to be desired by the analyst or other significant person; or they are driven by whim. Events in the world, rather than being symbolised, that is to say scanned for similarities with significant active mental experiences and then appropriately responded to, are simply reacted to. The significance of events – properly determined by focusing on inner experience – is minimised, trivialised, routinised, stylised or otherwise avoided. Judgements in the inter-subjective realm may therefore go very badly awry, and sustenance of an intimate personal relationship becomes difficult.

The logic of the unrepresed unconscious tends to be viewed as dangerous or insane and its manifestations are disowned. Free-association is very difficult and is either completely avoided or artificially produced. Splitting processes are much in evidence, but they do not lead to differentiation



and sensitive discrimination as in healthy functioning, nor to conflict and a divided mind as in neurotic function, but rather to confusion or near delusional clarity. Basic distinctions on which healthy mental functioning depend, such as self/other, good/bad, inside/outside, existing/nonexisting, alive/dead, become lost or used for pathological splitting.

Object-narcissism may be difficult to recognise. However, as indicated earlier, three different forms have been identified in recent years, and are summarized below.

### *Apparent nonrelatedness*

This is the form of object-narcissism recognised by classical analysts as the “stone wall of indifference”. Freud characterised indifference as the opposite of both loving and hating and as arising from the earliest form of narcissism (1915, p. 133). In this mode, the analysand may show persistent distance, imperviousness or aloofness during sessions. The non-relatedness may be evidenced by silence, or missing whole sessions. The patient may offer a stream of stylised associations, for example the details of daily life; or he may adhere to a single idea or feeling with unmodifiable persistence. Usually there is a lack of affects and yet an intense demand for attention. However the patient’s only reactions to analytic interventions are incomprehension, withdrawal into silence, or complaints about being misunderstood.

Paradoxically, the nonrelatedness is only apparent because the analysand keeps on coming, and therefore demonstrates at the most basic level an involvement with the analyst. However, because the phenomena do not respond to interpretations of defence (e.g., against embarrassment, against attack) or of impulse (e.g., testing the analyst, mocking the analyst), the analyst usually develops powerful and unpleasant counter-transference experiences. He commonly feels out to touch and wonders how to “crack the armour” and get through to the patient. He may feel urges to criticize, blame or ignore the patient, or to criticize himself.

Apparent nonrelatedness usually betokens severe pathology. This may be in the form of a severe character disorder, perhaps with some career success; or may present as schizophrenia and social decompensation. Hypochondriacal states, some delusional systems, and hypomanic traits may also serve as vehicles for apparent nonrelatedness.

A frequent move from apparent nonrelatedness is to the state of need-

driven malrelatedness, a move often described inappropriately as a regression, e.g., by Balint (1968) and Myerson (1979).

*Need-driven malrelatedness*

The analysand in this state shows “instant” transference, and the analyst is caught up in an intense dynamic interaction. Unlike apparent nonrelatedness, the denied needs calling for mediation can, not uncommonly, be sensed just beneath the surface. They may manifest in a preoccupation about a current (or future) child, or in a wish to enter the psychotherapeutic professions. The patient nevertheless blatantly discharges impulses or gratifies wishes in the analytic context in a way that prohibits genuine contact and mediation of needs. And the analyst may come to feel that both he and the setting are being used by the analysand just for this purpose. References to the past are not particularly heeded, or at least do not diminish the intensity and immediacy of the patient’s experience and behaviour. The analysand is seen to be, or may even openly declare himself to be, deeply engaged with the analyst and waiting for the analyst to put him right.

Much of the case material presented in the literature in recent decades focuses on transference experiences of this type. The picture varies. The transference may consist of chronic deliberate devaluation, denigration, or attacks on the analyst and his interventions. Or the patient may leave the analyst feeling superfluous and useless by seeming to have all the interpretations, or by subtly stripping away meaning. Or the analyst may be adulated and admired as an omnipotent saviour, and the patient feels better or even cured by his presence. Or the analyst is forced to behave in a particular way. Sometimes patients oscillate between different characteristic but opposite interaction patterns.

A person in this state is usually said to use transactional defences (Rakkolainen & Alanen, 1982), or to depend on symbiosis (Searles, 1965; Kohut, 1971), projection and externalisation (Brodey, 1965; A. Freud, 1966; Berg, 1977; Novick & Kelly, 1970), or splitting and projective identification (Kernberg, 1975; Klein, 1946; Rosenfeld, 1983) as their primary modes of defence. Kleinians see such phenomena as transference enactments of unconscious phantasy and as evidence of the paranoid-schizoid position in development. However, A. Freud (1966, p.44) regarded them as a “sub-species of transference” and distinct from transference proper which she identified with neurotic functioning. Others see such forms as a

relic of childhood functioning or evidence of developmental arrest (Kohut, 1971; Stolorow & Lachmann, 1978).

### *Collusive Pseudorelatedness*

The appearance of a relationship, rather than the substance of one, may be maintained if both parties to it play their roles. In an analysis, the psychoanalyst has some idea of how he should be functioning and usually some expectations of the way patients function. If the analysand can sense these, and has sufficient emotional resources, he may choose to comply with those expectations and produce associations, dreams and affects to order. More complex varieties of such relatedness include the analysand who presents himself as a delegate of the part of himself that needs treatment, or the analysand who operates as a caretaker for his own needs. The analyst then develops a sense of being in a partnership, but not with a disturbed individual. Instead the analyst is in contact with someone who is drawing on the analyst's assistance on behalf of the needy analysand, and who is talking about problems without allowing the analyst direct access to them. Such compliance may involve the analysand in subtle distortions, or in gross dishonesty.

Excellent descriptions have been provided by Winnicott (1956, 1960) using his concepts of True and False Self. However, while False Personalities may be distinguishable occasionally, as Winnicott suggests, the message of this paper is that the phenomenon may develop during analyses of individuals of widely varying natures. When patient and analyst start supporting each other in this way, genuine analysis has ceased. Providing it is recognised without too much delay, this does not necessarily mean failure of the analysis.

### PRIMAL REPRESSION AND PRIMARY RELATEDNESS

We must now consider primal repression. This refers to a distinct state which, though well known to analysts, has not yet been fully appreciated and legitimated in the psychoanalytic literature (Kinston & Cohen, 1986). The omission of primal repression leaves a serious gap in psychoanalytic theory because this is the state *whose avoidance is the aim and rationale of object-narcissistic protections and neurotic defences*. In primal repression, analysands re-live aspects of past traumata. Primal repression is therefore the state leading to emotional growth and identity change on the one

hand, and meaningful illness or catastrophe and possible death on the other.

We have named the transference relatedness that enables the emergence of primal repression *primary relatedness*. Primary relatedness is the non-internalisable direct valuing, nurturing relationship with the environment which each individual absolutely needs throughout life. In primary relatedness, the fundamentals of relating lose their certainty. The patient becomes concerned with his whole self or whole life; and with the fundamental psychic-life-and-death issues of autonomy and belonging, separateness and connectedness. Under autonomy we may include the ability to have wishes, make decisions and judgements, and act with commitment – this is the realm of self-narcissism, the counterpoise to object-narcissism. Under belonging we may include the ability to feel part of a group, to be valued and appreciated, and to give and receive nurture – this is the realm of self/object relations of which object-narcissism makes a mockery.

The transition to explicit acknowledgement of primary relatedness is essential for a successful analysis because only when this is reached can primal repression be safely repaired and new psychic structure developed. In the transition to primary relatedness, the analysand experiences intense negatively valued self-images; and the analyst comes to be perceived as needed for growth but as the agent of potential destruction. The analysand therefore feels extremely vulnerable and sensitive to the analyst. The analyst for his part needs to become aware of his unique significance for the patient. The mutual relatedness which then develops allows deep, even telepathic, communication (Dupont, 1984). The analysand is consciously driven by attachment needs, and intense conscious yearnings for the analyst and deep pain at separation may characterise the clinical picture.

In a secure state of primary relatedness, an analysand can tolerate re-emergence of the trauma without long-lasting harm. The trauma presents as overt deterioration in the analysand's state to the point of physical or emotional illness. The mental disorganization may be associated with intense experiences of desperation, pain, panic and helplessness. Appropriate handling of the analysand results in the emergence of fragmentary evidence as to the nature of the historical traumatic event. Because the defining quality of primal repression is the absence of emotional understanding, repair involves the development of new understanding via transitional stages in representing. For example symbolic equations, use of words as things, delusional or hallucinatory experiences, or even frank paranoid psychoses may present, but these now portend emotional growth.

Another primitive form of expression and communication is action. Action in this state is generated to permit objective recognition by the analysand of himself and of his separateness from the analyst. Deliberate action by the analyst may also be needed in the handling of the analysand. Such self-transformative action and interaction contrasts with action which serves social purposes (open state), which aims to avoid particular conflicts (neurotic state) or which serves to maintain a stereotyped interpersonal interaction (object-narcissistic state).

Readers wishing illustration and further elaboration of the above points should refer to Kinston & Cohen (1986) which contains examples of our own and from the literature. A psychoanalyst who has particularly enjoyed working with patients in the state of primary relatedness and has published many illustrative cases is Masud Khan (e.g., Khan, 1960: Second Phase, p.149-167).

#### RECOGNIZING THE STATES

The psychostatic framework has been developed for practical use. Our research suggests that the type of intervention the analyst should make varies with the state. However, before moving on to discuss issues of technique a caveat is required to ensure that states are properly recognized.

Recognition of a state must be based on a global assessment of the transference and the general progress of the analysis. Single features on their own should not be given excessive weight. For example: confusion has been mentioned as a key feature of object-narcissism, but it may exist as a natural spontaneous response to the situation, or it may be a neurotic defence, or it may be part of the traumatic state. Intense attachment features as characteristic of primary relatedness, but it may manifest in object-narcissism when the analyst has been idealized, or it may indicate a neurotic reaction against competitive urges. An attempt to shake hands may be a natural gesture (open), or may be a wish to cover a guilty mistake (neurotic), or may be an attempt to appear normal (object-narcissistic), or may reflect the emergence of a basic need for physical contact (primal repression). In every case, further evidence from the material and the transference experience are required to clarify the most likely state of mind within which the phenomenon is set.

We have already noted how action differs in the various states. Sexual and aggressive drives, affects and other psychic elements are also expressed differently in the various states. When sexual and aggressive urges appear

in the open state, they do so in a specific way, appropriate to the situation and object-related. In the neurotic state, these drives infuse feelings and activities generally and their appropriateness stems primarily from the persons's internal logic. In the object-narcissistic state, the drives may seem to be absent or may serve as a source of excitement, often perverse, which blots out experience and dehumanizes relating. In primary relatedness, sexuality and aggression present in relation to traumatic events or unmet needs. Affects show a similar differentiation: in the open state they are varied, appropriate, and alterable; in the neurotic state, they are prominently associated with anxiety, guilt and shame; in the object-narcissistic state they are either avoided completely, or are artificially generated; in primal repression, they manifest most directly and intensely and are the basis of illness or death (Krystal, 1978).

The states are fundamental to human functioning and therefore would be expected to be recognizable outside the consulting room. Research at the Brunel Institute suggests that open and neurotic states merge in everyday life to form a "reflective state" oriented towards *becoming*; the object-narcissistic state corresponds to a "protective state" oriented towards *doing*; and primal repression corresponds to a non-traumatic "experiential state" oriented towards *being*.

#### TECHNICAL IMPLICATIONS

The framework appears to be a necessary tool in the analytic goal of reaching the hole in the mind and repairing it. Hence its significance lies in its technical implications. The failure to understand the properties of the various states is, we believe, a prime cause of analytic failure and analysis-induced catastrophe. We have already commenced documenting this proposition in Kinston & Cohen (1986). Here we intend to put forward the principles involved, and in later papers detailed clinical material will be provided.

The notion of state employed is nearly synonymous with relatedness, and is therefore an interactional conception. It follows that each state in the analysand has its own proper counterpart in analytic responsiveness and intervention. Behaviour by the analyst offering one form of relatedness will not by itself put an analysand in the corresponding state. This immediately counters any suggestion that the psychostatic framework offers an easy option to avoid psychic reality or interpretative work and move to direct gratification of the analysand. Just the reverse. If the analysand is

in a neurotic state, then activities of the analyst otherwise appropriate during, say, primary relatedness will make analysis difficult or even impossible. By the same token, when the patient presents object-narcissism to be worked on and understood, the analyst must not refuse to accept its reality. Useful work will cease if the analyst behaves as if the analysand were indeed in spontaneous or neurotic contact.

### *Open state*

The correct analytic counterpart of openness is a sympathetic open response and straightforward explanation. An analyst who scrupulously avoids ordinary social courtesies, never explains anything and regards every manifestation of the analysand as being unreal or distorted is himself actively distorting reality and denying the possibility of ordinary helpful human interaction between himself and the patient. Analysands can be open and spontaneous. Of course, they can also use ordinary social courtesies or appraisals of a situation for defensive or self-protective purposes. However adhering to an arbitrary and artificial refusal to be spontaneous or acknowledge ordinary reality *just in case* it might be an opportunity for the analysand to defend or protect himself is paranoid, unsatisfactory and inappropriate. It leads to a mockery of psychoanalysis – and one that is only too evident to critical academics and the general public. Our sense is that it is better to be on the side of trusting the analysand and oneself. If a mistake is made, it should be recognized and put right through discussion and subsequent handling.

In general, throughout the analysis, whenever the analysand is judged to be in an open state, the process and progress of the analysis should be explained. For example, usually at the beginning of an analysis it is possible to say something helpful about the work to be done and the obstacles and distress along the way. And open states often develop towards the end of a session in which useful analytic work has been done, or after a series of sessions culminating in a successful outcome on a particular matter. Such interventions will often be used later by analysands in the service of their psychopathology, but only temporarily and without lasting harm.

Perhaps the most important discussions about the analytic process are required near the end of the analysis after traumas have worked through. The analysand then has the task of constructing a new identity – one which takes into consideration the damage suffered and recognizes his or her own needs, abilities, circumstances, and values. Most analysands do not automatically appreciate their new found freedom and the amount of

deliberate conscious work (“working on”) which must be done in their everyday lives to realize and establish their new sense of themselves in both intimate and social settings.

### *Neurotic state*

Most writing on psychoanalytic technique has focused on the appropriate response to neurotic states. In this state, the analyst must empathize with the analysand to recognize and *interpret* impulse-defence-conflict configurations. This defines the strict sense in which we use the term “interpretation” throughout. The task of analysis when a patient is in a neurotic state is to gather evidence and interpret so as to expose or recover the neurotic system of wishes, and to discover more about the total interpersonal relation of which they are a part. We have little to add to the vast literature on the interpretive handling *per se* of conflicts, symbolic representation of wishes, and neurotic mechanisms. However, in the present context, it is necessary to point out that the proper boundaries of such handling are unclear.

Our reviews of published cases and our seminar supervisions suggest that serious difficulties commonly result from two main causes. First, interpretation is misapplied because of an incorrect diagnosis of the analysand’s predominant state of mind – in which case it has no effect or disrupts the analysand. Second, interpretation is applied correctly but its limited role is not understood and as a result the analyst fails to take proper advantage of the momentum and therapeutic benefit it does provide.

Analysts need to be alert to the limitations inherent in interpretation and to its effects when improperly used. This requires an awareness that neurotic functioning is but one of several distinct states of mind. In the absence of such knowledge, analysts are repeatedly frustrated by their inability to mobilize the forces of change through interpretation, however broadly that technique is understood. Attempting to interpret neurotic material in the face of object-narcissism is frustrating and futile. Gediman (1986) provided a good description of the result of such attempts – a failed analysis and the analysand perceived as “the incarnation of ... evil” (p.922). Robbins (1983) documented similar failure: “With the encouragement of my supervising analyst, I treated K as though he were neurotic, ... I attempted to interpret ... in terms of conflict and defence ... (This) seemed to foster passivity, fragmentation, and confusion on the part of the patient. After three years, K discontinued analysis”. Such situations give rise to retrospective judgements that the analysand was, after all, unanalyzable (e.g., Erle & Goldberg, 1984);



and this leads to rather fruitless attempts to refine assessment of analyzability. American psychoanalysis manifests this preoccupation because ego-psychology has difficulty handling the phenomena of object-narcissism.

Insight based on interpretation may be temporarily useful. However it has only a limited effect on the analysand because analytic activity is unconsciously perceived as saturated with sexual and aggressive urges. The actualization of significant personal change is therefore limited. Our proposal is that the primary effect of interpretative work is to resolve the neurotic state and lead the analysand naturally and inexorably into object-narcissism. Object-narcissism, properly handled, leads to primal repression where substantial personal change can be realized.

When interpretation is applied correctly but its role is not understood, the analyst finds himself in one of two difficult situations. Either the analyst suddenly finds he has an obdurately recalcitrant or severely deteriorating patient; or the analyst finds that all seemingly possible interpretive work has been done, including sufficient working through, but the analysand's difficulties are still unresolved and termination looms. Cases of unorthodox work in this phase of the analysis, typically reveal the analyst abandoning interpretation and requisitely attending to the problems of object-narcissism and trauma exposed by the interpretive work. Kinston & Cohen (1986) provided many examples from leading psychoanalysts of all schools.

Often, however, the analyst and analysand decide instead on termination. Termination following working through of the neurotic state alone is damaging if not catastrophic for the analysand and may lead to symptom return, family break-up, physical illness or death of an associate. Such unfortunately common events in the concluding phase of analysis are often considered accidental or irrelevant, e.g., by Greenson (1965) and Shane & Shane (1984, p.759). Alternatively, they are regarded as a function of especially intense resistances or insufficient working through. The frequency of these reactions has led many American analysts to conclude, contrary to Freud, that the transference neurosis commonly, or even universally, persists at the end of satisfactorily completed analyses (Firestein, 1978; Kubie, 1968; Norman *et al.*, 1976; Oremland *et al.*, 1975; Pfeffer, 1961; Schlessinger & Robbins, 1974; Shane & Shane, 1984).

#### *Object-narcissistic state*

The object-narcissistic state may present at the onset of analyses or be reached following successful working through of the neurotic state. Analysands here are not responsive to empathy or conventional interpretations

because they do not have coherent represented experiences to own. Experiences that are presented are produced for the purpose of survival or to satisfy the analyst. Seemingly empathic interpretations are therefore either useless or form the basis for collusive relating. The analysand produces object-narcissism as an automatic (instinctive) reaction to an underlying void containing the potential for death. Such reactions do not carry deep personal meaning.

In the object-narcissistic state, repetitive work, which we call “working off”, is necessary (Bibring, 1943; Lagache, 1957). The main tasks of the analyst are to distinguish the analysand from his lived experience, to familiarize the analysand with his difficulties, and to facilitate the development of primary relatedness.

In the end, the analysand must choose to give up his object-narcissism, i.e., to risk change and death. Interventions cannot make this happen. A person will begin to do this only when his main anxieties have been confronted, primary relatedness is established, and he feels safe. However even after primary relatedness is established, any approach to the area of trauma will cause a transient recurrence of object-narcissism. This reaction requires repeated working over. Eventually sustained object-narcissism can be permanently banished.

Our theory of narcissism has clarified that object-narcissistic disturbance indicates (self-)narcissistic vulnerability and results from past personalized rejection (Kinston, 1982, 1983b). Analytic intervention in the object-narcissistic state must therefore take self-narcissistic needs and associated pathology into account. Analytic work therefore involves both analysing and confronting object-narcissism, and analysing and supporting self-narcissism.

In dealing with object-narcissistic states, the analyst is in reality confronting the essence of mental illness and self-destructiveness, confronting evil and confronting the analysand’s avoidance of death and psychic reality. The analyst needs to feel comfortable about this. Confrontation may be an essential concept in the theory of technique required to handle object-narcissism, but it does not imply insensitivity, abrasiveness or overwhelming the person. The analyst may confront passively or actively. For example, he may make it clear that he will give whatever time it takes until the analysand changes his attitude; or he may directly focus on unspoken survival anxieties; or he may take up for discussion mental or physical behaviour that blatantly blocks analytic work; or he may insist on certain contextual conditions like the time of sessions.

It is usually helpful for the analyst to point out the two sides of the analysand's experience corresponding to the poles of narcissism – on the one hand the characteristics of the facade being used, and on the other the needy vulnerable feeling self. The confronting element here manifests in directly presenting to the analysand the evil and dehumanizing quality of the facade. Confrontation is conventionally seen as the very opposite of analytic responsiveness, or as what distinguishes psychotherapy from psychoanalysis. Certainly, the skill of interpretation in the neurotic state lies in avoiding direct interaction and minimizing any sense of confrontation which would only stir up neurotic counter-reactions and increase resistance.

Although the analysand presents in an impenetrable or unfeeling way which makes interpretations (as defined above) and many empathic interventions meaningless, provision of self-narcissistic support is possible and essential. Respect for the patient, scrupulous attention to regularity of sessions, punctuality and similar basics of analytic work are vital. Minor breaches will not generate a neurotic response which can be worked with but a breakdown of contact. In the early stages, simple reflection (mirroring) of the patient's communications or silent participation (containing or accepting transference states) may be all that is possible by way of interactional support. Recognition of the analysand's vulnerability, sensitivity to self-esteem disturbances, exploration of grandiose or negatively-valued self-images, explication of problems of continuity and integrity of the self, and assistance with shame reactions are required as work progresses. Calling attention to deficits in experience and suggesting links to childhood traumata are necessary.

Interventions may take the form of suggestions about what the patient might feel if ordinary self-narcissistic responsiveness were possible. This conditions an analysand to know what it might be like if he were psychically alive. In working with object-narcissism, dreams may need to be handled by translation of surface meanings, because any request for associations tends to be experienced as a demand and leads to an artificial or collusive response. Similarly all associations and reported events may be treated as a metaphor of the analytic relationship as a way of insisting on its psychic vitality; and exploration in detail of the fantasies and affects being generated may be essential for the same reason.

It is clear from the above that there is a vast difference between work within object-narcissism and work within the neurotic state. Kleinians emphasize confrontation of object-narcissism with "interpretations" of the

predominant anxiety together with sensitive provision of self-narcissistic support (Rosenfeld, 1974). This tendency to treat their analysands as predominantly in an object-narcissistic state leads to a perception of a "deep gulf" dividing them from classical analysts who work with the neurotic state (Greenson, 1974). Some Kleinian analysts undoubtedly ignore the neurotic state, and the possibility of overwhelming the analysand has been noted (Balint, 1968). However, systematic review and follow-up of Kleinian analyses is lacking and hence it is difficult to generalize on possible ill-effects of the early activation of object-narcissism.

### *Primal repression and primary relatedness*

Primal repression only emerges when primary relatedness has been explicitly activated. This state now demands a completely different approach. Following a premonitory period, the patient suffers one or more descents into a vortex of uncontrollable, terrifying and potentially catastrophic experience and action. A greater or lesser degree of mental disorganization and physical illness is inevitable. Sympathy, interpretation and confrontation are of no use whatsoever and may be counterproductive or even positively dangerous. Sometimes, as described by Gunther (1984), the analyst is warned by an "unbelievable torrent of rage, distress, panic or implicit terror" which emerges when an innocuous request is met with silence or a desire to explore its meaning. On other occasions, it seems that incorrect handling has insidious results: for example prolonging the analysis, producing severe illness or accidents regarded as coincidental, or generating inappropriate termination.

The prime therapeutic tools are now recognition of new experience, active adaptation and detailed reconstruction. The process here requires the analyst to admit failure and accept direct accusations. Facilitating the emergence of replicas of the trauma is important as this is the opportunity for the analysand to gain a perspective on himself and create a new identity which does not violate or attempt to deny his history. Reconstruction in this state is not just reference or linkage to past events as will have occurred frequently in other states, but a *working out in detail of the likely nature of traumatic events using evidence* provided by the patient. Evidence may come from enactments, from reports of past events or screen memories, from recurrent dreams, and from bodily changes or illness. The development of understanding (i.e., laying down of representations or psychic structure) proceeds via primitive forms of symbolization as mentioned

earlier. These quasi-psychotic phenomena must be regarded as evidence of positive growth, not illness or deterioration.

The analyst's activity during reconstruction is not a matter of simple reflection or interpretation. It involves imaginative re-creation. The result is not a rediscovery of old wishes, but the creation of new ones. In the state of primal repression, understanding leads to major personal change. The analysand avidly, if somewhat fearfully and with repeated temporary retreats into object-narcissism, can now use what is offered.

Review of the literature suggests that analysts intuitively handle the emergence of trauma much as described here, just as they used counter-transference experiences before they were legalized. However a confused or delayed response to the emergence of primal repression is likely without the aid of clear theoretical guidelines. Analysts who adhere to an ultra-pure conception of psychoanalysis and stick to rules useful in other states of mind are likely to block the analysand's growth. Interpretation or confrontation are unsuitable analytic responses to primal repression because they invalidate the analysand's activities or communications; and although self-narcissistic support is not harmful, it is not enough by itself. The most damaging response is to reject the patient just as his deterioration is fully underway on the grounds that he is too sick or requires a more expert analyst. Unfortunately, analysands commonly invite such a response.

### *State transitions*

The handling and facilitation of state transitions is an important but ignored aspect of psychoanalytic technique. It is not explicated because conventional wisdom argues for the existence of only one state, neurotic or object-narcissistic, depending on the theoretical doctrine. The technical handling of state transitions and the cyclic alternation of states during the process of trauma repair are topics beyond the scope of this paper.

### CONCLUSION

A mental state is an organised system of psychodynamic processes with the important properties of autonomy and stability. We have identified the four mental states which are of clinical relevance: each is both a type of mental functioning and a type of interpersonal relatedness; each on its own is well-recognized in the literature; and each requires its own form of analytic responsiveness. We have linked the states through the concept

of primal repression because the repair of primal repression is the purpose of psychoanalytic therapy.

To recapitulate: If mental functioning is in a region of the psychic structure far distant from primal repression then the analysand will, at that moment, appear to be in an *open state*. If mental functioning is in the neighbourhood of primal repression, then the analysand will, at that moment, appear in a *neurotic state*. If primal repression is more extensive within the analysand's psychic structure, or neurotic defences prove insufficient as a barrier, then the patient covers his primal repression with an *object-narcissistic state*. This is self-protective because it blocks the release of primal repression-linked catastrophe; however, it also blocks direct authentic relating and feeling. Object-narcissism takes various guises which may merge or transform into each other: apparent nonrelatedness, need-driven malrelatedness, and collusive pseudorelatedness. When the patient develops *primary relatedness*, object-narcissism may be given up and *primal repression* can be safely reached. In this state, the trauma re-emerges, often in association with severe psychological deterioration, enactments and physical illness. Primitive forms of symbolisation and action may also appear as part of the development of new understandings.

The major differences in psychoanalytic technique required for the handling of each state have been reviewed, however we have not examined in any detail state transitions.

In distinguishing alternative states of mind and emphasising the importance of the transition to primary relatedness and primal repression, our approach has been clinical and phenomenological. No proposition as to the structure of the mind has been offered, but the psychostatic approach suggests an origin of differing conceptions of the mind current in the psychoanalytic corpus. Mind can be envisaged as a *single homogenous structure* with different phenomena manifesting according to depth, primitiveness or degree of regression. This conception seems most appropriate when the emphasis is on open, reflective states of mind. The idea of a mind *split into two opposing parts* has been used by Kohut, and is most explicitly developed by Kleinian thinkers, like Rosenfeld or Grotstein, with their concept of the narcissistic organisation set up against the needy libidinal self. This conception seems most appropriate when the emphasis is on object-narcissistic states. The third notion is the *classical tripartite structure* of the mind (id, ego, superego) which seems particularly appropriate to the neurotic state.

Because of a lack of conceptual clarity about primal repression and

trauma, each of the above theories fails to guide the analyst at crucial junctures of the psychoanalytic process. The essence of psychopathology and the unifying logic of the four states lies in the persistence of trauma in primal repression, and the self-protective and defensive methods to prevent return of the trauma. The analyst seeking to identify where he is going with his therapy needs to see the current mental state as his tactical context and primal repression as his strategic goal. Transforming primal repression is the cornerstone on which psychoanalytic therapy rests.

#### SUMMARY

A framework of mental states developed from earlier studies of narcissism and repression has been devised to complement psychodynamics. The state of an analysand at any time in the analysis can be determined from assessment of his relatedness to the analyst and distance from primal repression. Primal repression is a neglected concept which refers to the residue of trauma, and is metaphorically "the hole in the mind" (Kinston & Cohen, 1986). The four mental states (or states of relatedness) are the open state (or spontaneous relatedness) distant from primal repression; the neurotic state (or neurotic relatedness) near primal repression; the object-narcissistic state (or object-narcissistic relatedness) when emergence of primal repression is imminent; and primal repression itself. In the absence of primary relatedness, emergence of trauma precipitates catastrophe. In its presence, emotional growth is possible. Each of the states requires its own form of analytic responsiveness: sympathetic and explanatory in the open state, empathic and interpretative in the neurotic state, reflective and confronting in the object-narcissistic state, and adaptive and reconstructive in the state of primal repression.

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