

Madness, Badness and Immaturity:

Some Conceptual Issues in Psychoanalysis and Psychotherapy

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Abstract:

Contrasting pairs of terms, e.g. 'mergedness' and 'separateness', play an organizing role in many versions of psychoanalysis and psychoanalytic psychotherapy. These pairs are meant to define two contrasts: between maturity and immaturity, and between psychic health and psychopathology. It is argued that this is too much weight for any terminology to bear. However, it follows not that we should abandon the terminology, but seek a proper understanding of what it means. It is argued that the contrast these terminologies primarily define is an ethical one, and the ideals of human relatedness they embody is compared to similar ideals in Aristotle, Iris Murdoch, and Kant. Along the way the paper attacks the claim that certain kinds of psychopathology are common to normal infants and ill adults.

Keywords:

Murdoch, Iris; Aristotle; virtue; separation-individuation; differentiation; Eagle, Morris; narcissism; moral education

0. In the background of this paper lies the idea that the developmental thinking characteristic of psychoanalysis and, more broadly, psychodynamic psychotherapy (which I'm lazily going to call 'psychoanalysis' for shortⁱ) is all of a piece with a philosophical tradition going back to Plato and Aristotle which focuses on the connections between human nature, human excellence and the good life for human beings. That is, psychoanalysis is to be understood in part as belonging to a Platonic-Aristotelian tradition in moral philosophy, or to what has become known - unfortunately - as 'virtue ethics' (Harcourt 2013).

The aim of the paper is to explore one way in which this idea might be spelled out in detail. First of all, I identify some contrasting pairs of terms which play an organizing role in psychoanalysis, especially in its more 'relational' (and less classically Freudian) varieties. In their respective home theories each pair is meant to define not one but two contrasts: between maturity and immaturity, and between psychic health and psychopathology. I argue that this is too much weight for any terminology to bear. However, the proper reaction to this is not to abandon the terminology as useless, but to try to achieve a proper understanding of what it means. My basic thought is that the contrast which these terminologies *primarily* define is an ethical one - hence the connection between psychoanalysis and the Platonic-Aristotelian tradition. Once this is seen, psychoanalysis is at least as interesting as it was before, and perhaps more so.

Before I go on, I should try explain why I choose to discuss a whole loose family of psychoanalytic theories in one go, and what I mean by 'relational' (Greenberg & Mitchell (1983); Buckley (1985); Rayner (1990); Mitchell (1988)) as a way of

characterizing them. This paper would certainly be far easier to write if I chose to focus on just one psychoanalytic theorist – Klein, say, or Loewald, or Mahler – and their closest followers: the same points could be made more simply and with less cutting of corners, and it could be left to the reader to generalize the points to theorists not discussed here. But since I believe the points *can* be generalized, surely I ought to look for a way of generalizing them myself rather than leaving half the work to the reader. Hence the need for *some* term to capture the features common to the theories I want to generalize about. Does the generalization imply that the differences between some of these theories are insubstantial? As a matter of fact I think that sometimes they are: there are personal and institutional pressures for psychoanalytic ‘schools’ to play up their differences, whatever might be visible to a more impartial theoretical eye. But I won’t argue for that claim, because justifying the generalization doesn’t require it. All that’s needed to justify it is whatever’s needed to justify writing about (say) modernism as opposed to the modernity of some particular artist or thinker, namely that if we are never prepared to zoom out at the expense of even substantial differences of detail, much of importance will be left unsaid.

So why ‘relational’? As I intend it, this term captures something common to, at least, certain British writers of the mid-twentieth century – D.W. Winnicott (1990, 1985), W.R.D. Fairbairn (1990), John Bowlby (1988a, 2005), Charles Rycroft (1985), and other “Independents”; to some of their forerunners (e.g. Ian Suttie) and descendants (Peter Lomas (1973, 1999)); to some Independent-minded Kleinians (Wilfred Bion (1984), Margot Waddell (1998)) and Freudians (Hans Loewald (1978, 1986)); and to some contemporary American theorists (e.g.

Heinz Kohut (Kohut and Wolf (1978)), Stephen Mitchell (1988)). As to what they have in common, there are more or less ambitious answers available. Stephen Mitchell regards relational psychoanalysis as unified by a view of human mindedness: roughly, that it's the co-creation of human beings and their environment (including their social environment), with neither having explanatory priority. This is a very ambitious answer, partly because the view itself is controversial and partly because it stands at a considerable distance from what many of the theorists on my list say about themselves. So because I don't need anything this ambitious, I won't say any more about it here. My less ambitious answer - less ambitious because this *is* something many of those I list say about themselves - is that relational psychoanalysis is unified by a view of human motivation: for 'relational' theorists, human beings seek relatedness to others for its own sake from the word go, in contrast to Freud's thought - though it is by no means his only thought on this subject - that human beings fundamentally seek to discharge their drives, or to regulate their level of stimulation, and seek relatedness to others as a means of doing that. Moreover, the manner in which we relate to others is - on the view in focus - of fundamental importance to describing human beings, and in particular to locating them on (at least) the dimensions of psychic health and ill-health, and of psychological maturity.

1. Each version of relational psychoanalysis has at or close to its centre a master distinction, or contrasting pair of terms, and though different versions have different pairs, the work they do in their respective theories is similar. Examples are the contrasts between 'immature' and 'mature dependence' (Winnicott), 'mergedness' and 'separateness' (Winnicott, Mahler),

'undifferentiation' and 'differentiation' (Loewald), 'fusion' and 'autonomy' (Mitchell) and - more problematically perhaps - the 'paranoid-schizoid' and 'depressive' positions (Klein). The contrast is a normative one: in each case the second member of the pair is where the theory in some sense says we ought to be.

A striking fact about these contrasting pairs of terms is that each pair is expected to function both as a measure of *psychological maturity* and as a measure of *psychic health*. I'll refer to this as the dual roles claim.

To begin with psychological maturity, relational psychoanalysis typically pictures the natural state of human infants as mergedness with, or undifferentiation from, the mother or other primary carer - as Winnicott puts it, 'the infant is ... simply merged with the mother' (Winnicott 1985: 107; cp. Winnicott 1990: 48) - or, in a variation on the same theme, with the environment:

'Neonates and small infants presumably experience themselves before self/object differentiation as if in a limitless merger with the world. Another way of putting this would be to say that the infant in this blissful state expands his self-experience to include the whole surround ((Wolf 1988: 56)'

Correspondingly, psychological maturation is 'the growth of the separate self from the unity of the "I" and "not-I"' (Fonagy 1999: 602; cp. Eagle 1984; Loewald 1978: 14; Lear 1998: 134): that is, it is pictured as a progress from mergedness to separateness, from undifferentiation to differentiation, and so on.

But the same pairs of terms also function as the measure of psychic health or, alternatively, of psychopathology. As Margaret Mahler puts it, 'the object-relationship' - meaning the degree of 'separation-individuation' - 'is the most reliable single factor by which we are able to determine the level of mental health' (Mahler 1985: 222). Again, one of the central 'pathologies'

which relational psychoanalysis sets out to address - perhaps, indeed, *the* 'pathology' - is 'narcissism', which is frequently explained as a way of relating to others that is 'pathological' precisely insofar as it is 'merged' or 'undifferentiated' or 'dependent' (Holmes 2001, Mollon 1993).

The dual roles idea has various corollaries which relational (and not only relational) psychoanalysis has explicitly embraced. One is what, following Mitchell (1988), we can call the developmental arrest thesis: the thesis that psychopathology is a matter of getting stuck in a state that's typical of infancy. Freud's notion of a 'fixation', which has passed into the vernacular, is an early example of this idea. We also find evidence of it whenever psychoanalysts describe therapy - that is, the treatment of what they regard as psychopathology - as getting their patients to 'develop' (Mollon 1993: ix), i.e. as remedying a developmental deficit.

But if being mentally ill is being immature, then since no one will deny that we are born immature, another corollary follows too, namely that we are, even in the most favourable case, born mentally ill, and that growing up is a matter of (if all goes well) gradually becoming saner: the early analyst David Eder said as much in as many words ('we are born mad' (Rycroft 1985: 123)), and the Kleinian Roger Money-Kyrle (1956: 23-4) speaks, in a remark that is the more revealing for being casual, of the 'immature or ill part' of the self. But this corollary seems incredible. It is not that illness couldn't be the norm: a majority of babies might be born with jaundice, but jaundice would still be an illness. What's incredible is that infants could be such that no improvement to their infantile condition could be imagined, and still be mentally ill.

2. One way to attack the idea that a certain kind of mental illness, marked out by the language of undifferentiation and so on, is the norm for infancy would be to attack the practice, common in psychoanalysis, of borrowing terms used to describe adult psychopathology to characterize the (supposed) phases of normal psychological development. Though this strategy is unusual in the psychoanalytic literature, it is not unknown (Peterfreund 1978; Klein 1981: 72; Eagle 1981), and it may help to get things into focus to consider a version of it due to Morris Eagle that in my view doesn't work (Eagle 1981). (His label for the 'pathology' he focuses on is 'narcissism'.)

The adult narcissist, Eagle argues, characteristically fails to be adequately aware of others, their needs etc.. However, to form relationships with others simply in order to satisfy one's own needs (e.g. latching on to someone who seems glamorous in order, by association with them, to enhance one's fragile sense of one's own value), despite all the failures of sympathy and insight that this involves, presupposes at least an awareness of others: minimally, one must be able to identify another person (i.e. pick them out from the environment), and identify them as of the right (let us say glamorous) type, in order to latch on to them. Indeed narcissistic adults - on standard psychoanalytic characterizations of narcissism - are not *uninterested* in others: they may be very attentive to them in certain respects (e.g. to the features which render them glamorous in the narcissist's eyes). But awareness of others as separate persons at all - so the argument runs - is what normal infants precisely lack. So adult narcissists and normal infants

ⁱ Two comments on these terms are in order. First, their reach as I intend them reflects my ignorance as much as any principle: there is of course non-Freudian (e.g. Jungian) psychoanalysis, and psychodynamic psychotherapy well beyond the more or less Freudian tradition in focus here, but I know very little of either and so can't say whether my remarks generalize to them. Secondly, I mean the terms to pick out only psychoanalytic *theory*: on psychoanalysis (or psychodynamic psychotherapy) as a practice I have nothing directly to say here at all.

cannot be in the same psychological state, and it's a mistake to use a single label – 'narcissism' – to describe the state of both.

Now I don't want to attack this conclusion but only the argument offered for it. So let us begin by asking what is meant in this context by the claim that normal infants 'lack awareness of others as separate persons'. Since Eagle maintains that even adult narcissists – let alone healthy adults – are *not* lacking in this respect, the suggestion is that the capacity in question is cognitive, and this interpretation fits Margaret Mahler's characterization of the respect in which normal infants *are* lacking (see also Peterfreund 1981). Mahler claimed – seemingly following Freud – that infants when first born are aware of no stimuli except from within their own bodies.ⁱⁱ In so saying, Mahler rightly grasped that to experience touch is to experience something that is not oneself as coming into contact with oneself. So if infants had sensations at the surfaces of their bodies, this would be incompatible with its being for them as if their (unexperienced) outsides are of possibly limitless extent, and thus incompatible with the absence of any impression of something beyond themselves for them to have a boundary with. Mahler denied that infants have any such sensations, in other words, to make room for the claim that infantile experience is boundaryless, i.e. that infants in a certain sense of the phrase 'lack awareness of others [or indeed of anything] as separate'.

Now as it happens Mahler herself believed that later psychopathology does consist in the persistence of normal infantile states,ⁱⁱⁱ but her view of

ⁱⁱ '[The infant shows] hardly any signs of perceiving anything beyond his own body. He seems to live in a world of inner stimuli ... characterized by what ... we call the stage of hallucinatory wish-fulfilment', Mahler, quoted at Klein 1981: 170. A source in Freud would seem to be his claim that 'the state of psychical rest was originally disturbed by the peremptory demands of internal needs', 'Formulations on the Two Principles of Mental Functioning' (Freud 1958: 219). A note on the same page proposes a bird's egg as a 'neat example of a psychical system shut off from the stimuli of the external world'; 'psychic hatching' is a phrase Mahler uses to describe the first phase of 'separation-individuation' (Mahler 1975).

infancy is independent of that further claim. What's interesting about Eagle's argument now under examination is that it denies adult narcissists are in the same state as normal infants *not*, as I propose to do, in order to make room for the claim that normal infants are mentally healthy: on the contrary, compared to the state of a normal infant, the degree of mental illness - understood as 'unseparatedness', undifferentiation etc. - found in adult narcissism is, in Eagle's view, a slight thing indeed. The claim that normal infants are not in the same state as mentally ill adults is consistent with maintaining that normal infants *are* mentally ill - as long as we are careful to say they are much *more* ill than even the most narcissistic adults. That was not the conclusion we were looking for at all. It looks as if the familiar claim that adult psychopathology consists in the persistence of normal infantile states, and Eagle's strategy for resisting it, must share some mistaken assumptions.

One such assumption concerns normal infants' cognitive powers: the usual claims about the boundarylessness of infantile experience are simply untrue (Peterfreund 1981). It is not true that infants are aware only of internal stimuli. Infants enjoy being swaddled, for example, so presumably they are able to experience sensations at the surfaces of their bodies. And of course they are aware of stimuli at a distance from their bodies too: they enjoy moving or coloured lights, or exploring a room with their eyes; different

ⁱⁱⁱ As revealed in the fact that (in her view) adult sufferers from autism are more likely to bump into things, because they are stuck in the 'boundaryless' condition of newborns ('normal autism') (Mahler 1985). Cp. the 10-year old 'David' in Tustin 1995: 33 ('he walked across the road unheeding of traffic and often walked into walls and telegraph poles as if they did not exist'); and Spensley, 1995: 35. My point is not to deny that autistic people may display this behaviour, but only that if they do, this fact has to be explained as a (defensively motivated) survival of a cognitive limitation that is normal in infancy.

sounds (including musical sounds); and the facial expressions of others. None of these stimuli come, or appear to come, from within themselves.

Another reason given for the claim that infants experience themselves as boundaryless, or that they are unaware of a boundary between themselves and others, is that their experience straight after birth must be very like their experience *in utero* and *in utero* they are 'merged with their mothers' because they are wholly inside their mothers' bodies (cp. Michael Balint, at Rayner 1990: 118). Of course there is a question how like experiences *in utero* newborns' experiences actually are. But even supposing that they are exactly similar, the similarity would not support the idea that newborns have no awareness of their own boundaries, or therefore of others, unless there is some reason to think that babies *in utero* experience themselves as boundaryless. But the fact that they are wholly contained within something else is surely not on its own a reason to think this: a child shut up in a picnic basket, or in a car, or in a house is 'wholly contained in something else' and has the same sense of its own boundaries as it does when not so shut up. So if there is a reason, it must come from elsewhere - perhaps from the special character of the womb as an environment. But in the womb, to the best of our knowledge, infants are aware of light and of sounds (hence newborns' ability to recognize voices and music straight after birth), both of which are exercises of distance senses - the womb is not the sightless, soundless suspension tank of some writers' imaginations. Moreover the womb is itself a boundary. If a newborn can be aware of something that is not it - another's hand, say - touching its hand, why suppose that an unborn baby cannot be aware of

something that is not it - the womb itself, and the muscle beyond it, and perhaps the hand touching the muscle - when it kicks against it?

Finally, the womb bounds a space that may be occupied by others (as it is in multiple pregnancies). Alessandra Piontelli (Waddell 1998: 16) reports an eighteen-month old boy referred for therapy who

“seemed to move about restlessly, almost as if obsessed by a search for something in every possible corner of the limited space of my consulting room, looking for something which he never seemed able to find. His parents [said] ... that he acted like that all the time, night and day ... [He] also tried to shake several of the objects inside my room, as if trying to bring them back to life”

It turned out that the boy had had a twin who died *in utero* two weeks before the boy's birth. Piontelli interprets both his searching and his shaking behaviour in the light of the fact that he was used to sharing his 'living space' with someone else - if she is right, an impressive example of awareness of others even in the womb.

This is not, of course, to say that normal infants are indistinguishable from narcissistic adults in respect of their cognitive capacities, and indeed they aren't: they lack 'object permanence', for example - a conception of others or of themselves as separate *enduring* objects. But the central oddity of Eagle's argumentative strategy is the idea that we could hope to show that normal infants are still less 'aware of others as separate persons' than narcissistic adults by pointing to merely cognitive differences between them. For in so far as that phrase expresses what the narcissist distinctively lacks, it

points towards a deficit in respect of the capacity to see others (for example) as not only potential satisfiers of one's own needs but as making demands on oneself, and so on. If – as Eagle says – narcissistic adults can be deficient in respect of the latter capacities but cognitively sophisticated, the implication is not that 'awareness of others as separate persons' expresses a single (cognitive) dimension along which narcissistic adults are more advanced than normal infants, for that would make it hard to distinguish narcissistic adults from *healthy* adults, but that it ambiguously expresses two different achievements. Of course it is not an 'innocent' ambiguity, in which the same expression has accidentally acquired two unrelated meanings. The ambiguity exists because a defect in respect of one achievement makes for such a vivid *picture* of a defect in respect of the other: if one described the inner life of a certain kind of adult narcissist as 'its being for them as if their (unexperienced) outsides are of possibly limitless extent, and thus as lacking any impression of something beyond themselves for them to have a boundary with' one would be expressing oneself well, not making the silly mistake of imputing to them the (supposed) cognitive limitations of a newborn baby. And it's because one makes for such a vivid picture of the other that it's so easy not to notice that two different senses of an expression, and two different achievements, are in play. But two senses are in play nonetheless, and because that is so, the fact that normal infants and narcissistic adults indeed differ markedly (though not as markedly as some have suggested) in respect of one of these achievements – the cognitive one – is simply irrelevant to the question how they stand with respect to the other one.^{iv} For all that has so far been shown, normal infants could be way ahead of narcissistic adults in respect of their capacity to see others as independent centres of thought,

feeling and initiative, despite being behind them on certain cognitive measures.

I conclude that if 'lack of awareness of others as separate' - the narcissist's problem - is a mental illness, it has not yet been shown that it is one from which normal infants as such suffer.

3. But do the contrasting pairs of terms I've set out really express concepts of mental health and psychopathology anyway? Once upon a time psychoanalysis thought of itself as a completely general theory of psychopathology, offering explanations of everything from hysteria to schizophrenia to autism. More recently, however, it has drawn in its horns (Holmes 2001: 38; Bateman and Holmes 1995: 213): now it mostly addresses itself to 'disorders of the self', that is, to the conditions marked out by terms such as mergedness and undifferentiation, and this makes a big difference. It would be hard to argue - and I don't wish to - that (say) schizophrenia is a kind of ethical defect. But that is exactly what I *do* wish to say about undifferentiation, 'narcissism' and so on.

But if 'undifferentiation' and the rest label an ethical defect, then which one? Notwithstanding what I have said against the normality of mental illness in infants, one way to express what the contrasting pairs of terms are all fishing for is to say - and here follows an unashamedly 'pictorial' use of an

^{iv} It's of course not only the cognitive that makes for vivid pictures: the physiological does too. Thus Sue Gerhardt can write that the newborn baby 'is still physiologically *and psychologically* an extension of [the mother]' (Gerhardt 2004: 23; my italics). The point here is that because the second use of 'an extension of' is 'pictorial' in a way the first is not, the truth of the first claim is not evidence for the truth of the second.

expression whose primary anchorage is, as we have seen, partly in the characterization of our perceptual capacities – that they are all a measure of the boundaries of the self, or of the boundaries between one person and another. The contrasts are not, it should be said, all or nothing, but rather mark opposite ends of a scale. So, the closer one is to the autonomous/separate/differentiated/depressive end of the scale, the more it is true of a person that the psychic boundaries between him and others are where they should be – wherever exactly that is. Conversely Phil Mollon describes some 'disturbances of the self' as 'a loss of the normal sense of boundaries between self and other' (1993: vii), while according to Kohut, the 'intimacy of immature ... relationships' involves the 'blurring of boundaries between selves' (Chazan 1998: 74).

But what does talk of boundaries between people amount to? The issue of boundaries between people is important whether the people know each other or not: issues about territory or property or rights, which can arise between complete strangers, are in some sense issues about boundaries. But boundaries come to be of special importance when people come into close contact with each other and, since closeness to (some) others is something almost everyone wants very much, such issues are important in some areas of most people's lives. I do not think – though this would need to be argued for – that intimacy is *per se* a case of the misdrawing of boundaries. But I do think that intimate relations are a context in which it's easy for boundaries to get blurred, or drawn in the wrong place. We can for example become over-identified with another person so that we cannot think accurately about what they think or want: when we ask ourselves about them, what we come up with

is just an echo of our own thoughts and wants. Or else we can't think accurately about ourselves: we have been so taken over by another person that when we try to consult our own thoughts or wants, all we come up with is what they think or want. These two failings tend to complement one another: the unknowingly tyrannical husband who thinks his wife would love yet another golfing holiday may well be married to someone who, when she gazes inwards, cannot locate a desire for anything other than to carry her husband's clubs round yet another a golf course (cp. Caper 1999). Of course there's much more to it than this. But provisionally, if the terminology of undifferentiated/differentiated (and so on) are ways of thinking about boundaries between persons, they mark a contrast between on the one hand something like egotism, incapacity for other-concern, failure to be alive to others as independent centres of thought, feeling and initiative – 'narcissism' being at least an example of and perhaps a catch-all term for all of these defects; and (on the other), in Betty Joseph's words, 'real relating, in which the other is thought of as separate' (2004: 161). But another part of 'real relating' is the capacity to think of oneself as separate from the other, perhaps under the pressure of another's coercive wish to be merely an extension of him or her.

It is because the capacity for 'real relating, in which the other is thought of as separate' is an ethical excellence or virtue, and the incapacity to do so an ethical defect or vice, that psychoanalysis is indeed – as Hans Loewald has put it – about 'becoming what may properly be called a self': it's a contribution to the theory of the formation or ill-formation of character, Aristotle's territory (Loewald 1978: 5-6. Cp. Waddell 1998: 3; Lomas, 1999; Harcourt 2013; Sherman, 1995). It's also

why it should be no surprise that the language of relational psychoanalysis often echoes that of an undisguised moralist, Iris Murdoch, who speaks for example of the 'fat relentless ego' as obscuring from us the reality of others, and thus as an obstacle to (good) love, or of the difficult 'exercise of detachment' which 'teaches us how real things can be looked at and loved without being seized or used, without being appropriated into the greedy organism of the self' (Murdoch 1970: 52). One of the most characteristic marks of relational psychoanalysis is its affirmation of a Murdochian 'realism' about others as a central human good.

Now there's a question lurking here which I want simply to note before moving on. I want to insist that 'boundary issues' *are* ethical issues, so there is a polemical value to saying that they *aren't* psychopathologies, because very often when people classify something as a psychopathology they think they are classifying it in a way that's 'value-free'. But the positive claim is very much more important than the negative one: polemics aside, once the claim that boundary issues are ethical is admitted, the question whether they might not *also* be psychopathologies is one I am happy to leave open. (Plato, for example, would have sensed no incongruity in saying they were both at once.) That's why I said a little earlier that the *primary* point of the master contrasts of relational psychoanalysis is to draw ethical distinctions. Whether, *in so far as* these terminologies draw ethical distinctions, they also draw distinctions on the dimension of psychic health and psychopathology, is a much more controversial matter - and so one I shall not discuss further here. But the kind of distinction these terminologies most obviously draw is ethical.

4. That's my first conclusion, and in a way that is the easy bit. But if the other claim psychoanalysis usually makes for its core contrasts is left in place - that they express norms of psychological (im)maturity - things don't immediately look much better. For now what follows from the dual roles claim is not that we are born mad, but that we are born bad, and growing up is a progress not indeed from illness to mental health but from badness to goodness. I shall refer to this as the moralized conception of psychological maturation. Of course the moralized conception would not be of interest if it were too fantastical for anyone ever to have held it, but that is far from being so, as I shall now try to illustrate from the literature of relational psychoanalysis. Indeed its prevalence shows how widely - sometimes explicitly, sometimes more inarticulately - relational psychoanalysis *already* understands its core contrasts as ethical.

That the concept of the paranoid-schizoid position is an ethical one comes out well in Margot Waddell's description of the position. This state of mind, she says, is

characterized by *an exclusive concern with one's own interests*.

If all goes well developmentally, the infant is said then to progress to the depressive position, a state in which

a more considerate attitude prevails, Feelings of concern arise, and the beginnings of the capacity to experience remorse for the harm which is felt to have been done to the loved one, or loved ones... . These responses are organised around an experience of the other as separate from the self, as

being a whole person, possessing his, or her, own independent life, outside the narrow concerns of immediate personal needs (Waddell 1998: 6; italics mine).

Though Waddell is careful to emphasize that infants are not to be criticized for being in the paranoid-schizoid position – ‘it is a natural and necessary state at this very early stage’ (cp. Holmes 2001: 5) – the move from the paranoid-schizoid to the depressive position is envisaged not only as a normal maturational step but as a moral improvement.^v

^v The same point emerges from the related Kleinian contrast between normal and pathological projective identification. At the pathological end of things, characteristic of the paranoid-schizoid position, projective identification involves a failure to understand boundaries between self and other, or seeing the other as a mere extension of oneself: ‘it is characteristic of the omnipotence of *pathological* projective identification that the boundaries between the self and the object are destroyed’ (Hinshelwood 1989: 296). Somewhat closer to the ‘depressive’ pole, projective identification will have some of the marks of empathy, but the range of the other’s experiences of which the subject achieves understanding may be limited and the mechanism typically leads to an insensitivity to differences between the other and oneself. At the ‘depressive’ pole itself, in normal projective identification, we have true empathy – a disinterested ability to enter into another’s state of mind which, because it is disinterested, will be responsive to changes in the other rather than to one’s own needs. The differences between these types of projective identification are, I take it, ethical differences, but these ethical differences are at least sometimes assumed to map straightforwardly not only on to differences between mental illness and mental health, but on to different phases of normal psychological development: for the collapse of all three sets of distinctions, see for example Richmond 2004: 247, ‘projective identification is a normal part of infantile development [and] its persistence (or regression to it) underlies psychotic illness in adult life’. The assumption that the paranoid-schizoid/depressive contrast is not only ethical but also developmental seems, however, to fly in the face of the distinction Klein herself draws between a ‘position’ and a developmental phase, which allows that one can be in either the paranoid-schizoid or the depressive position at *any* phase (Segal 1997: 76: ‘The concept of a position is not the same as that of a phase of development’), though note the difficulty even Segal sometimes has in maintaining the distinction: ‘I am speaking of the depressive position as described by Melanie Klein, ... *a phase of development*’, Segal 1981: 121.

Here, chosen for the very casualness with which they are expressed, are some more examples of the same thought. We read of

“the infant’s transitional process from [fantasized] omnipotence to healthy object relations;” (Judd 2000: 237)

that

“from valuing the mother as a need-gratifier to valuing her love, the child [normally] comes to appreciate her as a person in her own right;” (Edwards et al. 1981: xv)

and that

“[a]s we know, the course of maturation in childhood – or in therapy – is from unseparate, possessive, narcissistic relationship towards relationship that acknowledges, can thrive on, the otherness of the other.” (Bishop 1998: 81)

One need hardly open a psychoanalytic or psychotherapy journal to find the psychological states of normal but immature human beings described in negative ethical terms. Nor is the idea of infants as little egotists typical only of relational psychoanalysis: on the contrary, it is echoed again and again in other areas thought (from Augustine (1907: 1.7.11) to George Eliot (Waddell 1998: 7)).

Now in section 2 all I claimed to show was that it doesn’t *follow* from any account of normal infants’ cognitive limitations – limitations in respect of ‘awareness of others as separate’ in *that* sense – that they are narcissistic; nor would that conclusion be helped to follow by pointing out that narcissism is an

ethical defect. But normal infants might be narcissistic - incapable of 'real relating, in which the other is thought of as separate' - nonetheless. I now propose to show that this isn't so.

For all their obvious cognitive limitations, normal infants with good enough care feed contentedly, allow themselves to be soothed, respond to the caregiver's smiles with smiles or noises of satisfaction, respond to familiar sounds and faces, engage in play, and take evident pleasure in these things. This is not to say that any of this comes for nothing: if caregiver-infant pairs can be attuned, they can be ill-attuned too. But the reciprocity, attunement and mutual pleasure characteristic of relations between normal infants and their caregivers when these are going well are hard to make sense of if, from the infant's point of view, psychically speaking there is only one person there. The infant's smile when its mother smiles isn't a smile that just happens to follow the mother's, but a smile *at* the mother's smile; the rudimentary play in which mother and infant take turns to make noises, and the second-by-second alternation of focus on the other, loss of focus, and recovery of focus that we call 'attunement', are manifestations of awareness of the other as a centre of thought, feeling and initiative - in other words forms of 'real relating', albeit infantile forms. So not only is it the case that infantile cognitive limitations do not imply narcissism: they coexist with its absence. Whether we see narcissism (implausibly, I think) as merely a mental illness, or as an ethical defect, or a both, it is not a trait characteristic of normal infants: normal infants are no more egotistical than they are mentally ill.

5. There may nonetheless be some discomfort with this conclusion. An infant, even when all is well, cannot (for example) *express concern for its mother's welfare*. But that means it lacks something which it is also characteristic of the adult narcissist to lack. So surely a certain kind of ethical defect is common to normal infants and adult narcissists after all.

There is a long answer to this and a short one. The short answer has to do with the connection between capacities and praise and blame. Normal adults are capable of reflecting on whether their actions are worthwhile or not, so they can be to blame for not doing so (though they needn't be); animals meanwhile are not to blame for not doing so, because they cannot. Now to regard an infant as blameworthy for lacking concern for its mother's welfare would surely be absurd. Nor can one rescue the shared defect idea by claiming that though infants are indeed egotists they are not to be blamed for it, since it's 'natural and necessary ... at this very early stage': 'egotism' means (roughly) 'blameworthy lack of concern for others', so if you are calling them egotists you are blaming them. (Compare trying to withhold blame by telling someone 'you are mean and selfish - but I don't mean that as a criticism': it can't be done.) It might be objected that precisely the difference between adult narcissism and 'ordinary' egotism is that there's a kind of incapacity in the former that there's not in the latter, and to answer this objection the short answer would need to become a very long one, but I don't think it needs to because a second line of reply is available too.

The second line of reply involves making room in our conception of human excellences and defects for a distinction between traits of character that are manifestable at any phase in the life-span, and those that are

manifestable only at a particular (loosely defined) phase. Call the former *non-phase-specific*, and the latter *phase-specific* dispositions or traits. As far as I am aware, this distinction is absent both from Aristotle and from his contemporary followers – notwithstanding Aristotle’s strong interest in developmental questions.^{vi} The inspiration for the distinction comes from attachment theory (Bowlby 1998), and also by the Kleinian distinction – when it is strictly maintained – between a developmental phase and a ‘position’ (Segal 1997: 76; Britton 1998) Attachment theory is committed to the view that attachment needs are constant across the lifespan (even if an individual’s basic attachment classification – secure, insecure-ambivalent and so on – can change over time). So it needs a way of identifying these basic classifications in different phases of life, and this poses a *prima facie* problem: the standard way of identifying dispositions is via their behavioural manifestations, so how are we to track the persistence or non-persistence of a disposition such as secure attachment through phases of life in which an individual’s behavioural repertoire changes so dramatically?^{vii} In answering this question, attachment theory – without pursuing it as an independent theoretical question – has elaborated a distinction between phase- and non-phase-specific traits. For example, secure attachment is manifested between 12 and 18 months by the capacity to show distress upon separation from an attachment figure but to recover more or less swiftly when the attachment figure returns: this is the stuff of the Strange Situation (Ainsworth and Wittig 1969). In adulthood, on the other hand, secure attachment (as captured by the Adult Attachment Interview) is manifested in narrative style: the ability to talk with more or less due detachment but also more or less due explicitness about one’s past and significant relationships, whether good or bad. Secure attachment here is the

non-phase-specific trait; the nameless but distinct traits captured by the Strange Situation and the Adult Attachment Interview are counterpart phase-specific ones.^{viii}

But though attachment theory is helpful here, the distinction I'm drawing is not local to that or to any other theory. 'Adventurous' and 'timid', for example, are ordinary-language terms for non-phase-specific traits: adventurousness in adulthood may be manifested by going on a Polar expedition but in infancy may involve no more than climbing the stairs, or trying out a new foodstuff or a new word. More importantly for present purposes, virtue-terms are typically phase-specific to adulthood, because they

^{vi} This is not to say it isn't a distinction neo-Aristotelians urgently need. According to Aristotle, an important dimension of human psychological maturation is (if all goes well) a move from good natural inclinations – as it were from proto-goodness – to goodness or moral virtue, e.g. *NE* I.iv (Aristotle 1954: 5-6); bk. II.1 (1954: 28-9; bk. X.9 (1954: 270). And in *NE* II, where Aristotle is developing the idea that the acquisition of virtue depends on habituation, he says that 'states of character arise out of like activities ... It makes no small difference, then, whether we form habits of one kind or of another from our very youth' (Ross, p. 29) But if the acquisition of virtue requires fostering the right habits, any account of how proto-goodness develops into goodness needs an account of what to *count* as 'like activities' and 'like states of character' when the comparison is between 'our very youth' and maturity, not least because some of the actions which in maturity manifest virtue (when coupled with the right intentions, states of character and so on) lie beyond our reach in the years when habituation to them needs to begin.

^{vii} The answer may be 'just look!': cp. the case material in Hobson 2002: 125-32. But when we look, what we pick up may be 'adverbial' features that are common to otherwise very different pieces of observed behaviour: a mother-child pair may continue to interact *harmoniously* or *competitively* or *in an unsynchronized way* through different phases of the child's development.

^{viii} Security of attachment may be manifested by enjoyment of warm physical contact or readiness to ask for help at 18 months, but these are joined at 24 months by (for example) the ability not to overreact to frustration, 'co-operativeness, and task enthusiasm', by 'social competence' in pre-school children and by 'self-esteem, empathy and [good] classroom deportment' in five year-olds (Stern 1998: 186, citing various authors).

involve among other things cognitive conditions which only adults can satisfy. Thus to be courageous one must be capable not only of controlling fear, whatever exactly that means, but also of assessing the worthwhileness of the ends in pursuit of which fear is controlled, and it requires intellectual maturity to do this.

Now love - or if you prefer, the capacity to love - is a trait of the same kind. Consider Aristotle's five marks of *philia* in *Nicomachean Ethics* IX: 'wish[ing] and do[ing] what is good, or seems so, for the sake of his friend', 'griev[ing] and rejoic[ing] with his friend', 'wish[ing] his friend to exist and live, for his sake', having 'the same tastes [as one's friend]', and 'spending all one's time with' one's friend (Aristotle 1954: 227). A subsequent passage (1954: 228) glosses the last of these as spending all one's time with the other because one enjoys it, but even if, in taking pleasure in the presence of the appropriate other, this mark is the one infants come close to satisfying, they still fail to do so, just because they have no control over who they spend their time with. And they certainly can't satisfy the first mark, because they cannot form a conception of the good of the other. So infants, it seems, are incapable of love.

But just because infants lack this virtue - assuming you follow me as far as agreeing that the capacity for love in adults is a virtue - does it follow that normal infants have a corresponding vice? Not at all. Love as defined by Aristotle's five marks is, or at least implies, the *adult* phase-specific determination of the non-phase-specific disposition which I have been referring to as 'real relating, in which the other is seen as separate'. So from the fact that infants can't instantiate the adult phase-specific disposition of

mature love it doesn't follow they can't instantiate *any* of that non-phase-specific disposition's phase-specific counterparts. And once we grasp that that doesn't follow, the way is clear to acknowledging that when all is well infants don't merely lack an adult defect. The disinterestedness of true mature love, though not duplicated, has unmistakable echoes in the infant's 'germinal capacity for social interaction' (Bowlby 1988: 7). Children do things they otherwise have no reason to do - chatting, for example - just because it is a mode of being with (certain) others (one of Aristotle's five marks), and enjoy contact for its own sake, not simply as a means to being fed or warmed; they still smile if their special others smile, though this isn't 'grieving and rejoicing with the other' because it happens in the absence of any understanding of the other's reasons for smiling. That is, infants when all is well possess an infantile excellence, the phase-specific counterpart for infancy of 'real relating'.

It would strengthen the point about the excellence of normal infants still further if we could find *some* infants who instantiated a corresponding phase-specific defect: then we could as it were see what it would be for infants to *fail* to 'really relate', and thus confirm there's *no* defect, phase- or non-phase-specific, that infants have when all is well. But can we? One reason for hesitating to speak about infantile excellences and defects of character is that some infants - sufferers from autism, perhaps - may lack the capacity even for the infantile version of 'real relating', and here the defect seems to be not akin to a vice because it is not akin to a character-trait at all. Let's assume that not all defects in respect of other-relating are of this kind. The second issue is stability: a necessary condition of a trait's counting as a character-trait is that

it be relatively stable, and for all that infantile experience *may* lay down patterns which are inescapable later on, presumably it needn't - some infantile traits lack the stability to count as character-traits, whatever else is true of them. A third issue is the role of caregivers. Even in early infancy, we can observe *relations* that are defective in point of 'separatedness', 'attunement' and so on (Hobson 2002: 125-32; Stern 1998: 20-2; Ainsworth and Bell 1969: 156; Winnicott 1990: 47). But though this is true of the *relation*, we need to beware of making any inference from bad relation to bad character-trait - even bad proto-character-trait - in the infant, because of the caregivers' role in making the relation the way it is. But though defensive cut-offness, what Winnicott calls 'false-self formations', clinginess, over-cooperativeness, 'demandingness', may take a while to happen, and may all be in some sense adaptations to the caregiver's established mode of relating to the infant, they are also defective modes of other-relating. So even if we can't do so right at the start, the comparisons between excellent and defective modes of other-relating can be made long before adulthood.

To sum up: the organizing terminology of relational psychoanalysis is designed to provide a standard both of maturity and of something else. Whether that other thing is seen as a standard of mental health and pathology *rather than* as an ethical standard, or (as I have argued) as an ethical standard - a standard of excellence in respect of the capacity to relate to others - but perhaps also as a standard of mental health and pathology (if certain aspects of mental health and pathology turn out to be in part ethical too), the twin burden placed on this terminology implies a false conclusion: either that normal infants are mentally ill, or that they are bad (in the senses

explained), or both. The conclusion to draw is that the organizing terminology doesn't express a standard of maturity at all: the terminology is simply ethical, good for drawing ethical distinctions regardless of developmental phase, and since we are very interested in how these distinctions apply to people not only in adulthood but well before they reach adulthood, none the worse for that.

Does this conclusion imply that psychoanalysis can't offer its own theory of maturation? No, only that it must find other terms in which to express it. Does it imply that psychoanalysis is simply 'moral education'? Apart from the 'simply', since I have argued that an organizing norm of psychoanalysis is an ethical one, the answer can hardly fail to be 'yes', but the phrase 'moral education' has been so abused that some work is needed to see why. As I understand it, moral education means the education of character, so though excellence of character is by definition the goal of moral education, it's important that this definition be understood to leave it open whether or not every excellence of character is a moral excellence in some narrower or more conventional sense of that term. Moreover since people often disagree about which traits of character are indeed excellences, I don't see why psychoanalysts should not be allowed to disagree too: sometimes disagreements between rival psychoanalytic approaches will be underlain by differences as to what counts as an excellence of character, as the general claim that psychoanalysis is moral education predicts. But even with these potential misunderstandings out of the way, the *phrase* 'moral education' suggests both the learning of propositions or precepts, and the learning of them by reinforcement techniques (or perhaps sitting in lectures?). But that is a caricature both of the content and of the methods of moral education.

Though I haven't presumed to say anything about psychoanalytic technique, I am pretty confident that the kind of transformation psychoanalysis aims at cannot be expected from *those* methods, but that goes no way towards showing that psychoanalysis is not moral education, since to call something 'education' leaves more or less everything open about its methods. (Consider 'an education in love'.) As to its content, though there's a great deal more to the knowledge associated with excellence of character than knowledge of propositions, it seems unlikely that it can be entirely non-propositional (Burnyeat 1984) and though, again, psychoanalysts do not tell analysands which propositions to believe, one can come to know propositions without being told them. So there's no ammunition here against the moral education idea. In any case psychoanalysis could be moral education *without* its task being to bring it about that the analysand knows propositions (with or without being told), since - whatever is true of the knowledge associated with excellence of character - the task of psychoanalysis might be over way before the analysand possesses *that*: the task of psychoanalysis - unlike, say, that of Aristotle's *Nicomachean Ethics*, addressed to privileged young men already possessed of good natural dispositions - might be rather to take people to the point at which moral education by other means can begin. But the fact that its means may be other does not imply that it's not about 'the moral and emotional growth of the self, the character' (Waddell 1998: 3) - that is, moral education properly understood, and it's for moral philosophy to undo the caricatures of moral education which stand in the way of psychoanalysis becoming fully self-conscious about its standing concern with the relations between human nature, human excellence, and the good life for us.

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