

## A STRUCTURAL ANALYSIS OF THE OBSESSIONAL CHARACTER: A FAIRBAIRNIAN PERSPECTIVE

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This paper reviews the object relations model of W.R.D. Fairbairn and applies it to the understanding of the obsessional personality. Fairbairn's model sees attachment to good objects as the immutable component of normal development. Parental failures are seen as intolerable to the child and trigger the splitting defense that isolates (via repression) the frustrating aspects of the object along with the part of the child's ego that relates only to that part-object. This fundamental defense protects the child from the knowledge that he is dependent on indifferent objects and preserves his attachment. The split-off part-self and part-object structures are too disruptive to remain conscious, yet despite being repressed make themselves known through repetition compulsions and transference. The specific characteristics of families that produce obsessional children impact the child's developing ego structures in similar ways. This style of developmental history creates predictable self and object configurations in the inner world, which then translate via repetition compulsion into obsessional behavior in adulthood.

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Fairbairn left the field of psychoanalysis a powerful but unfinished model that has been regarded as an exercise in theorizing rather than as a practical analytic tool suited to diagnosis and treatment of major disorders (Celani, 1993). In reality, his model speaks directly to the most passionate and universal human conflicts: the lifelong search for nurturance by individuals with unmet dependency needs; the dashed hope for love by those who repeatedly choose bad objects; the vengeful reactions of need-driven adults when their demands are rejected; and the self-destructive, sometimes fatal attachments of battered women to partners who are harmful to them (Celani, 1993, 1994, 1998, 1999, 2005). Fairbairn's model is underused because he left it incomplete and gave few directions to his readers regarding therapeutic technique and none on the application of his structural theory to diagnostic groups (Celani, 2001). Although Fairbairn's model is

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applicable to other character disorders, with each specific disorder having different relational patterns between subegos and internalized objects. This paper aims to extend the application of Fairbairn's structural model to the obsessional character with the goal of integrating his model with established psychoanalytic knowledge of this character type. Fairbairn's structural model should be able to provide a clearly reasoned analysis of the linkage between specific childhood events and the development of internal structures that are unique to this specific diagnostic group, structures which then perpetuate, via repetition compulsion, typically in adulthood obsessional pathology.

### FAIRBAIRN'S STRUCTURAL MODEL

Fairbairn's structural model begins with an innocent and legitimately needy infant, in contrast to the Freudian demonic infant (Grotstein and Rindsley, 1994), who is born with a unified, though underdeveloped ego, into a family who, either through malice, incompetence, indifference, or absence, fails to meet his pressing developmental needs. The child faces an impossible dilemma of being unconditionally emotionally dependent upon objects that he has little or no power to influence and which do not satisfy his overwhelming developmental needs. Fairbairn's theory is a psychic metaphor built on a series of complex relationships between three hypothetical ego structures of the self and three object structures that are gradually built in the internal world from actual memories of the objects. These ego structures are organized, first and foremost, to protect and in some cases create an illusory sense of attachment to his objects. Attachment to an object is essential in his model as without it the child is unable to manage his crushing terror of abandonment, which if not kept in abeyance, would collapse his entire ego structure.

The child's first response to emotional deprivation is to fixate on the rejecting object because the lack of developmental support stops all progress toward higher forms of maturity. In children with chronically depriving parents, the intense focus on the object is motivated by pressure from both current and past unmet needs. Fairbairn used the concept "schizoid" to mean all individuals who have splits in their ego structure:

If we look still further into the sources of that sense of difference from others which characterizes the schizoid element in their personality, we find evidence of the following among other features: (1) that early in life they gained the conviction, whether through apparent indifference or through apparent possessiveness on the part of their mother, that their mother did not really love and value them as persons in their own right; (2) that, influenced by a resultant sense of deprivation and inferiority, they remained profoundly fixated upon their mother. (1940, p. 23)

Thus, in Fairbairn's model it is the lack of emotional support that retards the child's development and, as a consequence, he remains intensely fixated on his needed object, waiting for the required emotional supplies. This fixation on the neglectful object causes the child to lose out on essential developmental experiences that are available to his peers who are blessed with nurturing parents, thus causing him to drop developmentally behind similarly aged children. Over time, early unmet needs accrue and increase the pressure on the child for emotional support, which further intensifies his fixation on the depriving object.

Fairbairn assumed that one of the early ways that the child attempts to stay attached to the rejecting objects is to internalize them because containing them internally gives him access to the objects when they are unavailable in reality. He also recognized the counterintuitive consequence of deprivation of the child's legitimate needs: a greater and more desperate attachment to the depriving object compared to children with good (developmentally supportive) objects.

The child not only internalizes his bad objects because they force themselves upon him and he seeks to control them, but also, and above all because he *needs* them .... Even if they neglect him, he cannot reject them; for, if they neglect him, his need for them is increased. (Fairbairn, 1952c, p. 67)

Internalization of the neglectful objects switches the deprived child's focus away from the unmanageable external world and toward his inner world. Unlike the outer world, the child's inner world gives him access to the (in reality) missing objects, which provide him with a sense of control and allows him to partially ignore the frustrating, enraging chaos of his family life. This intense focus on the inner world was one of the components of Fairbairn's definition of the "Schizoid" condition (1952a, p. 6). His poor choice of the term schizoid, which already had a separate and conflicting diagnostic meaning, and which served as an unnecessary supra category under which all other disorders were subsumed, added confusion to his model (Celani, 2001).

Once the bad objects are internalized, the child's psychological development is further hindered as his focus remains on the inner world that increasingly becomes a closed system (given the continuously frustrating experiences in his external reality). Over time, the excessive focus on the inner world reduces the possibility of new objects having a positive impact as external objects are reacted to as if they match the internalized templates. This focus on the inner world and its internalized objects are the engine behind both repetition compulsion and transferences.

Once the bad object is internalized, it poses a new threat to the developing personality of the child because of the presence of malice, hate, or

memories of neglect that accompany the object into his inner world, as Fairbairn (1952d) noted in the following quote:

The trouble is that it remains bad after it has been internalized, i.e. it remains unsatisfying .... Unlike the satisfying object, the unsatisfying object has, so to speak, two facets. On the one hand, it frustrates; and, on the other hand, it tempts and allures. Indeed its essential "badness" consists precisely in the fact that it combines allurements with frustration .... In his attempts to control the unsatisfying object, he has introduced into the inner economy of his mind an object which not only continues to frustrate his need, but also continues to whet it. (p. 111)

The only solution available to the child who internalized bad objects is built into the human personality, which is to maintain the primitive tendency to split objects into two affectively opposite part-objects long after integration of the good and bad part-objects should have taken place. This powerful defensive strategy is based on the reality that the child can do nothing to change his outer world; all he can do is modify the structure of his inner world so as to preserve and fortify his essential attachment to his needed objects. Splitting is transformed from a normal, albeit very early way of experiencing the world into a powerful defense mechanism when it operates past the developmental point when normal children are able to integrate the positive and negative aspects of their objects. Splitting allows the child to continue his attachment to the (mostly) rejecting object by repressing the memories of the hundreds of negative interactions, which if they were in full awareness, would destroy his essential bond to the object. This structural defense becomes increasingly pathological over time when developmental pressure toward integration of the good and bad parts of the same object has to be continuously thwarted, again, because conscious awareness of the sheer amount of parental rejection would be intolerable.

The act of splitting the toxic internalized object into its two essential components: the rejecting part-object (thus frustrating) and exciting part-object (also frustrating because of unfulfilled promise) also splits the child's two associated senses of self that relate to the separate aspects of the two part-objects. Fairbairn termed the self that relates exclusively to the internalized rejecting object the antilibidinal ego, while the separate part-self that relates to the exciting object was called the libidinal ego. Fairbairn's structural model breaks with Freud's theory of repression in that he assumed that what is repressed are actual memories of the child in relation to a frightening, depriving, or intolerably teasing object, "I now venture to formulate the view that *what are primarily repressed are neither intolerably guilty impulses nor intolerably unpleasant memories, but intolerably bad internalized objects*" (1952b, p. 62). Thus, in Fairbairn's view, the human unconscious contains early memories of frustration at the hands of his

objects, and these part-self and part-object relationships are too important to forget (because they are gradually organized into self and object structures) but too disruptive and threatening to the ongoing relationship with the object to remain in awareness.

The internalized rejecting object is gradually formed from actual memories of events when the parent behaved in a frustrating, abusive or negligent manner, and it is ineluctably associated with the child's antilibidinal ego that relates only to that part-object. The antilibidinal ego is the part-self of the child that faces the rejecting object and is fearful of abandonment, self and object hating, and is suffused with a sense of self-righteous revenge. The rejecting object and the associated antilibidinal ego become one pole of the internal world, while the opposite pole is comprised of the teasing, promising, and alluring aspect of the exciting object and its associated libidinal ego, which is filled with unrealistic hope for love. Fairbairn assumed that both part-self and part-object pairs had to remain in the unconscious because of the disruptive hostility on the one side and because of the intense frustration from the continuous unfulfilled promise of love on the other. The splitting defense protects the child from these two intolerable sources of frustration and allows him to remain attached to the ever more desperately needed object.

In many families the rejecting aspects of the object(s) are so powerful and the resulting frustration of legitimate developmental needs is so severe that the antilibidinal ego and its hostile relationship to the rejecting object becomes the largest part of the personality. Rubens (1984) has noted the importance of these negative and intense part-self and part-object relationships:

There exists, at the very structural foundation of these subsidiary selves, an attachment to some negative aspect of experience which is felt as vital to the definition of the self .... The *raison d'être* of these endopsychic structures is to continue living out these "bad" relationships. (p. 434)

Thus, these "bad" relationships, which consume more time and are far more intense than the normal, developmentally supportive day-to-day experiences of the child, produce internal structures in the child's inner world that give meaning to the child's (and later the adult's) life. For example, an individual dominated by his antilibidinal ego may experience all authority figures as corrupt abusers of power, and his unconscious goal may be to expose them and seek public revenge. Conversely, an individual dominated by his libidinal ego may spend his life in pursuit of inappropriate objects for love and appreciation.

The "third" pair of self and object in the child's inner world is constructed from memories of the parental object(s) when they were appropriately

emotionally supportive and gratifying. The appropriately gratifying and responsive parent was called the ideal object by Fairbairn (1952d), and the associated self was called the central ego. This cluster of memories is both conscious and unconscious as dramatically demonstrated by Green-son's (1978) example of the injured Air Force crewman who was grievously burned by hot aviation fuel, but who survived nonetheless. During his recovery in the hospital, he de-repressed his earliest memories of comfort from his mother who he did not consciously remember, in a language that he did not speak. This example suggests that memories from the ideal object are not always available to the central ego, but these early relational memories can form a substrate that is the unconscious basis for love, trust, and empathy for others. The majority of memories of the nurturing parent remain available to consciousness as they are formed later on and are welcomed in awareness. Even intolerably rejecting parents engage their children in supportive interactions on occasions, and thus there are usually enough events to create a small version of this internal structure: however, its size remains attenuated in many patients because there have been too few developmentally positive interactions with the ideal object to create a powerful and stable central ego.

Fairbairn, like Freud, used physical metaphors to illustrate actions in the inner world, and he saw various structures increasing in size while others decreased, as if there is a limited amount of territory they can occupy. Thus, in families in which the child's needs are severely frustrated, the abundant memories of conflict-laden interactions, or neglect engorge the child's antilibidinal ego, and the rejecting part-object will be similarly large, at the expense of the attenuated central ego, which is starving for interactions because the parent so infrequently gratifies the child's appropriate needs.

I have disagreed with Fairbairn's position that the two subegos (libidinal and antilibidinal) always remain repressed, as well as his assumption that the exciting object is intolerably teasing and alluring (Celani, 1993, 2001). Work with severely split borderlines allows the clinician to see patients in which the libidinal or antilibidinal ego sweeps away the central ego and becomes the dominant ego of the personality. For example, these subegos achieve a voice in patients who may, in the middle of a hostile tirade about the rejecting aspects of the object, become panicky about the possibility of loss of the (very same) object and suddenly reverse their position and declare their undying love and loyalty toward that individual. These extremes demonstrate that the central ego cannot remain dominant in the face of the powerful subegos, which temporarily become the conscious ego. The not infrequent scenario of the battered woman who returns to her abuser in a libidinal ego state, seemingly unaware of the recent physical abuse,

demonstrates the fanaticism and primitiveness of the subegos when they dominate the individual's consciousness (Celani, 1995, 1998, 2005).

My second objection to Fairbairn's position is his assertion that the libidinal ego and its exciting object must be kept in repression because the anticipation of love from the exciting object is too frustrating to bear. In fact, many borderlines consciously depend on the alluring aspect of the object to keep themselves from despair and collapse by clinging to an illusory but comforting fantasy that love from the exciting object lies just around the corner (Celani, 1993, 1995). Armstrong-Perlman (1994) has also noted that psychological collapse often occurs after the dependent or borderline individual finally recognizes that they have lost the object, regardless of how rejecting it had been toward the patient.

Both the libidinal ego with its unrealistic hope and the antilibidinal ego with its endless resentment, cynicism, and desire for revenge are suffused with intense emotionality and create enormously strong attachments to the exciting/rejecting objects. As Mitchell (1988) has noted:

The superordinate need of the child is not for pleasure or need gratification, but for an intense relationship with another person. If only painful experiences are provided, the child does not give up and look for pleasurable experiences elsewhere, but seeks pain as a vehicle for the interaction with the significant other. It is the contact, not the pleasure that is primary .... Painful feelings, self-destructive relationships, self-sabotaging situations, are re-created throughout life as vehicles for the perpetuation of early ties to significant others. (p. 27)

Thus, current relational thinking assumes that attachments between the antilibidinal ego and the rejecting object depends on the intensity of contact, which can be as strong as attachments that have both libidinal and antilibidinal components. Fairbairn also recognized that attachments through hostility could be as strong, as meaningful, and as treasured as any attachment through love; "The truth is that, however well the fact may be disguised, the individual is extremely reluctant to abandon his original hate, no less than his original need, of his original objects in childhood" (1952d, p. 117). Thus, in Fairbairn's metapsychology, attachments based on hostility can create powerful relationships that are maintained and recreated time and again.

Dependency on bad (rejecting and exciting) objects places the child in a very vulnerable position as his needs are chronically unmet, but he is in no position to complain as even worse conditions may result. Fairbairn recognized that direct aggression toward the increasingly needed parental objects would be improbable, if not completely impossible, as it simply is too dangerous for the child to strike back:

What he experiences is a sense of lack of love, and indeed emotional rejection on his mother's part. This being so, the expression of hate toward her as a rejecting

object becomes in his eyes, a very dangerous procedure. On the one hand it is calculated to make her reject him all the more, and thus increase her “badness” and make her seem *more real* in her capacity as a bad object. On the other hand, it is calculated to make her love him less and thus to decrease her “goodness” and to seem *less real* (i.e. destroy her) in her capacity of good object. (1952d, pp. 112–113)

Thus, the remembered rejections in the child’s antilibidinal ego must, by necessity, remain unexpressed, or indirectly expressed so as to avoid both retaliation and the loss of what little love is currently present in the relationship. Direct aggression in childhood is only possible when the child identifies with the rejecting object and finds victims who are unable to retaliate, such as younger children or animals.

Fairbairn’s second level defense mechanism (due to the fact that it doesn’t alter ego structure like splitting) that plays a major role in the obsessional personality was called “the moral defense against bad objects” (1943). Fairbairn noted that many of the abused and neglected children he examined, during the time he worked in an orphanage in Edinburgh (Sutherland, 1989), were very willing to condemn themselves as being bad, but conversely protected the goodness and virtue of their parents:

It becomes obvious, therefore, that the child would rather be bad himself than have bad objects: and accordingly we have some justification for surmising that one of his motives in becoming bad is to make his objects “good.” (1952c, p. 65)

Hiding from the reality that his parents are bad objects allows the child to support the illusion that there is hope for him in the future, and that by behaving in a different manner he will be able to find the key to his parents’ love. Conversely, if the child were able to conclude that his parents were indeed bad objects who rejected him out of their innate meanness, then his entire universe would collapse, as this well-known passage by Fairbairn (1952c) notes:

Framed in such terms the answer is that it is better to be a sinner in a world ruled by God than to live in a world ruled by the devil. A sinner in a world ruled by God may be bad; but there is always a certain sense of security to be derived from the fact that the world around is good ... and in any case there is always the hope of redemption. (pp. 66–67)

Both the moral defense and the splitting defense play central roles in the inner world of the obsessional personality disorder. The earlier splitting defense isolates and represses the worst memories of neglect or abuse, while the later forming moral defense consciously excuses the parents of the future obsessive for their hostile and demeaning treatment of him.

### FAMILY PATTERNS THAT WEAKEN THE CENTRAL EGO

Fairbairn's model of the inner world should be able to provide logical links between what is concretely known about the childhood experiences of obsessional patients and their resulting character structure. Each diagnostic group has relatively similar developmental experiences which in turn create structures with similar relational patterns and styles, and these structures in turn engage the interpersonal world via repetition compulsions and transferences (Celani, 2001).

The first ego structure that appears to be damaged in families of the obsessional is the central ego—that part of the self that relates to the objects when they are gratifying and behaving in an appropriate manner. The central ego's relationship with the ideal object is relaxed and calm, as opposed to the internalized relationships between the rageful and cowed antilibidinal ego and the rejecting object, or the need-driven libidinal ego and its exciting object. The lack of tension and support during interactions between his developing central ego and the ideal object allows the child to internalize an object that is empathic and attuned, and is supportive of relationships with parts of other objects that are seen as developmentally appropriate. Over time the ideal object allows the incremental development of skills that lead to differentiation. Unfortunately, the relaxed internalization of good objects is almost never the case in the histories of obsessionals who are raised in "highly verbal" families (Adams 1973, p. 61) in which language is used in a punitive and contradictory manner. The constantly changing meanings and prohibitions keep the developing child in a state of tension and emotional flux, never knowing what set of rules will (or will not) apply, as noted by Sullivan (1956):

No matter what aggression anyone perpetuates on another—no matter what outrages the parents perpetuate on each other, or the elder siblings perpetuate on each other, on the parents, or on little Willie—there is always some worthy principle lying about to which appeal is made. And the fact that an appeal to an entirely contradictory principle was made 15 minutes earlier does not seem to disturb anybody. (pp. 230–231)

A child raised in this atmosphere has enormous difficulty knowing what emotions mean, what he feels, what is prohibited and what is accepted. The result is a profound confusion in his central ego, as the object(s) to whom he relates change their position(s) so frequently that he cannot build a consistent view of himself or of his parents. This results in a feeling of unreality in the child and a lack of integration between words and feelings. The consequences of this type of repeated family interactional pattern leads to "mystification" of the child as described by Winckler (1995):

The concept of mystification of experience refers to a person's losing both the ability to know his own experience and the ability to know another. Mystification implies that the individual's experience is actively (unconsciously) intentionally clouded by another person; it is not merely a byproduct of anxiety. (p. 470)

Mystification allows parents to punish and condemn their children freely, using principles which they proclaim to be important, yet which change unexpectedly from time to time. The confused child, who is trying desperately to play by the rules, assumes that his parents are motivated by good will, partly because they claim to be innocent:

Families in which the parents are harsh, critical and arbitrary—yet deny the impact of such behaviors—evoke a panoply of perplexing responses in the child ... not only do parents of obsessionals tend to prohibit the direct expression of anger, resentment or retaliation, they also portray such behavior as unrelated to any conceivable precipitant. (Winckler, 1995, p. 471)

Confusion and mystification are aided by the child's previously mentioned dependency fueled need to keep misperceiving his parents as good objects. Thus, there is a powerful synergy between the unconscious strategies of the parents and the child's need to keep his objects blameless. His parents strengthen the child's use of the moral defense by specifying a never ending set of principles that they claim he has violated. Often, his parents define his transgressions as having the taint of universal "badness." That is the child is deemed to have violated sacred principles of morality, religion, or ethics, which further overwhelms and shames him as noted by Adams (1973):

A fifth attribute of the parental ethos lay in the parents *adherence to an instrumental morality*, to goodness not as a goal but as a means of reaching heaven, or achieving conquest, or of asserting moral superiority .... Over-goodness as a way of control was very much in evidence in these households. Likewise, there was strongly articulated examples of what might be called the parent's "narcissistic morality"—meaning the equation of what gratifies the parent with what is right and sacred, and conversely "what bugs Mother is plain wicked." (p. 63)

Thus, the family of the obsessional undermines, confuses, and mystifies (and weakens) the child's central ego. The child is burdened by guilt due to the bewildering number of violations he has—in all innocence—accrued, and overwhelmed by the accusations that his moral transgressions are offenses in the eyes of God or society. The child's use of the moral defense to protect himself from awareness of the badness of his objects is actively supported and amplified by his parents' definition of his transgressions as moral faults. Ironically, as Fairbairn noted, the moral defense is a source of comfort as it reassures the child that he is being appropriately

corrected by loving objects. Kopp (1978), an existential psychologist described his own (central ego) struggle with the moral defense as a young man:

I had emerged from adolescence believing that I was an awful, inadequate human being who went around making other people unhappy. It was the only way I could account for being condemned by people as honest and good as my parents. I entered therapy to be cured of whatever failings had warranted their condemnation. (p. 86)

This quote from Kopp illustrates Fairbairn's central concept, which is attachment to bad objects, an attachment that is powered by the individual's unmet dependency needs and aided by the twin defenses of splitting and the moral defense. These defenses continue the illusion that the child is securely attached to good objects, which prolongs the hope that his unmet developmental needs have a chance of being satisfied. The continuing attachment to the (in reality rejecting and depriving) objects is an absolute imperative of the child's life.

A second way that the parents of obsessives hinder the development of their child's central ego is to frustrate his/her appropriate developmental needs, thus starving it from the types of interactions that would allow it to mature and differentiate. Fairbairn's model emphasizes unmet dependency needs which, when left unmet, halts the process of individuation and fixates the individual on the alluring but rejecting objects. The obsessional patient, at first glance, seems excessively mature—if not old—for his stated age. As a young adult he may appear highly conventional, over rather than under controlled, and interested in "mature" topics, including the sciences and technology. Appearances do not reveal the whole story as the obsessional is likely to be socially timid and overly dependent and passive aggressive in his personal relationships as a consequence of his developmental history that ignored his needs, while simultaneously requiring him to perform well in the external world, as noted in this quote from Barnett (1969):

The child is simultaneously infantilized in regard to interpersonal skills and instrumental competence within the home, while considerable demands are made for him to achieve outside the home in school, work or sports. Consequently, he seeks to verify his significance by performances of ever increasing perfection in the impersonal world outside the home, which then entitle him to the attention and applause he has no other means of winning. His insignificance to family life and the low premium put on his own needs and development as a person foster dependency, feelings of insignificance and incompetence in intimate situations, even in the face of success in the larger world. The preoccupation with achievement, performance, and perfectionism resulting from this split type of dependency leads to the aggressive competitiveness so typical of many areas of the obsessional's life. Within the family this often manifests itself in severe sibling rivalry,

and in the frequent hostile competitiveness that exists between the child and the parent of the same sex. (p. 49)

Clinical experience suggests that Barnett's quote accurately summarizes much of what occurs in obsessional families. This family pattern accounts for the disjunction between the apparent maturity that one sees in the outer world and the private expression of unmet dependency needs, cynicism, hypersensitivity to criticism, and ambivalence toward his love objects. A healthy central ego is fundamental in all relationships with adult partners, which require mutual affection, cooperation, and commitment. Sadly, the central ego of the obsessive is not strong enough, balanced enough, or suffused enough with memories of love and trust in objects to freely enter into a cooperative relationship with another individual. Despite his enormous ambivalence, the obsessional individual cannot avoid attachments to others because his unmet dependency needs drive him toward partners who promise to compensate for his developmental emptiness. Unfortunately, relational success is severely limited in the obsessional character by his massive insecurity and ambivalence as noted by Mallinger (1982):

The sense of inner weakness makes him feel insubstantial, vulnerable to being easily influenced, swayed or overpowered by external forces, especially the wishes of others. In addition, he feels as if both his identity and his sense of autonomy, unanchored as they are, can at any moment be obliterated or swallowed up by these perceivedly more powerful outside forces. (p. 418)

Despite the initial romance of a new relationship, the obsessional's powerful unmet needs, coupled with the transferences emanating from the unconscious templates of self and others soon change a potentially loving relationship into one rife with adversarial contests. In short, his powerful inner structures cause him to misperceive his love object either as a rejecting object, or as a complaining, undermining antilibidinal object. In either case, his response will be based on the roles around which his inner world has been constructed:

Eventually, the d.s.-obsessional (demand sensitive) might view his marriage, or any committed relationship, as essentially an adversary relationship. Thus, even in his closest relationships, he may feel unloved and unloving. (Mallinger, 1982, p. 422)

Thus the obsessive's early unmet needs make him feel that he is being forced into a relationship with an object that he sees as either malevolent or hopelessly inferior, and his childhood frustrations continue. This is the tragedy of so many obsessionals who are highly competent in terms of instrumental behaviors, and yet whose internal structures turn potentially loving partners into opponents. The attachment between the antilibidinal

ego and the rejecting internalized object, which is the attachment based on hate and the desire to overpower each other in the inner world, becomes the template of many obsessive interpersonal relationships.

### **DAMAGE TO CENTRAL EGO'S SENSE OF VOLITION**

The central ego is the seat of volition in Fairbairn's model, and the obsessive disorder is perhaps the best example of distortion of this essential part of the self. Shapiro (1965) originated the focus on volitional problems of the obsessive. Despite the fact that he worked out of a classical analytic framework, Shapiro's descriptions of this disorder appear to be uninfluenced by any given model, and he does not speculate on developmental or interactional antecedents of the adult pathology. On the other hand, Mallinger (1982) saw many connections between the specifics of the childhood experiences of individuals who later displayed obsessive pathology and issues of self direction. Mallinger (1982) notes that the criticism that a child is exposed to creates a great hesitancy in him to take independent action, which then leads him to adopt the fiction that his actions are dictated by external sources of authority:

His sense of adequacy, general competence, and acceptability to important others may become seriously impaired. Unsure of himself, and exaggeratedly frightened of disapproval, the pre-d.s. (demand sensitive) obsessive child may become increasingly fearful of taking risks associated with initiative, decisions and action .... Rather than be held accountable for decisions, feelings and actions that emanate from him, he represses or disowns these focusing intently upon the apparent salvation provided by real or self-manufactured external directives and expectations. (p. 415)

The obsessive's chronic reliance on external sources of authority to guide his actions leads to the erosion of his sense of autonomy. He feels obligated and burdened by the demands, and yet they simultaneously relieve him of the task of decision making (Shapiro, 1965, p. 43). Any decision the obsessive makes exposes him to possible criticism either from his current external objects or from his internalized rejecting object. Over time his central ego is eroded to the point that the obsessive individual loses his sense of conviction about reality, as the following quote from Shapiro (1965) illustrates:

A sense of conviction about the world—a sense of truth, in other words—involves a breadth of attention, an interest in and sensitivity to the shadings and proportions of things, and a capacity for direct response to them for which the obsessive-compulsive person is not geared. Instead, he concerns himself with technical details, indicators which he interprets according to authoritative rules and principles. (p. 51)

The result of the specific style of family interactions and interpersonal pressures leaves the obsessive mystified, alienated from his feelings, fearful of direct action unless mediated by external fiat, and unsure of consensual reality. As mentioned, Fairbairn saw the inner world in terms of shifting territories, and the obsessive's attenuated central ego, which is undermined and under supported, becomes secondary to a part-self and part-object that have been constructed and internalized because of a rich and abundant series of intensely hostile exchanges that have promoted their growth in the unconscious, namely the split off antilibidinal-self and its associated accuser and tormentor, the internalized rejecting object.

### **INTERACTIONAL PATTERNS THAT STRENGTHEN THE ANTLIBIDINAL EGO AND REJECTING OBJECT**

The past section on covert parental criticism does not do justice to the intensity and pervasiveness of hostility in the histories of children who later develop obsessional personality disorders. Many writers see parental hostility as the mutative factor in the development of the obsessional personality, as the following quote from Kainer (1979) illustrates:

Among my obsessional patients I noted certain similarities of background, especially in what I call the parental style. Although there were variations, each patient had at least one harshly critical parent. The criticism started early in life and had a flailing, arbitrary ring to it from which the child could not escape .... The criticism persisted, often over school performance (although the children performed well), and ranged over all aspects of the child's "beingness." (pp. 276–277)

Kainer's description illustrates the impossible position of the child who is unconditionally dependent on a parent who peppers him/her with unending criticism and hostility. Earlier, Sullivan wrote extensively on the development of the obsessional, and he used even stronger language in his comments on the cruelty evident in their childhood histories. The following is one of his several observations on parental cruelty (1956):

The recitations of the obsessional neurotic about the past gradually come to reflect rather singular brutality toward the patient by a significant person, usually the parent. If this rather brutal recital includes some thin disguise which the parent wore, I think you may always accept the account as being reasonably close to the truth. In other words, in a very considerable number of cases these patients have been subjected to really severe cruelty by a parent, but always the parent had a little mask to conceal the sheer brutality of what was going on. (pp. 267–268)

The bluntness of the hostility emanating from the needed objects has to be dealt with by the child by erecting defensive barriers to protect his illusion of a continuing attachment to a good object. Sullivan (1953,

pp. 318–319) described “substitutive processes” used by children that involved a suspension of awareness of the obvious rejection or abandonment, which, if understood by the child, would produce massive anxiety. Barnett (1972), who was previously quoted, hypothesized that the obsessional individual used a defense that he called “implosion of affects” (p. 339). This part-model assumed that the obsessive forced his emotionality inward and then disintegrated the affects so they lost potency because they were no longer organized. The “implosion” is needed according to Barnett to keep the obsessive in a state of “neurotic innocence” (p. 339), a defense that protects the child from clear awareness of the extent of the hostility in his family, as such awareness would be intolerable.

Fairbairn’s model can account for the previously discussed character traits and uses the same defenses and internalized structures for all disorders. In all disorders, he emphasizes the deformation or attenuation of the child’s central ego and the development of subegos as a consequence of the use of the splitting defense to hide from parental behavior that was too intolerable to consciously comprehend, but too abundant and structure creating to remain inertly repressed. The differences between disorders, in terms of internal structures, is the relationship pattern that characterizes the part-self and part-object pair, the contents of the subegos and part-objects (in terms of remembered events) as well as the relative strength of the self-object pairs. Fairbairn recognized that the relationship memories were organized into different subselves and subobjects and the material was not destroyed but rather grouped into categories and repressed. In the case of children destined to be obsessional, the awareness of parental neglect and hostility is split off into the engorged internalized rejecting part-object, which mirrors the very worst parts of the parental objects. This structure relates exclusively to his shame-filled antilibidinal self, which is simultaneously damaged, enraged, and vindictive. The type of critical and demanding formative experience that the obsessional is exposed to creates a particularly caustic and passive aggressive antilibidinal self that is best described by Schmiel (1972), “The ironic, the sardonic, the mocking and contemptuous view of self and others can be regularly observed in the obsessional and teased out of his verbalizations and fantasies as well as his dreams” (p. 27). Thus, the antilibidinal ego in the obsessional contains a massively shameful view of itself along with verbal hostility toward the rejecting object. It uses the same techniques that the parent (now internalized as the rejecting object) used to attack it, so it now demeans the rejecting object (as well as targeting similar objects in the external world via transferences) with the same style of self-righteous appeals to rules and universal truths. An extreme example of a patient dominated by his antilibidinal ego was a patient “William,” (Celani, 2005) who consulted me because of his increasing

isolation. Like many severe obsessionals, William had been exposed to intense, withering, and unremitting criticism from his frustrated and socially impotent immigrant parents who had suffered setbacks after moving to America. They regarded his talents as a musician as a threat both to their sense of superiority and because it attracted the support of his teachers, which opened up possibility of his individuation. However, his massive inferiority and developmental retardation won out and resulted in his living in a basement apartment in their home. During his college years, he and his father became involved in a repeated morning battle in which his father would wake him up in a derisive manner, pointing out that he was going to work while William was still sleeping. William had perfected the same style of argumentation and debate that had been used to undermine him during his childhood. He would ask his father an entrapping question such as "Are you first and foremost a Christian, an American or a man?" (p. 83). His father, who loved debate but was less skilled than his clever and enraged son, would respond and William would systematically destroy his father's responses. These debates often ended with his father pushing William and exiting in a rage. This extreme example of the acting out of the role of rejecting object and antilibidinal ego were typical of the transference-countertransference relationship that this patient developed in our work.

The highly verbal, hypersensitive, and argumentative antilibidinal ego in this patient was strong enough and hostile enough to carry out a battle with his rejecting object parent with neither individual being able to dominate the other. William knew how far he could go with his sarcastic and hostile appraisals of his father's responses so he was not going to face complete abandonment. This external stalemate between my patient and his father characterizes the endless battles fought in the internal world of many obsessionals between the antilibidinal ego and the rejecting object.

These two opposing subselves account for the often contradictory observations made about the obsessive. When the individual is faced with an object that he sees as powerful, his antilibidinal response may appear to be halting and hesitant while complying or somewhat bolder when sarcastic. When compliance is displayed by the obsessive, he is on the antilibidinal side of the relationship and this signifies that he is not willing to risk a full battle with the object that might lead to abandonment. The cooperation that is displayed is modified by a halfheartedness which is just enough to appease the object and, simultaneously enough, satisfy his own need for some sense of power. Mallinger (1982) noted the development of passive aggressive thwarting behaviors as a consequence of the child's perception that his parents were not to be trusted, yet were too powerful to defy openly:

He learns eventually, though, that he dare not resist openly. After all, not only might he doubt the strength and sincerity of his parents' allegiance to him; he also maintains an awareness of his relative helplessness, a sincere desire to please, a desperate need for approval, a fear of forcing his mistrust to the surface, and memories of prior painful experiences (of his own or those of his siblings) whenever open opposition was tried .... He may equate automatic acquiescence with death itself. (p. 412)

Thus, the obsessive is trying to appease both the (external) rejecting object and his antilibidinal self at the same time. Conversely, a very different "obsessive" appears on those occasions in which the individual gets to identify with the rejecting object role when the object appears weak and he is in the dominant position. Fairbairn's antilibidinal ego and rejecting object structures, both of which are organized subselves, can act as the executive ego of the individual, and thus account for these two poles of obsessional behavior. When given power, the obsessional eagerly takes on the rejecting object role and forces others into an antilibidinal position, as Schimmel (1972) has noted:

The incorrigible person does not attack the really strong. Others are fair game. Authority is anathema to him. To authority that is exercised with any uncertainty, the incorrigible as with inferiors, is intolerant and inexorable. He manifests what amounts to a compulsion to punish. (p. 9)

The "compulsion to punish" is a good description of the obsessional taking on the role of his original rejecting objects and treating weaker objects as he was once treated. Thus, Fairbairn's structures seamlessly account for the puzzling and contradictory observations of obsessional behavior. This quote also reflects the frequent reenactments that are produced by the action of the ego structures in the obsessional's unconscious. The struggle between the self-righteous and condemning rejecting object confronting an enraged but passive aggressive antilibidinal self can be the source of both symptoms and transferences. A particularly clear clinical example of struggle between the antilibidinal ego and the rejecting object was expressed in symptom (that had occurred years before) in a patient of mine who was a schoolteacher. He had come for help because of his inability to mark papers that his students turned in, which put him into chronic conflict with the school administration, a battle that he seemed to relish. As a teenaged boy, his exacting and tyrannical father demanded that he paint a rowboat at their summer home, while the father worked in a nearby town. His father was due back on the weekend but my patient had only managed to paint the first row of cedar planks. His father met this act of defiance by thoroughly beating his son. Soon after, my patient reported that he began to have difficulty walking through rooms if he wasn't

exactly in the center. He began to press his hands together as a guide to help him align himself with the exact center of the room. Often, it took as many as 15 attempts before he was satisfied that he had been perfectly centered. A Fairbairnian analysis of this symptom sees it as the acting out of the struggle between his internal rejecting object that demanded perfection, and his covertly defiant antilibidinal ego, which overtly “tried” to comply with this arbitrary demand, but had to subvert it in order to sustain his sense of self. His symptom managed to symbolically defeat his father’s demands by complying in a manner that used up so much time with his bizarre performance that it (probably) frustrated the internalized rejecting object. Shapiro (1965) sees ritualistic behavior as an extension of his previously quoted observation on the obsessive’s loss of a sense of truth:

Ritualistic behavior conforms in a very clear way to the description of obsessive compulsive activity as mechanical, effortful, and as though in the service of an external directive .... The ritualistic act, as such, must ultimately seem absurd to one whose sense of reality and interest in truth are not impaired, no matter how appropriate the symbolic significance of its content may be. (p. 52)

Fairbairn pointed out just how focused the emotionally damaged individual was on his inner world, and how the split-off subegos had power to motivate the individual in ways that were not easily understandable. Shapiro’s point is that the obsessive individual looks as if he is following external directives, but within Fairbairn’s metapsychology, he is actually following the demands of an internalized rejecting object, one that was originally external but is long departed from the interpersonal scene. Many seemingly odd obsessional symptoms become comprehensible when viewed as a dialog between the incompletely repressed antilibidinal self in relationship to the rejecting object, while the individual is ostensibly in his central ego state. This often makes the obsessional patient feel “crazy” because he “knows better” than to behave in this manner, but in reality his powerful antilibidinal self and internalized rejecting object are operating independently of the central ego which is impotently standing by and observing, unable to stop the unwanted proceedings.

Each specific disorder has a different configuration of subegos and internalized objects. For instance, in hysteria the antilibidinal ego is suffused with bitter, almost unendurable, disappointment because of the rejecting paternal object’s desire for displays of sexuality and coquettishness as a payment for the few moments of empathy and tenderness that he offered. On the other side of the split, the hysteric’s libidinal ego seeks out a male object to parent her, as her mother failed in this capacity (Celani, 1976, 2001). Like the hysteric, the borderline has both antilibidinal and libidinal selves, and they too rely on the illusory hope provided by their libidinal

ego that induces them to believe that by effort they will succeed in charming and winning over the exciting object (Celani, 1993, 1995, 2001). The difference between the borderline and the hysteric is the severity of the disappointment within the antilibidinal ego-rejecting object relationship, the gender of the primary rejecting object, and the absence of a sexual agenda in the relationship between the borderline's antilibidinal ego and the rejecting-part of the paternal object. Splitting in these two diagnostic groups affords each of the two part egos alternating pathways that allow them to act out both hope and hate toward the very same object. Conversely, the obsessive displays little or no interest in exciting objects nor does he appear to have a libidinal ego because, developmentally, he did not perceive his objects as containing the potential for love.

#### **ATTACHMENT IN THE OBSESSIONAL PATIENT**

If it is true that the obsessional disorder has enormous unmet dependency needs due to his fixation on objects who refused to nurture him, an antilibidinal ego filled to bursting with memories of being criticized, and one that struggles endlessly with a demanding and hostile rejecting object, then why is the obsessional individual not psychopathic? The answer lies in the central ego's early experience of attachment to an ideal object(s) that was just strong enough to prevent the child's collapse into sociopathy. Often, in the histories of obsessionals there is a good object, a grandparent or a mentor outside the family, to whom the child develops a central ego/ideal object emotional attachment, or enough early experiences to create a bond to small parts of his parents when they were behaving as ideal objects. These good experiences with the ideal object are also abundant enough to preclude reliance on fantasy-based libidinal ego attachments to an exciting part-object. Secondly, the pathway to the ideal object—central ego relationship is often through performance at school, which allows the child to develop attachments outside of the family with teachers who support them. Sometimes children are fortunate enough to find adult tenderness inadvertently, as is described in this quote by Sullivan (1956):

She announced very early in the work with me that her trouble descended directly, unalterably from very, very early in life and was the work of an exceedingly hateful mother who never had any use for her. That the mother was hateful, ye gods, how well I knew by the end of six months! But then, apropos of some little clue a little too elusive for the patient to see it in advance, I did get to what had kept her alive, which had been a vast mystery. It happened to be an old woman who did sewing for the whole family; she worked in an attic room in the house, and the little girl liked to go up and talk with her when she came, which was quite often. This old woman, who was somewhat in the role of a servant, showered the little girl with tenderness. (p. 282)

This is exactly the kind of early experience you find in the histories of many obsessional adults. Somewhere, often outside of the immediate family, the child finds a good object that offered just enough attachment to keep him from becoming indifferent or too revenge seeking. Many papers in the literature cite similar histories, including Kainer (1979) who described a scenario in which her patient was deliberately conceived by his parents for the purpose of allowing his father to avoid the draft. His almost completely indifferent parents hired his grandmother to take care of him during the week, and he witnessed many scenes in which his mother and grandmother quibbled about the amount of pay his grandmother was due. His high performance in school was ridiculed by his parents, and he looked forward to the respite of being with his loving grandmother:

He was often witness to discussions of the amount of the payment, which varied in terms of the length of time and other expenses that his mother felt affected what she owed her mother for his care..... His mother (and to some extent his father) was experienced by him as harsh, critical and arbitrary, with very little capacity for tender parenting. He was intellectually gifted, but his 95's and A- were ridiculed. His compositions were torn apart and rewritten by both his parents .... He would spend the week with his simple, undemanding and loving grandmother, and dread the weekend with his tormentors and attackers. (p. 278)

Within Fairbairn's framework, this material suggests that the development of the obsessional personality disorder occurs in individuals who experienced at least one central ego attachment during their development that they could rely upon, while most of the time they resided in a sea of hostility and indifference. Sadly, the overwhelming criticism and humiliation that the child experienced during his development tends to overwhelm this smaller covert attachment to a good object, thus insuring that generosity, a fluid ability to commit emotionally to others, and the easy display of tender emotions are impossible for the obsessional character to display. However, the small but important central ego attachment that the child experienced during his development, along with his unmet developmental needs, is strong enough to keep him in the orbit of other humans. Unfortunately, his unmet childhood needs coupled with his powerful internal structures, including his cynical antilibidinal ego and his occasional identification with his aggressive and condemning rejecting object, make him a less than appealing romantic partner. Sadly, many obsessives display a paradoxical discontinuity between their high performance in the world and their passivity, and passive-aggressive dependency within their marriages. The unfortunate circumstances of the obsessional's original interpersonal experiences are endlessly recreated in his adult interpersonal world, and he tends to live a life of emotional penury, even toward those who were once willing to love him.

## CONCLUSION

Fairbairn's psychoanalytic model, with its internalized self and object structures that evolve as a consequence of the splitting defense, can offer new insights into the development and diagnosis of this important and often frustrating disorder. His model is able to specify which ego structures are overdeveloped and which are underdeveloped, as a consequence of the type of family histories that are characteristic of individuals who become obsessional later in life. The relationship between these structures in his inner world differentiate the obsessional diagnostic group from both the histrionic and borderline which rely on both libidinal and antilibidinal attachments toward the same objects. Conversely, this analysis of the obsessional disorder suggests that strong pathological attachments can develop and be maintained through the antilibidinal self/rejecting object relationship in the apparent absence of a libidinal ego/ exciting object component. Fairbairn's model can also account for symptoms and role shifts, which appear puzzling without knowledge of the structural configuration of the obsessional disorder. Many symptoms can be seen as a consequence of the struggle between the antilibidinal ego and the internalized rejecting object, while role shifts from victim to abuser are understood as the consequence of the ascendancy of the antilibidinal ego or the rejecting object into the position once occupied by the central ego.

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