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The Self

We have considered in the previous chapters the PSM as a basis for understanding how our aims are achieved, diverted, or blocked; how our system of understanding and procedures are developed; and how emotions and symptoms may be understood. At this point we need to look back on the life of the individual to consider the ways in which his repertoire of scripts bears traces of its earliest origins in infancy, and to describe how the self can be understood in these terms.

The adult whom we have been describing bears traces of his earlier history, both in the structure of his thought, as Piaget in particular demonstrated, and in the content of his thoughts, as Freud argued. The contrast of content with structure is not ideal: the "what" of experience and the "how" of the thought processes are to be comprehended only in terms of their relation to each other. What is common to psychoanalysis and developmental psychology is the recognition of the fact that later structures of thought grow out of the thought of the child, being built upon a basis of primitive knowledge and skills acquired before consciousness and beyond the possibility of recall. Traces of this origin may be apparent in how the adult thinks and acts.

In the self the conclusion drawn from our lifetime experiences are organized, in the form of processes that determine how we conduct our lives. The self can be conceived of as the highest and most general set of memories, understandings, and procedures. The meanings of situations and events are understood, and the selection and evaluation of lower-order aims and actions occur, through reference to this overall cognitive structure. There is more to the self, however, than this: the self is also self-observing. We have described how, in carrying out any procedural script, we elaborate schemata to evaluate the effectiveness of our performances and the meanings of the outcomes of our acts. In the case of the overall "life-script" we elaborate similar evaluative schemata; these form our conscious self-awareness, and are concerned with providing feedback on our performance and on the personal meanings and values of what we do.

Our judgement of the meaning of our life is considered by relating our perceived qualities and actions to a personal theory of values or, to put it more generally, by matching the self as perceived with the ideal self. How we feel about ourselves reflects discrepancies (schematic mismatches) between the self as perceived and the ideal self. This ideal self represents those values we personally identify with; but how we view ourselves and how we would like to be viewed are based historically upon the perceived responses of others, notably of those who cared for us before we could talk and before we can remember. In this way, our first mirror, providing the foundations of our self-awareness, was held up to us long before we were aware of self.

Although there can be no recollection from these earliest times, learning then takes place, and schemata organizing our knowledge of ourselves and others, and our interactions with others are being developed from the earliest days. That the terms of these interactions are not always admirable from the adult point of view was well understood by St. Augustine (1971) when he set about retracing his own moral development in his *Confessions*.

It can hardly be right for a child . . . to cry for everything, including things that would harm him, to work himself into a tantrum against people older than himself and not required to obey him, to try his best to strike and hurt others . . . including his own parents . . . This shows that, if babies are innocent, it is not for the lack of will to do harm but for the lack of strength. I myself have seen jealousy in a baby and know what it means: he was not old enough to talk, but whenever he saw his foster-brother at the breast he would grow pale with envy. This much is common knowledge. Mothers and nurses say that they can work such things out of the system by one means or another, but surely it cannot be called innocence.

Infant experience is of importance in understanding the adult, for three reasons. In the first place, one has to recognize the persistence into adult life of elements of these unrespectable feelings, more or less imperfectly concealed beneath the later acquired, more "civilized" values. In the second place, particular experiences at these early stages, such as privation, the failure of the mother or mother-substitute to respond sensitively to needs, or the failure of parents to acknowledge and encourage the child's growing capacity for autonomy may be embedded as unspoken, unrecognized basic assumptions in the subsequent scripts organizing the self and relationships. This can lead to restrictions on, or distortions of, the means available for the pursuit of ordinary and appropriate life aims. The third reason concerns our understanding of the history of cognitive development. There is an inevitable sequence to cognitive growth, dictated by physical maturation and by the growth of conceptual ability. This progress, and the accompanying successive modifications in our relationships with others, provide us all with a universal history, a common source for our concepts of the world and of ourselves on which our later experience will elaborate. Any issue in later adult life which is related to early basic themes first encountered before consciousness, may be construed as a version of the earlier situation through primitive thought processes shaped at the time of the first

encounter with the issue. The persistence of these primitive processes appears writ large in the disorganized thoughts of the psychotic patient, some of which clearly bear traces of — although clearly do not simply reproduce — the primitive thought of the infant. In the neurotic, or ordinary troubled person, on the other hand, the manifestations of these early processes is likely to be more subtle in the form of restrictions, oversimplifications, or overgeneralizations. To understand ourselves and how we can change we need, therefore, to be able to recognize the manifestations, in thought or action, of these early forms of thinking, and to be alert to the possible later effects of events occurring in these early formative years.

We will now consider what the important issues are that can colour our basic theory of ourselves and of our relationships with others, by discussing in turn the origins of the basic sense of the self as separate and of trust in others, the growth of autonomy, issues of rivalry and of sex-identity, and the relations of the structure of the self, of self-control and of self-judgement, to the structure of self-other relationships.

SENSE OF SELF AND OF TRUST IN OTHERS

Uncertainty about the strength and integrity of the self can be manifest in various ways, notably by the need to withdraw or retain emotional distance from others, in the experience of confusion or pain if closeness is achieved, in patterns of relationship marked by manipulative dependency upon others, or in the need for others to provide an idealizing or reassuring mirror to the self by presenting a seeming admiring similarity. Some such states were summarized by Horney (1937) as the four "mottoes": "if you love me you will not hurt me"; "if I give in, I shall not be hurt"; "if I have power, no-one can hurt me"; and "if I withdraw nothing can hurt me". (These mottoes could be rephrased in terms of the PSM in the form of interpersonal dilemmas concerned with basic security). In seeing the other as powerful and as need-supplying one can see references back, or parallels, to those issues faced in the first years of life, during which a child's total dependency and necessary attachment to his parents is modified. The child gradually recognizes that he is separate from the other, learns that the other exists even when not present (this requires the ability to form stable mental representations), and engages in an increasingly active exploration of the world. As he achieves this understanding, this trust in the other, and this capacity for action, he is establishing the basis for his sense of his individual self.

One can see that this process inevitably, involves, the exchange of forms of restrictive safety for risky extensions of the independence of the self. This choice between safety and freedom persists throughout life, the need for safety surfacing when the sense of self is diminished as in depression, illness, or failure. This fact makes the issue of dependency of importance in most psychotherapies. The seeds for an unsatisfactory resolution of the debate may be sown during the child's first experiences; for example, by a mother who unduly prolongs physical closeness and

the child's dependency; by one who provides too abrupt and early an experience of separation; or by parents whose response to the child's exploration and emerging individuation is to emphasize closeness and similarity rather than differentiation. We must also note that these same themes are enacted, and with the same parents, throughout childhood, and are revisited sharply at the time of adolescence, and that these later periods can remedy or further distort the growth of the child's individual sense of self. We will now look at these issues as they presented in our two patients.

Anne

Anne showed an incomplete separation from her parents, as was shown both by the extent of her continuing responsibility for providing practical and emotional care for her mother, and in the form of her self-definitions which were still based very much upon her family role. Her self-respect was dependent upon seeing herself as the healthy daughter of a dependent mother. Moreover, on the basis of quite specific parental injunctions which had been given throughout childhood and adolescence, she acted as if she had to set limits on her own life in order to protect her mother (her snag), although she was not consciously aware how extensively this rule was operating. However, Anne's identity, though not separate from that attributed by her parents, had positive qualities (those of being strong and stable) and was at least based upon a differentiation from, rather than a merging with, her parents. The disruption of this identity by her symptoms led to panic and, in the short run, to a sense of the self as falling apart, but her qualities of strength were of service to her in her recovery.

David

In the case of David, his early separation from his mother at the age of 4 was a remembered traumatic event, which he described in the first interview as follows:

AR: Was your physical health OK as a child?

DAVID: When I was 4 I got pneumonia but I got over that.

AR: Were you in hospital?

DAVID: Yes.

AR: Do you know for how long?

DAVID: Let me get this right, I think it was a week. I was taken in with suspected meningitis, but in fact it was tonsillitis, and I just had a cough. Then my mum had TB which was a bit difficult.

AR: Were you with her at that time?

DAVID: No. She wanted to stay at home but had to go to hospital. She did convalesce for a long time at home afterwards.

AR: How old were you?

DAVID: Well, this all happened at the same time; it happened in one go.

AR: Ah, I see, so there was probably quite a gap in that year?

DAVID: Yes, I was away from mum for some time.

AR: Do you recall the mood of that time at all?

DAVID: Well, I recall the desperation of course. I remember — I don't get these dreams

any more — but I remember odd little snippets of dreams from childhood — you know, the one about distance — like you're asleep in bed and you're having a nightmare of some kind, and your parents came in the door and and they say, "That's alright" and the point is that they're about 200 yards away; but you know they're actually touching you and you know they're there and it's going to be OK, but you can see them so far away. I don't know whether that happened before or after — I guess that's the kind of mood of that year.

Soon after David left home at the age of seventeen, when his parents separated, he was deeply involved in his first serious sexual relationship, and when, 4 years later, this broke up it was only a few weeks before he became involved with Patricia. In discussing Patricia's loss, it became clear that his decision to go to University was understood by him as being, in part at least, an expression of his relationship to Patricia, and in this it was linked with a more general sense of being unjustified in his own terms. It seems that, at the age of four, David had concluded that those you cared for were liable to leave you, and he had tended to seek binding relationships which were central to his sense of self to overcome the insecurity, but the pain of loss was correspondingly profound.

AUTONOMY AND SEXUAL IDENTITY

In the psychoanalytic view, basic trust in others is acquired in the earliest months of life (the oral phase). The fact that feeding plays a large part in the first exchange between child and mother accounts for the later equivalence between feeding and the giving or withholding, and accepting or rejection of affection or care. As the child matures and becomes capable of independent movement and of control of bowel and bladder functions, the issue of autonomy and of interpersonal control are similarly encountered with the immediate care-givers for the first time. This is what constitutes the anal stage in Freud's original classification. To the bodily metaphors of taking in or refusing good or bad milk are added the metaphors of letting go or holding on to good or bad urine and faeces. Parental overcontrol at his stage may deny the child the experience of appropriately extending his self-management and self-control, and may impose upon him the choice between compliance or defiance. Even in the absence of overcontrol in infancy, later situations that involve coping with the demands of others, where free giving does not come easily, may be conceived of in the primitive terms of angry holding on to or angry letting go.

In the oedipal stage as described by Freud, the relationship of the child to both parents, his conception of their relationship with each other, and the loosening of his passionate physical attachment to the mother, bring to the fore issues of rivalry, of authority, of guilt, and of sex-role identification. Difficulties at this stage will usually occur in the wake of earlier failures in the process of separation and the establishment of autonomy.

We acquire the "grammar" of our sexual identity in this first three-person situation. This "grammar" will include traces of the far from-innocent child's attempts

to make sense of his feelings and experiences. For healthy development to be possible, two main distinctions have to be established at this time: that between the generations and that between the sexes. The recognition of the parents' relationship and the exclusion of the child from it provides the necessary basis of the child's freedom from overprolonged attachment. The definitions and implications of sex-roles are derived from the way these roles are established in the family. They vary greatly between cultures, and have historically included rules and assumptions which have served to maintain a diminished status for women. The current challenging of these rules leads to much conflict in the present generation of young people, many of whom have been unconsciously shaped by family experiences based on traditional sex-role definitions which they have come to consciously reject. The Women's Movement offers an important external validation for revised assumptions during this period of transition, but men lack an equivalent supportive resource.

THE SELF AND SELF-TO-OTHER RELATIONSHIPS

The object-relations school of psychoanalysis modified the traditional psychoanalytic account of infancy by emphasizing the importance of the way in which the child first of all conceptualizes his relationships with others. In this view, the providing, frustrating, exciting, and prohibiting aspects of the mother are initially construed as being separate by the child. The polarization of good and bad figures, and exaggerated, over-simple discriminations made between people in later life are seen to result from the persistence of these early "splitting" mechanisms. One can appreciate this theory by considering its relation to some aspects of commonsense psychology, which point to similar conclusions. This discussion will lead on to a consideration of the processes of projection and projective identification, and to an understanding of how the structure of the self and the structure of relationships with others are connected.

Everyday accounts of others are full of phrases such as "He is hard on himself", "He is sorry for himself", "He drives himself", "He neglects himself". Such descriptions, which relate to the self identity criteria of the PSM, have far-reaching implications for our understanding of the person. If we know how someone views or treats himself, we are often nearer to understanding how he is likely to engage with others. We are faced here with the way in which commonsense psychology conceives of the self as being in some way divided: part of the self is seen as doing something to another part of it, such as caring for it, neglecting it, and so on. Further consideration suggests that the first of these parts has parental, and the second, childlike attributes.

The connection between this relationship between these two aspects of the self, on the one hand, and the relationships the person has with others, on the other hand, is often fairly clear. A man who neglects or disregards himself allows others to do likewise; a man who drives himself is liable to drive others; a man who

admires himself is likely to try to extract similar admiration from others. In some cases, however, the connection between these self-to-self and self-to-other relationships is less obvious because of two complicating issues. In the first place, the inner relationship of parent-self to child-self can be reflected in the relationships with others in one of two ways: the other may be elected to play either the parental role (e.g. as neglecting or caring) or the child role (as neglected or cared for), with the self playing the reciprocal part. In the second place, the fact that a particular kind of self-parenting may be apparent may conceal the existence of a contrasting parental image, which is the result of the splitting mechanism described above. Thus, the self-neglecting person, who was uncared for as a child, and seems now unable to care for himself, may have built up, on the basis of what care he did receive, a compensatory image of an idealized and caring parent. In his relationship with others, whom he elects to play parental roles, such a person may either "arrange" a repetition of neglect, or he may seek recompense by electing another to be an ideally caring person to him. This retention of dual parental images, representing in psychoanalytic object-relations theory the effect of the splitting of internal objects, is manifest in the wicked uncles, stepmothers, and fairy godmothers of traditional childhood stories.

Once we understand these two complicating factors, we can see that the effect of poorly integrated self-to-self attitudes on interpersonal behaviour is a complex one. Relationships with emotionally significant others will not represent simple recapitulation of the original experience of the person as a child, and will not necessarily be a simple parallel of his parentlike-self to childlike-self internal relationship. They will, however, be limited to a relatively restricted repertoire, and the repertoire of means available for self-care and other-care, or self-control or other-control, will have common features. In the example we have considered of the childhood-deprived, self-neglecting person, the choice of the role for the self would lie between one or other pole of a neglecting parent-neglected child relationship, or one or other pole of a dependable adult-dependent child relationship.

Much stress and interpersonal difficulty arises from our attempts to force others to play one or other of these reciprocal roles with us, although we are also quite adept at finding people prepared to play the "bit" parts for which we are rehearsed (such "bit" parts represent what object-relations theory calls "part object-relation"). In terms of the PSM this phenomena will be manifest in relationship dilemmas. As will be discussed in more detail later, one important gift of a therapist (or a good friend) is to resist this invitation to participate in such repetitions.

PROJECTION AND PROJECTIVE IDENTIFICATION, AND THE INTEGRATION OF THE SELF

One source of inner conflict can be the warring between the parentlike and childlike aspects of the self; often in this conflict any self-expressive aim may be judged as childlike. One way of reducing such conflict is by the disavowal of one or other of

the aspects. One sees sometimes grim and humourless people who seem to be all parent, and other feckless, irresponsible ones who seem all child. However, the relationship patterns of such people will often show that the disavowed part has been located in another. A fight between the rebellious child aspect and the harsh, parental aspect of the self, for example, can in some sense be relieved if aspects of one or other of the inner protagonists can be attributed to ("projected into") another person. The process of projection represents the misattribution to others of what arises from, or is an aspect of, the self; we are intolerant of our faults in others. Projective-identification represents the more elaborate process of structuring relationships in such a way that the internal relationship between parts of the self is repeated in the reciprocal role with the other. Many adult relationships, particularly in marriage, have, beneath the adult-adult relationship, a collusive system of such mutual projective identification, which can be a potent source of trouble. Interpersonal dilemmas where issues of power and affection are confused may represent the outcome of projective identification.

In cognitive terms, the process of projective identification involves the following:

(a) The script for self-control and self-judgement is based upon the child's conceptualization of the control and judgement initially exercised over him by his parents.

(b) The script determining self-other relationships in adult life may show persistence of features based on this early relationship of self-parent, either repeating the recalled relationship or a polarized, compensatory alternative version of it.

(c) In such recapitulations in adult relationships, the self may occupy either the child or the parents pole of the reciprocal relationship.

Projective identification represents conceptual confusion in so far as self-other discrimination is blurred. This is self-maintaining inasmuch as the projected aspect of the self is not consciously acknowledged, at least as long as the other is prepared to play the reciprocal role. The element of confusion involved might suggest that the origin of projective identification is at the early developmental stage of individuation and separation, whereas self-control and self-evaluative scripts would probably be elaborated later in childhood, when parental control and judgement in response to autonomous activity are encountered. As with the other issues we have considered in relation to early childhood, however, the parents whose behaviour can cause problems in development in this respect are likely to be present throughout infancy and childhood, and in most patients seem to have provided problematic situations for their children right through to adolescence. Conversely, recoveries and resolutions of difficulty are also apparent during this time.

David

David's insistence that his tutors' previous positive accounts of his work had been based on friendliness rather than on sound judgement represented his projection of his own self-doubting judgements. In his relationship with Patricia, he sought justification for his life, specifically for his degree course; this could be seen as the

projection of a compensatory, ideal source of approval into another, as a balance to his more basic and permanent self-doubting attitude.

Anne

Anne's preference for the care-giving role represented the projection into others of the needy, potentially crazy aspects of herself; the origins of this in her caretaking of her mother, and her need to deny in herself the frightening connotations of dependency, are clear.

THE PERSISTENT INFLUENCE OF INFANTILE THINKING

Given that all adult cognition develops from the thought of the child, and that learning continues throughout life, it is not always obvious what traits or problems in the adult represent the maladaptive persistence of unintegrated infantile patterns of thought, particularly as some degree of personal inconsistency is normal. Many adolescents, and some adults, apply different criteria of self-control and self-judgement in different contexts. These separate criteria may reflect their acceptance of the attributions of different external sources (e.g. conflicting values of parents and peer groups) and can in some cases be manifest in the form of markedly different alternative personalities. More commonly, there is some sense of a dominant and central identity which can recognize the operation of "sub-personalities": these sub-personalities may be more or less comfortably allotted expression in particular contexts, but in some cases may jostle uncomfortably for control, a state which will be experienced as conflicted or discontinuous, and which is marked in the identity diffusion sometimes experienced in late adolescence. The more or less mature adult achieves a secure sense of a central identity and a relatively binding set of assumptions and values through the process of integrating or abandoning dissonant elements of his personality; in the neurotic personality this integration may only be achieved at the cost of restriction.

All adult thought bears, to a greater or lesser degree, traces of the primitive conceptualizations of the child. This is evident in the patterns of relationships sought, in the nature of discriminations made, in the range of means available to pursue aims, and in the metaphors of speech and symptoms. What is important about the past is reflected in what is done or not done, known or not known, in the present. Later experiences through childhood and adolescence may continue to heal old, or cause new, troubles, and it is often impossible and unnecessary to estimate the influence of the earliest experiences as against those that occur later and are accessible to memory. To end this discussion, we will further consider how traces from infancy and childhood were manifest in the cases of Anne and David.

Anne

Issues of trust and mistrust, and of rivalry were prominent in Anne's history. Her actively paranoid mother was constantly suspicious of others, and had directly inter-

vened, out of explicit jealousy, to keep father and Anne apart after Anne's puberty. This active intervention was probably helpful to Anne, serving to protect her from too close a relationship with her father, despite the fact that mother's incapacity had forced her into the role of co-parent and (in some social circumstances) wife-replacement. However, mother's illness posed other problems: the normal generational issue faced by the adolescent, of who is king or queen of the castle, is best resolved through the ordinary forms of adolescent struggle, in which, in the end, the child can become, and the parent can remain, effective adults. For Anne, however, her growth and achievement were always in the context of her mother's decline and incapacity. Her mother, if a rival, was already defeated; and, if a model, one to be avoided. Anne did not see herself as a mistrustful person, because to do so was contrary to her procedural script that defined how to be sane but, living in a family in which so much mistrust was voiced, it was inevitable that to some extent she should share that characteristic. The extent of her mistrust was only made evident to her through her relationship with me, manifest firstly in the third session in the form of an unfounded suspicion that I had spoken without her permission to her mother's psychiatrist and, more complexly, after the fourth session. At that meeting she had struggled with many of the issues which had been raised in the course of the assessment; at the end of the session, I remarked how strenuous her efforts were and suggested that perhaps she need not work so hard and might allow herself to experience things as well, suggesting in particular that she might feel sadness or anger in relation to a forthcoming break in treatment. As she was leaving my office, I put my hand on her shoulder and said, encouragingly as I thought, that I felt she would manage alright, and I liked her for the way in which she was struggling with her problems. Early the next day she telephoned, requesting an extra session, having felt furious with me from the time she left the room. She had felt invaded and abused, and linked these feelings with past episodes with older men, including being molested at the age of 9 by a family friend, and also with a feeling that tutors at University to whom she had gone with work difficulties had, on two or three occasions, responded by making sexual advances. I apologised for having upset her, and suggested that perhaps her mother's explicit forbidding of any physical contact between her and her father had contributed to the extremity of her reaction. I also wondered if, in the previous episodes she reported, she might have in some way conveyed a wish for comfort or affirmation, or for a sexual response, as well as a refusal of it, expressing in this way the same mixture of feeling that she must have felt in relation to her father.

Much later on, when I had obtained Anne's agreement to her case history being included in this book, her husband commented that it was typical of her to gain a "special" response for herself by being chosen for the book. Other things emerged later that provided some confirmation for the view that Anne in part elicited responses she did not always like, due to oedipal issues. She had, as a child, sought older friends and, as an adolescent, had had largely older boyfriends, including in one case an ex-school-teacher. More recently, a friend had commented on the way

in which she made immediate and quick contact with men and then withdrew abruptly. Later in treatment Anne had one explicit "oedipal" dream (see Chapter 10.)

Anne's mistrust and anger with me was therefore related to a complex set of feelings, rooted in the triangular relations between herself, her mother, and her father. The result of their surfacing in treatment was helpful in that she was able to appreciate and begin to overcome her mistrust, and recognize her own actions more clearly.

A second issue in Anne's history could be related in psychoanalytic terms to the "anal" issues of withholding. At every major academic assessment, Anne had underperformed in one part of the examination, commonly in her best subject. She described herself as preferring to do very well or really badly, and spoke with some glee of her father's writing to one examination board when he was unable to believe her failure, although she knew it was deserved. In psychoanalytic terms, one could see this as a pattern of perfectionist offerings (good faeces) alternating with making a real mess (bad faeces). Here, too, however, there seems no need to suspect specifically infantile origins for this pattern. Her work history was one of underachievement between the ages of 5 and 9, when she was suffering from the effects of her mother's first breakdown. Thereafter she recovered rapidly and subsequently her usual pattern was of high performance, and she enjoyed the approval she won for such success. School achievement was especially pleasing to father, who was himself a teacher. Conversely, failure can be seen as a way of disappointing him. In terms of Anne's procedural scripts and their implications, to succeed was a means of securing approval and love, but to be loved also involved putting her own needs second to those of her mother. The very conditional nature of the love she was offered by her father, and his failure to protect her from mother's enormous demands, would be likely to evoke anger towards him. However, to feel or show anger directly was, for Anne, equated with being crazy; it seems likely, therefore, that the aim of attacking father for failing to protect her was achieved by her failure. Unfortunately, she simultaneously punished herself for this indirect expression of anger by suffering the effects of the failures involved. The projection of her own denied spontaneous childish and angry needs into others by her compulsive caretaking is unlikely to have originated before her mother's breakdown, when she was 5.

David

Except for his separation experience at 4, David recollected his family life as being happy until the blow, to him unexpected, of his father's leaving home when he was 17. He initially resented his mother's outrage at father's infidelity, and was upset by her insistence on father leaving home. Left at home with mother, and faced with her unhappiness and potential dependency, he felt in retrospect that he had cut off emotionally from her, and he had soon left to work in a residential job. Later, when father became severely depressed and was hospitalized, as a result of which his

career collapsed, David did not go and visit him. By the time he was seeing me, however, which was a few years later, he had achieved a comfortable and mutually respecting relationship with his mother, and was seeing his father from time to time. Father had more or less re-established himself in his career and had remarried, but David saw him as a ghost of his former self, and had come to feel that, even before the breakdown, he had been something of a hollow man.

At a time in his life when he could have expected to assert his own independence from his parents, and move into the adult world with some sense of being as much a man as his father, David saw his father transformed into someone he could not admire, and had no need to compete with, and his mother as someone whose needs might block his own growth. His strategy of taking a residential job in a caring role, and of soon becoming deeply emotionally involved with his first serious girlfriend, worked satisfactorily at the time. Over the ensuing years, he slowly came to terms with what had happened, revised his simple, blaming version of the parents' difficulties, and seemed to be pursuing his own life. We are left, however, with a picture of somebody who had not yet achieved a sense of being in charge of his life, indecisive about his career choice, and still feeling the need to justify his actions and plans in terms of a relationship with a woman. I have already described (Chapter 3) how I thought that this problem represented the operation of a snag: David feeling, unconsciously and irrationally, guilty for the troubles of his father, and expiating by not claiming his own manhood. Much later in treatment, when completing ratings on his "snag", David suddenly recollected how his fear of being dangerous could have an earlier root too, in that his mother used to tell him that her illness, of which she "nearly died" was brought on by her worrying about his prior illness. David was probably vulnerable as a result of his separation from his mother and of this comment and also as the result of the separation of his parents, and his father's illness, when he was 17. That his subsequent ability to claim his life seems to have been damaged by these events is best explained if one accepts the view that his *interpretations* of these events contained assumptions based upon the understandings of early childhood. In this view, David avoided living his life fully, as if he had intended his mother's illness and his father's defeat and was therefore guilty; in particular, he interpreted his parents' separation and father's illness with the criteria of an omnipotent rivalrous child. It is not the events of childhood, but rather the conclusions we draw from them, that shape and limit our later ability to live fully.

DISCUSSION

In this chapter, I have proposed a cognitive view of the self, while incorporating important insights from psychoanalysis, especially from later object-relations theory. The self has proved a very indigestible concept in psychoanalysis, only dragged into respectability latterly as a result of work on borderline and narcissistic personality disorders. A leading figure in this late rehabilitation of the concept is

Kohut, who has struggled for a decade to integrate it into classical theoretical formulations. He wrote 10 years ago (Kohut 1970):

It is best to confine ourselves to defining the self as an important content, a structure or configuration within the mental apparatus, i.e. self-representations which are located in the ego, the id, and the superego.

He went on to say that this would not rule out its final "acceptation" as "one of the centres of identifiable functions".

Eight years later, Kohut and Wolf (1978), writing of the narcissistic personality disorders, referred to the "fact that it is a weakened or defective self that lies at the centre of the disorder ...". These authors went on to write that:

... the weakness of the self was conceptualised in terms of its underlibidinsation — as a cathetic deficit, to speak in the terms of Freudian metapsychology — and the intense regressions encountered in the narcissistic personality disorders were recognised as the responses of the vulnerable self to a variety of injuries. The decisive steps forward in the understanding of these disorders, however, were made through the introduction of the concept of the *self-object* via the increasing understanding of the self in depth psychological terms. *Self-objects* are objects which we experience as part of ourself. The expected control over them is, therefore, closer to the concept of the control which a grown-up expects to have over his own body and mind, than to the concept of the control which he expects to have over others.

The extensive writings of Kohut can be pursued by those wishing to examine this view more closely; my own feeling is that the difficulties struggled with in this clotted prose are the consequences of classical psychoanalytic theory, not of any necessary obscurity in the very useful concept of the self.

In understanding the self, however, we can learn from the contribution of classical theories of defence, from the work of Erikson (1959), and from the later developments of object-relations theory. The major defence mechanisms have been extensively studied and restated as cognitive strategies by Haan (1977) who has usefully classified a wide range of functions as they appear, either as coping strategies, defensive strategies, or in fragmentation. However, she does not consider projective identification, which is a concept derived from object-relations theory, which seems to me to be of considerable importance in understanding relationships (including the transference), and which therefore I have presented in cognitive terms in this chapter.

Outside psychoanalysis, theories of the self owe much to the writings of Mead (1934) and an early cognitive formulation is to be found in Kelly (1955). The subject is reviewed clearly by Epstein (1975) who argues that individuals have implicit theories about themselves, and that therefore the self can be both the subject and object of what is known. In Epstein's view, "the recognition that an individual self theory, like any other theory, is a hierarchically organised conceptual system for solving problems" is an important one, and explains "its total disorganisation when a basic postulate is invalidated, or when for some other reason

the theory is incapable of fulfilling its function". In a recent paper, Mancuso and Ceely (1980) address themselves to this same issue. They conclude:

With progress in studies of the cognitive function, personality theorists will be better positioned to explicate implicit personality theories of personality, which are assumed to underlie one's theory of self ... One can now, it is hoped, look to further studies of cognitive functioning to show us the parallels between a person's "discovery" of a number system ... his discovery of persons, and his discovery of his self ... With this kind of information we can develop a more meaningful view of how the self-as-process is implicated in the regulation of the self-as-object.

Turner (1980) has written a clear review of the child's first years, uniting perspectives from developmental psychology and psychoanalysis in a way that parallels this chapter.

It seems important that, in this study of the discovery of persons and of the self, we hold on to psychoanalytic insights into how these discoveries are characterized by confusions and conflicts, due to their acquisition with imperfect cognitive tools early in life, and important to match any attempt to describe the self against our own experience of being, and partially knowing, ourselves.