make of Klein's standpoint in her last two decades, we cannot ignore the very great impact her work had in England, and will have everywhere, on orthodox psycho-analysis.

As for the controversy between Klein and Anna Freud, and between the followers of each, this has no importance to me, nor will it have to you, because it is a local matter, and a strong wind will blow it away. The only important thing is that psycho-analysis, firmly based on Freud, shall not miss Klein's contribution which I shall now attempt to summarize:

Strict orthodox technique in psycho-analysis of children.
Technique facilitated by use of tiny toys in initial stages.
Technique for analysis of two-and-a-half-year-old children and all ages older.
Recognition of fantasy as localized by the child (or adult), i.e. inside or outside the self.
Understanding of internal benign and persecutory forces or 'objects' and their origin in satisfactory or unsatisfactory instinctual experiences (originally oral and oral sadistic).
Importance of projection and introjection as mental mechanisms developed in relation to the child's experience of the bodily functions of incorporation and excretion.
Emphasis on the importance of destructive elements in object relationships, i.e. apart from anger at frustration.
Development of a theory of the individual's attainment of a capacity for concern (depressive position).
Relationship of constructive play
work
potency and child-bearing
to the depressive position.
Understanding of denial of depression (manic defence).
Understanding of threatened chaos in inner psychic reality and defences related to this chaos (obsessional neurosis or depressive mood).
Postulation of infantile impulses, talion fears and the splitting of the object prior to attainment of ambivalence.
Always an attempt to state the infant's psychology without reference to the quality of the environmental provision.

Then come certain more *doubtful* contributions:
Retaining a use of the theory of the Life and Death Instincts.
An attempt to state infantile destructiveness in terms of
(*a*) heredity
(*b*) envy.

D.W. Winnicott

17

COMMUNICATING AND NOT COMMUNICATING LEADING TO A STUDY OF CERTAIN OPPOSITES[1]

(1963)

to Bailey & Hard 1868

Every point of thought is the centre of an intellectual world
(Keats)

I have started with this observation of Keats because I know that my paper contains only one idea, a rather obvious idea at that, and I have used the opportunity for re-presenting my formulations of early stages in the emotional development of the human infant. First I shall describe object-relating and I only gradually get to the subject of communicating.

Starting from no fixed place I soon came, while preparing this paper for a foreign society, to staking a claim, to my surprise, to the right not to communicate. This was a protest from the core of me to the frightening fantasy of being infinitely exploited. In another language this would be the fantasy of being eaten or swallowed up. In the language of this paper it is *the fantasy of being found.* There is a considerable literature on the psycho-analytic patient's silences, but I shall not study or summarize this literature here and now. Also I am not attempting to deal comprehensively with the subject of communication, and in fact I shall allow myself considerable latitude in following my theme wherever it takes me. Eventually I shall allow a subsidiary theme, the study of opposites. First I find I need to restate some of my views on early object-relating.

Object-Relating

Looking directly at communication and the capacity to communicate one can see that this is closely bound up with relating to objects. Relating to objects is a complex phenomenon and the development of a capacity to relate to objects is by no means a matter simply of the maturational process. As always, *maturation*

[1] Differing versions of this paper were given to the San Francisco Psycho-analytic Society, October 1962, and to the British Psycho-Analytical Society, May 1963.

(in psychology) *requires and depends on the quality of the facilitating environment.* Where neither privation nor deprivation dominates the scene and where, therefore, the facilitating environment can be taken for granted in the theory of the earliest and most formative stages of human growth, there gradually develops in the individual a change in the nature of the object. The object *being at first a subjective phenomenon becomes an object objectively perceived.* This process takes time, and months and even years must pass before privations and deprivations can be accommodated by the individual without distortion of essential processes that are basic to object-relating.

At this early stage the facilitating environment is giving the infant the *experience of omnipotence*; by this I mean more than magical control, I mean the term to include the creative aspect of experience. Adaptation to the reality principle arises naturally out of the experience of omnipotence, within the area, that is, of a relationship to subjective objects.

Margaret Ribble (1943), who enters this field, misses, I think, one important thing, which is the mother's identification with her infant (what I call the temporary state of Primary Maternal Preoccupation). She writes:

> The human infant in the first year of life should not have to meet frustration or privation, for these factors immediately cause exaggerated tension and stimulate latent defense activities. If the effects of such experiences are not skillfully counteracted, behavior disorders may result. For the baby, the pleasure principle must predominate, and what we can safely do is to bring balance into his functions and make them easy. Only after a considerable degree of maturity has been reached can we train an infant to adapt to what we as adults know as the reality principle.

She is referring to the matter of object-relating, or of id-satisfactions, but I think she could also subscribe to the more modern views on ego-relatedness.

The infant experiencing omnipotence under the aegis of the facilitating environment *creates and re-creates the object*, and the process gradually becomes built in, and gathers a memory backing.

Undoubtedly that which eventually becomes the intellect does affect the immature individual's capacity to make this very difficult transition from relating to subjective objects to relating to objects objectively perceived, and I have suggested that that which eventually gives results on intelligence testing does affect the individual's capacity to survive relative failures in the area of the adapting environment.

In health the infant creates what is in fact lying around waiting to be found. But in health *the object is created, not found.* This fascinating aspect of normal object-relating has been studied by me in various papers, including the one on 'Transitional Objects and Transitional Phenomena' (1951). A good object is no good to the infant unless created by the infant. Shall I say, created out of need? Yet the object must be found in order to be created. This has to be accepted as a paradox, and not solved by a restatement that, by its cleverness, seems to eliminate the paradox.

There is another point that has importance if one considers the location of the object. The change of the object from 'subjective' to 'objectively perceived' is jogged along less effectually by satisfactions than by dissatisfactions. The satisfaction to be derived from a feed has less value in this respect of the establishment of object-relating than when the object is, so to speak, in the way. Instinct-gratification gives the infant a personal experience and *does but little to the position of the object*; I have had a case in which satisfactions eliminated the object for an adult schizoid patient, so that he could not lie on the couch, this reproducing for him the situation of the infantile satisfactions that eliminated external reality or the externality of objects. I have put this in another way, saying that the infant feels 'fobbed off' by a satisfactory feed, and it can be found that a nursing mother's anxiety can be based on the fear that if the infant is not satisfied then the mother will be attacked and destroyed. After a feed the satisfied infant is not dangerous for a few hours, has lost object-cathexis.

Per contra, the infant's experienced aggression, that which belongs to muscle erotism, to movement, and to irresistible forces meeting immovable objects, this aggression, and the ideas bound up with it, lends itself to the process of placing the object, to placing the object separate from the self, in so far as the self has begun to emerge as an entity.

In the area of development that is prior to the achievement of fusion one must allow for the infant's behaviour that is reactive to failures of the facilitating environment, or of the environment-mother, and this may look like aggression; actually it is distress.

In health, when the infant achieves fusion, the frustrating aspect of object behaviour has value in educating the infant in respect of the existence of a not-me world. Adaptation failures have value *in so far as the infant can hate the object*, that is to say, can retain the idea of the object as potentially satisfying while recognizing its failure to behave satisfactorily. As I understand it, this

is good psycho-analytic theory. What is often neglected in statements of this detail of theory is the immense development that takes place in the infant for fusion to be achieved, and for environmental failure therefore to play its positive part, enabling the infant to begin to know of a world that is repudiated. I deliberately do not say external.

There is an intermediate stage in healthy development in which the patient's most important experience in relation to the good or potentially satisfying object is the refusal of it. The refusal of it is part of the process of creating it. (This produces a truly formidable problem for the therapist in anorexia nervosa.)

Our patients teach us these things, and it is distressing to me that I must give these views as if they were my own. All analysts have this difficulty, and in a sense it is more difficult for an analyst to be original than for anyone else, because everything that we say truly has been taught us yesterday, apart from the fact that we listen to each other's papers and discuss matters privately. In our work, especially in working on the schizoid rather than the psycho-neurotic aspects of the personality, we do in fact wait, if we feel we know, until the patients tell us, and in doing so creatively make the interpretation we might have made; if we make the interpretation out of our own cleverness and experience then the patient must refuse it or destroy it. An anorexia patient is teaching me the substance of what I am saying now as I write it down.

Theory of Communication

These matters, although I have stated them in terms of object-relating, do seem to affect the study of communication, because naturally there comes about a change in the purpose and in the means of communication *as the object changes over* from being subjective to being objectively perceived, in so far as the child gradually leaves the area of omnipotence as a living experience. In so far as the object is subjective, *so far is it unnecessary for communication with it to be explicit.* In so far as the object is objectively perceived, communication is either explicit or else dumb. Here then appear two *new* things, the individual's use and enjoyment of modes of communication, and the individual's non-communicating self, or the personal core of the self that is a true isolate.

A complication in this line of argument arises out of the fact that the infant develops two kinds of relationships at one and the same time—that to the environment-mother and that to the object, which becomes the object-mother. The environment-

mother is human, and the object-mother is a thing, although it is also the mother or part of her.

Intercommunication between infant and environment-mother is undoubtedly subtle to a degree, and a study of this would involve us in a study of the mother as much as of the infant. I will only touch on this. Perhaps for the infant there is communication with the environment-mother, brought into evidence by the experience of her *unreliability.* The infant is shattered, and this may be taken by the mother as a communication if the mother can put herself in the infant's place, and if she can recognize the shattering in the infant's clinical state. When her *reliability* dominates the scene the infant could be said to communicate simply by going on being, and by going on developing according to personal processes of maturation, but this scarcely deserves the epithet communication.

Returning to object-relating: as the object becomes objectively perceived by the child so does it become meaningful for us to contrast communication with one of its opposites.

The Objectively Perceived Object

The objectively perceived object gradually becomes a person with part objects. Two opposites of communication are:

(1) A simple not-communicating.
(2) A not-communicating that is active or reactive.

It is easy to understand the first of these. Simple not-communicating is like resting. It is a state in its own right, and it passes over into communicating, and reappears as naturally. To study the second it is necessary to think in terms both of pathology and of health. I will take pathology first.

So far I have taken for granted the facilitating environment, nicely adjusted to need arising out of being and arising out of the processes of maturation. In the psycho-pathology that I need for my argument here the facilitation has failed in some respect and in some degree, and in the matter of object-relating the infant has developed a split. By one half of the split the infant relates to the presenting object, and for this purpose there develops what I have called a false or compliant self. By the other half of the split the infant relates to a subjective object, or to mere phenomena based on body experiences, these being scarcely influenced by an objectively perceived world. (Clinically do we not see this in autistic rocking movements, for instance; and in the abstract picture that is a cul-de-sac communication, and that has no general validity?)

In this way I am introducing the idea of a communication with subjective objects and at the same time the idea of an active non-communication with that which is objectively perceived by the infant. There seems to be no doubt that for all its futility from the observer's point of view, the cul-de-sac communication (communication with subjective objects) carries all the sense of real. *Per contra*, such communication with the world as occurs from the false self does not feel real; it is not a true communication because it does not involve the core of the self, that which could be called a true self.

Now, by studying the extreme case we reach the psychopathology of severe illness, infantile schizophrenia; what must be examined, however, is the pattern of all this in so far as it can be found in the more normal individual, the individual whose development was not distorted by gross failure of the facilitating environment, and in whom the maturational processes did have a chance.

It is easy to see that in the cases of slighter illness, in which there is some pathology and some health, there must be expected an active non-communication (clinical withdrawal) because of the fact that communication so easily becomes linked with some degree of false or compliant object-relating; silent or secret communication with subjective objects, carrying a sense of real, must periodically take over to restore balance.

I am postulating that in the healthy (mature, that is, in respect of the development of object-relating) person there is a need for something that corresponds to the state of the split person in whom one part of the split communicates silently with subjective objects. There is room for the idea that significant relating and communicating is silent.

Real health need not be described only in terms of the residues in healthy persons of what might have been illness-patterns. One should be able to make a positive statement of the healthy use of non-communication in the establishment of the feeling of real. It may be necessary in so doing to speak in terms of man's cultural life, which is the adult equivalent of the transitional phenomena of infancy and early childhood, and in which area communication is made without reference to the object's state of being either subjective or objectively perceived. It is my opinion that the psycho-analyst has no other language in which to refer to cultural phenomena. He can talk about the mental mechanisms of the artist but not about the experience of communication in art and religion unless he is willing to peddle in the intermediate area whose ancestor is the infant's transitional object.

In the artist of all kinds I think one can detect an inherent dilemma, which belongs to the co-existence of two trends, the urgent need to communicate and the still more urgent need not to be found. This might account for the fact that we cannot conceive of an artist's coming to the end of the task that occupies his whole nature.

In the early phases of emotional development in the human being, silent communicating concerns the subjective aspect of objects. This links, I suppose, with Freud's concept of psychic reality and of the unconscious that can never become conscious. I would add that there is a direct development, in health, from this silent communicating to the concept of inner experiences that Melanie Klein described so clearly. In the case descriptions of Melanie Klein certain aspects of a child's play, for instance, are shown to be 'inside' experiences; that is to say, there has been a wholesale projection of a constellation from the child's inner psychic reality so that the room and the table and the toys are subjective objects, and the child and the analyst are both there in this sample of the child's inner world. What is outside the room is outside the child. This is familiar ground in psycho-analysis, although various analysts describe it in various ways. It is related to the concept of the 'honeymoon period' at the beginning of an analysis, and to the special clarity of certain first hours. It is related to dependence in the transference. It also joins up with the work that I am doing myself on the full exploitation of first hours in the short treatments of children, especially antisocial children, for whom full-scale analysis is not available and not even always advisable.

But my object in this paper is not to become clinical but to get to a very early version of that which Melanie Klein referred to as 'internal'. At the beginning the word internal cannot be used in the Klein sense since the infant has not yet properly established an ego boundary and has not yet become master of the mental mechanisms of projection and introjection. At this early stage 'inner' only means personal, and personal in so far as the individual is a person with a self in process of becoming evolved. The facilitating environment, or the mother's ego-support to the infant's immature ego, these are still essential parts of the child as a viable creature.

In thinking of the psychology of mysticism, it is usual to concentrate on the understanding of the mystic's withdrawal into a personal inner world of sophisticated introjects. Perhaps not enough attention has been paid to the mystic's retreat to a position in which he can communicate secretly with subjective

objects and phenomena, the loss of contact with the world of shared reality being counterbalanced by a gain in terms of feeling real.

A woman patient dreamed: two women friends were customs officers at the place where the woman works. They were going through all the possessions of the patient and her colleagues with absurd care. She then drove a car, by accident, through a pane of glass.

There were details in the dream that showed that not only had these two women no right to be there doing this examining, but also they were making fools of themselves by their way of looking at everything. It became clear that the patient was mocking at these two women. They would not in fact get at the secret self. They stood for the mother who does not allow the child her secret. The patient said that in childhood (nine years) she had a stolen school book in which she collected poems and sayings, and she wrote in it 'My private book'. On the front page she wrote: 'What a man thinketh in his heart, so is he.' In fact her mother had asked her: 'Where did you get this saying from?' This was bad because it meant that the mother must have read her book. It would have been all right if the mother had read the book but had said nothing.

Here is a picture of a child establishing a private self that is not communicating, and at the same time wanting to communicate and to be found. It is a sophisticated game of hide-and-seek in which *it is joy to be hidden but disaster not to be found.*

Another example that will not involve me in too deep or detailed a description comes from a diagnostic interview with a girl of seventeen. Her mother worries lest she become schizophrenic as this is a family trait, but at present it can be said that she is in the middle of all the doldrums and dilemmas that belong to adolescence.

Here is an extract from my report of the interview:

X. then went on to talk about the glorious irresponsibility of childhood. She said: 'You see a cat and you are with it; it's a subject, not an object.'

I said: 'It's as if you were living in a world of subjective objects.'

And she said: 'That's a good way of putting it. That's why I write poetry. That's the sort of thing that's the foundation of poetry.'

She added: 'Of course it's only an idle theory of mine, but that's how it seems and this explains why it's men who write poetry more than girls. With girls so much gets caught up in looking after children or having babies and then the imaginative life and the irresponsibility goes over to the children.'

We then spoke about bridges to be kept open between the imaginative life and everyday existence. She kept a diary when she was 12 and again at 14, each time apparently for a period of seven months.

She said: 'Now I only write down things that I feel in poems; in poetry something crystallizes out,'—and we compared this with autobiography which she feels belongs to a later age.

She said: 'There is an affinity between old age and childhood.'

When she needs to form a bridge with childhood imagination it has to be crystallized out in a poem. She would get bored to write an autobiography. She does not publish her poems or even show them to anybody because although she is fond of each poem for a little while she soon loses interest in it. She has always been able to write poems more easily than her friends because of a technical ability which she seems to have naturally. But she is not interested in the question: are the poems really good? or not? that is to say: would other people think them good?

I suggest that in health there is a core to the personality that corresponds to the true self of the split personality; I suggest that this core never communicates with the world of perceived objects, and that the individual person knows that it must never be communicated with or be influenced by external reality. This is my main point, the point of thought which is the centre of an intellectual world and of my paper. Although healthy persons communicate and enjoy communicating, the other fact is equally true, that *each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound.*

In life and living this hard fact is softened by the sharing that belongs to the whole range of cultural experience. At the centre of each person is an incommunicado element, and this is sacred and most worthy of preservation. Ignoring for the moment the still earlier and shattering experiences of failure of the environment-mother, I would say that the traumatic experiences that lead to the organization of primitive defences belong to the threat to the isolated core, the threat of its being found, altered, communicated with. The defence consists in a further hiding of the secret self, even in the extreme to its projection and to its endless dissemination. Rape, and being eaten by cannibals, these are mere bagatelles as compared with the violation of the self's core, the alteration of the self's central elements by communication seeping through the defences. For me this would be the sin against the self. We can understand the hatred people have of psycho-analysis which has penetrated a long way into the human personality, and which provides a threat to the human individual in his need to be secretly isolated. The question is: how to be isolated without having to be insulated?

What is the answer? Shall we stop trying to understand human beings? The answer might come from mothers who do not communicate with their infants except in so far as they are subjective objects. By the time mothers become objectively perceived their infants have become masters of various techniques for indirect communication, the most obvious of which is the use of language. There is this transitional period, however, which has specially interested me, in which transitional objects and phenomena have a place, and begin to establish for the infant the use of symbols.

I suggest that an important basis for ego development lies in this area of the individual's communicating with subjective phenomena, which alone gives the feeling of real.

In the best possible circumstances growth takes place and the child now possesses three lines of communication: communication that is *for ever silent*, communication that is *explicit*, indirect and pleasurable, and this third or *intermediate* form of communication that slides out of playing into cultural experience of every kind.

Is silent communication related to the concept of primary narcissism?

In practice then there is something we must allow for in our work, the patient's non-communicating as a positive contribution. We must ask ourselves, does our technique allow for the patient to communicate that he or she is not communicating? For this to happen we as analysts must be ready for the signal: 'I am not communicating', and be able to distinguish it from the distress signal associated with a failure of communication. There is a link here with the idea of being alone in the presence of someone, at first a natural event in child-life, and later on a matter of the acquisition of a capacity for withdrawal without loss of identification with that from which withdrawal has occurred. This appears as the capacity to concentrate on a task.

My main point has now been made, and I might stop here. Nevertheless I wish to consider what are the opposites of communication.

Opposites

There are two opposites of communication, simple non-communication, and active non-communication. Put the other way round, communication may simply arise out of not-communication, as a natural transition, or communication may be a negation of silence, or a negation of an active or reactive not-communicating.

In the clear-cut psycho-neurotic case there is no difficulty because the whole analysis is done through the intermediary of verbalization. Both the patient and the analyst want this to be so. But it is only too easy for an analysis (where there is a hidden schizoid element in the patient's personality) to become an infinitely prolonged collusion of the analyst with the patient's negation of non-communication. Such an analysis becomes tedious because of its lack of result in spite of good work done. In such an analysis a period of silence may be the most positive contribution the patient can make, and the analyst is then involved in a waiting game. One can of course interpret movements and gestures and all sorts of behavioural details, but in the kind of case I have in mind the analyst had better wait.

More dangerous, however, is the state of affairs in an analysis in which the analyst is permitted by the patient to reach to the deepest layers of the analysand's personality because of his position as subjective object, or because of the dependence of the patient in the transference psychosis; here there is danger if the analyst interprets instead of waiting for the patient to creatively discover. It is only here, at the place when the analyst has not changed over from a subjective object to one that is objectively perceived, that psycho-analysis is dangerous, and the danger is one that can be avoided if we know how to behave ourselves. If we wait we become objectively perceived in the patient's own time, but if we fail to behave in a way that is facilitating the patient's analytic process (which is the equivalent of the infant's and the child's maturational process) we suddenly become not-me for the patient, and then we know too much, and we are dangerous because we are too nearly in communication with the central still and silent spot of the patient's ego-organization.

For this reason we find it convenient even in the case of a straightforward psycho-neurotic case to avoid contacts that are outside the analysis. In the case of the schizoid or borderline patient this matter of how we manage extra-transference contacts becomes very much a part of our work with the patient.

Here one could discuss the purpose of the analyst's interpreting. I have always felt that an important function of the interpretation is the establishment of the *limits* of the analyst's understanding.

Individuals as Isolates

I am putting forward and stressing the importance of the idea of the *permanent isolation of the individual* and claiming that at the core of the individual there is no communication with the not-me

world either way. Here quietude is linked with stillness. This leads to the writings of those who have become recognized as the world's thinkers. Incidentally, I can refer to Michael Fordham's very interesting review of the concept of the Self as it has appeared in Jung's writings. Fordham writes: 'The over-all fact remains that the primordial experience occurs in solitude.' Naturally this that I am referring to appears in Wickes's *The Inner World of Man* (1938), but here it is not always certain that a distinction is always drawn between pathological withdrawal and healthy central self-communication (cf. Laing, 1961).

Among psycho-analysts there may be many references to the idea of a 'still, silent' centre to the personality and to the idea of the primordial experience occurring in solitude, but analysts are not usually concerned with just this aspect of life. Among our immediate colleagues perhaps Ronald Laing is with most deliberation setting out to state the 'making patent of the latent self' along with diffidence about disclosing oneself (cf. Laing, 1961, p. 117).

This theme of the individual as an isolate has its importance in the study of infancy and of psychosis, but it also has importance in the study of adolescence. The boy and girl at puberty can be described in many ways, and one way concerns *the adolescent as an isolate*. This preservation of personal isolation is part of the search for identity, and for the establishment of a personal technique for communicating which does not lead to violation of the central self. This may be one reason why adolescents on the whole eschew psycho-analytic treatment, though they are interested in psycho-analytic theories. They feel that by psycho-analysis they will be raped, not sexually but spiritually. In practice the analyst can avoid confirming the adolescent's fears in this respect, but the analyst of an adolescent must expect to be tested out fully and must be prepared to use communication of indirect kind, and to recognize simple non-communication.

At adolescence when the individual is undergoing pubertal changes and is not quite ready to become one of the adult community there is a strengthening of the defences against being found, that is to say being found before being there to be found. That which is truly personal and which feels real must be defended at all cost, and even if this means a temporary blindness to the value of compromise. Adolescents form aggregates rather than groups, and by looking alike they emphasize the essential loneliness of each individual. At least, this is how it seems to me.

With all this is bound up the crisis of identity. Wheelis, who has struggled with identity problems, states (1958) clearly and

crudely the problem of the analyst's vocational choice, and links this with his loneliness and need for intimacy which, in analytic work, is doomed to lead nowhere. The analyst who seems to me to be most deeply involved in these matters is Erik Erikson. He discusses this theme in the epilogue of his book, *Young Man Luther* (1958), and he reaches to the phrase 'Peace comes from the inner space' (i.e. not from outer space exploration and all that).

Before ending I wish to refer once more to the opposites that belong to negation. Melanie Klein used negation in the concept of the manic defence, in which depression that is a fact is negated. Bion (1962a) referred to denials of certain kinds in his paper on thinking, and de Monchaux (1962) continued with the theme in her comment on Bion's paper.

If I take the idea of liveliness, I have to allow for at least two opposites, one being deadness, as in manic defence, and the other being a simple absence of liveliness. It is here that silence is equated with communication and stillness with movement. By using this idea I can get behind my rooted object to the theory of the Life and Death Instincts. I see that what I cannot accept is that Life has Death as its opposite, except clinically in the manic-depressive swing, and in the concept of the manic defence in which depression is negated and negatived. In the development of the individual infant living arises and establishes itself out of not-living, and being becomes a fact that replaces not-being, as communication arises out of silence. Death only becomes meaningful in the infant's living processes when hate has arrived, that is at a late date, far removed from the phenomena which we can use to build a theory of the roots of aggression.

For me therefore it is not valuable to join the word death with the word instinct, and less still is it valuable to refer to hate and anger by use of the words death instinct.

It is difficult to get at the roots of aggression, but we are not helped by the use of opposites such as life and death that do not mean anything at the stage of immaturity that is under consideration.

The other thing that I wish to tie on to the end of my paper is an altogether different opposite to aliveness or liveliness. This opposite is not operative in the majority of our cases. Usually the mother of an infant has live internal objects, and the infant fits into the mother's preconception of a *live* child. Normally the mother is not depressed or depressive. In certain cases, however, the mother's central internal object is dead at the critical time in her child's early infancy, and her mood is one of depression. Here the infant has to fit in with a role of *dead* object, or else has

to be lively to counteract the mother's preconception with the idea of the child's deadness. Here the opposite to the liveliness of the infant is *an anti-life factor* derived from the mother's depression. The task of the infant in such a case is to be alive and to look alive and to communicate being alive; in fact this is the ultimate aim of such an individual, who is thus denied that which belongs to more fortunate infants, the enjoyment of what life and living may bring. To be alive is all. It is a constant struggle to get to the starting point and to keep there. No wonder there are those who make a special business of existing and who turn it into a religion. (I think that Ronald Laing's (1960, 1961) two books are attempting to state the predicament of this nature that many must contend with because of environmental abnormalities.) In healthy development the infant (theoretically) starts off (psychologically) without life and becomes lively simply because of being, in fact, alive.

As I have already said at an earlier stage, this being alive is the early communication of a healthy infant with the mother-figure, and it is as unselfconscious as can be. Liveliness that negates maternal depression is a communication designed to meet what is to be expected. The aliveness of the child whose mother is depressed is a communication of a reassuring nature, and it is unnatural and an intolerable handicap to the immature ego in its function of integrating and generally maturing according to inherited process.

You will have observed that I have brought the subject back to that of communication, but I do recognize that I have allowed myself a great deal of freedom in following trains of thought.

Summary

I have tried to state the need that we have to recognize this aspect of health: the non-communicating central self, for ever immune from the reality principle, and for ever silent. Here communication is not non-verbal; it is, like the music of the spheres, absolutely personal. It belongs to being alive. And in health, it is out of this that communication naturally arises.

Explicit communication is pleasurable and it involves extremely interesting techniques, including that of language. The two extremes, explicit communication that is indirect, and silent or personal communication that feels real, each of these has its place, and in the intermediate cultural area there exists for many, but not for all, a mode of communication which is a most valuable compromise.

18

TRAINING FOR CHILD PSYCHIATRY[1]

(1963)

I have found it very difficult to write this paper. The reason, I believe, is that in this discussion we are concerned neither with scientific nor with poetic truth.

Indeed, what I have to say *must* be affected by the history of my own development, it *must* be prejudiced according to my feelings about certain key matters, and it *must* be a sub-total statement in accordance with the limited scope of one man's experience.

Quite simply, I wish to state that the work we do which is at present called child psychiatry is a speciality on its own. If we retain the term 'child psychiatry', we must be quite clear that it is not a part of general psychiatry.

I shall explore the relationship of our work to the work of neighbouring specialities, and I shall make a few positive suggestions.

The training of child psychiatrists depends on our views on the nature of the work we do, and I shall put in a plea for the retention of variety in the matter of portals of entry. In particular let no overhead planning exclude the possibility of entry into child psychiatry through paediatrics.

I shall assume that at the Child Guidance Training Centre and at the Tavistock Clinic and the Maudsley Child Psychiatry Department the same questions are being asked that I am asking in this paper. Recently there was a discussion on this subject at the Tavistock Clinic, and those who were present will agree that the ground was pretty well covered on that occasion.

What is Child Psychiatry?

The question that must be asked first is: what is child psychiatry? In child psychiatry the work is essentially practical. In respect of each case we meet a challenge. In terms of bringing about clinical improvement we may fail, and we often succeed. Real failure can only be stated in terms of *a failure to meet the*

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