

2-1-1986

[Book Review of] *The Psychology of Self and Other*, by Elizabeth R. Moberly

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Recommended Citation

Harvey, John F. (1986) "[Book Review of] *The Psychology of Self and Other*, by Elizabeth R. Moberly," *The Linacre Quarterly*: Vol. 53 : No. 1 , Article 18.

Available at: <http://epublications.marquette.edu/lnq/vol53/iss1/18>

Moral principles interpreted through this kind of approach to texts would be principles which give us genuine meaning and truth. Such moral principles would surely not lead us into relativism." Why not?

One final example of a misleading statement is on p. 125. "To move to the other side, the dominant image of those who see artificial birth control as moral in some cases is the image of the sexual union as good, as strengthening the covenant of married love. From this viewpoint, to make it impossible or nearly impossible for a married couple to have intercourse becomes clearly wrong."

Keane is simply wrong here. Natural Family Planning is a proven and effective way of morally planning one's family. It does not turn against the affective, love-giving dimension of conjugal love, and it overcomes any apparent contradiction between divine law and the need for ongoing expression of conjugal life.

— Rev. Matthew Habiger, O.S.B.
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The Psychology of Self and Other

by Elizabeth R. Moberly

Tavistock Publications, London, New York, 1985, pp. viii+117 pp., \$17.95.

In this volume Elizabeth Moberly develops still further the views expressed in her previous work, *Psychogenesis and Homosexuality: A New Christian Ethic*, both of which I reviewed in *Linacre Quarterly* during 1984. Although the focus in this work is on narcissistic and borderline psychopathologies, the insights can be readily applied to homosexuality. Indeed, during August, 1985, at a *Metanoia Ministries* workshop at La Grange Park, Ill., Dr. Moberly showed how her research can help all those professionally engaged in helping homosexual persons. Thus, as I summarize the basic ideas of this volume, I hope the reader will see their applicability to therapy for homosexual men and women. Perhaps some will dissent, and that could lead to a profitable exchange among us. I remember how, 20 months ago, I was greeted by a theologian-psychologist after I had presented Moberly's views. "It sounds to me like warmed-over Freudianism."

The author begins with a review of basic Freudian concepts in which she shows where she deviates from the Freudian position. Concerning repression, she says that the issue "is not instinctual *danger* but instinctual *unfulfilment*." The love object is perceived as hurtful and for this reason, the normal attachment need to that object is held back (repressed). The overall goal must therefore be the restoration of attachment while the undoing of repression must be regarded as only a means to this end, not as an end in itself. "Merely undoing the repression while there is no restoration of attachment to the object does not resolve the problem, but creates only a greater awareness of it." One must get beyond the resolution of conflict. "The objective must be to resume and continue what the conflict originally hindered, viz., the fulfilment of an attachment need."

Once freed from their protective repression, attachment needs should be fulfilled through the medium of a restored attachment. Such needs cannot be fulfilled in any other way. "The reinstatement of an attachment need would involve the *continuation* of what was originally checked." From this point of view, the persistence of compulsive activity indicates an unmet need whose fulfilment is necessary for normal development. *Conscious*

remembrance of a repressed unmet need is helpful, but not the goal of therapy.

Significantly, Moberly takes issue with Freud's description of regression and fixation. The term "regression" begs the question by implying linguistically a return to an earlier psychological state — a movement from present to past. This is not a question of regression, but of a lack of progress. The attachment need was checked at an earlier time, but the lack of development was not noted; it is the earlier repression of an attachment need that results in fixation.

We are concerned with lack of progress "from an initial fixation point." Thus, the therapeutic goal must be both to resolve the conflict, or undo the repression, and "most importantly to renew the formerly interrupted process of growth." The resolution of repression then is significant only as a means to this further end. The clinical data suggest that legitimate developmental needs must not be bypassed; if their fulfillment is checked, the needs still persist. From this perspective, one sees fixation as the result of repression, because the repression of an attachment-need fixates the normal developmental process of growth which takes place through the medium of attachment to a love object.

The developmental process is checked in consequence of experiencing the love object as hurtful, whether deliberately or unintentionally. Thus, we have a different kind of problem which calls for a corresponding re-evaluation of the goals and methods of therapy.

Moberly suggests that if an attachment need emerges from repression, it may well be transferred to the person of the analyst. In this transference, "the concept of legitimate developmental needs through the medium of a renewed attachment — must take its place as a legitimate and often major focus of therapy." The therapist should keep his/her focus on the unfulfilled developmental needs of the client.

Moberly has already argued in *Psychogenesis*, the crucial factor for the process of identification lies in the capacity for attachment. This is necessary both for the formation of gender identity and for the formation of the ego itself. Thus, contact with external reality through an attachment advances the process of identification within the personality; through receiving love from external love-objects the ego is formed. The sense of self and of self-worth is received from *others*.

In differing with Freud, Moberly says that love is to be received from the *object*, not from the id within the person. She uses the term narcissism to indicate the need of the ego to attach itself to a love object. *Pathological* narcissism, on the other hand, comes from the ego not finding fulfillment in attachment to a person. Self-identity and self-esteem are mediated through object libidinal fulfillment. If, however, the process of identification has been interrupted through repression of an attachment-need, it is important to facilitate a renewed attachment through the process of transference.

Although transference is to be found in mental disorders, it is not necessarily to be equated with pathology in itself. While transference may involve replication of earlier conflicts, it may also mark the reinstatement of a repressed attachment-need, and this is a legitimate developmental need.

"Freud's therapeutic goal of making the unconscious conscious is a valid goal, but may not be the sole focus of the therapeutic endeavor." The attainment of insight does not by itself do justice to the interpersonal dimension of intrapsychic needs. "An unfulfilled attachment need must be fulfilled, not merely interpreted."

In maintaining this position, Moberly argues against a number of authorities who see transference merely as a means of interpretation, and undoing repression. But Moberly holds that "the undoing of repression is significant *only* as a preliminary to the fulfillment of attachment-needs."

Attachment to an object very early in life brings about the structuralization of the ego; but if the object is lost, structuralization is checked until the love object is restored to the ego. "An ongoing attachment to the selfobject is the medium of intrapsychic structuralization." The selfobject is equally the psychological structure of the developmentally affronted adult; once this developmental process has been resumed, it must be carried through and not checked again.

Throughout this discussion the term narcissism is used in various senses. Moberly

describes narcissism as the movement of the ego toward that object which will fulfill its attachment needs. The purpose of transference therapy is to bring this about. Progress will be made when the need for selfobjects is taken seriously and fulfilled.

Very often the severe frustration of the early years of life with defensive detachment from a significant or parental person of the same sex is unrecognized by either the patient or the therapist. It needs to be stressed that such detachment is not a cognitive-perceptive problem, but a volitional-affective one. Hence, the reparation of structuralization and identification depends upon the meeting of attachment-needs.

With regard to the therapist who becomes the object of transference in the relationship with the patient, Moberly stresses the need for understanding. The patient's internal life is one of incomplete structuralization, and the therapist's task is to provide a structuralizing attachment, "and therefore to function as a selfobject in lieu of structure, until structuralization is complete." The problem is one of maturation, of helping the patient to realize legitimate and realistic developmental needs. Resolution of the repression of the attachment-need is an important part of the therapeutic task, but only the beginning.

Moberly points out that chronology and developmental stages should be harmonized, but where developmental progress has been checked and thereafter does not keep pace with chronology, the developmental needs involved are still valid and *non-pathological*. "The sheer passage of time does not alter the character of these unfulfilled developmental needs. A repressed attachment-need is still a realistic developmental need, and it still requires fulfillment through the medium of a restored attachment."

But it must not be thought that the relationship of dependence of the patient upon the therapist must be perpetuated. If dependency needs are being met through a selfobject attachment, structuralization gradually increases and the correlative need for dependence on the selfobject gradually decreases. Here it is necessary to distinguish between chronic dependence upon another, and a temporary dependence during which the person gradually matures to the point where he does not need the therapist. In Moberly's view, the "meeting of dependency needs" is meant to lead to the elimination of such needs.

If, however, a therapist refuses to function as a selfobject, this, too, is an effective means of checking the fulfillment of the need for a structuralizing attachment. Then the resolution of defensive detachment is almost pointless.

The most vital and central goal of therapy is the restoration of attachment, which takes place over a period of time, and which is meant to lead to adulthood. But what actually happens in many persons is that defensive detachment in early years checks the developmental process. "Psychological separation during the early years of life is a developmental disaster . . ." In other individuals, however, "true separation-individuation takes place with in the matrix of the ongoing fulfillment of dependency needs as a function of increasing structuralization taking place through a selfobject attachment."

Moberly believes that the inherent reparative potential for resuming development after it has been checked by defensive detachment is the innovative part of her hypothesis. It is based upon the existing analytic data. Selfobjects are necessary for intrapsychic structuralization, whether in ordinary development or in the therapeutic process. One cannot easily overestimate the importance of the selfobject on a developmental perspective. One must meet the valid and legitimate need for a selfobject in lieu of structure and to promote further structuralization. Thus, the selfobject transference has both diagnostic value, as indicative of incomplete structuralization, and therapeutic value, because it is the means of promoting further structuralization, "provided that the therapist is willing to function as a selfobject, in order to meet these realistic developmental needs which have been transferred into the therapeutic situation. The only question for the therapist is whether he/she will make use of and cooperate with this inherent reparative potential or ignore or check it.

Examining the concept of *critical* periods in the developmental timetable, Moberly draws several interesting conclusions:

- (1) There are no critical periods in an absolute sense. "The earliest years are of crucial significance, but nothing negative that happens, or positive that fails to

happen is irrevocable *in principle*."

(2) The selfobject transference is the reinstatement of the formerly repressed attachment need. If this is accepted as realistic, then the developmental process of structuralization through attachment may still be resumed. The needs of a particular period of early growth can still be met if the therapist is willing to accept and cooperate with the reinstatement of the conditions of that period.

(3) "The therapist is to function as a selfobject not merely initially or as a temporary measure, but on a long term basis, on the understanding that this must be the central therapeutic strategy for problems of this nature." The therapist must *continue* the process. Just as an ordinary child does not grow up overnight, so in a therapeutic situation a prolonged period of time may be required to repair developmental deficits which began in the earliest years.

Moberly concludes her tightly knit thesis with the statement that the therapist's function as selfobject is vital "for the treatment of all the more serious forms of psychopathology." The therapist thereby facilitates the fulfillment of developmental needs as corrective *emotional* experience, and not merely *intellectual* insight.

At this writing, there are indications that the approach proposed by Moberly has worked in the lives of some persons who had been homosexual in orientation. Whether this transition in orientation was due to the process of transference and identification with a therapist of the same sex needs further study. It seems that this process of transference was the primary factor, but the thesis is so new that it will take a few years to verify it with hard data. The relationship of the homosexual person to the parent of the opposite sex and to peers in childhood demands further research. But that having been said, we need to concentrate upon what I understand to be the significant contribution of Moberly, namely, that the homosexual person's progress to full heterosexuality has been checked at some point on the developmental timetable, and that this progress can be resumed by allowing the homosexual person to form an attachment with the therapist which, over a period of time, will correct past emotional experience and enable him/her to become more fully masculine/feminine. What is needed is a clearing house of information on the issue which could be analyzed by Moberly and others in order that both therapists and spiritual directors will be more knowledgeable.

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Rape Within Marriage: A Moral Analysis Delayed

by Edward J. Bayer, S.T.D.

Lanham, Maryland: University Press of America, 1985. 150+ ix pages, \$22.50 hardcover, \$9.75 paperback.

The central thesis of this somewhat misleadingly titled book is that the Catholic Church's official condemnation of contraception and contraceptive sterilization need not preclude a wife's protecting herself from conception in cases where her husband's demands for sexual intercourse are unjustified and where a pregnancy could result in serious harm. This work is the doctoral dissertation of Father Bayer at the Pontifical University of St. Thomas at Rome. It represents what impresses this reviewer as a sincere attempt to remain faithful to magisterial teaching while respecting and utilizing the Church's growing insight into the