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9

The repetition compulsion, envy, and the death instinct

John Steiner

Freud's attitude to the compulsion to repeat changed over the years. At first he was frustrated that patients repeated rather than remembered their history, but in what I have always considered to be sign of his genius, he recognized that the repetition was precisely what made therapeutic change possible. Because of the compulsion to repeat, patients were able—indeed they were compelled—to relive their experiences in the transference, and it was this which presented a new opportunity for understanding and change.

As he put it, “We admit it [the compulsion to repeat] into the transference. . . . [And in this way] we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing [the patient's] ordinary neurosis by a ‘transference-neurosis’ of which he can be cured by the therapeutic work” (1914g, p. 154).

However, Freud gradually realized that the compulsion to repeat was also an expression of resistance to change, and he came to consider that the analysis of resistance was a central task for the analyst. Later he became convinced that the resistance to change was particularly unyielding in certain patients who seemed senselessly to persist in seeking outcomes that led only to unhappiness and suffer-

ing. He noted that, in these situations, patients cannot learn from experience and instead behave as if “pursued by a malignant fate or possessed by some ‘daemonic’ power” (Freud, 1920g, p. 21).

Freud was pessimistic about the possibility of change in patients with a repetition compulsion, but I believe that further understanding of the factors involved allows us to consider that, as with other repetitions, its emergence in the transference gives the analyst a chance of understanding it and of “transforming it into a transference repetition which can be cured by therapeutic work”. Of course central to this argument is the question of whether we can understand it, and, by placing the repetition compulsion “beyond the pleasure principle”, I believe that Freud had in mind that it could not be understood in an ordinary way. I would argue that initially Freud did little more than give this area of human experience, which was beyond understanding, a “habitation and a name”, using the term “death instinct” to delineate something that could not at that time be understood. However, even in his original paper (1920g), Freud had a great deal of interest to say about the nature of this mysterious force, including the idea that it was destructive of the meaning and structure that living organisms create.

“I drew the conclusion”, he wrote, “that, besides the instinct to preserve living substance and to join it into ever larger units, there must exist another, contrary instinct seeking to dissolve those units and to bring them back to their *primaeva*, inorganic state (Freud, 1930a, p. 118).

I believe that it is possible to clarify the role of the death instinct in the repetition compulsion if we think of it primarily as an anti-life instinct representing a hatred and intolerance of all those things that stand for life and for creativity in particular (Feldman, 2000). The purpose of such an instinct remains difficult to understand, but the reality of its manifestations is impossible to avoid. When it is formulated as an anti-life instinct the relationship with envy becomes clearer, and the two may indeed turn out to be different aspects of the same thing.

In this chapter I consider the repetition compulsion to be a particularly unyielding type of resistance that arises from the patient’s hatred and intolerance of anything new, and particularly of anything creative of which he is the beneficiary, and I relate this intolerance to the operation of envy and as a manifestation of the death instinct. These are difficult ideas, and initially Freud himself was uncomfort-

able with the idea of a death instinct, and he saw how unpalatable the idea was among many of his colleagues. Nevertheless, the death instinct retained a central importance for Freud, and it had an equal importance for Klein, who linked it to the operation of envy.

Just as they have trouble accepting the notion of a death instinct, many analysts find envy difficult to understand and accept, and although it is now over 50 years since the publication of *Envy and Gratitude*, we have not yet fully assimilated the ideas in that book nor come to terms with all of its findings. Klein saw the good aspects of the breast as representing the prototype of maternal goodness, patience, generosity, and creativity, and she argued that a good relation with it was vital if the infant was to establish a good internal object that can provide the foundation for development in the future (Klein, 1957). In her view, envy threatens to destroy this goodness and comes to be a major obstacle in the development of a healthy character and relationships.

Goodness, however, cannot exist in isolation, and I think it is clear that the good breast as a prototype of goodness is envisaged to be part of an object relationship, most basically that between mother and infant. Bion (1959) recognized this when he proposed that it was the link between objects that is most difficult to tolerate because it is this link that provokes such envy. The patient with a repetition compulsion cannot tolerate to be the recipient of goodness, which he experiences as a humiliation, and he repeatedly turns instead to possess the goodness through identification so that he is in a position to give rather than receive.

Freud considered the repetition compulsion once more in “Analysis Terminable and Interminable”, where he described patients who hold onto their illness and give the impression they will never change, because of “a force that is defending itself by every possible means against recovery and which is absolutely resolved to hold on to illness and suffering” (Freud, 1937c, p. 242).

It is clear that he attributes this force to the death instinct and that he is describing again a phenomenon similar to that which he had portrayed earlier as a daemonic compulsion to repeat. Now, however, he adds a new observation that to me seems surprising and highly significant. He attributes the resistance to what he calls the “the repudiation of femininity”, and at first sight it is not clear what an intolerance of femininity has to do with resistance or with the death instinct. For the woman, he argues, a discontent with her

femininity leads her to want masculine attributes, expressed by a desire for a penis. For the male, the adoption of a feminine attitude makes him feel inferior and leads to a masculine protest. Freud describes how

The decisive thing remains that the resistance prevents any change from taking place—that everything stays as it was. We often have the impression that with the wish for a penis and the masculine protest we have penetrated through all the psychological strata and have reached bedrock, and that thus our activities are at an end. [Freud, 1937c, pp. 252–253]

I believe that what Freud refers to as a “repudiation of femininity” is more appropriately thought of as an intolerance of a receptive dependence on good objects, which seems to present similar problems for both men and women and is, in fact, the position that infants of both sexes have to adopt in their earliest relationship to the mother and her breast. It is not simply then seen as feminine but also as infantile, and the relationship with a good object can lead not to pleasure, growth, development, and gratitude but to embarrassment and humiliation (Steiner, 2006). A marked preference for giving over receiving is what seems to underlie both penis envy and the masculine protest, and which I think Freud correctly identified as an important source of resistance to change.

Today it seems more correct to suggest that what these patients repudiate is a creative linking in which giving and receiving are complementary. The resistance to change in the repetition compulsion may then arise because of a hatred and intolerance of the link created in the analysis between the analyst and the patient. I think Betty Joseph is pointing to something similar when she suggests, in an early paper (Joseph, 1959), that the repetition compulsion is established to deal with anxieties of dependence. She argues that dependence itself implies the possibility of loving and valuing, and that this stirs up hatred and destructiveness since it reactivates envy in which the primary object, the breast, is envied, hated, and attacked. The tolerance of a receptive dependent relationship is a step towards the experiences of the depressive position, and the manic defence against such steps represents part of the defensive reaction that attacks creative links and prevents change.

Bion (1959) describes this kind of attack as arising from an ego-destructive superego, which functions either within the patient as an

envious object attacking links in the external world or, more often, is split off and projected when it is felt to attack any creative links that the patient feels are potentially open to him. This leads to a fear of being envied, which functions as a strong inhibitory force preventing development and change (Britton, 2003).

In this context, penis envy is more properly thought of as a desire for an omnipotent phallus and has more to do with exercising power than with making links. Birksted-Breen (1996) has clarified this by distinguishing the omnipotent phallus from the penis as link, which, like the breast as link, must involve both a giver and a receiver for the link to be creative. An essential feature of the creative link is that it involves a relationship between a couple whose members are complementary, mutually dependent, and different. Between parent and child this involves a difference between generations; in a sexual couple, a difference of gender. This type of difference readily provokes feelings of superiority and inferiority, and, if these are extreme, shame and humiliation play an important part in the intolerance of creative links. Omnipotent solutions in which envy is denied through a narcissistic organization lead to the phantasy of an idealized phallus, and the problem of adopting a receptive position in relation to the good object is doubly difficult if it requires a relinquishment of a narcissistic superiority.

The basic defences that are used to master the anxieties of a receptive dependence involve a combination of splitting, projective identification, and introjection (Joseph, 1959), which are often combined to create complex narcissistic organizations (Rosenfeld, 1964, 1971). These organizations help the patient to deny separateness and difference and hence to avoid envy, since when the goodness of the object is idealized and possessed, there is nothing to be envious of because all the goodness is felt to be owned and controlled by the patient. I have argued that such narcissistic organizations provide a kind of hiding place or psychic retreat (Steiner, 1993) where self and object are so fused, often with one inside the other, that there is insufficient separateness for either to be properly viewed. This serves as a defence against the reality of object relations because this reality involves separate objects, each with their own individual characteristics. If the narcissistic organization collapses, separateness is experienced in what is felt as a sudden and brutal expulsion from an area of safety. However, if the patient makes progress and voluntarily begins to emerge from the psychic retreat, the resulting

separateness is less sudden and brutal but may still be difficult to tolerate. In either case, the object can be observed more clearly, and if a dependence on its goodness becomes evident, it may once again lead to the emergence of envy.

I am suggesting that some of the problems created for both the patient and the analyst arise from a perception of goodness that provokes love and desire and inevitably gives rise to an awareness of difference. The discrepancy between self and the object gives rise to envy of the richer member of the pair, while the poorer member cannot make use of the available goodness because he is aware of a lack, which gives rise to feelings of humiliation. I have found that for the patient to feel contained and understood, the analyst has to recognize his propensity to feel humiliated when he feels he lacks good things and envied if he were to acquire them. The analyst's capacity to understand these obstacles in his patient is made easier if he can recognize that similar difficulties may prevent the analyst from seeing good things in his patient.

It sometimes happens that the patient will emphasize bad elements and keep good qualities hidden. The capacity of the analyst to accept the disturbing nature of what is projected, to understand it, and to tolerate the emotions that are produced may allow good elements to be revealed. If the projections are too disturbing, and if the analyst's own envy is provoked by developments in the patient, it may be the analyst who attacks the link and prevents the patient from getting through to him.

Clinical material: Mr Y

I believe that Freud's ideas about the death instinct and Klein's description of envy help us to orient our thinking in this area. I will use them to explore the resistance to change seen in a patient who had a striking compulsion to repeat. In spite of the fact that Mr Y vigorously pursued what he saw as desirable goals, they regularly and in what seemed entirely predictable ways ended in disappointment and often in humiliation. For example, following a frustrating setback, he told me, "It has happened a million times before, and it will happen a million times again." This seemed to be a warning to me that I would be able to do nothing to interrupt the repetition and that no change was going to be possible. He himself connected

it with the singleness of purpose with which he felt driven to advance his career. If his work went well, he argued, everything else that he wanted would follow.

A striking feature of our interaction was his lack of response to any interpretation of transference. He seemed to deny the presence of any meaningful link between us and would calmly explain that my comments meant nothing to him. He could not understand what I meant, and even when he could follow, he had no reaction. Once when I interpreted his curiosity about my weekend, he said: "Do I know what you are doing on the weekend? No! Do I care? No!" The immediate and pressing need seemed to be to prevent me from having any significance for him.

A recurrent dream

After he missed four sessions because of a trip overseas, he reported a dream that was an instance of a recurring dream he had had since his college days. In this dream *he was having to sit his final exam, for which he was completely unprepared because he had been absent for most of the year.* On this occasion he was more upset by the fact that he realized that he was cut off from his friends. He said it was very upsetting. In that year he didn't even go into the bar and had become lonely and isolated. In the dream *someone asked him to raise money for a charity, and he had to say he just couldn't do it. Instead, he begged his wife not to leave him, and he was moved to tears when she said she loved him and would not leave.*

I had heard the first part of the recurrent dream several times before, but I noted that, on this occasion, he was not so concerned with examination failure as with the loss of his friends. I thought this shift of emphasis in the dream was connected with his fear that he had alienated me and lost my friendship through missing four sessions because his work took priority. However, I also thought that there was some relief that, like his wife in the dream, I was able to stay with him and was willing to continue my work. All my attempts to explore the dream were met with incredulity and led to his usual dismissals. He saw no connection between his dream and the missed sessions, and he denied that he had any fear of losing me nor any relief that my work continued. The repetitive nature of the dream seemed to be an instance of the repetition compulsion, but, especially since it was brought in the

form of a dream, I thought it raised the possibility that we could work on it together. The blanket rejection of any meaning in my view of what had happened was, however, also an indication of the power and fixity of the repetition. When I suggested that his link to me had meaning and significance, I thought he saw me as demanding recognition from him and that, like the raising of money for charity in his dream, he was not up to it. He seemed to be feeling that he had too few resources to be charitable and it was this that made him feel so dependent on me and his wife in the dream.

Despite the apparently unyielding repetition, there seemed to me to be occasional indications that he was more able to recognize an interest and curiosity in himself, which the analysis fostered. After he went to Krakow for a business meeting, he mentioned that there was some Jewish blood in his family, which both parents seemed reluctant to talk about. A taxi driver in Krakow had mentioned that Auschwitz was only a short distance away, and later he found that two of his colleagues were going to visit Auschwitz after the meeting. He had agreed to return home quickly, and he felt some regret that he could not join them, even though he thought it would be too disturbing for him were he to actually do so. It seemed to me that there was a partial insight in his recognition of his need to leave the scene so promptly and to avoid any contact with the disturbing personal links with a concentration camp. There was also some curiosity about links to my background and my own capacity to face cruelty and horror.

Session One

Just before the Easter break he announced that his son and his wife were to have a baby. His children, his wife, and her family were delighted and excited, but his feelings were more mixed. He had to go along with the family enthusiasm, but it only made him feel terrible, and he seemed aware that his failure to respond represented something sinister and frightening in relation to the arrival of a new baby.

He began the last session before a two-week break reporting that his daughter-in-law had come out in a rash. He thought nothing of it, but when he mentioned it to his wife, she was concerned

that it could be German Measles, and if that was the case, it was terribly serious.

He said he found it so extreme: "You can't be a little bit pregnant. She either has German measles and it is a terrible disaster, or not." I suggested that this is what he felt about himself too. Either everything is wonderful or, if I am able to reach something small and vulnerable within him, then it is a disaster. When he said you can't be a bit pregnant, he expressed his fear that if he allowed something good to grow within him, it would be irreversible and prove to be too difficult for us to protect from what he saw as murderous forces. However, I thought that, at the same time, he had brought this situation in the last session before the break, and I suggested that he *did* want to use the session to understand what the real danger was, to the baby and also to himself, and to give us a chance of facing it while I was still here.

He said he could not cope when his wife became anxious since she also implied that he does not notice things and does not care. I interpreted that he was not sure if he cared too little or too much. It all seemed to go from the rash having no significance to it being a disaster. I thought that just before a break he was also concerned to know if I cared or not. To this he replied that he could not see why I should care. He knows what will happen after the session. His daughter-in-law will have already gone to the GP to sound him out about the rash, and he is sure that everything will be alright. He can then phone his wife and reassure her.

I pointed out that he was establishing himself as the one who remained calm and sensible, assuming that in all likelihood everything would be alright. I was dismissed as making an unnecessary fuss, particularly when I suggested that he felt he needed me to support him and feared I could not do this through the break. He said that he could not afford to get too involved because he has to contend with the next two weeks, when I am away. I suggested that he felt that he had to justify being thick-skinned to protect himself from feeling too much, and that he felt it was too dangerous if, like the rash, something got through his armour.

At the same time it seemed clear that to have a grandchild was terribly important to him. He feared it would be too much of a

commitment for him, and he was also afraid that his loving and caring would be mocked and ridiculed. If he allowed himself to care, then the idea of German measles and a possible abortion were terrifying.

Later that day he left a message on my answerphone to say that the doctor had confirmed that the rash was not serious. I thought he had become worried that, like his wife, I had taken the rash seriously and he wanted to relieve my anxiety. Examining the meaning of the rash seemed to have been something like the potential visit to Auschwitz, and he was terrified of the extreme feelings involved and needed to keep his distance.

Session Two

Two weeks later he returned after the break looking miserable and reported that things had gone wrong, exactly as he had predicted. Everything was great for two days, and then his wife became upset and blamed him for all their problems, anticipating that he would not be a caring father and grandfather. He complained that for the rest of the holiday he had to shop and cook the meals, and his anger flared up as he described that he had developed laryngitis and felt that no one gave him any consideration or care. Ironically, he added that the one bright spot was when his wife went out and spent much too much money on a new sofa that he did not think they needed. Then he added that he expected that I had a peaceful and very enjoyable break. He knows I will point out that this is his fantasy, but this is what he believes.

I interpreted that he thought that I managed to get away from the awful situation he was stuck with, and he reacted by saying: "Yes, and good for you. I certainly would if I could." But when I suggested that now I am back he wants me to accept responsibility for the state I left him in, he disagreed and rejected all the transference connections I tried to make. He argued that the events of his break were not my responsibility. Nor does he think they should be. He said he was anxious and uncomfortable with everyone, especially when they discussed the coming baby.

The session itself remained pretty repetitive, each of my attempts to connect his experience with my work being dismissed as unreasonable. When I interpreted that my couch was like the expensive sofa his wife bought, which he felt he did not need and yet which gave him some respite, he disagreed. He said that he greatly appreciated the analysis, which had helped him to stand up to his wife's distress better than he would otherwise have done.

I pointed out that nothing I said seemed to touch him, even though he did acknowledge he was caught in a repetitive situation that he had predicted but one that the analysis had done nothing to alter. He explained that he did not expect the analysis to help in that way. "Why should it? He saw no point in describing to me the details of what had happened, it was too repetitive and too boring.

I interpreted that he did get some satisfaction from a situation where his wife could be seen as the one who became upset, and the same seemed to be the case in the session, where he was calm and impassive, with no response to anything I said. I thought he expected me to be made anxious and frustrated when I was put in this position of repeated helplessness, and he got some satisfaction from it and from being able to cope with me when I was like that.

He did not reply to this comment but did explain a bit more about the rows that had erupted in the break. He said his wife had insisted that he always insulted her and looked down on her while he felt that her family looked down on him.

I suggested that the he felt that he was never going to be accepted by his wife's family or by me, since we looked down on him and on his career. In this way he could show his hatred and contempt and provoke us into trying to maintain our superiority by humiliating him. When I tried to make contact in today's session, he saw this only as my condescension, which he could not accept. He said he agreed that it was all about humiliation.

I interpreted that he did not believe that I could recognize his desperation and that, instead, I became superior, and he wanted to provoke me and to show me what it feels like to be humiliated.

Discussion

My interest in the repetition compulsion arose first because of the clinical problem we so often meet when patients seem to be stuck and unable to change, but also because I saw in it the possible convergence of several lines of enquiry that seemed to be of interest. First there was Freud's (1920g) own description of the compulsion to repeat, which, he believed, was not explicable in terms of a libidinal drive such as a desire for food or sex on which he had based so much of his psychology. Something different was required, and this led to a new principle based on the death instinct to account for a malevolent destructive force working against life and creativity.

Then came the recognition that if we consider the death instinct as primarily an anti-life instinct, we are dealing with a very similar area to that which Klein brought to our attention in her descriptions of envy. Certain attributes of the object provoke envy and drive the envious individual to attempt to eliminate this painful experience by attacks on the envied attribute with the aim of annihilating it and hence abolishing the envious experience. This desire to annihilate good objects is part of the unbearability of envy and leads to a number of defensive manoeuvres, as outlined by Klein and elaborated in detail by Rosenfeld and others. When the envious object is bound in a narcissistic organization, the destructiveness becomes less openly violent and more chronic. The patient then seems to be able to stop short of a total annihilation of the envied object and is content to remove its vitality and to strip it of meaning and creativity (Feldman, 2000; Joseph, 1982; Rosenfeld, 1964, 1971; Steiner, 1993)

A further concordance seems to me to arise if we consider more precisely just what it is that provokes envy. Klein (1957) considered that envy was provoked by the good aspects of the breast, which she saw as "the prototype of maternal goodness, inexhaustible patience and generosity, as well as of creativeness" (p. 180). However, I think it is clear that this view envisages the breast in a relationship; Bion (1959) recognized this when he proposed that it was the link between objects that is most envied. The envy of a small child watching his mother with a new infant is easy to recognize, but it seems even more important to appreciate that envy is often provoked when the other is the patient himself, sometimes represented by something new developing within him. Bion suggests that these links are

stimulated by the verbal link between analyst and patient, which may provoke envy, and also by the link through projective identification from patient to analyst, which may be difficult for the analyst to accept and understand.

It seemed to me that it was the adoption of a receptive relationship to the goodness of the breast that proved to be so difficult for Mr Y, and it was precisely this relationship that was attacked by envy. Sometimes it seemed to be clearly the patient's envy that got in the way of receptivity, but sometimes it seemed to be the fear of a powerful attack from an envious object that was avoided by keeping the receptive stance hidden or blocked. If no new development was allowed, there was nothing that would provoke the attack.

The detailed descriptions given by Klein (1957) of the operation of envy, of the defences against it, and of the facts that give rise to it, enable the analyst to recognize it as a universal response to creative links and helps him to accept envy as something that has to be tolerated and lived with, despite its unbearable quality. The analyst's own propensity to split off and project envy is sometimes precisely what the patient experiences as a superiority that defensively imposes shame and humiliation on others, while making himself impervious and immune. I think it was this type of figure with which my patient identified as he struggled with a growing possibility of allowing himself to accept a receptive position in relation to my thoughts, ideas, and feelings. It seemed to me that it was this receptivity that was seen by my patient as feminine and inferior and was the most difficult experience for him to tolerate.

It was possible to recognize that Mr Y felt himself unable to allow a good experience to enter and develop something good inside him. His anxiety seemed to emerge in relation to the idea of having a grandchild and his recognition that you can't be a little bit pregnant. It seemed to me that he also knew that you can't have a little bit of an abortion, so that letting something grow was dangerous if it unleashed such terrible violence. He arranged then not to be concerned about his wife's rash and not to go to Auschwitz, although these issues were brought, I think in the hope that I would be able to allow such frightening thoughts into my mind and without being too disturbed by them. Perhaps this was an instance of what had to be communicated by projective identification and needed to be accepted by me.

The dismissive way Mr Y reacted to my interpretations was associated with a kind of indifference in which he remained calm while I struggled to get him to see something and, especially, to feel something. There was a superiority in his unresponsiveness that made it seem that I was the one who needed him and was pleading with him to allow an interpretation to have meaning. I felt obliged to tolerate and accept the provocative way he dismissed me, but I could feel that it was gradually making me angry and sometimes provoked me to criticize and attack him.

His exaggerated narcissistic pride led Mr Y to look down on others with great contempt but could also be turned on himself when he described his own shortcomings. There was a strong sado-masochistic quality to the expression of his views, and he got great enjoyment from finding colourful language—sometimes amusing but often very cruel—to show up the shortcomings of people he had to contend with. I thought he was relating to an envious ego-destructive superego and getting gratification both from being attacked and shamed and from shaming others. It was this sado-masochistic quality that I thought contributed to the compulsion to repeat and functioned to enliven and sustain him. It seemed essential for him to stop short of a total collapse and a total destruction of his objects, because he needed an object with whom to enact the repeated cycles of excitement and collapse, and of superiority and humiliation. Despite Mr Y's repeated crises, he was able to preserve his marriage; his businesses were repeatedly almost destroyed completely but were left with just sufficient resources for him to continue and begin to build them up again. The combination of attempts to destroy with attempts to protect his achievements seems to result in a prolonged cruelty rather than in a total destructiveness and produces what Joseph (1959) called that "particular balance between destructiveness and love" that sustains the repetition compulsion.

A sensitivity to shame and humiliation meant that my patient constantly felt looked down on and driven to reverse the humiliation by mocking and ridiculing his good objects, just when he had a chance of becoming understood and accepted. This meant that emerging from a psychic retreat was particularly difficult, since it exposed him to seeing and being seen, to envying and being envied. Separateness meant that he could see his objects more clearly and was confronted with their reality—both the good elements, which were envied, and the bad, which were feared. At the same time it enabled him to be

seen, more clearly and more realistically, again with his good and bad qualities exposed. His envy was so immediately split off and denied that he constantly expected and often provoked a destructive attack on his good qualities.

A better understanding of the nature of envy and the defences that are mounted against its recognition and integration into the personality may help us to tolerate, understand, and contain these repetitive compulsions when they appear in our patients. By seeing them in this way, repetition compulsion can be recognized to be similar to all resistance to change and to be viewed as part of the ordinary difficulty of doing analysis. We owe a great deal of our understanding to Klein's detailed descriptions, which put envy on the map (Klein, 1957), and to a better understanding of the death instinct and the defences that are typically mounted against its emergence.