The British Association of Psychotherapists

BULLETIN No. 10

October 1978

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THE BRITISH ASSOCIATION OF PSYCHOTHERAPISTS

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From the Vice-Chairman*

It gives me enormous pleasure to welcome this Bulletin, the first under the auspices of the Incorporated Company. It is published, as you know, in response to the wishes of the membership, voiced at our last AGM when it was decided to issue an annual Bulletin as part of membership privilege. Our thanks to Dr Jo Klein and Ms Adele Mittwoch, for their hard work in editing this issue, and to all those who have kindly contributed.

With best wishes to you all,

Cyril Richards

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EDITORIAL

In accordance with the editorial hopes expressed in the previous issue, the three main articles in this issue are about what happens in the therapeutic process, in the patient, in the therapist, or between them. The honesty and openness of these papers must be an encouragement and example to many of us. It is surely also significant that the first two papers both remark on the importance of being with the patient. That these particular aspects are to the fore may be due to the current general interest in the therapy of borderline and narcissistic conditions, to which one of the book reviews is devoted.

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All communications for publication should be sent to the Editor, 58 Roupell Street, London SE1. TWO copies, typed in double space with wide margin, please.

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* Cyril Richards kindly sent this in the absence of Robert Andry, Chairman of the BAP.

A review of my experience of psychoanalytic therapy with Guntrip in the light of his last paper*

Jeremy Hazell

In addition to any general interest inherent in an account of subjective experience, I hope that this paper may be of value in appraising the relative effectiveness of psychoanalytic therapy in dealing with obstinate human emotional disturbances.

When I first saw Harry Guntrip in 1964, he was still, at the age of 62, dealing with his own psychological problems, d spite the fact that he had already gained an international reputation, both as therapist and as a writer and theoretician - a reputation which was later to grow to include another major textbook (Guntrip 1968) as well as a slighter volume (Guntrip 1971) and invitations to lecture at major psychoanalytic centres in both Britain and the United States of America. At that time Guntrip, after just over 1,000 hours of analysis with Fairbairn, was still troubled by periodic exhaustion-illnesses which were quite debilitating. These illnesses were invariably triggered off by the death or departure of a close friend and seemed to be connected with a severe trauma at the age of 3½ over the death of Guntrip's younger brother, for which he had a total amnesia. It was due partly to these troublesome symptoms that Guntrip developed such penetrating insights into the 'schizoid' problem - that condition in which the core of the self is cut-off from personal relations and gives rise to conscious feelings of unreality and fatigue.

It was certainly true that Guntrip had developed to a remarkable degree the conventional means of dealing with such problems by forced mental activity. His intellectual energy was formidable, and his general restlessness was something of a problem to me in the early stages of my therapy when he would be fidgeting and interrupting constantly whenever I said anything, and noisily clearing his throat throughout the sessions. It was difficult at times to reconcile so gifted a writer, whose writings exuded such a depth of compassionate understanding, with the noisy and often intrusive personal reality. But I had a conviction that, whatever the causes of his restlessness, Guntrip had disciplined his restless mind to understand others, and I was not to be put off. I did not know of his problems until after his death, but in retrospect I realise that the particular quality of therapeutic relationship I experienced with Guntrip was influenced as much by his own determination to seek understanding for his own sake, as by his accumulated understanding of the needs of others - and perhaps more so.

Because of this I feel it is relevant to refer in some detail to Guntrip's last paper (Guntrip 1975), published posthumously,

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*Harry Guntrip 1975. My experience of analysis with Fairbairn and Winnicott. Int. Rev. Psycho-Anal. 2,145.

in which he describes his own quest for understanding. The paper reveals that during the years I was in therapy with Guntrip (1964-1969), he was himself in therapy with Winnicott (1962-1968). Although Guntrip in his sessions with me never referred specifically to his therapy with Winnicott, he often referred to his writings, and I now see that I became involved, fortuitously, in Guntrip's increasing growth in relation to Winnicott as my own therapy progressed.

Fairbairn's analysis had stopped at the level of sado-masochistic problems arising from an extremely bitter and continuing battle between Guntrip and his mother, who, prematurely exhausted by overwhelming responsibility in her family of origin, was not up to caring for her own children. After a brief spell of maternalism for Harry, her first-born, she simply allowed her second son to die, unable to mother him. She later told Guntrip that, at 3½ years, he entered the room where she was sitting with his brother dead on her lap and grabbed him shouting "Don't let him go. You'll never get him back". She sent him out, and he fell ill and seemed to be dying. Both Fairbairn and Winnicott believed he would have died, but for the fact that his mother sent him for a time to a maternal aunt with a family. Meanwhile his mother became involved in business and when Harry returned, she used her adult powers to beat and crush any active self-expression or development in him. Fairbairn was able to resolve the negative transference of this dominating mother on to him, and to build upon a foundation of good relations which Guntrip had with his supportive father. But the deadening amnesia remained and the 'exhaustion illness' was again triggered off by the death of an old friend. Shortly afterwards Fairbairn himself almost died with viral influenza. On his recovery in 1959 he said, 'I think since my illness I am no longer your good father or bad mother, but your brother dying on you'. Guntrip then realised that due to his badly deteriorating health Fairbairn would be unable to help him through the transference of his feelings over his brother's death. Equally if he ended the analysis or stayed in therapy till Fairbairn died, he would have no-one to help him with the expectable traumatic results of such a loss. Accordingly he phased out his analysis with Fairbairn and, with Fairbairn's help, got in touch with Winnicott with whom he attended 150 sessions in just over six years at the rate of two sessions per month. Winnicott altered the whole conception of the problem. Due to the combination of profound intuition and developed experience of mothers and babies in his work as a paediatrician, he was immediately aware that the amnesia for the brother's death was due to an earlier and ultimately more serious trauma: the inability of the mother for loving either child adequately. He saw that Guntrip's own attempted self-cure, of living very energetically for others, was achieved at the cost of exclusion of a 'self' which collapsed, too exhausted and too weak to feel alive. Guntrip quotes (op. cit) some of Winnicott's communications which alone can convey his vivid perception and the directness of his expression. The first exemplifies how the paralysing influence of that early maternal incapacity to love was operating in

the present, to prevent a real meeting taking place between Guntrip and Winnicott: 'Near the end of the first session Winnicott said 'I've nothing particular to say yet, but if I don't say something you may begin to feel I'm not here'. At the second session he said, 'You know about me but I'm not a person to you yet. You may go away feeling alone and that I'm not real. You must have had an earlier illness before Percy was born and felt mother left you to look after yourself. You accepted Percy as your infant self that needed looking after. When he died you had nothing and collapsed'.

Much later, in response to Guntrip's statement that he occasionally felt a 'static lifeless state deep within him' Winnicott said: 'If 100% of you felt like that, you probably couldn't move and someone would have to wake you. After Percy died, you collapsed bewildered, but managed to salvage enough of yourself to go on living, very energetically, and put the rest in a cocoon, repressed unconscious'.

Again, regarding Guntrip's dislike of gaps and silences, and his tendency to talk hard, Winnicott said 'Your problem is that that illness of collapse was never resolved. You had to keep yourself alive in spite of it. You can't take your ongoing being for granted. You have to work hard to keep yourself in existence. You're afraid to stop acting, talking or keeping awake. You feel you might die in a gap like Percy because if you stop acting, mother can't do anything. She couldn't save Percy or you. You're bound to fear I can't keep you alive, so you link up monthly sessions for me by your records. No gaps. You can't feel that you are a going concern to me because mother couldn't save you. You know about 'being active' but not about 'just growing, just breathing' while you sleep, without your having to do anything about it.'

Guntrip began to be able to allow for some silences and, feeling a bit anxious, he was relieved to hear Winnicott move. Noticing this Winnicott said 'You began to feel I'd abandoned you. You feel silence is abandonment. The gap is not you forgetting mother, but mother forgetting you and now you've relived it with me ... You have to remember mother abandoning you by transference on to me'.

As the sense of 'basic ego-relatedness' became established, Guntrip again returned to his 'hard talking', but with the difference that his talking was creative and 'rich in content'. Winnicott said, 'You had to know that I could stand your talking hard at me and me not being destroyed. I had to stand it while you were in labour being creative, not destructive ... 'using the object' and finding you don't destroy it.' Winnicott had reached Guntrip at the point where his mother's problems had prevented her being able to stand him as a live baby, and he further gave Guntrip to understand that this relationship was mutually enriching. Guntrip (op. cit) writes: 'I can hardly convey the powerful impression it made on me to find Winnicott coming right into the emptiness of my 'object relations situation' in infancy with a non-relating mother ... Here at last I had a mother who could value her

child, so that I could cope with what was to come ... Winnicott becoming the good mother, freeing me to be alive and creative ... enabling me to stand seeing that it was not just the loss of Percy, but being left alone with the mother who could not keep me alive, that caused my collapse into apparent dying. But thanks to his profound intuitive insight I was not now alone with a non-relating mother. Now Winnicott had come into living relation with precisely that earlier lost part of me that fell ill because mother failed me. He had taken her place and made it possible and safe to remember her in an actual dream-reliving of her paralysing schizoid aloofness.' In fact this 'dream-reliving' did not take place until Winnicott's death in 1971. Guntrip last saw Winnicott in July 1969, two months before I finished my sessions with Guntrip to take up my work in Cardiff. By 1970 Guntrip had begun a profound regression involving serious illness, and the prospect of retirement which frightened him and against which he fought as against the deadening influence of his mother, to keep his active self alive. I gathered some idea of his state from his letters, and I now feel that he was needing a much longer and more gradual 'controlled' regression with Winnicott. But that was not to be. On the night that he heard of Winnicott's death, Guntrip began a compelling dream-sequence over two or three months in which he not only broke the amnesia for his brother's death but re-experienced the full extent of his mother's helpless incapacity. It was undoubtedly Winnicott's dying which had triggered off that sequence. But it was the living reality of Winnicott's 'loving understanding' which gave Guntrip the strength to face again the basic trauma of the 'faceless depersonalised mother' who in the final dream 'had no face, arms or breasts. She was merely a lap to sit on, not a person.' How could he face it? 'It must have been' wrote Guntrip (op. cit), 'because Winnicott was not, and could not be, dead for me, nor certainly for many others', and he reported that with this growing conviction 'I recovered from the volcanic upheaval of that automomously regressing compelling dream-series, feeling that I had at last reaped the gains I sought in analysis over some twenty years.'

As one might imagine, the foregoing adds a further dimension to my private impressions of Guntrip, and yet only serves to confirm my own feelings about him as someone determinedly involved in the business of human living in the face of some fairly formidable and inexplicable difficulties. But, as Vernon Sproxton said of Guntrip at his memorial service*, 'You always got the impression that he was "for you". He took on my problems with the same vigour and determination with which he pursued his own, even if at times, as I have explained, his 'attack' was off-putting. With the benefit of hindsight I realise that his own problems put him into an excellent position to 'come right into' my 'object-

*March 1975. Salem United Reformed Church, Leeds.

relations'* situation, and certainly with his intellectual vigour as he courageously confronted my formidable difficulties, he made a wonderfully potent ally for me in my internal struggles with the 'bad objects'* who dominated my 'internal world'. But it was not until, under Winnicott's influence, this 'strong father-figure' developed a capacity for maternal warmth that I felt radically eased of my internal burden. My impression at the age of 28 in 1964, two years after he had begun with Winnicott, gave very little indication of that capacity for maternal care. I had read only one of his books (Guntrip 1964) in which he demonstrated to my satisfaction that the schizoid problem was more fundamental than classical depression, which it underlay. I had undergone a three-year analysis (between 1958 and 1961) of depression and had developed sufficient insight to realise that many of my 'problems over impulses' were partly a product of guilt over smothered anger in my family. I do not underestimate the value of those three years. In addition to freeing my natural capacities for aggression and self-defence, it left me free to respond to my wife's love and to take up a Deputy-directorship of a newly-formed Samaritan branch in 1961 - no mean contribution - and I shall always be grateful to M.H.Dundas for her love and insight, not least because it set me on the path to still deeper understanding. The clue was the belief of Fairbairn (1952) and Guntrip (1961, 1968) that antisocial impulses are not innate biological drives, but that they are reactions in bad personal relations, the experience of which leaves a more or less weakened ego to resort to whatever means possible to develop some sense of being 'Somebody'. Usually these are destructive, because desperate, and are feared by the subject and squashed by the object. This was quite new to me. Dundas had been content to bring the repressed hate to consciousness so that she and I could accept it and not be taken by surprise by its results. But as to why I should feel it: well, original sin! But Guntrip stated that man's basic nature is social and that his primary drive is for relationship in which to grow as the social self he potentially is. I responded to this belief in human nature as a starting-point for a deeper understanding of my problems. By this time I had taken up a new position in the North of England, within reach of Guntrip, and greatly in need of relevent psychodynamic understanding for my clients and for myself.

My first impression was of quite marked formality. I had to wait a few months before Guntrip was able to see me, and with the letter informing me of my first appointment was a printed plan of the house, the path to the waiting-room and

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*'Objects': i.e. the objects of the infant's need. Although I find the term useful for distinguishing between 'subject' and 'object' in personal interaction, it is too cumbersome and depersonalising to convey the truly personal nature of human relationship. In future I shall use the terms 'persons' and 'personal relations'.

the exact position in which I should park my car, together with instructions to enter the waiting-room by a side door and wait for him to collect me. He duly did so and led me into a very small room containing two easy chairs, a couch, a desk, bookcase, and filing cabinet. He drew a curtain over the door and we sat in the chairs before a gas-fire while he took copious notes of almost everything I said - aloof and writing rapidly during the entire session, a practice he continued for about a year. Exactly three-quarters of an hour later I was peremptorily shown out by another door. Guntrip was more firm about my leaving punctually than over his punctual arrival, and on one occasion, in my third year with him, I told him that I had come a considerable distance at considerable expense, and I wanted my full time with him. I was amazed to hear him apologise. He would make some alterations in his morning's work in the University Department of Psychiatry. From then on his time-keeping improved. But there never seemed any question of my staying longer than three-quarters of an hour. He would get up and once the curtain was drawn back and the consulting room door was open he would walk at speed to the front door, open it, and stand waiting to shake my hand. During five years of visits to Guntrip I never once encountered another patient, and on one occasion only did he unbend to come out of the house to meet my wife and children who had come to meet me. I felt he did not want to, and the meeting was brief.

This restless formality of Guntrip had a mixed effect. On the one hand it gave me the feeling of being with someone very strong, whom I could hardly manipulate and whom I would certainly value as the strong ally whom I had lacked in childhood and whom I badly needed to support me in my bad personal-relations experience. On the other hand, did he care about me for my own sake, and if so, where was the evidence? The monthly account was settled formally; on the few occasions he needed to contact me by letter I was addressed as 'Dear Hazell'; I came and went (on time) and often I could remember very little to hang on to. I now suppose the truth to be that he himself was only just coming to experience the feeling of being relaxed and 'real' as a person with Winnicott, after years of extremely marked formality with Fairbairn, as his last paper reveals. But I was one of many who survived this discouraging aspect to discover the greatness of his caring, and I have profited greatly, in the recent past when 'openness' has become something of a superficial cult, by recalling the magnificent experience of Guntrip's caring understanding and interest in me permeating that somewhat daunting framework. He believed that if one could manipulate a person, one could not rely on him, and I have no doubt that he was correct. In his formality, therefore, he was also taking care to avoid collusion with the excesses of manipulative behaviour to which anxiety and a sense of insignificance can drive a patient. Guntrip was a strong person, and I later marvelled at his capacity for 'non-retaliatory aggression', especially in his encounters with Eysenck and the behaviourists who seldom hesitated to use sarcasm in their attempts to dismiss 'psychic reality'. But until he came

under Winnicott's influence, his strength was not flexible. I remember his saying of Winnicott with evident admiration: 'He has no ego-defences at all - there's just Winnicott.' Little did I realise, at that time, that for Guntrip, isolated in his inner 'schizoid citadel', 'just Winnicott' was everything - the key to life itself.

It was this life which more and more transcended the rather unpromising initial circumstances of my psychotherapy. In time, as I felt ready to descend from the easy-chair to the couch, I was immeasurably helped by Guntrip's prior realisation that I was needing him 'there for me', not 'doing', but simply 'being' with me. He would say 'Just rest, and let nature work', moving his chair to sit alongside me as I shifted about on the couch, feeling insecure and uncomfortable, hoping I might settle. Gradually, he would let himself go into a dream with me, making slight movements of his clothing which I found so reassuring, and we would rest together - surely a result of his experience with Winnicott. I remember telling him once that my baby son had woken in a state and had fallen asleep on my chest as I sat in a chair. 'Did you sleep with him?' he asked. In such ways he endeavoured to keep my own needs for regression a matter for respect and not allow them to become targets of condemnatory sadistic onslaught, and I have not the slightest doubt that it was under the influence of this quality of relationship that my basic nature grew strong enough to achieve some adequacy of mature interdependence. These were the curative aspects, of that I have no doubt.

But the analysis helped to pave the way. Gradually, through painstaking working through dreams and phantasies, we pieced together the picture of my early struggles to grow a nature of my own. He once said 'As a boy you had a sympathetic nature which became involved in and overwhelmed by your parents' conflicts'. Eventually I had the opportunity to discover confirmation from my mother of the existence of these conflicts, which through my troublesome and disturbed semi-conscious, deeply symbolic dream- and phantasy-material I had presented for Guntrip's understanding. In fact, Guntrip was now able to use this very material, which for years had constituted a troublesome problem, as the means of recognising just how I was trapped and isolated in my 'personal relations' predicament. But though his analysis was accurate, it was his unfailing perception of, and loving respect for, the 'being who felt like this' in his personal relations, which made the difference between interminable analysis and development of a feeling of personal reality and wellbeing.

Guntrip was a believer in <u>controlled</u> regression. He was not beyond criticising Winnicott, and he felt that Winnicott was arbitrary in his distinction between 'true' and 'false' self. (Winnicott 1965). A 'false' self is not entirely false, Guntrip argued, but contains elements which properly belong to an individual's true nature, and moreover there is not one, but many so-called 'false' selves. Individuals feel 'false' or unreal when isolated or coerced and use their energies in self- and other-defeating ways, and the task of

psychotherapy is to reach this isolated and depersonalised self in the midst of its 'false' feeling and behaviour, and enable it to grow a sense of its own personal reality. In the course of this growth, the energies expended in 'false' ways are re-enlisted in the service of the 'true' or core self. But meanwhile, Guntrip respected 'false'-self functioning as an individual's valiant but self-defeating attempts to live as a person in the absence of true resources in a nourishing relationship. His own intellectual energy was certainly sometimes 'false' in this sense. But through his own developing sense of reality in relationship, he was able to experience an increasing rapport with his world. Thus his intellectual energy became 'true', no longer a reaction to fear of exhaustion but a genuine 'ego impulse', spontaneously sui generis, as his later writings clearly show. (Guntrip 1968, 1969, 1971a, 1971b, 1973, 1975). This respect for the meaning of a person's 'false'-functioning prevented Guntrip from any extreme enthusiasm for regression. He was justly sceptical of attempts to by-pass conscious process and to contact the unconscious directly by hypnosis or drugs, and he also distrusted the claims for deep and rapid therapeutic effectiveness of cathartic groups. As an ex-patient of his, I am extremely grateful for this sense of balance, expressing, as it does, a belief in my own right and capacity to cooperate, at my own pace, with my therapy. His perception of the human individual's right to be loved 'for his own sake as a person in his own right' (Fairbairn 1952) meant that I gained from my relationship with him a greatly enhanced sense of my own value as an adult. My job was important, my relations with my wife and with other adults whom I met professionally, my ambitions - he took me seriously as a whole person, my adult purposes and capacities receiving as much respect as my needs as a 'regressed ego'. He was quite capable of seeing (before I did myself) that my work-situation was not sufficiently stimulating ('objectively depressing' was his phrase), and his belief in my abilities certainly fired my own belief in myself as worthy of some more appropriate work, and was a major factor in my attaining it. When I did so, he was, he said, 'delighted', and entered with enthusiasm into my attempts to imagine my new life - a life which would exclude sessions with himself because of distance. At the deepest point of my therapy I had been conscious of a deep sense of harmony: an experience I find reflected in Nacht's description (1964) of 'a pre-object' level at which the patient experiences 'a kind of one-ness (in which) all opposition and all ambivalence lose their sense and their raison d'etre'. I felt at one with Guntrip and with the world. My dreams were of a deeply harmonious quality, although in them I was very much concerned with the world of actual present-day people and events. The basis for this was the developing unconscious conviction of being at one with Guntrip, and through him, with the whole environing reality. He had provided the maternal quality of care at the point at which my mother had been forced to relinquish it. Now, I was using this rare experience as a basis for 'active venturing', a process with which he cooperated to the full. I found it so moving that he could recog-

nise my infant and adult 'selves' without regarding either as 'false'. Our dealings at this stage reflect the description (Guntrip 1968) of how the child, having 'felt with' the mother, in a state of primary identification, in due course 'feels for' her, so that, for the mother, 'being with' her child is replaced gradually by 'doing with'. In retrospect I see that his experience of 'object use' with Winnicott was relevant here (see Winnicott 1971).

Perhaps it is worth pointing out that although 'worlds' had changed in inner experience, no change had taken place in the form of therapy, apart from my shifting from chair to couch and his drawing the chair alongside me. Even this process had its more formal aspect. After some weeks of indecision on my part over going on the couch, and, once there, whether or not I could settle, he asked on my arrival: "Chair or couch?" in such a peremptory way that I found I had made my decision without a moment's thought!

Of course, no relationship ends simply because one moves away. His way of putting this was, 'Your move needn't mean an absolute end - periodic visits may be useful'. In fact I made only two such visits. But our communication proceeded via letters and one journey to Bristol where Guntrip gave the Kincardine Lecture in March 1974, a year before his death - my only experience of his public-speaking and the last time I saw him. In a strange way, the letters indicate the gradual erosion of Guntrip's habitual formality. They were addressed 'Dear Hazell' for two years after my departure. In the third year my developing confidence and experience manifested itself in a number of articles, two of which constituted my 'reading-in' for membership of the British Association of Psychotherapists, which I sent to Guntrip for his views. When he replied he added a post-script: 'Dispense with 'Dr' in writing' - and shortly after that he addressed me by my Christian name and signed himself 'Harry', except for a period when he must have sensed some insecurity in a letter of mine asking him to supervise me in a Ph.D., when he reverted to 'Dear Hazell' for one letter. His health was failing badly at the time and he must have realised he could not support any further need in me. Despite that, he made some useful suggestions whilst pointing out that for his own Ph.D. he had no supervisor. However, he always saw to it that I received papers and books he had written, and he gave me the chance to attend the Bristol lecture. That was a moving occasion. A large and distinguished gathering had formed to hear him. I glimpsed him in an anteroom before the lecture, and I was shocked by his look of fragility, but inspired by his appearance of shining vitality. He spoke, without consulting his notes, for 1½ hours on 'Facts and Values in Psychoanalytic Psychotherapy' - an account of his own accumulated experience of factual subjective personal reality in the light of Karl Popper's Philosophy of Science as a hypothetico-deductive system of knowledge (Popper 1970). It was also a striking example of oratory, developed in 16 years as a Congregational minister before beginning professional psychotherapy, and of the combination of first-class

intellect and emotionally sensitive personal perception, in the service of numerous men and women. Many of these had gathered to hear him, for when the formal questions ended, I was one of a long queue of people waiting to meet Guntrip. To my surprise - for some reason I could still doubt him - he knew me instantly, shook my hand with a delighted smile and said, 'Hallo Jeremy'. It really did seem that, in that most formal setting, Guntrip the person had fully coincided with Guntrip the professional. As Sandler (1969) has pointed out, habitual defensive behaviour can carry on for some time after the emotional determinants have been resolved, and Guntrip (1968) has himself observed that if human personality-structure were not slow to change the result might be not better therapy but general instability.

It is only now, three years after his death, that I wonder whether his restless formality in the early stages of my therapy was also in part a result of his perception that no true and real meeting had as yet taken place between us - and in some sense due to the fact that he was as frustrated and powerless in the face of that fact as I was. As a young man I approached him at the fruition of his experience: I was looking for the removal of an inconvenient symptom, he was looking for a meeting of persons. When I felt he was aloof, I now incline to the view that he was simply looking through my problematic symptoms and feelings to the being imprisoned within depersonalising experience - and awaiting the slow beginning of confidence as the transference gave way to a real meeting of individuals. With this in mind, I am grateful that he could not allow an outward show of reassurance to obscure the extent of my unconscious alienation. Winnicott (1971) has defined confidence as 'the evidence of dependability that is becoming introjected'. It would have been unthinkable to depend so safely and therefore so completely upon a manipulated reassurance.

The subject of 'introjection' brings me to my final point. Psychotherapy is about the <u>benign influence of relationship</u> in which personal growth can be begun or restarted. Harry Guntrip was optimistic about the possibilities of what he termed 'post-analytic improvement'. He believed that, once adequately digested, the experience of 'being at one with' the therapist as a real person - what Winnicott called 'basic ego-relatedness' (Winnicott 1965) - remained the basis - mostly unconscious - for an ongoing sense of personal reality and for satisfying personal relations. I would say that the influence of my relationship with Harry Guntrip is now even more alive and meaningful that when I was in psychoanalytic therapy. I have now had time to assess the wisdom of his judgements and the soundness of his predictions in the light of my own experience of patients' needs. But most relevantly my emotions bear witness to the reality of a relationship in which I was met so fully and understood so deeply as a person. 'What you feel matters because <u>you</u> matter', he once said in his matter-of-fact fashion. With him I wept only once - with relief at the realisation of the truth of that statement.

Conclusion

I began by expressing the hope that this paper might help towards an appraisal of the effectiveness of psychoanalytic therapy. In connection with this, my experience with Guntrip prompts me to extract the following six points which appear to me to be specific for effectiveness in psychoanalytic therapy:

1. Analysis pure and simple was all I knew I required or expected. But analysis alone would not have reached me. However, since I did expect it, feeling that my symptoms were all-important, 'therapy' was analysis for the time being. Therapy can only start at the patient's level of expectation.
2. Accurate analysis always leads to the clarification of the bad experiences in which ego is struggling. It is in this sense an attempt to conceptualise the individual's seemingly incomprehensible predicament manifested in puzzling symbolism and worrying symptomatology. This predicament is illustrated and experienced vividly in the transference.
3. Analytic therapy is an 'applied science', the goal of which is to understand the individual at the heart of his alienating inner and outer experience. The analytic therapist makes an 'imaginative hypothesis' (interpretation) which is an inference, based on his own experience, as to what his patient is feeling. That is put to the test and if the patient rejects it, the hypothesis must be altered or stored for future reference. The analytic process is governed by this rigorous testing.
4. Analysis is validated only by an increased sense of relationship. It is essentially 'compost' for the therapeutic relationship in which the core of the personal self can grow. The purpose and function of the analyst is not to explain his patient's emotional experience but rather to use his analysis in order to see just how his patient became stranded and isolated and to become, through sympathetic identification with him, the person he needs in order to grow a nature of his own.
5. The analytic therapist thereby links his patient with whatever deposit of good experience he originally had before traumatic experience split his ego.
6. My own experience of psychoanalytic therapy was much enriched by the analytic therapist's continuing search for, and discovery of, psychoanalytic understanding for his own sake. In a moving passage (Guntrip 1971a) Guntrip describes how the baby at birth is 'thrust forth into the great empty world', needing intuitive maternal love to link him up with the world of personal relations in order to develop as 'a person'. Guntrip found this initial experience of relationship confirmed in analysis with Winnicott and it freed him to love in turn. Had he given up his search for understanding of this primary need I cannot see how he could have recognised my own.

References

Fairbairn, W R D (1952) Psychoanalytic Studies of the Personality. London: Tavistock Publications.

Guntrip, Harry (1958) Reply to Professor J C McKensie's article 'Limitations of Psychotherapy', British Weekly, no. 6, March 1958.

" (1961) Personality Structure and Human Interaction. London: Hogarth Press.

" (1964) Healing the Sick Mind. London: Unwin.

" (1968) Schizoid Phenomena, Object Relations and the Self. London: Hogarth Press.

" (1969) Religion in relation to personal integration. Br. J. Med. Psychol. 42,323

" (1971a) Psychoanalytic Theory, Therapy and the Self. London: Hogarth Press.

" (1971b) The Ego-psychology of Freud and Adler re-examined in the 1970's. Br. J. Med. Psychol. 44, 305.

" (1973) Science, psychodynamic reality and autistic thinking. J. Amer. Acad. Psychoanalysis 1(1): 3-22.

" (1975) My experience of analysis with Fairbairn and Winnicott. Int. Rev. Psycho-Anal 2,145.

Nacht, S (1964) Silence as an integrative factor. Int. J. Psycho-Anal., 45.

Popper, K (1970) in I Lakatos and A Musgrave (eds.) Criticism and the Growth of Knowledge. Cambridge University Press.

Sandler, J and Joffe, W G (1969) Towards a basic psychoanalytic model. Int. J. Psycho-Anal. 50,79-90.

Winnicott, D W (1965) The Maturational Processes and the Facilitating Environment. London: Hogarth Press.

" (1971) Playing and Reality. London: Tavistock Publications.

The Practice of Psychotherapy and the Order of Nature

Nathan Field

Sylvia almost always greets me in the same way: as I open the front door, she asks, "Am I late?" or just as anxiously, "Am I early?" During the past three years she has been coming to see me she has rarely been a few minutes either way.

Sylvia is in her early forties, small-boned, with blond hair and blue eyes. For a long time I found her squat and unattractive, especially when she cried, or felt angry. I especially disliked her manicured finger-nails which are long, blood red, hard as talons. In recent months she has become slimmer and more pleasing to look at. When she sits she invariably crosses her silk-stockinged legs and clasps her hands across one knee. She looks casual, even sexually provocative, but actually she is desperately holding herself together.

"At least I got here," she began. For a long time I didn't quite realise what an ordeal the journey constituted, and with what relief she reached my room ... only to be confronted with the whole new ordeal of the therapy session. She shook her head. "I don't know where I am."

I was tempted to reply, "Here," but that felt a bit too pat. In fact, 'here' was so rarely the place that Sylvia happened to be.

"I'm really very mixed up ... She waved to me today from her car, as I was walking to school with the children. I could have smashed her windscreen. I told Ken, but ..."

Sylvia assumes that I must know who 'she' is, although it is now several days since the last session.

"Are you talking of your friend Jean?"
"Yes, of course."
"And she waved from her car ...?"
"Yes, like Lady Muck."
The friendship had ended some months ago in a quarrel, and now Jean kept a wary distance which made Sylvia furious.

"I told Ken," she repeated, "and he just told me not to be so stupid. It's alright for him. I felt so mad, I could have set about him. That's how he shuts me up. It suits him very well, me coming here and talking to you. Then he doesn't have to talk to me. He just ignores me. Either he's watching bloody football or he's upstairs, putting the girls to bed. He was up there ages last night. They were all laughing and giggling, while I was downstairs on my own. I know I'm jealous of them. I can't help it. He prefers them to me. I can't blame him really. What sort of company can I be, forever moaning?"

She had managed to voice what I had been thinking: if she was perpetually nagging for attention, it must be just about the last thing he could give. Yet the more he withdrew, the more desperately she was driven to bully him into noticing her. I said, "If you feel left out downstairs, why don't you go up and join them?"

"Oh, they don't want me! They only want me when I'm doing things for them. Like my sister. She rang up this morning. First time in six months. And only because Mum came over last week. She wanted to know what happened. But I couldn't be bothered, so I said, Oh, she came and went."

Her switch to her sister bewildered me, but I was interested to learn how this long-anticipated visit from her mother had worked out. "And how did it go?" For a long time Sylvia's relationship with her family was so confused I could hardly make out who was who or who did what. It was like a nightmare where everything is horrible, chaotic, impossible. But lately, perhaps because things had begun to improve a little, I could at least begin to make some sense out of it all. I did know, however, that Sylvia had been keying herself up for this visit for weeks, repeatedly cleaning the house, so that by the time her mother arrived, she would anyway be at screaming pitch. She deeply resented her mother for having such an effect on her; yet she would have resented it even more had her mother refused the invitation. Either way, it seemed to me the visit had to turn out badly.

"Actually, as she left, my mother said: 'I did behave myself, didn't I?' When I heard that, I felt so guilty. Am I such a bully? I felt awful."

I was feeling increasingly confused and frustrated. From the moment she had come in, her torrent of complaint had not ceased: first her friend, then her husband, next her sister, now her mother. I should have become accustomed to it all by now, most sessions began the same way. I wondered if we should once more explore her relations with Jean? There was a time when Sylvia had been in and out of Jean's house all day, doing her endless little favours. Jean had been turned into a parental figure and Sylvia treated her as she had treated her own mother, perpetually buying her approval with good deeds. Gradually she realised that Jean offered very little in return. The resentment which had been invisibly building up now reached boiling point, and she finally plucked up the courage to confront her friend. Instead of clearing the air, it only made matters worse. What Sylvia needed was to achieve something she could never accomplish with her own mother: to quarrel and make up. But Jean wasn't up to that kind of demand. She avoided her, which left Sylvia feeling desperately abandoned. She now suspected that Jean was taking her revenge, blackening her name all round the district, telling everyone that she had once been in a mental institution.

But then Sylvia's reactions took a reversal from paranoia to guilt: from rage at Jean to rage at herself. It was no longer Jean who was the guilty party, it was she, Sylvia, who had destroyed a cherished friendship. No sooner did I recognise the switch than she switched back: so now she was furious that Jean kept her at a distance.

Or would it be more useful to sort out her feelings towards her twin sister, who, by the sound of it, was even more neurotic than Sylvia herself? The fact of being a twin had heavily contributed to Sylvia's painfully fragile sense of

identity. And she was the less bright, less favoured of the two. To compound the situation, her sister had a congenital hearing-defect which had gained her a lot of attention throughout childhood. With the result that Sylvia both envied her and felt deeply sorry for her. Her relations with her husband and her daughters were equally complicated, yet was there anything new I could offer that we hadn't explored before? But Sylvia had already moved on.

" ... I suppose I'm feeling a bit off today. I was up at four o'clock this morning. They had a party going on down the road. You'd have thought they held it out in the street, the way they just stood there laughing away, their engines running, stinking my bedroom out. It got so I just couldn't stand it. I put my head out the window and told 'em to piss off out of it. That shook 'em. They got into their cars double quick."

The anger made her mouth ugly and I found it difficult to look at her. They seem to have a lot of parties in Sylvia's street. At any rate, she is enormously aware of lively gatherings from which she seems to be excluded. Cars, too, have a special meaning for her, since she hasn't one.

"I never slept another wink after that. And there was Ken, snoring away. I don't know how he didn't choke on the smell."

I said to Sylvia, "I'm wondering what you're doing?"
She looked defensive: "How do you mean?"
"It must be important to get all this off your chest."

My tone was uncritical but she looked at me as if I had struck her. "Oh, I'm sorry. I'm sure it would be better if I didn't mention it."
"I'm saying that you've clearly got a lot of bad feelings to get rid of."
"Oh, I can't blame you. Why should you listen to my endless moaning?"

I can feel her slipping out of my reach into some cess-pit of self-reproach. The moment I refuse to swallow any more of her excrement it is as if she must drown herself in it.

I try again: "I'm suggesting, Sylvia, that you have a need to do to me what you feel is being done to you."
"And what's that exactly?"
"You feel they are pouring poisonous car exhaust fumes into you, and you have to pour your bad feelings into me." I wanted to explain that her neighbours' cars and parties stirred up a lot of envy in her, feelings of poisonous intensity which in a sense they had 'put into her' like car fumes. But she had sunk beyond hearing.

"It's not just my imagination, you know. We live in a cul-de-sac. When they turn their cars round, they back right up my driveway, and it pours all through the house."

I am sure there is sufficient reality in the facts to justify her answer, but I have the numbing sense of talking to someone locked away in a bad dream. It is no longer a question of her understanding my interpretation, but of waking her up

out of a dream.

"Would you be less bothered if you had a car yourself?"
"Well, we haven't, have we."
"But would you?"
"Oh, I don't know."

I had asked her about her feelings, but she blocked the question by sticking to a matter of fact. I had tried to explore how persecuted she felt, but she succeeded in making me her persecutor. I think Sylvia knew I was becoming angry before I did, because she tried to placate me by returning to the question about cars.

"We would have had one if it hadn't been for me."
"You?"
"Ken wanted one, but I stopped him. I told him I wouldn't trust him to drive me in it. So he never bothered."
"He didn't have to listen to you."
"I come over so powerful, I hate myself."

I used to mistake these persistent self-condemnations for honesty, but they really are a defensive maneouvre. I was beginning to feel very frustrated by the way she wanted my involvement, yet blocked me, called for help, yet held me off.

"You know it, but you can't stop it?"
"That's the point," she declared with almost perverse triumph, "I try and try, but I can't stop."
"Have you tried not to try?"
"I've tried that too. It makes no difference."
"But that means you're still trying. You ruin everything by trying too hard."
"I know."
"Then just relax ..." Even as I uttered these words, I realised from their sheer banality that we were both trapped. How could you 'try not to try'? She could no more obey my command to relax than to laugh or cry. Here was I, trying, oh so very hard, to show her that trying was futile. Had I trapped her; or she me? I felt that whatever I said now would be useless.
"I can't stand you not saying anything. I feel so alone right now, I can't bear it."

I felt truly sorry for her, but anger kept me silent.

Sylvia said, "I'm sorry. It's the effect I'm having on you. I do it to everybody. I did it at Shenley." She meant that she was getting the old feelings she used to experience in the mental hospital.

I told myself that I was picking up the anger she was feeling against herself, but I still could not free myself of it. Unyieldingly I replied, "Why must you persist in considering yourself so powerful?"
"I am and I can't stand it."
"But at the same time you're helpless."
"Yes."
"You're both powerful and helpless at the same time."
"So it seems. It's crazy."

"If that's the case, accept it." My tone was neutral, but I knew I was enjoying punishing her.
"I can't."
"You have no option. That's how it is."
"It's alright for you! she retorted.

There was a sinking in my heart which told me the situation was out of hand. We were no longer therapist and patient, but enemies. She had dragged me off my clean calm professional perch into her sour and turbulent pit, and there was no way I could climb out again. Before describing how the rest of the session unfolded, I want to pause at this point, and fill in something of Sylvia's personal history.

Sylvia was born, one of twin girls, two months before her parents married. It was a mixed marriage; her father was Roman Catholic and her mother converted from the Church of England, and therafter became a strict Catholic herself. Sylvia looks back over her childhood as grim, deprived and unhappy. She recalls little affection between her parents, chiefly coldness or nagging.

Her father she remembers as a kindly man but not much in evidence: he contrived to work late, and kept out of the way. Her mother, forever martyred and puritanical, dominated the household. To keep the home clean, whatever the weather, the children were sent out into the back garden of their cottage. Even their tea was handed out through the window.

In her determination to keep her daughters unsullied by the world, the mother forbade all contact with boys, all references to sex. The only man Sylvia could possibly know was her father - and he was especially taboo. Sylvia recalls that when she was about nine years old, she sat on her father's lap for the first time in her life: then her mother came into the room, gave her an outraged slap, and told her to get off. The few happy memories of her childhood were when she visited her grandmother. Here she was allowed a measure of freedom, was talked to, and even shown some affection and approval. These visits stand out in her memory like sunlit islands in an arctic waste.

Only in her late teens did things begin to change. Her figure developed. She went out to work and trained to be a hairdresser. When she was nineteen she had one radiant year: she was allowed to wear make-up, learnt to dance, bought her own clothes, even met one or two boys. She realised what life could really be like. Soon afterwards she met Ken. He was a mild fellow who reminded her very much of her father.

As she realises now, their early relationship contained a huge component of mutual idealisation. Marriage was going to make up for all that her childhood had deprived her of. Each acted towards the other in ways that were too good to be true, which produced immense anxieties and expectations. Sex was a failure from the beginning.

It was during these early married years that Sylvia found she could, for the first time, get close to her father. Perhaps, now she was married, her mother could permit it.

When they talked together she realised what a wise and considerate man he was, and how much he cared for her. But sadly he had never had a strong constitution, and he died. Sylvia took his death very keenly: she became increasingly depressed, then suicidal, and when medication failed to help, she was taken into a mental hospital. There she stayed for over a year. Towards the end of her stay in hospital, she became pregnant with her first daughter, now aged fourteen.

Sylvia has now been in individual therapy for over four years. Within the last two years, in spite of endless crises, there seems to have been a gradual amelioration of Sylvia's life. She mixes much more with friends and neighbours, is on speaking terms with her sister, and even her attitude towards her mother has softened.

These are external pointers; the real change is far more difficult to characterise: it lies on the quality of Sylvia's existence, in a barely perceptible transition from a jagged, fraught two-dimensional response to something calmer, saner, more solid, sometimes even playful. The best things in her life are her two daughters. They seem to cope very well with their neurotic mother, with the effect that she responds to them in a diminishingly neurotic manner. I find it touching how much she identifies with them; it is as if she can live out through them all the freedom and vitality she herself was denied. Yet at times she envies them intensely and can barely tolerate her rage and despair at how much she was crippled.

As her life expands, she comes into new areas of anxiety: areas which her old repressions were expressly designed to avoid. So long as she felt wholly responsible for their non-existent sex life, her husband's inadequacies went unquestioned. Now she realises she can be a sexual woman, Ken comes under pressure. Basically he is a frightened man, hardly less anxious than Sylvia, but he maintains the role of the solid, unemotional breadwinner. It is noticeable that when he gets depressed, Sylvia becomes calm and responsible. It is as if there is a lump of illness in the family that lodges itself in one member or another. Sometimes it gets into the children, occasionally into Ken, most of the time in Sylvia.

How much of Sylvia's condition can be understood in terms of her upbringing? Certainly it would seem her troubles began at the very beginning of her life. Those first two months, before her parents married - perhaps even the period of pregnancy? - could well have been crucial. Sylvia's mother came from a grimly respectable working-class background, and there she was, saddled with twins, waiting for their father to make a decent woman of her. What sort of milk could the new-born infants have taken from her; how tensely and angrily she must have handled them? It sounds very unlikely that she could have approximated the 'good-enough mother'.

Sylvia was 'clean' before she could walk. Her mother had an obsession about dirt; any kind of filth, especially the filth of sex, was severely forbidden. It was as if Sylvia's mother, thanks to her unwanted pregnancy and all that followed, learnt that you daren't trust nature; let it out of control just once

and you are in for a lifetime of trouble.

All the early developmental phases - oral, anal, oedipal - were fraught with difficulty. These difficulties moreover, were cumulative: failure to negotiate the first impaired her capacity to deal with the second, and so on. Even so, given the supportive environment, much of the damage could have been repaired. Unhappily, the atmosphere in the home was tense and cold; it was dominated by her mother's self-martyring, over-controlling, over-protectiveness. Her father was too feeble to come to her rescue, and besides, he was not around very much.

Sylvia is intensely bound up with her mother, and bad relationships are, in a way, more binding than good ones. Good relationships allow the participants to enjoy them - and grow out of them. Bad relationships never loose their grip. What makes them so binding is that they are not simply composed of mutual hatred, but a mixture of hatred and concern, anger and need. Sylvia's mother, for all her shortcomings, was always <u>there</u>. A misery she might have been, but she was Sylvia's only real security. And her legacy to Sylvia consists in this: that she feels secure only when she is miserable.

To know Sylvia only through her history is to know her as a 'case', not as a person. To know her as a person is to know her through experience of her, and this is quite another kind of knowing. The most immediate impression she makes upon me is the primitive intensity of her wishes. For example, she wants her husband's attention. But she wants it with an urgency that will brook no constraint. Denied what she wants, she is desolated. If others get what she wants, she is choked with jealousy, even of her own two little daughters. And because she wants only with her whole heart, she is incapable of using her head; she cannot stop to coax him, wheedle him, charm him. She can only use primitive techniques; complain, shout, or even attack him physically, which ensures that she does not get what she wants.

Whereupon she sinks into apathy and goes to bed. By now things are past repair. Even if he were willing, there is nothing her husband can do to retrieve matters. If she has had to bully him into showing her a little interest, then she doesn't want it. His attempts to placate her only serve to make her feel guilty, because at this stage her anger has turned against herself. She loathes herself for acting like such an intolerable bully: for poisoning the atmosphere just as her mother did, ruining the children, spoiling his life, cheating him of his conjugal rights. How could Ken have put up with her all these years? Her mother was right: she's impossible to live with. If she ended it all, it would be the best service she could do them. For their sake she will get out of the way and let them make something of their lives ... Once she's dead will he realise what he has lost? Will he recognise how much she always gave, how little she got in return? She didn't ask for much, just a little appreciation, but they all used her.

So she oscillates between rage at others, rage at herself. It is as if two voices speak in her: a self-pitying child and a crushingly contemptuous parent. Alterations of mood keep her in a constant state of excitement, but it is a sick sort of excitement which never satisfies.

Her involvement seems to know no bounds. Somehow she gets into everything and everything gets into her. Whatever happens to her husband, her children, her friends, assumes overwhelming importance. She longs to tackle the teacher on her daughter's behalf, or fight their battles in the playground ... Even if two strangers quarrel at a bus stop, it agitates her all day, since she identifies so strongly with either or both. If a neighbour gives a party down the street, she can't sleep. Nothing, it seems, must happen without her.

Against all this involvement she struggles hard to keep control. Loss of self-control is an ever-present anxiety. If anger is stirred up in her, spiteful words might pour out, even violent actions. She often slaps her children, even her husband. She has constant difficulty in controlling her body. She perspires, itches, goes blotchy all over. She can easily vomit or gets blinding headaches. Fear produces dizziness, faintness, palpitations. In moments of elation she might easily wet or soil herself. Her body, whose very existence was denied throughout her childhood, is like a wild and contrary animal she is yoked to. The more she tries to control it - and she takes about twenty tablets a day - the more it plays her up.

The most frightening loss of control would be an orgasm: in her imagination it will be some gigantic explosion which would blow her whole mind to bits. So on the rare occasions when she feels her bodily responses beginning to take over, panic grips her, and she goes dead. She is grateful to her husband that he doesn't demand more than she can give. Yet here too she is divided: she frequently resents that he doesn't take her by force, so that she might at last abandon herself to passion. Or if not him, then some stranger who would skillfully negotiate the inhibitions she cannot break through. And if not skillfully, then violently, even by rape. For years Sylvia went in fear of rape. She never took a bath if alone in the house, nor used the vacuum cleaner in case someone crept up unheard behind her. She has only lately realised that her obsessive fear was also a repressed wish.

There is another aspect to Sylvia's dividedness worth pointing out. This is her attitude to time. It cannot be pure chance that she invariably greets me on the doorstep with the question: "Am I late?" or "Am I early?" She is always trying to master time. She is either rushing frantically around, desperately short of time, or bored to the point of desperation, with too much time on her hands.

She is pre-occupied either with the future or the past. In the future, life will be much happier; they will have a car, a new house; she will be 'cured'; a serene, sexually exciting woman; with loads of friends and parties. But it might also be much worse: the girls will have grown up and gone away;

she and Ken will be left facing each other across the same sterile distance until the grave. Or what if, heaven forbid, Ken should die? Every neighbour's husband's death reminds her of Ken's death.

She is equally obsessed with the past: past wounds, past deprivations, lost opportunities, frequent regrets. The psycho-analytic method, with its focus on memories and confessions, all too easily fosters this in Sylvia. To look back and forward is a perfectly natural activity, but in Sylvia it is an escape from the here-and-now reality of her existence.

In essence, dividedness permeates large areas of Sylvia's emotional life. She worships her husband yet envies him at the same time, adores her daughters yet is jealous of them, to her friends she is generous and mean by turns, resents her mother but is perpetually guilty and concerned about her. She is either over-involved or desperately cut off. Feelings of hatred co-exist with secret aspirations to saintliness. Desire battles with guilt, energy with apathy, dominance with passivity, male with female, past with future. She reminds me of a powerful machine with the throttle wide open and the brakes jammed tight.

In describing Sylvia in such detail my intention is not to show her as different from other patients, but on the contrary as representative of them. Indeed, it seems to me that her 'sickness' is the sickness of us all. In Sylvia the conflict happens to be that much more explicit but the civil war which rages within her is characteristic not merely of the neurotic condition but of the human condition in general, and begins at birth. We each of us start life as part of another's body, but birth brings the first biological separation. Some time during the first year of life begins the second, psychological separation. This is the emergence of self-consciousness, the awareness of oneself as distinct from the world around us.

Thereafter we have a basic drive to maintain our identity as separate individuals, yet we are perpetually drawn back, as if by gravity, to the community, the family, home and ultimately the womb. Each of us must constantly negotiate this pull - back into non-differentiation and togetherness, forward into separateness. The cycle of sleep and waking is a characteristic example: each night we regress into the vegetative condition; each morning we wake into consciousness, replenished and separate. The basic duality of human nature has been recognised from time immemorial. In the ancient Chinese religion of Taoism they are designated the Yin and the Yang. In the Biblical story of the Fall it was Adam's sin that, through Eve, he sundered himself from God's all-encompassing unity. His sin was to become a separate individual. For that he was expelled from Paradise, never to return: just as no-one can return to the supposed paradise of the womb. The Bible story even includes the opposites of life and death, since it says that by this sin of Adam's death came into the world: meaning that only the individual can die, whereas the collective lives on, endlessly renewing itself.

Duality operates even before birth; from conception onwards each of us is genetically both male and female. No less significant is the biological split between mind and body, consciousness and the unconscious, the ego and the id. At the neurological level there is the split between the old reptilian brain stem and the much later development of the cerebral cortex which operates on quite different principles. The cortex itself is divided into left and right hemispheres, each with distinct functions. Our moral perception is divided into right and wrong; our spacial perception is based on the distinction of up and down, inside and outside; our normal awareness relies upon the difference between a subject which sees and an object which is seen. My eye can see the world around me, but cannot see itself, any more than a knife can cut itself. For Sylvia this dividedness is sufficiently distressing to drive her to seek help; in this sense she is 'all too human'. The rest of us manage for the most part, chiefly by more effective repression, to endure what is so difficult to integrate.

I broke off my description at the point where communication was seriously deteriorating between us. I was feeling so frustrated by her that I dared not let my anger go. As a result, I found it difficult to think. Whatever I said either provoked her envy, ("It's alright for you"), or confirmed how useless and destructive she was. Yet to say nothing seemed an even worse condemnation. We were caught in some nightmarish game: however we played it we both lost. It might have been that in those moments I really knew what it was like to be Sylvia. My renewed passivity served only to intensify what was becoming a kind of terror in her. She said quietly, "I feel rather queer. A bit faint actually." She had gone quite white; the perspiration glistened on her forehead and her upper lip. "It's a kind of nothingness. I used to get it before I went into Shenley. I feel I'm breaking into pieces. Why can't you say something? Please."

I could hardly look at her, I felt so upset. "I can't, Sylvia. Whatever it is, it's got me too. I can't think of a single thing to say to you."

With this admission I gave up. I could no longer hide the fact that I had been not a therapist, but a fraud. I felt that for a long time I had managed to conceal my basic helplessness, using therapeutic technique, but now I had to admit defeat.

Yet strange to say, with defeat came rescue. Something shifted in the atmosphere. Sylvia's lower lip began to tremble and she began to cry. Watching the tears roll down her mottled cheeks, I felt an immense relief. After a little while she wiped her eyes and nose.

"This is useless," she grumbled. "It never gets me anywhere."
"Must it get you somewhere?" I knew the crisis was over but I didn't yet know how it had happened.
"Oh, it doesn't ever change anything. Ken just runs away when I cry."
"Perhaps because you want to use your tears, to affect him,

or control him. Isn't it enough that crying just expresses how you feel?"

She dabbed her nose: "Actually I do feel a bit better now." She looked me straight in the face. There was no reproach for having admitted myself useless. On the contary, it was a look full of gratitude. Her eyes held mine in a naked encounter. I realised that the atmosphere had suddenly become erotically charged. It was quite odd: Sylvia didn't attract me, yet I felt sexually stirred. I seemed to soak up whatever feelings took possession of her: previously it was anger, then despair; now it was sexuality.

She glanced up at the clock. "I think I'd better go."
"You've still got ten minutes."
"Yes."
"What's the matter?"
"It was your look. It went straight into me."
"You make it sound sexual."
"I suppose that's what I was feeling."
"Is that such a bad feeling?"
"I get frightened."
"Do you know what of?"
"I think I feel defenceless. Out of control. And very guilty. If Ken knew I got such feelings, he'd be very upset."
"I can't see how you can control what you feel any more than you can control what you dream."
"Actually, I did have a dream about you. You undressed and got into my bed and we had intercourse."

Her dream was so bald I felt embarassed. The over-defended woman disappeared and in her place sat a naked child. I wanted to clothe her nakedness in some professional-sounding interpretation: should I take the Freudian line that she was mixing me up, in her unconscious, with her husband; or even her father? Or the Jungian approach to the effect that intercourse with me 'symbolised a longed-for union between her internalised healer and herself'. But neither felt quite right. I simply said, "I hope you enjoyed it." "Actually, I did," she said and laughed.

I laughed with her, and the atmosphere changed again. The erotic intensity had evaporated. We just sat in silence, a very different silence from the sterile deadlock of ten minutes before. It was unbelievably peaceful. The room was pervaded by the irrefutable sense that everything was exactly as it should be. Her tears were alright; her sexuality was alright; and this silence was even better, since words could only spoil the serenity that encompassed us both.

In this serenity I had the clearest sense of being intimately in touch with Sylvia, but quite separate. My sense of ego was not lost but somehow enhanced. I felt more myself than ever, as if I had at last woken up. We just <u>were</u>: without aims, without expectations; no sick patient, no masterful therapist; just two people sitting in a room. It was a sense as far removed from my everyday normality, as that normality is from Sylvia's habitual neurotic anxiety. Yet it was not in the least otherworldly: on the contrary, it was like coming down

to earth. It was not vague or mystical but clear and precise, not ecstatic but calm, without excitement, yet brimful of well-being. For a few blessed moments the old opposites had joined together to produce something quite new, and I thought how extraordinary it was that I could find the presence of this woman, alien to me in so many ways, so sublimely satisfying. But the whole thing didn't last more than a minute. She began to fidget. I glanced across at her.

"You seem bothered."
"No, no ... Well, yes ... I mean, at first I really enjoyed sitting quietly. But the moment I became aware of how easy and comfortable I felt, it - somehow - frightened me."
I smiled: "You mean it's actually more comfortable to feel uncomfortable?"
"I know it sounds daft. But I really can't tell the difference between peace and that awful emptiness, so I start to get agitated."
I couldn't resist an interpretation: "Being agitated is what you've always been used to. It's like having your mother with you. She might have constantly nagged and bullied and made you miserable, but at least you knew she was around and you felt safe."
"You've told me that before. I think I understand better what you mean now. But knowing it doesn't change anything."
"What does?"
"Oh, nothing ever does." She was diving into despair again, like a frog seeking the safety of its murky pond.
"It was nice while it lasted."
She looked at the clock again: "I must be off." It was actually a few minutes before time, but she had taken charge and closed the session. The controller was back. Would we ever control the controller?

The experience was more than just nice: it was of quite a special order, and it is important to trace how it came about. A large part of the session consisted in Sylvia pouring out angry and miserable feelings with no perceptible wish to change a thing. I felt myself to be treated not as a person, but as a receptacle, and every attempt to change the situation met with an impenetrable resistance. This eventually made me so angry that I simply could not talk. I was no longer the calm, objective psychotherapist, but taken over by feelings I could not control. Yet my anger was somehow appropriate to the underlying situation.

I can recall certain other apparent 'blunders' which, when I was able to use them constructively, functioned with unconscious wisdom beyond my professional technique. In this instance it served to push Sylvia into some kind of crisis, so that she declared: "I feel I am breaking into pieces." This was no mere hysterical camouflage, but what she felt was happening to her. I felt it too, since, as Sylvia pleaded with me to say something, I sensed that I was pushing her over the edge. What was breaking into pieces was her old, malconditioned ego-structure, with all its conflicts and sick attachments to bad 'internalised objects'. She would indeed have been well rid of it, but it meant facing the terror of nothingness. Had I

maintained my pretence of being in control, I feel I would have pushed her into some sort of breakdown. Instead of which I confessed my impotence. I gave up. I let go my professional ego and we both, as it were, fell into the void. But instead of crashing to disaster, lo and behold, we stayed aloft. Instead of a breakdown, it felt remarkably like a breakthrough.

We broke through very briefly into quite a new level of being. I described it as the sensation of waking up from sleep - a sleep we habitually call normality. Earlier in the session, from the standpoint of this same normality, I had the strongest impression that Sylvia was locked in a bad dream. By which I mean a state of being that was panicky, irrational, sub-ego, fluctuating between paranoia and hysteria. I knew this state well; indeed who has not been possessed by a depression or panic out of the blue, by rage and fear out of all proportion to the situation that provoked it; while it lasts, what total conviction that condition carries! It is as convincing as the dream is to the sleeper. By the same token, the few moments of quiet that Sylvia and I shared enabled me to see reality from a standpoint incomparably more real. I would call it a moment of awakening, of liberation.

On examination, three levels of reality were manifest in this session: the liberated, the normal and the neurotic, each of which carried its own absolute conviction. But, when I am asleep, I know nothing of waking, whereas awake I know both sleep and waking. The higher level encompasses the lower. And are there only three levels? Are they not part of an extended range which includes the physical and beyond? From the complexity of living matter we go, by way of enzymes and hydrocarbons, down to the level of molecular chemistry; and from molecules make yet another enormous descent into the mysteries of sub-atomic physics.

Nature is hierarchical: simple constituents combine to form more complex entities which combine in their turn, and they in theirs. Each new combination possesses qualities which the parts never had in isolation: hydrogen and oxygen are gases but together they form a liquid. As each level is superseded the constituent parts are not discarded but incorporated in the new synthesis. The molecular becomes part of the organic; muscle is part of the heart, heart is part of the body. At the psychological level just as the instinctual becomes more or less encompassed in the rational, so the rational, at certain moments in certain individuals, becomes part of a larger Self.

My interaction with Sylvia has led me to reach two interconnected observation about the order of nature which are in accordance with the testimony of ancient religions and invoke science: first that nature creates by combining opposites: and second that it does this in a hierarchical structure. What have these speculations to do with the practice of psychotherapy? Simply that the closer the therapist conforms to the natural order the more certain he may be that therapy will take place. How can this be applied? I have tried to convey, with regard to Sylvia, that her basic problem was an underlying dividedness. Now to the extent that I, as a therapist, function in a divided

way, I serve to reinforce the very problem I am called upon to resolve.

From the outset Sylvia's own splits call out the splits in me. She experiences me in two quite opposed ways: one is the analyst and the other is the kindly family man. The analyst is powerful and exciting. No matter how solid her defences, my penetrating gaze will pierce them; no matter where she hides, how fast she flees, wriggles, twists, the analyst will seek her out, strip off every protective disguise and lay her bare. In this sense I am the dream rapist she so much fears yet longs for. My gaze 'goes right through her', my words are 'very penetrating ... probing ... pin her down'.

But there is another side to me, the 'human side', as she calls it. I am the family man who reminds her of her kindly father, her all-too-gentle husband. Since both these images are wrapped in a glowing cloud of idealisation, I have the choice between playing the godlike analyst who sees all, knows all, whom no power can resist; or the gentle Christ-like healer, overflowing with loving kindness. God in his majesty, God in his mercy: I can take my pick.

By attributing these qualities to me, Sylvia recreates the old polarities of her childhood: the frightening yet excitingly penetrating eye of her mother, the motherly warmth of her father. When she bewails that my interpretations 'pin her down' I sense a barely concealed gratification, and, much as it tempts me to be the omniscient analyst, I feel I am merely feeding her neurosis by acting out her 'phallic' mother.

Another temptation to be on one side of a split arises from my very role as her therapist. I feel I have to be certain. If I don't know all the answers, who does? If I am not in full command of my life, and especially the therapy situation, by what right do I presume to help Sylvia sort her life out? Shall the blind lead the blind, the halt carry the lame? But if I subscribe to this presumption that there exists some final truth do I not perpetuate the very illusion she needs to leave behind: namely that there exists some high plateau of existence, some blessed, inviolate Shangri-la which, once reached, needs never be left again. It merely means that I cling to my 'good objects' as tenaciously as she clings to her 'bad' ones; but clinging to certainty is clinging, whatever we cling to. How can I dare hope that Sylvia can risk being changed by the therapeutic process unless I demonstrate, not by my words but by my being, that I can risk change too? So what happens when her material becomes confusing, her dreams baffling, her feelings outside the range of my experience? I feel myself growing uneasy, I struggle to retain control, to be in command of the material. But this struggle differs only in degree from Sylvia's own desperate struggle to retain control of every corner of her life.

A similar dilemma arises from my aim to 'cure' or even help. To have such an aim is to entertain fantasies of the new woman she will one day become. But by this means I do to her what her mother always did, what she does now perpetually to herself: I reject what she <u>is</u> in favour of what she might become.

True, she came in order to change, but change comes not because we effect it upon ourselves or upon another; it happens of itself when we stop stopping it; it can only start from the point of self-acceptance.

I have said nature works by combining opposites to form new integrations. The therapist's role must therefore be a paradoxical one: he must combine within himself the capacity to be sane yet be mad enough to share his patient's experience; he is required to be intimate yet to maintain a professional distance; to change and grow with every therapy yet remain somehow reliably the same; he has to care yet not care; to try without trying; to master his craft and then forget it. I am not suggesting that only when the therapist has been reduced to a state of speechless impotence, as I was, that therapy can happen. That would be absurd. The professional role, with its hard-won repertoire of knowledge and technique, remains indispensible. But that technique is still part of the therapist's ego-equipment and when the time comes, he should be ready to step beyond it. It means stepping into the existential 'nothingness' that Sylvia so much dreaded, but only in this nothingness can there be room for something else; something which possesses a wisdom beyond our conscious devices and is the true agent of healing.

Telephone Calls

Jean Arundale, Sheila Chesser, Tirril Harris, Josephine Klein and Joan Rubinstein.

This article sprang from an informal conversation among us, in which we discovered that though all of us engaged in telephone-conversations with our patients, we knew of no systematic discussion on the subject. We decided each to record one of our next phone-calls, noting what had been said, how it had been ended and by whom, and how it had been used in subsequent psychotherapeutic sessions. The editor would be glad to see correspondence, discussion, and further examples in later issues of this journal.

The editor is grateful for the courage of the contributors who were willing to expose their activities in this virtually taboo area, for the sake of improved practice in the future. To preserve some confidentiality, examples are not arranged in the alphabetical order in which the contributors are listed.

--oOo--

This patient rang me early on a Monday morning, having received a letter in the post that day: "Hallo, I just had to tell you I have passed my exams, and even got a distinction in one of the two papers."

My immediate response was: "I am absolutely delighted. Thank you so much for letting me know. It is really marvellous news." She said: "I felt I must let you know straight away. I was so excited and it is really a lot to do with you."
I terminated, saying again how pleased I was.

The father of this patient had always tried to force her towards an academic success from the time she went to Grammar school. She felt pressured to succeed in exams, which she consistently failed. After obtaining not very good 'A' levels, she commenced a College course and broke down in her second year, developing anorexia which needed six months hospitalisation.

She was in treatment with me three times a week for five and a half years prior to the telephone call. She is now aged 27.

She had split up with her long-term boy-friend six months ago, whereupon, in trying to keep payments going on a home far beyond her means, she got badly into debt. After her arrears of fees with me became unmanageable, she began coming very late to sessions and even missing sessions because she was feeling so guilty. Three months ago, when I said we could not continue with her becoming more and more guilty, she made a request to stop sessions and to see me once in three weeks until the debt was cleared. She has now paid back a substantial part of the debt.

At the session after the telephone-call she was able to tell me that she felt the exam success was something she had achieved for herself because she really wanted to, and also because she wanted to give me a gift to make up for all the bad treatment she had given me over such a long period.

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This patient had had a series of losses which she had found hard to handle. She had been encouraged from an early age to be independent, which perhaps explains her strong dependency needs and only moderate ego strength.

She had had a depressive breakdown after splitting up with her man-friend, who had decided to go back to his wife, and during the resulting depression she had lost her job. She said that her family (on whom she had leant a great deal) were fed up with her, and that her mother was so affected by their emotional, guilt-laden relationship that she had cut off all communications with her. She had a sincere, engaging manner which enabled her to elicit help from many quarters: G.P.s, guidance counsellors, psychiatrists. She tended to cling to her helpers, play them off against each other, feel disappointed, and then threaten suicide if nothing was provided for her. She had been in therapy with me for two months at the time of the telephone-call, and had settled down in twice-weekly sessions. We were working on her wish to be held and cared for, her grief concerning her losses and her rage towards her family at what she saw as their rejections.

She telephoned one evening sounding distraught, telling me of a terrible row with her father and her brother. Then she told me that in two days she was to undergo a medical examination which would determine whether she could remain on sickness benefits or be made to go back to work. She asked me if I would write a letter vouching for her emotional unreadiness to return to work. In the heat of the moment, I simply said, yes, I would write a letter. I felt great pressure from her for a positive response and gave it. Later I wondered if I should have responded instead with a verbalization of what seemed to be implicit in the call: a wish to know that I was on her side and to have my permission to delay her return to work. She thanked me and then hung up.

In the next session she reported what happened when she visited the hospital. She had begun sobbing and wailing in an hysterical outburst from the moment she entered the doors, to the extent that the doctor in charge, not knowing what to do with her after trying various means to quiet her down, signed for continued sickness benefit. She had in fact, handled the situation without my letter and had got a reprieve from work for herself.

My attitude on the telephone was consistent with the therapeutic stance I had taken with her, of no pressure at all in a holding environment. I hope that after experiencing this for a while, she will then be able to decide for herself to take up activities and work.

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This patient telephoned my number and received a message on the answering machine, which I had recorded, saying that I was not available to take calls. He left a message on the tape recorder to say that he would be keeping an appointment about which there had been some doubt.

The patient opened the session on the morning following the

telephone call, by saying that a colleague of his, a fellow lecturer, is always jealous of anyone having a social life outside the university. After a pause, he added he felt furious with this bloke, and he could not think why he was so steamed up about it. I asked whether it had anything to do with his telephone call the previous evening. In a haughty manner, he said: "Certainly not, what the hell could my fury with John Smith have to do with the telephone call?" He added that he had felt perfectly calm and cool the previous night.

I said that I thought he might be furious with me for not answering the telephone when he rang me to tell me that he could keep the appointment. The patient replied in a contemptuous tone: "So you have nothing better to do then answer the telephone?" After a further pause, he said that in fact he now remembered that he thought that I had gone to bed.

I said that it seemed that he was like his colleague: he did not want to think of me having anything outside the consulting room. He was perhaps jealous of my social interests? "Well," he replied, "I remember now, I did think you might have gone to the opera." I said I thought he was not prepared to think of me enjoying any light entertainment, any non-intellectual indulgence with friends or family, anything 'outside the university'. The patient then asked angrily: "What happens when people are desperate? They might commit suicide or something!"

By telling me that he was furious with a colleague who was jealous of any pursuit outside the university, the patient was able to see the inappropriateness between his bland acceptance of the telephone-recording machine the night before, and his anger during the session due to repressed feelings of frustration and jealousy.

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This patient was a single professional woman in her early twenties coming for treatment because of chronic depression. At first she had been attending three times a week, but professional reasons had necessitated a temporary move out of London, so that she had only had sessions once a week for some months. Three weeks before this telephone-call, she had been able to start the process of moving back to London again and deciding whether to come back into thrice-weekly treatment.

Two sessions before the telephone conversation, she had spent time talking about the difficulties she had in feeling as good as other people, how she felt she was over-respectful to them, mentioning in passing how difficult she found it to call people senior to her by their Christian names: she knew the therapist had once signed a letter to her 'Yours sincerely, K.' but she could not manage to address her as other than 'Mrs. D.' In the course of making an interpretation, the therapist made it clear that if using her Christian name was something she wanted, but feared to do, there might be some point in her trying to use it, and to talk about her feelings about this, on subsequent occasions. The next session was the penultimate one before the summer vacation, the date of which had been

fixed more than a month earlier. At the end, the therapist reminded the patient that the next one would be the last session before the summer break. The patient then said that she really ought to have told the therapist earlier that she would not be able to come for her session the following week as this was the only time she could arrange to make a (holiday) visit some 200 miles out of London. The therapist offered to arrange an alternative time after the patient's return from this trip, but she said she did not think she could come. Since the therapist felt that this was not leaving the patient at all well prepared for the coming break, she reiterated that that time would still be free the following Friday afternoon if she later found she was able to come then.

The following Friday evening, after the specified time, the patient telephoned:
Patient: "Hallo, is that Mrs. D? This is B. here, Mrs.D."
Therapist: "Oh, hallo B. You must call me K., you know. How are you?"
Patient: "Well not too good really, that's why I am ringing. I am sorry to bother you but I just feel so bad, and I know you must be very busy because you must be going away tomorrow aren't you, but I put off phoning because I didn't think I needed to bother you, but now I feel awful so I just must talk to you. It was just that you said you had a free time for me on Friday or I wouldn't take up your time."
Therapist: "Oh dear, B. I'm sorry about that. Yes, I'm afraid I have finished work today, but let's talk for a little now. Tell me a bit more about how you're feeling."

The patient then talked about how difficult she was finding her work (she was back in the same job but in a new section) and how lonely she felt in her new flat, and how much worse it had seemed on coming back from her trip the day before, and about how it was all so much worse because the therapist was going on holiday. There was little scope for more than counselling and reassurance; the therapist refrained from any comments or interpretations about the way the patient had managed her own timetable, since without the time to work on them they could only serve to make her depression worse. The therapist reminded her how she had managed a previous break quite well, and how depressed she had felt on first starting her course in new surroundings but how quickly that had passed. She mentioned a number of the patient's friends and acquaintances asking if she had contacted them again since her return to London - not actually suggesting that she do so but reminding her of the existence of some wider network of support besides therapy. The patient herself drew the conversation to a close, apologising for having bothered the therapist, and apparently somewhat reconciled to the possibility that the intensity of her current feelings was likely to be self-limiting, being the initial reaction to three recent changes, of job, of residence and of her therapist's absence. In all the call probably lasted about twelve or thirteen minutes.

The following session was several weeks later, being the first after the vacation. The patient was able to start quite straightforwardly by saying how angry she felt about the

therapist going away to enjoy herself although she never liked to admit to such feelings. She also talked of how angry she had been because she felt the therapist was unsympathetic and cross with her for telephoning. In exploring the latter feeling, it became clear that B. had experienced the therapist's rather irrelevant remark about calling her by her Christian name as a reprimand rather than an encouragement. It was possible to interpret this as a projection by B. of her own anger with the therapist for being about to go away. B. was not unfamiliar with such interpretations, and was still quite resistant to them at this stage. The therapist then moved on to interpret the whole sequence of behaviour before the holiday, starting with B's failure to mention that she would not be coming for her last session until right at the end of the penultimate session (when there would be no time for her mind to be changed by discussion or interpretation) and covering her refusal of an alternative time which would in fact have been possible without too much trouble for her, up to the final telephone call when it was too late. It was possible to relate this to other incidents both during the history of her treatment and with her parents in childhood, all of which showed a similar pattern in which a perceived rejection was met by B, with a defiant gesture of independence which only served to remove her further from the source of comfort she really desired. While temporarily she might feel triumph at having evaded manipulation by the authority figure, in the end she had always felt more abandoned than she might have done without such defiance. B. was then able to experience fully her feelings of hurt and anger. By the end of the session she had become able to perceive the therapist's remark about using her Christian name as no longer a punitive stricture but as a gentle, if somewhat misplaced, invitation to intimacy.

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I had seen this patient two years earlier, for a couple of months, twice a week, in an acute depression. His family had referred him to me, after he had made a second though not quite wholehearted attempt at suicide, following a visit to someone he described as a psychiatrist, who, according to him, had looked at him and said, "Well?" - nothing else had been said for the remaining hour, at the end of which the patient had run away in panic. During his time with me then, as the depression lifted, helped by the supportive experience of what was hardly even mild counselling, it became clear that he was unable at that time to focus his feelings because of the nature of his defences, and we parted on good terms.

Three weeks before the telephone call in question, he had referred himself as ready to undertake psychotherapy. I then saw him about once a week whenever I could fit him in, for us to assess his present ability to commit himself to therapeutic work. He was disappointed that we could not start straight away with 'the full treatment'. The possilility that I might not have a vacancy had not occured to him. From the first of these sessions I had the feeling of being in media res, and I suppose I had been carried in his mind for the

intervening two years. We started, as it were, in mid-transference. He used the first two session to tell me in a fairly uncontrolled way about two experiences, both of not being given what he was entitled to, one early, one recent.

By the third session I had made up my mind to take him on and I started to talk about arrangements to settle regular times for his sessions which could start five weeks ahead. I think that he, faster off the mark than I, saw immediately that we would have to talk about fees. He began to be very distraught in a characteristically angry and harassed way, saying that he could not even think as far ahead as tomorrow - having set up a situation in which he could find himself homeless and jobless I think partly in preparation for coming to see me initially. I did not see all this consciously in this session, but fortunately was sufficiently collected to say that he had nearly six weeks to work things out in his present (potentially very well-to-do) situation. He decided he would ring some people from whom he was currently and unjustifiably expecting total support. I interpreted this as an expectation or determination that others should look after him and said so.

That evening he telephoned me saying, with evidence both of anxiety and triumph, that he had called the people referred to above, and that they were unable to do anything for him, and he had cut himself off from them. Then I saw clearly what we were in for: I was plainly designated to be the next person who was going to be so disappointingly unready to help him - I was not going to see him for free. However, there seemed to me no way of offering this idea on the telephone, and so I responded with variations on "Oh dear" and "what a painful feeling to have", while he, in a quite emotionless voice, told me of the various awful things that had happened during that conversation. He was on the phone for about ten minutes before I began to get signals that he was ready to hang up. He then checked the time for our next appointment some days ahead and went into the end-bit of the call.

The next session started with a warm account of another older woman, one who had yesterday been very sympathetic about his current situation. But there was a perceptible angry undertone. I asked if he was comparing me unfavourably, because I had been less sympathetic than she in the previous session or on the telephone. He ducked the reference to the telephone, and reproached me for having implied in the previous session, that he was unrealistic in his expectations (I had indeed implied this) and then went on to emphasize that he was a much more unusual person that I appeared to think. I responded by saying that he was unique, that all human beings were unique, and that I could see it was very hard for him to accept that I was not going to see him for free. I went on to explain the professional relationship between us, expatiating on the way it provided safeguards for him as well as me. He remained angry and disappointed for the rest of the session, but he mentioned he was worried by a visit to Inland Revenue and asked if he could ring me if he felt very bad. To this I agreed.

We worked for three months on the problem displayed in this account, with hardly a distraction.

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This patient is a post-graduate student who is able to do good work, but who fears competition. She is twenty-nine years old, and has been seen in once-weekly psychotherapy for three years. She has multiple phobias, and avoids anxiety by restricting her social and working life.

The patient tries to protect parent figures from what she sees as her destructiveness towards others. After a holiday break or a session when she has expressed anger, she has telephoned to see if I am still alive, or in good health. Her sessions often begin with her enquiry: "Are you OK?"

No doubt she suffered a very early trauma: because she was a premature baby she spent her first months in an incubator, and her twin sister died at the age of three weeks. She has been told that during the first few weeks at home she cried incessantly, and her mother was afraid to pick her up because her baby was so small: indeed the patient had little physical contact in her early months.

The patient thinks that her mother wants me to restore her daughter to what mother thought she was some years ago, or to what mother thinks she should be. On one level this is what the patient wants, but on another level, she feels she needs to change. This is the crux of the conflict - she feels she is not what mother needs her to be.

During the session prior to the telephone-call she behaved in an angry and off-hand manner, expressing herself in very much the same way as she describes her mother behaving towards herself, especially when mother and daughter discuss psychotherapy. In other words, she behaved as if I were her daughter. The theme of this session was: 'How long is therapy going to last? Nothing has changed; I am just as bad as I always was; you are not helping me.

The telephone-call in question came on the Saturday afternoon before the patient was to take an examination on Monday. She told me she was not going to be able to go to the examination hall: she was in a panic, she was not able to do anything, read, revise, concentrate, and what was more, she could not sleep.

She was hesitant on the telephone. I felt powerless and, unable to judge the extent of her distress, I found myself wanting to fill in the gaps in the conversation in order to play for time, I asked questions. In a flat defiant tone, she said she was going to fail the examination. (She had never failed an examination in her life.) I felt threatened and guilty, as if I were the cause of her present predicament.

There were more interchanges, and I referred to the anger she had felt in the previous session. She replied that she had not been angry, she had merely stated facts. Working, as far as I could, with some of the counter-transference feelings that I recognised, I told her that it seemed to me that she was feeling that I did not understand her, and she was trying to get through to me. It now seems to me that instead of interpreting her need for support and comfort from me, and giving her reassurance, I put myself into a position which could be interpreted by the patient as that of an ambitious

parent, torturing a fearful and reticent child. To make matters worse, I said I thought she was talking about failing the examination in order to prove that I was not being the person she needed, in other words, I was failing her.

As soon as I had made that interpretation I regretted it: I saw that I was talking about my feelings and not hers. I felt unable to remedy the error. I had given to the hopeless defeated child-element in her character, something negative on which to work. I felt blind, and the blind person has great difficulty with symbols; perhaps some of us regress more than others when faced with a telephone-call from a patient. At this point I thanked her for the telephone-call and said I would see her on Tuesday.

The main work in the session following the examination was concentrated on the patient's difficulty in seeing me as a sympathetic, holding person, not a demanding parent forcing her to succeed. She was able to fail me, and test me to find out my reaction to her failure, which she had never dared to do with her parents. Moreover she was able to see how I had failed her in our telephone-conversation. Through the telephone-call she had been trying to obtain something that had not been available in the session before; she had had the feeling that I had not listened during the session, and that I might listen on the telephone.

She did in fact fail her examination on this occasion, but she has since passed it quite well.

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Statutory Registration of Psychotherapists

Sally Hornby

'Statutory Registration of Psychotherapists': a Report of a Professions' Joint Working Party. 1978. Price 85p. Obtainable from the Secretary of the Working Party, at The Tavistock Centre, Belsize Lane, London, NW3 5BA

How important is registration, and what would it mean to BAP members if there were a register?

In 1971, Sir John Foster, who headed an enquiry into Scientology, recommended legislation to safeguard the public. When VAT came in, lay therapists found themselves at a disadvantage in relation to their medical colleagues. Two good motives for a register. However, by far the most important reason is the proper establishment of a recognised profession with minimum standards of competence and an ethical code of practice with sanctions for its enforcement.

The Joint Professions Working Party, which after three years published its report in July 1978, has recommended legislation to create a Council empowered to set up a register on this basis. A register would not only identify and control the profession, but its existence would help to raise standards throughout psychotherapeutic practice generally.

I am not going to summarise the report here (it is recommended reading) but I wish to touch on a few issues that seem to me important.

All through the deliberations of the Working Party there was a tension, and a balance to be maintained, between the wish to uphold standards and the fear of stifling breadth of thought and creative development. It was recognised that there must be approved training-courses in established methods of practice, but it was also recognised - more readily by some than by others - that psychotherapy is a young and growing practice which, over recent years, has developed new methods and is still likely to go on doing so. There is a danger that, should an 'establishment' mentality come to predominate on the Council, innovation could be hindered. True, the Council would have no power to stop anybody practising psychotherapy but, by its power to limit the use of certain names - which are not yet defined, but which might include 'registered psychotherapist' or 'psychoanalyst' - it would be encouraging the public to distinguish qualitatively between 'the registered' and 'the rest', just as now they distinguish between the SRN and someone who does nursing.

Power to approve courses leading to qualification for the register would be in the hands of the Council. Its composition is therefore of crucial importance. The Working Party has recommended that it be composed of professional and lay members. Amongst the professional would be one representative from each of the five well-established training bodies: (the British Association of Psychotherapists, the Association of Child Psychotherapists, the British Psycho-analytical Society, the Institute of Group Analysis, and the Society of Analytical Psychology); there would also be one representative, who must be a trained psychotherapist, from the four base-professions most closely involved (psychiatry, nursing, psychology and social work); and three or four representatives elected by those psychotherapists on the register who are not trained by the five training bodies already represented. It is recommended that the Council should have power to add to the list of training bodies with specific representation. Lay members would be 'lay' in the sense of not being professional psychotherapists. Sir John Foster recommended 'a number of radically-minded laymen who will act as a leaven.' The Working Party recommends (para 6.5.2) 'This leaven should, in our view be substantial in size - say of the order of one quarter of the Council's total membership, though some of us would prefer it to be more and others less.'

Issues which warrant careful thought are: 1. the number of representatives of psychotherapists not trained by the established bodies; 2. the way in which newer training bodies may achieve a representative of their own, in the future; 3. the balance of professional to lay members.

My view is that it is essential that good standards be upheld, but that there could be more danger from conservative vested interests on the Council preventing growth, than from a lowering of standards. I have therefore been in favour of a sizeable number of professional members being elected from the

registered therapists themselves, and a high proportion of 'leavening laymen'. More than most professions, it seems to me, psychotherapy is closely related to the community - its values, mores and level of psychological sophistication - and therefore, if psychotherapeutic practice is going to serve the needs of its clientele, it must be in touch with, and influenced by, society as well as by the professional and teaching institutions of its practitioners.

Now and again, as I have sat in this Working Party, I have thought what a great deal members of the BAP owe to its original members and to those who have built up its training. Only because of them do we have a representative on this Working Party and on the proposed Council.

The BAP is the one organisation on the Working Party which by its title stands simply for psychotherapy, as distinct from any one particular method of it - Freudian, Jungian or group analysis, behavioural or child psychotherapy. To me this is significant, and inevitably leads to the question: Do we intend that the BAP should have the breadth which this name implies, or would it really be more appropriately entitled the British Association of Individual Psychotherapists? My view is that the various methods of psychotherapy which are being developed are not necessarily best taught in separate institutions: the underlying body of knowledge is identical; the teaching of skills in initial assessment of clients, and of the most appropriate method of treatment for them, requires a good knowledge of a range of methods; and the teaching of skills in the various methods of practice benefits by cross-fertilisation.

Should legislation be carried through on the lines of this report, it would benefit individual members and would provide the opportunity for the BAP to have an influential voice in future developments in psychotherapy.

BOOK REVIEWS

Mary Swainson (1977) The Spirit of Counsel. Neville Spearman, London. pp 256. Price £4.50

From 1948 to 1972, Mary Swainson (a member of the BAP from way back) pioneered one of the first counselling services for students in this country, extrapolating each next step on the basis of her own deeply-felt experiences of need and of help. Hundreds of students must be thinking with gratitude of her perceptive and caring skill. The book is dedicated to Professor Tibble, another pioneer who combined boldness with humanity and practicality, "who gave us freedom to take reponsibility, to build, to make mistakes, and to learn".

How she brings back what it was like to be an academic woman in those days, and how strange that period must appear to later generations. The amount of self-sacrifice she takes for granted - to get a degree, to stay on for research, and finally, to start a counselling service, unpaid, almost unsupported, her status and prestige made doubtful by her activities! "However, this was the understandable price to pay for the opportunity to do unofficial pioneering and I accepted it accordingly. I know many other counsellors are still in a similar situation." (p 52)

Her fascinating autobiography and history of student-counselling is punctuated with practical chapters - some of which are re-printed working papers and lectures - on the training of teachers and their mental health, on training for counselling, on intra-version and extraversion in health and disease (actually a paper she read to the Association of Psychotherapists in 1961).

For me, the book worked like a refresher: because of her practical asides on how to do it and where - note her constant care for the appearance and atmosphere of the rooms in which she met people; because of the clarity of her theoretical considerations; because her own reflections and experiences knit theory and practice in what appears a harmonious whole; and because she is refreshing.

Still pioneering in her later years, Mary Swainson began to explore what is currently seen as esoteric - meditation, the extension of awareness, the mystical experiences, - and found a great deal of personal meaning there. Already in her sixties, she appears astoundingly vital and young, in tune with the young adults among whom she found her life's work.

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George Brown and Tirril Harris (1978) Social Origins of Depression. Tavistock Publications, London; pp 400; Price £12.50

Among the merits of this important book is the ease with which its authors (one of whom is a member of the BAP) have integrated detailed and sophisticated knowledge in three fields only too often presented as incompatible: scientific methodology, sociology and psychodynamics. The main variables are carefully and operationally constructed; they are shown to vary according to the social situations in which women find themselves; and the implications of these social situations are anchored in

generally-accepted and well-documented psychodynamic theories.

Encouraged by their previous work on social aspects of schizophrenia, the authors turn their eyes on depression. To start with a stunner for all of us: Working-class women with children at home have four times greater chance of developing depression. (pp 168) There was no class difference in the risk of developing depression among women without children (p153).

Briefly their argument is as follows. Some kinds of loss, or expectation of loss, whether of a person or of an aspect of life (eg a familiar house, social reputation, health) threaten to destroy a woman's sense of her self. Such losses do not in themselves cause depression - the authors call them provoking events. They can be worked through, but in certain circumstances, when women are already vulnerable to react with depression, this is less likely. I quote from pp 235/6, also give the flavour of the style:-

"... a person's ongoing self-esteem is crucial in determining whether generalised hopelessness develops - that is, response to loss and disappointment is mediated by a sense of one's ability to control the world and thus repair damage, a confidence that in the end alternative sources of value will become available. If self-esteem and feelings of mastery are low before a major loss and disappointment, a woman is less likely to be able to imagine herself emerging from her privation. It is this, we believe, that explains the action of the vulnerability factors in bringing about depression in the presence of severe events and major difficulties. They are an odd assortment: loss of mother before eleven, presence at home of three or more children under fourteen, absence of a confiding relationship, particularly with a husband, and lack of a full- or part-time job ... We suggest that low self-esteem is the common feature behind all four and it is this that makes sense of them. There are several terms other than self-esteem that could be used almost interchangeably - self-worth, mastery and so on. In the end we chose it because it was a term sometimes used by the women themselves (although they more often talked of lacking confidence) ... The relevance for the women of the three vulnerability factors occurring in the present would probably lie in generating a sense of failure and dissatisfaction in meeting their own aspirations about themselves, particularly those concerning being a good wife and mother - this giving them chronically low self-esteem."

In this manner the book clarifies the situation for those of us whose time is spent on remedial psychotherapeutic intervention. At the same time, there are clear implications here for social planners and others whose decisions affect people's health so profoundly.

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Heinz Kohut (1978) The Restoration of the Self Internation University Press, New York; pp 345; Price £13.10

This book is not for the casual reader with only a smattering of knowledge of classical Freudian theory; it is not light reading for the uninitiated. The contents of the book are

soberly realistic about the limits of classical Freudian theory and practice, but the contents are original, stimulating, and exciting for those wishing to know more about normal and pathological narcissism. The book will be of special interest to psychotherapists confronted with the difficulties of patients who have traumas in the pre-oedipal period, and are considered narcissistic, as distinct from borderline, characters.

Kohut's main contribution concerns pathological narcissism and its treatment. This new work is creative in that it stimulates change in the attitude that the therapist can bring to the patient. The author encourages us to understand that something can go on between patient and therapist that may allow for the development of a new dimension in the patient, and he raises curiosity about the possibility of getting in touch with, and treating, pre-oedipal conflicts and traumas.

One of the problems that faces the therapist is diagnosis. Which of our patients have a narcissistic personality disorder, which patient is sick or disturbed because of narcissistic wounds at the pre-oedipal period of life? Is the patient afraid of his guilt - is his greatest terror castration? Or is the terror that of falling apart? The difference in feeling is unmistakeable. "I feel so guilty ..." versus "I am going to fall apart ..." Kohut calls the distinction GUILTY MAN v. TRAGIC MAN.

The book is concerned with alternative methods of treating patients. It illuminating in so far as it helps the reader to understand that there could be a psychology of the self as well as a psychology of drives and the ego. Kohut believes that in some circumstances we may not be helping the narcissistic patient by making the unconscious conscious, the alternative being the recognition by the therapist of the emergence of disintegration-fears, and the therapist's sensitive adaptation, and empathetic response, to these fears. The author feels that an alternative to the cautious minimal response, the reserve, or passivity of the therapist, is a sympathetic response to the normal average needs of the patient. At no time should the interpretation made by the therapist be phased in such a way that it might be constructed as criticism. Kohut thinks that there are times when the patient's questions should be answered, and the interpretation of the meaning of a question made at a later date, that at all times there should be a warm human response to the patient, and not what might be felt by the patient as a depriving atmosphere. Kohut is not talking about "wild analysis", but about what he sees as a more empathetic response than is generally advocated in classical psychanalysis.

Most therapists would agree with Kohut that our theories of dynamics are moving away from the preoccupation with gross events in childhood, and that the important factors are the pathological personalities of the parents. According to Kohut, the illness of the mother is of prime dynamic importance. The sick narcissistic mother cannot respond to her baby in the mirroring way that is required for the child's normal development. She lacks empathy, and cannot envisage the child's

emotional needs; she does not welcome the child's pride in his new discoveries and his cleverness. She cannot help him to separate from her, she does not compliment the small child with the warmth and encouragement he needs for his growing skills. All this slows down or prevents the child's natural development. Later, the child's 'self' needs a new experience, a second adult, ie the father who is admired by his child. The child wants applause from his mother, and wants to applaud his father. He wishes to be hero worshiped by his mother, and to hero worship his father. When the baby sees his father as wonderful, he wishes to admire him, to praise him, but, too often, the father cannot take his child's appreciation, cannot accept this idealised image of himself, and turns away, which can inflict a further narcissistic wound.

My only doubt is, have I been taken in? Haven't I heard all this before? Is it an enlargement and derivation of what Winnicott has said about the holding environment, and the good-enough mother. And does take further Balint's main concepts in Thrills and Regressions and The Basic Fault? Balint's "Ocnophils" and "Philobats" might have been narcissistic characters who, by their behaviour, were defending themselves against their disintegration-fears, yet their behaviour was described by Balint against the background of classical theory. It may be that Kohut has been able to be bolder and more comprehensive in his theories, because he has felt less pressure to make each of his thoughts at each point match the tenets of classical psych-analysis. Kohut is saying we can change our traditional theoretical stance when treating narcissism, while these other authors are trying hard to fit in with traditional ideas. Winnicott's facilitating environment was Winnicott's; he may have tried to tell us how to do it, but he is less clear and precise in his detail of proceedure than Kohut, because his theory is less structured and comprehensive. Kernberg (1975) includes a criticism of Kohut's previous work on narcissism; he adhers to the tenet of Melanie Klein, and sees the problem of treatment from a totally different standpoint.

What seems to emerge when trying to differentiate the work of these authors is, that their own personalities and their own psycho-analytic stance - Classical Freudian, Independent Group, or Kleinian, crossed and entwined - very much influenced the way in which they approached their patients; and yet one feels that they were all in touch with the same clinical experience.

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