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B U L L E T I N

NO. 13 JULY 1982

Pages

RUSHI LEDERMANN

Narcissistic Disorder and its Treatment 1

FRANCES TUSTIN

I-ness 17

JOAN RAPHAEL-LEFF

My Son the Foetus 37

BETTY GILBERT

Phobia and anxiety with hysterical features in a male patient - Mr. F 54

BOOK REVIEWS

Intrapsychic and Interpersonal Dimensions of Treatment: A Clinical Dialogue. By Robert Langs and Harold Searles. (Reviewed by Christopher Bollas). 73

Analysis, Repair and Individuation. Edited by Michael Fordham, Rosemary Gordon, Judith Hubback and Kenneth Lambert. (Reviewed by Margret Tonnesmann). 74

Reflections: Freud and the Soul. By Bruno Bettelheim. (Reviewed by Denise Taylor). 76

NARCISSISTIC DISORDER AND ITS TREATMENT

Rushi Ledermann

INTRODUCTION

Psychoanalysts and analytical psychologists are well-known to disagree, in some respects, about the nature of narcissistic disorder. Both consider it to be a disorder of the self but work with different concepts of the self. I see pathological narcissism as the opposite of what narcissism means in ordinary parlance. The Oxford English Dictionary defines narcissism as the 'tendency to self-worship, absorption in one's own personal perfections.' That seems to me to describe the defence or facade in people who suffer from narcissistic disorder. The actual disorder is, in fact, the opposite of self-worship. It is the inability to love oneself and hence the inability to love another person.

Narcissistic patients suffer from severe defects in their object relations which make them appear self-absorbed. They are fixated on an early defence structure which springs into being in infancy, when, for whatever reasons, there is a catastrophically bad fit between the baby and the mother, frequently compounded by the lack of an adequate father and by other inimical experiences in childhood.

Babies thus deprived grow into persons who lack trust in other people. They replace mature dependence by spurious pseudo-independence and delusions of omnipotence. They experience their lives as futile and empty, and their feelings as being frozen or split off. In severe cases these patients feel outside the human ken and suffer from a terror of non-existing. This terror and the emptiness are frequently covered over by a superficially smooth social adaptation, sometimes by feelings of aloofness and superiority, at times even by grandiose ideas about themselves.

Fordham's theory of deintegration and of the earliest defences of the self in infancy has helped me to understand the origin of narcissistic disorder (1976). I speculated that with such early defences the process of deintegration is defective from the start. This leads to a badly formed ego that, in my view, is an essential feature of narcissistic disorder. I was interested to see that Kohut also speaks of self-nuclei not yet stably cohesive in what he terms borderline patients (quoted by Schwaber, 1979).

A baby who, in fantasy, does away with the mother has the experience of, one might say, being himself baby and mother, lonely and omnipotent. He cannot put his trust into anything good that even an unsatisfactory mother provides. Moreover, as in infancy he has abolished his noxious mother, he sometimes feels as if he had killed her. If his mother is incapable of being a mother to him and appears to be impervious to his demands, or if an inborn defect in the baby makes it impossible for him to use her motherliness, then

the delusion that he is murderous gets reinforced. Such a baby, of course, lacks the foundations for object relations which are based on his relationship to his mother. It is not surprising that such patients have enormous resistance against relating to the analyst. I have further postulated that a baby with stunted oral deintegration also suffers from pathological deintegration at the anal stage of development. Moreover his deintegration at the anal stage is not object-related because he has 'abolished' the object. The healthy mother of a healthy infant, as it were, detoxicates her baby's angry faeces that, in fantasy, he expels into the part-object, the breast. The narcissistically damaged baby has intense destructive impulses. But as he cannot (in fantasy) discharge them into the mother he expels them into what he experiences as nothingness or outer space. There they are uncontained, undetoxicated and they become enormously threatening. It would appear that that is why narcissistic patients feel so bad and so persecuted and at the same time deny their personal hate. This unrelated aspect of the anal phase reinforces the experience of the stunted oral phase: that of arid power.

There are clearly some links with the Greek myth of Narcissus. Ovid's version given in his Metamorphoses (Ovid) goes like this: Narcissus is promised a long life if he does not look at his own features (this could be seen as a warning against pseudo self-sufficiency and lack of object relations). He rejects the love of the nymph Echo because she can only echo his overtures (this can be compared with the baby who rejects the mother because she does not creatively interact with him. One of my patients has imagined all her life that if she cried or shouted all that would come back would be the echo of her despair). As punishment for his rejection of Echo, Narcissus falls in love with his own image, pines away and dies. The baby who cannot relate to objects feels to be in a 'living death.'

CLINICAL MANIFESTATIONS:

I shall divide the main clinical manifestations of narcissistic disorder into six sections. Needless to say these divisions are interconnected and overlapping, hence somewhat artificial.

1) the barrier against the analyst: power in place of eros;
2) the negative non-humanised archetypal experience of the analyst;
3) an insistence on turning the clock back;
4) massive splitting defences against disintegration;
5) the difficulty in symbolizing;
6) pathological defences of a deformed ego.

Some or even all of the first five features may be manifest also in other personality or borderline disorders. It is the sixth feature, the way in which a narcissistic patient forms and defends a pathological, at times quite strong, ego that gives narcissistic disorder its specific character.

1) The Barrier

Narcissistic patients tend to experience relationships in terms of power only. In severe cases patients see the analytic situation as an issue of killing or being killed, because they have the fantasy that they have abolished their mother and that their mother has demolished their existence as a person. Hence they put up a barrier against the analyst, all the more, as "feeds" (sessions) with him are experienced like those of the noxious infancy mother. The more severe the disorder is, the more difficult it is for the therapist to penetrate this barrier. It is as if these patients came to sessions with a big poster in front of them saying KEEP OUT. Yet it is remarkable that none of them ever stopped coming.

In the early years of therapy those patients could not relate to me either with love or hate. One patient pulled her cardigan over her head in almost every session and kept her eyes averted from me for months. At times she was gasping for breath and terrified that she would suffocate if she breathed the air in my consulting room. She seemed either to experience the air as an extension of the noxious analyst/mother, or to flee in fantasy into an impersonal airless womb. She said to me for months, like a gramophone needle stuck in a groove, "you are a stupid useless monster and if you don't help me I shall kill you and then myself." This was said with icy detachment and despair. Less severely ill narcissistic patients talk about the abyss or the unbridgeable gap between them and me. Another patient expressed the narcissistic barrier and the fear of his murderous impulses by a severe stammer. Another patient could not "feed" in my presence with her eyes, with her ears or with her tactile senses. After two years of analysis she still claimed that she had no idea what my consulting room looked like; nor what I wore. Whenever I made an intervention she gave the impression that she had not heard it. When I commented on this she said: "I put it in my pocket and use it at home when I am by myself." It is interesting that, as a child, she stole food from the larder although there was plenty to eat at mealtimes. She frequently seemed to escape from me into the inside of an impersonal mother. In her outside life she could not understand why, when shopping, she often had suddenly to hurry home for no apparent reason. We understood this as her flight back into an archetypal womb.

Some patients dare not use the couch at all and want to be barricaded in the arm-chair which becomes their fortress. Others experience the couch as their impenetrable castle, with me on the other side of the moat. Both, whether called fortress or castle, seem to represent the archetypal impersonal mother into whose inside they retreat. When such patients feel the slightest danger of becoming more intimate with me, they panic. This barrier is also expressed by images in patients' dreams: the patient is locked in a

castle or he is in a room with all the shutters down. All these patients complain about feeling "dead."

One patient drew a gruesome picture of a "dead thing." It had no mouth, ears, hands or feet to connect with the analyst. Another patient had felt as an infant that she could not expel her anger into her mother. This made her imagine that her faeces were deadly dangerous. She relived this experience in the transference. For quite some time, an hour or so before setting out for the session, she had violent abdominal pains and had to defaecate several times before she could risk the journey to me. In the session, whenever an angry feeling threatened to come up, she fled to my lavatory to deposit her "anger" by defaecating. She felt that she could not put her anger into "the analytic breast". She also held back her tears of anger and grief for years, and could only cry at home when nobody was present.

Another manifestation of the barrier is that narcissistic patients frequently experience the analyst as non-existent, like the abolished mother of their infancy. It would appear that a baby that denies the existence of his mother's body feels as if he, himself, also had no body. This is repeated in the transference. The patient feels disembodied and I become a "mother-hole, a shadowy outline without a body" as one patient put it or "animated clothes walking around" as another patient said. Furthermore, I wondered whether a baby that has been unable to latch on to the mother lacks the experience of being moored and of having gravity, because two of my patients had the terrifying experience of floating in space forever, unable to land. One very sick patient experienced separation from me as if I had 'snipped the string and she was a balloon floating away into nothingness' (Ledermann 1979). Similarly the patient with the stammer said "I have a balloon in my abdomen. I try to keep it moored to the couch as otherwise I would float away and disappear forever." Although those are, of course, fantasies, they are pre-symbolic and have an almost delusional quality for some patients.

2) Non-humanised archetypal experiences

The second feature of narcissistic disorder is the failure of the mother to humanise her baby's archetypal experience of her. As is known, the baby has inborn potential for archetypal great mother images. In health, the images both of the good mother and his archaic love for her, and of the devouring witch-mother and his murderous feelings towards her, become humanised, mediated and modified by the actual mother who is loved and wanted by her baby and, on the whole, satisfies his needs. When the mother is not able to do this for her baby, he finds himself in the hopeless situation of feeling emotionally threatened and flooded by archetypal images, in particular that of the devouring witch-mother. One patient, when a young nun, was terrified of going into the Reverend Mother's room because she imagined that her cupboards were full of half eaten nuns (Ledermann

1979). Similarly the patient who had to defaecate before she came to the session told me that, whenever she experienced me as gentle and motherly, an experience she longed for, she simultaneously felt as if she were being pushed into shark-infested water. The terror of being gobbled up can, of course, also be seen as a reversal of the baby's unconscious fantasy of getting everything it can out of the mother. In narcissistic patients it also seems to relate to the memory of early childhood when the patient felt as if both parents devoured him in that they did not allow him to exist in his own right. "I was not allowed me-ness", one patient said.

In the transference I frequently become the witch-mother who lures the patient into her dark evil realm. Thus the present analytic situation, like the original environment in infancy, is experienced by patients as non-human and persecutory; pain and terror of their non-modulated destructive impulses reigns supreme. Needless to say they do not experience the analytic situation only as bad and dangerous; otherwise they would not come with great regularity and persistence. But the good experience is denied for a long time.

3) Putting the clock back

This brings me to my third point, the patient's unconscious wish magically to turn the clock back and be a baby, with the analyst as his ideal infancy mother. The narcissistic patients' experience of the analyst as the devouring witch-mother goes hand in hand with a desperate yearning for the archetypal all-good mother. They hate the analyst for not fulfilling that longing. It makes patients believe that they can only get better if they set up the original bad situation and "rewrite history so as to give it a happy ending," as one patient put it. Such patients often try to create a sado-masochistic transference in the analysis and in their outside relationships. Two of the patients mentioned were married women. In the early stages of their analyses they experienced themselves as the victims of their husbands whom, like the analyst, they considered to be bad and cruel. Both patients believed at that time that they must leave their husbands, as they could not stand their marriages any longer.

4) Splitting defences

The fourth characteristic of narcissistic disorder is the collection of massive splitting defences that such patients develop, so as to ward off disintegration. Those defences now operate in the transference. This is well illustrated by the following childhood incident which a patient reported. As a little girl one day she threw her favourite china doll high up into the air in the presence of her family. The doll, of course, was shattered to pieces and the patient was inconsolable. Everyone, including the patient, was bewildered by this inexplicable action. In the analysis we

came to understand that the doll represented her brittle self and that she had desperately wanted proof that her family could save her from disintegration by catching the doll. By telling me this story she expressed her fear as to whether I should be able to save her from shattering. Many narcissistic patients feel hollow and empty, and they frequently compare themselves with the toy of the wooden Russian dolls. The experience of hollowness, in my view, is due to the fact that they have split off and denied their basic feelings and drives. In infancy they seem to have only minimally related to objects with love, hate, greed, rage, jealousy, envy, and the need to depend. Hence their elemental impulses are unintegrated and their inner world feels devoid of healthy objects. They fear that they might "collapse like a house of cards", as one patient put it. The absence of internal objects also contributes to the feeling that they have no body, mentioned earlier. They feel two-dimensional. Some severely ill patients feel that they have bizarre, freakish objects inside them: their grossly defective relationship to the breast was of a bizarre nature. Hence they sometimes experience themselves as "gargoylish monsters" as one patient described herself.

Alongside the denial of the patient's own feelings goes the denial of the analyst's good feelings. This further contributes to the experience that the analyst, when not felt to be downright bad, is experienced as cold and indifferent; the session is a business transaction for the purpose of making money. The analyst's good intentions are denied or, if acknowledged, deemed to be utterly useless.

5) Difficulty in symbolizing

The fifth facet of narcissistic disorder is the patient's very limited ability to symbolize. As I said, narcissistic patients could not internalize their primary object and their impulses towards it in infancy. Owing to this disability they appear, for a long time, to be unable to internalize the symbolic maternal care of the analyst. Even when a patient gradually lets go of his defences and develops some trust and good feelings for me, for a long time he lacks the capacity to "keep me alive" when he leaves the session. Moreover the patient has to deny the analyst's existence when away from him because he is too terrified of his impulse to destroy him when he is not reassured by the analyst's living presence. Also for a long time the patient is convinced that he needs a mother and not an analyst. Hence he is outraged that the analyst is not always present when he wants him. Therefore, in severe cases, the patient finds the hours away from the analyst painful, dehumanizing and terrifying. "When you leave me you force me back into a living death" one patient used to say for years. I think this accounts for the narcissistic patient's adhesion to the analyst. I use the term adhesion to denote clinging in place of depending.

6) Pathological defences of a deformed ego

Patients suffering from non-narcissistic personality disorders frequently have a weak ego. The ego of narcissistic patients has a certain strength in the way it manipulates and controls the outside world but it feels located in the head and is a highly pathological ego as I described in a previous paper (1981). With this deformed ego such persons often make a superficially good adaptation to the outside world but, of course, they cannot enter into real relationships with people. A pathological ego tends to produce pathological defences in childhood and adolescence, superimposed on the pre-ego defence of the primal self in infancy. These defences can manifest themselves in a stammer (or at least contribute to the formation of this symptom) or in a work block (defence against feeding). They can lead to grandiose ideas about themselves - two of my patients initially considered themselves to be geniuses. Or the defences can take the form of exaggerated social compliance. Some narcissistic patients express this particular pathological ego defence by exaggerated striving in social and work situations so as to defend against a strong desire to drop out altogether. Two such patients defended their deformed ego in childhood by creating an unfeeling computerised robot personality which I have discussed in another paper (1981). With this robot one of these patients achieved good adaptation to the outside world. Another patient, when she left home in adolescence, changed from being a sulky, messy, awkward, badly performing child into a witty, entertaining, highly efficient young girl. She even changed her name at that time so as to leave the hated child behind for good. In the analysis she recognised that it was essential for her to make contact with the discarded miserable child as this was a vital part of her real self. As mentioned before, these typical narcissistic defences, protecting a specifically deformed ego, in my view differentiate narcissistic disorder from other serious personality disorders.

TREATMENT

In my experience the treatment of narcissistic disorder does not differ basically from the treatment of any serious personality disorder. But as narcissistic patients have a distorted ego and frequently have such strong, albeit pathological, ego defences, there is a great danger that the nature of the disorder is not recognized and that the patient is treated as if he suffered from a neurosis. To simplify the exposition I shall describe therapy as falling into two phases. However the two phases overlap and we are concerned more with an emphasis than with a strict division.

The first phase which, in severe cases, may last for several years, has similarities with the treatment of any serious personality disorder. As narcissistic patients have minimal trust, in this phase the basic aim is to create an empathic warm analytic environment in which trust can grow. More-

over, the purpose of this containing environment is to enable the patient to continue the deintegrative processes that were so badly impeded in his infancy. Since, as I have said, the narcissistically unsatisfied baby scarcely gets into relation with his mother as would be essential for healthy deintegration, libidinal and destructive impulses appear to remain fused. They exist as potentials inside the baby's primary self. This is reminiscent of Freud's concept of primary narcissism. In Jungian terms, these instincts exist as archetypal potentials in the primary self but have not become active or differentiated in the baby's relationship with the mother. Hence such patients have large areas of primal self not yet deintegrated. Their deintegrative processes are severely stunted. To help the patient to defuse his libidinal and aggressive impulses by bringing him into relation with the analyst in the transference seems to be the first task in treatment. This will gradually lead to a state when the patient can relinquish unrelated power and by relating to the analyst can form healthy internal objects. To achieve this he must be helped to recognise his denied extremely destructive power of which he is terrified yet which is instrumental in making him feel desolate, not anchored, unlovable. This will eventually also release his loving feelings for the analyst. Furthermore the analytic environment must provide the integrative function that the patient so badly lacks; the glue, as it were, to join together the deintegrates and to link internal objects. This will gradually change his deformed ego into a healthier one. It will also gradually transform his pathological ego defences, his "survival kit," as one patient called it, such as the robot, the false facade, or the grandiose ideas, into healthy ego defences. It will enable the patient eventually to experience in the transference the impulses of which he has been terrified all his life and that he has encapsulated, split off, frozen and denied.

The analyst must remain in a state of syntonic counter-transference, using Fordham's term, and at the unconscious level, whenever possible feel alongside the patient. This could be seen as mirroring the patient. However it differs from Kohut's (1971) concept of the mirroring transference which he defines as the 'therapeutic reactivation of the grandiose self'. I do not fully agree with Kohut's view, but to elaborate this point goes beyond the scope of this paper. Mirroring in Winnicott's sense means 'a long-term giving the patient back what he brings' (Winnicott, 1971). Although this is essential for the narcissistic patient, it is not sufficient. The analyst needs to detoxicate the patient's predominantly bad feelings, cut them down to size and give them back to him in a form that he can handle; furthermore, as Meltzer puts it, the analyst must 'modulate the patient's mental pain' (1981). I have mentioned that in the Greek myth, Narcissus rejects the nymph because she only echoes him. The syntonic counter-transference may encourage in the patient a feeling of merging with the analyst which, again, somewhat relates to what Kohut says when he speaks of the narcissistic patient merging with the self-object. His

view, like Neumann's, is that the neonate is without a self, and that the baby's self develops through interaction with various self-objects (1978). Here I agree with Fordham's view that the baby does not experience his mother as self-object for any length of time but gets into relation with her (1971, 1980). Likewise a patient needs to be helped not to experience the analyst as a self-object; on the contrary, he urgently needs to develop object relations to the analyst.

It is true that some patients experience me as if I were part of them: initially they are in a state of adhesion instead of dependence. However, I have come to see this adhesion as a pathological defence, namely their imagined safeguard against destroying me with their elemental infantile 'pre-ruth' love and hate. 'If the therapist is not a separate person, I can neither gobble him up nor kill him', so their argument goes. Obviously one needs to work through this defence and not collude with it. The resulting prolonged syntonic counter-transference may raise hopes in the patient that the analyst will become his infancy mother. Hence for a long time many patients consider me as thoroughly bad 1) because I am not always there when they want me to be 2) because I have no physical or sexual relationship with them. What they really mean, of course, is a concrete relationship with the infancy mother's body, not adult sex. These apparent failures of the analyst contribute to the phenomenon of the barrier that I have described and to the patient's feeling of hopelessness. Another difference from ordinary analytic practice is this: whereas a neurotic patient may feel strengthened by being confronted with his denied or repressed aspects, a narcissistic patient should, to begin with, only gently be made aware of his split off, denied impulses. His resistance and his defences should be interpreted only gradually. For quite some time the patient needs to feel resistance and pain as an alternative to feeling nothing. For a very long time in such cases the analyst must tolerate the patient's negative therapeutic reaction, like being called a useless stupid monster. Schafer in his paper 'The idea of resistance' also notes: 'Unless we identify also the affirmations implied by apparently negative behaviour we are committed to using the idea of resistance pejoratively' (1973).

When one begins to interpret one should do so only reconstructively. The patient must, for some time, be held in his delusional transference and be allowed to see his bad bits in the analyst. The importance of refraining from premature interpretations of the patient's denied impulses and of his bad bits was brought home to me many years ago. A narcissistic patient had persistently warded off my interpretations by saying "you are like a bloody spitfire, te, te, te, te, shooting your interpretations at me. I am longing, one day, to vomit all your breast muck onto the tiles of your fireplace." He had been stuck for some time, and when I stopped interpreting he began to progress. Also I learnt from one patient that whenever I interpreted these

denied impulses too soon, she returned into a state of icy isolation.

Instead of confronting the patient, it is essential to give him repeatedly and over a long time insight into the genetic roots of his present experiences. Such genetic interpretations are essential as they help the patient to feel understood, and gradually lead him to understand himself as he is bewildered by his inability to use the analyst.

Another important principle in the first phase of treatment consists in not confronting the patient with reasonableness or reality as he does not live in the real external world. Similar findings have been reported by Kohut (1978) and by Schwaber (1979). For example, when I go on holiday a patient must be allowed to be in a delusional transference. One patient said for a long time on such occasions: "you go on holiday because you think I am rubbish and because you enjoy torturing me." Even in a situation where a patient has to miss sessions for reasons of his own, he will, like a young child, blame the analyst for not being there. This must be sympathetically understood and not analysed away, so to speak, by stressing the reality situation. The therapist must be able to receive the patient's bad feelings lovingly. For a long time bad feelings are predominant. The patient loathes to acknowledge any good in himself and in the therapist. When he has a good experience, he takes fright and withdraws; he thinks that, like in his infancy, good milk always turns sour. Indeed, with a part of himself he makes the analytic experience turn sour so as to reconstitute the familiar situation.

It is important that the analyst always greets the patient with warmth and openness, irrespective of what had occurred in the preceding session. This loving acceptance, I think, corresponds to Kohut's idea that the narcissistic patient needs to see the gleam in the analyst's eye; the gleam that he, as a baby, did not see in his mother's eye. I only partly agree with this: a patient does not benefit from praise or reassurance, but from affirmation, recognition and acceptance of his good and bad aspects. Moreover I should add that the narcissistic patient initially also needs to see the <u>beam</u> in the analyst's eye, namely the projection of the patient's own unacceptable impulses. This creates painful counter-transference feelings that have to be endured. The wish to ward it off by interpretations must be resisted. However, to understand what the patient is doing makes the counter-transference more bearable.

Jung's theory of opposites helps the analyst to know that the patient must also have some love, hope and trust hidden away somewhere and this needs to be communicated to the patient. It makes the patient's often prolonged hopelessness more tolerable both for analyst and patient. Moreover the analyst must enable the patient to feel that also his bad feelings have value if he learns to handle them. Indeed, it is to be considered a therapeutic achievement when at last

the patient reaches his personal hate for the analyst. On the other hand, whenever the analyst perceives a glimmer of trust or of a loving feeling in the patient he needs to point it out to him. This gives the patient hope that, after all, he is not all bad. A third important aspect in the first phase of treatment is that, as justice need be seen to be done, so does the analyst's loving care need be seen to be offered. By this I mean that the analyst must, in severe cases, be willing to make considerable sacrifices; for example, curtail holidays and be prepared to offer week-end sessions. He must be available on the telephone, in extreme cases, even at night, although narcissistic patients seem to abolish the analyst to such an extent that it is usually impossible for them to telephone when in distress. Furthermore, I found that in the early stages, narcissistic patients are unable to make demands as they dread the enormity of their greed. Whereas ordinary patients gain by being enabled to handle frustration, narcissistic patients must not be expected to cope with more than minimal frustration in the first phase of treatment.

I think that, occasionally, there are times when the patient needs to be given a token: a symbolic equivalent of a feed, to use Hanna Segal's term; e.g. a drink or a cushion to take home. I do not consider that therapeutic in itself, but it can be seen as a 'rescue operation' when the patient feels flooded by a fear of going mad and is in utter despair. At the same time, the analyst must give an explanation of this action to the adult part of the patient. Some patients are creatively finding what they need, not unlike a baby that finds a transitional object. When one of my patients had reached the stage when she could ask for something, she brought a packet of sweets to the session. She asked me henceforth to give her one of them at the end of each session to take home so that she could remind herself in the evenings that I go on existing for her. Although she had had this idea and she brought the sweets, I was to give them to her. This is also the beginning of symbolizing, the 'as if' or 'let's pretend' stage of the child.

For a long time, such a patient will attack the analyst with his insistence that he can only get better if the clock be turned back. This causes great strain on the analyst's capacity to handle his counter-transference hate and at times his exasperation.

I fully agree with Kernberg who says in his book 'Borderline conditions and pathological narcissism' (1975) that seriously damaged narcissistic patients require a therapist 'with a true capacity for object relations and a great deal of security in himself. He needs to be non-self-centred and self-accepting and must be in control of his hostility. Unresolved narcissistic problems in the analyst are an unfavourable prognostic element for the treatment of such patients.' This may be a somewhat idealised picture of a therapist but it is important to strive towards it. With such patients, the therapist must be a real person and, occasionally, step

out of his analytic shoes. By that I do not mean that the analyst should ever show his anger or make personal confessions. This would burden and not relieve the patient as he desperately needs a calm, unruffled therapist who does not get alarmed or anxious on account of the patient. What I mean by "the analyst being a real person" is shown in the following example:

One of my patients had a psychotic mother who never cooked a proper meal for her as a child. At times this patient found it impossible to cook for her family: she had an overpowering yearning to be the child for whom the mother should make the meals. After she had come to see why she had this problem, we used two sessions to make menus for a week and she wrote all the dishes down. Since then she has felt that at home the analyst/mother is inside her to help her with the cooking and she has not reported any more difficulties with it.

As a narcissistic patient's relationships to people are so defective, I think that he sometimes needs help to find pathways for his emotional communications. One of my patients persistently complained that she could feel neither anger nor hate for me, yet we both knew that these feelings were 'some place inside her' as she put it. She could not find them. At this point, after about four years of treatment, she made a creative suggestion which again had an element of a transitional phenomenon. She said that she could never express her despairing anger as she imagined that I, like her mother, would not hear it. She needed to make a big noise, like a hammer on an anvil. I had an old anvil and a hammer in my garage. She brought a baking tin to the next session and set about hammering her tin with my hammer on my anvil. She made a deafening noise. This continued through several sessions until finally the cast iron anvil broke in two under her violent blows. It helped her to have found this pathway for her anger and to have tested out whether I would accept it. Also her hammering released a scream in her for the first time; something she had been longing to do. But she said despairingly: "this is impersonal anger; I cannot yet feel anger against you. I fear that if this should happen it would have the destructive power of an atom bomb and neither of us would survive." It took another year until she could reach hate and anger against me.

In severe cases, the anger - when finally reached - is at times expressed in pre-verbal noises like roaring, hissing, screaming, howling and growling. After a time, I think the patient benefits if the analyst puts into words for him what those noises communicate. The analyst needs to indicate that he is affected but not damaged by these communications. Also narcissistic patients need help to find a way to express their grief and enormous pain. I mentioned a patient who could not cry in my presence. She felt that her tears were frozen, as in infancy and childhood she had not been able to deposit her pain and anger with her mother. These

frozen tears could be understood as anaesthetised grief and anger. The analyst's warm acceptance of the patient, however despondent he may be, will thaw his frozen tears. He will be increasingly able to 'dump his grief and rage with the analyst' as one patient put it.

I mentioned that the analyst's voice should never be raised. Whenever there is an edge to my voice my patients distance themselves and become once more cold and withdrawn. It is important that the therapist gives audible responses to everything the patient says. The analyst's silence causes terror in such patients.

Now I come to the second phase of treatment that gradually evolves out of the first phase, a process that with serious cases may take several years. With patients who have only areas of narcissistic disorder, the first and second phase seem to happen almost simultaneously. The second phase is much more like analysing patients who have a fairly viable ego. Often a patient will at this stage still be intent on turning the clock back in order to become a baby. But now I interpret this defence and we persistently work through it. The patient's trust in the good-will and competence of the analyst will have grown and his paranoid feelings will have lessened. His capacity to feed and to symbolize is increasing. Analytic work can now proceed with the usual transference interpretations. The patient can now be helped to own and integrate his formerly split off impulses and to modify their infantile absoluteness. Patients gradually become able to bring love and hate together. Frozen tears are now thawing. At this stage one patient cried for a whole year throughout every session. It was moving, when the patient, who formerly could not 'hear' my interpretations said: "I now find interpretations very helpful. They give me the stamp of existing." Patients are now able to benefit from symbolic feeds and gradually understand that they need an analyst and not a mother. They are much less intent on using the unrelated power of their infancy, pseudo-omnipotence and pseudo-independence, to manipulate the analyst. By realising that he has an impact on the analyst, the patient discovers that he has genuine potency. This makes it possible for him to allow also the analyst to be potent and effective. The patient can gradually let go of his pathological ego defences, such as the robot, the false facade and the 'grandiose self', and have a more realistic appreciation of himself as a human being, more good than bad. We can now work through the depressive position and through oedipal feelings.

All the patients mentioned in this paper have become increasingly creative in their work and in their relationships. The patient who stammered and was blocked in his work has got rid of his stammer and is sought after as an author and lecturer. The two patients who, at the beginning of analysis, had been about to dissolve their marriages are still with their husbands and are seriously working at their

marriage relationships.

I shall end by illustrating a patient's development in the course of the first three years of her analysis, describing the progression of child images as they revealed themselves in her dreams. The archetypal child can be seen as representing a person's potential future. In the early stage of the analysis the patient dreamed that she was nursing a friend who was dying of cancer of the womb. This friend, although married, had in reality had an abortion because she had felt too deprived herself to be the mother of a child. The friend was an aspect of the patient. Instead of a live child there was a cancer in her psychic womb and she was in danger of psychic death. Then an actual child appeared in a dream, but it was disguised so as not to look like a child. She still tried to deny the existence of her inner child as she denied her infantile impulses. Then her dreams contained undisguised images of babies and young children. At first it was a deformed baby, blue and nearly frozen to death in the far corner of a room. It could not cry. The patient thumped and kicked the baby in order to bring it to life. Then she picked it up and cuddled it and warmed it back into life. Another dream illustrated that unrelated power was still replacing eros, relatedness: a little child on a sledge was magically going up a snow-covered hill backwards. There was nobody pulling the sledge. It landed inside a hut that was guarded by a black dog. The patient ran up the hill, tackled the dog and freed the child. Again we have the magic omnipotence of the child that does not need anybody to pull it up the hill. The patient felt that going backwards was a retrograde movement and the snow depicted that she still experienced the analytic environment as cold. The black dog, her fierce aspect, tries to stop her from making contact with her child qualities. But she overcame the dog and reached her inner child. Then she dreamed of a child that fell over the balustrade of a high-up balcony into a river. The patient panicked and called ambulance men who saved the child from drowning. The patient being too high up and separated from the child represents her arrogant aloofness, a characteristic narcissistic defence. The river can be understood as the lethal archetypal womb into which the child falls. However, it is now no longer her omnipotent self that saves the child but ambulance men - an archetypal representation of the analyst. Then she dreamed of a rubber-like puppet child that lived locked up by her father in a castle with all its windows covered by dark shutters. A woman clowned so as to amuse the child. The patient urged the father to open the shutters and let the sun and air in. 'It is beautiful outside' the patient said 'and it will do the child good'. Clearly the castle with all the shutters down is her narcissistic barrier; the father, her controlling non-relating aspect that locks her inner child away; the clowning woman one of her narcissistic defences which I mentioned. You will remember that she used to amuse people by clowning and being witty. But here is the recognition that letting sun and air in will be good for the child. The environment inside and outside the analysis is no longer ex-

perienced as hostile. I see one of her recent dreams as giving the quintessence of her development. In this dream she walked on the South Downs and saw a horde of invaders coming towards her. She thought that they were hostile and dangerous and fled into a cave. Then she realised that the invading army was friendly and on her side. In the cave she saw a tiny child with a woman. She thought the woman looked like me. The child shot down some stairs as though propelled by an invisible force. 'There was no holding it back' she said: the stairs were an exit into the sunny world outside. This seems to me to depict a kind of birth of her inner child. She had once more fled into the womb of the archetypal mother, the cave, because she had experienced the analytic invasions into her psyche as hostile. But her trust in me had become established; the dream tells her that the invading forces are her allies. The child, in the presence of the analyst, can enter into a world that is now experienced as warm and sunny. The patient is well on the way to recovery.

SUMMARY:

A person suffering from narcissistic disorder has usually a fairly strong but deformed ego that arose from stunted deintegration in infancy. This has resulted in replacing eros, i.e. relatedness, with ruthless power. This pathological ego is experienced as being located in the head. The patient develops specific defences to guard against going to pieces. In the treatment I consider it essential to create an analytic environment in which further deintegration can take place. The analyst must enable the patient to release in relation to him the impulses that have been split off and denied. He must for some considerable time refrain from interpreting these destructive impulses per se as it is as yet too difficult for the patient to take responsibility for his evil aspects. All he can tolerate at this stage is a reconstructive interpretation about his destructiveness in the light of his severely defective infancy situation which he is reliving in the transference. In the second phase of treatment usual analytic interpretative work can proceed.

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"I-NESS"

Frances Tustin

INTRODUCTION

A definitive characteristic of Autistic children is the speaking children's non-use of the personal pronoun, and the mute children's obvious lack of personal identity. This paper seeks to study the impediments to their sense of being an "I" and to illustrate some of the steps whereby this process takes place during the course of psycho-analytic treatment. Illustrative case material from the treatment of Autistic children will be presented to demonstrate the importance of the body image in the process of becoming an "I".

It needs to be made clear that a distinction is being made between Autistic and Schizophrenic-type children, (the so-called "Symbiotic Psychoses" of Mahler's formulations (1958)). The Schizophrenic-type children have much in common with adult psychotics; young Autistic children are different in important ways. Thus, those psycho-analysts who have worked only with adults and Schizophrenic children may not have encountered some of the phenomena to be discussed in this paper in the pure culture in which they are manifested by Autistic children.

However, certain neurotic patients have much in common with Autistic children. (Klein S. 1980. Tustin 1978). Such patients feel that they are unreal and that "life is just a dream". On deep investigation it becomes clear that their sense of existing as a person is tenuous. In such patients, cognitive and affective development seems to have taken place by by-passing a "blind spot" of arrested development which then becomes a capsule of autism in the depths of their personality. In this capsule, as in the overall encapsulation of Autistic children, there are all the potentialities for the development of self, but secure and authentic self-representation has never been satisfactorily achieved. These neurotic patients can often put into words the primordial non-verbal states in which the development of a sense of self had been grossly impeded or impaired. Of course, in this verbalisation, the nature of these non-verbal experiences are somewhat changed. But patients are very motivated to try to find words to express these non-verbal states as evocatively and precisely as possible, and what they tell us, (and what the poets can tell us), is probably as close as we can get to a description of such experiences. (Also the psycho-somatic illnesses of such patients are often an attempt to give overt expression to these body-centred experiences).

Thus, the first clinical example to be used to develop the theme of this paper will be taken from work with a neurotic patient. It indicates the fluid nature of the early body image and the part that this plays in the establishment of a

sense of existence, which is basic to a sense of self.

EARLY BODY IMAGE

The term "image" for these early states is somewhat of a misnomer since the child, at this stage, is incapable of "imaging" in the precise meaning of the word. These early states seem to be a repertoire of relatively unco-ordinated sensations which are sensed rather than imaged. And yet the best way for us to communicate about them is by means of evocative imagery. In an interesting television programme on the body image, Dr. Jonathan Miller coined some telling and appropriate phrases. He used the term "the felt-self" which describes the early situation very well. Of this, he said, "the felt-self is a private phantom housed in a public body".

The neurotic patient whose material is about to be presented, had to use images from her later speaking experiences to try to communicate about these primordial, non-verbal, bodily states. These images indicated the fluid uncontained nature of her early body experiences. They also expressed the uncontrollable nameless terrors of being "gone" - of not existing - which had been associated with these fluid states. Being nameless and inexpressible, these terrors seemed all the more uncontrollable. The inexpressible had seemed to be the unstoppable. The terror of the unstoppable had interfered with the development of a secure and normal body image and thus, of a secure sense of identity.

CLINICAL EXAMPLE I

The patient, whom I will call Jean, was a twenty-one year old young woman who, as a thirteen-year old girl had been brought to see me from the local hospital, as such a severe case of Anorexia Nervosa that she was close to death. She responded well to intensive psycho-analytic treatment which was terminated earlier than I had thought advisable when, aged fifteen, she went to Boarding School which was the normal course of events in her family. She returned to me aged twenty-one, of her own volition and paying her own fees, because she had fits of depression. On her return for this second phase of treatment, Jean had been seeing me for one year when the Christmas holiday was unduly extended due to heavy snowfalls.

At first, on her return from this overlong Christmas holiday, Jean chattered somewhat inconsequentially. Finally, she told me about a family friend who was drinking heavily. She said that she thought that he did this because he felt so "empty". At this point, she seemed to have settled down to work, so I suggested that during the unduly extended Christmas holiday, she had felt empty. I suggested that the chatter had been to cover up how empty she felt she was, just as the friend she had mentioned drank heavily to do this.

After a while, she said that she often felt that we were two jugs pouring water into each other. She felt that her jug had a hole in it and that her water spilled out of it. I replied that I thought that her chatter had been to seem to block up the hole so that she didn't become empty.

There was a long silence after this in which I felt that we were working over the feeling of being spilled and empty. Jean broke the silence to say that she had been sleeping badly. On the basis of much material from earlier sessions, I suggested that this might be because of the falling sensations in "falling asleep". On the basis of this day's material I said that perhaps she was afraid that she would spill into emptiness. Thoughtfully, Jean agreed and went on to say, somewhat haltingly, as if she were trying to dredge the depths, that "deep down" she felt as if she were a "waterfall", "falling and falling out of control" into a "bottomless abyss, into boundless space, into nothingness". She said "It's the feeling of being out of control as much as the falling which is so frightening. I'm afraid that I will lose myself."

(At this point I was reminded of an old lady whom I used to visit in an Old People's Home, who always referred to her afternoon nap as "losing myself". For example, she would say, "I just lost myself for ten minutes". The same old lady, when she was in a confused state after being moved into hospital, said "I'm afraid I'm losing the image of myself").

I responded to Jean by saying that I thought that "deep down" referred to experiences she had had very early in her life. She seemed to be saying that in the beginning of her life she had felt her body to be composed of fluids which could be spilled so that she lost all sense of having a body - of existing. She said "Yes! Yes!", as if this was very meaningful to her. I went on to remind her that in the early days of her analysis when she first came to me suffering from Anorexia, she had told me that she had felt relieved when her periods stopped because she had always been afraid that she would bleed to death. I said that being afraid that she would lose her existence was even worse than being afraid that she would die from bleeding to death. If she died, at least she should leave her body behind, but if she stopped existing, it would be complete annihilation, nothing would be left. She would be a "no-body". This seemed meaningful to her.

After a short pause, she reminded me of a remark she had made in the first phase of her analysis about something which we had both recognised to be an illusion. She had said, "I know it's an illusion but the terror is real." I replied that I thought this applied to the terror of losing her existence - of becoming a "no-body". She knew that it was an illusion but the terror was real. However, realising that it was illusion could help to mitigate the terror to some degree. There was silence whilst I felt that we both

thought about this: I broke the silence to ask her what she was thinking. She said that she was thinking of the hymn,

> "Time like an ever-rolling stream
> Bears all its sons away
> They fly forgotten as a dream
> Dies at the opening day".

This girl came from a religious background, so I said that in states of terror to think about a hymn was often comforting. I went on to say that in this session I had noticed that we had both kept referring to the previous phase of her analysis before she went to Boarding School. Perhaps the unduly long Christmas holiday had re-evoked the feelings she had had between the ending of that first phase and her return to analysis for this second phase. She had told me that during the time when she was at Boarding School, and afterwards, she had been afraid that I would forget her and that she would forget me. She was showing me that in the depths "forgetting" was the feeling of everything being spilled out of her and out of me. She experienced this as losing her sense of existence - of feeling "gone".

After a pause, Jean went on to tell me that the baby she had looked after when she had worked as a Mother's Help to a family in her village, was now four years old. He had had to go into hospital and was very depressed and would not speak to anyone. He would only talk to his Teddy Bear. She said that she had a similar Teddy Bear. I suggested that she was telling me that long gaps in being away from me as a mother to the "deep down" baby parts of herself, seemed like being in Hospital seemed to Alfred. She felt angry and depressed. She was feeling like this now. She didn't want to speak to me and could only talk to her Teddy Bear. However, I suggested that she had moved on from feeling like a waterfall - a "thing" - completely out of control, with no boundaries and no solidity. She now felt that she was more of a flesh and blood person with solid things to cling to like a Teddy Bear. But she wanted to ignore me, just as Alfred ignored everybody. By so doing she felt that she could make me "gone". In the baby depths, "looking" was felt to make me exist, "not looking" was felt to make me "gone". She wanted to make me "gone" because she felt that there was a fixed amount of the water of existence and only one of us could have it in our jug. She felt that we were in deadly rivalry for this vital thing. If she could stop me from having it, she could have it.

I went on to say that these early baby feelings got in the way of co-operating with me as a person from whom she wanted help and to whom she felt grateful. (All the way through this girl's analysis, predatory rivalry (E. Gaddini 1969) and primary envy (Klein 1957), which Francis Bacon called "an ejaculation of the eye", have constituted the biggest hazard to the establishment of a secure sense of self. Phantasms formed from these unacknowledged savage feelings "dogged" each step of progress as it seemed imminent.)

However, on this day, after the above interpretation, the atmosphere relaxed, as if, for the time being at any rate, we had sufficiently worked over the intense feelings aroused by the unduly long holiday. Her next associations concerned conflicts we had been working on before the holiday.

It is significant that after this session there was a marked change in Jean. She began to sleep better. She became more self-confident and self-reliant. She developed more initiative; for one thing she formed a relationship with a very suitable young man. The terror of being at the mercy of her uncontrolled "waterfall" feelings seemed to have been alleviated to some extent. In a subsequent session, she told me that "nowadays" she felt as if she "had something solid to hold on to". However, as further analysis has shown, there was much that was still uncontained by our understandings.

DISCUSSION OF JEAN'S MATERIAL

I felt that in this session we became in touch with a part of Jean's early experience which had been sealed off but which had continued to give her trouble. In the depths, she felt fretted with terror and uncertainty. In this state she felt as if she were a flux of sensations which were not bounded or controlled. She had little sense of having a body which contained them. In this state, unrelieved panic and terror was experienced as being turgid with fluids which overflowed in an uncontrollable waterfall-like fashion. From our adult point of view, the children are tense and impulse-dominated. The child experiences it as being massively spilled and over-flowing in a rushing uncontrollable way. It is the essence of madness. With this capsule of madness at the base of her being, Jean's sense of "I-ness" was very impaired. She had intense feelings of unworth. She felt "no good", a "non-entity" - a "nobody". In the depths she feared extinction and "nothingness". In such a state she felt that she had a "hole". Autistic objects, in this case, the inconsequential chatter, seemed to plug the hole. (Tustin 1980).

Later, where she talks about Alfred's reactions to being in hospital, she begins to feel like a flesh and blood person who can use a Transitional Object - the Teddy Bear - to solace her loneliness and to help her to feel held together and attached to something. The development of this Transitional area provided an important half-way house between feeling that she was a mass of fluids which could slip or be taken away from her to make her "gone", to the sense of having a secure body image and a sense of self which had continuity of existence.

This half-way "transitional stage" (Winnicott 1958 and 1971) will now be illustrated by clinical material which demonstrates that awareness of solid objects as separate from the body is a necessary prelude to moving on from a predominantly fluid "felt-self" to Transitional states in which there

are felt to be inner and outer structures which can contain and control the fluids which overflow and become out of control. Lacking such regulating structures, Autistic children feel that they can be trodden under foot like an insect, as in Kafka's story "Metamorphosis" which clearly described Kafka's own terrors. Kafka's preoccupation with "The Law" demonstrates the psychotic's need for and lack of inner structure. Autistic children have tried to compensate for lack of this by the delusion of hard external encapsulation. But they have become entrapped by their autistic devices. Reactions which developed to control the "overflow" have resulted in damage to their spontaneity.

With the establishment of inner regulating and stabilising structures, tension begins to be sustained and actions delayed until appropriate means of expression are available. In such a situation, intentionality and purpose begin to be manifested. The child begins to feel that he has something solid and reliable to hold on to and to push against.

Clinical material will now be presented to illustrate the beginnings of a movement towards having an inner structure which "contains" and transforms raw impulses. (A neurotic patient said that this structure was like an "oven" in which "raw" feelings were "cooked".)

CLINICAL MATERIAL 2

This session is taken from the treatment of a five-year old Autistic boy who is being treated by a French psychoanalyst, Dr. Anik Maufras. On the day in question, when Dr. Maufras went to fetch Pierre from the waiting room, she was surprised to find that he was building with bricks in the middle of the waiting room floor. Previously, he had either been flitting around the room in a floating sort of fashion or sitting quite still beside the person who had accompanied him to the clinic. Also, on this occasion, unlike on other occasions, he walked purposefully down the corridor to the Consulting Room with an upright back as if he had the sensation of having a hard backbone to support him. On previous occasions, he had always flopped down outside the waiting room door and had had to be supported or half-carried to the Consulting Room.

On this day, he also did an unusual thing in the Consulting Room in that with great intent, he drew something on the paper Dr. Maufras had provided for him. He said that it was a volcano. This "volcano" had a passage-like space down the middle of it through which he said the lava erupted. There was also anxiety about some sugar which he saw dissolving in water.

It was suggested to Dr. Maufras that Pierre was now able to tell her about feelings which had previously been inexpressible. The tension of waiting for her to come and the excitement to get to her room seemed to him as if his body passages were full of lava-like fluids which he could not

hold in.

In previous sessions this lava had seemed to erupt to make him feel "gone", and so he flopped to the ground. In this state, his sense of existence (of "being") was tenuous. He feared that he could dissolve away and be "gone" like the sugar. Today, he had been able to play with the hard bricks which had enabled him to wait and to make him feel stronger. He had been able to feel that he had a hard backbone to support him. He had been able to hold the lava-like sensations in check to wait to represent them on paper so that he could share them with Dr. Maufras. He felt held in her attentive awareness so that his overflow could be anticipated and contained. He was less afraid of erupting like a volcano and of becoming "gone". He was developing the sense of having a firm body image.

It was suggested to Dr. Maufras that these autistic children "rubber stamp" the outside world in terms of their body image - their "felt self." Jonathan Miller expresses it that the "felt image is a fiction - an imaginary space - rather like a jelly mould". The outside world is cast in this mould. Building with bricks in the middle of the waiting room seemed to indicate that Pierre felt that his body had something solid inside it so that he could face the terrors of the lava-filled passage leading to the Consulting Room. Thus, he did not need to flop down. He was beginning to feel that he had an inner structure which could support him and, as the result of his analyst's firmness and consistency, he could feel that there was also an outside structure which could do this.

Both pieces of clinical material indicate that Jean's and Pierre's impulsivity was coming under control. They were beginning to become psychologically toilet-trained. This meant that they could communicate about their terrors. Because he had a more secure sense of his existence, Pierre could begin to feel that he had a secure body image. Previously, he had felt that he could dissolve and be "gone". He had been a mass of body sensations with no feeling of solidity and substantiality.

THE SIGNIFICANCE OF THE EARLY BODY SENSATIONS

The thesis which is being developed is that, at first, the "felt-self" is experienced in terms of fluids and gases. This is not surprising since the newly-born infant has emerged from a fluid medium, and his early food and excretions are associated with fluids and gas. As Spitz has pointed out, after birth, the neonate has to adjust from being a water creature to being a dweller on dry land. (Spitz 1960). This is quite a big adjustment, so that it is to be expected that sensations associated with floating in a fluid medium will linger on to become part of the early body image.

Autistic children often show that they feel that they are floating. For them, getting in touch with reality is felt quite literally, as "coming down to earth". (When we become aware of these deep levels, it becomes evident how much the homely sayings of everyday speech have been influenced by them). Autistic children often walk on their toes and seem to float rather than walk. In this floating state, they feel that they can perform remarkable feats; such as flying, climbing to great heights or walking on a tight-rope high above the ground. Indeed, they often do some of these things. For example, in the clinical material to be presented later, in the early days of his treatment, the child did some very skilful climbing to considerable heights. Also when I worked at the Putnam Center in Boston there was a little Autistic girl who walked on a very high tight-rope. Such Autistic children perform these hazardous feats without any realistic sense of danger.

But, paradoxically, they are beset by fantastic illusory terrors. For example, in their fluid, gaseous states they are afraid that they will explode or be spilled through holes. Being spilled or exploded means emptiness, extinction, nothingness. The delusions associated with Autistic Objects are very operative at this stage. One function of these is to seem to block up holes through which "me-ness" can spill or erupt. The slippery smoothness of the fluid state can seem threatened by floods, waterfalls, whirlpools, eruptions and the like which arouse primitive terror.

Elsewhere (1972, 1981) attention has been drawn to processes which I have called "Flowing-over-at-oneness". These processes are seen as contributing to the sense of "primal unity" as described by Freud which Grotstein (1981) has termed "at-one-ment". Two Italian workers with Autistic children, De Astis and Giannotti, have shown that these early interchanges between mother and infant seem to heal the rupture of the caesura of birth (1980).

Winnicott (1958) has pointed out that, in early infancy, interchange is based on illusion. The illusion seems to be of a continuous, rhythmical ebb and flow. Dr. Bion's formulations, and my own clinical work, have caused me to see the function of the mother, and later the analyst, as follows: In these elemental states, the child needs to feel that there is someone, (or, rather, in these unpersonalised, unspecific states of being, we should say "Some-thing"), ready to receive his "overflow". In our adult terms, this is the part of his experience which he cannot bear and process. This receiving entity seems, to the child, to contain, recycle and filter his "overflow" so that it is not allowed to become out of control, to become a "waterfall" or a "volcano". Thus processes by the caring recipient, in a sane and practical way, it can flow back to the child in transformed and bearable form so that he begins to be able to process it for himself. If we are too whimsical and too fanciful so that we seem to collude with the child's misconceptions and delusions, we do him a disservice.

In infancy, this healing, cleansing flow between mother and baby can seem to be broken in such a violent and catastrophic way that it cannot be recycled, transformed and made bearable by these interchanges between mother and baby. All infants suffer the disillusionment of the "Fall" from the seeming perfection of continuous, silky smoothness into the broken, gritty darkness of lack of perfect satisfaction in the exact terms they desire. But, for some infants, for a variety of reasons, this "fall from grace" has been experienced as a catastrophe. This can be due to constitutional factors in the infant or to environmental ones, or to a mixture of both. Interchanges seem to break down. The seamless robe of perfect perfection seems rent with holes. "Waterfalls", "volcanos", "Whirlpools" and "Scilla and Charybdis-like choices" threaten the child's Odyssey to Ithaca on the "wine-dark sea" of life in the outside world. The weaving of the sense of self seems threatened with lack of completion. In the terms of this paper, in neurotic children, the development of a sense of "I-ness" has been disturbed; in Autistic children, it has been stopped by catastrophic happenings to the "felt-self".

In psycho-analytic treatment we have to set these transforming interchanges going again. The child sometimes shows us that these remedial interchanges are beginning to take place by drawing a cross in which two lines of equal lengths intersect each other. This seems to indicate that the child is beginning to feel that his path is crossing that of another. He is encountering resistance and frustration. He is beginning to have an elementary inner structure. As one child said, "It is crucial". This "crux" can be a flash point or it can be a growing point.

Dr. Genevieve Haag, a French psycho-analyst, alerted me to this phenomenon and, from her work with an Autistic child, presented some sessions in which it had occurred. Since then, I have noticed it also. It was discussed briefly in "Autistic States in Children" (Tustin 1981). New insights are developing for both Dr. Haag and myself which there is not space to elaborate here. However, to give an inkling of what seems to be going on, a short poem will be quoted which gives expression to those states in which the child's body seems threatened with extinction. The poem, which is by James Green, is from his book "Dead Man's Fall" and is called:-

Flash Back

If I cannot suck
my thumbs,
If like lightning I all-but-crack
A minus-non-plussed-
Will you hold me-criss-cross-in your arms
A gentle straitjacket?

Or fuse me with the surplus of the thunder
Whose brain is racked
And under fire .....

This poem provides a fitting transition from the discussion of the primordial fluid and gaseous states of "being" which affect the early body image which has been illustrated by Jean's and Pierre's material. Clinical work with another Autistic child will now be presented to illustrate the working through of these states and the more secure establishment of the body-image with which comes the development of a sense of personal identity.

CLINICAL MATERIAL 3

Currently Antonio is being treated by Dr. Suzanne Maiello who works in Italy. Antonio was referred to her when he was five-and-a-half years old. He is being seen three times a week. Antonio was obviously a severe case of Autism. Maiello records that when she first started working with him he was completely closed up in an autistic state (1980). She writes: "His large green eyes seemed not to see, and to slip away from me and from objects. He practically did not speak, but produced some inarticulate sounds every now and then, and did not usually react to my interpretations".

In the fluid, gaseous floating state which has been described in the first part of this paper, Antonio climbed to quite high up, using the wooden frames of the door and window to do so. He was extremely skillful and fearless in doing this.

A change came when Antonio became afraid of birds flying. In various ways he showed Dr. Maiello that he wanted her to put them in a cage because he was afraid that they would fly higher and higher and be gone. Maiello records, "It seemed to him that it was was important to remain down and inside the room where I was". Maiello did not put her patient into a cage nor into a straitjacket but, by her dedicated attentiveness, consistent behaviour and relatively unchanging setting, she held him in her attentiveness. Metaphorically speaking, by her behaviour and her understandings, she "held him criss-cross in her arms". This prevented his slipping away from her like the flying birds. As the result of this, rewarding changes began to take place. One of these was the development of imagination and fantasy.

THE DEVELOPMENT OF IMAGINATION

As Antonio experienced being held firmly but understandingly, he virtually stopped climbing and became aware that although he was restricted by the boundaries to the room, he was also held safely by them. He also became aware that there were closed doors to rooms into which he could not enter. This frustration stimulated the development of imagination. Sometimes, he imagined that there were wonderful Maiello things in the closed rooms. At other times, there

were threatening things. The development of imagination is a necessary pre-requisite for the secure establishment of a body image from the early flux of unco-ordinated sensations. There also has to be some notion of the continuity of existence.

THE CONTINUITY OF EXISTENCE

Antonio showed the development of this realisation by some interesting activities with tunnels. Indeed, "tunnel" was his first word. On one occasion, he used the carpet as a tunnel and crawled through it several times, as Maiello says "with great involvement and concentration". When he came out of the carpet tunnel into the light after the long crawling in the dark, there was "an expression of deep surprise on his face". Later in treatment he did the same thing with a small toy sheep which he made to go through a paper tunnel. As it emerged he greeted it with an exclamation of "Here it is!", in a tone both of "relief and confirmation of an expected event". Antonio was obviously gaining reassurance that both he and the toy sheep could still exist even though they were out of sight and were not being looked at. His Berkleyan notions were being modified. He was realising that things had continuity of existence apart from being seen. The horrors and despair of non-existence were being dealt with. Thus, hope was becoming a possibility. These developments took place partly as the result of reality-testing, but also by Antonio feeling that he had omnipotent control over the comings and goings of things - of things being "Here" and of things being "gone".

However, a few sessions later, play developed in which he showed that he was beginning to realise that things could be out of his control, but could still exist. This concerned interest in the water pipes.

CONTINUITY OF EXISTENCE WITHOUT HIS CONTROL

Antonio became very interested in the water flowing out of the outlet hole in the wash basin down the outlet pipe and under a grating in the floor. He also put his ear to the pipe which channeled the rush of water when the toilet was flushed. The existence of the water in these pipes could be inferred but it could not be seen nor directly controlled by him.

There were also indications concerning the nature of his body image during this period. As he was washing his foot he asked, "What is in my foot?", as if it seemed a logical inference that it too might have water-pipes.

A similar comparison seemed to be being made by a nine-month old infant who was described by Dr. Anik Maufras, the French psycho-analyst mentioned earlier. Dr. Maufras records: "Louise had in her hands a little tube. She put her left index finger into the hole of the tube and then into her left ear-hole with a thoughtful expression upon her face.

Immediately after that, she put her right index finger into the hole of the tube and then into her right ear-hole".

It seems tenable that Louise was wondering whether her ear-holes led to tubes in her head, similar to the tube in her hand.

THE BODY IMAGE AS TUBES

In an original paper, called "The Psychotic Body Image in Neurotic and Psychotic Patients" (1981) Dr. David Rosenfeld, an Argentinian psycho-analyst, presented convincing material from adult patients to illustrate that, in very regressed states, their body image was that of tubes which contained the flow of blood. In this state, they had not an image of a cohesive body contained by a skin. They felt that they were a system of tubes which contained the uncontrollable flow of body liquids. Dr. Rosenfeld suggests that in hypertensive patients the blood vessels have become contracted so that the threat of an uncontrollable rush of liquids could be felt to be contained. Impulsivity was being controlled at the cost of inhibiting normal functioning.

This seeming control of the body fluids by the feeling that the body is a system of pipes is a more elementary body image than that described by Dr. Esther Bick. In a skillful interweaving of infant observations and clinical material, Dr. Bick has written of "The Experience of the Skin in Early Object Relations" (Bick 1964). Dr. Anzieu, a French psycho-analyst, has also written of the containing function of the skin in the development of the sense of self. He has coined the phrase the "moi-peau" (the "me-skin"). (Anzieu 1974).

Maiello's patient brought further material which illustrated his movement from his body image being a system of pipes to a feeling that his body had cohesive form and shape bounded by an appropriate outline. (Not an encapsulation). He began to realise that his body was one object amongst other objects which had identifiable forms and shapes and distinguishing names.

THE DEVELOPMENT OF A COHESIVE WHOLE BODY IMAGE

When he was eight-years-old, in a fit of temper due to some frustration, Antonio dismantled a toy lion which he had brought from home. This lion was made of plastic sticks assembled in such a way that it could be stretched and shortened like an accordion. After an interpretation from Maiello, based on Donald Meltzer's concept of "dismantling" (Meltzer 1975), Antonio tried to put the lion together again. But he did it in such a haphazard way that it became "a bizarre object". (Bion 1962).

In the next session, Antonio took the ill-assembled lion to pieces and collecting the parts together put them into Dr. Maiello's lap. Since he was obviously asking for help, she proceeded to put the lion together in the proper way so that

it looked like a lion. However, whereas he had been able to look at Maiello making the paper tunnel through which the toy sheep had gone back and forth, Antonio could not watch her putting the concertina lion together again. He turned his back and went into a far corner of the room whilst she did it. When it was finished, he examined the put-together lion and then fetched another toy lion, which was part of the play material Maiello had provided for him, and which could not be taken to pieces. He compared it with the concertina lion and then said the name "lion".

Maiello comments, "I felt that Antonio took it as a sort of proof that an object which has been dismantled and has fallen to pieces can become a whole object again that functions properly, and can look like other objects of the same species; and furthermore that, being a whole object, it can have a name".

In fact, in the following session, Antonio took the key of his drawer and detached the label which was hanging on it. He then proceeded to write his surname and Christian name on this label. However, although he said his name correctly, it was written with a haphazard jumble of the letters of his name similar to the ill-assembled lion.

DISCUSSION OF THE LION MATERIAL

Antonio was obviously realising that there was the possibility of having a cohesive outside body which could be a whole object with characteristic form and shape and a name which distinguished him from other objects. However, this material poses many questions:

Was Antonio realising that two things could look alike, and could even have the same name, but could also be different in certain ways? (The concertina lion was different from the play material lion).

Was he feeling that with Maiello he could feel that he was a whole boy because she held and understood his explosive fit of temper, whereas at home he still felt that he fell apart when he was angry and then felt that he was put together in the wrong way? (It will be remembered that the concertina lion was from home and the other lion belonged to the play material provided by Maiello).

Why could he not look at Maiello's efforts to reassemble the concertina lion? Was it that he felt that it was a much more complicated task than making the paper tunnel and that he could not bear to look at the complication because it brought home to him his dependency on Maiello? Was it that he wanted to bluff himself that he had done it himself and, if he watched her, his bluff would be called? Was he envious of her capacity to be constructive and wanted to negate her efforts? Did he not look because he was feeling that the concertina lion was akin to his body image which could not be seen and which could seem to be dismantled? Was the

more intact lion akin to the outward appearance of his body? Was he feeling that there was a discrepancy between the illusory "private phantom" formed from bodily sensations which was more ephemeral than the substantial reality of his "public body"? (To use Jonathan Miller's terms). To put it in another way, was he realising that his "felt-self" was different from his outside body which seemed more intact and more permanent? Was a clear idea of his bodily separateness developing? Was he beginning to distinguish between inner and outer?

Following the lion material, the answers to some of these questions were provided by information from the parents about Antonio's play at home, and also from his activities in later sessions. The parents' information concerned Antonio's interest in the external appearance of his body as distinct from his subjective image of it.

THE EXTERNAL APPEARANCE OF THE BODY

The parents reported that Antonio would play for hours looking at his image in a long mirror and then obliterating it with soapy water. He would then wipe the mirror clean so that his image reappeared again. At first, Antonio may have thought that it was another boy who appeared in the mirror but, since the parents also reported that during this period of mirror-play, he had recognised a photograph of himself, he must have come to realise that the mirror image was of his body.

Mirrors are very magical things to children. In the dream world of "Through the Looking Glass" all sorts of impossible things seem possible. By covering his mirror image with soapy water, Antonio could break it up and make it "gone"; on cleaning the mirror, the image would reappear again as a whole object. Perhaps he felt that he could do the magic which Maiello had done with the concertina lion. This would feed his omnipotence and his dreams. (Incidentally, it seems probable that Antonio was beginning to have dreams, particularly in the light of activities in the sessions which will be reported later).

However, there were also reality gains from this mirror-image activity. It must have been reassuring for him to find that although the mirror image became obliterated, his actual body remained. He was becoming aware of the actuality of his body which had continuity of existence in time and space. He was realising that he had an actual body which was different from his subjective body image. This body image was insubstantial as compared with the solid reality of his actual body. In Kleinian terms, as well as "unconscious phantasies" (Isaacs 1945) about his body, he was realising that he had an actual substantial body. He was developing the notion that he was a real live, substantial boy, of whose mirror image and photograph he could say "that is me". He was no longer a dream. He was beginning to feel that he existed as an "I", who could have dreams.

THE REPRESENTATION OF HIMSELF AND OTHER OBJECTS

In recognising the mirror-image and the photograph as representations of himself, Antonio was moving towards the notion of "self-representation". (Fordham 1976). Related to this, important new developments took place in his sessions with Maiello. Antonio showed that he was realising that if he were to make a representation of an object, the image he had in his mind had to have some consonance with the external appearance of the object, even though his representation was in a different medium. In a beautifully detailed piece of observation Maiello records this important step of progress as follows:- "Suddenly with great determination, Antonio fetches a sheet of paper and the scissors, and begins to cut the paper. I feel that he is cutting out something, the image of which he has in his mind. He cuts a strip of paper and then cuts it into four squares. He is sitting on the floor with his legs wide apart and puts the squares in a line in front of himself between his legs. Then he looks at the chest of drawers and copies the arrangement of its drawers, two on top and two underneath. He repeatedly looks at the original until his reproduction is perfect.

Then he starts cutting more squares, always four from a strip. If there happens to be five of them, he throws away the fifth one. On his left-hand side, he makes other copies of the chest of drawers, with the paper squares. When doing the first two copies, he looks at the prototype between his legs to check that it is correct, but he never returns to looking at the actual chest of drawers to check the correctness of his representation. Finally, the other copies are done without looking at the actual chest of drawers or at the prototype between his legs. He does these last ones 'by heart' - from memory." Maiello says that it was as if he had a central "matrix".

THE DEVELOPMENT OF MENTAL IMAGERY

It seems tenable to assume that Antonio's body image was beginning to have more consonance with the appearance of his actual body. He was also realising that through memory, recollection and representation, objects (of which he is one), can have continuity of existence, even though they may not be present to be seen, felt and handled. Things that have been seen and enjoyed can, in Wordsworth's words, "flash upon that inward eye which is the bliss of solitude". The "aloneness" of being an "I" can begin to be tolerated. Individuality begins to become established. Later, as the glaze of complacency begins to crack and bland assumptions are given up, self-acceptance gradually becomes a possibility. But this is another story. To continue with the theme of this paper.

THE DEVELOPMENT OF "I-NESS" IN NORMAL AND AUTISTIC CHILDREN

Elsewhere (1981), I have used the metaphor of "Psychological Birth" to denote the dawning of a sense of "I-ness". In normal development, this begins at around four months and goes on throughout life. Antonio had to wait until he was eight years old to begin this important process, a necessary condition for which is the feeling that impulses experienced as dangerous fluids and gases can seem to be received, contained, recycled, regulated and appropriately directed, so that spontaneity is not damaged. Thus "waterfalls", "volcanos", and such-like uncontrollable "overflows" do not break the creative healing flow between care-taker and child. There are channels of expression for them. "Bonding" becomes established, and emotional and co-operative relationships can begin. Until this takes place, the attempt is made to control these dangerous "overflows" by various ineffectual means. Autistic children do it by the delusion of encapsulation which shuts out stimulation; the schizophrenic-type children do it by seeming to enfold themselves in the mother and other objects; some deprived children develop a precocious use of words, and others, intellectual precocity (James 1960) - a "false self" as Winnicott has termed it (Winnicott 1958).

Autistic children are full of terrors and misconceptions. (Money-Kyrle 1981). The misconceptions concern their body image and do not help to alleviate the terrors. This hampers the development of a normal sense of self. In his vivid way, Jonathan Miller speaks of the normal body-image as being "the translucent glove of the possibility of self". His television programme was based on findings from work with patients who had had bodily amputations or neurological surgery, as was Schilder's fascinating book "The Image and Appearance of the Human Body". (1935). This paper has been based on findings from children whose psyche had been damaged, either by being exposed to reality too harshly and too early, or by being over-protected from it so that, in everyday parlance, they were "spoiled".

For all these children, their body image seemed damaged, which meant that their sense of self was damaged also. It is encouraging to find that with insightful and dedicated work, this damage can be remedied, at least in certain young Autistic children. With treatment which is appropriate to their needs, they can be enabled to work over body image processes which should have taken place in infancy. However, they do this in a somewhat different way from the normal infant. In the clinical situation, developments can be observed taking place in a slow and stilted way which occur much more rapidly and at a much earlier age in the normal infant. For example, eight-year-old Antonio's play with the toy sheep which he makes come and go, is similar to the play of the eighteen-month-old baby recorded by Freud in "Beyond the Pleasure Principle" (1920) who made a cotton-reel appear and disappear over the side of his cot. Also, nine-year-old Antonio's play with his image in the mirror is

similar to the play of Freud's eighteen-month-old infant. In the infant observed by Freud, the cotton-reel incident and the mirror play occurred at about the same time when the child was eighteen-months-old. For Antonio, there was a gap of one year between the two incidents.

Jonathan Miller observed that "The body image is laboriously constructed as we move our limbs". As infants, Autistic children are very passive and do not move their limbs as much as does a normal infant. This may be one reason for the elementary nature of their body image. Studying the stiff and halting development of the body image and the sense of being an "I" in Autistic children, cannot but impress us with the complexity of the task achieved by normal infants without their ever being aware that it is taking place. Autistic children disturb many of the developments we have taken for granted. This is one reason why "at-depth" work with them is disturbing but stimulating.

CONCLUSION

In discussing the significance of the body image in the development of a secure and authentic sense of "I-ness", an attempt has been made to write from the child's point of view. Thus, technical language has not been used. It has been an empathic rather than a theoretical paper. Technical language often seems to do violence to the nature of the states which have been discussed. Some of these states are outside the bounds of orthodox psycho-analytic theory as it is formulated at present. Yet the needs of some of our patients make it essential for us to try to communicate about these difficult-to-reach states of being, even if it is only by the use of metaphors. Poets and artists often help us to do this, so I will end by quoting from the last verse of louis MacNiece's poem "Prayer Before Birth". It goes as follows:-

I am not yet born; O fill me
With strength against those who would freeze my
humanity, would dragoon me into a lethal automaton,
Would make me a cog in a machine, a thing with
one face, a thing, and against all those
who would dissipate my entirety, would
blow me like thistledown hither and
thither or hither and thither
like water held in the
hands will spill me.
Let them not make me a stone and let them not spill me.
Otherwise kill me.

SUMMARY

The title of this paper has depicted the stark elemental nature of the states being discussed. This has been an empathic rather than a theoretical contribution which has sought to show that primordial states of sensation are of basic significance in the development of the body image and

of the sense of self. The difficulty of communicating about such non-verbal states by the use of words has been recognised. However, it has been felt that the needs of some of our patients drive us to make the attempt, just as their needs drive them to try to communicate about them. In an endeavour to understand such communications, clinical material has been presented to illustrate that, in these early states, impulsivity seems to be experienced in such terms as rushing water or explosive bodily fluids and gases. In treatment, as the children encounter the hardness of frustration, in a sane and caring setting and, as they feel that the uncontrollable "waterfalls" and "volcanos" of their impulsivity are received, processed and understood by another being who has both sensitivity and robust common-sense, their body image begins to feel more substantial and intact. They begin to feel that they have an inner structure and that there is an outer structure which helps them to bear what had previously seemed unbearable. These unbearable sensations had seemed to gush out in an uncontrollable way which had undermined their self-confidence. As these are felt to be held and contained, the children begin to develop hopefulness and a sense of purpose.

Clinical material was also presented to illustrate the dawning of awareness that the actual body image is a cohesive entity which has permanence in space and time. As the body-image begins to have more consonance with the actual body, a more secure sense of existence and identity develops. The child begins to feel that he has a name and that he is an individual in his own right.

The development of mental imagery also contributes to the reassurance of the continuity of existence. Recollection, reverie and representation become possible. Thus, the "aloneness", and in some cases the "loneliness", of being an "I" is assuaged.

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"MY SON THE FOETUS"

Joan Raphael-Leff

I want to begin with a clinical vignette of a patient who was determined to believe throughout her pregnancy that her foetus was male. I saw her briefly during her late pregnancy, when she failed to make use of the therapeutic opportunity, as she had failed to utilize most of life's chances. The consequence of this failure was revealed in a subsequent psychotic episode. Meg felt that all her life she had been "destined to make wrong decisions, powerless and fated to fail...an outsider and an ugly sister". Now in the grips of pregnancy, for the first time she was "irrevocably committed, unable to retract or change fate." Although "torn apart with primitive, childish feelings" she felt "filled with masculine, explosive powers" which she was afraid therapy would erode ("resolution creates impotence!").

Meg was determined not to have a "god-awful life" like her victimized mother. She had been "weak, unfit and afraid of life"; had "lost her figure and identity" following childbirth, was negated by her domineering husband and pathetically unable to give her daughters "confidence" or the "model of a strong woman". Meg's individuation was affected by her mother's intense need for her and inability to separate after the symbiotic phase. Meg remained relatively undifferentiated, alternating between a "drowned" merging and role reversal, transposing her own dependency needs by mothering her vulnerable, damaged mother and trying to fill her empty void. Meg was unable to identify with this incapacitated woman, who needed a child to complete her incomplete self. Her rage and disillusionment at her own powerless imperfection, which could have promoted separation, had to be concealed to protect her mother. She achieved this by a denial of both her own inner creativity and later, a denial of her castrated state (cf. E. Balint (1972)). In an attempt to break the indissoluble tie with her mother, Meg formed a precarious identification with her exciting and adventurous father, whom she both idealized and intensely envied while hating his cruelty. Following oedipal disappointment at his lack of responsiveness to her budding femininity, she developed a life-long desire to capture and grow a penis to render herself powerful, self-sufficient and capable of healing and fertilizing her impoverished mother. Her latency stormed with Tom-boyish heroics and rebellious boundary definition (to avoid dangerous merging with mother, impress her and provoke father). Her flimsy femininity suffered a further blow with her father's overt preference for her pretty pubertal sister over both her mother and herself. This inevitably increased the collusive binding and over-involvement of mother and daughter and estrangement between the sisters.

Denigration of mother as father's wife and herself as potential rival and successor was further exacerbated during the crucial phase of her adolescence. Her father, who always "gave generously then callously retracted," now publicly proclaimed his undisguised preference for a young mistress, with whom he openly spent six months of the year for six years, returning periodically to Meg's mother who pleaded inability to live without him. Meg despised her mother's shameless clinging to her husband and was hurt by mother's preference for him over herself. Thus she was thrice betrayed: by mother with father; by father with sister; and by father with his mistress.

As an adult, Meg claimed to hate men but promiscuously loved "seducing them then hurting by retreating". At 33, she conceived shortly after meeting "a sweet, idealistic, very kind gentle man". He offered her an escape from bisexual wavering and an intense lesbian relationship with a 60-year-old, Caesarean-scarred woman and a cruel reminder of her inability to penetrate/impregnate. For years she had been active in revolutionary movements to free the socially oppressed. The Women's Movement had given her "a respectable justification" for being angry, but with her pregnancy, she felt she'd "sold out to the patriarchy" with its destructive, rapacious, phallic power.

Throughout the first trimester she dreamed of having her period; she saw the pregnancy as a product of Ted's and her own "mutual needs to be dependent" which ironically would lead to responsibilities. She would erupt into "great anger at being tied to him," feeling that something in her was dying. And then it moved and became male. Pregnancy offered a chance for reparation to the birth-scarred mother, but presented dangers of regression to an undifferentiated interchangeability with her symbiotic mother of infancy and gestation. By creating a male foetus she could delineate their distinct entities as separate, and by virtue of the baby's male difference, could nullify the unconscious equation of bearing and being borne, foetus and self in utero. Furthermore, she could finally eradicate her 'oedipal' cavity with an enormous moving inner penis (cf. Jacobson, 1937). "Ted wants a baby; I want to be pregnant - I feel it's all a big penis, getting bigger all the time. I'm taken over by something else - it's the thought that it has to come out that makes me feel sick."

Her male pregnancy also offered a weapon of retaliation against father, a means of revenging mother's wrongs, a penis to win mother's love and a special gift of male-child which father couldn't provide, in addition to superiority over her infertile sister who had adopted two boys. Furthermore, male pregnancy allowed her for the first time a conjoint identification with both parents, identification with an active, phallic mother, reproduction of her virile father and giving birth to her own idealized masculine self.

As Fate would have it, she gave birth to a daughter. Just before her daughter Magna's second birthday, several events coincided: The housebound family were forced out into the world as her unemployment benefit stopped and her boyfriend, Ted, completed his Ph.D. and his grant ended; Magna, now accepted for Playgroup, was becoming increasingly independent. Meg, beginning to wean her, had her first period since the pregnancy, and a reminder that they'd not had intercourse since the pregnancy. And she got word that her lesbian ex-lover, now leader of a 'matriarchal study group' was organizing an all female celebration of the solstice (6 weeks hence).

After a two year silence, she contacted me in a psychotic state. She believed that she was "possessed" and had used her powers of witchcraft to magically scar her baby's forehead with a mark branding her as a witch. Although intended as a blessing to protect Magna against the evil in the outside world, she now had to keep her indoors because if revealed to strangers, the child would be burned at the stake. "I've opened Pandora's box" she sobbed. "I bought a moon diary with astrological symbols and Saturday was Candlemas time when Persephone came out of the Underworld (after 6 months) and Orpheus was sucked back. I celebrated by eating the body of the Goddess."

She had hallucinated a "silver unicorn with a horn like a penis" and experienced "giving birth in a bag with a hood" over her body as if she had "a uterus in her head and was giving birth" to herself as a Christ figure. "I felt as if I had a gas mask over my face, unable to breathe - I put a hood over my head. I'm afraid of contaminating Magna - I can't separate the three of us - Mommy, Magna and me. I have kissed her yoni, have seduced her sexually. I keep oscillating between wanting to go away or stay and feed. The other day I cut her hair...cutting the moon's cord. Next week is her second birthday. I don't want to let her go 'til she's three - because two plus one on the road to Emmaus, and two people make a third. I want everybody round me in a circle. My first lover did black magic - he was horrible and must have put a spell on me. I feel possessed. I made a circle of toys and candles and a mirror and put Magna in it. I want to celebrate her menstruation, make her feel it's not a curse. (Drawing out from her bag a dismembered doll, given to Magna for Christmas by Meg's mother while giving her grandsons guns). "I burnt the doll's foot. What's wrong? I've only tried to undo what I did on Saturday - I actually put a mark on her forehead - she has beautiful hands and feet like flowers, sea-weed. I've used magic to undo magic. Demeter put the foot of a child in the flame to give it immortality - but his mother didn't understand. People will recognize her mark and burn her because of the incest taboo - we all sleep in the same room. She doesn't sleep til midnight - we've only one room and the kitchen has a red light and electricity coming in - red, red like my father, all his energy concentrated. (shouting) I want to be with her in the womb...room without his knocking

on the door wanting to come in. Too much energy - I had to tell Ted to turn it all off last night, switch off, cut the current (laughing) Oh, that's what it's all about - just want to cut off his penis. I know why I stopped coming here to see you - I said: 'when I have a son I'll have a prick!' You said: 'No. He will. You'll have a child'. I didn't want that (sobbing) I wanted to go on being pregnant with my penis - have a lover for life...I was by forceps born and induced...need to become transformed, give birth to Christ; no longer earthly; suffered excruciating pain - hands sharp like a bed of nails...Mary, Maria. Marie Curie's hand severed by the power to cure, to make connections"...

In this psychotic state, the unconscious material is so naked and close to the surface that it serves to illustrate very concretely what is normally abstracted from covert expression. Thus, Meg demonstrates her own unresolved symbiotic yearnings, preoccupations with power, parasitic merging and boundary confusion between the generations and genders. In addition it illustrates the multiplicity of phantasies and identities, both male and female, which she holds as mother, lover and daughter and which she attributes to intimates. That the therapist's power to heal and 'make connections' was experienced as the power to destroy became evident in a subsequent dream that she had cancer and was killed by the operation to remove it. Both potential abortion and psychotherapy signified a removal of her penis, and the psychotherapist in the transference represented both the brutal, castrating father and the mother, too ineffectual to be championed by, or champion her. To safeguard herself from the dangers of emasculation she felt compelled to cut off therapy.

MOTHERS, FATHERS AND MOTHERING:

The early psychoanalytic theories about female psychosexual development may be divided into two schools of thought: Freud and his followers (Lampl de Groot, 1927; Abraham, 1927; Ruth Mack Brunswick, 1928, 1940) for whom "the little girl is a little man" (Freud, 1925, p. 118), impelled into femininity by her thwarted masculinity. She turns to her father desiring his penis and substitute baby out of outraged discovery that her omnipotent phallic mother is castrated, as she is herself.

Dissenters from this view (Klein, 1932; Horney, 1933; Jones, 1935; Kestenberg, 1956) propose that the little girl is female and heterosexual from the start and is provoked into a defensive masculine attitude by her thwarted feminine wishes (i.e. the libidinal wish to have father's penis for sexual pleasure and to obtain a baby from him). She develops the wish to have her own penis (narcissistic wish) to avoid maternal retaliation for trying to steal the father's penis which is her possession and kept inside her.

More recently, French Freudian psychoanalysts (Chasseguet-Smirgel; Grunberger; Luquet-Parat; Torok; (1964. English version 1981)) have achieved a synthesis of these two views, by suggesting that by turning to her father, wishing a child from him and to derive pleasure from his penis, the girl seeks both liberation from the close relationship with the pre-oedipal mother as well as identification with her.

Reviewing the psychoanalytic literature, Chodorow (1978), a sociologist, notes (as did Deutsch, 1947) that the outcome of the oedipal situation remains inconclusive for most women. She attributes this to the fact that mothers are primary caretakers and foster in their daughters a prolonged relationship of dependence, merging and dyadic intimacy with which the oedipal father cannot compete.

Furthermore, women yearn to return to this original exclusive primal unity and recreate it through role reversal in the relationship with their own daughters (sons are erotically cathected as a 'male opposite'). Thus, this form of mothering is perpetuated, particularly where fathers are absent or unresponsive. Girls do not repress their oedipal attachments to their father, nor give up pre-oedipal and oedipal attachments to their mother, resulting in "emotional, if not erotic bisexual oscillation between mother and father - between preoccupation with 'mother-child' issues and 'male-female' issues" (p. 168).

My presentation of Meg would appear to offer an extreme and pathological illustration of this theory and of the over-determined reasons for desiring a penis (liberation from over-invested mother; envy of phallic power, potency, privileges; wish to gain total possession of heterosexual mother; hope to gratify, fecundate, compensate her; promise of fidelity to mother; defensivè denial of interest in father's penis; yen to become the idealized sex, etc.). However, from my clinical and research experience, I have delineated a second group of women, whose early relationship with their mothers differs greatly from the one described above and whose subsequent mothering patterns appear to vary accordingly. These are women whose mothers did <u>not</u> create the intense empathic intimacy or sustain an illusion of symbiosis with their infant. An omission due to resistance to, rejection of, or inability to sustain 'Primary Maternal Preoccupation' (Winnicott, 1956) or else through cautious reluctance to identify with the baby. Elsewhere (Raphael-Leff, 1982) I have described these two types, Facilitator and Regulator, at length. Suffice to say here that the dangers of extreme Facilitator type mothers reside in prolonged primary identification and incomplete self/object differentiation. By contrast, the extreme Regulator type mothering results in premature differentiation and awareness of disunion with subsequent precarious sense of identity and vulnerability towards loss of boundaries (as my following clinical example illustrates). Hence the rigid control which this type of mother institutes when threatened with merging.

Primary models are parents - 'people with children'. The girl's mother is not just an adult woman, but above all a Mother appraised in relation to her children, whether in tandem with them or detached. Thus, carrying a baby within herself heralds a final stage of identification with that mother inside whose body she herself resided (cf. Pines, 1982) and reanimates archaic and ambivalent feelings which may have been dormant for many years. With the resurgence of unresolved emotions towards her parents from the past, reverberations of present relationship to foetus and its father and preparation for her own experience of parenthood, pregnancy juxtaposes three generations in a propulsion towards the future. It offers potentialities for further Separation-Individuation, regenerates issues of self-definition, growth and rebirth with opportunities for both renovation and innovation, which may be utilized or resisted by the pregnant woman.

Briefly, there are three stages in the woman's relationship to her foetus during pregnancy which I believe follow a similar progressive pattern to the stages of early baby-mother interaction postulated by Mahler (1975). Thus, initially there is a stage of FUSION, potentially involving the woman in primary identification with her own early mother as well as with her foetus, and a regression to primary merging which also serves as preparation for her future symbiosis with her own infant. Movement of the foetus promotes DIFFERENTIATION of the woman from her baby as well as affording an opportunity to differentiate herself from her mother. It also foreshadows and rehearses in fantasy her future differentiation from her unborn child. During the third stage, the key issue is one of SEPARATION from the fantasy baby in preparation for postnatal reunion of mother and real baby. It corresponds to rapprochement with the future toddler and the ambitendencies of closeness-separateness, togetherness-independence, affecting both mother and child. It also offers new maturational levels of relating to her own mother as Mother and Grandmother to her child. The foetus as internal penis is but one symbol of the many overdetermined fantasies about the 'content of the womb', rooted in childhood origins and reactivated during different phases of pregnancy (for elaboration see Deutsch, 1947; Benedek, 1970).

Meg, as we have seen, remained involved in a prolonged symbiotic merging with her mother and later with her daughter; she failed to make use of her pregnancy, defensively maintaining an almost delusional belief in her male foetus, as an artificial attempt to impose differentiation and avoid total fusion and confusion between her self, her mother and her baby.

In the case presentation to follow, Rachel illustrates a similar symptom with very different outcome. In contrast to Meg, her own infantile experience of fusion was curtailed too soon. She soon craves merging but fears loss of self,

and like Meg creates a male foetus to protect her from submersion and to borrow an enhanced identity. However, rather than intensifying her defences against the upsurge of primitive emotions, as did Meg, Rachel gradually and courageously risked lifting her defences. The pregnant accessibility of unconscious material and regressive tendencies provided an opportunity to recover lost experiences and make restitution for omissions in her own infancy, thereby offering a second chance for rebirth and Individuation.

Rachel is a beautiful and highly successful actress with essentially a hysterical type personality who has made a narcissistic object choice in marrying her 'male twin', a 'look alike' friend who shared her childhood and mirrors her male ideal self. Her pregnancy followed the discovery of her husband's first (?) infidelity in their eight-year marriage; although she herself had numerous secret affairs over the years, she felt these had been frivolous and insignificant, mere temporary infatuations. However, her husband's affair endangered their marriage, making their whole relationship since childhood questionable and possibly merely that of brother and sister. Her wounded narcissism would only be healed by proof of the unique nature of his love for her - so she came off the pill and set to work at conceiving. "There is something so coldblooded in deciding to get pregnant," says Rachel, "one goes about it like buying a piece of furniture - inspecting catalogues and seeking out the best bargains; here it is temperature charts, marking special days on which lovemaking is a duty and becomes a chore."

After the third menstrual month of inability to conceive, she became convinced of her infertility, felt hopelessly depressed and worthless until she realized that her failure was in the choice of setting. She took her husband to Crete - the 'Dawn of Creation', where she conceived. Upon her return to London, still only semi-aware of her two week old pregnancy, while she was sitting at a family Sunday lunch with her "distant but psychic" parents and three childless sisters, she suddenly found herself the centre of attention when her father announced: "in 8 months time this woman will give birth to a Son". 'Knowing' has always been very important in her family of origin. Her parents were both controlled and controlling. Her mother gave birth to four daughters within as many years with seemingly little interruption to her professional life (and without producing the hoped-for son). However, she is the least 'knowable', seemingly very predictable, cold and efficient, but with such intense emotions raging below the surface that she has had several breakdowns and hospitalizations.

Rachel presented herself to the therapeutic group as a cool and efficient career woman who was attending the group out of interest and a desire to further my research. Soon, however, her facade began to crumble revealing the fragility of her self-esteem and instability of identity, exacerbated by pregnancy: "I am what I present and wear," she said, "Am I

still the girl who bought those slinky dresses four weeks ago?" Even as a child, she had been aware of the necessity to compete, achieve and excel in order to conceal her sense of worthlessness. The family was divided into parents and 'girls' - the latter almost undifferentiated from each other by the parents, who treated them all identically and retrospectively attributed memories and milestones incorrectly among the four. Daydreams and idleness were frowned upon, and self-assertiveness or initiative defined as 'naughty'. Rachel was always in danger of being 'found out' through her parents' 'psychic powers'. She mastered the 'art of the chameleon' - vanishing - she could provide anything that was required through a mixture of artfulness, subterfuge and an acute sensitivity to other's expectations. All her life she'd succeeded through an application of brash confidence, empathic anticipation of requirements and avoidance of any doubts. Although she felt she'd never chosen her fate, once it happened to her she became very concerned with planning the outcome, being in control and meeting deadlines with the appearance of assurance and brilliance. Pregnancy, therefore, had thrown her into a state of chaos: "This is beyond my control - I've never had to face such a prolonged period of uncertainty before - it's so frightening not to know, I've decided it must be a boy. The family have always wanted a boy. My mother'll be so jealous. She already is of my father's unannounced visits to me. And the girls say I'm different."

Finally she has something that nobody else has. Rachel now becomes aware of a dramatic change of identity, a frightening compulsion towards integrity - a shying away from her former easy diplomacy and bright role-playing. By 6 weeks, she is in the throes of a continuous struggle within herself between the drive to act efficiently and a compulsion to give way to inactivity and just 'being': "I feel like I'm in a waiting room, can only flick through the magazines - the challenge is to remain passive, there is nothing to be done to help or hurry this process, that is the most difficult of all. There's a need for preparation, but I don't know how. There's something important to be done but I can't discover it yet - I have the fantasy that I should be working in an orphanage"...

At 8 weeks, she is aware of being compelled by the pregnancy to do away with her hitherto efficient defenses and is being left naked, vulnerable and panic stricken: "How have all the countless women since the world began ever got through their first 3 months of pregnancy?!" Much later on, she reveals to the group that in the early stages of pregnancy, she, who has always prided herself on her impeccable complexion had actually gone out and bought some 'pancake' makeup for her face: "It's as if the baby has taken away my facade - by not allowing me to do anything unnatural. As if it had forcibly removed my skin and I had to try and create an artificial one to cover myself with." All her life she had invested her identity in her flawless appearance and now she feels she looks ugly, drained and fat. She dreams of an

abandoned, decrepit, broken-down car and she feels the baby will leave her discarded and empty after using her.

At 9 weeks, having spent the week in bed with a 'virus' infection she claims there is no 'real understanding' except from other pregnant women, of the magnitude of feelings: "I feel I've been taken over by a being from outer-space - Martian, or something, who is using my body, feeding off it, leaving me exhausted. I have perfect teeth, one prophylactic filling as a teen-ager, but now, the dentist tells me I need four fillings!" She reports a dream she'd had that morning in which she says she'll be glad when her stomach gets bigger as proof of pregnancy, but her friend says: 'oh no, as soon as your stomach gets big, it'll go whoosh." ... She is betwixt and between - no longer a single individual and her old self, 'confidently' in control of her destiny and her daily activities - and yet still unable to provide herself with convincing and irrevocable proof of her foetus' reality. She has been taken over by a nameless, faceless, force beyond her control, demanding that she dedicate to it her untrammelled and true self, and yet capable of playing tricks and vanishing into thin air at the very moment when she has surrendered her defences. As a child she was afraid to look into mirrors in case her reflection would have vanished. Now, she feels she has to continuously monitor the pregnancy, giving it her 'confidence' to make it survive.

At 10 weeks, after a visit to the gynaecologist who confirms a 10-week sized uterus, she reports having taken the "insurmountable step" of being able to relax. "Immediately I became afraid that I was going to miscarry and that was why the 'feeling' had gone away, as if it was coming loose inside. I told my husband that if I did miscarry I'd never become pregnant again - I've put too much into it - I feel like half a person all the time, as if he really is feeding off me, using me up. I can't think properly any more, can't act, am always fainting in my head and have no control over it at all. I keep thinking about your interpretation of the Volkswagen dream. I do see myself as discarded and broken down and good for nothing...I had a marvellous dream the other night. I was never breast-fed 'cos mother had inverted nipples or no milk or something. When I was 12, I used to dream of a large biscuit revolving in front of me making me dizzy. Suddenly, the other night, the same sensation happened in my dream, but with a difference - all the feeling was concentrated in my mouth like a sugar lump. My husband interpreted it, and it felt just right - as my mother's dry old breasts as opposed to my now feeling like a baby does when breast-fed - all sensation centered in its mouth, head falling back blissfully. I don't know why it suddenly happened now - maybe I'm identifying with my baby sucking away inside."

Indeed, Rachel's lifelong hidden feelings of worthlessness are beginning to be replaced by hitherto unknown stores of nurturing goodness, and secret depths of specialness, compensation and enrichment. At 13 weeks, Rachel, now with

something to lose, fears the 'Revenge of the Gods'. She feels she is going to have to pay for her enviable charmed (but faked) life by having a deformed baby. "It would be a way of atoning for something and I could dedicate myself to loving and protecting the baby. But my husband hates imperfections and is angry if I even have a pimple." She thus expresses her doubts at being able and allowed to produce something good and enviable from within her, and keeping it and her deformed but genuine self safe from the competitive 'baby hoarding' mother of her childhood, and the overexacting, perfection demanding parents and husband. She reports a dream she'd had that morning in which she was searching for her "beloved and special kitten" which had got lost. Finding a house, she asks the woman in it what she's done with the kitten. The reply is that the kitten-now-cat has had kittens herself and has been drowned. But she can have one of the kittens. The woman hands her a male cat with a penis the length of the room and she's revolted and refuses it."

Rachel has always been lost in the shadow of the coveted male, and now is in danger of being drowned in the effort to produce one. Her unconscious refusal to pay the price revives the germ of authenticity and enables her to relax the enforced separateness. After much struggle, at 15 weeks, Rachel can begin to achieve a fusion with the foreign body of her foetus, now a familiar.

"All my life I've had to be independent. Even as a child I had to play alone. I even had an invisible transitional object! It's so nice now never to be alone, so nice to be determined by someone else, so nice to know there is something warm inside...I find I've been wearing this skirt all the time since my shape began to change. It's just how I feel. This skirt is - camouflage with just enough life in it to keep me going, but quiet enough to fade into the background and hibernate until the little fellow comes."

Barely achieved, this cosy merging is rudely interrupted by the quickening. Each unexpected movement increases her awareness of the independent foetus within her that is beyond her influence and brings her firmly into the second stage of pregnancy, that of Differentiation. Fearful of the quirks of Fate and acutely aware of her greater accessibility to her phantasies, Rachel makes a supreme effort to keep imagination at bay (as she'd had to during childhood) and keep her attachment minimal and the foetus neutral.

At 20 weeks, she declares: "I hate being pregnant...I've always been in control and this is out of my control. I have no say in how I feel or what's happening or even the outcome...I've become a statistic, no longer singled out to be successfully unusual. I'm just like all the other millions of pregnant women, as vulnerable to the odds...My husband failed an exam yesterday for the first time in his life. As if he wanted to cushion my failure when the baby is born dead - or maybe he wanted sympathy or attention for his own

baby. His next exam is close to my delivery date - we were so upset, as if someone had died...if the baby is born dead, which is a reality I can visualize more than getting a live one, it will be as if someone was saying: 'you deserved that - you finally got it! But I'll feel such a failure, the biggest of my life. All my life I've competed to do better and succeed more - get recognition for doing well, achieving, but this is the greatest achievement of them all, the most important, and that's why I'll fail...the worst thing is that there is nothing to do - not like an exam where you can prepare - one minute there's no baby, then there is. And it might be the wrong baby. The birth is the exam, a test of what I can produce, and it can all go wrong so there's no use getting attached to the baby beforehand. I don't know what to think anymore or who I am"...The pressure of having to produce the 'right', i.e. male, baby, curtails her freedom to imagine all the babies she might have and all the mothers she might become. She tries to involve herself in her work to the point of forgetting the pregnancy, but unable to sustain it, see-saws into depression: "I need to just be - rather slow and dense and pregnant and remain on an even keel, not try to drive myself into clever acting or be too ambitious."

At 6 months, Rachel is still struggling between Fusion and Differentiation of herself and her baby. "I'm afraid I'm too detached. I see myself as the earth in which this bulb-womb-baby is growing until it's ready. Other pregnant women seem to possess their babies and later their children, like my parents did. I am determined not to."

After much working through, she reaches a tentative status quo at 24 weeks: "I feel as if I should bury myself and stay very still for the next 3 months, like a rocket that is going to be launched. No, the baby is the rocket. I'm the launching pad. I'm giving it all away to him, giving up all my ambitions so that I can take up my new identity as 'mother' and be free." After a dream, she wakes her husband, saying: "Do you know what the baby's name is? it's GUY! He told me so!" The baby's identity and her own evolving reciprocal identity feel inextricably linked. She is just beginning to discover her own unique 'name' when she suffers a setback. In response to an uncle's query if Rachel is pregnant, her mother replies mysteriously: "All my girls are pregnant." "She's not really the cool person she seems," says Rachel of her mother. "She's quite daft, unpredictable and misleading and can demolish me completely. She burst into laughter at a party when she saw my new dress, hooting: 'It looks like a nightie!' and I had chosen it because it was pink and black and I wanted to wear something strong instead of my (camouflage) skirt...sometimes lately, I get so scared of having the baby around all the time, coming to be with me forever...I wish I could just always go on being pregnant"...

At 27 weeks, returning from a successful working trip abroad, Rachel appears very chirpy in the group, having re-established her previous defences. She declares she's lost patience with her parents, they offer toasts to their grandson and forget her role as carrier; all her father is interested in are her illnesses, and as for her mother, she "has actually arranged to move house for the first time in 35 years on the day the baby is due...she always speeds up to divert attention from what's happening to me. She had a hysterectomy a week before my wedding." Rachel discloses that her birthday is coming up and she is going to refuse to celebrate it - ignore the day her mother gave birth to her, thus reflecting her mother's enforced separateness and forcibly differentiating between her old self, born of her mother, and her future rebirth.

With the 3rd stage imminent, the following weeks are taken up with efforts to regain lost ground in Differentiation: "sometimes it strikes me," says Rachel, "that I don't even know what sex my baby is. The pregnancy is male, but I don't know what the actual baby is...my husband, who is an only child, had a very transparent dream in which his mother confided to him when he got married that he'd actually had a brother all along - but he was an alcoholic. I suppose he meant a milkoholic...I'm afraid I won't actually be able to enjoy the baby 'til it's a child - for fear I'll be overcome by being surrounded by shit and wind and the routine of it all with no rewards."

Rachel, at 32 weeks, has grown much larger and noticeably more complacent and self-confident. She is well into the third stage. "I feel everything is going well - I've found a good balance between my work and my pregnancy," she reports. "I don't know why it is. Suddenly now I find myself wallpapering the baby's room, buying equipment, doing a job in (radio) which I would have regarded as the peak of my ambitions - and doing it casually but well. When I think back to the beginning of the pregnancy and the agonies I went through to get myself to work - I am amazed. I'm not the same person...I do know why I couldn't work, I was too busy having to concentrate on giving the baby my confidence all the time. Since 28 weeks, I've been able to relax more. At UCH they keep 28 week babies alive, you know," thus pinpointing the coincidence of her belief in the baby's ability to survive if born prematurely with a budding belief in her own separate ongoing existence.

"I know this baby so well, as well as I know myself. I spent so much of my life denying or distorting my own feelings and responses. Now, it's as if I can respond and just be spontaneously. My baby is so sweet. Do you know it(!) is actually shy? It has only moved for me or my husband; when my sisters try to feel it - it stops being hard and definite in shape and just vanishes into the interior...I feel so privileged in being pregnant. I sometimes think that even if born dead, I will have had a baby for 9 months. I have had some terrible dreams the last few nights, no

doubt because I knew I was coming here. In one dream, there was this Sultan in some far, exotic Eastern country and he had 4 girls in his harem. It's so obvious, you'll all laugh! my father is quite dark skinned, and of course it's us 4 girls, me and my sisters...anyway, there was some trial and only one of the girls could remain alive if she fulfilled some unknown condition...each one went in to have her fate decided. The first had no arms or legs, like a thalidomide baby, and she couldn't provide what he wanted and so, out she came, in a closed box with blood dripping from it! Sorry, I don't mean to upset you...then the second, who was Roman, don't know why, went in - she was a real harlot and that was all she could offer him; he was tempted, but in the end she, too, was dismissed. Then I thought, 'I hope it won't be my turn next because then, the one after me will win', but it was me next, and what I did was part dream and partly worked out in that half-waking state that follows a dream - I talked to him, I convinced him that what he wanted was partly looks, partly personality, partly brains, partly sex - and I could offer it all) but I still didn't know whether I'd won, because I didn't know about the fourth and what she could offer at all. I still don't know"...then, after reflection: "do you know, perhaps they are all aspects of myself. Perhaps the mysterious one is so shadowy because she hasn't happened yet. All the others, I've been - especially the confidence trickster, I've always delivered what they wanted me to - but wait, maybe that fourth one is the dreamer, who was free enough to dream this... The first thing I'm going to do after the baby is born is work things out backwards, to find out the time of conception. If it's a boy - I know which night it was - on a Chore night, not spontaneous, which is a shame, but it's very significant: it was in Minos, he was a King you know, very strong and brave and special. That sounds silly, but when I was there I knew I'd conceive there. I said to my husband: 'come on! come on!' but he was tired. In fact, he was almost superfluous that night. I just went out and got pregnant as if I always knew I could only conceive in Greece...If it's a girl she was conceived two days later, after a pretty sunset..."

These two themes, that of the Immaculate Conception and the phantasy of the Hero within the Womb as a throwback to the childhood desires for the father/king's baby, commonly belong in the second stage of pregnancy (Raphael-Leff, 1980) which Rachel is belatedly completing; it is perhaps important to reiterate that legend has it that King Minos renewed his sacred powers every eight years by human sacrifice to the Minotaur within the labyrinth. Theseus, slayer of the Minotaur, emerged victorious from the labyrinth, 'that mysterious and secret place from which all life emerges' with the aid of the thread of Ariadne, symbolizing the umbilical cord. Rachel conceived after 8 years of marriage to restore her husband/father as King, in the oedipal triangle reactivated by his affair. As reflected in her 'Sultan dream', she has begun through pregnancy to free herself from her sacrifices to the parental Minotaur of her inner labyrinth. Following my simple interpretation about the conflict to

produce the 'very strong, brave, special boy' she could never be when little, Rachel suddenly called out: "Wait! when you said that, I remembered the other dream I had last night - I was in pain, stretching out my hand, saying: 'Mummy! Mummy! Help me!' Isn't it ridiculous, wanting to hold my mother's hand in childbirth..."

At 8 months, Rachel still cannot actually believe she will be allowed to 'get' a baby at the end of the pregnancy; she harbours the fear that 'it'll go pop and deflate'. Her mother tells her it is the worst pain one ever experiences and Rachel takes comfort in this, feeling it will earn her the right to take the baby home. "I'll miss him when he's born," she says, sympathizing with her mother's unpreparedness for her own 5 week premature birth. However, her new found reconciliation with her real mother is short-lived, as the latter decides to go away on holiday for the two last weeks of her daughter's pregnancy. Rachel advertises in the local press: "HELP! needed".

At 37 weeks, with the end fast approaching, Rachel laboriously speels out her fears about the labour: "I actually think sometimes that if I am not completely swamped by the pain, that my feelings behind it are rather nonchalant, frivolous perhaps. As if I expect to enjoy it, almost like a masochist waiting to be whipped, looking forward to this enormous event that will undoubtedly, inevitably arrive - when I will have no say at all - I will just be told what to do and exactly how to do it, and the challenge will be to do it well or discover my breaking point. That's the terrible attraction as well as the great fear - that I'll really reach the breaking point and break and go under and be damaged and never recover...I'm so afraid that there is actually a point when the pain is so great that I will give up, be past caring and find that I have no more resources, nothing to fall back on, no thoughts, no feelings, no hopes to egg me on, just a great big empty nothing to fall into." A poignant expose of maternal 'holding' failure and annihilation anxiety (Winnicott, 1960) revisited. Later, she adds with a sigh: "What if after all this, the baby is not even nice, or is deformed, like a monster! I feel it must be marvellous because I've waited for it so long - but it needn't be, and it's forever." Yet another monster in the labyrinth who must be overcome if Theseus is to emerge alive...

By the following week, ripe for separation, she has differentiated sufficiently to risk the continued gestation of her self after the baby's birth. "Labour is throwing something away - oops, why did I say that - no, it's expulsion, no, it's like snakes shedding a skin. The baby inside is not the one that will emerge. The one I'll get is the real one, the inside one is phantasy - me. Can something exist that can't be tangible or seen?...I'm so in need of feedback now, I feel as if I look in the mirror and don't know who I'm looking at. The baby takes so much, having another person in there leaves little room for myself, as if I can't be

self-appraising or absorbed while pregnant because I'm too involved in giving and listening to the baby; my inner relationship with the baby - I am its medium...I'm afraid of not relating to the 'new' baby after knowing the raw, slimy, throbbing baby inside" voicing, too, fears about the post-pregnancy metamorphosis of her own inner, true, unprotected and raw self.

A week before the birth, she can consciously express her secret fears of being "split open" by the episiotomy; she dreads the removal of the 'placenta plug', convinced that all her incides will come pouring out, "spleen, kidneys, lungs, even brains - all sucked out after the baby." In her present regression, she realizes that she has always experienced her inner cavity as a vacuum - afraid that even the puncturing of an injection needle could "let it all out". This fear has intensified since she's become aware of the "liquidity" of her true, inner self - "as soft as the yolk of a soft boiled egg which I've never, ever, eaten." She now realizes her terror of internal examinations is due to the expectation of the doctor's hand reappearing at her throat; but most of all, she is afraid of these fears and resultant emptiness making her control the birth, holding herself in from expelling the baby as she did when constipated as a child. She's had two birth dreams - one in which water was pouring onto her through a skylight, the other of the baby sending out "an aerial root", a feeler to sense what the world is like."

Rachel feels that only now has she reached a status quo in pregnancy, and again all is threatened by motherhood and new adjustment. The following week she arrives, "ominously full of energy", feeling almost "unpregnant", as if she'd left the baby behind with the mother's-help-cum-cleaning-lady she's appointed. "I'm ready to give birth now," she says. "Last night, I looked at myself in the mirror and saw I had a mask on, like my friend had the day she gave birth, as if completely overtaken by the baby, literally given out to it, nothing left but a shell of a face. The baby has changed too, no longer 'he', as if the identity of the pregnancy is receding and I'm left with this faceless, sexless thing - this lump I want to get rid of. I'm so afraid of the ordeal, but the prize is the baby - I can't believe I'll actually be given one to hold all by myself, for my own... can't believe I'll be the centre of attention in hospital with flowers and fruit and presents...can't believe I'll actually see it. What will it be like? and how will it survive all that pummelling??..." As always, her intuitive reading of her body was accurate. Late that night, Rachel gave birth to a 7 lb. daughter.

CONCLUSION

Like all developmental phases, pregnancy necessitates a reappraisal and redefinition of identity; earlier obscured layers are exposed and unresolved issues reactivated, coupled with a powerful and pervasive drive to achieve settle-

ment before the birth. Consequently, the emotional disequilibrium may evasively be confined within heightened defenses (as illustrated by Meg), or explored and exploited to rectify old deprivations, replenish impoverished resources, generate new solutions and nurture further growth, as Rachel demonstrates.

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PHOBIA AND ANXIETY WITH HYSTERICAL FEATURES IN A MALE PATIENT - MR. F
A Reading-in Paper

Betty Gilbert

INTRODUCTION

When I first met Mr. F two years ago he was twenty seven years old. He is Jewish, unmarried, and he still lives at home with his mother who is nearly sixty years old, and his step-father who is approaching his seventy-ninth birthday. He is retired and he suffers an arthritic condition for which he refuses treatment. Mr. F and his mother are joint owners of a children's wear shop in a prestigious area of Brighton, in which they work full time. They are a three-some living inextricably bound together and having no friends. Mr. F has a brother who is five years older than he. He is married with two children, and they live in Birmingham.

On meeting Mr. F I was first aware of his soulful eyes, his small moustache and ample nose belying his smooth baby face, as does his head of short brown hair. He is of medium height with a soft roundness to his body. He dresses meticulously in casual sporty gear, presenting a boyish overall appearance.

Mr. F. told me that he had seen a number of people for help with his phobic symptoms since about the age of seventeen, the last being a behaviour therapist in Harley Street, whom his aunt had considered to be 'definitely the best'. After ten weeks of once a week treatment with Dr. X, Mr. F decided that it was a failure and anyway too expensive: it had not been the cure he had expected. Nevertheless, Mr. F had been able to talk to Dr. X about his controlling mother and his cantankerous step-father. From this, Dr. X suggested that Mr. F might try psychotherapy, and in fact sought a therapist for him in the Brighton area, which is how he came to see me.

Dr. X also suggested that he might move from home as a step towards separating from his mother. Thinking that this might well be the solution to most of his problems, Mr. F managed to buy a flat (near home), since at that time the business was still solvent enough to support the venture.

But Mr. F was not motivated towards any further treatment, especially psychotherapy, the nature of which he did not understand. All the same, he felt that I was his 'last hope', but by mistake he said 'last straw'. He meant both, since he desperately wanted to be free from the crippling restrictions of his phobic condition, which mainly took the form of agoraphobia/claustrophobia: at the same time he said that he hated the thought of therapy, whatever it might mean.

Mr. F warned me that he is a 'tough nut to crack', not really knowing what he meant by that, except that he very much doubted my ability to help him when 'so many eminent people had failed to do so'. There was some denigration in this statement, but also fear that it might be true.

At this stage, I had strong forebodings as to what lay ahead, should Mr. F continue to come to see me. I knew that I would have to carry the burden of what lay hidden in his unconscious, long before he could, and that I would have to become the 'bad' mother, since he already had a 'too-good' one who is over-anxious, over-protective and over-feeding.

At the same time, I felt an intense desire to help him to discover (or uncover) the kernel inside the 'tough nut' which I felt had been hidden away for so long, never seeing the light of day. Khan (1974) says that the self is defended against annihilation by staying dissociated and hidden: its domain is privacy. And Winnicott (1976) points out that the aetiology of the dislocation of self always starts from maladaptive environmental care. In Mr. F's eyes he was just a 'nut case', in other words he hated the child within him, and he felt ashamed of having such problems.

Nevertheless, we agreed to meet for a six month's trial period and the scene was set to start our three times a week hourly sessions. The only factor Mr. F refused to consider was to use the couch. He said that he really would feel a 'nutter' just like the music hall jokes about the analyst and his patient. I respected his decision.

"And the end of all our exploring
Will be to arrive where we started
And know the place for the first time"

T.S. Eliot (Little Gidding)

PHASE ONE - THE COMMENCEMENT OF TREATMENT

Mr. F was always pleasant and polite, the veneer remaining unchanged regardless of what he might be saying at the time.

He gave valid enough reasons for wanting to alter not only the times and days of our sessions, but also to reduce the fee on which we had originally agreed. This veiled a determination to control the situation in every possible way. I soon realised that no time would ever be right as far as he was concerned, since the real issues were not about practical matters. What he found all wrong outside himself was a reflection of what felt wrong in his inner world.

When I no longer agreed to go along with him on the issues about time and payment, he started and continued to be late for his sessions by about ten to thirty minutes, thus controlling the length of our meetings. From the pressure he exerted on me one way and another, I experienced just how much his mother must have dominated him throughout his life,

and I realised that he feared that I might do the same to him, yet he wanted me to repeat this pattern since he knew no other, there being some security in what one knows.

He suggested that I should give him a quiz, and in that way find out what was wrong with him. I helped him to explore such ideas, which he could begin to see would only be repeat patterns of what had taken place between him and mother. She (and others) had always told him what to do and how to do it, thus giving him the impression that he is an empty vessel which has to be filled by the other.

He feared any sort of silence between us since this left him feeling empty: he also feared my emptiness, that I would not be able to 'find the right answers', and therefore, not be able to help him to 'get better'. Jung (1959, p. 279) says that so long as the unconscious is in a dormant condition, it seems as if there is absolutely nothing in this hidden region.

Everything was 'rationalised' by Mr. F, as a defence against his feelings; much of what he brought to our sessions was undeniably true at a reality level, since he spoke mainly of external circumstances and in particular about his symptoms and how they affect his life.

Each session was reported back in detail to his parents who would give their version, so that Mr. F became confused. Step-father would say that all Mr. F's problems are hereditary, and that no one ever changes. Of Mr. F's negative qualities his mother would say that he is just like his (real) father, who was only ever mentioned in this derogatory way. He is the 'black sheep', their marriage having broken up when Mr. F was three years old, so that Mr. F does not remember anything about his father and has not seen him since.

Being twenty years older than his wife, Mr. F's step-father whom the boys call Uncle Ernest, was more like a grandfather and readily carried the role of 'wise old man' since he had been much revered at the synagogue for years so that Mr. F never queried his 'knowledge'. Mr. F needed to keep his parents strong so that he could feel safe with them: they need him to remain weak in order to maintain their illusion of being strong, because they are all frightened children unable to achieve any degree of mutuality with others.

Since we had not yet established a working alliance, I was still on trial at this stage, so that Mr. F was not yet ready for analytical work, his self-feeling was undeveloped and he could not profit from transference interpretations - he ignored them.

It was reassuring to remember what Jung (1954) had said about such unintegrated patients as Mr. F. He advised that it was better not to analyse too actively, letting the transference run its course quietly and listening sympathet-

ically, adding that "the patient needs you in order to unite his dissociated personality in your unity, calm and security".

I felt this to be essential at this stage since Mr. F's strong resistance was certainly proportional to the weakness of his conscious attitude. There was massive projection of his unconscious so that even his symptoms seemed not to belong to him: it was as if they were outside manifestations for which he was not responsible therefore expecting that I (or others) could be. He continually asked what I was going to DO for him. He paid me and therefore he expected something for it, as if I was a shop.

At a feeding level, the infant inside Mr. F seemed to regard me more like a bottle than a breast since he felt that the sessions were artificial, that it was after all my job to help him, which he thought I was doing for my own ends: this being an example of how he experienced me as if I was his mother. She met her own needs and not those of Mr. F. Some time later Mr. F's mother told me that he was (bottle) fed by the Truby King method which was popular at the time, the infant being fed at set times, and unless he was wet and needed changing, he was left to cry. Mr. F says that she is still rigid about meal times and could well use a gong.

With our sessions (feeds), I have tried to be flexible to within five to ten minutes so that this rigid pattern is not repeated, but at the same time, should I be more lenient, the greedy baby inside Mr. F might well feel insecure, for fear that I may be unable to contain the demanding infantile side of him. Mother's feeding (bottle) did not nourish either of her sons since they remained thin and sickly as children, Mr. F suffering such eruptions as ulcers on his legs and warts on his hands.

Mr. F is only interested in his girl friends from the waist downwards, breasts have no meaning for him. He told me that he does not know what love is, and that the girls he knew were only 'things' to him, in as much as his aim was to get as much sex as possible, like a feed. There appeared to be a displacement from breast/nipple to penis/vagina, the latter becoming a feeding experience at a part-object level. Meltzer (1967) speaks of "the infant turning-to-the-penis-as-an-oral-Object, or confusion of nipple and penis."

Mr. F is well aware of the infantile part of himself, which he hates since it continually undermines or overwhelms his adult side. He has to 'put on an act' most of the time which is both forced and false, so that he is incapable of being spontaneous. At the other extreme, although he is not motivated to do anything for himself since he does not know his own needs, it would seem that he can do almost anything for others. For example, in raising funds for handicapped children, he would leave no stone unturned, ending up with a sum of money which would frighten him and amaze others. He identifies with the handicapped children who represent his

own inner deprived child, so that in projection he makes the effort for himself, which also offsets his guilty feelings about wanting it all for himself.

These extremes carry archetypal qualities which alone can account for the power and fascination of such states. Jung (1959) says that the contents of the personal unconscious are chiefly feeling-toned complexes constituting the personal and private side of psychic life. The contents of the collective unconscious on the other hand, are archaic, primordial, universal images known as archetypes.

Mr. F began to see that he was identifying with his infantile side, and that this strong and irrational part of him was still experienced at a pre-verbal level. He continued to be in the grips of the 'Puer Eternus' (archetype), wanting to remain the Eternal Youth in order to avoid the pain of growing-up, his fantasy being that time must and can stand still. Mr. F has so often pushed the clock away or turned it round, insisting that time must not only stand still, but be put back in order to avoid the painful feelings associated with the lost years, being angry with me that I could not use the power he projected on to me to achieve this end.

Again, in the extremes, he would either give me great power and stature, seeing me unconsciously as the Great Mother (in the same way as he regarded his own mother), or he would denigrate me by saying that anyone with a little common sense could do my job. There was an enormous discrepancy between the 'nothing but' rational side of Mr. F, which he so often used as a defence, and the strong irrationality of the infant within him, the depths of which Mr. F was quite unconscious at this time.

The concept of the Great (phallic) Mother, with its power and fascination, helped me to understand and to feel the enormous conflict taking place in Mr. F between wanting to remain in this archaic condition and its world of fantasy on the one hand, yet struggling like a hero to separate out from the spell cast by the Great Mother archetype, which remained in projection on to his mother.

Neumann (1963) says that the child first experiences in his mother the archetype of the Great Mother, that is, the reality of an all-powerful numinous woman on whom one is dependent in all things, and not the objective reality of the personal mother, this particular woman, which his mother becomes for him later when his ego and consciousness are more developed. It took me quite a while before I realised the extent and degree of power behind such archetypal forces in someone as unconscious as Mr. F.

Jung (1959) speaks of this dominating power, and that it is not surprising that the archetypes have to be repressed with such intense resistance. When repressed they hide behind ideas and figures which have already become problematical,

and intensify and complicate their dubious nature. For instance, everything that we would like in infantile fashion to attribute to our parents, or blame them for, is blown up to fantastic proportions from this secret source.

I found this to be so true and so apt in our early work together. I was often misled by ordinary adult language, such as when Mr. F said that either the other person has to be 'responsible' for him, or vice versa: adding that it is such a great strain to 'provide' for them. On enquiry we discovered an extreme, the Great See-Saw, whereby one is responsible = all-powerful = The Great Mother, who entirely fulfills the other's needs when in the UP position. For Mr. F the UP position was an unthinkable burden which he could not contemplate. In the transference, either I felt powerless, helpless and useless, at times, which is what Mr. F had yet to experience in himself, or I was in danger of colluding with his Puer Eternus by becoming, in his eyes, this powerful figurehead, thus repeating the pattern between him and his mother. I had experienced both the 'up' and the 'down' of the See-Saw, with Mr. F.

Mr. F's mother carries the illusion of the Great Mother by pushing away all her feelings and needs so that she can imagine herself to be strong (omnipotent). In her relationships she over-feeds, in different ways, thus doing for others what she needs for herself, this being in projection on to the other. This then avoids her own feelings of emptiness. Mr. F says that she 'goes too far' so that people become embarrassed. If they fail to appreciate her efforts, she then becomes the Queen Martyr making them feel guilty. Since she cannot give something of herself, she gives material substitutes in a lavish way, for example she gives her granddaughter not one dress from the shop, but a parcel containing more than she can wear during the year, and it gives her pleasure, she says. She needs the other's gratitude. Mother is far more unconscious of what she does than Mr. F, being blinded by her needs, although there is now some modification of her behaviour as Mr. F makes her more aware of herself.

PHASE TWO - REGRESSION

We had by now glimpsed and skirted the depths of Mr. F's disturbance, which continually harked back to a pre-verbal, early oral level: his mother was still his container, he imagined her to be all-protective so that he could only travel within about a five to ten mile radius without her, such was his illusion. Neumann (1967) says that Being in the World is originally experienced as being 'in something': this containing vessel is the Great Mother.

Mr. F continually asked how much longer treatment was going to last since he only wanted to live an ordinary life like other people, and he wanted to get on with it. We discovered that his expectations had been that he would make steady progress, gradually losing all his symptoms so that

he could 'readily enjoy life', there seeming to be some fantasy of ease involved. Instead of which Mr. F acted out in his family setting. He had rows with his step-father instead of with me, and mother tried to placate them, since she cannot face her own aggression. They all blamed me and they endeavoured to make me feel guilty and responsible for what went on between them.

Mr. F's frustrations increased together with his anxieties and doubts as to whether I could help him, since he felt that he was getting worse. He expressed this as a feeling of 'falling into the mire', which meant getting into his messy, shitty infantile feelings which he connected with his fears of losing control, after a dream he had about 'going berserk' in the shop, and smashing it up. This terrified him, since the shop at that time, represented his defences, where his obsessive, creative side could be used profitably, and where his ruthlessness was acceptable in business. Most of his energies and time went into the shop where everything had to be 'near perfect'. Both the shop, and at that time, the flat, had become idealised places with 'nothing missing'. They seemed to defend against feelings and fears of deprivation, emptiness and badness.

Partly due to the economic recession and partly to overspending on the flat, the business was in jeopardy financially, this being the income on which they all relied. It was the flat which had to be sacrificed, since Mr. F had been unable to occupy it. At a realistic level this was necessary, but for Mr. F it was a painful loss of part of himself, which he mourned and which felt like a bereavement; he had pinned all his hopes on to the flat. Having created his own external container he could not use it since it did not coincide with his inner state, which was still one of extreme insecurity, since mother still carried the projection of security.

The fantasy based on Dr. X's suggestion that he should get a place of his own, which would help him to get away from mother, had now collapsed when confronted with the reality of not being able to leave home/mother. On one of the few occasions that Mr. F slept in his flat alone, he had a nightmare, which was of some magnitude. He dismissed it as bizarre, but he did write it all out on waking. It was as follows:-

> I dreamt that my mother was pregnant with me in the present, for some unaccountable reason.
>
> I was sitting in my parent's lounge, and someone else was there too. We were discussing the matter and I was absolutely terrified. It meant that I was to start life again as a baby, just born! My life seemed to flash through my mind. Everything that I ever owned was to be sold: all the money I had spent on medical treatment would be wasted, in fact everything I had ever done was to come to naught.

> I was in hospital, my step-father was with me. I was pleading with him that I should not die, by some sort of injection the doctor was to give me before I could be re-born. I was in tears and panic-stricken. Nothing could stop what was about to happen. I realised that the present would carry on around me and I would be a new born baby. As I was taken into a small room where my present life was to be ended I suddenly realised another terrifying factor, that by the time I was ten or in the unknown world of the next century, they would have died of old age, and that is where I cried out - I'm going to kill myself or I'm going to be killed. I awoke in tears.

Jung (1972) says that natural transformation processes announce themselves in dreams. It felt like a gift to me, so that in spite of Mr. F's protests both awake and asleep, there seemed to be no doubt that the process was under way, but since the theme was life and death, I wondered whether Mr. F's frail ego would survive.

Mr. F never mentioned the dream again. He housed it with me, as if it belonged to me, and any chance I had to re-introduce it was ignored. Of course, Mr. F took it literally since he cannot symbolise, so that he experiences everything in concrete terms: he cannot own his unconscious.

Symbolically the dream was full of his fears about 'letting go', which may be loss of his false self, the self produced by his environment represented by such things as his material goods. Everything he had experienced was meaningless and a waste, the crying and sadness being associated with the loss and waste of his life so far. The dream was prophetic, since parallel in his everyday life he felt that he had reached 'rock bottom', and he imagined that I had too, which was another example of projective identification.

Unconsciously he was testing me out in different ways. He asked me what I would do if a mother came into his shop with a screaming child whom she could not control. I said perhaps he wanted to know how I would react if he brought his own inner screaming child to me. He said that I must be thinking 'I wonder how I can get him out of this mess', still seeing himself as the helpless one, his power being in projection on to me, although the implication was also that the Great Healer had blundered in some way.

He began to come ten minutes early. They had a new girl working in the shop, she was 'on trial' and not doing what he wanted, 'she does not gel' he said. I remarked that he could be talking about me, that I am still on trial and not working in the way he wants or expects, so that I don't fit in to his usual pattern. But now I had become the withholding breast/bottle, and Mr. F said that he had reached the end of his tether, and that since I had got him into this state, I could also get him out of it. His false self was

dissolving and he brought his tears, feeling exhausted, depleted and despairing.

Coming to the end of something can also activate a beginning, yet it was hard for me to be the 'bad' therapist-mum, which his own mother had been unable to be. She could not allow him to find and face his own feelings and needs, having to replace his for hers, and protecting him from what she considered to be dangerous situations, which prevented him from discovering the outside world himself, with her encouragement.

All this coincided with my holiday break of one week. Whilst I was away, he went off all his medication, throwing away the tablets, and he shaved off his moustache. This acting-out seemed to be a desperate bid for freedom from intolerable tensions within him between the opposites and extremes from which he suffered. But his actions frightened him so much that he was thrown into a state of even greater helplessness, despair and rage. Fenichel (1945) says that the experience of early traumata may underlie this characteristic intolerance towards tensions.

At a more conscious level, Mr. F feared his attachment to me, since he was convinced that it could only be a repetition of being in "mother's web", where he felt both trapped, yet safe. Fordham (1978) describes transference as essentially a repetition (with modifications) of infantile patterns.

Just one year after the commencement of treatment we were coming to what Balint calls the 'Basic Fault'. The cracks were beginning to appear in his defences, with the false self dissolving. The split (the wound) between his head and his heart was now more obvious, although some of Mr. F's attitudes had changed, so that he did now have some idea of the process which was going on inside him. He began to have an 'inside'. But there was still a yawning gulf between the opposites, and I needed to be the 'mediator', that is, the bridge, because at this time Mr. F was either all head or all dread. Understandably, Mr. F tried to fight off the terrified infant inside him, which pressed for attention. He felt that he was 'falling to pieces', and he imagined that he would have to be carted off to a mental home, or even exorcised. These descriptions gave me a clear indication that the age of which he was speaking would be an early oral, pre-verbal one.

I felt anxious and uncertain about how I was going to handle Mr. F's regression. Jung (1954) says that the process which looks more like an alarming regression is rather a 'reculer pour mieux sauter', an amassing and integration of powers that will develop into a new order. On the other hand, that it is possible to uncover a latent psychosis and bring it to 'full flower'. From what I knew about Mr. F so far, I imagined that it would more likely be akin to the former, although much depended on the interaction between Mr. F and myself.

and intensify and complicate their dubious nature. For instance, everything that we would like in infantile fashion to attribute to our parents, or blame them for, is blown up to fantastic proportions from this secret source.

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Mr. F continually asked how much longer treatment was going to last since he only wanted to live an ordinary life like other people, and he wanted to get on with it. We discovered that his expectations had been that he would make steady progress, gradually losing all his symptoms so that

he could 'readily enjoy life', there seeming to be some fantasy of ease involved. Instead of which Mr. F acted out in his family setting. He had rows with his step-father instead of with me, and mother tried to placate them, since she cannot face her own aggression. They all blamed me and they endeavoured to make me feel guilty and responsible for what went on between them.

Mr. F's frustrations increased together with his anxieties and doubts as to whether I could help him, since he felt that he was getting worse. He expressed this as a feeling of 'falling into the mire', which meant getting into his messy, shitty infantile feelings which he connected with his fears of losing control, after a dream he had about 'going berserk' in the shop, and smashing it up. This terrified him, since the shop at that time, represented his defences, where his obsessive, creative side could be used profitably, and where his ruthlessness was acceptable in business. Most of his energies and time went into the shop where everything had to be 'near perfect'. Both the shop, and at that time, the flat, had become idealised places with 'nothing missing'. They seemed to defend against feelings and fears of deprivation, emptiness and badness.

Partly due to the economic recession and partly to overspending on the flat, the business was in jeopardy financially, this being the income on which they all relied. It was the flat which had to be sacrificed, since Mr. F had been unable to occupy it. At a realistic level this was necessary, but for Mr. F it was a painful loss of part of himself, which he mourned and which felt like a bereavement; he had pinned all his hopes on to the flat. Having created his own external container he could not use it since it did not coincide with his inner state, which was still one of extreme insecurity, since mother still carried the projection of security.

The fantasy based on Dr. X's suggestion that he should get a place of his own, which would help him to get away from mother, had now collapsed when confronted with the reality of not being able to leave home/mother. On one of the few occasions that Mr. F slept in his flat alone, he had a nightmare, which was of some magnitude. He dismissed it as bizarre, but he did write it all out on waking. It was as follows:-

> I dreamt that my mother was pregnant with me in the present, for some unaccountable reason.
>
> I was sitting in my parent's lounge, and someone else was there too. We were discussing the matter and I was absolutely terrified. It meant that I was to start life again as a baby, just born! My life seemed to flash through my mind. Everything that I ever owned was to be sold: all the money I had spent on medical treatment would be wasted, in fact everything I had ever done was to come to naught.

> I was in hospital, my step-father was with me. I was pleading with him that I should not die, by some sort of injection the doctor was to give me before I could be re-born. I was in tears and panic-stricken. Nothing could stop what was about to happen. I realised that the present would carry on around me and I would be a new born baby. As I was taken into a small room where my present life was to be ended I suddenly realised another terrifying factor, that by the time I was ten or in the unknown world of the next century, they would have died of old age, and that is where I cried out - I'm going to kill myself or I'm going to be killed. I awoke in tears.

Jung (1972) says that natural transformation processes announce themselves in dreams. It felt like a gift to me, so that in spite of Mr. F's protests both awake and asleep, there seemed to be no doubt that the process was under way, but since the theme was life and death, I wondered whether Mr. F's frail ego would survive.

Mr. F never mentioned the dream again. He housed it with me, as if it belonged to me, and any chance I had to re-introduce it was ignored. Of course, Mr. F took it literally since he cannot symbolise, so that he experiences everything in concrete terms: he cannot own his unconscious.

Symbolically the dream was full of his fears about 'letting go', which may be loss of his false self, the self produced by his environment represented by such things as his material goods. Everything he had experienced was meaningless and a waste, the crying and sadness being associated with the loss and waste of his life so far. The dream was prophetic, since parallel in his everyday life he felt that he had reached 'rock bottom', and he imagined that I had too, which was another example of projective identification.

Unconsciously he was testing me out in different ways. He asked me what I would do if a mother came into his shop with a screaming child whom she could not control. I said perhaps he wanted to know how I would react if he brought his own inner screaming child to me. He said that I must be thinking 'I wonder how I can get him out of this mess', still seeing himself as the helpless one, his power being in projection on to me, although the implication was also that the Great Healer had blundered in some way.

He began to come ten minutes early. They had a new girl working in the shop, she was 'on trial' and not doing what he wanted, 'she does not gel' he said. I remarked that he could be talking about me, that I am still on trial and not working in the way he wants or expects, so that I don't fit in to his usual pattern. But now I had become the withholding breast/bottle, and Mr. F said that he had reached the end of his tether, and that since I had got him into this state, I could also get him out of it. His false self was

dissolving and he brought his tears, feeling exhausted, depleted and despairing.

Coming to the end of something can also activate a beginning, yet it was hard for me to be the 'bad' therapist-mum, which his own mother had been unable to be. She could not allow him to find and face his own feelings and needs, having to replace his for hers, and protecting him from what she considered to be dangerous situations, which prevented him from discovering the outside world himself, with her encouragement.

All this coincided with my holiday break of one week. Whilst I was away, he went off all his medication, throwing away the tablets, and he shaved off his moustache. This acting-out seemed to be a desperate bid for freedom from intolerable tensions within him between the opposites and extremes from which he suffered. But his actions frightened him so much that he was thrown into a state of even greater helplessness, despair and rage. Fenichel (1945) says that the experience of early traumata may underlie this characteristic intolerance towards tensions.

At a more conscious level, Mr. F feared his attachment to me, since he was convinced that it could only be a repetition of being in "mother's web", where he felt both trapped, yet safe. Fordham (1978) describes transference as essentially a repetition (with modifications) of infantile patterns.

Just one year after the commencement of treatment we were coming to what Balint calls the 'Basic Fault'. The cracks were beginning to appear in his defences, with the false self dissolving. The split (the wound) between his head and his heart was now more obvious, although some of Mr. F's attitudes had changed, so that he did now have some idea of the process which was going on inside him. He began to have an 'inside'. But there was still a yawning gulf between the opposites, and I needed to be the 'mediator', that is, the bridge, because at this time Mr. F was either all head or all dread. Understandably, Mr. F tried to fight off the terrified infant inside him, which pressed for attention. He felt that he was 'falling to pieces', and he imagined that he would have to be carted off to a mental home, or even exorcised. These descriptions gave me a clear indication that the age of which he was speaking would be an early oral, pre-verbal one.

I felt anxious and uncertain about how I was going to handle Mr. F's regression. Jung (1954) says that the process which looks more like an alarming regression is rather a 'reculer pour mieux sauter', an amassing and integration of powers that will develop into a new order. On the other hand, that it is possible to uncover a latent psychosis and bring it to 'full flower'. From what I knew about Mr. F so far, I imagined that it would more likely be akin to the former, although much depended on the interaction between Mr. F and myself.

An accumulation of both internal and external pressure, led to a breakthrough or breakdown of defences, just as Mr. F had fainted during his Barmitzvah at the age of thirteen, when he felt that the sea of faces had swamped him like a tidal wave (this representing his unconscious). Greenson (1978) says that in a traumatic situation the ego is flooded and robbed of its functions. It cannot bind or master the stimuli impinging upon it.

What threatened to swamp Mr. F now was the emergence of infantile feelings, especially his rage, and the sudden realisation that he wanted to come and smash up my room (me). His bad feelings emerged instead in the form of sickness and diarrhoea, so that he felt faint and weak, finally reaching the point where he felt too ill to come to see me, although he was desperate for help. I recognised the re-emergence of the Truby King infant who now experienced his helplessness and fear of abandonment in terms of me not being able to help him any further, this being a repetition of the past, where mother could do nothing (right) for him. Unconsciously he was testing me out, the Big Test.

I felt this to be the most crucial point of the analysis and that I needed to remain substantially there for Mr. F, no matter what happened and in spite of his parents' protests and demands that I should get some real help for their son. I want to point out very strongly that what followed is not how I work with most of my patients, and only after much consideration and deliberation, did I decide to step out of my analyst's shoes and to visit Mr. F.

On arrival I told Mr. F that I had not come to see him because I was anxious about him in the way both he and his parents were, but because I recognised his need to see me, since the infant inside him needed immediate attention. Mr. F's mother had not been able to meet his needs and recognise his gestures as an infant: she had watched the clock instead, paying no heed of the tiny person within. In order to survive, the infant Mr. F became compliant, without spontaneity or emotional colour, his true self remaining encapsulated in its archaic state. Winnicott (1976) says that the false self is a defensive structure which protects the true self, and reacts to environmental stimuli by compliance.

Now, in the present, Mr. F was an infant again, and I was torn between what might be seen as collusion with the desperate infant in Mr. F, and an endeavour to keep his adult side in operation. But I could see that his ego was just not strong enough without my physical presence at this crucial moment. Mr. F felt that he had no adult left, since he was identifying with his inner infant. Only later did I read Balint (1968) who says that it is only the regressed patient who has temporarily given up the protection of his adult, and perhaps false self, who needs management. By

management, Balint meant the delicate and precarious task of nursing, protecting and mediating.

I SAT WITH HIM, since I felt that it was my containment and continuity that he most needed to experience. Where possible I helped him to verbalise his fears and fantasies, so that he could begin to realise that he was repeating his primal, infantile traumata as if it was the past. Freud says that the patient does not remember anything of what he has forgotten and repressed, but acts it out. He reproduces it not as a memory but as an action.

All I could do was to remain more or less indestructible, accepting whatever came, becoming some sort of pliable substance, and creating an environment in which both he and I could tolerate the regression in a mutual experience. Balint (1968) speaks of some kind of 'mix-up' between the patient and oneself. In retrospect this describes well what took place, since we were both immersed and engaged at a feeling level, and I doubt very much whether I could have verbalised what was happening between us at that time. I realised that no one and no theory could help in this unique situation between Mr. F and me. I had to draw on my own resources, in total, and to be ready to accept the consequences.

My management took the form of suggesting that we should meet every day for a short period of time. This was effective in as much as Mr. F gradually managed to hold on to his feelings until he got to me, instead of 'spilling out' on to his environment, and then he 'let rip'. During this period he went through the whole gamut of his feelings. All the 'bad stuff' came out: he sat with a bowl on his knees and retched, cried and shouted, so that he was in fact the 'messy shitty baby', sometimes asking if I wasn't frightened of him as he beat the chair wildly, wishing it was me. Occasionally the baby inside him would subside and he would comment, 'I must be mad to carry on like this'.

I felt gratified that he had been able to reach this deep feeling level of his psyche, against which he had for so long been defended. At last the infant was managing to be heard and seen by me, getting full recognition and acceptance, and I welcomed the 'coming to life' of Mr. F. Jung (1959) says that there is no change from darkness to light, or from intertia to movement without emotion.

But Mr. F was in full protest about my forthcoming week's holiday. He feared that this was leading up to the end of treatment, imagining that I could not help him any further. This seemed to be what he may have felt about mother as a baby, there was no continuity, there were breaks since she could not meet his needs, she was not there in the way he needed. The ruthless baby in Mr. F saw me as the ruthless one, which left him feeling the helpless victim. His murderous impulses towards me, all stemming from his original traumata with his mother, and the accumulation since, were

denied and split up, so that either he imagined that I might get killed in my car, or that he would be dead when I got back, the latter wanting to make me feel guilty in an endeavour to control me, in the way he continued to control his mother, (and she him), by his weakness. Another element was his oedipal jealousy that I was going off with my husband, and his rage that we are a couple, although to Mr. F, being a couple means finding an idealised mother figure of his own age, since he is still a baby, that is, he is not differentiated enough to have a relationship involving mutuality.

Another archetypal situation which my holiday break may have stirred up might have been about his father leaving him when he was three years old, since somewhere I am also the 'paternal principle' in as much as I am helping Mr. F to separate out from mother, from his unconsciousness, and I was going off, as father did, leaving him in his mother's clutches or embrace, the very situation he would both dread, yet desire: producing guilt about having got mother to himself, and feeling that somewhere he had been party to father's despatch.

Mr. F could not bear to talk about his real father, his fear being that it might stir up feelings in him which would be best left alone. All the negative feelings of guilt and blame have been displaced on to his father who becomes the 'bad' one, leaving both Mr. F and his mother free to dismiss both him and their own complex feelings along with him.

Binding Mr. F even more to his mother than the projection of the mother archetype, is his anima, his own internal feminine principle, which increases the fascination (in both its negative and positive aspects), making his task to differentiate even more difficult. Jung (1959) says that 'our task is not to deny the archetype but to dissolve the projections, in order to restore their contents to the individual who has involuntarily lost them by projecting them outside'.

PHASE THREE - SURVIVAL

Far from not surviving my holiday and his recent regression, Mr. F appeared with renewed vigour and determination to get on, and to get better. This phase was characterised by vengeance. He admitted that he wanted revenge: for his mother a long slow torture in the way he felt she had tortured him all his life. His step-father he wanted to kill.

I had become the bad therapist-mum, so that I had the full impact of his feelings unleashed upon me; he was no longer the helpless infant who feared his survival or mine. Although my holding and nurturing may have gone unnoticed by him at a conscious level, the effect of it may well have given him the courage to attack me now, plus the proof that we had survived all his, mainly unconscious, murderous impulses. It was now more evident to Mr. F that he had been identifying with the infantile part of himself, and that his

irrational fears proved to be unfounded, and he had been able to channel and contain most of his feelings.

His attacks on me took the form of denigration. An example of this was that he said that he had had enough of me 'doing nothing'. When I enquired what he wanted me to do, he screeched, 'how should I know, you are supposed to be the therapist'. The implication was that I had got it all, but that I was withholding my good things, which showed his envy fantasies. He admitted that he was envious and angry that I kept all these things to myself. He wanted to make me feel guilty about not helping him in the way he imagined I should or could, which was still linked with his need to control me, thus gaining an illusion of security.

Melanie Klein (Hanna Segal, 1964) says that control is a way of denying dependence and yet compelling the object to fulfil a need for dependence, since an object that is wholly controlled, is, up to a point, one that can be depended on.

This statement is also significant in as much as Mr. F was controlling his mother by being weak. Since the regression, Mr. F's restrictions had closed right down from being able to travel within about ten miles of mother, to not leaving her at all. For nine months she drove him up to see me, and waited outside in the car. This was later recognised as part of the long slow torture that Mr. F wanted for his mother.

At the same time, she was still the 'good' one who was there with him, and I was the 'bad' withholding one, thus splitting and projecting these two aspects on to two different objects. Kohut (1971) says that since all bliss and power now reside in the idealised object, the child feels empty and powerless when he is separated from it and he attempts, therefore, to maintain continuous union with it. I did not interpret this until later, since he needed to bring out and work through these negative feelings towards me in the present.

At a practical level, his parental support enabled him to continue treatment with me during these regressed periods; he might otherwise have become hospitalised. But they also interfered, since the family complex does not allow it to be separate individuals. Even outsiders see them as a threesome, like a 'committee', one person remarked. Mr. F feels angry and embarrassed when he is referred to as 'Mr. F and his mother', seldom being seen as an individual.

I also felt that it was difficult to see Mr. F separately because he is not separate. He has sometimes remarked that I have 'only got one of them' in treatment, and he is resentful when they intrude since he wants me all to himself. Nevertheless, our task is to separate out what belongs to Mr. F from what originated from them, his parents. Mr. F contains an inner over-anxious, over-feeding object which resembles his mother, restricting and frightening himself;

this being a repetition of mother's behaviour towards him. The 'over-rational', head side, of Mr. F has been much influenced by his step-father, whose moralistic, and dogmatic attitudes and opinions have allowed no room for Mr. F to find or to form his own outlook on life, since his step-father MUST always be 'right'. Until recently Mr. F believed that he was, and reflected many of his attitudes towards life.

The false side of Mr. F consisted of adaptations or reactions to the impingements of his environment, leaving him no sense of identity, since he was still in the 'plural' stage of Puer Eternus, immersed in the collective family identity and his Jewish roots. I was made to feel the foreigner or stranger, the one on the outside of it all, which is what he feels himself about the 'outside' world. He used to say that coming to see me was like going into another world: I represented the dangerous unknown territory of 'non-beings'; hence the enormous pressure on me to fit in to his world and to repeat only patterns which were familiar, such was his terror of the unknown, this unknown territory being the frightening aspects of himself in his own unconscious, which were projected on to the outside world.

The pain of growing up is what Mr. F was trying to avoid at all costs. Hence the enormous opposition to treatment and to the whole process of change, wanting everyone in his environment to be 'good feeding mums' so that his goal of remaining the Puer Eternus could stand. This was the purpose his symptoms served, avoidance. Since much of our time was spent on discussion of Mr. F's symptoms, this having been his main contribution to our analytical sessions, it led me to explore further literature on the subject, since I needed to understand more fully the underlying issues.

Mr. F demonstrated continually what Greenson (1974) says, which is that phobic patients are avoiders, distance makers, and projectors. Mr. F also says that he is often anxious about his anxiety. Greenson states that anxiety is a reaction to danger, but it may become a danger in itself, an important point being that the danger is displaced from an internal source to an external. According to Greenson the anxiety which leads to a phobia formation is a traumatic event, and this state is determined by two sets of factors: the condition of the ego, and the quantity of the stimuli imposed upon it.

The onset of Mr. F's phobia did seem to originate from, or at least to reach full status after, a certain traumatic event. When he was seventeen years old he travelled every week from Brighton to North London by train to see his girl friend, who was older than him and motherly. Her family regarded Mr. F as one of them, so that it came as an enormous shock to Mr. F when her father asked about his intentions towards his daughter, and his future prospects. That day Mr. F went home in a panic, feeling sick and faint, and suffering stomach pains. It seemed that his fear of travelling

came fully into being on this occasion. At an unconscious level Mr. F may have felt that he was being asked to become the 'Great Mother', feeling the girl's father to be placing expectations upon him which he could not meet.

Charles Ryecroft (1964) describes this as a flight away from danger and back to mother, so that the situation which would otherwise provide opportunities for learning self-reliance are experienced as frightening: the wish to grow up is denied and projected. Of course, the reason for the anxiety gets repressed, so that Mr. F did not know what he was anxious about, and his phobia prevents him from getting into situations where he might become anxious.

The underlying problem is the frailty of Mr. F's ego, and how he had to defend against impingements from his environment, so that he could never experience full dependence on his mother as an infant since he could not trust her. Winnicott (1974) puts this very clearly when he says: Trauma implies that the baby has experienced a break in life's continuity, so that primitive defences now become organised to defend against a repetition of 'unthinkable' anxiety or a return of the acute confusional state that belongs to disintegration of a nascent ego structure.

But Mr. F is a man of twenty eight, who fears and hates his own immaturity and weakness in the face of everyday living and in comparison with other people whom he envies, imagining them to be enjoying all that he feels he is missing.

He is his own worst enemy in as much as he is cruelly divided against himself, being intolerant and rejecting of the originally disturbed child within him, which has been debarred from the opportunity of maturing, not only by his mother originally, but now by himself. Fairbairn's term 'internal saboteur' seems aptly to describe the persecuting ego function in Mr. F, which directs its energies towards hating its infantile weakness rather than protecting it. At the moment Mr. F is not able to appreciate that this primitive and undeveloped self contains all the potential for growth towards wholeness. This particular condition of the psyche not only makes normal maturing impossible, but it is also the source of resistance to psychotherapy.

Mr. F has had few dreams that he remembered, but one in which the carpet in his room had been ripped right down the middle, seemed to portray his internal split, for which he blamed his mother. This split is also perpetuated by him internally, although since his regressive phase there has been some modification. This inner struggle he likened to a 'tug-of-war', projecting these parts of himself on to his mother and myself, by saying that she pulls him backwards, and I pull him forwards.

As Jung (1959) says, there is no consciousness without discrimination of the opposites, and this is the paternal principle, the Logos, which eternally struggles to extricate it-

self from the primal warmth and darkness of the maternal womb, in a word, from unconsciousness.

Since nothing can exist without its opposite, (Senex et Iuvenis simul), an old wise man and a youth at once, Mr. F had yet to activate the paternal principle, since his real father had been missing, both personally and archetypally. He was not available as a facilitating figure who could have helped him to constellate a potent and effective father as an internal object. To the contrary, his father remains the 'bad penis', so that there is no effective penis in the family, since mother could not accept or tolerate one, being the phallic mother herself. Step-father, Uncle Ernest, has remained a remote figure. He and Mr. F's mother did not have children and he was unable to provide the experience of mature masculinity needed by Mr. F. In any case it would be difficult to have incestuous feelings towards a friend, since step-father's contribution was that of a friend with a protective umbrella for the child-mother and her two children.

On several occasions recently, Mr. F has worn a suit, which is most unusual, commenting that he feels more like a man than a child when he dresses like one. Our sessions have felt quite different, as if we were having a man-to-man talk. I am helping him to explore, discover, recognise and REAL-ise himself. I remain open to whatever he brings, not protecting him, and neither condemning or condoning. Much of all this he still sees in a negative light and regards with much suspicion and some curiosity.

PHASE FOUR - TRANSFORMATION

The length of this paper limits its scope so that I have only been able to touch what I consider have been the major issues, the emphasis being on the early oral fixation. The other stages of growth have been less obvious and less pressing, since they are incorporated in the existing archetypal pattern.

Mr. F feels that he is changing, which in retrospect is demonstrable. Seen in a wider sense, this phase, which is one of 'becoming', may well go on for the rest of his life.

In terms of treatment, we have a long way to go; the path being zig-zag and certainly uphill. There is still some magical element about what I am doing, like 'growing him up', like a grow bag. At the same time Mr. F hates me for 'exposing his nerve endings', and he blames me for making a 'gash with my knife', which seems to refer to his separating out from his mother. Not having got the full measure of his destructive impulses, he is understandably most uncertain of his own healing capacities.

The quality of our sessions has changed, the pre-analytical period has ended. He turned his chair round to face me squarely, feeling curious that I had remained the same after

all we had been through together, this being a recognition that I am not like his mother. Somewhere he just begins to see that I may well be both the good and the bad therapist-mum (and dad).

He yearns to have a woman of his own, and admits that he would like to have more of my time and attention. Meanwhile he still sees mother as 'company', since he still has no life outside the shop and home. Helene Deutsch says that the companion represents the protecting parent, but also the hated parent: he is reassured that he has not killed the person who is walking at his side. 'Oh crap!' said Mr. F angrily, 'you and your theories', when I pointed out that perhaps needing mother as his companion not only prevented him from feeling his aloneness, but also reassured him against his murderous impulses towards her.

What happens to Mr. F is bound to disrupt the family complex, and in so doing, make his parents' failure more evident. As Mr. F begins to feel more sure of himself, being more assertive in quite positive ways, so his step-father is deteriorating, in terms of beginning to feel weak and helpless, which is a condition not necessarily based on his age or health. One of them has to remain weak. Mr. F does not want his parents to think that he is better because he feels so guilty about wanting to leave them, since they need him to remain a child.

Another aspect of this is that the stronger he becomes, the more they will rely on him, so that the roles would be reversed. In reality, there is a legal document (since they do not trust him) that the shop will continue to provide for them all after his mother retires: in that way he would then become the mother. He may be left to carry the family burden. Not only is he faced with the mammoth task of separating out from his mother internally, and from the family collective identity, but he also has these very real pressing external circumstances, with which he will have to cope.

Mr. F knows that he has strength, but as yet lacks the courage to use it, since change makes him feel insecure. He feels like the 'Lion with no Confidence' in the Wizard of Oz. In the extremes he has felt himself either to be the 'victim' where things were being 'done' to him, like me making him better or worse, not yet seeing that he could be effective too and also have a choice. Or, he has been and will continue to be the 'hero', since his inner journey will go on, transformation coming slowly through his experience with me: the contents of the past being up-dated and dealt with in the present.

The fantasies are gradually seen for what they are, so that reality can begin to modify it all: in this way healing is brought about, even though there will always be scars.

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BOOK REVIEWS

INTRAPSYCHIC AND INTERPERSONAL DIMENSIONS OF TREATMENT: A CLINICAL DIALOGUE by Robert Langs and Harold Searles, Aaronson, NY, 1980, £22.95.

Robert Langs is the Michael Parkinson of psychoanalysis and this book, which is a transcript of several interviews with Harold Searles, is just about the most entertaining book we are ever to see from the likes of the analytic-therapeutic world. Langs has long admired Searles and knows his work very well indeed and like any good interviewer he allows Searles to follow his own way in the dialogue and this Searles does with remarkable honesty. In a really quite profoundly moving portion of the book - at the beginning in fact - Searles talks about his youth and how this influenced his decision to enter the analytic world; he discusses his classical analysis and why he changed his own technique; he talks about his doubts and does so with almost painful frankness, a fact that is emphasized by the fact that on several occasions in his first interview with Langs he breaks down into tears. From the very beginning of his career Searles has distinguished himself as a searchingly honest clinician whose candid reflections on his own work hardly endeared him to a large portion of American psychoanalysts who have only recently found a way to talk about clinical work in a language that seems related to the therapeutic interaction. That said, I can recall that many analysts who would never have quoted Searles in any of their papers were reading him avidly and finding personal relief through him, almost like an oppressed population discovering an underground literature that spoke the truth. For his courage Searles has paid a price and I think this can be detected in the book.

Because Langs is so well informed the dialogue turns to many of Searles crucial concepts and Langs pushes him to state just how the patient is therapist to the analyst, or just how Searles can justify his direct expression of countertransference to the patient. No unquestioning reflective admiration society this: both analysts are soon engaged in quite an aggressive battle with one another, and Searles does not disguise his increasing irritation with Langs' somewhat necessary bullying. Indeed, there was some doubt in Searles about whether the transcript should be released for publication and the correspondence between the two clinicians is included at the end of the book.

This is a book for the experienced clinician and to that person I can recommend it without qualification. A fascinating and compelling book.

Christopher Bollas

ANALYSIS, REPAIR AND INDIVIDUATION, VOL. 5, THE LIBRARY OF ANALYTICAL PSYCHOLOGY, edited by Michael Fordham, Rosemary Gordon, Judith Hubback, Kenneth Lambert. Academic Press, London, 1981.

This book has been published as Vol. 5 of the 'Library of Analytical Psychology.' As the Editor of the Series, Rosemary Gordon states in her introduction to the book 'it informs precisely, in depths and with much humanity, on what Jungians in London do with their patients - and with themselves in relation to their patients - and describes the various sources and influences that have brought them to their present position and to their present way of working. 'It is, therefore, of interest not only to Jungian psychotherapists but also to those who are committed to Freudian and post-Freudian theories in their understanding of the therapeutic process and who are also interested to learn more about the London Jungian approach.

Kenneth Lambert gives a very personal account of his searching development as an analytic psychologist. Well read across a wide field of psychoanalytic publications he allows the reader to take part in his own understanding of various conceptualisations, inevitably seen from the viewpoint of a Jungian Analytic psychologist. The author states that the book has been written over ten years in an attempt 'to integrate into his original Jungian background both psychoanalytic developments and the changing emphases of analytical psychology.'

The outlay of the book is original: Each chapter deals with a clinical or theoretical concept central to both Analytical Psychology and Psychoanalysis. It is examined and evaluated within the context of historical development. The author says that he aims at showing how development has taken place 'often parallel, sometimes mutually interactive, and occasionally divergent.'

Kenneth Lambert reasons convincingly that analytic psychology cannot ignore early object-relations development and its failures when dealing with severe psychopathology. He also rightly points out that psychoanalysis has not only conceptualised early pre-verbal stages of development, which in turn has changed therapeutic procedure and technique, but it has also developed those concepts of Self which have become essential to the understanding and treatment of narcissistic and borderline disorders. The 'repair' of severe psychopathology has become the domain of all schools of dynamic psychology.

The various chapters deal with the following topics: Individuation and the mutual influence of psychoanalysis and analytical psychology; personal psychology and the choice of analytic school; individuation and the personality of the analyst; resistance and counter-resistance; archetypes, object-relations and internal objects; reconstruction; transference, counter-transference and interpersonal rela-

tions; dreams and dreaming and the individuation process. To discuss any of them in detail would mean writing another book. They are all very stimulating reading for psychoanalysts who are not versed in Jungian psychology. Well chosen clinical examples allow for a clear understanding of the Jungian way of the therapeutic encounter and it enabled me to learn much about it. Sometimes controversies seem to be underplayed on other occasions generalisations could not be avoided as each chapter deals with such a variety of viewpoints on the topic under discussion. Being a psychoanalyst I found it breathtaking how happily Kohut and Kernberg appear together in print on more than one occasion without any mentioning of their vastly different conceptualisation and technical procedures when treating narcissistic disorders, a controversy which has dominated the American scene for some time.

At times, I had a visual image when reading the book: several coloured rings of theoretical conceptualisations whose segments of the common theme, like for example 'Archetypes, Object-Relations and Internal Objects', are intersected; what is left to the reader is a prior knowledge of the theoretical framework, i.e. the rings in their totality, in which the various segments are imbedded.

The book has a Glossary which I found very helpful for the understanding of various Jungian concepts frequently referred to in the book. It was also helpful in understanding the author's usage of the various defence mechanisms. However, some definitions are referred to somewhat lopsidedly. Under 'instinct', for example, there is a lucid definition of Jungian understanding of it but this is not contrasted with a Freudian/Kleinian one. The Freudian but also Mrs. Klein's contributions to psychoanalysis are based on Freud's dual Life and Death Instincts and the conflicts arising from them. This is very different from the theory of instincts which are activated when the organism encounters the relevant situation in its environment.

This book is for the informed reader, who brings prior knowledge of the work of the various authors mentioned to the reading of it. It is also for those who are willing to inform themselves further by reading the relevant literature mentioned in the various chapters and then joining the author critically in his creative evaluation of them. But it is not for the uninformed, as it may give them the misleading impression at times that our viewpoints are ever so similar and only our language is different.

Kenneth Lambert's book is a valuable contribution towards a dialogue between Jungian and Freudian psychotherapists discussing their clinical work and the conceptual understanding of their patients' problems and psychopathology. I enjoyed seeing well-known psychoanalytic concepts discussed from a different angle and perspective. It gave me stimuli for further thought.

Margret Tonnesmann

REFLECTIONS: FREUD AND THE SOUL by Bruno Bettelheim. New Yorker, March 1st, 1982. pp. 52-93.

In his 'Reflections' Bettelheim addresses us about a subject, deeply felt, which has to do with an essential aspect of psychoanalysis, i.e. its language and vocabulary. In the translation from the German into English, he argues, some essential quality of the original has been lost, which has not only impoverished Freud's message but has also led to misconceptions and misapplications.

The words Freud chose to express the concepts of psychoanalysis were simple, basic and redolent with meaning. The vocabulary of the English Translations in contrast is distanced, dispassionate and artificial. Instead of the 'I', the 'It' and the 'Above-I', which would be the literal translations, we are given latinized versions - the 'Ego', the 'Id' and 'The Super-ego' - in a mistaken attempt, as Bettelheim sees it, to make psychoanalysis fit the model of a natural science in its terminology. When actual equivalents from Latin and Greek were not to hand, new words were coined to fill the gap. The result is a specialized, technical language which is unintelligible to the unenlightened reader.

Freud chose simple words in ordinary use in the language of the people when describing his new concepts and avoided obscure foreign terms. Take, for example, the word 'Besetzung', translated as 'cathexis' (from the Greek 'Katechein', to occupy). A common use of 'Besetzung' is to denote an occupation by a military force, i.e. by a strong or superior power. Freud used the word to describe the quantity of psychic energy attached to an object, an idea or a person - energy which, like troops, can shift or be deployed from one position to another. Thus we speak of 'withdrawal of cathexis' or 'decathexis' and 'hypercathexis', i.e. a defensive manoeuvre of investment in one area to facilitate repression in another.

Bettelheim suggests that several English words could have been used very appropriately to translate 'Besetzung', such as 'occupation' or 'investment' for example. Ironically, both of these are anglicized versions of Latin words, so common in the English language. In English, for example, we have no alternative to 'telephone', from the Greek. In German, however, there is a 'native' alternative, 'Fernsprecher', impossible to translate literally into English. It is made up of 'fern', meaning far away or distant, and 'Sprecher', which means 'speaker'.

Bettelheim admits that it would have been difficult to find a single English word to translate such terms as 'Fehl-Leistung' (parapraxis) or 'Schaulust' (scopophilia). Both exemplify a characteristic genius of the German language, matched amongst the Indo-European languages in Europe only by Greek, for improvising new words as they are required, using devices such as prefixes or, as in the instances

above, a simple combination of words usually used on their own. Thus 'Schaulust' is made up of 'looking' (schauen) and 'Lust' (Lust), to express the concept of the sexual pleasure of looking. The German compound needs little explanation and is readily understandable.

'Fehl-Leistung' does more than draw two separate words together. By paradoxically combining 'fehl' meaning 'wrong' or 'faulty', with 'Leistung', denoting 'achievement', Freud gives German readers an intuitive sense of the process he wanted to convey in the 'faulty achievements' he described in 'The Psychopathology of Everyday Life'. The word 'parapraxis', however, seems to be more closely associated with the laboratory than with everyday life. In practice, we may admit to a Freudian slip, but a 'parapraxis' is too abstruse and technical to have anything to do with the petty failings of human nature, least of all our own. By choosing such medico-scientific Latin and Greek terminology, Bettelheim maintains, Freud's translators give the impression that psychoanalysis is a natural science whose concepts can be precisely defined and are to be used as a tool for the analysis of 'patients' rather than as signposts on the road to the discovery of oneself.

Freud never wanted psychoanalysis to become a medical speciality or, for that matter, a creed. He wanted to entrust it to 'a profession of secular ministers of souls' (Letter to Oskar Pfister, 1928, quoted by Bettelheim) - not ministers of 'minds' or 'mental states', but of 'souls'. Freud uses 'Seele' synonymously with 'Psyche' (with all its associations to the classical myth of Psyche and her secret lover Eros) and these are translated in English as 'mind' or 'psyche'. The German has the advantage that 'Seele' can also be used as an adjective, 'seelisch', but in English we have to say 'mental' or 'psychic'.

Bettelheim laments that psychoanalysis, as translated into English and understood by the English speaking world and particularly America (which fought hard to win the battle for preserving the practice of psychoanalysis for the medical profession) has lost part of its soul, part of the same essence that makes poetry so near impossible to translate.

Even if we substitute 'The It' for 'The Id' we do not succeed in capturing the German associations to the child within us. The German 'Das Kind', being of neuter gender, is referred to as 'it', which takes the German reader back to his early childhood when he will have heard himself referred to thus.

Bettelheim succeeds well in evoking pangs of regret in those of his readers who have come to psychoanalysis through the English language, regret that we shall never share the immediacy of Freud's language and have forever to be content with the shadows on the wall.

For Bettelheim, of course, there is a personal dimension, for he speaks as an exile, alone amid the alien corn. A language which is not one's mother tongue, i.e. steeped in the emotional crucible of one's childhood, can never have the same personal meaning and emotional impact, even though one may come to learn to use another language sensitively and skilfully as Bettelheim indubitably does. Swear words and sexual words, for example, acquired in another language after childhood and adolescence, do not have the same emotional impact and mothers find they revert to their mother tongue when talking to their babies even when they have long been fluent in their adopted language. Bettelheim puts us in touch with the pain of that loss. His paper is itself 'displaced' from psychoanalytic orthodoxy to the pages of the New Yorker magazine, jostling for space with advertisements. It is as if Bettelheim wanted to reach the public at large with this cry from the heart, albeit a sophisticated, educated book-reading public, to redress the balance and give them his view of what psychoanalysis is really about.

Born in Vienna in the first decade of the 20th century into a milieu which had hardly changed since Freud's youth, Bettelheim absorbed psychoanalytic thinking as it were 'hot from the press' as he grew up. He was there when it happened and those times, with his youth, have gone. Bettelheim reminds us of our own discovery of psychoanalysis and what it is essentially about: not so much a treatment, but a key to the understanding of human nature. This is where Freud wrought his scientific revolution in the sense used by Thomas Kuhn (Kuhn, 1976) precisely in that matters of the 'soul', (a term presumably eschewed by English translators because of its moral and religious associations), although not quantifiable according to the practice of orthodox science, are real in their consequences and as such have to be admitted as data on which hypotheses are based. Medicine and the behavioural scientists are still struggling to come to terms with this, even if much of Freud's psychology is now part of the accepted order of things. It is perhaps not accidental that in both English and German the Greek word 'psyche' has managed to acquire the status of a metaconcept which embraces both the intellectually biased 'mind' and the emotions, with their intimate tie to the 'soma' or body and without the moral and religious overtones of 'soul'. As Wittgenstein has pointed out, the meaning of a word is its use in the language, and once again it is the Greeks who have supplied it.

Just as Freud's message to us as individuals is that we need to integrate intellect and emotions, so his metaphysics attempts to build a bridge between the natural sciences and the humanities. James Strachey in the General Preface to his monumental English Standard Edition of Freud's Collected Works (p. xix) states that, 'The imaginary model which I have always kept before me is of the writings of some Englishman of science of wide education born in the middle of the 19th century'. Freud himself worked as a natural scientist for at least the first half of his life and maintained

to the end that, as he put it in a letter to Charles Signer (written in 1938 with Moses and Monotheism in mind) and quoted by Clark, 'I have spent my whole life standing up for what I have considered to be the scientific truth even when it was uncomfortable and unpleasant for my fellow men' (Clark, 1980). Bettelheim, on the other hand, points out that Freud saw psychoanalysis as a part of psychology which in Freud's day was a division of philosophy and belonged to the humanities.

The argument whether psychoanalysis is or is not a science can be made true or untrue, as Rycroft points out (Rycroft, 1972) by choosing the appropriate definition of science. If defined as dealing with 'knowledge as derived from quantifiable data supported by experiment', then psychoanalysis obviously is not. If one defines science as the Concise Oxford Dictionary does as 'systematic and formulated knowledge', then it is a science, and one can go on to determine whether it is a natural, biological or moral science. Bowlby, amongst others, has pointed out the equivocal status of psychoanalysis in the light of modern developments in scientific thought (Bowlby, 1980). Not only are Freud's theories unfalsifiable (Popper, 1963) but old theories of drive and psychic energy developed along the 'steam kettle' principle have now been overtaken by circular interaction theories. These are epitomized by systems theory and influenced by ethology and comparative psychology with roots in biology.

Bettelheim, however, is above all a clinician, to whom the personal, humanistic perspective remains paramount. He sees conflict as central to psychic life and psychic dualism, as the theory of opposing 'impulses' or 'drives' inherent in human nature (he deplores the translation of 'Trieb' by 'instinct') underlying that conflict and giving it meaning. Bettelheim may well be right when he maintains that the unfortunate translation of Thanatos as 'Death Instinct' has created misconceptions which he holds responsible for the widespread rejection of the idea it symbolizes. As a survivor of the holocaust, Bettelheim has had more opportunities than most of us to ponder those unconscious impulses provoking men to aggressive, destructive and self-destructive acts (Bettelheim, 1979). If we dismiss this struggle between the metaphorical Eros and Thanatos then 'the concise problem facing us is no longer how to manage our inner conflicts and contradictions (that is, how to get along with ourselves) but merely how to get along'. And that problem, as Bettelheim points out, 'was of no interest whatever to Freud'.

Bettelheim's 'Reflections' make compelling reading and the issues he raises in relation to the English translation of Freud's writings are interesting even if the alternatives he proposes may not always be practical. Readers will find it well worth their while to take the trouble to obtain a copy of The New Yorker so that they can read the paper for themselves.

Denise Taylor

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